



Annual Report of the Independent Monitoring Board at HMP Grendon

**For reporting year
1 January 2021 – 31 December 2021**

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Introductory sections 1 – 3

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 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 also 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 residents 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 men.
- 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 recovery team (DART) (Inclusion)
- podiatry and physiotherapy (Premier Therapies Ltd)
- mental health services (Barnet, Enfield and Haringey Mental Health Trust)
- dental (Time for Teeth)
- audiology (Specsavers)
- optician (Pen Optical Ltd).

2.12 Education services are provided by Milton Keynes College (MKC).

2.13 Gov Facility Services Ltd manages the maintenance and facilities management services.

3. Executive summary

3.1 Background to the report

For the first three months of the year, the Covid-19 outbreak 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.

Her Majesty's Inspectorate of Prisons (HMIP) conducted a short scrutiny visit in March 2021, and the Board has referenced several of the questions and responses to this visit, to supplement views from residents that the Board has been unable to gather.

3.2 Main judgements

How safe is the prison?

Many of the indicators to measure safety showed improvements over the previous year. Actual incidents and intelligence reports (IRs) of self-harm were down (see 4.2.2), as well as assaults and uses of force (see 4.3.1). The number of opened assessment, care in custody and teamwork (ACCT) documents also fell to 38, from 60 in 2020 (see 4.2.3). This all points to a safe environment. There is, however, no indication for the reasons behind these statistics, given that they reflect another difficult year for staff and residents due to Covid restrictions, compounded by the ongoing disruption caused by the fire safety project.

The Board again notes the lack of data to support response times to cell bells (see 4.2.9), which is a concern. Although there is no evidence (for example, from complaints) that the required three-minute response times are not being met, the lack of reporting remains a concern.

Residents broke down locked shower doors during night sanitation and these have not been secured. Access to showers was an area of concern in the coroner's report in 2017 following a death in custody (see 4.2.11).

Finds and intelligence reports (IRs) for both drugs and phones are down (see 4.5.1 and 4.5.3) and other security interventions have proved effective (see 4.5.4).

How fairly and humanely are prisoners treated?

Residents are treated fairly. Virtually all the prison's activities are still restricted to some degree and so are not as humane as they would be with a normal regime, despite best efforts by staff.

Time out of cell improved over the year (see 6.5.2) but remained restricted. Issues with the night sanitation system are again raised by the Board (see

5.1.2) and it is hoped that some of the faults will be remedied as part of the fire safety work, but decency issues remain. The Board noted two significant data breaches (see 5.7.5).

There have been considerable improvements to the analysis of diversity and inclusion issues (see 5.4.1). The Board noted too many late replies to discrimination incident report forms (DIRF) (see 5.4.8).

Residents' comments about the food were generally good or excellent (see 5.1.5), although the Board queries how standards can be maintained in the future on budgets that have been static for many years (see 5.1.8).

Residents report that they are treated with respect (see 5.3.3). The number of complaints was on a par with 2020 but the proportion of property issues is still too high (see 5.7.1). During the restrictions, the prison has maintained a monthly residents meeting (see 5.3.5).

How well are prisoners' health and wellbeing needs met?

Healthcare was able to provide nearly full access to services (see 6.1.1), with good levels of appointments (see 6.2.4) and low levels of 'did not attends' (DNAs) (see 6.2.5).

Outbreak control measures for Covid-19 were well managed (see 6.1.4) and the vaccination rollout proved effective in mitigating more serious effects (see 6.2.1).

Fifty per cent of respondents to the HMIP questionnaire said that they had mental health issues. Some delivery of services was affected by staffing levels (see 6.3.1).

How well are prisoners progressed towards successful resettlement?

There was an improvement in the delivery of therapy with the return of group work and structured wing activities (see 7.1.1) The Board heard evidence from some residents how the sense of community has been lost (see 7.1.3).

The merger of the assessment wing with one community created tensions for staff and residents (see 4.3.3). The assessment period was reduced from eight to six weeks (see 7.1.5). At year-end, a decision was made to restore the assessment wing to its normal roll but at the expense of losing one of the five communities. This has reduced Grendon's capacity to deliver transforming therapy by 25% until the safety work project is completed.

There were 62 transfers out for the year, of which 31 were described as 'progressive'. This was on a par with 2020 but, given the restricted therapeutic regime, this description is not likely to be as meaningful as in pre-pandemic times (see 7.4.3).

Education provision made steady improvements through the year (see 7.2.4) but remained behind what was being achieved in pre-pandemic years (see 7.2.1). Distance learning is recovering (see 7.2.9).

Family contact has been maintained through the effective use of Purple (video Visits and increased access to social visits (see 7.5.3) but is still far from levels that the prison would like to deliver (see 7.5.1).

3.3 Main areas for development

TO THE MINISTER

The Board monitored one prisoner's journey over six months, illustrating how his needs were not being adequately met in prison, in spite of the good level of care he received at Grendon (see 4.2.5).

TO THE PRISON SERVICE

Further delays to the delivery of the fire safety project will reduce the prison's capacity to deliver the very best outcomes for residents and its therapeutic work (see 5.1.1 and 7.1.5).

It is not clear that the upgrade to the sanitation software will deliver better outcomes for residents than conditions described this year (see 5.1.2).

Is there a date for Grendon to have in-cell telephony installed (see 7.5.2)?

