



# Annual Report of the Independent Monitoring Board at HMP Grendon

**For reporting year  
1 January 2020 – 31 December 2020**

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## Introductory sections 1 – 3

### 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 is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- 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
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- 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 to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that States designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The Independent Monitoring Board (IMB) is part of the United Kingdom's National Preventive Mechanism.

## **2. Description of the establishment**

- 2.1** HMP Grendon was opened in 1962 as a category B prison and is designed to provide therapy for prisoners with antisocial personality disorders. Its facilities have developed since it opened; for example, the prison opened a wing for what is described as the 'therapeutic community plus' (TC plus), which provides for prisoners with learning difficulties. Grendon has developed both a national and international reputation for its work. Prisoners are addressed as 'residents'.
- 2.2** The majority of residents are serving indeterminate sentences, and a small number are serving long determinate sentences. Serving prisoners 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 the establishment for longer, to complete their therapy.
- 2.3** Residents are given responsibility within their community – for example, chairing the wing community meetings twice weekly. Small therapy groups are held on the other weekday mornings, and staff and residents alike are responsible to the communities for their actions.
- 2.4** The establishment can house up to 233 residents in category B secure conditions, and follows the TC principles on each of its wings. The roll at the beginning of the year was 200, and was reduced by December to 161, to accommodate a fire safety project.
- 2.5** F wing (TC plus facility for those with learning disabilities) has a capacity for 20 prisoners.
- 2.6** Arriving residents remain on the larger assessment wing (G) for between three and six months, with a regime now more similar to the regime on the four TC wings.
- 2.7** Prisoners from neighbouring HMP Springhill, a category D open prison, who are no longer considered safe to be in open conditions may be held temporarily at Grendon and are known as Springhill 'lodgers' or 'transfers'.
- 2.8** The regime at Grendon has been incorporated into the national offender personality disorder pathway programme. The impact on reoffending and improved psychological health is being evaluated, to develop services for prisoners with personality disorder and to understand better implicit attitudes towards violence. This work is being commissioned by the criminal justice and health sectors.
- 2.9** The therapeutic regime is supported by a multidisciplinary group of staff, working together with the residents. The process of therapy requires

considerable commitment from residents, and a minimum stay of two years is recommended.

**2.10** The establishment is jointly managed with Springhill, and a single Board monitors both prisons. Although they now share many services and staff, Springhill and Grendon operate as separate units and exist for quite different purposes.

**2.11** The following health services are provided:

- Primary healthcare (Practice Plus Group, renamed from Care UK). Clinics include well-man, diabetes, asthma and immunisations
- Drug and alcohol Intervention Service (DART) (Inclusion)
- Podiatry and physiotherapy (Premier Therapies Ltd)
- Mental health services (Barnet, Enfield and Haringey Mental Health Trust (MHT))
- Dental (Time for Teeth)
- Audiology (Specsavers)
- Optician (Pen Optical Ltd)

**2.12** Education services are provided by Milton Keynes College.

**2.13** Gov Facility Services Ltd (GFSL) manages the maintenance and facilities management services.

### **3. Executive summary**

#### **3.1 Background to the report**

The COVID-19 outbreak has had a significant impact on the Board's ability to gather information and discuss the contents of this annual report. The Board has therefore covered as much ground as it can in these difficult circumstances, but inevitably there is less detail than usual and not all supporting evidence has been triangulated due to restricted access to residents. Ministers are aware of these constraints. Regular information is being collected specifically on the prison's response to the pandemic, and that is being collated nationally.

## **3.2 Main judgements**

### **3.2.1 How safe is the prison?**

The Board considers the prison to be safe. During 2020, there were no COVID-19 positive cases among residents, and preventative action to keep residents and staff safe was commendable (see sections 4 and 6). The Board recognises that residents also played their part in keeping their communities safe (see section 4).

Levels of self-harm were down on last year and the number of assessment, care in custody and teamwork (ACCT) documents opened was on a par with 2019 (see paragraph 4.2.1). There were two assaults for the year and use of force incidents were minimal; proven adjudications were 47% down on 2019 (see paragraph 4.3.1).

However, safer custody intelligence reports (IRs) have increased for a second year, no doubt reflecting increased levels of frustration with the strict regime (see paragraph 4.3.2). IRs for substance abuse have also increased, as well as finds, although the number of incidents is much lower than would be expected in another category B prison (see paragraph 4.4.1).

The Board has raised concerns about the analysis of response times to cell bells (see paragraph 4.3.7).

### **3.2.2 How fairly and humanely are prisoners treated?**

Although the pandemic put enormous pressure on both staff and residents, the Board considers that residents were treated humanely and fairly. During the more restricted months of the regime, residents were able daily to exercise, take a shower and use a telephone (see paragraphs 5.1.1 and 6.5.1). Outdoor gym restarted in October. Access to contact with families was badly disrupted by the pandemic, but innovative use of remote visits helped maintain contact (see paragraph 7.4.6).

The Board found evidence of good pastoral support (see section 5.5).

From the results of a questionnaire, the Board believes that the frequent use of cell pots is not decent (see paragraph 5.1.4).

