



Annual Report
of the
Independent Monitoring Board

at

HMP Grendon

for reporting Year
2017

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Monitoring fairness and respect for people in custody

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1 STATUTORY ROLE OF THE IMB

The Prison Act 1952 requires every prison to be monitored by an independent Board appointed by the Secretary of State from members of the community in which the prison or centre is situated.

The Board is specifically charged to:

- (1) satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release.
- (2) inform promptly the Secretary of State, or any official to whom he has delegated authority as it judges appropriate, any concern it has.
- (3) report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison and also to the prison's records.

2.1 Introduction

This report presents the findings on the Independent Monitoring Board at HMP Grendon for the period 01/01/2017 – 31/12/2017. Evidence comes from observations made on visits, scrutiny of records and data, informal contact with prisoners, staff, and prisoner applications.

2.2 Main judgements

2.2.1 Are prisoners treated fairly?

The men are treated fairly. Relationships between residents and staff are commendable (4.1, 5.1). The Board, however, continues to raise some concerns about Springhill ‘Lodgers’ (5.6).

2.2.2 Are prisoners treated humanely?

Prisoners are treated humanely and with care (4.2, 4.3). The Board has raised some concerns about the response to cell bells at night (4.4).

2.2.3 Are prisoners prepared well for their release?

Yes. Grendon takes a whole prison approach to rehabilitation with relationships within each community at the heart of its work (11.1). There is particular emphasis on the connection with family (11.3).

2.3 Main areas for development

TO THE MINISTER

2.3.1 The Board wishes to commend the impressive work carried out by both the residents and the staff of HMP Grendon. This year again we have consistently found evidence of positive relationships between residents and staff (4.1).

2.3.4 There are insufficient spaces on forensic secure units available to men with severe psychiatric disorders. This has led to delays in transfers and puts additional pressure on staff and residents (8.1).

TO THE GOVERNOR

2.3.5 There is insufficient monitoring of cell bells at night which are not responded to after the prescribed 3 minutes (4.4).

2.3.6 The Board observed several periods during the year where there has been no cleaning of the healthcare clinics (8.3).

2.3.7 The Board looks forward to seeing a revised protocol covering communication and procedures for men transferred from Springhill to Grendon, who are known as ‘Lodgers’ (5.6).

2.4 IMPROVEMENTS

- The second half of the year saw a marked reduction in the number of therapy reports that were outstanding after 3 months (10.1.2).
- The Board notes an improvement in the quality and governance of ACCT (Assessment Care in Custody Teamwork) documents (4.3.2).

3 DESCRIPTION OF THE PRISON

- 3.1** HMP Grendon was opened in 1962 as a Category B prison, and was designed from the outset specifically to provide therapy for residents with anti-social personality disorders. Its facilities have developed since it opened, for example the prison opened a wing for what is described as TC Plus (Therapeutic Community), which provides for residents with learning difficulties. Grendon has developed both a national and international reputation for its work. Prisoners are addressed as 'residents'.
- 3.2** The majority of residents are serving indeterminate sentences and a small number of men serving long determinate sentences. Serving residents apply for a place at Grendon to address their offending behaviour and psychological deficits. Many have personality disorders and addiction histories. The minimum length of stay is 18 months, with many remaining at Grendon for longer in order to complete their therapy.
- 3.3** Residents are given responsibility within their community, for example for chairing the wing community meetings twice weekly. Small therapy groups are held on the other weekday mornings, and both staff and residents are responsible to the communities for their actions.
- 3.4** Grendon can house up to 233 male residents in Category B secure conditions and follows the Therapeutic Community (TC) principles on each of its wings.
- 3.5** F wing (TC Plus facility for men with learning disabilities) has a capacity of 20 residents.
- 3.6** Arriving residents remain on the larger assessment wing (G) for between 3 and 6 months, with a regime now more similar to the regime on the 4 TC wings.
- 3.7** Men from neighbouring Springhill, who are no longer considered safe to be in open conditions may be held temporarily at Grendon and are known as Springhill 'Lodgers'.
- 3.8** The Grendon regime has been incorporated into the National Offender Personality Disorder (PD) Pathway Programme. The impact on reoffending and improved psychological health is being evaluated to develop services for residents with PD, and understanding of implicit attitudes towards violence. This work is being commissioned by the criminal justice and health sectors.
- 3.9** The therapeutic regime is supported by a multi-disciplinary group of staff, working together with the residents. The process of therapy requires considerable commitment from the residents and a minimum stay of 2 years is recommended.
- 3.10** Grendon is jointly managed with Springhill, a Category D Open resettlement prison located on adjoining property, and a single Independent Monitoring Board monitors

both prisons. Although it now shares almost all services, contracts and staff, Springhill and Grendon operate as separate units and exist for very different purposes.