TO THE GOVERNOR

Restrictions due to Covid-19 and project work notwithstanding, the Board looks forward to:

- rebuilding the culture and the sense of collective responsibility in the communities which has been affected across so many of the activities that Grendon was able to provide pre-pandemic (see 5.3.4, 7.1.3 and 7.1.5)
- continuing the good progress made this year on diversity and inclusion issues, especially when residents can be involved in the process (see 5.4.1)
- monitoring cell bell response times (see 4.2.9)
- the delivery of timely training for ACCTs, and control and restraint (see 4.2.4 and 4.4.2)
- refresher training to minimise data breaches (see 5.7.5).

3.4 Progress since the last report

The fire safety work includes an upgrade to the sanitation software, but there are no plans to increase the number of cells with in-cell sanitation and the Board continues to monitor outcomes for residents that are not decent (see 5.1.2).

Monitoring of equality and diversity issues has been greatly improved (see 5.4.1).

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

- 4.1.1 Numbers of new arrivals to the assessment wing have been reduced over the year due to Covid-19 restrictions and the fire safety project. This involved combining the assessment unit with a main therapy wing (B) and operating with reduced numbers.
- 4.1.2 All new arrivals were isolated on G wing before moving to the assessment wing. Although the Board has not focused on new arrivals, on one rota in July, a new arrival said that he had had only 30 minutes' exercise/time out of his cell for nine days, and no distraction packs had been provided.

4.2 Suicide and self-harm, deaths in custody (DICs)

- 4.2.1 There were no DICs in 2021. The inquest into the DIC in 2019 is scheduled for April 2022 and the Board will comment on any recommendations from the Prisons and Probation Ombudsman or coroner's report in April 2022.
- 4.2.2 Actual levels of self-harm were low, at 38 (with 19 individuals involved), and well down on the 47 reported cases in 2020. IRs for self-harm were 32 for the year, down from 43 in 2020 and 44 in 2019. In November, the safer custody meeting reported that 67% of residents had no history of self-harming during custody.
- 4.2.3 **ACCTs:** 38 were opened for 2021, compared with 60 in 2020 and 57 in 2019. Even on a reduced roll, these figures are surprisingly low, given the restricted regime for a significant part of the year. A new version came into effect in July. Board members noted comments from staff, including:
- the difficulty of getting a quick update on a prisoner's current state
 - some forms (for example, observation forms) becoming separated from the main folder
 - coloured files not being visible if placed upside down.
- 4.2.4 Due to Covid-19 restrictions, training on the new documents has been slow to roll out. On a night visit in October, it was noted that none of the operational support grades on the wings had been retrained. In December, assurance checks found issues including care plans and support actions not completed.
- 4.2.5 The Board followed the journey of one vulnerable prisoner. He had been at HMP Bullingdon for two and a half years prior to his arrival at Grendon. He was on an ACCT at Bullingdon, which was closed on 7 January, and he was transferred to Grendon on 15 January. It was not clear if there had been a post-closure review at seven days at Bullingdon. There were no healthcare notes on his transfer and on arrival he tested positive for Covid-19 and was isolated. He proved to be a particularly difficult prisoner to manage, with

incidents of self-harm and one incident involving the use of force. At one stage, he was on a constant watch.

- 4.2.6 He received good care from staff at Grendon, including an attention deficit hyperactivity assessment, which had not been done at Bullingdon. However, his behaviour was disruptive, and he was assessed as not being ready for therapy. Options such as a PIPE (psychologically informed planned environment) were explored. In July, he was transferred to Bullingdon on an open ACCT, together with a referral to Bullingdon's mental health team. The wing psychologist checked on him after his arrival at Bullingdon and the safer custody team later checked with his prisoner offender manager (POM), who reported that he was struggling. Grendon staff showed evidence of good care beyond what would normally be expected.
- 4.2.7 When a prisoner transfers after an unsuccessful period in a prison, his 'original' psychological needs still remain and may even have increased as a result of the transfer. Observing this prisoner's recent journey highlights the limitations of a system which is neither equipped nor has the capacity to meet his particular needs. It is an example of the shortcomings of the larger prison system tripping up local outcomes.
- 4.2.8 The Board has also considered its role in the national context of independent monitoring and found itself asking the question: if the Board does not report on this, then who will?
- 4.2.9 **Cell bells:** Due to ongoing technical issues, this was the second consecutive year where response times have not been monitored by the prison. Evidence from the HMIP survey to the question, 'Is your cell call bell normally answered within five minutes?' were: 73% 'yes'; 21% 'no'. The target response time at Grendon is three minutes. This remains an important shortfall in safer custody reporting, particularly when residents have spent extended periods in their cells.
- 4.2.10 In March, the night sanitation software system had issues with alerting communications staff when residents had been out of their cells for longer than eight minutes. On a night rota in October, late returns to cells and actions taken by staff were correctly recorded.
- 4.2.11 **Showers during night state:** Following a DIC in 2015, one of the coroner's concerns in his report was that locked doors to showers during night sanitation operation could reduce access to ligature points. Residents this year broke down some of the locked doors while out on sanitation. A decision was made to leave broken shower doors unlocked and the Board confirmed on a night visit on one wing that this was the case. This decision is at odds with the coroner's recommendation.

4.3 Violence and violence reduction, self-isolation

- 4.3.1 The number of assaults, fights and use of force all remained in single figures for the year. There were six challenge, support and intervention plan referrals, none of which were progressed.