The routine monitoring of diversity issues was not effective this year (see section 5.4.1) but the process of handling discrimination incident report forms (DIRFs) was overhauled (see paragraph 5.4.6).

Complaints increased by 13% over the year (see section 5.6), including recurring problems on property and some issues with the process of recategorisation decisions (see paragraph 7.3.1).

### **3.2.3 How well are prisoners' health and wellbeing needs met?**

Healthcare staff worked effectively with the prison to identify and shield vulnerable residents, and the effectiveness of the infection plan was commendable (see section 6). Cancelled hospital appointments were tracked and rebooked (see paragraph 6.2.3) and the backlog of non-urgent healthcare appointments was managed to avoid further delays to treatment (see paragraph 6.2.4).

The Board found some confusion in the way that prison complaints about healthcare issues were handled, but this was resolved (see paragraph 6.1.2).

Residents were provided with lots of distraction packs and had access to library materials, and to staff during exercise (see paragraphs 6.5.3, 7.2.9, 7.1.1).

### **3.2.4 How well are prisoners progressed towards successful resettlement?**

Except for some limited small group work in the autumn, there was no therapy from April (see paragraph 7.1.1). During the lockdown months, there was evidence of good communication through newsletters (see paragraph 7.1.3).

There was no face-to-face education from April, and the take-up of in-cell accredited courses was initially slow but improved by the end of the year (see paragraph 7.2.5).

With the restrictions in community support, therapy, family contact and educational opportunities, and the associated mental health issues, it is difficult to assess the impacts on progression for residents (see paragraph 7.1.8).

## **3.3 Main areas for development**

### ***TO THE PRISON SERVICE***

The Board appreciates that the current fire safety work includes some upgrade to the sanitation system software but believes that this work is unlikely to address the decency issues raised (see paragraphs 5.1.4 and 5.1.9).

### ***TO THE GOVERNOR***

The Board looks forward to:

- re-establishment of a separate equalities and diversity meeting to review any emerging issues (see paragraph 5.4.2.)
- improvements in cell bell analysis and/or response times (see paragraph 4.3.7)

- improvements to recategorisation, to ensure fair process (see paragraph 7.3.1)

### **3.4 Progress since the last report**

This was a difficult year to assess any progress. Issues that were raised in 2019 about diversity have yet to be addressed. The number of residents temporarily transferred from Springhill to Grendon decreased considerably this year (see paragraph 5.2.1) but issues remained (see paragraph 5.2.2). The Board notes the intention from 2021 to transfer residents from Springhill to Grendon only in exceptional circumstances (see paragraph 5.2.4).

## **Evidence sections 4 – 7**

### **4. Safety**

From March to the end of the year, the safety of residents and staff during the pandemic has been the prison's overriding priority. At the end of December, there had been no deaths from COVID-19 and no infections among residents. The staff and Governor are to be commended for this effort under extremely trying conditions.

The Board also recognises that such outcomes could not have been achieved without active compliance from residents, and this is a good reflection on the community spirit that underlies life at Grendon.

Safer custody intelligence reports (IRs) evidence some significant increases in tension (see paragraph 4.3.2) but levels of actual self-harm and incidents of use of force were down; the number of ACCTs opened was on a par with levels in 2019. These are welcome statistics, given the expected tensions of prolonged periods of cell confinement. The Board did hear, from some staff, a theory that the very restricted regime and lack of therapy contributed to residents being compliant and docile, and that this was a good thing. This attitude seems to run counter to the philosophy of a therapeutic community of confronting their offending behaviour.

#### **4.1 Reception and induction**

The Board has not monitored outcomes in this area due to the impact of COVID-19 but issues relating to transfers-in are referenced in other sections.

#### **4.2 Self-harm, deaths in custody**

4.2.1 The number of recorded incidents of self-harm was 47, down from 54 in 2019. There were 60 ACCTs opened for the year, compared with 57 in 2019 and 52 in 2018.

4.2.2 There were no deaths in custody during the year. An inquest into the death in December 2019 is outstanding.

### 4.3 Violence and violence reduction, adjudications

4.3.1 There were two recorded assaults and 15 challenge, support and intervention plan referrals for the year. The number of incidents of use of force was six, against 10 for 2019, and there were 21 proven adjudications, against 40 in the previous year. PAVA (pepper spray) is carried by trained use of force instructors. It was not used in 2020.

4.3.2

<b>Selected safer custody IRs</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
Bad behaviour	140	73	31
Threats to residents	131	134	76
Threats to staff	100	36	62
Damage to property	82	72	29
Bullying victim	63	19	28
Threats of disorder	33	17	3
Suicide risk	19	27	13
Violence	17	17	13
Weapons	16	26	10
<b>Total of all IRs</b>	<b>527</b>	<b>472</b>	<b>294</b>

4.3.3 The above IRs evidence residents' frustration with the restricted regime. Increases in bad behaviour (up 92%), threats to staff (up 177%) and other negative behaviours started to deteriorate from May, although one resident in June contributed to many of the IRs concerning disruptive behaviour. Overall, the number of safer custody IRs increased from 472 in 2019 to 527 in 2020.

4.3.4 In the 2019 report, the Board commented on the angst about wing mergers in anticipation of the fire safety work. Delays to this work have contributed to the negative indications this year, and to poor behaviour by some residents on B wing from November prior to the merger with residents from the assessment wing.