3.11 The following services are provided by Grendon (and HMP Springhill):

- Healthcare is provided by Care UK.
- Nurse clinics include Wellman, Diabetes, Asthma, Immunisations and Stop Smoking clinics. There are visiting Podiatry and Physiotherapy services.
- A Mental Health In-Reach service is provided by Barnet MHIT, (Secondary care mental health services).
- There are dental and optician services providing regular clinics for residents at both Grendon and Springhill. The dental contract was renewed in April 2016 with 'Time For Teeth.'
- A drug and alcohol intervention service contract is provided by Inclusion under contract with the Healthcare Commissioning Body.
- Education services are provided by Milton Keynes College (MKC).
- Estates Services, including property and equipment maintenance, were provided under contract by Carillion.

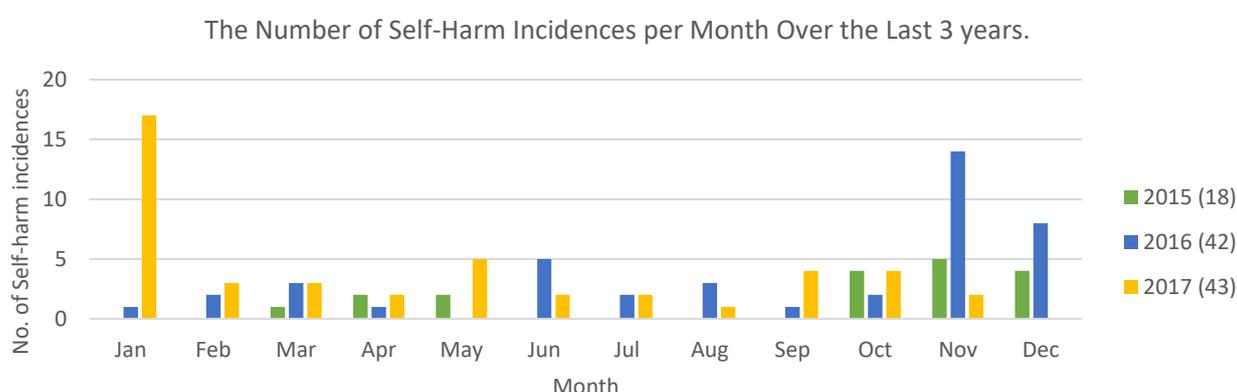
B Evidence sections 4 – 11

4 SAFETY

4.1 The Board continues to be impressed by the support that uniformed and clinical staff give to residents. This is evident from informal interactions between staff and residents in wing offices and association areas as well as more structured settings such as ACCT reviews and community meetings attended by the Board. The number of complaints about staff is very low (6 for the year).

4.1.1 Residents tell Board members that they feel safe compared with their experience in other prisons. The low levels of self-harm, violence and drug abuse support these observations.

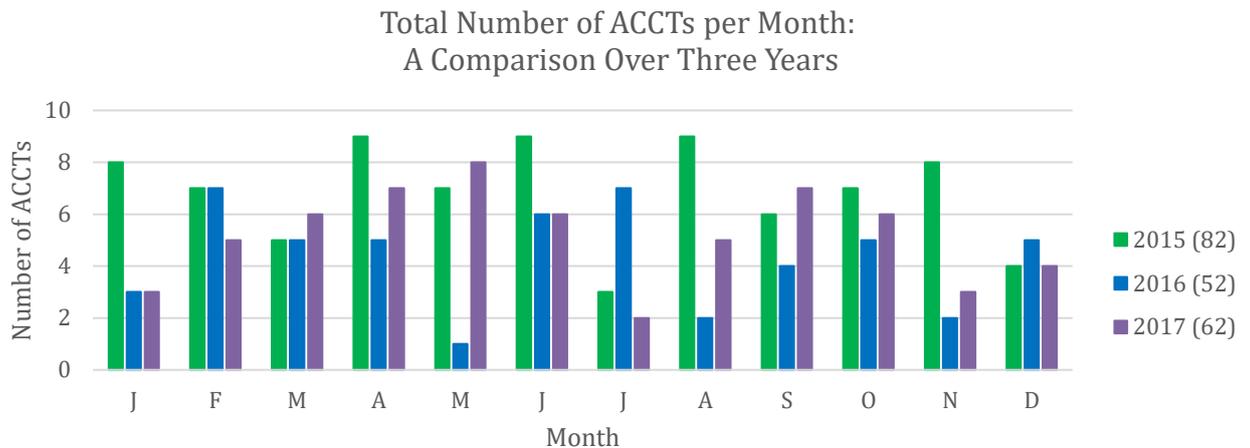
4.2 Self-harm



(Source – Safer Custody minutes January 2018)

While there was a rise in self-harms at the beginning of the year, this was due to two individuals with prolific self-harm histories.