- 4.3.2 Safer custody IRs for the year were well down on the elevated figures last year (407 against 527), reflecting the easing of tension as the regime was able to open up in a measured way. Some selected IRs are listed below, showing some significant reductions on previous years, but it is easy to forget how low, for example, 'threats to staff' were pre-Covid-19 in 2019:

Selected safer custody IRs	2021	2020	2019
Bad behaviour	116	140	73
Threats to staff	59	100	36
Threats to residents	70	131	134
Bullying victim	28	63	19
Threats of disorder	30	33	17
Damage to property	46	82	72
Self-harm	32	43	44

- 4.3.3 In response to the question in the HMIP survey, 'Do you feel unsafe now?', 23% of respondents said 'yes', against 77% saying 'no'. Throughout the year, IRs for bad behaviour were recorded against residents on B wing (see also 4.1.1). There were also threats against residents who have committed sexual offences on the assessment wing, although this did not translate into any actual violence. In July, there were multiple false general alarms on C wing, suspected to have been caused by residents.
- 4.3.4 Due to restrictions, safer custody meetings were combined with Springhill but with no prisoner representatives from either prison present and few reports submitted. This should change when the prisons are allowed to move to stage 1 and this will give these meetings a voice from residents which has been absent for 15 months.

4.4 Use of force

- 4.4.1 Use of force remains very low, with three instances for the year, against six in 2020.
- 4.4.2 Mandatory training for control and restraint has been slow, with 55% of staff trained by the end of November, against a target of 80%. Training in the use of rigid bar cuffs at the end of November was at 40%, against a 100% target. Delivery has been affected by staffing levels.

4.5 Preventing illicit items

- 4.5.1 There were 12 drug finds for the year, against 37 in 2020. These included evidence of spice on eight pieces of incoming mail in the first two months, and seven residents had their mail photocopied in January. IRs for drugs were 99, against 227 in 2020.
- 4.5.2 **Testing:** Mandatory drug testing, as well as risk and suspicion testing, restarted in July, then stopped in December due to the move back to stage 3.

- 4.5.3 **Phones:** There were two finds for the year, against four in 2020, and 115 IRs, against 147 in 2020. Time spent on the communities dealing with phone issues (that is, calling community meetings to discuss suspected usage) is a necessary part of challenging boundaries but can be distracting to other therapeutic work.
- 4.5.4 In the second half of the year, a body scanner was used on all new arrivals and men returning from hospital. Between July and September, eight out of 27 scans included items that were potentially missed (false negatives), and 50% of these were for new arrivals. Additional training was subsequently provided. There were three positive scans in November, all from new arrivals. The policy moved to intelligence-led scanning only, which might or might not help to identify all illicit transfers.

5. Fair and humane treatment

5.1 Accommodation, food

5.1.1 The fire safety work has not progressed to schedule: work on the smallest of the six wings had not been completed by year-end and is already 12 months late. The main impacts of the project have been on B wing, which was combined with a reduced assessment wing. Ongoing work will inevitably impact residents and staff alike for at least the next two years. Although the work will improve safety, it is a shame that there will not be more tangible improvements to the fabric of the accommodation, much of which is beginning to look tired.

5.1.2 **Night sanitation:** Most cells do not have toilets. During lock-up, access is via an automated sanitation system, which, on demand from residents, unlocks one cell at a time on a landing. Residents have eight minutes to return before an alarm sounds in the communications room and wing staff are contacted to check on or encourage the prisoner to return to his cell. The next man in the queue is then let out. The Board commented extensively last year on long waiting times, resulting in significant numbers of residents resorting to using their cell pot. This year, time out of cell during the day improved in line with regime changes, but there is evidence of continuing poor outcomes with the sanitation system:

- In March, a generator test resulted in access to the sanitation system failing, with men not being able to get out to use the toilets for several hours.
- At the residents meeting in June, men complained about being locked up in the afternoon without the sanitation being switched on.
- In July, a C wing prisoner talked to the Board about the sanitation system being switched off on Monday afternoon during lock-up, and then from 7pm to 8.30am the following morning. He was forced to use his cell pot, bag its contents and dispose of these at unlock. One therapist told a Board member how the implied requirement to 'stay behind the door, and shit in a pot till we say you can come out' can trigger memories of childhood trauma of similar situations for some residents.
- A prisoner who had previously been at HMP Long Lartin (with the same sanitation system) said that the prison provided a commode, rather than the pots used at Grendon.
- On a related sanitation issue, in August, two residents on the same spur were able to get out at same time, posing potential safety issues. Sensors were subsequently checked.

5.1.3 Staff are aware of declared individual residents' medical needs, and residents are reminded of their responsibility to the rest of their community not to abuse the limited time while out of their cells.

5.1.4 There remains a general lack of confidence in the system, which may be improved with the fire safety work, which includes an upgrade to the sanitation software.

- 5.1.5 **Food:** HMIP's survey question about food was followed shortly by the prison's own questionnaire prior to a change of menu: both indicate good or excellent outcomes:

What is the quality of food like?	Excellent	Good	Reasonable/ Average	Not good/ poor
HMIP	N/A	57%	37%	6%
Prison	28%	41%	28%	3%

- 5.1.6 In March, following residents' requests, the hot meal was reinstated in the evening.
- 5.1.7 Following menu changes in April, there were initially comments from residents about portion sizes and items such as mackerel being reduced and replaced with tinned sardines/tuna. Comfort packs (introduced in 2020 during the strictest regime) were also discontinued. Comments made on wing pods were generally positive, although the Board noticed that some comments had not been responded to by kitchen staff for some months.
- 5.1.8 Faced with price inflation on food, the Board questions how standards can be maintained on a budget of £2.10 per day per prisoner, which has not changed for many years.
- 5.1.9 In October, residents were advised that, due to national supply issues, some food items were being delisted, and in November staff reported that 97 items that were regularly ordered were unavailable. The situation had improved by December.
- 5.1.10 **Canteen:** In September, residents reported issues with DHL following the move of its operations to HMP The Mount, with reports of damaged and missing items and refunds taking too long to be credited. Following a meeting in December, staff were assured that high-value items were to be packed separately, and that vapes and eggs would be reintroduced in January 2022. Where refunds were justifiably due but delayed by DHL, the prison agreed to cover the credits.