4.3.5 Cell bells and the in-cell intercom are two ways that residents can communicate with staff. The use of cell bells increased dramatically over the year. In January, 10 bells were used. This escalated over five months to 31 (in March), 57 (in April), 52 (in May), 68 (in June) and 92 (in July). The bulk of these calls were made during the day, while 'day-san' was in operation, with only eight of the 92 calls in July made during the night.

4.3.6 The prison's local requirement is for all cell bells to be responded to within three minutes. From January to June, there were 228 calls.

Calls made Jan – June*	171	22	15	9	2	1	1
Response time (minutes)	0-3	3-5	5-10	10-20	20-30	30-40	60+

(\*Analysis from July – December was not available due to technical issues in accessing the data.)

- 4.3.7 It is reassuring to note that 85% of calls are responded to within five minutes (the national requirement), but the Board remains concerned about the follow-up on all remaining 28 calls to ensure that residents' safety was not being compromised – even though some of these 28 were identified and attributed to faulty equipment, including the 60+ minute response to one call, or even to empty cells.
- 4.3.8 **Night state:** On a night rota, comms staff told Board members that they were not challenging residents who had not returned to their cells after eight minutes following access to night sanitation. Staff were subsequently reminded to challenge residents, and to contact wing staff if there was no response from residents.
- 4.3.9 Due to the difficulty of a single staff member hearing cell bells across a pair of wings (especially if staff are checking on an ACCT in a different wing), baby alarm monitors are used to monitor cell bells. Staff were able to demonstrate effective use of these monitors on one paired wing, but not on another, due to a faulty charger. All monitors were subsequently replaced.
- 4.3.10 There was good awareness by staff about personal emergency evacuation plans (PEEPs), except on G wing, where the night staff were unaware of the acronym and were not sure where the information might be (there are no PEEPs on G wing). Overall, awareness was an improvement on the night visit in 2019.
- 4.3.11 All staff had completed the suicide and self-harm training, which was an improvement on the same check carried out on a night rota 12 months previously.

#### **4.4 Substance misuse**

- 4.4.1 Overall, levels of substance misuse remained low but IRs for drugs had increased by 72% over the previous year, with sharp increases from June to September, mirroring the safer custody IRs (see section 4.3.2). Finds also increased from seven to 37 in the reporting year. These included positive tests with varying degrees of strength on incoming mail for drugs, including 'spice', following intelligence on seven residents. These residents were given photocopies of their mail, and the screening was reduced to two residents in August, following a reduction in positive results, some of which could have been attributed to chemicals used as part of the normal manufacturing process on the cards of incoming mail.
- 4.4.2 Drug testing including compact drug tests (voluntary) stopped in March and restarted for a limited period in the autumn. The reduction in testing is likely to have contributed to the increases in IRs and finds.

4.4.3 IRs concerning mobile phones decreased by 57% over the year and there were only four finds; this could have been be connected to a reduction in visits.

4.4.4 Key lock breaches were 43% down on the previous year after a series of annual increases.

## **5. Fair and humane treatment**

### **5.1 Accommodation, clothing, food**

5.1.1 During the pandemic, residents had daily access to showers, telephones (five minutes) and exercise (a minimum of 45 minutes but sometimes longer).

5.1.2 The long-awaited fire safety work started in November, with the initial merger of G wing (the assessment wing) into B wing. The actual disruption did not seem as bad as the anticipation that the Board reported on last year. The roll will continue at its reduced levels (around 160) until the work is completed, over 90 weeks.

5.1.3 Except for a small number of cells, there is no in-cell sanitation at Grendon. Residents access toilets using a system called 'night-san', which unlocks their cells. With residents spending up to 22 hours in their cells during the pandemic, the shortcomings of the ageing system were exposed. In May and November, the system was substituted with officers on the landings during the day to unlock cells, and residents using their cell call bells to attract attention (see also paragraph 4.3.5).

5.1.4 The most recent report (in June 2017) by Her Majesty's Inspectorate of Prisons (HMIP) commented that 'use of a 'pot'...was not decent'. In September, the Board distributed a questionnaire about the use of cell pots. Based on the responses, it is clear there are issues of hygiene and self-respect connected with the use of cell pots. Residents frequently used words such as 'degrading', 'disgusting' and 'dehumanising' in their responses.

5.1.5 Analysis showed the use of cell pots to be slightly more frequent than at the time of the last questionnaire, two years ago, even on a reduced roll. 28 respondents (74%) indicated the use of a cell pot more than once over 14 days, and 47% of respondents said that they had used a pot more than 11 times.

5.1.6 The main reason reported for using a pot is queues associated with the night-san system. Given the extended periods of time in cell during lockdown, combined with the pressures on the night-san software, this is not surprising. Residents also commented on poor community behaviour contributing to delays.

5.1.7 This issue was picked up in a separate report in October by the equality and health inequality assessment (EHIA), and highlighted the difficulties for older residents:

‘It can be really uncomfortable waiting to use the toilet for the old boys, underlying health conditions can mean it’s difficult to wait. If we have to wait a long time, it’s a problem for us. Most officers understand, but the odd comment can leave you feeling like you’re being purposely difficult’. (EHIA 4.16).

