Report on an announced inspection of

HMP Grendon

2 – 6 March 2009

by HM Chief Inspector of Prisons

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1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

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Introduction

Grendon is the only prison in the country run entirely on therapeutic principles. It takes long-term prisoners with anti-social personality disorders who have often been disruptive elsewhere. It is divided into five separate therapeutic communities, although one is currently closed for refurbishment. In these communities, staff and elected prisoners run group therapy sessions that robustly challenge previous offending behaviour. This full announced inspection confirmed Grendon's uniquely successful work with some very difficult prisoners, although we were concerned by the threat to its future from continued financial cuts.

Despite the history of serious offending and difficult previous behaviour of many of its prisoners, Grendon remained a fundamentally safe place. There was still no national strategy to guide appropriate referrals to Grendon, but induction arrangements were supportive and effectively sifted out those unlikely to cope with the demands of therapy. There was little bullying or self-harm and minimal drug use. In consequence, staff rarely had to resort to formal disciplinary arrangements or the use of force and – remarkably – there was no segregation unit. The needs of security and therapy were appropriately balanced.

Staff-prisoner relationships were outstandingly good and reflected the close interaction required in the therapeutic process. Some improvements had been made to the accommodation and prisoners kept their cells clean and tidy, but the night sanitation system remained unreliable and left some men without adequate access to toilets. Applications and complaints were well managed and the food was generally well regarded. Health services and faith provision were both good. Work on diversity was underdeveloped and black and minority ethnic prisoners expressed some concern about their treatment, but we found little evidence of poor outcomes.

Therapy was, appropriately, the main focus of the prison's purposeful activity. However, time out of cell had been reduced by the introduction of the new national core day, limiting time for other activities and curtailing informal interaction with staff, which had previously done much to support the therapeutic process. Most prisoners had access to some work, training and education opportunities, although use of the library had dwindled. Physical education was generally satisfactory.

The resettlement strategy required revision to address the needs of a population now largely made up of prisoners serving indeterminate sentences. Public protection arrangements also needed to be updated. Good progress had been made with the introduction of an offender management unit, but few offender managers from the community were actively involved with sentence planning.

While the prison continued to provide a supportive and respectful environment for therapy, staff shortages and financial cuts had begun to impact seriously on therapy with cancellations of groups, reduced supervision and backlogs of therapy reports. Further cuts had been proposed as the result of a national benchmarking exercise against other category B prisons. This exercise appeared to take little notice of Grendon's unique role and these cumulative efficiencies threatened the viability of the entire therapeutic regime.

Few prisoners were released directly from Grendon and those who were benefited from some good reintegration initiatives. The majority of prisoners returned to the main prison system, although – particularly without a national strategy to guide progression – transfers either for those who had completed therapy or those who had dropped out were often delayed.

This inspection reaffirmed Grendon's remarkable achievements with some of the system's most dangerous and difficult prisoners. However, the prison has never received the national support it deserves and continues to work in isolation. There is a pressing need for a system-wide strategy to ensure that the role of Grendon, and the few other therapeutic communities, is maximised and coherent planning arrangements put in place to ensure the routine identification of suitable candidates and planned progression on graduation. It was also of enormous concern to find that cumulative financial efficiencies had begun to erode Grendon's capacity to deliver a therapeutic regime at all. This is short-sighted: therapeutic communities are not cheap, but they are effective. The National Offender Management Service should commission an independent cost-benefit analysis of this unique establishment to ensure that its true value is recognised and, thereafter, properly funded and supported.

Anne Owers — May 2009
HM Chief Inspector of Prisons

Fact page

Task of the establishment
HMP Grendon is a category B prison for adult males.

Area organisation
South Central

Number held
185 on 2 March 2009

Certified normal accommodation
240

Operational capacity
200

Last inspection
Full inspection: 1-5 March 2004
Unannounced inspection: 31 October-2 November 2006

Brief history
Opened in 1962, HMP Grendon adopted a model for addressing personality disorder based on a psychiatric tradition that grew out of attempts, following World War One, to provide treatment for what is now called post-traumatic stress. Some 40 years on, it continues to provide treatment for prisoners with anti-social personality disorders.

Description of residential units
There are five separate therapeutic communities housing approximately 40 men each. The A wing community is closed while the heating system is replaced. The other wings are rotating to facilitate this. An induction and assessment unit holds up to 25 prisoners.

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is Everyone's Concern*, published in 1999. The criteria are:

Safety	prisoners, even the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

... performing well against this healthy prison test.
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

... performing reasonably well against this healthy prison test.
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

... not performing sufficiently well against this healthy prison test.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

... performing poorly against this healthy prison test.
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

HP3 Grendon was a fundamentally safe place. Arrival and induction arrangements were very supportive, there was little overt bullying and good care for those at risk of self-harm. There was very little use of force or resort to formal disciplinary procedures and the prison was virtually drug free. Previous tensions between security and therapy

were no longer evident. The prison was performing well against this healthy prison test.

HP4 Just over half of the men in our survey said they had received written information about Grendon before they arrived. While much higher than other prisons, it was surprising that not all said they had received full information in advance as all completed application forms. Some prisoners were frustrated by delays with transfers out. There were few prisoners on the waiting list and no apparent strategy to increase this to ensure that places in all communities would be full when ongoing refurbishment was completed. New reception facilities were bright and clean and men were exceptionally positive about how well they were treated in reception.

HP5 First night procedures were very good and new arrivals were well supported by staff and prisoner representatives from the induction wing. Almost all men said they felt safe on their first night. Relationships on the induction and assessment wing were relaxed and supportive and prisoners were given a good preparation for entering therapy.

HP6 Relatively few prisoners in our survey compared to other category B prisons said they felt unsafe and prisoners in groups said there was very little overt bullying. However, more than in other category B prisons said they had been victimised by other prisoners, which appeared to reflect the challenge of the therapeutic community experience. Although there was a formal anti-bullying strategy, most incidents were appropriately dealt with in community groups. Fifteen formal monitoring documents were opened for bullies and victims of bullying in 2008 and monitoring was good. Although there were very few incidents, indicators of potential violence were effectively monitored.

HP7 The level of self-harm incidents was relatively low. Forty-six assessment, care in custody and teamwork (ACCT) documents had been opened during 2008 because of staff concern. Documents were well completed, with wing officers and therapists usually involved in reviews. Support plans often identified therapy groups as the main intervention for help and staff and other prisoners were very supportive. The policy identified the need to encourage engagement with those out of therapy, but it was not explicit about what additional help was available for those who did not have therapy groups to support them.

HP8 The security department had a good awareness of the therapeutic environment and operated constructively to ensure that security objectives did not undermine therapy. Security information was well managed and there was good liaison between security and residential staff. There was very little use of force, although records were not well kept. Formal adjudications were rarely resorted to and most transgressions of rules were dealt with appropriately in groups.

HP9 There was very little illegal drug use, with a positive mandatory drug testing rate at zero. Prisoners described Grendon as an environment where they did not need drugs and they were actively consulted and involved in supply reduction measures. Although there had been some diversion of prescription drugs, a multi-agency action plan had reduced significantly the number of opiate-based prescriptions.

Respect

HP10 Staff-prisoner relationships were excellent arising from engagement in the therapeutic community. Applications and complaints were well handled and there was a relatively high level of satisfaction with the quality of food. The incentives and earned privileges scheme had little relevance. Good health services were provided. Some black and minority ethnic men believed that issues of race and identity were not handled well in therapy, but there was little direct evidence of poor outcomes. Prisoners took care of their living accommodation and some refurbishment was taking place. The night sanitation system was not reliable and sometimes left men without appropriate access to toilets. Despite this major concern and because of exceptionally respectful treatment in other areas, we considered that the prison was performing well against this healthy prison test.

HP11 There were exceptionally good relationships between staff and prisoners, who supported each other in a relaxed and friendly atmosphere. Over 90% of men in our survey said most staff treated them with respect and almost all, 97%, said they had a member of staff to turn to for help. Both were much higher than comparator[1] prisons. Survey responses about the helpfulness of personal officers were also much more positive. Wing files entries were mostly regular but some were a little inward looking and reported just wing behaviour and progress with therapy rather than any wider resettlement objectives. However, there was some very good awareness of family issues and practical support was given when there was an identified problem.

HP12 Overall, the living environment was of a reasonable quality, clean and well kept, despite its age and some obvious inadequacies. Prisoners were able to decorate their own cells, which provided a good personal environment. C and D wings had recently been refurbished, but toilet and shower facilities in non-refurbished areas were run down and some were in a poor state. The night sanitation system was a problem and broke down frequently and some 'parcels' of excrement were thrown out of windows. Prisoners on landings where there were more cells were particularly affected and this was exacerbated by longer periods of lock up than previously.

HP13 The introduction of a cold sandwich meal at lunchtime had not been popular and prisoners believed the amount of food provided had reduced because of budget cuts. The food we sampled was of good quality and, while lower than previously, 69% of prisoners said it was good or very good, which was still much higher than the comparator.

HP14 The current shop arrangements appeared to meet the needs of most men, but they were anxious about the impending change in the national contract that would significantly reduce the range of products. This was a particular concern for black and minority ethnic prisoners as in our survey, even with existing arrangements, only 7% of black and minority ethnic men compared to 56% of white men said the shop sold a sufficient range of goods to meet their needs.

[1] The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

HP15 Most wings continued to run an incentives and earned privileges (IEP) scheme, although an alternative procedure introduced on B wing was more relevant to the therapeutic community approach. The IEP scheme had little relevance in a prison where 97% were on the enhanced level. Little was achieved by holding quarterly IEP reviews as very few prisoners moved between levels.

HP16 There was no overarching diversity policy, although there was a policy for older prisoners. Most individual needs were identified through therapy and met by the community. Prisoners assessed as having a disability were referred to the disability liaison officer who aimed to ensure that identified special needs were met. However, prisoners had not been involved in drawing up a recent disability equality scheme, which did not fully set out the services and support available.

HP17 Structures to promote race equality were reasonably good. The work of the race equality action team was supported by a committed race equality officer and seven trained prisoner race equality mentors. At around 17%, black and minority ethnic prisoners were still relatively underrepresented at Grendon. Some said they had to sacrifice their cultural identity to survive therapy as race issues were not well understood in therapy groups. There were no specific forums with black and minority men to discuss these complex issues. In most areas of our survey, there were few perceived differences in outcome between black and minority ethnic and white prisoners. Racist incidents reports were well investigated, but responses were impersonal. Black and minority men did not believe the system operated sufficiently independently of therapy. Ethnic monitoring did not indicate any problems, but did not extend to cover some of the issues that concerned prisoners at Grendon. There were some good celebrations of cultural festivals, but black and minority ethnic prisoners were concerned at plans to change black history month into a multi-cultural event.

HP18 The needs of the small number of foreign national prisoners were met individually by the foreign national coordinator.

HP19 Religious needs were well catered for and each community had an allocated named chaplain. Prisoners were positive about the support they received from chaplains, who provided a variety of drop-ins and groups. There was only limited access to the Buddhist garden.

HP20 Prisoners were encouraged to resolve problems informally and were relatively positive in our survey that applications and complaints were handled fairly. Responses to complaints were mostly helpful and respectful, but there was no monitoring by subject or area. Few prisoners required help with legal services. There was no established legal service provision. Facilities for legal visits did not provide sufficient confidentiality.

HP21 Health services were generally good and prisoners were positive about the support they received, but staff shortages and uncertainty about future commissioning arrangements had delayed some development. A good range of nurse-led clinics was run and chronic disease management was good, with support from specialist community nurses. Recent improvements in dental provision had reduced the waiting list significantly. Mental health support for prisoners was good, but there was a lack of clarity about the professional boundaries between primary and secondary mental health professionals and therapists.

Purposeful activity

HP22 Therapy was appropriately the main activity. The introduction of a new core day had reduced the opportunities for other purposeful activity and informal interaction, which hindered the therapeutic process. There was sufficient work, training and education to occupy most men. Education was well managed, with some good achievements, but at relatively low levels. Use of the library had declined significantly following a change in regime. There were good opportunities for recreational physical education. The prison was performing reasonably well against this healthy prison test.

HP23 The introduction of a new core day in response to national requirements had reduced the time prisoners were unlocked. The prison recorded 9.7 hours out of cell Monday to Thursday and 7.5 hours at weekends, which appeared accurate. The loss of time for informal interaction, such as at lunchtimes when prisoners were now locked up, reduced substantially the therapeutic opportunities involved in such engagement. Prisoners were not usually locked up during the core day, except those out of therapy who did not participate in morning groups. In an afternoon check, we found two-thirds of prisoners in planned or scheduled activity and a third informally associating. Evening association was relaxed and facilities were reasonable. While still good in comparison with other prisons, fewer than previously said that staff talked to them most of the time during association, reflecting the cuts in staffing since 2004 and the reduced time out of cell. Exercise on weekdays had been reduced to 30 minutes, which was too short.

HP24 Participation in therapy groups was rightly the main activity at Grendon, but in addition there were sufficient work and activity places to keep most prisoners reasonably well occupied outside scheduled therapy time. Most of the population had taken part in some form of education or vocational training at the prison and, excluding those on induction, over half were currently working towards some form of accredited award. Changes in the core day meant that there were no longer any evening classes and afternoon sessions were shorter. Management of education and vocational training was good and the delivery was satisfactory or better. Many men achieved qualifications and there was some outstanding art work. Delivery of literacy and numeracy classes on the wings had successfully increased participation. The general range of education and training provision was satisfactory but in most areas there were few opportunities to progress beyond level one or two. However, 20 prisoners were engaged in more advanced distance learning and Open University courses.

HP25 There were approximately 70 jobs, which were predominantly domestic wing work allocated by the communities on a three-month basis. Except in kitchens, prisoners at work could not participate in education or vocational training and there was little flexibility to allow the two to be combined part time.

HP26 There has been a significant reduction in the use of the library from approximately 240 visits a week to 40. This was a result of a change that required prisoners to spend a full 90 minutes in the library, which cut into time for other activities. Study space, computing facilities, seating areas and general resources in the library were inadequate to support this length of session. The range of books was reasonable for general recreational use, but there were insufficient links with education and training to ensure that the books stocked reflected the courses offered. Prison Service Orders and legal materials were accessible.

HP27 Physical education (PE) facilities were generally satisfactory and better used than previously. Outside facilities were poor. The gym was popular with prisoners who were able to attend at least three sessions and there was a well attended health club for those in remedial PE. PE staffing levels were inadequate and no accredited programmes had been run for the previous 12 months.

Resettlement

HP28 There was an up-to-date resettlement strategy and good progress had been made establishing an offender management unit. OASys plans were of good quality and an annual process combining sentence planning, therapy and risk assessments worked effectively, although there were delays with some reports. Drugs work was well integrated into therapy and there was good support to help men maintain contact with families. Prisoners were very positive about the benefits they gained from therapy, but staff shortages and existing and proposed cuts in resources were seriously endangering the viability of future delivery. The prison was performing reasonably well against this healthy prison test.

HP29 The resettlement strategy was up to date, but not based on a needs analysis and there were no designated pathway leads. Information was collected individually about criminogenic and resettlement needs, but not collated to inform the development of the strategy. A well-attended strategic resettlement meeting took place quarterly, but prisoners' views about resettlement services were not systematically collected to inform the strategy. Prisoners were thoroughly screened for their suitability for therapy during the assessment period and those deemed unsuitable returned to their originating prisons. Examination of sentence planning files and discussions with staff suggested that many men also had a need for cognitive behaviour interventions, such as the sex offender treatment programme booster, which were not delivered at Grendon.

HP30 Considerable progress had been made in offender management in a relatively short time, but few offender managers from the community came into the prison or took any active part in sentence planning. There was potential for officer offender supervisors and internal probation officer offender managers to balance their work more effectively and reduce individual caseloads so that higher risk cases were managed by the most appropriate staff. The quality of OASys we sampled was good and most were up to date. All sentence management processes now took place as part of a well-attended yearly multidisciplinary board and prisoners were well involved. However, outside the annual review, the offender management unit was not always appropriately informed. Although many targets were still therapy based, a number also related to targets for completion on transfer. On completion of therapy, prisoners often had to wait some time for transfers to prisons suitable for them to achieve further sentence planning targets. There was good understanding of public protection matters, but the policy needed updating.

HP31 Over 80% of prisoners were serving indeterminate sentences and a fifth of these were prisoners serving indeterminate sentences for public protection (IPP.) The number of IPPs had increased significantly and some had very short tariffs. Over 20% of all the indeterminate-sentenced prisoners were past their tariff date. The changing characteristics of the population and needs of short tariff IPP prisoners in particular had not yet been addressed through the wider resettlement strategy.

HP32 Few prisoners were discharged from Grendon, but some good arrangements had been put in place to prepare them for release. The education department provided support for CVs, job applications and interview techniques and a next step adviser helped with release plans and in contacting potential employers and colleges. Little structured help was given to help prepare men who had completed therapy move on to other prisons, although some work took place in small groups on the issues likely to be encountered. A resettlement leavers groups had just started.