5.2 Segregation

- 5.2.1 There is no segregation in Grendon. In previous reports, the Board has commented on issues for men being transferred from Springhill to Grendon as a temporary measure. The intention was to stop all such transfers other than in exceptional circumstances. There was only one such transfer in the year, and this particular prisoner had been transferred from Grendon some months earlier.
- 5.2.2 **Adjudications:** The total number of adjudications was low, at 26, with 10 proven and four dismissed (corresponding figures for 2020 were 36 charged, 21 proven, four dismissed).

5.3 Staff–prisoner relationships

- 5.3.1 Relationships are central to the five therapeutic communities and assessment wing. Covid-19 restrictions, combined with disruption from the fire safety work, certainly created frustration, both for staff and residents, about not being able to get on with their ‘work’ (that is, therapy), but it is a credit to staff and residents alike that, from the Board’s observations on rotas, good relationships were maintained. There were 13 complaints (2% of the total) about staff, compared with 10 in 2020.
- 5.3.2 In February, the prison conducted a survey of staff and residents based on the Essen Climate Evaluation Schema (EssenCES). Services that are perceived as safe and supportive can be described as having a healthy social climate. Results were compared with a survey in July 2020 and were broadly consistent – that is, a majority of measures achieved an ‘average’ or above rating, indicating that the social climate remained the same as in July 2020. The report indicated that residents feel that communities are not as supportive of residents when compared with the perception of staff.
- 5.3.3 Two questions from the HMIP survey offered a different perspective: ‘Do most staff here treat you with respect?’ – ‘Yes’ (80%); and ‘are there any staff you could turn to if you had a problem?’ – ‘Yes’ (91%).
- 5.3.4 Community meetings are central to creating and maintaining each community and its sense of collective responsibility. Their absence, over nearly two years, has contributed to an erosion of culture, which, combined with changes in uniformed and non-uniformed staff, will require a collective effort to rebuild once restrictions are eased (see also 7.1.2 and 7.1.5).
- 5.3.5 The monthly residents meeting is a helpful forum for highlighting issues and, where appropriate, initiating action – for example, canteen issues (see 5.1.10). They also served as an additional communication channel during a complicated year for residents and staff, with regime changes caused by Covid-19 and the fire safety work.

5.4 Equality and diversity

- 5.4.1 In its 2020 annual report, the Board reported that the monitoring of diversity issues was not effective. In 2021, the Board considers that the prison has treated equality and diversity as a high priority and has demonstrated a will and ability to identify issues and improve outcomes in this area. There has been regular and effective analysis of statistics and efforts were made to tweak evidence gathering on an ongoing basis.
- 5.4.2 The previous system of holding quarterly meetings of the diversity and equality team (DEAT) has been replaced by a monthly diversity and inclusion (D&I) meeting, with residents attending as well as governors and staff.
- 5.4.3 The D&I meeting is complemented by a follow-up meeting a week later, which focuses on ensuring that action points are dealt with.
- 5.4.4 A new position of D&I manager was appointed from November for 12 months.

- 5.4.5 Rather than relying on the centrally produced quarterly statistics, bespoke data for Springhill and Grendon is analysed separately. This has provided better information to the D&I meetings, specifically tailored to the circumstances of the prison. There is analysis of complaints, adjudications and work across the protected characteristics, and also of other areas such as referrals of potential arrivals to Grendon and recategorisations. Out-of-range statistics were investigated, but in many cases this highlighted how one prisoner on multiple charges can distort one month's figures, especially on a low base. In the December meeting, no results were out of range.
- 5.4.6 Residents and staff ran a black, Asian and minority ethnic forum in November to consider diversity issues in the context of therapy. The following were some of the outcomes which will now be addressed by therapy staff working with prisoner representatives:
- Therapy is not sufficiently culturally aware and sensitive.
 - Therapy targets the need to reflect cultural awareness and needs.
 - Regime culture and values lack diversity.
 - Need to ensure that the assessment process is responsive to the needs of under-represented groups.
- 5.4.7 Another example of prisoner engagement was when a prisoner raised the question of the ethnic mix in certain wings, with some being seen as overwhelmingly white and others as 'ghettos' for non-white residents. The outcome of this discussion is outstanding.
- 5.4.8 **DIRFs:** There were 18 raised this year, against 30 in 2020. The change in the system reported last year has not resulted in an increase in DIRFs. This is likely to be the result of the screening of Comp1s by the business hub, with inappropriate DIRFs being treated as complaints.
- 5.4.9 Eight (44% of the total) DIRFs were responded to late and some were closed but with no supporting responses filed. In November, response times were altered to 14 days or, exceptionally, 28 days if an interim response was given. It will be important that these timings are observed, to maintain residents' faith in the process.

5.5 Faith and pastoral support

- 5.5.1 In August, controlled services were resumed but still without socialising or refreshments. Friday prayers were organised with rotating wings. With the regime returning to stage 3 in December, worship for mixed wings ceased including the popular carol service (although services by wings were offered). Visiting clergy also stopped attending the prison.
- 5.5.2 Before then, the chaplaincy had applied for special permission to hold a ceremony of outdoor prayers to celebrate Eid, and this had been allowed.
- 5.5.3 The chaplaincy provided written resources for most faiths that were updated weekly.