5.1.8 Access to non-alcoholic hand wash has improved since the last survey but its availability was still insufficient to meet basic hygiene needs for just under half of responses. Follow-up enquiries from safer custody staff confirmed that residents had been using their hand-sanitiser as part of their COVID-19 handwashing hygiene, which resulted in shortages in June before the normal resupply was due.

5.1.9 There were reports throughout the year of waste being thrown out of cell windows. How residents can dispose of waste matter and then clean their cell pot was not a part of the questionnaire but is an unresolved decency and hygiene issue.

5.1.10 There were only four food-related prison complaints for the year, and no applications to the Board.

5.1.11 In June, the daily hot meal was served at lunchtime rather than in the evening, when a ‘comfort pack’ was offered in addition to the usual cold food.

5.1.12 During the summer, the kitchen was supplied with tomatoes, shallots, red cabbage, lettuce and courgettes from the gardens at HMP Springhill. Locally laid eggs are not used as there is no date tracing.

5.1.13 Fewer companies are now supplying catalogues for residents to order from (for example, JB Sports) but wing staff were able to help residents make their selections online. During the initial lockdown, DHL reduced the number of fresh food items available to order via canteen, and fresh eggs were unavailable for seven months.

## **5.2 Segregation**

5.2.1 There is no segregation at Grendon. There were 11 transfers/lodgers transferred from Springhill during the year, against 43 in 2019.

5.2.2 Although few in number, these individuals have a disproportionate effect on communities. Four transfers were recategorised to C and remained in Grendon from March to July. Two of these residents’ threatening behaviour resulted in planned interventions and one use of force before their transfer.

5.2.3 In April, a resident was transferred from HMP Springhill, where he had only recently arrived from a category C prison. Springhill does not take men who have committed sexual offences. He was distressed about how he was going to explain this to his family, having finally managed to get recategorized to D. The transfer systems from the sending prison were clearly not followed, resulting in avoidable stress to this resident.

5.2.4 From 2021, the intention is that only in very exceptional circumstances will residents be transferred from Springhill, and then only for a limited time. The Board welcomes this but will continue to monitor conditions for any such transfers.

### **5.3 Staff/prisoner relationships, key workers**

Due to the therapeutic nature of the work at Grendon, the key workers scheme is not applied. Staff/prisoner relationships are commented on in other sections.

### **5.4 Equality and diversity**

5.4.1 The prison's system of analysis and process, hampered by reduced staffing levels in safer custody, has not functioned effectively this year.

5.4.2 The quarterly diversity and equality team (DEAT) meetings were merged with the monthly safer custody meetings, but from the last DEAT meeting in February, there was no data shared to evidence issues, instigate investigations or organise any follow-up plans.

5.4.3 The equalities monitoring tool delivers separate reports for Springhill and Grendon, but safer custody staff make manual adjustments for Springhill transfers on issues such as adjudications, so as not to distort Grendon's figures. Separate DEAT meetings will restart in April 2021.

5.4.4 There were 30 discrimination incident report forms (DIRFs) raised this year, against 22 in 2019. Of the 15 to the end of July, none had been answered on time, with others responded to from one to 29 days late. This compares with 36% late responses in 2019.

5.4.5 Diversity representatives reported ongoing concerns about investigations, being impartial and queried how DIRFs were collected and stored securely.

5.4.6 Processes were amended in September to include the following:

- Forms are collected and stored by safer custody staff.
- Each complainant will be spoken to.
- Comp 1 (complaints) with the discrimination box ticked will be treated as a DIRF. There were 17 such complaints from February to July, of which nine were submitted by Muslims.

- Staff will not submit DIRFs about residents' behaviour and will issue behaviour warnings instead.

5.4.7 The Board welcomes this new process, which is also likely to increase the number of DIRFs. The Board will monitor the process and number of Comp 1s (complaints) not followed up as DIRFs.

## 5.5 Faith and pastoral support

5.5.1 There were no services during the restricted regime. All the major faith groups were supplied with personally-addressed service sheets, tracts, newsletters and prayer guidance. In July, 70 residents were being supplied with this support. In the lead-up to the Eid festival, Muslim prisoners were provided with a printed daily teaching instruction.

5.5.2 Resident chaplains continued to visit men on the wings, as did non-resident Quaker and Hindu chaplains. The Jehovah's Witness chaplain was in contact with one resident on a regular basis.

5.5.3 Chaplaincy staff continued to attend ACCT reviews, and all wings were visited daily.

5.5.4 The death of three staff members over the summer had an impact across the wings, and the chaplaincy's support was appreciated: 'Thank you to the chaplaincy team for all your support this week. Popping in to see us and making time for us when we need it is really appreciated by us all' (G wing newsletter).

5.5.5 During December, chaplaincy staff were able to deliver 17 sessions of 'reflection' (readings and carols) in the chapel.

## 5.6 Complaints

5.6.1 The number of complaints submitted increased by 13% on the previous year, continuing the trend of the past three years. The Board was generally satisfied with the timeliness of responses but there remains an inconsistency in the tone of some responses.