HP33 The prison provided a supportive and respectful environment that was conducive to therapy, but a number of end of therapy reports were outstanding and there were some delays with interim reports. Staff shortages meant small therapy groups were often cancelled, facilitated with just one officer or not sufficiently well supervised and there was a danger that this would compromise future accreditation. We were concerned that proposed cuts as part of a recent national benchmark exercise did not fully take into account the make up and specific demands of the population at Grendon. There appeared little scope for any further efficiencies without adversely affecting the whole therapeutic regime.

HP34 The numbers out of therapy had declined after a wing was taken out of use and there were 18 men out of therapy who mostly had little to do. The numbers were not so high that they had a detrimental effect on the therapeutic environment.

HP35 The therapeutic community itself was the main strategy to deal with issues arising from previous substance use problems, but this was not fully recognised in the drug strategy. The strategy was not based on an assessment of need, but one was being completed. The counselling, assessment, referral, advice and throughcare (CARAT) worker was well integrated into the work of the therapeutic community, helped by co-facilitating groups on the induction wing. All prisoners signed compliance testing compacts. The same premises and officers were used to conduct compliance and mandatory tests, but prisoners clearly understood the difference. Few men were released directly from Grendon, but in suitable cases good support was provided to place them in community rehabilitation facilities.

HP36 Prisoners had good access to telephones to keep in touch with family and other external contacts and these could be used in private. A visitors' waiting room outside the prison was about to be opened in place of the current open shelter. Although visitors arrived at the prison in good time, not all got to the visits room at the published start of visits. The visits room was very relaxed and comfortable and prisoners were able to sit next to their visitors and could play with their children in the play room. Public transport to the prison was difficult and there was no bus from the station on Sundays and no prison transport was provided. A range of family and children's days was run and prisoners were encouraged to maintain contact with their families.

Main recommendations

HP37 The National Offender Management Service should commission an independent cost benefit analysis of Grendon to ensure the value of its unique contribution to the prison system is properly recognised and thereafter that appropriate resources are guaranteed to allow continued effective delivery.

HP38 A national strategy should be put in place to ensure that suitable prisoners are identified for Grendon, and the few other therapeutic communities, through the sentence planning process. This strategy should also ensure links to the dangerous and severe personality disorder units, and avenues for structured progression on completion of therapy, as well as actively promoting the benefits of therapeutic communities.

HP39 Prisoners who are no longer in therapy should be transferred within three months.

HP40 All prisoners should have genuine 24-hour access to toilet facilities.

HP41 Regular forums should be held for all black and minority ethnic prisoners to ensure that concerns are heard and addressed by senior management through a regularly monitored action plan.

HP42 A robust strategy to deal with the backlog of outstanding therapy reports should be developed together with a central monitoring system to ensure that all end of therapy reports are completed without delay.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:
Prisoners travel in safe, decent conditions to and from court and between prisons. During movement prisoners' individual needs are recognised and given proper attention.

1.1 There were very few court movements. A number of men said they had been handcuffed on their journey to Grendon. All prospective prisoners completed an application and self-assessment form and applications were tracked, although only just over a half in our survey said they had received written information about Grendon in advance. A number of prisoners were out of therapy and were frustrated by long waits for transfers.

1.2 There were few movements to court and new prisoners arrived at Grendon during the working day. Staff described good relationships with the escort contractor and booked transport was rarely cancelled.

1.3 Few had long journeys to Grendon, but a number said they had been handcuffed throughout and most found the vans uncomfortable. Reception staff said it was not always clear why some prisoners had been handcuffed. Most men said they had been well treated by escort staff, but only 34% of black and minority ethnic men compared to 76% of white men said this was the case. Only 52% said they had received advance information about what would happen to them compared to 78% in 2004. Many said they had relied on information from other prisoners. The published 'quick guide to therapy at Grendon' included information about the therapeutic community and details of what to expect on arrival, employment, education and visits, and life 'after Grendon'. Not all of this information was up to date or correct.

1.4 Prisoners could self-refer to Grendon or could be referred, for example by probation, personal officers, offender managers or solicitors. All applicants had to be adult male category B or C and to have been off the category A and escape status for at least 12 months. They had to be over 21, serving a minimum four-year sentence with at least 24 months left to serve, not appealing against conviction, drug free and free of adjudications for six months before their application.

1.5 All prospective prisoners completed an application and self-assessment form detailing why they were applying and what issues they needed to address. Applications were dealt with by a small admissions team and progress was tracked. Staff contacted the applicant's current establishment to request probation and psychiatric reports and information on reconvictions and adjudications, offender assessment system (OASys) documents, healthcare, drug testing and, if appropriate, lifer reports. Suitability was decided by the head of psychology. Only seven prisoners were on the waiting list.

1.6 A number of prisoners were out of therapy because they had completed it, had withdrawn themselves or had been withdrawn as unsuitable. The actual numbers involved were not clear, with various lists contradicting each other. Some men were recorded as having left therapy only recently, but others had been out of therapy for six months and some for considerably longer. One prisoner was recorded as being out of therapy since January 2008, one since October 2007 and two for nearly two years (April 2007). Eight were held at HMP Bullingdon,

but Grendon was responsible for their transfer elsewhere. Records were kept of the men's preference for transfer and what was being done to facilitate their move.

1.7 Most men awaiting transfer said they had gained much from their time at Grendon, but were dissatisfied and frustrated at delays with their transfers. Some described feeling isolated and 'unable' to move on in their sentence. Those no longer attending groups were locked in their cell when groups met, could not apply for trusted work positions or attend children or family days. They were paid only the unemployed rate of £3.10 a week, of which £1 a week was taken for their television.

1.8 Entries in wing files showed that staff continued to engage with these prisoners, but there was no forum for them to meet together with staff and support each other. The number of prisoners out of therapy was not enough to undermine the ethos of the therapeutic environment, but risked reducing the effectiveness for the individuals waiting to be transferred.

Recommendations

1.9 Prisoners should be handcuffed in escort vans only if justified by a risk assessment.

1.10 Prisoner escort and custody services should investigate with the escort contractor the reasons for the disparity in response between white prisoners and black and minority ethnic prisoners about their treatment by escort staff and address any identified issues.

1.11 All prospective prisoners should be sent up-to-date and correct information.

1.12 Prisoners out of therapy should not be penalised in terms of pay while waiting for transfers.

Housekeeping point

1.13 Clear and consistent records should be kept of the number of prisoners out of therapy.

First days in custody

Expected outcomes:
Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

1.14 Prisoners were well received in reception and on the assessment wing. They understood what was expected of them during their induction and assessment period and had a good introduction to Grendon.

Reception

1.15 There were no new arrivals during the inspection, but nearly all prisoners in our survey, and significantly more than the comparators, said they had been well or very well treated in

reception. Prisoners said they were introduced to staff using first names and were made welcome. The reception area was spacious, bright and clean. There was sufficient interview and storage space, a holding room and toilet and shower facilities. A range of information about regimes and services was displayed. A published vulnerability strategy included directions to staff about reception and first night procedures.

First night

1.16 All new arrivals were accommodated on the induction and assessment unit (F wing), which could hold up to 25 prisoners in single cells, three of which had in-cell toilets. They were introduced to unit staff and the prisoners' community chairman and vice chairman, allowed to settle in their cell and were free to mix with other prisoners on the unit. One wing officer, the chairman and vice chairman met formally with the new arrival again on his first evening to explain what would happen and answer any questions.

1.17 Wing officers completed a checklist detailing the action taken for each new arrival such as signing a compact and arranging telephone credit. Information given included details of the canteen, the incentives and earned privileges (IEP) scheme and how to make a request or complaint. All prisoners were also given an induction booklet. This contained details of the regimes and services, information on therapy interventions and the induction rules and policies.

1.18 All recent arrivals said they had been well supported by staff and prisoners. In our survey, 93% said they had felt safe on their first night and 80% said they had been told what was going to happen to them on their day of arrival.

Induction

1.19 Prisoners stayed on F wing for up to 12 weeks while they were assessed, but could move sooner if deemed ready. F wing ran as a community in its own right, with a weekly business meeting and prisoners elected by their peers to the various jobs such as cleaner, dishwasher, laundry orderly, chairman and vice chairman, and race equality, food and safer custody representatives.

1.20 Prisoners completed a range of assessments, including psychometric and education testing. They were introduced to the therapeutic environment and group work by attending four weekly groups: two full community meetings, one business meeting and one small group meeting. They attended art therapy and some education classes on the wing. They were assessed every four weeks and understood that they were to talk about their current situation rather than the detail of their crimes or their past, which would be encouraged once they moved to their allocated community. In our survey, significantly more than the comparators, said induction had covered everything they needed to know.

1.21 Wing officers also covered reception and had undertaken therapeutic community accredited training. Staff and prisoners addressed each other by first names and the atmosphere was relaxed and supportive, with prisoners approaching staff in the office to ask questions or sit and talk.

Section 2: Environment and relationships

Residential units

Expected outcomes:
Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 The living environment was reasonably comfortable and clean. Most cells were well equipped, but the night sanitation system was sometimes unreliable. The well-established and effective community meetings allowed prisoners to help shape their living arrangements. Prisoners had good access to the laundry and showers.

2.2 There were six residential wings, one of which was temporarily closed for refurbishment (see fact page). All wing landings were narrow with low ceilings. This made them difficult to supervise, although this was not a problem given the exceptionally good relationships between staff and prisoners. Prisoners said staff responded to cell bells promptly, although they were little used.

2.3 Most cells were single and the few double cells were never shared. Prisoners decorated their cells, most of which were well equipped with curtains, rugs, televisions and radios. Kettles were available on the landings and prisoners used flasks to store drinking water. Each wing had a small laundry and a kitchen area equipped with a communal fridge and toaster. The association areas were spacious and contained a wide range of recreational equipment, most in reasonable condition. Each wing also had large, clean and comfortable rooms where the therapy meetings were held.

2.4 The refurbishment work was part of a rolling programme to upgrade communal shower and toilet areas and improve the heating system. Work on C and D wings had been completed and they now provided good accommodation. However, communal areas and toilet and shower facilities on the other wings were in poor condition, with the floor on G wing particularly bad. Despite the worn fabric, however, there was no obvious graffiti or vandalism and prisoners appeared to take pride in maintaining the standard of their living conditions. Prisoners were issued with cleaning materials and standards of cleanliness in communal areas and cells were high. There was an unusual amount of cultural and sport-related material displayed in cells and no offensive material. Formal notice boards on each wing contained up-to-date and relevant information about a wide range of activities.

2.5 The lack of in-cell sanitation meant prisoners had to rely on a computer-operated night sanitation system. This was unreliable and had broken down 31 times in the previous six months. Many prisoners said they had to wait a long time to use the toilet and this was particularly the case among those on the first level landings, where access was especially difficult as there were more cells. Prisoner access was further limited when the system was periodically switched off to check the roll. Some prisoners resorted to throwing parcels of excrement out of cells windows. These landed on flat roofs, causing a sanitary hazard. Many prisoners complained that the parcels were not cleared up frequently. A clean-up had taken place the weekend before the inspection, but this had been planned for some time.

2.6 Each community had its own democratic constitution specifying the general ground rules for behaviour and describing how the therapeutic process was organised. Community meetings were held at least twice a week where prisoners were encouraged to challenge each other and staff and anything could be discussed as part of the therapeutic process. Most prisoners were very positive about this approach and appeared to find it helpful, fair and effective. All aspects of residential life or shared living were dealt with 'through the group' and every prisoner and member of staff was required to play their part.

2.7 Representatives from each wing also attended a monthly inter-wing committee meeting, which was chaired by a governor and focused on issues such as catering and living conditions. Minutes of these meetings showed that staff took issues raised by prisoners seriously.

Hygiene clothing and possessions

2.8 New arrivals were given basic toiletries on the induction unit and could either obtain further supplies free of charge on their allocated wing or buy their own choice of items from the prison shop. They were also told about the standard approach to colour-coding cleaning equipment. Volumetric checks were carried out on property on arrival and subsequently on the wing. There was ample storage space in cells, although some cupboards were broken. Prisoners could not have property sent in and had to buy any new items through a catalogue.

2.9 The laundry facilities were adequate and significantly more than the comparators said they received clean sheets and clothes each week. Most prisoners wore their own clothes, but could choose to wear prison-issue clothing. All prisoners said they could shower daily.

Recommendations

2.10 Rubbish thrown on to flat roofs should be disposed of promptly.

2.11 Broken cupboards in cells should be repaired.

Staff-prisoner relationships

Expected outcomes:
Prisoners are treated respectfully by all staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

2.12 Relationships between staff and prisoners were very positive and supportive. In our survey, significantly more men than in comparator prisons said most staff treated them with respect and that they had a member of staff who would help them if they had a problem. Many prisoners were concerned that staffing pressures meant opportunities for informal interaction were more limited than previously.

2.13 Relationships between staff and prisoners were very positive and mutually respectful, helped by engagement with each other in therapy and regular wing meetings where any concerns were discussed. The strength of the relationships underpinned the whole ethos of Grendon. In

our survey, 90%, significantly better than the comparators, said most staff treated them with respect. In groups, men were also mostly very positive about relationships with staff. Many mentioned that their welcome on arrival had made them feel treated as an individual and valued for the first time in many years. The most recent measuring the quality of prison life (MQPL) survey in March 2007 had also found relationships very positive, with relationships with staff rated as second and third out of the whole prison estate in each of the dimensions measured. This was a significant achievement in a prison where many men had experienced difficult and problematic relationships with staff in other prisons and some had previously been violent and disruptive.

2.14 Men were also very positive about the help and support they received from staff and said many were prepared to listen to their concerns and help them. In our survey, 97% of men, far higher than the comparator, said they had a member of staff they could turn to for help if they had a problem. Interactions we observed were exceptionally good. Prisoners and officers were informal but mutually respectful and most addressed each other by first names.

2.15 Some prisoners raised concerns that not all officers were committed to therapy and gave examples where officers had expressed this to prisoners directly. There were no longer dedicated officer group facilitators for each wing as there had been at the time of the last full inspection in 2004 and lack of consistency of facilitators was a problem in building up trust. Prisoners who had been at Grendon for some time said that while general relationships were very good, they were not as positive as previously. Prisoners also said that staff shortages and more time locked up following recent regime changes (see section on time out of cell) had resulted in fewer opportunities for informal individual interaction. As an example, they said time pressures meant staff now rarely sought out someone who had had a difficult therapy session to discuss matters with them, as they had previously done, and that it was prisoners who supported each other.

2.16 Prisoners out of therapy did not always feel well supported and some described 'emotional blackmail' to continue. It was notable that the scores in the 2007 MQPL for relationships with staff had dropped significantly from 2004. To some extent this was also reflected in our survey, where significantly more prisoners than previously said they had been victimised by staff and significantly fewer said staff spoke to them most of the time during association. While the overall quality of relationships was still exceptionally good, these changes were a worrying development.

Recommendation

2.17 Personal officers for prisoners no longer participating in therapy should meet them weekly to ensure their well being and provide information about their situation.

Personal officers

Expected outcomes:
Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

3.1 Prisoners found personal officers helpful. Personal officers completed reports as required for therapy and sentence planning and maintained regular records in wing history sheets.

3.2 There was no formal personal officer policy to explain to officers what was required of them or to let prisoners know what to expect. However, a section in the recently published offender management policy outlined the role of the personal officer in sentence planning and management and the importance attached to personal officer reports in the decision-making process. Staff performance and development records did not specifically refer to personal officer work, but residential officers had objectives to familiarise themselves with the NOMS resettlement pathways and to ensure that all required reports for prisoners allocated to them were completed on time. Personal officers were usually allocated to prisoners in the small therapeutic group to which they were attached.

3.3 In our survey, 89% of prisoners said they had a personal office and 84%, significantly higher than the comparators, said they found their personal officer helpful. Many said they found the vast majority of staff helpful and approachable so did not necessarily rely on their personal officer for advice and support, but recognised that personal officers had a specific responsibility to complete reports on them for therapy assessments and sentence planning and risk assessments. These were usually completed as required.

3.4 Personal officer entries in history sheets were mostly regular and were supplementary to the more detailed therapy reports. While some tended to be a little inward looking and reported only wing behaviour and progress with therapy rather than any wider resettlement objectives, they clearly showed that officers knew the men well. There was some very good awareness of family issues and good support was given when family problems were identified.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:
Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

3.5 Prisoners said Grendon was a safe prison. There was little overt bullying, but some found the challenge of the therapeutic environment threatening. There were good formal procedures, but most difficulties were resolved in therapy groups. Potential indicators of violence were well monitored. The results of a recent bullying survey had yet to be discussed with the communities.

3.6 A monthly safer custody and violence reduction committee monitored the violence reduction and self-harm prevention strategies. The chaplaincy, healthcare and security were often not represented at meetings. There was a prisoner safer custody representative for each community and monthly meetings between them and the violence reduction and safer custody coordinators had recently been introduced. They did not regularly attend the safer custody meetings.