4.3 ACCTs



(Source – Safer Custody minutes January 2018)

- 4.3.1 The spike in May reflects multiple ACCTs on F wing, with some individuals accounting for several ACCTs. The Board has observed excellent care for some individuals on constant watch, but also notes the strain that this level of supervision puts on officers and other residents in the communities.
- 4.3.2 Reviews observed by Board members have been conducted properly and there is improved monthly governance oversight by Safer Custody. Ensuring that all reviews are multi-disciplinary remains a challenge which is being addressed with improved signage and communication of review dates for key health care staff.
- 4.3.3 The Board has queried the access of razor blades for men on ACCTs, but appreciates the difficulty of controlling blades passed from other residents.
- 4.3.3 Training for ACCTs is now called SASH (Suicide and Self-Harm). There is a requirement to train all staff members in Grendon and Springhill in all 6 modules by April 2019. To date, 160 staff have been trained. Board members are also taking advantage of the training to give them a better understanding of procedures that need monitoring.
- 4.4 **Night state:** the Board has raised some concern about safety and decency for men at night. The Board carried out its own audit of night state response times to cell bells which are meant to be answered within three minutes. 8 (14%) were answered late, with 5 answered after 20 mins. For some cells on the ground floor with in-cell sanitation, the cell bell is the only way a resident can communicate with wing staff. A disabled resident on the ground floor waited 58 mins for a response.
- 4.4.1 On a night visit, Board members raised a concern relating to the two pairs of wings covered by a single OSG (Operational Support Grade); this single OSG might be on the 3rd floor of one wing when a cell bell sounds on the other wing and may not be able to hear the alarm and respond within three minutes. The prison is reviewing options for additional monitoring equipment.
- 4.4.2 **Night-san/intercom monitors:** the two paired wings are manned by one OSG at night, and it is not possible to monitor both simultaneously. The prison is looking at the option to have monitors for both wings on the one wing where the officer is on duty.

- 4.5 Death in custody:** in 2017, there was 1 recorded death by natural causes. There were no recommendations following the inquest. There was a memorial held in Grendon where the family and other residents were able to meet.
- 4.5.1 Following the self-inflicted death in custody of a resident in December 2015, the prison this year carried out recommendations made by the Ombudsman to reduce the risk of self-harm at night. These included a review of the night-san procedures. The showers are also now locked at night. The prison also carried out a 'ligature point' review.
- 4.6 Adjudications:** there were 19 proven adjudications for the year, which is a low figure in comparison with other prisons.
- 4.7 Assaults:** there were 9 assaults for the year which remains low when compared to other prisons.
- 4.8 Drugs:** there is zero tolerance on the wings to drugs. Positive tests and finds remain in single figures. All wings are in the process of adopting VDT (Voluntary Drug Testing).

5 EQUALITY AND FAIRNESS

- 5.1** Respect for others is central to community ethos and the therapeutic approach. Behaviour, actions and attitudes are all challenged by community members and staff on the wings, in both group and community meetings.
- 5.1.2 This environment of 'reality confronting' allows some challenging issues to be explored such as the treatment of transgender residents. As well as running a seminar for officers, psychology and healthcare staff, the prison has also hosted a transgender workshop.
- 5.2 Faith:** the pastoral needs of the men are generally well attended to. The Chaplaincy Assurance audit took place in January 2017 resulting in a slight improvement from RED to AMBER/RED. The Chaplaincy has suffered delays in the appointment process followed by slow security clearance for sessional Pagan, Spiritualist, and Roman Catholic chaplains. These delays have affected the delivery of regular faith provision, although the Board is not aware of any complaints from the men.
- 5.2.1 The multi-faith room has been on the priority repair list since May but is still not usable.
- 5.3** Through the year, the Chaplaincy, supported by the kitchen, celebrated an impressive array of multi faith/cultural events, including:
- Pagan festival Beltane
 - Buddha grove celebration
 - Passover
 - Eid
 - Harvest Festival
 - Sangha Day
 - Diwali
 - Birthday of Guru Nanak