<b>Complaint – top 6</b>	<b>2020</b>	2019	2018
Property	<b>110 (18%)</b>	103 (19%)	79 (16%)
Recategorisation	<b>49 (8%)</b>	27 (5%)	22 (5%)
Mail	<b>25 (4%)</b>	8 (1%)	N/A
Canteen	<b>20 (3%)</b>	55 (10%)	21(4%)
Exercise	<b>14 (2%)</b>	1	N/A
Catalogue	<b>10 (2%)</b>	49 (9%)	84 (18%)
Other	<b>370 (63%)</b>	287 (56%)	278 (57%)
<b>Total of all complaints</b>	<b>598</b>	530	484

- 5.6.2 Complaints about property accounted for 18% of the total. In April, there were 26 complaints, including residents trying to access stored property such as Xboxes (35% of the complaints), which are not allowed. From next year, Gemma Records will release a modified Xbox One for use in prisons, which should resolve the problem of inconsistency of their issue throughout the estate. The new version, however, is likely to be expensive and beyond the current maximum allowed expenditure of £250.
- 5.6.3 Complaints about recategorisation were the second most frequent topic, and increased by 81% on the previous year. This was possibly connected to the reduced opportunities for progression, given the interruption to therapy, but in some cases processes had not been followed correctly (see paragraphs 7.3.1 and 7.3.2).
- 5.6.4 There were 31 confidential access applications during the year, compared with 14 in 2019.

## **6. Health and wellbeing**

### **6.1 Healthcare: general**

- 6.1.1 Healthcare complaints are split between concerns and stage 1 complaints, and are generally low, with 22 concerns and 11 stage 1 complaints to the end of September.
- 6.1.2 The Board identified an ongoing issue concerning Comp 1 prison complaints about healthcare issues resulting in delays and confusion. A new process was developed in June, with the business hub sending residents an acknowledgement of their complaint, which is then forwarded to healthcare to be logged and dealt with as a healthcare complaint.
- 6.1.3 One such prison complaint in March highlighted some other process failures in healthcare and a local hospital. The wrong resident was sent to hospital, where he was not identified before the correct resident's health details had been shared with him. The correct resident did not receive a timely written reply to his complaint. The confusion caused a delay in this individual's treatment and he was transferred before there was any response from the hospital. Healthcare were not sure that their original complaint about the data breach had been sent to the hospital, and in December there was still no satisfactory response from the hospital, despite healthcare chasing as part of their duty of care. Whether the resident will ever see this issue resolved satisfactorily is unclear.

### **6.2 Physical healthcare**

- 6.2.1 There were no positive COVID-19 cases among residents but, in December, 30 staff (across both Springhill and Grendon) were not at work, either shielding or isolating, and this included two positive tests. It was a credit to

staff that they were able to deliver a regime over a challenging Christmas week.

- 6.2.2 Healthcare staff worked with prison managers to deliver a safe environment for residents and staff during COVID-19. Vulnerable residents were offered shielding but all declined. Reverse cohorting cells were established on G wing, and in November five unused cells above the healthcare department were reopened for potential isolation/symptomatic cases.
- 6.2.3 Hospital visits for critical care, including cancer and heart issues, were maintained. Cancelled appointments (there were 32 from April to June) were tracked on the healthcare database, and residents were kept informed and follow-up appointments made, none of which required escalation by the healthcare team.
- 6.2.4 From April to June, no routine dentistry appointments were possible and an average of 48% of residents waited over six weeks for their appointments. Urgent cases had to wait an average of three days. Non-urgent physiotherapy services were also interrupted, but only one resident waited over six weeks for an appointment. There were no breaches of the six-week appointment time at the end of September for dentistry, podiatry or physiotherapy, reflecting the effective triaging of cases.
- 6.2.5 During lockdown, DART operated remotely, with residents prioritised on a red, amber, green system, with limited one-to-one meetings.
- 6.2.6 An HMIP recommendation that medicine queues should be managed to provide patient confidentiality is still outstanding, due mainly to space limitations at the entrance to the healthcare department. The Board's own monitoring of the queuing confirms that there is little attempt to maintain privacy. Bids for improvement works are in hand.
- 6.2.7 Funding has been made available for all residents to have access to vitamin D, to counterbalance the lack of exposure to sunshine this year.
- 6.2.8 No healthcare forums for residents were held during the year but bi-monthly meetings are scheduled to restart in the new year. Resident experience from healthcare surveys records positive comments, although negative comments (if they are made) are not recorded.
- 6.2.9 At the October residents' meeting, the men raised issues of staff not wearing masks and not following social distancing in the wing offices. Board members observed poor social distancing by staff in a wing office in mid-December just before mandatory wearing of face masks was introduced.

### **6.3 Mental health**

The Board has not monitored outcomes due to the impact of COVID-19, but issues relating to mental health are referenced in other sections.

## **6.4 Social care**

- 6.4.1 Mr C approached the Board in June, following a debate on whether the issue was a healthcare or social care referral. When the latter was selected, there was a further delay, with communication issues between social services and safer custody staff. In November, the resident's issue was temporarily resolved using equipment from another resident. He was finally referred on 9 December.
- 6.4.2 Mr M had an initial referral in June but was still waiting for an outcome in December.
- 6.4.3 Processes for handling social care referrals with Buckinghamshire County Council have since been reviewed.