3.7 A comprehensive violence reduction policy and strategy document had last been revised in February 2009 and had yet to be agreed with the area manager. It outlined various ways to report bullying and violence through groups or other confidential routes and described how bullying and violent incidents were recorded, investigated and monitored. A violence reduction action plan had been developed. Anti-bullying posters and the violence reduction policy statement were displayed in many areas.

3.8 A monthly violence reduction report included data on potential indicators of violence. There were good systems to report and investigate unexplained injuries. Data included adjudications, security information reports and any assessment, care in custody and teamwork (ACCT) documents where bullying was a factor. The number of anti-bullying documents opened for suspected bullies and victims was recorded and incidents of bullying highlighted, with a summary of each violent incident.

3.9 Eighteen bullying investigation reports had been completed in 2008, resulting in 15 formal anti-bullying strategy documents opened for bullies and victims. These were well monitored and included management checks. Officers made regular entries and held reviews. Monitoring periods were short and no one had progressed to the second stage of the three-stage strategy. An anti-bullying register was kept by the violence reduction coordinator. No prisoners were being monitored during the inspection.

3.10 Most incidents were recorded as verbal threats and in some cases staff had used mediation to resolve these. A few incidents involved thefts and abuse of prescribed medication. Almost all cases of reported bullying were raised at groups. Prisoners accused of bullying were held accountable to the community and were given the opportunity to explain their behaviour. Group accountability did not preclude more formal monitoring procedures, but for those in

therapy, the group was the most appropriate and effective way to manage behaviour. Some prisoners had been transferred from Grendon for behaviour involving bullying.

3.11 Prisoners in our groups said there was little overt bullying. The last Grendon-wide bullying survey in January 2009 had generated 138 responses (74%). The most frequently reported types of bullying were indirect in nature, such as 'exploiting vulnerabilities', 'challenging taken too far' and 'using intelligence to control', all of which were largely associated with the dynamics of groups. Prisoners in therapy exposed areas of their lives that could leave them feeling vulnerable. Prisoners who experienced bullying often considered that it was at least partly associated with their offence. In our survey, significantly more prisoners than the category B trainer prison comparator said they had been victimised because of their offence and that they had been victimised by other prisoners.

3.12 In the prison's own survey of bullying, only 27% of those who had been bullied had discussed their experiences in wings or groups and 40% said they had not raised it formally with staff. Just under a third of prisoners said they had experienced staff using the therapeutic regime as a way of controlling prisoners, which may have reflected the extent to which some prisoners felt coerced by staff to continue in therapy when they felt ready to move on. The results of the survey had not yet been shared with the communities.

Recommendations

3.13 All members of the safer custody and violence reduction committee should attend meetings regularly or send a representative.

3.14 Prisoner representatives should attend the safer custody and violence reduction committee.

3.15 The findings of the January 2009 survey of bullying should be discussed with wing communities.

Self-harm and suicide

Expected outcomes:
Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

3.16 There were low levels of self-harm. Some prisoners felt vulnerable due to the challenging nature of the therapeutic process, but groups were also seen as the major source of support. There was the potential for prisoners out of therapy to feel isolated. Formal procedures for those at risk were completed well and showed good levels of care, but not all staff had been trained.

3.17 The suicide and self-harm strategy was overseen by the safer custody and violence reduction committee (see section on bullying and violence reduction). The policy had last been reviewed in January 2009. There was a safer custody continuous improvement plan and procedures to

record and act on visitors' concerns for prisoners' safety. The safer custody coordinator was a principal officer who was allocated specific hours for this role. She had introduced some new initiatives, including a useful ACCT database that allowed all staff to access management information.

3.18 A monthly safer custody report that included data on the operation of ACCT procedures was analysed for trends. It included a profile of self-harming behaviour and a short summary of individual cases.

3.19 There had been no self-inflicted death at Grendon for around 13 years and there were few incidents of self-harm, with just 16, mainly cuts, recorded in 2008. The early months of 2009 had seen a recent increase, with eight self-harm incidents involving six prisoners across several wings, but no significant patterns had been identified. Forty-six ACCT documents were opened in 2008 and three were open during the inspection. Most were opened after anxieties emerged during group therapy. There was good recognition of potential triggers to self-harm including anniversaries of offences or the death of someone close to the prisoner. Documents were opened for a relatively short time. The positive and respectful culture contributed to the low numbers of prisoners at risk of self-harm.

3.20 Prevention of suicide and self-harm was still largely managed through meetings of the therapeutic communities. In some cases, a community support plan was opened in addition to formal ACCT procedures and therapists could provide individual support. Prisoners at risk were encouraged to make entries in their ACCTs and sometimes other prisoners had written supportive comments. The policy outlined the need to encourage engagement with men out of therapy, including meeting with them as a group. However, it did not clearly outline how men subject to ACCT procedures who were not attending any group would be supported.

3.21 ACCT assessors were drawn from a range of disciplines and a chaplain had completed some particularly good assessments. Reviews often involved therapists and officers and other staff where appropriate. Care maps were appropriate within the therapeutic context. ACCTs were completed to a high standard, with regular entries that evidenced good levels of care. Thorough management checks had been introduced in recent months and 'deficiency notices' were issued where necessary. Improvements were made and confirmation of this returned to the safer custody coordinator.

3.22 The night sanitation system had to be suspended when ACCT checks were required. Where frequent checks were needed, prisoners could be temporarily relocated in a ground floor cell if available.

3.23 Training in ACCT procedures was discussed regularly at the monthly meeting. It had been cancelled several times when insufficient staff were available. Some senior and principal officers who could be responsible for chairing ACCT reviews had not completed case manager training and over 50 other staff who could have direct contact with prisoners had not completed foundation training in ACCT procedures.

3.24 There was no Listener scheme and the Samaritans did not visit as these approaches were seen as contrary to the therapeutic community ethos. The possibility of a prisoner in crisis being supported by a friend in his cell overnight had been discussed at the safer custody meeting over several months, but no decision had yet been reached. Portable telephones linked to the Samaritans were available on each wing, but records of use were not kept. Calls to the Samaritans could also be made free of charge from landing telephones, but this was not well publicised. A system had recently been introduced to enable prisoners to correspond confidentially with the Samaritans.

3.25 There was one gated cell on B wing and one safer cell on both C and D wings. There was no formal protocol for when these should be used and use was not recorded separately, although staff said this was infrequent.

3.26 There were understood radio procedures to summon help in emergencies and all officers carried ligature knives. Senior officers working at night were first aid trained. The cell call alarm system was recorded electronically and could identify delays in responses. Prisoners could also speak to the control room by intercom.

Recommendations

3.27 The local suicide prevention and self-harm management policy document should outline specifically the supports available for prisoners who are out of therapy and not attending any group.

3.28 All staff should receive ACCT training appropriate to their role in the procedures.

3.29 Suitably risk assessed prisoners should be allowed to provide short-term support to prisoners at risk during the night, particularly where this would avoid the use of a gated or safer cell.

Good practice

3.30 *Prisoners were encouraged to make written entries in their ACCT documents, which helped increase their understanding of their situation.*

Diversity

Expected outcomes:
All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

3.31 Most diversity issues were dealt with through the therapeutic communities. There was no formal diversity policy, but there was a policy for older prisoners. The disability liaison officer was working well. Those with identified needs were supported, but fire evacuation plans were not easily accessible.

3.32 There was no overarching diversity policy covering the needs of all minority groups, for example gay prisoners. A recent document outlined a disability equality scheme, but prisoners had not been involved in its completion and it gave only brief details about what Grendon offered those with a disability. It did not set out the needs of prisoners with disabilities at Grendon or how those needs would be met. There were no formal diversity meetings and no collection of data or discussion of trends. A principal officer identified as the head of diversity was primarily involved with race equality.

3.33 Most diversity-related needs were identified through therapy and met by the community, and staff were sensitive to prisoners' individual needs. There was an up-to-date and appropriate

older prisoner policy. Five prisoners were aged 60 or over, but there was no process to determine whether they had any specific needs.

3.34 The disability liaison officer (DLO) was committed and caring and had an average of 2.5 hours a week for the role. His photograph and contact details were displayed on each wing. All new arrivals were assessed by healthcare to identify any physical, mental or sensory disabilities and where necessary prisoners were referred to the DLO. Five current prisoners had identified themselves as having disabilities. The DLO saw them regularly and ensured that necessary adaptations were in place to meet their needs. This included rails in a shower for one man and a special television and headphones for a man with hearing difficulties. Fire evacuation plans had been written, but were with the fire officer and not easily accessible in the wing offices.

Recommendations

3.35 An overarching diversity policy should outline how the needs of minority groups will be met.

3.36 Prisoners should be involved in the development of the disability equality scheme, which should set out how the needs of prisoners with disabilities at Grendon will be met.

3.37 Data relating to diversity issues should be routinely monitored and discussed at a regular diversity meeting.

3.38 Fire evacuation plans for prisoners with specific needs should be readily available (and transportable) in wing offices.

3.39 The needs of all prisoners over 60 should be assessed and appropriate action taken.

Race equality

Expected outcomes:
All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

3.40 The quality of debate about race issues was impressive, but black and minority ethnic prisoners were relatively underrepresented at Grendon. They were concerned that issues of race and cultural identity were not well handled or understood in the therapeutic process. Processes for managing race issues were mostly good and included regular meetings, trained prisoner mentors, a well managed complaints system and frequent celebrations of cultural diversity. Ethnic monitoring did not identify any issues, but did not extend to some issues of concern to prisoners.

3.41 Good attention was paid to race equality and the governor and other senior managers had instigated a high level debate on race issues within a therapeutic community, including through a conference and published articles. This was driven largely by concern at the relative under-representation of black and minority ethnic prisoners at Grendon. Black and minority ethnic prisoners described having to sacrifice their individual identity to survive therapy and 27% in our survey said they had been victimised by staff because of their race or ethnic origin.

3.42 Staff were respectful of race and the main concerns lay within the more subtle areas of the therapeutic process, where prisoners felt that aspects of culture were often interpreted as problematic and needing to be addressed. Black and minority ethnic prisoners said their cultural traits, such as body language, colloquialisms and tone of voice, were interpreted negatively and became a focal point of therapy. They also believed that the mostly white therapists and facilitators did not sufficient cultural awareness of their family structures. Only 3.2% of staff (5.5% of those in contact roles) were from black and minority ethnic backgrounds. Although comparable to the local community, this did not meet the specific needs of a multi-racial therapeutic context.

3.43 Concerns were closely linked with the complaints process. Black and minority ethnic prisoners believed that any inappropriate language on their part was dealt with formally and through therapy, whereas similar phrases used by many white prisoners were dealt with informally. They also described being reluctant to submit racist complaints as the issue would be focused on them and they would be accused of 'playing the race card'. Some unaddressed race issues reinforced these views, including that a member of staff was always present outside Muslim Friday prayers, but not at Christian services. Racist graffiti remained etched into the anti-dash fence on the exercise yard, despite a racist incident report form (RIRF) submitted about it over a year previously. Two RIRFs about unfair searching of black prisoners at the end of visits and relating to cell searches had been submitted, but the conclusion had been that this was not intentional. No additional SMART monitoring had been set up to explore these concerns further and to provide assurance that there was no systematic discrimination. A race impact assessment on treatment delivery had been completed, but had not involved any discussion groups with black and minority ethnic prisoners.

3.44 Processes for managing race were good and there was an up-to-date Grendon-specific race equality policy. Bi-monthly race equality action team (REAT) meetings were multidisciplinary, included prisoners, chaired by the deputy governor and appropriately focused, but were not always attended by external community representatives. Only 10 members (38%) of the REAT had been trained in promoting and managing race equality in prisons. Overall, about 15% of staff had been trained in diversity in the previous 12 months, but managers said some staff still did not appreciate the need for race-related initiatives. Sixteen race impact assessments had been completed and action points were included in the race equality action plan. The plan was reviewed regularly and included action points from the MQPL, audit process, previous inspections and RIRFs.

3.45 A principal officer with 10 hours a week facility time acted as race equality officer (REO). Seven prisoners trained as race equality mentors took an active role in managing race issues and they and the REO had job specifications. Mentors took part in a monthly meeting led by the REO, which was good forum to share information. All key information on race, including photographs of the REO and mentors, was well advertised on the wings. Information on diversity and foreign nationals was also displayed. The REO talked to all new staff, including contract staff in prisoner contact roles. He was informed of any newly arrived prisoners with a conviction for a racially motivated offence.

3.46 SMART monitoring covered the standard areas of adjudications, complaints, home detention curfew, incentives and earned privileges (IEP), recategorisation, release on temporary licence, cellular confinement and use of force and did not flag up any areas of concern.

Managing racist incidents

3.47 RIRFs were widely available on each landing and race equality mentors could help prisoners complete them. Prisoners were encouraged to take them to a member of staff, but could also submit them anonymously in the general complaints box.

3.48 Thirty-two RIRFs had been submitted in the previous 12 months, mostly for racist name calling. No concerning trends were found. RIRFs were well investigated and responded to promptly by the REO. The REO had been trained in investigations, but responses were impersonal, addressing the prisoner by his number and surname and including an unnecessary standard statement that the details had been 'logged and may be referred to an assessor at your next OASys review'. This may have deterred some from submitting further complaints. All were checked by the deputy governor and 10% by an external race adviser (the REO for Buckinghamshire county council). Most race-related incidents were addressed through therapy, but more serious issues were also appropriately dealt with through disciplinary procedures. Therapy groups and the communities offered support to individuals when the need was identified.

Race equality duty

3.49 There were frequent celebrations of cultural festivals (19 in the previous year) and these addressed most cultural requirements. However, black and minority ethnic prisoners said there had been a lack of support for the most recent black history month. They said they had been left to get on with it themselves and did not get the same support as other groups. They were also understandably concerned about plans to turn future black history months into multi-cultural events.

Recommendations

3.50 The race impact assessment on treatment delivery and other relevant assessments should be informed by consultation with black and minority ethnic prisoners.

3.51 All members of the race equality action team should receive specific training relevant to their role.

3.52 All staff should receive race equality training.

3.53 All issues identified through racist incident reports should be rectified promptly.

3.54 Additional SMART monitoring should be used to cover areas of identified concern to prisoners.

3.55 Responses given to those who submit a racist complaint should be personal, address the complainant by their full name or title and should not make reference to forwarding details to OASys assessors.

3.56 The prison should seek to ensure that external community representatives take part more regularly in race equality action team meetings.

Foreign national prisoners

Expected outcomes:
Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

3.57 There were only four foreign national prisoners. They were managed individually by the foreign national coordinator and issues were discussed as part of the REAT meeting. Language barriers were not an issue, but prisoners did not have enough information on, or access to, independent immigration support agencies.

3.58 The foreign national policy was up to date, but some of the information was incorrect, including referring to foreign national liaison officers when there were none and stating that free monthly calls were given only to those who did not have a domestic visit in the previous month. Foreign national issues were discussed at the REAT meetings, which was acceptable as there were just four foreign national prisoners and numbers were consistently low.

3.59 A 50-page foreign national information booklet was available in 25 languages, but foreign national prisoners were unaware of it. All foreign nationals arriving at Grendon had been in prison for some time and could speak English, which was also a requirement for therapy. Their needs were mostly addressed individually by the foreign national coordinator, who was a principal officer. He met foreign national prisoners regularly, but foreign national prisoners were unaware of some of the services he could provide, such as swapping a weekly letter for an airmail letter. Neither he nor custody staff were trained in foreign national issues and there was no contact with independent immigration advice and support agencies. One man who felt his needs were not being met had been recategorised to D, but could not progress to a category D prison or be released on temporary licence because the UK Border Agency could not confirm whether he was likely to be deported.

Recommendations

3.60 The foreign national policy should accurately reflect practice, include the services available to support prisoners and made available to prisoners.

3.61 The foreign national coordinator and custody staff involved in foreign national case work should be trained in foreign national issues and be able to refer prisoners to suitable independent advice.

3.62 The prison should liaise with the UK Border Agency to ensure that category D foreign national prisoners have prompt decisions made about their status so their progress to open prisons is not held up.

Housekeeping point

3.63 The foreign national booklet should automatically be given to foreign national prisoners on arrival and in their preferred language.

Applications and complaints

Expected outcomes:
Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

3.64 Many applications and complaints were resolved without using formal procedures. The systems were largely effective, but complaints were not monitored to help identify trends or areas requiring management attention.

3.65 The applications and complaints policy described the processes and offered practical guidance for staff. Many issues were resolved through various meetings or by seeking help from elected prisoner representatives. Inter-wing representatives meetings were attended by some senior managers and department heads and were used to raise concerns and general queries.

3.66 Application forms were freely available. There were plans to introduce a generic form that provided carbon copies to improve monitoring. Wings had a fixed period each day for prisoners to raise complaints or make applications, but many simple queries were resolved quickly by staff at other times. Written applications were logged and the department they were sent to was recorded. In our survey, 82% of prisoners who had made an application said it had been dealt with fairly.