- 5.4 There is an over representation of black men charged with adjudications. (July Diversity meeting and later in December 2017). An investigation is currently underway into this issue.
- 5.5 **Age:** On average over 12 months, 19% of residents are over 50 years old, compared with the national average of 16% (HMIP 2016/17 annual report). In December, A wing's population of men over 50 was 48% reflecting an older population of sex offenders. The Board will monitor any further increases and appropriate adjustments that need to be made for these men (see also social care 8.7).
- 5.6 There is no segregation unit at Grendon. If men from neighbouring Springhill need to be transferred to closed conditions at short notice (either for their own safety or because there is a security threat if they remain in open conditions), they are moved Grendon and both prisons refer to these men as 'Springhill Lodgers'.
- 5.6.1 This year, a total of 25 men were transferred as Lodgers - down 60% on the previous year, which is a welcome decrease. Lifers/ISPs made up 36% of Lodgers (down from 51% in 2016). Nevertheless, the impact Lodgers have on staff and residents is not insignificant: in 2017, there were 2 assaults and mobile finds causing disruption to the regime and to residents.
- 5.6.2 For some men, their stay at Grendon is only a few days, but one man stayed for 16 weeks, only being employed in the last few weeks of his stay. Although this man was remarkably sanguine about his time at Grendon, for other men it is clearly a stressful time being returned to closed conditions with all the uncertainty of their next move, potential re-categorisation, cancelled medical appointments and property movements between the two prisons. Too often the Board feels that staff at either prison consider it the other prison's responsibility to sort out these issues. The current daily welfare checks by governors are on many occasions not fully completed and comments are sometimes illegible.
- 5.6.3 The Board continues to raise concerns about the lack of an effective protocol governing all aspects of the men's welfare, including room clearance from Springhill, stored property, healthcare and employment. The Board acknowledges that a policy of offering Lodgers employment on the wings has recently been implemented but looks forward to a new protocol, which addresses all areas of concern.
- 5.7 **Complaints:** as with most prisons, property accounts for the single highest number of complaints (16%) over the year, followed by 'wing issues', and confidential access (both at 7%). Generally, responses to complaints are appropriate and timely. The Board did query a mid- year increase in complaints (11) about re-categorisation, and clarification about a resident's engagement in therapy as a criterion, was issued.

6 SEGREGATION/CARE AND SEPARATION UNIT

There is no segregation unit at Grendon.

7 ACCOMMODATION

- 7.1** Generally, the accommodation is of an acceptable standard. HMIP's May report said 'despite night sanitation and shabby accommodation, living conditions were reasonable'. Rota reports from members highlighted some problems that caused distress to residents and took several months to fix:
- Urinals on A wing were repaired 15 months after the original report.
 - No hot water on B wing in March/April, prompting the Governor to intervene with a service assurance meeting with Carillion.
 - The main gym heating was out of commission from November 2017 to early February 2018 with 37 sessions lost, although some effects were mitigated with equipment transfers to the other gym and temporary heating installed.
- 7.2** The control of the central heating was an issue this year following a cold period in April after it had been switched off. There were several complaints from residents, and some therapy groups were cut short due to staff and residents being cold.
- 7.3** **Night-san:** the system is designed to let residents out at night to use the toilet. Although there are benefits to not having a toilet in a cell, this system can create frustration and distress either when queues build up or on rare occasions when the system fails. In extremis, residents can use a cell pot. With no sinks in cells, residents have queried the availability of a dry hand wash for basic hygiene, and F wing is being trialed. The Board is undertaking its own survey on usage of cell pots.
- 7.4** **Food:** in spite of several equipment failures (and lengthy repairs), the kitchen and pods have continued to produce a standard of food that many residents appreciate. Comment books on the wings are generally complementary. There were no applications to the Board about food. See also faith (5.3).