## **6.5 Exercise, time out of cell, gym**

- 6.5.1 Board members took the opportunity to speak to residents during exercise (approximately 45 minutes a session per day). In August, one resident said: 'Elsewhere, men were lucky to get exercise, make a call, and shower; at Grendon, they have had all three, and nice to have grass under foot during exercise'.
- 6.5.2 As the regime eased, residents were averaging 2–2.5 hours out of their cells every day. Some wings rotated jobs, to allow the maximum amount of time out of cell. Structured wing activities restarted in October, including outdoor PE, hobbies or leisure activity, pastoral services and in-cell education. Indoor gym restarted on 22 November but was suspended on 31 December as part of national restrictions.
- 6.5.3 Distraction packs including puzzles, colouring pages, and word searches were readily available to residents. Additional quizzes and cell work-out regimes were included in wing newsletters. The Board has been unable to ascertain how helpful these were to residents.

## **7. Progression and resettlement**

### **7.1 Therapy**

- 7.1.1 Therapy is the main work at Grendon. In March, all small-group work, community meetings and creative psychotherapies stopped. During this difficult period for staff and residents, informal check-in clinics were run across the wings. In addition to checking on residents' concerns, journals were reviewed, and mindfulness and grounding techniques introduced. Staff joined with residents during exercise time as another way of maintaining contact.
- 7.1.2 From May, staff introduced alternative ways of ensuring positive psychological support by encouraging residents to write personal narratives of how they were feeling and coping with the newly enforced lockdown measures. Wing

staff or a member of the psychology team often led or facilitated this initiative, although the residents themselves were proactive in the process and contributed to articles in a weekly newsletter.

7.1.3 Residents from some wings made more contributions than others, and G wing produced some impressive editions, including extended blogs. Not all submitted material could be used, as residents might not have been able to process some feelings outside a group environment.

7.1.4 Here are two contributions to the G wing (the assessment wing) newsletter:

'I feel the G wing community are coping really well. I am proud at how resilient everyone is and are really thankful for the chats, laughter...I will be driven by the positive values of understanding, patience, kindness, caring and inclusion. I will instigate friendly conversation and find time to reflect. I will listen to those who need reassurance and thrive on the motivation of unity, friendship, community and strength. When things become tough, I'll do exactly what I'm doing today, talk about it to prevent any additional harm, further unhappiness and reduce my potential trauma impact by allowing others to support me, which will help me to become stronger so I can then support others.'

(April)

7.1.5 In July, a D wing resident, writing an article for G wing residents wrote:

'For the first 12 months I really didn't have a clue; I blagged my way through, then things changed, people were leaving, and I was getting left behind. So, I had to knuckle down regardless of my feelings and emotions. I didn't have anything to look forward to, no family or prospects. Or so I thought. My offence carried an IPP [indeterminate sentence for public protection] tariff, so I thought I'd never progress. But after things began to change and I got stuck into my work, and family became more aware of what I was doing, things have completely turned around for me.

I've done a total of 10 years to the present day, and four of those years at Grendon. I'm happier than I've ever been. I'm clean from drugs and alcohol. I understand my behaviours and risks, and have now been given my cat D.'

7.1.6 Small-group therapy restarted on a limited basis in September, with one session per group per week, with the emphasis on working through the 'here and now' rather than working on offences, with the risk of residents having to go straight back behind their doors without therapeutic support. Therapy was again suspended on 31 December, in line with national restrictions.

7.1.7 In addition to distraction packs, the artist in residence and Bucks Association for the Care of Offenders (BACO) provided sketch books and art materials.

- 7.1.8 There was certainly an increase in frustration and poor behaviour during the lockdown (see paragraphs 4.3.2 and 4.3.3), but it is a credit to staff and residents that this did not escalate to more serious levels. It is not, however, possible for the Board to assess any potential psychological damage caused by the long periods of isolation or the interruption to therapy as part of a resident's progression and the temptation to revert to former coping mechanisms.
- 7.1.9 The integrated audit process developed for democratic therapeutic communities published its final report in early 2020. Grendon's scores against minimum compliance ratings are impressive:

Sample criteria	Min compliance	Actual
Therapeutic community culture and practice	80%	96%
Overall compliance (av. score for all wings, except G wing (assessment)).	70%	95%

7.1.10 The following is an extract from one wing's report:

'The audit team were also particularly impressed with the relationships that were evident between staff members and residents, noting the amount and quality of informal time that was spent together, both during and outside of mealtimes. Given the usual issues that therapeutic communities within the prison estate have facilitating this, it was noted as particularly strong practice. Overall, the audit team witnessed a mature therapeutic community which was functioning extremely well, and this is demonstrated in the high scoring of the standards across all the sections'. (A wing audit)

7.1.11 The Board noted a recommendation from several of the wing reports about lodgers: '...continue to aim not to have lodgers on the wing, and to support residents and staff who have concerns about any issues arising from the presence of lodgers'. (C wing report) (See also paragraph 5.2.2.)

7.1.12 Records of residents out of therapy were not recorded from March to August by the therapy policy meeting. The average number of such residents for over three months was 19 (10 in 2019). Given the restrictions in movements between prisons during this time, this increase is not surprising, but the Board will welcome a reduction in these numbers, as residents out of therapy can imbalance a community.