- 5.5.4 The position for a new head of chaplaincy has been vacant all year. A member of the team has been temporarily promoted to cover the role.

5.6 Incentives schemes

- 5.6.1 The overwhelming majority of residents are on 'enhanced' status and each community operates under its own constitution, which all residents sign up to. Issues or breaking boundaries are dealt with by the community in smaller groups or, in serious cases, by the community taking a 'commitment vote' on an individual, which could result in them leaving Grendon.

5.7 Complaints

Selected complaints	2021 (%of total)	2020	2019	2018
Property	87 (15%)	110	103	79
Recategorisation	32 (5%)	49	27	22
Confidential access	57 (10%)	31	14	Not known
Data breach	26 (4%)	0	0	0
Canteen	14 (2%)	20	55	21
Catalogue	20 (3%)	10	49	84
Transfers	30 (5%)	8	12	Not known
Mail	9 (2%)	25	8	Not known
Other	320 (54%)	345	287	278
Total of all complaints	595	598	530	484

- 5.7.1 Levels of complaints were at the same, relatively high, volume as in the previous year, reflecting, no doubt, general frustration with regime restrictions. Property remained the single biggest issue and, of the 87 complaints, 74 (85%) related to property either being sent in or sent to other prisons, reflecting the continued deeply unsatisfactory arrangements for recording and transferring property between establishments. The number of confidential access complaints was high but influenced by one prisoner making multiple applications. According to the Governor, the vast majority of these applications were not appropriate and were returned to the prisoner to be dealt with as Comp1s.
- 5.7.2 The Board monitors a sample of complaints every month. Generally, the timeliness of response was acceptable but in most months there was a range in the tone of responses, not all of which were in line with the guidelines.
- 5.7.3 **Recategorisation appeals:** All such appeals are handled as Comp1s by the Deputy Governor. The volume of appeals this year decreased by 34% on last year but they still made up 5% of all complaints. There were more successful appeals on decisions on recategorisation from category B to category C. Some original decisions were based on recording of negative behaviour of which residents were unaware, and the issue of progression in therapy as a risk criterion continues to be an issue (see 7.4.4). Complaints about transfer

(see 7.1.4) reflect the increased number of men out of therapy looking for their next move.

- 5.7.4 In May, residents reported issues with delays to delivery of mail over the weekend, which were investigated and corrected.
- 5.7.5 The Board was concerned to note a data breach covering 28 residents on one wing in July. In a separate incident, a resident approached the Board in November, following a disclosure to another resident of recorded notes of a confidential nature. Responses to the complaints included apologies and promises to change processes. The Board was assured that all formal reporting processes were followed. Data breaches accounted for 26 complaints.

6. Health and wellbeing

6.1 Healthcare: general

- 6.1.1 Unlike during the previous year's lockdown, residents were able to access all healthcare services except for podiatry for the first three months of the year, and audiology for 12 months.
- 6.1.2 In March, in response to the HMIP survey, residents responded positively to the question 'What do you think of the overall quality of the health services here?' with 'good' (71%), 'bad' (22%), 'don't know' (7%).
- 6.1.3 There was positive feedback from 'friends and family' surveys for DART, physiotherapy and mental health.
- 6.1.4 In 2020, the Board commended the prison for managing the pandemic but it was perhaps inevitable that one wing in October had a confirmed outbreak, with 20 positive cases. The response from the prison was effective, with cases isolated either on the wing or in converted cells above healthcare. Other wings were able to maintain their existing regimes. The affected wing resumed its normal regime by the end of the month.
- 6.1.5 **Complaints:** Healthcare complaints are treated separately from prison complaints. There were 38 'concerns' and 14 complaints for the year. Learning points included:
- Clinical results need to be given to residents in a timely manner.
 - There needs to be better communication to patients about delays to hospital appointments and reductions in medications.
 - Healthcare assistants need to be trained in toenail cutting rather than having to wait for the podiatrist to hold clinics.
- 6.1.6 The Board asked that the revised complaint form includes an opt-in box for residents' concerns to be shared with the Board.
- 6.1.7 **Communication:** Healthcare representatives were reappointed but were only able to meet with healthcare staff on a one-to-one basis, and group meetings will only resume in stage 1.
- 6.1.8 Healthcare staff started a monthly newsletter in March, with practical information on Covid-19 and flu, as well as access to mental health and DART services.
- 6.1.9 There are plans for healthcare staff to appoint six 'health champions' in 2022. These will be paid jobs, supported by training and designed to improve health messaging. Men will be trained and able to track baseline health issues, such as blood pressure and weight measurement.

6.2 Physical healthcare

- 6.2.1 The Covid-19 vaccine rollout was effective, with only 16 residents declining to be vaccinated by the end of 2021. None of the 20 positive cases were seriously ill, although four of the positives were unvaccinated.
- 6.2.2 On rota visits, the Board observed that mask wearing (even during the outbreak in October) was not always correctly observed by a minority of staff.
- 6.2.3 By the end of the year, 63 of 70 eligible residents had been vaccinated against flu.
- 6.2.4 **Appointments:** Ninety-two per cent of booked face-to-face appointments were seen over 12 months.
- 6.2.5 **DNAs:** DNAs for the year were, on average, 1.5% for the year, and well below the 10% threshold.
- 6.2.6 **Cancellations:** Except for DART (13% for April to December), there were few cancellations. Any cancelled hospital appointments were logged and, where appropriate, consultations by telephone were arranged.
- 6.2.7 **Screening:** Healthcare staff achieved 100% for the first reception screening, within 24 hours of arrival, and 100% for the second reception screening, within seven days, except for one month.
- 6.2.8 **Blood-borne viruses:** In November, 95% of the population had been tested for hepatitis C, hepatitis B and HIV, with any positives being referred or treated.
- 6.2.9 The health needs assessment identified obesity as a significant health risk requiring action in the prison. 'Cell to 5k' is an overarching health programme which is planned for 2022.