3.67 Prisoners had good access to complaint forms, envelopes and the appeal process. Complaint boxes were emptied each night by the night orderly officer and the forms delivered to the complaints clerk and entered on a central electronic complaints log. The log allowed the clerk to track the progress of complaints and provide some management information on timeliness of response. In the previous six months, 96% of complaints had been responded to within the required timescales. Complaints were not monitored by subject or location, but most appeared to relate to access to property and canteen.

3.68 Responses to complaints were generally respectful, answered the issue and offered apologies where appropriate. In our survey, just under half of prisoners said complaints were handled fairly. The head of the performance management unit completed a 10% management check of complaints forms and noted any deficiencies and learning points.

3.69 Posters describing the role of the Independent Monitoring Board were displayed and there were locked boxes on each wing for prisoners to submit applications. Information on the role of the Prison and Probation Ombudsman was also published on each wing.

Recommendations

3.70 The planned generic application form to allow the progress of applications to be tracked should be introduced.

3.71 Complaints should be monitored to establish their nature, frequency and location so that any trends can be addressed.

Legal rights

Expected outcomes:
Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

3.72 There was no trained legal services officer. The demand for legal services was unclear. Prisoners said it was easy to make contact with legal advisers, but legal visits facilities were poor.

3.73 There was no established legal services provision. A senior officer had been identified as a point of contact for prisoners in November 2008, but was not trained and there were no records of how much work this area generated. In practice, residential staff helped many prisoners to resolve simple queries, which often involved facilitating contact with solicitors. In our survey, three-quarters of prisoners said it was easy or very easy to communicate with their legal representative.

3.74 Legal visits could be booked on Tuesdays and Thursdays and took place in the domestic visits room. Two visits could take place at the same time, but there were no booths so legal visitors were placed at tables at either end of the room. Staff patrolled in the vicinity and these arrangements did not provide sufficient confidentiality.

3.75 Some prisoners said staff routinely opened all legal mail. This had been the practice, but the governor had recently issued an information notice clarifying the correct procedures.

Recommendations

3.76 An assessment should be made of unmet need for legal services and appropriate services provided to meet this need.

3.77 Confidential legal visits facilities should be provided.

Substance use

Expected outcomes:
Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

3.78 Prisoners actively contributed to supply reduction measures as they valued a safe and drug-free environment. The mandatory drug testing rate stood at zero and the diversion of opiate-based analgesics was being addressed.

Clinical management

3.79 Being drug-free was on of the selection criteria, so new arrivals did not require detoxification. Some opiate-based analgesics had been diverted, but a multi-agency action plan had been drawn up to tackle the problem and the number of such prescriptions had significantly reduced (see also section on health services).

3.80 Appropriate joint working protocols had been developed between healthcare and the counselling, assessment, referral, advice and throughcare (CARAT) service and prisoners' CARAT care plans were included in their medical records. Those requiring support from the mental health team could access this if necessary. There were no dual diagnosis clients.

Drug testing

3.81 Prisoners were fully supportive of measures to maintain a safe and drug-free environment and described Grendon as a place where they did not need drugs. Some prisoners tested positive at reception, but the year-to-date random mandatory drug testing (MDT) rate was zero. Few security information reports were drug related. Only two suspicion tests had been conducted since April 2008 and one prisoner had tested positive for cannabis under the frequent testing programme.

3.82 All prisoners had signed up to compliance drug testing (CDT), the frequency of which was risk-assessed. The same officers and premises were used for MDT and CDT, but prisoners were very clear about the difference between the two forms of testing. The drug strategy officer conducting tests was also training to become a CARAT officer, which risked blurring the necessary boundaries between these roles.

3.83 The drug strategy principal officer coordinated MDT and CDT. Six officers, including the dog handlers, were trained in the procedures. Prisoners actively contributed to supply reduction. A drug strategy sub-group of representatives from each wing met monthly with drug strategy staff to discuss issues of concern.

Recommendation

3.84 The role of the drug strategy officer should be clarified and clear boundaries drawn between drug testing and CARAT work.

Good practice

3.85 *Prisoners fully supported measures to create a safe and drug-free environment. A drug strategy sub-group of wing representatives and drug strategy staff met monthly to discuss issues of concern.*

Section 4: Health services

Expected outcomes:
Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

4.1 Buckinghamshire Primary Care Trust commissioned health services delivered by prison staff. Primary care services were satisfactory, with good access to GPs. Dental services had improved significantly following an increase in clinical sessions. There were some deficiencies with pharmacy services. Mental health services were good, but professional boundaries between providers were unclear. Staff shortages affected service development and staff morale was low. Despite this, prisoners were extremely positive about health services.

General

4.2 The Buckinghamshire Primary Care Trust (PCT) commissioned services for Grendon and two other prisons. A health needs assessment had been completed in August 2008 and included recommendations. The Buckinghamshire Prison Partnership Board met biannually, with a prison commissioning sub-group meeting quarterly. The relationship with the PCT was at a developmental stage and the bidding process for a new provider was due to be completed in September 2009. Health staff were employed by the Prison Service, but were due to transfer to the new provider of primary healthcare services in September 2009.

Environment

4.3 The healthcare department had primary care facilities on the ground floor and office accommodation upstairs in what used to be the in-patient unit. The primary care area was quite large, but fragmented with rooms off various corridors. There was a pleasant waiting room with a wide selection of healthcare and health promotion information.

4.4 The treatment room was large, but without natural light and hot. There was too little purpose-built storage, so equipment was piled on shelves. Foot-operated waste disposal bins did not work properly and kitchen rather than purpose-built clinical cupboards were used. This room, other offices and two consulting rooms did not meet NHS standards in terms of modern equipment.

4.5 Areas of the department had recently been painted by prisoners. Prisoner cleaners were responsible for all cleaning and, while generally clean, there was no professional cleaning service to ensure it met NHS standards of cleanliness and cross-infection levels. The head of healthcare had undertaken an internal infection control assessment, but only in relation to wing accommodation and there was no reference to healthcare itself. Hand washing facilities were generally adequate, but some soap dispensers were broken.

4.6 The dispensary room was too small. The metal wall and floor standing cabinets were not purpose built and some could not be locked properly. Keys to the cabinets were kept in a key safe and only nurses had access. Large amounts of patient-named and stock items were held and separated appropriately. There was a secure hatch to the corridor where prisoners collected their medication. Privacy levels were good.

4.7 The dental surgery was bright, with a good level of natural light. Dental equipment, including the x-ray unit, autoclave and compressor, was appropriately maintained. All other equipment was available and cross-infection measures were satisfactory. Discussions with the PCT about improvements to the dental surgery were under way. Waste disposal was satisfactory.

4.8 There was an impressive selection of health promotion material for prisoners to read and take away, but staff shortages meant health promotion sessions were not regularly delivered. No healthcare worker had been identified to focus on either older prisoners or prisoners with disabilities.

4.9 Prisoners were involved in their care plans.

4.10 Many NHS appointments were cancelled or rearranged due to lack of escort staff. Only one prisoner was allowed out each morning and afternoon and figures for January to April 2009 showed that 48 appointments had been cancelled or rearranged mainly due to staff shortages. The level of hospital referrals was appropriate, but there had been no review of numbers allowed out to attend appointments.

Clinical governance

4.11 Arrangements were in place for the management and accountability of health staff.

4.12 There were considerable staffing challenges, including difficulties with recruitment and retention. Healthcare staff also worked at HMP Spring Hill, which caused problems with continuity. A basic skills audit had been completed, but did not propose a formula to address the numbers required to manage healthcare safely at Grendon and Spring Hill. The skill mix was currently biased towards mental health professionals and there was a shortage of general nurses and administrative staff. Recruitment of five full-time registered general nurses (RGNs) and an administrator was under way.

4.13 The head of healthcare was a Grade 8b RGN, a registered midwife and a nurse prescriber with additional qualifications in community and public health nursing. She had been at Grendon for two years. Other staff included two healthcare officers, one of whom was an RGN and the other an enrolled nurse (EN), and two registered mental health nurses (RMNs), another RGN and another EN. A bank RGN provided regular support and agency nurses were used regularly, which was not satisfactory as the agency nurses often changed and there was little continuity for prisoners and permanent staff. Mandatory annual training was said to have been completed, but we were not given anything to substantiate this. Professional registration checks were supposedly undertaken with the Nursing and Midwifery Council, but again there was no evidence to support this.

4.14 There was only one full-time administrator for both prisons. An agency administrator was used to cover shortfalls. There had been failures in data collection and nurses completed numerous administrative tasks. The problem was compounded by the lack of a clinical IT system. The role of a chaperone employed to support the GP clinics was unclear and there was potential for it to be expanded to include some of the administrative duties currently undertaken by nurses.

4.15 There were tensions within the staff group and obvious anxiety about the forthcoming changes and transfer to a new provider.

4.16 A doctor from a local GP practice was in the prison three mornings a week and the waiting list was not long. The same practice provided cover until 6.30pm, after which an out-of-hours

service was used. Other visiting health professionals included a dentist, podiatrist, optician, physiotherapist and smoking cessation facilitator.

4.17 Alternate business or clinical meetings were held weekly and attendees included the director of therapy, the GP, the dentist and the pharmacist. Continuous professional training was supported where appropriate and two nurses were undertaking additional training in the management of prisoners with diabetes and asthma. There was a clinical supervision policy. Staff were encouraged to participate, but appeared reluctant to do so.

4.18 Medical equipment such as mobility supports was available through the visiting physiotherapist. Emergency equipment, including a defibrillator, was held in the healthcare foyer. All items were in working order and checked weekly.

4.19 Clinical records were held securely in a locked room. Entries were well written and contemporaneous. Inside the cover of all records was a list of signatures of all healthcare staff. The management of records was very good, with bulky records separated and annotated appropriately. Old clinical records were held in an out-of-use workshop, but this was accessible to other prison staff. An agency worker was itemising all old records to ensure they were properly labelled and stored safely.

4.20 The head of healthcare met prisoner representatives at a health forum where prisoners could discuss general health issues and be informed of any proposed changes to services. Staff said they were not told of meeting outcomes and no minutes were taken. Prisoner complaints were addressed by the head of healthcare and replies were appropriate and respectful.

4.21 The management of communicable diseases was satisfactory, with good links to the local Health Protection Agency. A comprehensive communicable disease policy was in place to address any outbreaks.

4.22 A protocol for sharing information was explained to prisoners at reception.

4.23 Injury forms (F213s) were completed and copies held in healthcare. Any evidence of unexplained injuries was reported to the security department.

4.24 There were copies of NHS guidelines and publications.

Primary care

4.25 The turnover of prisoners was low so staff were able to establish good professional relationships with them. Responses to questions about healthcare in our survey were all significantly better than the category B training prison comparator, with 83% saying the quality of healthcare was good or very good, 77% saying this about the quality of care delivered by the doctor and 95% for the nurse. These results were supported in our prisoner groups and in individual discussion with prisoners. Many prisoners described healthcare at Grendon as 'the best they had experienced'.

4.26 All new arrivals were seen in healthcare on the day of admission. A nurse completed an initial health screening and dealt with any urgent findings. Vaccinations, including Hepatitis B and age-related inoculations, were offered. When necessary, prisoners were seen by the GP at the next available clinic. A more comprehensive screening was completed the following day and prisoners were given written information on how to access health services.

4.27 Prisoners completed a written application to access health services or asked for an appointment at healthcare itself. The application system was not confidential and forms were either handed to a wing officer or sent through the internal mail usually without an envelope. Appointments were returned to prisoners in an envelope marked medical in confidence. Prisoners asking to see the doctor were initially assessed by a nurse and anyone whose problem could not be resolved was given an appointment with the GP. The GP could see up to 10 prisoners at each session and a chaperone was employed to assist at the clinics.

4.28 Nurse-led clinics included well man, asthma, obesity management, diabetes and vaccinations. Clinics were clearly advertised in the healthcare centre and uptake was generally good, although no attendance data were available. Nurses managed diabetic and asthmatic prisoners daily and specialist community nurses visited regularly. Diabetic retinopathy services were available through the local hospital. Podiatry and optical clinics were run when there were enough prisoners on the waiting list. A prison-employed physiotherapist visited every two weeks.

4.29 There were no in-reach sexual health services and any prisoner requiring specialist support was referred to local services. Chlamydia screening was offered to all prisoners. Condoms were not available as sexual relationships while undergoing therapy were discouraged, but prisoners were not advised of the health implications should they choose to ignore the rules and the lack of protection put prisoners' health at risk.

4.30 There were no named wing nurses due to chronic staff shortages, but relationships with wing staff were very good and wing staff felt well supported by healthcare staff.

4.31 Healthcare staff supported one prisoner undergoing renal haemodialysis within the prison supervised by a nurse from the local renal unit. Despite considerable, but understandable, reservations of other prison departments, the system worked well and the patient was very happy with his treatment. The support given to him was impressive and he was clearly benefiting from the excellent collaboration between the prison and the renal unit.

4.32 There was very little data collection, but anecdotal evidence suggested that few prisoners failed to attend appointments. Those who did were offered another appointment and advised that future non-attendance would result in a move to the back of the waiting list.

4.33 The head of healthcare was setting up a health promotion action group to include prisoner representatives.

4.34 The healthcare team had established excellent relationships with other local health providers and worked with the local ambulance trust to provide health staff with additional basic training in emergency responses.

Pharmacy

4.35 A local pharmacist supplied all pharmacy requisitions, but a pharmacist from a different pharmacy carried out all visits to Grendon. The reason for this was unclear and it meant the pharmacist providing medicines was unfamiliar with prison health and methods of operation. A pharmacy technician visited for between two and four hours a week. There were no pharmacy-led clinics.

4.36 If a prisoner required medication outside GP clinic times, nursing staff called the duty GP to issue a verbal or faxed prescription. The GP normally signed the prescription at their next clinic. Some verbal orders were accepted by nurses, but supporting prescriptions did not

always follow. This contravened Nursing and Midwifery Council guidelines for medicines management.

4.37 Secondary dispensing was undertaken by nurses and medication was supplied to patients from stock that was not labelled in accordance with the regulations. There was evidence of split packs due to nurses secondary dispensing against prescriptions written out of hours. Patients were given a copy of the prescription and medication in unlabelled Henley bags. Records of what stock had been used were kept and were audited by the pharmacist technician, but discrepancies in stock levels indicated that records were not always accurately completed.

4.38 Medication was administered between 11am and noon every day. This was well organised and confidential, with all prisoners required to show proof of identity at the time of collection. Medication was supplied as daily, three-day, weekly or monthly in possession, with few patients requiring supervised administration. Patient information leaflets were supplied with each month's medication and nursing staff could give advice. The latest time for night medication to be administered was 7pm on weekdays and 4.30pm at weekends, so these had to be given in possession. In possession risk assessments were completed and regularly reviewed by nursing staff, but not always signed off by the doctors or always attached to the prescription and administration charts.

4.39 Almost all prisoners received their medication in possession for periods between one and 28 days. Prisoners were expected to reorder their repeat prescriptions, which were given to the GP for review and reordering.

4.40 Most medication was named patient and stored separately from stock, which was supplied by the pharmacy in original packs without labels. Patients could store their in possession medication in lockable cabinets in their cells and random checks were undertaken to ensure that this was done. Thermolabile products were stored appropriately and fridge temperatures were correctly recorded, although there were gaps in the daily records.

4.41 Prescriptions were written on standard prescription and administration charts. The doctor indicated the quantity and length of in possession, although this was not always clear. Original prescriptions were not faxed through to the pharmacy so the full patient medication records could not be maintained and the pharmacist could not make appropriate clinical checks at the time of dispensing. The chaperone transcribed script details onto an A4 sheet that was signed off by the doctor and faxed to the pharmacy. We did not see any controlled drugs and the controlled drug register was new with no entries. The previous register was not available. Procedures for the safe disposal of unwanted and expired pharmaceutical waste were inadequate.

4.42 A limited list of medication, including paracetamol and ibuprofen, was available to supply as special sick and was documented on the patient's prescription and administration chart. There were no patient group directions, so medication was limited to what could be bought from the prison shop. There were no clear protocols for emergency treatment by nursing staff of hypoglycaemia, anaphylaxis and resuscitation.

4.43 A medicines and therapeutics committee met monthly and included the pharmacist, but there was no representative from the PCT. There was an overall lack of written pharmacy policies and procedures, with no policy for special sick or out-of-hours provision and no specific prescribing formulary. Current pharmacy reference books were available in the medication room.

4.44 There had been some recent concerns about the number of prisoners receiving opiate-based medication. A multidisciplinary team had reviewed and addressed the issue and the number of prisoners on opiates had been reduced successfully with minimal disruption to patient management. The team included GPs, nurses and pharmacy staff as well as discipline and managerial staff, all of whom had continued to work to ensure appropriate prescribing.