## 7.2 Education, library

Key indicator	2019/20	2018/19
Allocations against planned classes	<b>84%</b>	102%
Efficiency against planned classes	<b>72%</b>	89%
Attendance against planned classes	<b>86%</b>	87%
Hours of absences	<b>552</b>	526
Hours of interruptions	<b>274</b>	260
Hours cancellations by college	<b>167</b>	330

7.2.1 There was no face-to-face education from March to December. In the academic year ending March 2020, allocations and efficiency against planned classes slipped to 84% and 72%, respectively, due to special meetings called by the community, which required residents to be on their wings during class time. Delays were also caused by the 'backing' system (all those applying for courses need to be approved by their therapy group), and the recruitment of a business tutor. Attendance remained on a par with the previous two years, at 86%, and absences and interruptions were marginally up on the previous year.

7.2.2 Comparison of course achievements over two academic years:

All courses	2019/20	2018/19
<b>Completed</b>	<b>211</b>	91
<b>Achieved</b>	<b>200</b>	88
<b>Success overall</b>	<b>95%</b>	97%

A total of 211 courses were completed for the year, a 131% increase on the previous year, which was due to SMART targets and regular reviews to make sure that residents were on track to achieve their expected completion dates. A 95% overall success rate was achieved, which is commendable.

7.2.3 From March to September, Milton Keynes College provided generic, unaccredited packs, which were not linked to learning from a resident's

previous courses. Take-up was disappointing, with only approximately 20 residents using them, but the feedback from the review of learner engagement was positive.

- 7.2.4 From September to December, the college offered AIM-accredited work packs, with qualifications following examinations once the COVID-19 restrictions are eased. There were six courses in professional social development, including working in construction and building industries, employability skills and environmental sustainability.
- 7.2.5 Also on offer were curriculum-based in-cell packs covering functional skills in English and mathematics (levels 1 and 2), principles of business start-up, and tasters in information technology, and mentoring. Initial take-up was slow and was not helped by Milton Keynes College being unable to access the wings to facilitate the administration and explain the process and options to staff and residents; one application took 20 days to reach the resident and 10 days to be returned to college. Enrolments by the end of December had increased to 43 (18 AIM and 25 non-accredited courses).
- 7.2.6 However, overall engagement remains lower than expected, despite promoting courses through posters, application forms and education champions on each wing. The situation is unlikely to improve, particularly for newer residents, until face-to-face teaching restarts.
- 7.2.7 The curriculum included new cohort-based courses (as opposed to roll-on roll-off) for mentoring, customer service, business studies and textiles (the latter will start once face-to-face teaching resumes). The Board welcomes this inclusion of more vocational courses.
- 7.2.8 From March 2020, most of the Open University (OU) students were deferred, with several becoming disillusioned or losing interest. In October, there were 11 registered OU students and one with Stonebridge (compared with 14 with the OU and seven with Stonebridge in October 2019). Learners had access to six computers to complete their assessments (these were temporarily removed over the summer, due to inappropriate use), which were then forwarded to the OU via activities staff in Springhill.
- 7.2.9 From March, the library was closed to residents, although non-library staff were able to distribute books, DVDs, and games. In July, the service was suspended until stocks had been returned.
- 7.2.10 Residents accessed the library through an outreach programme using wing champions. A monthly virtual prison reading group is planned.

### **7.3 Offender management, progression**

- 7.3.1 Offender supervisors stopped visiting the wings for five months from March. This reduced contact, combined with staff shortages in the offender

management unit, contributed to some processes not being followed, which impacted on outcomes for residents. On appeals to some decisions on recategorisation, written submissions by residents had not been included, as well as the balance of assessments between engagement with therapy and the risk to the public. Negative therapeutic considerations must now be evidenced as to how they relate to risk.

7.3.2 Several appeals were upheld, including two out of 10 in May. One resident with an extended determinate sentence had his appeal batted between departments for five months. In September, in response to an appeal, the Governor explained that any decision was not possible until 2026 due to the resident's conditional release date; clearly, expectations could have been set at an earlier stage.

7.3.3 Multidisciplinary attendance at interdepartmental risk management meetings has been poor, and this will be addressed in early 2021.

#### **7.4 Family contact**

7.4.1 From March, all social visits, family, and children's days were cancelled. In normal times, these visits have been a particular and important feature of family contact at Grendon.

7.4.2 At the start of the pandemic, a limited number of PIN-enabled telephones were available for residents who needed them (that is, were in isolation) and two iPads were available for end-of-life contact with family members.