8 HEALTHCARE

- 8.1** **Transfers:** during 2017, there have been cases where men approved for transfer to secure psychiatric care have been held at Grendon while waiting for a space in a forensic unit to become available. One resident was assessed as needing a medium secure unit but was still waiting for a space several weeks after the recommended time scales for such provision. This case was referred to the Health Commissioner by staff. To mitigate the situation, complex mental health need care plans are initiated by staff which puts additional pressure on resources.
- 8.2** **Communication:** relationships between the residents and the health care team are well regarded, and communications positive. The Meetings with healthcare representatives and the wings were irregular during the latter part of the year. This was due to temporary staffing shortages, however, staff are aware of this issue and have plans in place to address this next year. Generally the HC governance systems are effective.
- 8.3** **Cleaning in clinics:** healthcare submitted a formal complaint to Carillion early in 2017 due to sub-standard cleaning in the clinic areas by contracted cleaning staff. Complications with the contract between the prison and Carillion were the cause of these issues and this was highlighted in the November Infection Control Audit.

In December 2017, the cancellation of some clinics was considered but averted following agreement on improvements. The IMB will continue to monitor this situation into 2018.

8.4 Staffing levels:

Maintaining staffing levels has been difficult through the year but an effective service has been delivered. Current vacancies are:

- Senior nurse positions. 2 posts were advertised in 2017 and they remain vacant in early 2018.
- 3 full time RGN (Registered General Nurse) vacancies were successfully filled in 2017.
- A part time HCA (Healthcare Assistant) has returned to practice.
- The HCA post will be filled as soon as a new administrator starts. This full time position will provide much needed support for the nurses.

8.5 Other subcontracted services: these are running in line with contractual agreements. Recent HMIP (HM Inspectorate of Prisons) and CQC (Care Quality Commission) reports highlighted the need for Grendon to improve dental equipment repairs, patient safety and governance.

8.5.1 Dental services have made significant progress in ensuring that all new patients are seen within 6 weeks from an application being received.

8.6 Smoke free: Grendon made the transition to smoke free in Feb 2017. Clinics were set up to support smokers and extra items were made available on the canteen. In the two months following the implementation, there were 35 referrals to DART (Drug and Alcohol Recovery Team) to help with those addicted to the nicotine lozenges. There has been some abuse and dismantling of nicotine patches and e-Cigarettes. Some residents on G wing were suspected of using tea bags but the transition has been less painful than anticipated.

8.7 Social Care: assessments are now overseen by Safer Custody (as opposed to healthcare). These assessments are triggered by a combination of an ageing population as well as complex health care needs not always associated with an ageing population. There is now a data base tracking referrals from their original request, which allows staff to monitor, for instance, that equipment is installed on time. Improvements are required in this area but the Board will now be able to monitor the provision of social care more effectively.

8.8 Health promotion activity: there have been several events convened by providers throughout the year, including a Mental Health Awareness Day, Steroid Awareness and Recovery Event.

9 EDUCATION AND OTHER ACTIVITIES

- 9.1** Ofsted (as part of the May inspection by HMIP) rated the overall effectiveness of learning and skills and work as 'good'.
- 9.2** The Board notes the emphasis that the senior management places on the importance of education and their continuing efforts to persuade all residents and staff of its relevance in reducing reoffending.
- 9.3** To support filling educational spaces ('allocations'), there have been some changes. Previously, residents looked for backing from their community. This will continue, but where there is a danger of unfilled educational places, an individual's learning plan (created as part of their sentence plan) will take priority over other work commitments and will not require backing from the community. This should feed through to improved allocations against planned classes.
- 9.3.1** Following this change, allocations in the last quarter of 2016/17 were affected by security clearance issues. Hours of absences have been reduced by 9%. There were 275 hours of interruptions which include wing specials.

Key indicators	2015/16	2016/17
Allocations against planned classes	96%	92%
Efficiency against planned classes	82%	77%
Attendance against planned classes	85%	84%
Hours of absences	522	475

- 9.4** During therapy break in the summer, classes were run for the first time, and this practice will now continue for all therapy breaks.
- 9.5** Achievement and completion comparisons for some key courses over 2 years:

Area	2015/16	2016/17
Employability		
Completed	N/A	28
Achieved	N/A	28
Vocational		
Completed	33	36
Achieved	30	33
PSD		
Completed	101	39
Achieved	100	39
Functional Skills English		
Completed	14	23

Achieved	12	20
Functional Skills Maths		
Completed	9	18
Achieved	6	16
ICT		
Completed	6	18
Achieved	6	17
Totals		
Completed	163	162
Achieved	154	153
All courses for year		
Completed	216	178
Achieved	207	169
Success overall	95%	91%

9.6 Residents also participate in other non-OLASS (Offender Learning and Skills Service) provided courses:

9.6.1 Distance Learning: In October, men were engaged in the following:

- Open University (27)
- Writers Guild (3)
- Linguaphone (1)
- Institute of Counselling (1)
- Electricity Fundamentals (1)
- Stonebridge (2)

9.6.2 Gym/farms and gardens:

- Level 1 Fitness Planning (10)
- Level 1 Taking part in Sport (13)
- Level 1 Sports nutrition (8)
- Level 2 National Proficiency tests Council (NPTC) in Pedestrian Operated Mowers (2)

9.7 Grendon has continued for a third year its ongoing partnership with Cambridge University and the Learning Together project.