Dentistry

4.45 The dentist was assisted by a qualified dental nurse. Dental services were very good and what had been a lengthy waiting list had been reduced by increasing the number of sessions from two to three. There were 34 prisoners on the waiting list, which was about five weeks. The dentist saw up to 12 patients at each session. Approximately 10 new applications for treatment were received each week and few prisoners failed to attend appointments. About 40 prisoners were receiving routine treatment. A full range of NHS treatments was offered and there were plans for an oral educator to provide health promotion sessions.

4.46 Dental and radiographic records were of a high standard, with entries made in the patients' clinical medical records.

4.47 Patients with dental pain were seen at the next available session. Where necessary, suitable medication was prescribed and referrals were made to local dental specialists as appropriate. The dental team had received cardio-pulmonary resuscitation training, but had not been trained to respond appropriately in the event of a fire or security alerts.

Secondary care

4.48 Any patient with current or future NHS appointments was placed on a medical hold until the appointment had taken place. This ensured continuity of care for the patient.

Mental health

4.49 The PCT had commissioned a mental health needs analysis, which was being repeated as the first had proved inadequate. A prison-employed RMN had a small caseload of about 20 clients, most of whom suffered from depression and anxiety. Referrals to her were made by therapists, GPs and other nurses and clients were seen as soon as possible following referral. The RMN worked with clients individually. GPs provided support where necessary and the visiting psychiatrist could also give advice. Some wing staff regarded the RMN as interfering with prisoners' therapy.

4.50 Secondary care was through a mental health in-reach team from the Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust that had been at the prison since May 2008, with a fully staffed service in place from December 2008. The small prison team comprised a full-time band 7 team leader community psychiatric nurse (CPN) and another band 6 CPN who provided support for two days a week. They were supported by a forensic consultant psychiatrist who held a clinic every fortnight. There was no administrative support, but there was full access to other services within the in-reach team.

4.51 The team had integrated well with the generic health team and was working hard to establish a service and develop relationships with other prison departments. However, it had met with some resistance as some prison staff created unnecessary barriers between therapeutic activity and clinical mental health support. There was a lack of joint working between the primary, secondary and therapy teams and some resistance to prisoners talking to a CPN

without dealing with issues in therapy groups. The CPN had a particular interest in self-harm and was keen to attend all assessment, care in custody and teamwork (ACCT) reviews, but was often not informed that these were taking place. The team had eight clients, most of whom were suffering from depression and anxiety and others had been self-harming. The CPN managed his clients in conjunction with support from the GPs, with whom he had established good professional relationships. Referrals to the team were through written application, nursing staff or the GP and there was no waiting list. Clients were discussed at fortnightly team meetings with the psychiatrists and GPs.

Recommendations

4.52 The governor, director of therapy and head of healthcare should agree the terms of reference and professional boundaries for the primary and secondary mental health teams. The mental health in-reach team leader should be involved in the decision-making process.

4.53 Sufficient appropriately qualified nursing, administrative and support staff should be employed to ensure prisoners have equity of access to health services.

4.54 The role of healthcare senior officers should be reviewed and decisions agreed to ensure they maintain their professional aptitude. Patient care should remain a priority in decisions.

4.55 The refurbishment of clinical areas including the treatment room, dispensary and dental room should be given high priority to ensure clinical care is given in appropriately equipped areas.

4.56 The primary care trust should be asked to conduct a professional infection control audit and make appropriate recommendations.

4.57 A lead healthcare worker should be identified to monitor the health and social needs of older prisoners and those with disabilities. The post holder should maintain good links with the prison disability officer.

4.58 The system for allocating NHS appointments should be reviewed to ensure cancellations and rearranged appointments are kept to a minimum.

4.59 The role of the chaperone should be reviewed and expanded to ensure clear value for patients and staff.

4.60 A clinical IT system should be installed as a priority.

4.61 Healthcare data collection should be improved to ensure systems can be interrogated effectively.

4.62 Condoms should be available to prisoners, who should be informed of all health risks associated with the use or non-use of barrier protection.

4.63 Nurses should not be required to undertake unnecessary and time-consuming administrative tasks.

4.64 Clinical records should be kept in secure storage and accessible only to healthcare staff.

4.65 The healthcare application system should be confidential.

4.66 Secondary dispensing should stop.

4.67 The pharmacist should make regular visits to the prison to check the systems in operation and should bring a random selection of faxes to compare with the actual prescription.

4.68 There should be effective communication between the pharmacist responsible for the supply of medication and the pharmacist providing clinical support to ensure progress is made.

4.69 A pharmacist should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review.

4.70 The special sick policy should be reviewed to ensure that all appropriate medicines can be supplied.

4.71 Patient group directions should be in place to enable the supply of a greater range of more potent medications by nursing staff to avoid unnecessary consultations with the doctor.

4.72 Policies and protocols should be reviewed and procedures written to cover the current arrangements for pharmacy service, provision and delivery of medications to prisoners. These should be adopted via the medicines and therapeutics committee and all relevant staff should read and sign them.

Housekeeping points

4.73 Professional registration details and mandatory training records should be readily available.

4.74 Pharmaceutical waste disposal should be reviewed to comply with the waste regulations that came into force in July 2005.

4.75 Prescriptions should be faxed to the pharmacy to reduce transcription errors and allow assessment by the pharmacist.

4.76 All medicine cabinets should be kept locked when not in use.

4.77 Cleaning services in healthcare should meet professional standards of cleanliness and infection control.

4.78 The use of stock medicines taken from the pharmacy when a doctor is not available or out of hours should be recorded.

4.79 Minutes of prisoner focus groups should be available to staff and prisoners.

Good practice

4.80 *The management of the prisoner undergoing haemodialysis was very good. The collaboration between NHS specialist teams and prison management and health teams ensured the prisoner was able to receive treatment and continue therapy.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:
Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

5.1 Education, vocational training and work were generally satisfactory and some aspects were good. There were enough places for all prisoners. Management of the provision was much improved, but there were few opportunities at an advanced level. Art work was outstanding and prisoners had won a significant number of Koestler awards. Library services did not meet the needs of prisoners.

Education

5.2 Some 80% of prisoners had been involved in some form of education or vocational training while at Grendon. Currently, 88 prisoners (53% excluding those on induction) were taking an accredited award. Major refurbishment work and heating installation meant that the education department was temporarily based in the sports hall and on the wings.

5.3 Therapy was rightly the main activity, but education, training and work were available four afternoons a week. Forty-seven prisoners attended classes for one or more sessions a week delivered by Milton Keynes College (MKC) staff. There were another 16 places in the Prison ICT Academy (PICTA) workshop for a range of information technology (IT) awards up to level 5. However, PICTA was underutilised, with only about half the learners registered for programmes regularly turning up for classes. NVQ level 1 catering qualifications were being taken by five prisoners working in the kitchen and community pods. Twenty prisoners were undertaking Open University and distance learning courses in a wide range of subjects, supported by MKC staff.

5.4 Achievement of qualifications had steadily improved over the previous three years to 87% achievement by those starting accredited courses in 2008-09. Much of the art work was outstanding and prisoners had won a significant number of Koestler awards. Business crafts work was good and linked creative and business skills well. Learning diaries had recently been introduced into PICTA and for gym orderlies to pilot the recognition and recording of non-accredited skills and learning. In support of prisoners, MKC staff recognised and recorded behaviour and attitudes for feedback by wing tutors at community therapy groups.

5.5 Teaching was at least satisfactory. There was a clear focus on individual needs, and teaching and learning strategies and resources were generally good. There was good use of Powerpoint presentations and appropriate media articles, and interactive white-boards had recently been installed in some classrooms in the education department. The introduction of literacy and numeracy classes on the wings during refurbishment had increased participation to such an extent that they were being retained. Teaching staff were enthusiastic about their

subjects and fully engaged prisoners in learning, sometimes dealing with challenging discussions relating to therapy outcomes.

5.6 The range of provision was generally satisfactory. Vocational opportunities had increased and now included music technology, digital photography and journalism. However, subjects offered above level 2 were limited to IT, key skills communication and self-study on Open University and distance learning courses. This did not fully meet the ability levels of many prisoners. On the induction wing, MKC staff provided a range of good interactive sessions, such as literacy and numeracy, social and life skills, recreational cookery and creative community projects. Toe-by-Toe literacy wing support work had just started with the initial training of mentors.

5.7 Information, advice and guidance (IAG) was satisfactory overall. Systematic literacy and numeracy initial assessment took place on arrival. There was good involvement by MKC staff as wing tutors, who attended community meetings and wing social events to support prisoners. MKC staff received training to prepare them for this key role, where they provided support and encouragement to prisoners and were fully integrated into the therapeutic communities. However, the promotion of education and vocational training during induction did not always provide prisoners with sufficient information at the right time to help complement their therapy.

5.8 Management of the provision had much improved. MKC staff were focused on continuous improvement and were enthusiastic and keen to embrace changes. Working relationships between the prison and MKC were productive. Use of data was satisfactory, although some opportunities to inform decisions were missed. Good working relationships between education and the therapeutic communities had been developed and were continuing to improve. Wing tutors from MKC had been established and were well trained and supported by the prison. The prison's annual self-evaluation of its learning and skills provision was broadly accurate and had clearly identified key areas for improvement, but not enough use was made of the wide range of prisoner feedback to inform improvements. Although the prison had a strong focus on the quality monitoring of key aspects of its provision, the completion of some individual learning plans was weak.

Employment and vocational training

5.9 There was enough work, with about 70 jobs available. These were predominately on the wings, in kitchens, stores, cleaning, laundry and painting maintenance. There was a small gardens party of eight prisoners and a small number of orderlies and re-band roles. Jobs were allocated for three months, during which prisoners could not participate in education or vocational training apart from in the kitchen and community pods, where food hygiene and NVQ level 1 accreditation were required.

Library

5.10 A full-time qualified librarian worked for Buckinghamshire County library services and was supported by a prison orderly. The library opened four afternoons and four weekday evenings a week. Each therapy wing had four allocated library sessions a week. Regime changes introduced in summer 2008 required prisoners to spend 90 minutes in the library, which had resulted in a drop in the number of prisoner visits from about 240 to 40 a week and the service was not meeting their needs. The library had inadequate computer learning resources and seating areas to engage prisoners for the long visit periods. Too much space was taken up by library staff areas.

5.11 Approximately half the library stock was in use in the temporary sports hall accommodation. This included many fiction books, computer games, music and audio CDs and language self-teach books. Resources relating to education and vocational training were inadequate and there was insufficient communication between the library and education and vocational training staff to inform stock decisions. Inter-library book loans were regularly used to meet prisoners' requests.

5.12 The library stocked the required Prison Service Orders (PSOs) and these were kept updated. Legal books were in stock. Book loss was very low and mostly restricted to the induction wing where there was no effective system for prisoners who were leaving the wing to return books.

Recommendations

5.13 There should be an increase in the range of courses offered beyond level 2 to meet the needs of high ability prisoners.

5.14 Prisoners with allocated jobs should be given time to attend education courses.

5.15 Places in the PICTA workshop should be fully utilised.

5.16 Education induction should be revised to ensure more accurate and timely information is given.

5.17 The library service and access arrangements should be reviewed in consultation with education, prison and library staff and prisoners to ensure an effective learning resource centre that meets the needs of prisoners.

Physical education and health promotion

Expected outcomes:
Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

5.18 Physical education (PE) facilities were generally satisfactory. There were good facilities for cardiovascular and weights training, and equipment was in good condition. A medium-sized sports hall was being used temporarily for education classes. All prisoners could have at least three PE sessions a week. Outdoor provision was inadequate during the winter. No accredited training programmes had been offered for 12 months and staffing levels were inadequate.

5.19 PE facilities were generally satisfactory. There was a well equipped gym and a separate cardiovascular suite with a good range of up-to-date equipment such as treadmills and rowing machines. There was also a well equipped classroom for PE courses and fitness testing and a medium sized sports hall that was being used temporarily for education classes. An outdoor asphalt sports area was inadequate for winter use and not appropriate for contact sports such as football.

5.20 All prisoners could use the PE facilities at least three times a week and 65% in our survey said they went to PE at least twice a week. The gym was normally open until 6.45pm on four

evenings a week and was also open at weekends. The range of recreational programmes was satisfactory, but no accredited training programmes had been offered for 12 months. There were good links with healthcare. Three sessions a week were arranged for prisoners referred for health reasons and were also available for prisoners who found the normal gym environment intimidating. Older prisoners often made good use of these sessions. The PE department surveyed all prisoners about provision twice a year.

5.21 The gym was staffed by a senior PE instructor and three full-time PE instructors who also worked at nearby HMP Spring Hill. They were supported by five appropriately trained gym orderlies. However, the prison recognised that staffing levels were insufficient to enable full use of the resources across both establishments.

5.22 The sports and gym facilities were advertised appropriately on the wings. All prisoners completed a health assessment and an interview with a member of staff before using any gym equipment. Prisoners were encouraged to use the cardiovascular equipment rather than solely using the weight training equipment. Sports kit was available, but most prisoners used their own kit. There were no showers in the gym, but prisoners had good access to showers on their wings.

Recommendations

5.23 More physical education staff should be employed to enable all facilities to be fully utilised.

5.24 The prison should reintroduce a range of accredited physical education programmes.

5.25 Facilities for outside sports should be improved.

Faith and religious activity

Expected outcomes:
All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

5.26 The chaplaincy team played a significant part in the life of the prison, providing a range of services and activities. Sunday services clashed with exercise. Prisoners did not have appropriate access to the Buddhist garden.

5.27 The largest faith groups were Church of England and Roman Catholic. Twenty-two per cent of prisoners said they had no religion, 8% were Buddhist and 7% were Muslim. In our survey, half of prisoners said they had met a chaplain within 24 hours of arrival and nearly three-quarters said they had been given information about the chaplaincy on their day of arrival. Significantly more than the comparators said their religious beliefs were respected and that they could speak to a religious leader of their faith in private.

5.28 The coordinating chaplain was a full-time Methodist minister. There were chaplains from a range of faiths, including Church of England, Roman Catholic, Salvation Army, Muslim, Buddhist, Hindu, Jehovah's Witness, and Mormon. Other faiths were provided for by sessional and part-time workers. A number of volunteers assisted the chaplaincy team. Each therapeutic community had an allocated chaplain who attended community groups, but all chaplains

visited all wings. Prisoners could celebrate all major religious festivals, which sometimes included invited visitors. Sunday Christian services were led by different churches from the local community. Services and chaplaincy activities were open to all prisoners irrespective of their faith. As previously, the Sunday service clashed with exercise. Services and activities were well advertised on the wings.

5.29 The chapel was small, but large enough to accommodate the numbers who attended services. The multi-faith room was also small. It just managed to accommodate those who currently wished to use it, but would not be able to cater for many more. There were no washing facilities, so Muslim prisoners attending Friday prayers washed on their wings. The impact assessment for religion reported that the multi-faith room was inadequate and referred to plans for extension and provision for ablutions, with a target date of April 2009.

5.30 The chaplaincy managed the prison visitors scheme with 20 visitors. It also ran a number of groups including bible study, Christian fellowship and a Friday 'drop-in' open to all prisoners and faith leaders. Chaplains were involved in wider regime activities, including pastoral care and senior management meetings. The chaplaincy team worked well together and held a monthly meeting for chaplains with allocated wing responsibilities and another for the full team.

5.31 The Buddhist garden was deemed 'insecure'. As at the previous two inspections, this meant an officer had to be present whenever a prisoner wanted to use it. The impact assessment noted that relocation was being considered, but a suitable secure area was proving difficult to find. The target date for this was April 2009. Prisoners also complained that an officer stood outside the multi-faith room during Muslim Friday prayers, which did not happen with other services (see section on race equality).

Recommendations

5.32 Regime activities should not clash with religious services.

5.33 The multi-faith room should be enlarged and provide suitable facilities for Muslim prisoners.

5.34 Prisoners should be able to visit the Buddhist garden unescorted.

Time out of cell

Expected outcomes:
All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

5.35 The introduction of the national core day had reduced the amount of time prisoners were unlocked. Our checks indicated that prisoners still remained out of their cells for long periods and were given opportunities to spend this purposefully. The main result was the loss of shared dining at lunchtime and a restriction on the amount of time for exercise. These impacted negatively on the total therapeutic experience.

5.36 Grendon's almost unique status as a therapeutic establishment had led the governor to make a case for exemption from the strictures of the nationally imposed core day, but this had been unsuccessful. The immediate impact of the core day introduced in July 2008 was that

prisoners were locked up for an hour at lunchtime, leaving them less contact time with each other and with staff. Everyone we spoke to about this saw it as a retrograde step and therapists in particular said it reduced the 'potency' of the therapeutic work (see also sections on staff-prisoner relationships and catering).

5.37 Another consequence was that time for daily exercise had reduced from 60 to 30 minutes. Exercise was too frequently cancelled because of weather conditions and suitable outdoor clothing was not provided. In our survey, only 28% of prisoners, significantly fewer than the comparators, said they had exercised three or more times a week.