6.3 Mental healthcare

- 6.3.1 There were 61 referrals for the year. The HMIP questionnaire in March reported that 50% of residents said 'yes' to having mental health problems, compared with 49% in May 2017. For a closed prison, having been through a very restricted regime for the past 18 months, these results are surprising but may reflect that therapeutic communities and their psychology support staff are more resilient at managing these issues. Statistics aside, there was qualitative evidence from conversations with staff and residents that the restricted regimes have taken their toll on the mental health of residents and staff.
- 6.3.2 **Access:** A survey by EP:IC found that most survey respondents (70%) were confident that they understood what services were available to them from the mental health team; the remaining 30% stated that they did not know. However, in focus groups, very few participants were able to describe what

services or support mental health teams provided. Importantly, it was only those who had accessed the service who could explain them. (EP:IC report on Grendon: Patient experience – Wellbeing 28/11/21.)

- 6.3.3 Due to the departure of the primary care mental health nurse, who was not replaced until June, the healthcare department had to rely on bank nurses. In April, one prisoner reported that he did not mind the lack of continuity of individual nurses, but he had had three appointments cancelled in the last three months and was looking for a weekly appointment.
- 6.3.4 To the HMIP question, 'Have you been provided with in-cell activity packs?', 32% responded 'yes'; 28% said 'yes' but they were not helpful; and 40% said 'no'. Families and friends were able to send in CDs, DVDs, magazines/puzzles and computer games, or residents were able to make one-off applications from private cash accounts.
- 6.3.5 Both the primary care mental health and the sub-contracted In-reach team now have a monthly meeting, which should improve delivery of services for residents as an integrated team.

6.4 Social care

- 6.4.1 There were 10 referrals for the year. The Board was unable to monitor the effectiveness and timeliness during the initial stage 3 national restrictions, when assessments were being delivered virtually.
- 6.4.2 In August, the Board spoke to a resident whose hospital bed had just been fitted, following a one-month wait since his referral. He was pleased with his level of care.
- 6.4.3 Two members of staff have been trained by 'Recoop', and they, in turn, can train residents as part of a 'buddy' system to support vulnerable residents. This is a good idea but the rollout of training buddies appears to be slow.

6.5 Exercise, regime

- 6.5.1 Regime restrictions were eased as the year progressed, but the Board does not underestimate the privations of extended periods behind a cell door, in spite of mitigating actions as the regime moved through the various prescribed stages. In response to the HMIP survey question on time out of cell each day (when the regime was still in stage 3), responses were:
 - 9% said less than one hour
 - 53% said one to two hours
 - 36% said two to six hours
 - 2% said six hours or more.
- 6.5.2 From July, residents had two group sessions per week, as well as community meetings and core creative therapies (see 7.1.1). Limited face-to-face education on the wings started (see 7.2.6). Corporate worship also restarted.

Wings again were able to operate as one cohort. Residents were only locked up when other groups were taking place. This meant that they had about six to seven hours a day out of cell, as opposed to about two and a half hours. When stage 3 restrictions were reintroduced in December, many of the stage 2 conditions were maintained, except where mixed cohorts were involved.

- 6.5.3 **Gym:** In January, residents were allowed five outdoor gym sessions over a two-week period. Indoor gym restarted in April but sessions were restricted to 12 men. There was some frustration with restrictions in the gym, as residents living on the wings in the same cohort could not automatically mix in the gym.
- 6.5.4 From November, 20 men from a single wing were allowed three gym sessions a week. The reversion to stage 3 in December meant that increasing the numbers attending the gym on individual wings did not happen and the use of free weights was again stopped.
- 6.5.5 £22k has been spent on updating equipment, which is welcomed.

6.6 Drug and alcohol rehabilitation

- 6.6.1 There were 61 referrals to DART for the year, and at year-end there were 29 residents on their caseload.
- 6.6.2 As the regime relaxed in July, DART used the summer therapy break to hold drop-in sessions on each of the communities as an alternative to the relapse prevention programme, and this resulted in two new referrals.