9.8 Library: the library is an accessible and well-used resource. In December the membership was running at 98% of the population. In October there were 1,327 loans of which 440 (33%) were books and 786 (59%) were DVDs/CDs and games. There is an active Prison Reading Group and Six Book Challenge. Particularly welcome is the potential for Calling All Dads in association with the Kestrel Theatre Company to work with the men in recording stories for their children.

10 WORK, VOCATIONAL TRAINING and EMPLOYMENT

10.1 Therapy is the main work at Grendon. Although the Board is not qualified to measure any outcomes of therapy, the following have been tracked:

10.1.1 OOT (Out of Therapy): men are OOT if they have completed therapy, or have not completed therapy and are waiting for a transfer. Over the year, 117 men had been waiting over 3 months for a transfer (i.e.: an average of 10 a month). The Board

appreciates the difficulties in organising what are not considered to be critical transfers, but some men who are OOT can be disruptive to the remainder of men in therapy.

10.1.2 Therapy reports outstanding after 3 months: the Board welcomes the reduction in outstanding reports over the past 6 months from 15 in July to 8 in December. This has been helped by staff supporting each other's caseloads.

10.2 F wing: there have been 14 staff changes in the past 3 years on this wing. Stability in staffing levels and personnel can affect the delivery of therapy.

11 RESETTLEMENT PREPARATION

11.1 Men elect to come to Grendon to address issues with their behaviour. Their resettlement starts on arrival at assessment and continues until they leave after an average minimum stay of 2 years. Grendon takes a whole prison approach to their resettlement, with relationships in the community at the heart of their rehabilitation.

11.2 Men will either move back to another prison to complete their sentence, or in some instances may be released into the community. Progressive moves include those men who are assessed as having satisfactorily completed therapy. Non-progressive moves represent men who have not wanted to continue with their therapy or have not been suitable for therapy or who have been voted out by other residents as part of the community process. The majority of residents start in G wing – the assessment wing, where there is higher percentage of (non- progressive) moves than on other wings.

Moves out of Grendon for 2017:

Type	Total	% of total
Progressive move	48	41
Non-progressive move	22	19
G wing	46	40
Total	116	

The Board appreciates that every man's journey through therapy will be at a different pace. Monitoring the volume of moves is not a measure of quality of outcomes for residents, but it is some indication of what is achieved over 12 months.

11.3 Family: there is a strong emphasis on family contact over and above regular visits, including children days, family days, and the annual 'visit with a difference' where families get an insight into the aims and objectives of Grendon. Family members have told Board members how much these visits mean to them and how different they are from their visiting experience in other prisons.

11.3.1 The prison is also considering how families might be able to play a part in supporting residents at the end of therapy with the possible use of an end of therapy case conference and/or a therapy leaving event.

Section – Work of Board

Recommended Complement of Board Members	15
Number of Board members at the start of the reporting period	7
Number of Board members at the end of the reporting period	7
Total number of visits to the Establishment	134
Total number of segregation reviews attended	N/A

Section - Applications

Code	Subject	Current reporting year	Previous reporting year
A	Accommodation Including laundry, clothing, ablutions	2	3
B	Discipline including adjudications, IEP, sanctions	0	2
C	Equality	6	2
D	Purposeful Activity including education, work, training, library, regime, time out of cell	0	1
E 1	Letters, visits, phones, public protection restrictions	3	2
E 2	Finance including pay, private monies, spends	2	6
F	Food and kitchens	0	0
G	Health including physical, mental, social care	4	5
H 1	Property within this establishment	4	5
H 2	Property during transfer or in another establishment or location	1	2
H 3	Canteen, facility list, catalogue(s)	1	1
I	Sentence management including HDC, ROTL, parole, release dates, re-categorisation	0	2
J	Staff/prisoner concerns including bullying	0	0
K	Transfers	0	0
	Total number of IMB applications	23	31

Dr Rob F. Wondrak
Chair IMB Grendon & Springhill
January 2018.