5.38 The new core day produced an anticipated 9.7 hours of unlocked activity during the week and 7.5 hours unlocked on Fridays, Saturdays and Sundays. Staff were diligent at adhering to the published programme. Most prisoners were fully occupied in therapy on weekday mornings. Our roll check indicated that two-thirds were also involved in some sort of planned or scheduled activity in the afternoon, with the remaining third unlocked and engaging with each other. Evening association was regular and predictable .There was a reasonable range of recreational facilities and interactions between prisoners and staff were relaxed.

Recommendations

5.39 Prisoners should be offered daily exercise unless weather conditions are extreme.

5.40 Prisoners should be given the opportunity of wearing outdoor clothing if they wish to take exercise in poor weather.

5.41 Prisoners should be unlocked over the lunch period to allow them to eat together socially and engage with staff and other prisoners as part of the therapeutic experience.

Section 6: Good order

Security and rules

Expected outcomes:
Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

6.1 Security was well managed and proportionate, taking into account the needs of the therapeutic process. There were few incidents or concerns about drugs. Actions arising from security intelligence were dealt with promptly. Local prison rules were not displayed on wings.

6.2 The physical security of the prison had been upgraded and a new fence and gate lodge had been built. Funding for a perimeter security system (PIDS) was secured only for the first year.

6.3 The security department was managed under the direction of the head of operations and staffed by a principal officer, rotating senior officers and an intelligence analyst. Although small, the department was well managed and timescales were met. The department was primarily responsible for the management of security intelligence, carrying out risk assessments and overseeing bedwatches. Searching was carried out by residential staff, which sometimes caused tension, particularly if the same staff had been chairing therapy groups. On the whole, these conflicting roles were managed well.

6.4 The department had received 1347 security information reports (SIRs) in 2008 and the number had been fairly static since 2004. Drugs information accounted for very few reports for a prison of this type and the prison was virtually drug free (see section on substance misuse). Inappropriate behaviour by prisoners towards staff was frequently mentioned in SIRs and was seen as a consequence of the demands of the therapeutic process. SIRs reflected a good range of dynamic security, although most reports were submitted by uniformed staff. The prison believed there were a few mobile telephones, although use of detectors at night was hampered by the fact that the night sanitation system meant prisoners always knew when staff were entering the wing.

6.5 The security department took into account the needs of a therapeutic environment and operated constructively to ensure that security objectives did not undermine therapy. There was good liaison between security and residential/therapy staff. Constructive use was made of initiatives such as amnesties for particular items of contraband. Some ongoing issues about misuse of digital boxes had been brought up over several months at security committee meetings without any clear resolution.

6.6 There were no banned visitors and no prisoners on closed visits. Incident reports mostly linked to self-harm, with very few control problems. The previous security audit had been positive and there were good processes to manage information. Action points arising from SIRs, such as target searching and drug tests, were dealt with quickly and tracked by the security department to ensure completion. There were no local rules displayed on wings or published community

rules for prisoners to refer to, although prisoners knew what was expected of them and most issues were dealt with through the community groups.

6.7 Fifty-nine prisoners were categorised as C. In most cases, there were no plans to move them from Grendon as they were still involved in therapy. However, some prisoners waited a long time to be moved. Recategorisation reviews took place as part of the sentence planning process and annual review. There was a lack of clarity about whether prisoners could apply for a review if they were not supported by their community.

Recommendation

6.8 The rules of the prison and individual community should be on display in residential areas.

Housekeeping points

6.9 Recurrent actions from security committee minutes should be addressed.

6.10 The process by which prisoners can apply for recategorisation should be clarified to ensure that decisions are based solely on risk factors.

Discipline

Expected outcomes:
Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

6.11 There were relatively few formal adjudications. Records showed that most were well conducted with full enquiries. There was very little use of force, no segregation unit or use of special or unfurnished accommodation.

6.12 Most men at Grendon were highly motivated and conformed to the prison rules. Staff were also tolerant of situations that in other prisons would have resulted in a formal charge. There were relatively few adjudications, a total of 58 in 2008, although the rate appeared to have increased substantially in 2009, with 23 charges in the year to the end of February. It was too early to tell whether this represented a pattern and some were multiple charges against the same person arising out of the same incident. Many breaches of rules were appropriately dealt with through discussions at therapy groups or informal warnings. Disciplinary charges generally related to more serious offences, such as men testing positive on mandatory drug tests, and most of those were dismissed as consistent with medication. There were no referrals to the independent adjudicator and the vast majority of prisoners were serving indeterminate sentences so could not have days added to their sentences.

6.13 Quarterly adjudication meetings covering HMPs Spring Hill and Grendon were chaired by the deputy governor. The meetings examined policy and procedural issues and tariff guidance. The deputy governor fed back any issues from quality checks that he completed and any learning from adjudication appeals was considered. New tariff guidance for Grendon had recently been agreed.

6.14 There was no central adjudications room and hearings were carried out informally in a room on the prisoner's wing. Adjudication records indicated that appropriate consideration was given to the individual circumstances of the prisoner. Cases were usually thoroughly investigated and there were a number where adjudicating governors had rightly dismissed charges, although it was not always apparent in the few fighting charges that all evidence had been put to both prisoners. Most hearings were fair and any punishments were reasonable and appropriate and consistent with the guidance.

Use of force

6.15 There was a joint log of use of force for Grendon and Spring Hill. The log was poorly kept, but indicated eight uses of force in 2008, at least one of which had related to a prisoner who had been brought temporarily from Spring Hill for secure accommodation. Two of the eight records were missing so it was not possible to check what they related to. Three uses of force were recorded in the log so far in 2009, one of which related to Spring Hill. There was a record of a further incident that had not been entered in the log, although it had been signed off by a manager to confirm this had been done. Despite these recording problems, we had little concern about the records we saw, few of which involved control and restraint (C&R) procedures, although it was not clear whether force had been necessary in one case where a prisoner regarded as at risk of self-harm had been moved to an observation cell. Nearly 90% of uniformed staff had received the required C&R training.

Segregation

6.16 There was no designated segregation unit or special accommodation, although some prisoners from Spring Hill were occasionally held in cells in Grendon while awaiting transfer elsewhere.

Recommendation

6.17 Use of force records should be properly logged and the log and records should be overseen by managers as an addition to the business of the quarterly adjudications meeting.

Incentives and earned privileges

Expected outcomes:
Incentives and earned privileges schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

6.18 The incentives and earned privileges scheme served no significant purpose for most prisoners, the majority of whom were on the enhanced level. One community had successfully piloted an alternative approach.

6.19 The incentives and earned privileges (IEP) scheme had little relevance in a prison where 97% of prisoners were on the enhanced level. Prisoners were already well motivated and had volunteered for the therapeutic regime.

6.20 Since November 2007, B wing community had not used the IEP scheme and prisoners were instead held to account by their community for any poor behaviour. A challenge to unacceptable behaviour could be instigated by staff or prisoners and any further similar behaviour led to the prisoner being placed on a community compact. Two prisoners were subject to these. Persistent unacceptable behaviour could lead to their commitment to the community being questioned. Prisoners out of therapy were still subject to the IEP policy, which seemed appropriate. This pilot scheme had worked successfully and there had been no increase in the number of adjudications or other behaviour problems. It was more relevant to the therapeutic community approach and had recently been approved as an alternative procedure to the IEP scheme. Other communities had now to choose whether to adopt it.

6.21 Ninety-seven per cent of prisoners were on the enhanced level and none were on basic. There were few significant differentials between the levels. In line with local policy, each prisoner was reviewed quarterly, with comments about their progress in therapy obtained from residential staff along with comments from instructors or teachers and from the security department. Residential principal officers also completed a quality check of the process. Few behaviour warnings were issued, so few prisoners moved between levels. There were some mixed opinions among officers about whether the scheme should be withdrawn, but most agreed that reviews were ineffective and a waste of valuable time.

Recommendation

6.22 The alternative procedure to the incentives and earned privileges scheme successfully adopted on B wing should be introduced across all communities.

Section 7: Services

Catering

Expected outcomes:
Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

7.1 Although prisoners were significantly more positive about the quality of food than in most other prisons, budgetary constraints had resulted in a deterioration in the quality and quantity of food compared to the previous very high standards and the introduction of a cold sandwich lunch had not been popular. The food we sampled was good quality.

7.2 The catering team comprised a manager and six civilian caterers. Financial pressures and the rising cost of food meant resources were subject to much tighter controls. The catering manager worked to a fixed budget and portion control had been introduced. In our survey, 69% of prisoners, less positive than at the previous inspection but significantly higher than the comparators, said the food was good or very good. In the prison's most recent catering survey, 60% of prisoners said the food was good.

7.3 The main kitchen had been refurbished and new equipment installed. The kitchen, pods and serveries were clean and tidy. Some prisoners complained that halal products were not kept separate, but this was not the case and separate serving utensils were also provided. Not all kitchen workers wore hats when serving food. Some of the food, such as curry, was prepared centrally, but most was cooked by prisoners supervised by civilian caterers in the kitchen pods on each of the wings. The civilian caterers were trained to industry standards and some of the prisoners working in the pods were undertaking vocational qualifications. All prisoners working in the kitchens had completed an induction course that covered food handling and hygiene and fire safety training.

7.4 The food we sampled was nutritious and palatable. The menu operated on a three-week cycle. Breakfast consisted of cereal, and cooked food was provided every other day. Low fat, halal, vegetarian and vegan options were available at each meal. The recent change to provide a cold rather than cooked lunch was unpopular with many prisoners. Staff said this had been introduced due to the restricted time now available under the new core day. Another consequence of the core day was that prisoners did not sit down to eat together at lunchtime, which managers, staff and prisoners said had an adverse effect on therapy.

7.5 Some prisoners complained that portions were smaller than they had been. The catering manager agreed that this was the case, but said portion control had been introduced to reduce waste and ensure the effective use of resources. The portions we saw were ample and adequate supplies of bread were always provided.

7.6 Consultation arrangements were effective and prisoners could raise any food-related issues at the monthly catering meeting. This was chaired by the head of catering and normally attended by specialist catering representatives from each wing. The question and answer section at the end of each set of minutes was often repetitive, but the records made clear that prisoners' suggestions were often acted on. Prisoners could also complain about the food by using forms available on the wings.

Recommendations

7.7 Kitchen workers should wear required clothing.

7.8 Prisoners should be able to eat together at lunchtime.

Prison shop

Expected outcomes:
Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

7.9 The shop arrangements were adequate. Prisoners were concerned about possible consequences following an impending change of contract. The proposed reduction in the number of products available was likely to have a disproportionately adverse effect on black and minority ethnic prisoners.

7.10 Prisoners placed their shop orders by noon on Wednesdays and goods were delivered the following Tuesday evening in sealed bags. Prisoners were given a receipt and details of their current credit. Any mistakes in orders were usually resolved immediately and we received few complaints about how orders were administered. The range of products was extensive and prices were in line with a small local store. Prisoners could buy fresh fruit and could also order items from catalogues.

7.11 Prisoners could comment on the shop service at three meetings each year and through an annual canteen survey. The results of the most recent survey in July 2008 had been reasonably positive. The most significant issue raised by prisoners at the meetings was that their relatively low pay restricted what they could buy compared to other prisoners. The response was that Grendon provided therapy and was not somewhere prisoners could earn as much as they could at a 'working prison'.

7.12 The prison shop contract was about to move to a new supplier and prisoners were concerned that the provision would deteriorate. At the canteen meeting in February 2009, the head of catering, who was also responsible for the overall management of the shop, described how the new contract was going to work and it was evident that the new arrangements were likely to be more restrictive and less responsive. One of the main changes was going to be a considerable reduction in the range of products available. This was likely to have a disproportionate effect on black and minority ethnic prisoners, only 7% of whom in our survey compared to 56% of white prisoners said the shop currently sold a wide enough range of products to meet their needs.

Recommendation

7.13 The range of goods available to buy should reflect the needs of all prisoners, including black and minority ethnic prisoners.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:
Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

8.1 The resettlement strategy was up to date, although not underpinned by a prison-wide needs analysis. Pathways were being developed, but needed more strategic management. A focus on therapy was rightly the main aim of the prison, but a changing population profile indicated a need to assess whether other interventions were also required.

8.2 The resettlement strategy had been rewritten in January 2009 and included detailed information about each resettlement pathway. It also included some objectives that were being acted on informally, such as the development of a resettlement course, but these were not monitored through the quarterly resettlement meetings. No managers were named as pathway leads to ensure that appropriate objectives were developed and met.

8.3 All prisoners were subject to a twofold needs analysis. First, a resettlement officer saw all new receptions to identify issues related to accommodation, finance and debt and training and employment. This information was managed according to prisoners' individual needs. Second, the psychology team collected information on arrival as part of the assessment process based on criminogenic needs. Although the information collected was managed well and was relevant for individuals, there was no prison-wide analysis of needs to inform the strategic development of resettlement. The last full population profile had taken place in 2005.

8.4 The quarterly resettlement meetings had a strategic focus. They were chaired by the director of therapy and attended by therapy and resettlement staff. The agenda included public protection, development in learning and skills, offender management and the drug strategy. Meetings were well attended and focused on delivery.

8.5 The main resettlement activity continued to be therapy and all prisoners, apart from the few who had been deselected or had withdrawn from groups, had access to group work. The screening process was thorough, with around a quarter of men returned to their sending establishments in 2008 as unsuitable for therapy. The prison had identified a need to improve resettlement services for prisoners discharged from Grendon or those who had finished therapy and were moving on. This was a developing area (see section on reintegration planning).

8.6 Many prisoners coming to Grendon had previously completed cognitive interventions such as the sex offender treatment programme (SOTP) or enhanced thinking skills (ETS). Staff delivering therapy said those who had previously taken part in other group work found it helped them with therapy groups. Discussions with staff and an examination of sentence planning files suggested a need to evaluate whether additional cognitive interventions such as the SOTP booster or other programmes would be helpful. Many men were set longer-term targets of cognitive courses following their movement from Grendon and some prisoners were waiting for transfers to prisons specifically to complete such targets. The population profile was changing,

with more life-sentenced prisoners and prisoners serving indeterminate sentences for public protection who had different needs.

8.7 The management of the resettlement strategy had been hampered by a number of management changes, but resettlement provision had developed well, largely due to the continuity of a committed principal officer.

8.8 Prisoners had not been consulted about their views on resettlement services and feedback from leaving prisoners was not analysed. An exit survey was being reintroduced by the offender management unit.

Recommendations

8.9 The resettlement strategy should include an action plan for the development of the resettlement pathways, with a designated manager responsible for delivery targets against each pathway.

8.10 The two separate individual resettlement needs analyses should be consolidated into a single process that includes criminogenic and resettlement needs.

8.11 An annual needs analysis should be undertaken of the whole population and used to determine whether additional interventions should be provided.

8.12 Prisoners should be consulted about the resettlement provision, including an exit survey of those being transferred or released.

Offender management and planning

Expected outcomes:
All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

8.13 The offender management model had been operating less than 12 months. There were some tensions between the delivery of therapy and offender management, but these were being addressed. Offender managers from the community were not very involved in sentence management processes. The quality of offender assessment system (OASys) assessments was mostly good. Annual risk assessment boards took place for all prisoners and were multidisciplinary. There was good understanding of public protection arrangements, but the procedures were not up to date.

8.14 The prison had adopted the offender management model in April 2008, significantly later than most prisons. This was because previously it had been thought that offender management did not sit well with the needs of delivering therapy. Despite some initial problems, this work had gone ahead and the department had made considerable progress in a relatively short amount of time.

8.15 The development of offender management in the previous year had seen an amalgamation of several functions into one area under the overall responsibility of a principal officer. This meant that all management of life-sentenced prisoners, public protection, custody records, sentence

planning and risk management took place within a single function. Sentence planning, public protection, recategorisation and therapy reviews had been amalgamated into a single process called RASM (risk assessment sentence management) boards, which took place annually for most prisoners. The process aimed to provide a scheduled and predictable programme of sentence planning for all prisoners that included resettlement and therapy targets and planned progressions.

8.16 The population was largely made up of indeterminate-sentenced prisoners (83%) with the remainder mostly serving long sentences. All prisoners were managed as in scope for offender management by three teams of offender managers with a caseload of around 60 to 65. They were supported by offender supervisors (prison staff) and administrative support. This delivery was under threat as the prison was required to implement significant efficiency savings and the national benchmarking exercise had identified cuts that could be made to the offender management process.

8.17 At the start of the offender management process, the prison had identified problems with getting offender managers or probation officers in the community to come into the prison. As a result, seconded probation staff had taken on this role and were chairing RASM boards with very limited input from offender managers in the community. This meant there was some potential for duplication as both the offender supervisor and manager were internal staff and both saw the prisoner. There was potential for the workload to be better balanced to reduce individual caseloads and ensure that higher risk cases were managed by the most appropriate staff. Some prisoners we spoke to appeared to be unaware of who their external offender manager or probation officer was and had had little contact with them. There was no video conferencing available and offender managers were based all over the country, which meant it was very rare for them to attend boards.