7. Progression and resettlement

7.1 Therapy

- 7.1.1 Some restricted group therapy restarted in March. Before then, some communities had adapted their constitutions (for example, voting, calling special meetings). At this time, there were no weekly welfare checks but initial and interim assessments took place. From July, residents attended two groups, with creative therapy sessions in the afternoon, together with structured wing activities such as pool and board games. In the last quarter of the year, 93% of planned groups were delivered, as well as 92% of planned creative therapies. In the reversion to stage 3 conditions, the prison was able to maintain the level of therapy sessions, provided that social distancing was kept.
- 7.1.2 One downside of the restrictions has been effectively to create an extended therapy break, which for some residents has meant that they may not have had to deal with their 'work' (that is, therapy) and associated stresses.
- 7.1.3 On a rota in April, one therapist talked of compassion fatigue from some staff, and how for some residents there was the risk of regressing to previous behaviour/thoughts in the extended lockdown and periods of isolation. On a rota in December, following a return to stage 3 restrictions, a resident talked about the loss of community and, in particular, not having 'an arena to practice', which he explained were opportunities that Grendon has historically provided, including social and family days and 'visits with a difference' (see also 7.5.1).
- 7.1.4 The monthly therapy policy meeting records the number of residents who are out of therapy, including those who have finished therapy, been deselected or who might have gained their category D status and are ready to leave closed conditions. Over the year, the average number out of therapy for more than three months was 18, compared with 10 in 2019, reflecting, in part, the lack of space for suitable courses in other prisons. The presence of more men on the wings who are out of therapy does not help to build community spirit.
- 7.1.5 As a result of the fire safety project, the capacity on the assessment unit was reduced from 40 to 22, and the assessment period was reduced from 12–14 to 6–8 weeks, with men potentially not as prepared for therapy as they were pre-pandemic. Following consultations, it was agreed that the assessment wing would be fully re-established early in 2022, and that the community residents on B wing would join C and D wing residents – effectively reducing overall capacity from five to four communities. The ongoing fire safety work, and the disruption to a more normal regime, is likely to complicate the return to more settled conditions for the communities.
- 7.1.6 The Board is not qualified to make any judgements on the clinical outcomes of therapy but on rotas we recorded anecdotal conversations such as the following, with one prisoner who had just got his category D status (that is, he can progress to an open prison): 'I have been at Grendon five years – I would not have talked to you back then'. He went on to say how much he had

changed and was looking forward to trying to get to Springhill, and he had clear ideas about work opportunities on the railways or in construction.

- 7.1.7 On a rota in November, another long-term prisoner spoke frankly about his offence and how therapy has given him the tools to anticipate and deal with incidents that might trigger poor behavioural responses.
- 7.1.8 As an adjunct to formal therapy, pet therapy, in the form of a friendly dog, was welcomed onto the wings in December and this is likely to continue.

7.2 Education, library

- 7.2.1 Regime restrictions continued to have a major impact on the delivery of education, as illustrated below in the comparison over two academic years.

All courses	2020/21	2019/2020
Completed	97	211
Achieved	95	200
Success overall	98%	95%

Ongoing fabric issues to the education department meant that it did not reopen until 15 November, so work was wing based initially until classroom teaching restarted with the implementation of stage 3 in April 2021.

- 7.2.2 Courses at the start of the year were a mixture of AIM accredited and non-accredited subjects, delivered via packs that men used in their cells. Initially, there was little uptake and some evidence that not all materials reached them.
- 7.2.3 In response to the HMIP questionnaire in March 2021, 'Is it easy or difficult to get into education?', 30% responded 'easy' and 50% 'difficult'. More tellingly, to the same question in relation to vocational or skills training, 12% responded 'easy' and 63% 'difficult', reflecting the ongoing lack of access to vocational courses (see 7.3). Different courses are being discussed with Milton Keynes College that could be more attractive, such as creative writing and journalism.
- 7.2.4 The Ofsted inspection in March was generally positive. Although there was obviously some concern about the uptake in education, the quality of what was on offer was recognised and the learning opportunities for residents outside formalised settings was highlighted. It was felt that plans for progression were positive and well-conceived.
- 7.2.5 By May, there were 40 men enrolled on courses, which was a significant improvement on the very small numbers engaged with in-cell learning, reflecting the benefits for learners of the interactive relationship with tutors. This is especially relevant to those with learning disabilities (in October, 49%

of residents were recorded with literacy levels at entry level 3 or below, and 58% similarly for numeracy levels).

7.2.6 By June, exams restarted, with 100% success rate for the AIM awards. College staff were able to visit the wings, allowing learners access to tutors and providing them with face-to-face support for their in-cell work. The inclusion practitioner provided support, especially for men at functional skills levels who had struggled through lockdown.

7.2.7 From July, the following courses were available:

- Mathematics/English (entry level)
- Mathematics (level 1, level 2)
- Book-keeping (level 1–2)
- Information technology (level 1)

Delivery continued to be blended, and all work produced outside the wing classrooms were used to create a portfolio of evidence, which was presented to the awarding organisation for accreditation.

7.2.8 By December, education was still being delivered wing by wing, although class sizes had increased to eight for each wing, with more men engaged in education than prior to the pandemic.

7.2.9 **Distance learning:** It has been difficult to study with the Open University (OU) during the pandemic, with many students having courses deferred. Those who continued their studies suffered delays due to the closure of OU offices, but by June support had improved. In October, five men were enrolled on courses.

Library

7.2.10 The year started with the prison working under stage 3 restrictions, which meant that the library was closed, with items being requested and delivered to the various wings from a bulk list compiled by the librarian. Orderlies ran a 'click and collect' service, whereby requests for CDs and DVDs were delivered to the wings.

7.2.11 By July, residents were able to have weekly access, with five wing residents at a time for browsing and borrowing books only, to help remind them that it was a library, rather than purely a place to borrow games. This was still well down on the pre-pandemic access of three to four slots a week per wing.

7.2.12 Creative ways of engaging with the men included a virtual reading group of 20 members in July, where they read a chosen book, then wrote their own review, which the librarian typed up and shared.

7.2.13 In December, the National Literacy Trust, working with National Prison Radio, offered the chance to read or listen to a new book each month.

7.2.14 The number of items borrowed in August was 1,000 (against a pre-pandemic figure close to 2,000) but was a good achievement, given the restrictions.

7.2.15 The Shannon Trust's peer-to-peer reading scheme has one mentor but no learners. Given the local literacy levels (see 7.2.5), this service would seem to have potential.

7.2.16 The Storybook Dads scheme was not able to offer its CD service of residents reading picture books for their children, but organised 'swaps' of activity sheets between fathers and children; surprisingly, there was no take-up from residents .