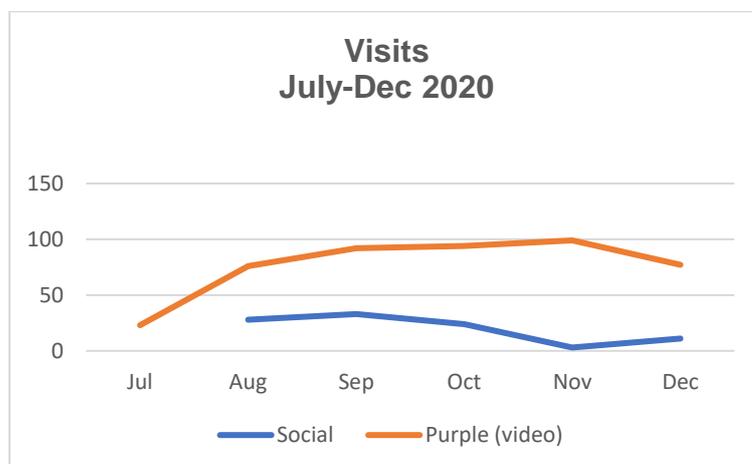
7.4.3 Along with the whole prison estate, an additional free credit of £5 was added to PIN spends. The suggestion that an excess of credit (built up by some residents) might be transferred from a resident's spends was not popular, and no transfers were made before the policy was withdrawn. From the new year, residents with more than £25 on their PIN credit balance will not be credited with additional monies until the balance falls below £25; this policy seems less likely to cause a negative reaction.

7.4.4 At the end of July, in response to residents asking for additional time to contact their families in the evening, wings were allocated a weekly session between 5pm and 7pm. As part of a national agreement with BT, charges to mobile phones were reduced to 14p per minute on weekdays, and 9.8p at weekends. From December, the regime was relaxed to allow more residents out in the evening sessions, to make calls and participate in structured wing activities.

7.4.5 Residents requested to have a photograph taken of themselves and sent to their loved ones. This was agreed and appreciated.

7.4.6 Social and video-call visits ('Purple Visits') – 60 and 30 minutes, respectively, a month – started at the end of July. After initial teething problems, Purple

Visits proved to be a popular form of contact. In November, an additional Purple Visit per month was added, to include Saturdays. One unexpected upside to the pandemic is that Purple Visits might continue once normal conditions for visits apply.



Social visits of 60 minutes (the mandatory length is 45 minutes) were restarted at the end of July. As per the above table, these were not as popular, probably because Grendon is a national resource, and a one-hour visit might have been too short to warrant a long journey for families and friends living a long distance away. Some residents also commented that it was distressing for them not to be able to hug their children.

- 7.4.7 In October, residents were allowed one extra parcel to be sent in by friends and family. Items such as CDs, DVDs, magazines, puzzles and computer games were sent directly from approved suppliers.
- 7.4.8 In December, Grendon moved into tier four, resulting in planned social visits for the Christmas period being cancelled. Additional mobile phones were laid on for residents, with the same cleared numbers as for PIN telephones.

## 7.5 Resettlement planning

- 7.5.1 Restrictions on movements for six months of the year severely impacted on the number of residents able to move on/progress once their therapy had been completed. Progressive moves for the six reported months were 32 (38 in 2019) and represented 47% of all moves, compared with 34% in 2019. Eighteen residents from G wing were removed before being allocated to a therapeutic wing (26 in 2019).

## 8. The work of the IMB

The Board did not visit the prison during April and May, and rotas from March to December were a mix of actual visits and remote calls. From March to June, there were weekly calls with the Governor, which were critical to keeping in touch. Members were also able to dial in to some prison meetings.

Only two Board meetings were held in the prison, with all other meetings held online. Two new members started the year and most training was carried out online; some elements of this training will be used for any future training. One new member was unable to continue and one other member resigned. The Board successfully interviewed a further three new members at the end of the year, who will start their training at a difficult time during the pandemic.

### Board statistics:

Recommended complement of Board members	14
Number of Board members at the start of the reporting period	8
Number of Board members at the end of the reporting period	6
Total number of visits to the establishment	46 (186 in 2019)
Total number of segregation reviews attended	N/A

**Applications to the IMB** (including one from the free national 0800 call centre which was not initially correctly forwarded to the Board due to a technical error).

<b>Code</b>	<b>Subject</b>	<b>2020</b>	<b>2019</b>
A	Accommodation, including laundry, clothing, ablutions	<b>4</b>	<b>0</b>
B	Discipline, including adjudications, incentives and earned privileges, sanctions	<b>0</b>	<b>2</b>
C	Equality	<b>0</b>	<b>4</b>
D	Purposeful activity, including education, work, training, library, regime, time out of cell	<b>2</b>	<b>0</b>
E1	Letters, visits, telephones, public protection restrictions	<b>3</b>	<b>2</b>
E2	Finance, including pay, private monies, spends	<b>0</b>	<b>1</b>
F	Food and kitchens	<b>0</b>	<b>1</b>
G	Health, including physical, mental, social care	<b>0</b>	<b>3</b>
H1	Property within this establishment	<b>2</b>	<b>2</b>
H2	Property during transfer or in another establishment or location	<b>0</b>	<b>2</b>
H3	Canteen, facility list, catalogue(s)	<b>0</b>	<b>9</b>
I	Sentence management, including home detention curfew, release on temporary licence, parole, release dates, recategorisation	<b>1</b>	<b>0</b>
J	Staff/prisoner concerns, including bullying	<b>0</b>	<b>2</b>
K	Transfers	<b>0</b>	<b>1</b>
L	Miscellaneous, including complaints system	<b>0</b>	<b>0</b>
	Total number of applications	<b>12</b>	<b>29</b>



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