8.18 In our survey, prisoners were more positive than the comparators about their involvement in sentence planning, with 91% saying they had a sentence plan, 80% that they were involved in the development of their sentence plan and 87% saying a member of staff had helped them to address their offending behaviour. Most prisoners completed the self-assessment part of their OASys review and felt fully involved in it.

8.19 Targets set at sentence planning boards were improving. Although some were mainly therapy-based, a number had been set for completion on transfer. Not all targets were sufficiently time-bound. The quality of OASys reviews was generally good. Some prisoners had arrived with out-of-date reports, but the prison was effectively dealing with the backlog.

8.20 Offender management case logs were regularly updated, but mostly referred to contact with external bodies rather than meetings with the prisoner. Contact logs were not accessible to other staff in the prison, many of whom, unlike in other prisons, were very involved with offence-based work. Opportunities to add to the record and provide information on prisoners were therefore not fully utilised. This was a missed opportunity, particularly as this was a key document that would be used for the prisoner at subsequent prisons and in the community.

8.21 Risk of harm management was developing, but improvements were required to ensure that risk identified during therapy was shared with offender managers through OASys to ensure that potentially important information about risk was appropriately recorded.

8.22 There was some good communication to prisoners about how the prison was developing offender management. Recent initiatives included a resettlement leavers' forum and updated information for indeterminate-sentenced prisoners.

8.23 Efforts were made to ensure that prisoners were moved to establishments suitable for them to achieve sentence planning targets, but population pressures and the number of indeterminate prisoners and/or sex offenders meant this was often difficult and some waited a long time for transfers (see section on courts, escorts and transfers).

Indeterminate-sentenced prisoners

8.24 The majority (83%) of prisoners were serving indeterminate sentences. Most were life-sentenced prisoners, but a fifth of these were prisoners serving indeterminate sentences for public protection (IPPs). Some tariffs were short, with 16 of the 25 IPP prisoners having a tariff of less than four years, and 20% of all indeterminate-sentenced prisoners were over their tariff. Indeterminate-sentenced prisoners were managed alongside other prisoners and there was no separate lifer team, although specific lifer days were arranged.

8.25 There were some delays in the completion of lifer reports. Sixteen of 110 reports due in the previous 12 months were outstanding. The reason given for this was the late arrival of the dossier from headquarters and delays in reports being completed by external probation officers.

Public protection

8.26 Although there was good awareness of public protection arrangements, the procedures needed some attention. The public protection policy was dated 2006, was still in draft and needed to be updated to reflect changes in national procedures. It was also very complicated, with 21 annexes, not all of which were used. All prisoners presenting as a risk were screened at first reception and the prison held fortnightly RAMP meetings to look at individual cases. These meetings were well attended and multidisciplinary, but there was a lack of integration between the risk of harm management plan contained in OASys and details arising from the RAMP meetings. Minutes from the RAMP meetings were sometimes scant and did not always identify clear actions. Security staff routinely attended, but the police liaison officer rarely did so and the focus was mostly on custodial arrangements. Concerns had been expressed that residential staff were unclear about what to do with information about public protection and it was being filed on the wings. The public protection database was not accessible to those outside the offender management unit or designated staff.

8.27 Subsequent to the risk assessment meeting, prisoners were placed on one of four levels of monitoring for visits, mail and telephone. Level one indicated full restrictions and level 4 no restrictions. This was normally reviewed every six months for offence-related cases and three months for other cases. Fifty-six prisoners were identified as a risk to children on the various levels. Prisoners were informed in writing what this would mean and allowed to have it explained. There was good communication of arrangements with external probation staff.

Recommendations

8.28 Community offender managers and probation officers should be actively involved in risk assessment and sentence management processes and video conferencing facilities should be provided to facilitate this.

8.29 Planned cuts as a result of the national benchmarking exercise should be reviewed to ensure they appropriately take into account the population profile at Grendon.

8.30 The public protection policy should be updated, simplified and made available to all staff.

8.31 Key public protection information about individual prisoners should be accessible to relevant staff through the local intranet.

8.32 Experienced probation staff should take the role of offender supervisors for the most high risk cases in order to reduce individual caseloads and avoid duplication.

8.33 Case logs should be accessible to staff working with prisoners across the communities to ensure that the offender management unit is informed of any risk issues or other important information.

8.34 The risk of harm component of OASys should be incorporated into the risk assessment process to ensure that important information is shared and recorded, including with external partners.

Resettlement pathways

Expected outcomes:
Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

8.35 Very few prisoners were released from Grendon and most were dealt with individually with tailor-made release plans to cover their housing, employment and health needs. Planning for reintegration needs had just started with the employment of a full-time resettlement worker. The prison had formalised links with HMP Spring Hill to provide more resettlement services. Work in finance, benefit and debt was underdeveloped. Some work was just beginning to help prepare men for moves to other prisons.

8.36 Only six prisoners had been released from Grendon in 2008. Very few prisoners were from the local area, with just 15% having home addresses within 50 miles of the prison. Despite this, discharge and release arrangements were sound. There were good links with external probation departments to ensure that public protection arrangements were in place and that licence arrangements covered all areas of risk.

8.37 As part of the development of offender management, the prison had worked hard to address reintegration needs. A new full-time post had been created for an administrative resettlement officer. This post focused on looking at prisoners' accommodation, employment and training needs. Spring Hill provided benefits, employment and housing advice through their external providers such as Next Step. The post-holder met all new arrivals in the first week to identify any problems, including financial issues such as debt, that needed immediate attention and saw all prisoners six months before discharge to formulate a resettlement plan.

8.38 The prison had identified some conflict between the demands and requirements of therapy and the wider resettlement needs of individual prisoners which were not always possible to meet at

Grendon. The prison had begun this debate and targets now referred in some cases to actions which need to be completed elsewhere, such as vocational training or housing. Some prisoners continued to believe that an extended and possibly unwilling stay at Grendon could mean that their resettlement needs would be compromised. We came across several examples where offender managers and therapists were in conflict about how the best interests of the prisoner could be met in terms of progression.

8.39 The offender management unit had set up a resettlement leavers forum, which had held a first meeting in February 2009. The aims of this group were to look at resettlement not only to the community but also those moving to other prisons. The inaugural meeting had been well attended and there were plans in place for this to take place on a monthly basis. This was not yet embedded into the prison and prior to this venture resettlement of prisoners transferring elsewhere was underdeveloped, although support was available in therapy groups. There were also plans to start a pre-release course to help prepare and organise prisoners for their release and provide them with practical help and support. This was due to start in April 2009.

8.40 Prisoners leaving Grendon for other prisons as well as release were encouraged to maintain contact with the prison. All were given a booklet called "Your onward journey from Grendon" which encouraged them to diary their feelings and experiences after leaving the prison. All prisoners received a letter of support following release or transfer and some had replied giving an update of how they were doing.

Accommodation

8.41 All six prisoners discharged from Grendon in 2008 had been released on licence to probation supervision and all had an address, whether in a supervised probation hostel or at a permanent address. Due to the small numbers involved, each case was dealt with individually through the resettlement officer.

Education, training and employment

For further details, see Learning and skills and work activities in Section 5

8.42 The increase in vocational subjects had helped support some prisoners to develop skills and ideas for employment and further training on release. The education department offered good support and help with job applications, curriculum vitae and interview techniques where necessary. The Next Step adviser visited monthly to support prisoners making plans for release and helped to contact employers and colleges. Grendon was shortly to introduce the very successful pre-release programme delivered at Spring Hill for those about to be discharged.

Mental and physical health

8.43 There were good procedures for the release of prisoners into the community. All were seen by healthcare and given advice on accessing NHS services in the community, including help to locate GP surgeries. Prisoners were given a letter for their GP or health staff sent the letter to the GP direct. This outlined any medical problems while in prison and invited the GP to contact the prison for any further information required. Prisoners were also given enough medicines to last until they were able to see their GP.

8.44 The mental health in-reach team had established good relationships with resettlement to ensure joint continuity of throughcare to the community. Those moving to hostel

accommodation were given information about community mental health teams and, where appropriate, the teams were invited into the prison to discuss the patient's health needs.

Finance, benefit and debt

8.45 In our survey, similar proportions of prisoners to the comparators knew who to contact for help about finance and debt issues. Work in finance, benefit and debt was underdeveloped, but the resettlement officer now met all new arrivals in the first week to identify any problems, including financial issues, which needed immediate attention.

8.46 There was no specific money management course. There were no debt advice or Citizens Advice Bureau services, although links had been made with providers at Spring Hill to meet need as it arose. A Nacro guide to money management was available to prisoners through the resettlement worker.

Recommendations

8.47 The work of the resettlement leavers forum should continue to be embedded as part of preparation for release.

8.48 The draft exit survey and consultation with prisoners should inform future development of reintegration planning.

8.49 A needs analysis should identify whether specific courses focused on money management would be beneficial to the population.

Drugs and alcohol

8.50 The drug strategy covered Grendon and Spring Hill, but Grendon did not have a separate action plan. The drugs worker was fully integrated into the regime and co-facilitated therapy groups. Substance-related issues were dealt with as part of the therapeutic process.

8.51 The drug strategy was up to date and covered Grendon and Spring Hill, but Grendon did not have a separate action plan despite its unique approach and entirely different population. The counselling, assessment, referral, advice and throughcare (CARAT) service was conducting a needs assessment for both prisons to inform the strategy.

8.52 Drug strategy operational team meetings for both prisons took place monthly and a principal officer took responsibility for coordinating the different strands of the strategy across both sites. Relevant departments were represented, but input by health services was lacking. A substance misuse awareness training package for staff had not yet been delivered.

8.53 CARAT services were provided by RAPt. A full-time CARAT worker covered Grendon, supported by a manager and an administrative base at Spring Hill. Management and supervision arrangements were appropriate. In our survey, 35% of prisoners reported drug problems and 24% alcohol problems. All respondents said they knew who to contact for help with drug or alcohol problems. The CARAT worker was based on F wing and was very well integrated into the regime. He had undertaken internal therapeutic community-specific training, was co-facilitating therapy groups and contributed to prisoners' progress reports. His active caseload stood at 40, with a large number of files suspended.

8.54 Grendon dealt with substance-related issues as part of the therapeutic process. The CARAT worker's role consisted of providing induction input to new arrivals, completing care plans and care plan reviews, running weekly 'cycle of change' groups on F wing in preparation for therapy on the main wings and completing transfer plans. Few prisoners were released into the community, but the CARAT worker had enabled several of his clients to access residential rehabilitation or prison-based drug treatment programmes.

8.55 He attended assessment, care in custody and teamwork (ACCT) reviews, safer custody, risk assessment and management, resettlement and drug strategy meetings as well as wing meetings. Appropriate joint working protocols with other departments had been developed.

Recommendations

8.56 The drug strategy document should contain a separate action plan for Grendon.

8.57 Health services should be represented at drug strategy meetings.

8.58 The substance misuse awareness training package for staff should be implemented.

Children and families of offenders

8.59 Prisoners had good access to telephones. There was no visitors' centre. The visits room was relaxed and welcoming, but visits did not start on time. Prisoners were helped to maintain contact with their family, and family and children's days were held. Many family issues were dealt with in therapy. The visits coordinator provided good support to prisoners and visitors.

8.60 In our survey, fewer prisoners than the comparators said they had problems sending and receiving mail. Prisoners could receive emails from family and friends at a cost to the sender of 25 pence. Staff said prisoners could exchange unused visiting orders for letters, but this was not advertised to prisoners.

8.61 Prisoners on all wings had good access to telephones and these could be used in private.

8.62 Prisoners were given information about visits in the information booklet for new arrivals. They were also given leaflets to send out to visitors. These included a telephone number to ring with any concerns about a prisoners and a list of support agencies. Visits ran on Wednesdays from 2.10pm to 4pm and at weekends from 2pm to 4pm. Prisoners booked their own visits and this appeared to work well. Public transport links were poor, bus times did not coincide with visiting times and there were no buses on Sundays. The prison did not provide any transport to and from local train stations.

8.63 There was no visitors' centre outside the prison. A small waiting room was about to open. Visitors were given a numbered tally as they passed through the main gate and then waited in a comfortable staffed waiting room. This contained a range of information about local and national support groups, including details on the assisted prison visits scheme. There was a small selection of toys and children's books. Visitors were called in numerical order and searched by an officer and passed by a drug dog before they entered the waiting room. Closed visits were not automatically imposed without additional security information when the drug dog indicated.

8.64 Visits did not start at the advertised time, although some visitors had travelled a considerable distance and at considerable expense.

8.65 The visits room was welcoming and relaxed, with a good selection of refreshments. Visitors could bring £12 to spend and prisoners could buy items using an 'inmate sales form' up to a total of £4.50. A range of cakes paid for by prisoners could be ordered in advance. Prisoners could sit next to visitors on easy chairs, and visitors and prisoners could play with children in a supervised and well equipped play room. Men with child visitors were placed in the room nearest to the play room. The carpet was badly stained. An outside play and seating area was available during the summer. Officers knew which prisoners were subject to child protection restrictions.

8.66 Entries in wing files and our survey results showed that prisoners were helped to maintain relationships with their families. Many family issues were dealt with in therapy sessions. When necessary, visits could be arranged outside the allocated times and in another venue, such as the chapel. Prisoners with identified need could attend parenting and relationship courses in education. A Story Book Dad scheme operated where prisoners could record a story to send to their children.

8.67 Each community hosted twice-yearly family days open to adult visitors and eight children's days had been run in 2008. Specific themed days were agreed with prisoner visit representatives on the wings. Some of these were designed to help visitors understand the prison's therapeutic work and included talks from the art and drama therapists, education staff or other speakers suggested by prisoners. Visits for professional visitors such as solicitors and probation staff were also organised on the wings.

8.68 The visits coordinator had worked in Grendon for several years. She was known to prisoners, officers and visitors and was assisted by two visit support staff. She gave information to new prisoners and attended a range of management meetings including security, safer custody and public protection and RAMP. The coordinator met visitors in the waiting room as they arrived and was then available to prisoners and visitors in the visits room. Her direct line telephone number was advertised in the visits leaflets and she acted as a link between prisoners and their families and friends, and also with outside agencies such as social services in some cases. She met prisoner visit representatives monthly. She was part of a small visit management committee that currently excluded visit representatives, although there were plans for them attend future meetings.

8.69 Families were not involved in sentence planning and there was no provision for prisoners to receive incoming calls from children or to deal with arrangements for them. In our survey, 47% of prisoners said they had children under 18. The resettlement policy included the children and families pathway, but focused only on what was provided in the prison, excluding any community links. It did not mention the visits coordinator and the support she provided.

Recommendations

8.70 Transport should be provided for visitors to and from the local station.

8.71 A properly resourced visitors' centre should be provided outside the prison.

8.72 Visits should start at the advertised time.

8.73 Prisoners should be able to exchange unused visiting orders for telephone credit and this should be made known to them.

8.74 Families should be encouraged to participate in key aspects of sentence planning where appropriate.

8.75 Prisoners should be able to receive incoming telephone calls from children or to deal with arrangements for them.

8.76 The children and families pathway should be further developed to identify how best men can be helped to maintain contact with their children, partners and families and maintain their relationships.

Housekeeping point

8.77 The carpet in the visits room should be replaced.

Good practice

8.78 *The fact that prisoners could order and pay for cakes and buy refreshments in the visits room using their own money meant visitors did not have to pay for all aspects of the visit, and gave prisoners a chance to 'treat' others and to demonstrate some financial independence.*

Attitudes, thinking and behaviour

8.79 Prisoners were positive about what they gained from the therapeutic process. The prison provided a supportive environment, which allowed men to confront entrenched problems in their lives. However, successive cuts in resources had led to difficulties with delivering therapy consistently and effectively. It was difficult to see how further proposed cuts could be implemented without adverse effect on therapy. Too many groups were cancelled because of staffing difficulties and there were unacceptable delays with producing end of therapy reports.

8.80 Prisoners were positive about the benefits they gained from therapy and in our survey, 95%, significantly higher than the comparators, said they had done something in prison that would make them less likely to offend in future. The prison offered a supportive and respectful environment that was conducive to therapy and allowed men to confront and deal with some deeply entrenched problems in their lives that had contributed towards their offending.

8.81 Lack of available trained staff meant that a number of groups were cancelled and most were now facilitated by just one member of staff, which some inexperienced officers in particular found very demanding. We were told that staff were not compelled to take groups on their own, but this added to the pressures and the number of cancelled groups. A number of staff who had facilitated groups for some time needed a break from this type of work, but alternative options within Grendon were limited as all residential staff were expected to participate in groups. Managers reported that the number of officers unwilling to engage in therapy groups was an increasing problem.

8.82 In the three months before the inspection, 207 of 438 groups had been cancelled. Many of these were due to a break from therapy over the Christmas period, but lack of staff was a major contributing factor. As we had feared at the time of our short follow-up inspection in

2006, financial pressures that had led to the abolition of dedicated officer facilitators for each community, working daytime Mondays to Fridays, had led to significant problems in the delivery and facilitation of therapy groups. There were no longer dedicated probation officers attached to each community. It was very difficult to see how any further cuts in resources could be sustained without severely compromising the delivery of therapy. The unique position of Grendon appeared to be little recognised and too often its costs were compared with other category B prisons when better comparisons would have been specialist units within high secure prisons or with equivalent health service facilities.