7.3 Vocational training, work

7.3.1 Therapy is the main work at Grendon. Opportunities for full-time industries, and the corresponding wages that this work offers, do not apply, with the minimum wage for residents some 50% below what other prisons pay. Residents, perhaps understandably, look at their net pay whichever prison they happen to be in.

7.4 Offender management, progression

7.4.1 Lockdown and the restricted regime impacted on residents' ability to progress, but short interim assessments were still written up, based on their experiences and how they coped during lockdown.

7.4.2 From April, POMs were able to visit the wings for essential meetings with residents and staff and were able to facilitate teleconferences on the wing with community offender managers and other agencies.

7.4.3 The Board monitors the prison's figures on transfers out and the broad reasons for their transfer. In 2021, there were 31 'progressive' moves (50% of all moves), compared with 32 in 2020 (47% of all moves). The balance of transfers was predominantly made up of men returned to their sending prison, with 13 of these at their own request and 13 being considered unsuitable either for therapy or on security grounds. It is perhaps surprising that 31 moves can be considered 'progressive' to the same degree as they might have been after, for example, five years of continuous therapy, given that the past two years have been so disrupted.

7.4.4 **Recategorisation:** The offender management unit (OMU) maintains a database but because appeals are treated as part of the complaints process, the data does not accurately record the number of successful category moves. Some appeals were successful if undue emphasis had been given to the man's progress in therapy (see 5.7.3).

7.5 Family contact

7.5.1 Normal contact with family and friends was disrupted for many months, and the poor outcomes of this (including issues related to mental health) can only be guessed at. It is possible to forget the extent of pre-pandemic activity and benefits that are a hallmark of Grendon (including days for children, social, family, and 'visits with a difference') but as restrictions relaxed through the year, so access was increased.

- 7.5.2 As restrictions eased in the community, residents found it harder to make telephone calls during the day, when family members were at work. The prison responded to this by allowing 20 men on each wing a weekly call between 5pm and 7pm. There is no in-cell telephony at the establishment, and no date for its installation.
- 7.5.3 Virtual ('Purple') visits were available on Mondays, Fridays, Saturdays and Sundays, and proved popular with residents. Social visits restarted in April on Wednesday and Saturday afternoons, but only with immediate family from one household. From July, Sunday visits were added and visiting time was extended to 90 minutes twice a month. Visit numbers increased, together with numbers of accompanying children.

Month	'Purple Visits'/virtual	Social	Children at social
July	70	18	9
August	70	40	11
September	63	60	17
October	55	73	23
November	78	81	22
December	99	97	29

- 7.5.4 Residents were allowed physical contact with children under 11 years old. At a residents meeting, one prisoner with three children booked on a visit was thinking of cancelling the whole visit if he was only able to hug one of his children.
- 7.5.5 Visits continued in December with the move back to stage 3, but visitors were required to show evidence of a negative lateral flow test, and the prison also offered to test visitors on site.
- 7.5.6 **Persons posing a risk to children:** Senior staff in the OMU identified and corrected the strict interpretation of the risk factors where the risk to children as a whole was in some cases combined with risk to children on visits, which resulted in delays and restrictions.
- 7.5.7 Mitigating solutions introduced in 2020 to improve family contact (such as an additional £5 free telephone credit) were wound down by the end of September, but some benefits were retained, including the reduced cost of telephone calls, Purple visit and use of tablets for compassionate visits. For Christmas, a limit of £100 on PINs was allowed.

7.6 Resettlement planning

- 7.6.1 Only two men were released from Grendon in 2020, so the resettlement focus for most residents is on securing a place at a prison offering an appropriate course.

- 7.6.2 For the few men who are moved to open prisons, employment packs covering topics such as CVs and covering letters, disclosure letters, identifying skills, strengths and achievements were available to residents in their last 12 weeks before release.
- 7.5.3 **Bank accounts:** Barclays Bank decided nationally in September to restrict opening new accounts to a period of no more than six months and no less than six weeks before release. Options to resolve this problem with HBSC are being explored.

8. The work of the IMB

The Board did not visit the prison for the first three months of the year and relied on remote rotas based on calls to staff members. Board meetings were held via Zoom. Two Board members resigned and three new members were recruited, with their training in the early part of the year done online. For five months of the year, there were only three fully trained members covering Grendon and Springhill. Once new members' training was completed, the Board ran another recruitment campaign at the end of the year.

Board statistics

Recommended complement of Board members	14
Number of Board members at the start of the reporting period	5
Number of Board members at the end of the reporting period	6
Total number of visits to the establishment	85
Total number of shifts on the 0800 telephone line	0
Total number of segregation reviews attended	N/A

Applications to the IMB (including via the 0800 telephone line)

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	4	6
B	Discipline, including adjudications, incentives and earned privileges, sanctions	0	0
C	Equality	0	1
D	Purposeful activity, including education, work, training, library, regime, time out of cell	2	0
E1	Letters, visits, telephones, public protection restrictions	3	1
E2	Finance, including pay, private monies, spends	0	1
F	Food and kitchens	0	0
G	Health, including physical, mental, social care	0	4
H1	Property within this establishment	2	1
H2	Property during transfer or in another establishment or location	0	0
H3	Canteen, facility list, catalogue(s)	0	0
I	Sentence management, including home detention curfew, release on temporary licence, parole, release dates, recategorisation	1	0
J	Staff/prisoner concerns, including bullying	0	3
K	Transfers	0	1
L	Miscellaneous, including complaints system	0	2
	Total number of applications	12	20



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