8.83 Shortage of resources had led to delays with the production of end of therapy reports. A number of reports were outstanding and there were also some delays with interim reports. Thirty-nine men who had left therapy in the previous 12 months had not had an end of therapy report. Within the existing population, a further 14 prisoners who had completed therapy in the previous year had not yet had end of therapy reports and three of these went back to 2007. Six out of 23 interim reports were outstanding in February 2009. Pressure of work meant there were often no therapy reports to contribute to re-categorisation reviews, although wing therapists attended the boards. Psychology staff monitored this information rigorously for the accreditation panel and key performance measures, but the completion of reports was left to each community and there was no clear system for prioritising reports other than those required for parole reviews. In our groups, prisoners cited late reports as a major source of frustration and this contributed to the view of some prisoners that the 'open-ended' period of therapy was sometimes detrimental to their other resettlement objectives.

8.84 The number out of therapy had declined to 18 in recent months since one wing had been taken out of use for refurbishment and this had helped the general position for the other therapeutic communities. Although the men out of therapy had little to do, there was no evidence that their presence had a detrimental effect on the delivery of therapy or the therapeutic environment.

8.85 There were two supplementary courses that prisoners were encouraged to engage in as part of the overall therapeutic process, art therapy and psychodrama. These course were very well delivered and received and an integral part of the whole therapeutic regime.

8.86 It was a credit to the prison that audit scores across all communities had improved notably in 2007-08 compared to previous years. Although the overall reports were positive about progress, all audits had raised concerns about staffing and operational pressures having an impact on continuity of staffing and the effective delivery of the therapeutic community approach. One had warned that 'more responsibility for the running of the TCs is being passed to the staff on the wings without the appropriate levels of authority invested in them and ever reducing resources thus causing higher potential for unsafe practice.'

Recommendations

8.87 Sufficient experienced staff should be allocated to small groups to ensure continuity and where possible to allow groups to run with two members of staff present.

8.88 Recruitment procedures for Grendon should ensure that potential staff fully understand and are prepared to engage in the therapeutic process.

8.89 Alternative Prison Service posts should be offered within the area to allow officers appropriate respite from therapeutic work.

Section 9: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations to the Director General

9.1 The National Offender Management Service should commission an independent cost benefit analysis of Grendon to ensure the value of its unique contribution to the prison system is properly recognised and thereafter that appropriate resources are guaranteed to allow continued effective delivery. (HP37)

9.2 A national strategy should be put in place to ensure that suitable prisoners are identified for Grendon, and the few other therapeutic communities, through the sentence planning process. This strategy should also ensure links to the dangerous and severe personality disorder units, and avenues for structured progression on completion of therapy, as well as actively promoting the benefits of therapeutic communities. (HP38)

Main recommendations to the Governor

9.3 Prisoners who are no longer in therapy should be transferred within three months. (HP39)

9.4 All prisoners should have genuine 24-hour access to toilet facilities. (HP40)

9.5 Regular forums should be held for all black and minority ethnic prisoners to ensure that concerns are heard and addressed by senior management through a regularly monitored action plan. (HP41)

9.6 A robust strategy to deal with the backlog of outstanding therapy reports should be developed together with a central monitoring system to ensure that all end of therapy reports are completed without delay. (HP42)

Recommendations to Prisoner escort and custody services

Courts, escorts and transfers

9.7 Prisoners should be handcuffed in escort vans only if justified by a risk assessment. (1.9)

9.8 Prisoner escort and custody services should investigate with the escort contractor the reasons for the disparity in response between white prisoners and black and minority ethnic prisoners about their treatment by escort staff and address any identified issues. (1.10)

Recommendations to the Director General

Offender management and planning

9.9 Community offender managers and probation officers should be actively involved in risk assessment and sentence management processes and video conferencing facilities should be provided to facilitate this. (8.28)

9.10 Planned cuts as a result of the national benchmarking exercise should be reviewed to ensure they appropriately take into account the population profile at Grendon. (8.29)

Recommendations to the Governor

Courts, escorts and transfers

9.11 All prospective prisoners should be sent up-to-date and correct information. (1.11)

9.12 Prisoners out of therapy should not be penalised in terms of pay while waiting for transfers. (1.12)

Residential units

9.13 Rubbish thrown on to flat roofs should be disposed of promptly. (2.10)

9.14 Broken cupboards in cells should be repaired. (2.11)

Staff-prisoner relationships

9.15 Personal officers for prisoners no longer participating in therapy should meet them weekly to ensure their well being and provide information about their situation. (2.17)

Bullying and violence reduction

9.16 All members of the safer custody and violence reduction committee should attend meetings regularly or send a representative. (3.13)

9.17 Prisoner representatives should attend the safer custody and violence reduction committee. (3.14)

9.18 The findings of the January 2009 survey of bullying should be discussed with wing communities. (3.15)

Self-harm and suicide

9.19 The local suicide prevention and self-harm management policy document should outline specifically the supports available for prisoners who are out of therapy and not attending any group. (3.27)

9.20 All staff should receive ACCT training appropriate to their role in the procedures. (3.28)

9.21 Suitably risk assessed prisoners should be allowed to provide short-term support to prisoners at risk during the night, particularly where this would avoid the use of a gated or safer cell. (3.29)

Diversity

9.22 An overarching diversity policy should outline how the needs of minority groups will be met. (3.35)

9.23 Prisoners should be involved in the development of the disability equality scheme, which should set out how the needs of prisoners with disabilities at Grendon will be met. (3.36)

9.24 Data relating to diversity issues should be routinely monitored and discussed at a regular diversity meeting. (3.37)

9.25 Fire evacuation plans for prisoners with specific needs should be readily available (and transportable) in wing offices. (3.38)

9.26 The needs of all prisoners over 60 should be assessed and appropriate action taken. (3.39)

Race equality

9.27 The race impact assessment on treatment delivery and other relevant assessments should be informed by consultation with black and minority ethnic prisoners. (3.50)

9.28 All members of the race equality action team should receive specific training relevant to their role. (3.51)

9.29 All staff should receive race equality training. (3.52)

9.30 All issues identified through racist incident reports should be rectified promptly. (3.53)

9.31 Additional SMART monitoring should be used to cover areas of identified concern to prisoners. (3.54)

9.32 Responses given to those who submit a racist complaint should be personal, address the complainant by their full name or title and should not make reference to forwarding details to OASys assessors. (3.55)

9.33 The prison should seek to ensure that external community representatives take part more regularly in race equality action team meetings. (3.56)

Foreign national prisoners

9.34 The foreign national policy should accurately reflect practice, include the services available to support prisoners and made available to prisoners. (3.60)

9.35 The foreign national coordinator and custody staff involved in foreign national case work should be trained in foreign national issues and be able to refer prisoners to suitable independent advice. (3.61)

9.36 The prison should liaise with the UK Border Agency to ensure that category D foreign national prisoners have prompt decisions made about their status so their progress to open prisons is not held up. (3.62)

Applications and complaints

9.37 The planned generic application form to allow the progress of applications to be tracked should be introduced. (3.70)

9.38 Complaints should be monitored to establish their nature, frequency and location so that any trends can be addressed. (3.71)

Legal rights

9.39 An assessment should be made of unmet need for legal services and appropriate services provided to meet this need. (3.76)

9.40 Confidential legal visits facilities should be provided. (3.77)

Substance use

9.41 The role of the drug strategy officer should be clarified and clear boundaries drawn between drug testing and CARAT work. (3.84)

Health services

9.42 The governor, director of therapy and head of healthcare should agree the terms of reference and professional boundaries for the primary and secondary mental health teams. The mental health in-reach team leader should be involved in the decision-making process. (4.52)

9.43 Sufficient appropriately qualified nursing, administrative and support staff should be employed to ensure prisoners have equity of access to health services. (4.53)

9.44 The role of healthcare senior officers should be reviewed and decisions agreed to ensure they maintain their professional aptitude. Patient care should remain a priority in decisions. (4.54)

9.45 The refurbishment of clinical areas including the treatment room, dispensary and dental room should be given high priority to ensure clinical care is given in appropriately equipped areas. (4.55)

9.46 The primary care trust should be asked to conduct a professional infection control audit and make appropriate recommendations. (4.56)

9.47 A lead healthcare worker should be identified to monitor the health and social needs of older prisoners and those with disabilities. The post holder should maintain good links with the prison disability officer. (4.57)

9.48 The system for allocating NHS appointments should be reviewed to ensure cancellations and rearranged appointments are kept to a minimum. (4.58)

9.49 The role of the chaperone should be reviewed and expanded to ensure clear value for patients and staff. (4.59)

9.50 A clinical IT system should be installed as a priority. (4.60)

9.51 Healthcare data collection should be improved to ensure systems can be interrogated effectively. (4.61)

9.52 Condoms should be available to prisoners, who should be informed of all health risks associated with the use or non-use of barrier protection. (4.62)

9.53 Nurses should not be required to undertake unnecessary and time-consuming administrative tasks. (4.63)

9.54 Clinical records should be kept in secure storage and accessible only to healthcare staff. (4.64)

9.55 The healthcare application system should be confidential. (4.65)

9.56 Secondary dispensing should stop. (4.66)

9.57 The pharmacist should make regular visits to the prison to check the systems in operation and should bring a random selection of faxes to compare with the actual prescription. (4.67)

9.58 There should be effective communication between the pharmacist responsible for the supply of medication and the pharmacist providing clinical support to ensure progress is made. (4.68)

9.59 A pharmacist should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review. (4.69)

9.60 The special sick policy should be reviewed to ensure that all appropriate medicines can be supplied. (4.70)

9.61 Patient group directions should be in place to enable the supply of a greater range of more potent medications by nursing staff to avoid unnecessary consultations with the doctor. (4.71)

9.62 Policies and protocols should be reviewed and procedures written to cover the current arrangements for pharmacy service, provision and delivery of medications to prisoners. These should be adopted via the medicines and therapeutics committee and all relevant staff should read and sign them. (4.72)

Learning and skills and work activities

9.63 There should be an increase in the range of courses offered beyond level 2 to meet the needs of high ability prisoners. (5.13)

9.64 Prisoners with allocated jobs should be given time to attend education courses. (5.14)

9.65 Places in the PICTA workshop should be fully utilised. (5.15)

9.66 Education induction should be revised to ensure more accurate and timely information is given. (5.16)

9.67 The library service and access arrangements should be reviewed in consultation with education, prison and library staff and prisoners to ensure an effective learning resource centre that meets the needs of prisoners. (5.17)

Physical education and health promotion

9.68 More physical education staff should be employed to enable all facilities to be fully utilised. (5.23)

9.69 The prison should reintroduce a range of accredited physical education programmes. (5.24)

9.70 Facilities for outside sports should be improved. (5.25)

Faith and religious activity

9.71 Regime activities should not clash with religious services. (5.32)

9.72 The multi-faith room should be enlarged and provide suitable facilities for Muslim prisoners. (5.33)

9.73 Prisoners should be able to visit the Buddhist garden unescorted. (5.34)

Time out of cell

9.74 Prisoners should be offered daily exercise unless weather conditions are extreme. (5.39)

9.75 Prisoners should be given the opportunity of wearing outdoor clothing if they wish to take exercise in poor weather. (5.40)

9.76 Prisoners should be unlocked over the lunch period to allow them to eat together socially and engage with staff and other prisoners as part of the therapeutic experience. (5.41)

Security and rules

9.77 The rules of the prison and individual community should be on display in residential areas. (6.8)

Discipline

9.78 Use of force records should be properly logged and the log and records should be overseen by managers as an addition to the business of the quarterly adjudications meeting. (6.17)

Incentives and earned privileges

9.79 The alternative procedure to the incentives and earned privileges scheme successfully adopted on B wing should be introduced across all communities. (6.22)

Catering

9.80 Kitchen workers should wear required clothing. (7.7)

9.81 Prisoners should be able to eat together at lunchtime. (7.8)

Prison shop

9.82 The range of goods available to buy should reflect the needs of all prisoners, including black and minority ethnic prisoners. (7.13)

Strategic management of resettlement

9.83 The resettlement strategy should include an action plan for the development of the resettlement pathways, with a designated manager responsible for delivery targets against each pathway. (8.9)

9.84 The two separate individual resettlement needs analyses should be consolidated into a single process that includes criminogenic and resettlement needs. (8.10)

9.85 An annual needs analysis should be undertaken of the whole population and used to determine whether additional interventions should be provided. (8.11)

9.86 Prisoners should be consulted about the resettlement provision, including an exit survey of those being transferred or released. (8.12)

Offender management and planning

9.87 The public protection policy should be updated, simplified and made available to all staff. (8.30)

9.88 Key public protection information about individual prisoners should be accessible to relevant staff through the local intranet. (8.31)

9.89 Experienced probation staff should take the role of offender supervisors for the most high risk cases in order to reduce individual caseloads and avoid duplication. (8.32)

9.90 Case logs should be accessible to staff working with prisoners across the communities to ensure that the offender management unit is informed of any risk issues or other important information. (8.33)

9.91 The risk of harm component of OASys should be incorporated into the risk assessment process to ensure that important information is shared and recorded, including with external partners. (8.34)

Resettlement pathways

9.92 The work of the resettlement leavers forum should continue to be embedded as part of preparation for release. (8.47)

9.93 The draft exit survey and consultation with prisoners should inform future development of reintegration planning. (8.48)

9.94 A needs analysis should identify whether specific courses focused on money management would be beneficial to the population. (8.49)

9.95 The drug strategy document should contain a separate action plan for Grendon. (8.56)

9.96 Health services should be represented at drug strategy meetings. (8.57)

9.97 The substance misuse awareness training package for staff should be implemented. (8.58)

9.98 Transport should be provided for visitors to and from the local station. (8.70)

9.99 A properly resourced visitors' centre should be provided outside the prison. (8.71)

9.100 Visits should start at the advertised time. (8.72)

9.101 Prisoners should be able to exchange unused visiting orders for telephone credit and this should be made known to them. (8.73)

9.102 Families should be encouraged to participate in key aspects of sentence planning where appropriate. (8.74)

9.103 Prisoners should be able to receive incoming telephone calls from children or to deal with arrangements for them. (8.75)

9.104 The children and families pathway should be further developed to identify how best men can be helped to maintain contact with their children, partners and families and maintain their relationships. (8.76)

9.105 Sufficient experienced staff should be allocated to small groups to ensure continuity and where possible to allow groups to run with two members of staff present. (8.87)

9.106 Recruitment procedures for Grendon should ensure that potential staff fully understand and are prepared to engage in the therapeutic process. (8.88)

9.107 Alternative Prison Service posts should be offered within the area to allow officers appropriate respite from therapeutic work. (8.89)

Housekeeping points

Courts, escorts and transfers

9.108 Clear and consistent records should be kept of the number of prisoners out of therapy. (1.13)

Foreign national prisoners

9.109 The foreign national booklet should automatically be given to foreign national prisoners on arrival and in their preferred language. (3.63)

Health services

9.110 Professional registration details and mandatory training records should be readily available. (4.73)

9.111 Pharmaceutical waste disposal should be reviewed to comply with the waste regulations that came into force in July 2005. (4.74)

9.112 Prescriptions should be faxed to the pharmacy to reduce transcription errors and allow assessment by the pharmacist. (4.75)

9.113 All medicine cabinets should be kept locked when not in use. (4.76)

9.114 Cleaning services in healthcare should meet professional standards of cleanliness and infection control. (4.77)

9.115 The use of stock medicines taken from the pharmacy when a doctor is not available or out of hours should be recorded. (4.78)

9.116 Minutes of prisoner focus groups should be available to staff and prisoners. (4.79)

Security and rules

9.117 Recurrent actions from security committee minutes should be addressed. (6.9)

9.118 The process by which prisoners can apply for recategorisation should be clarified to ensure that decisions are based solely on risk factors. (6.10)

Resettlement pathways

9.119 The carpet in the visits room should be replaced. (8.77)

Good practice

Self-harm and suicide

9.120 Prisoners were encouraged to make written entries in their ACCT documents, which helped increase their understanding of their situation. (3.30)

Substance use

9.121 Prisoners fully supported measures to create a safe and drug-free environment. A drug strategy sub-group of wing representatives and drug strategy staff met monthly to discuss issues of concern. (3.85)

Health services

9.122 The management of the prisoner undergoing haemodialysis was very good. The collaboration between NHS specialist teams and prison management and health teams ensured the prisoner was able to receive treatment and continue therapy. (4.80)

Resettlement pathways

9.123 The fact that prisoners could order and pay for cakes and buy refreshments in the visits room using their own money meant visitors did not have to pay for all aspects of the visit, and gave prisoners a chance to 'treat' others and to demonstrate some financial independence. (8.78)

Appendix 1: Inspection team

Nigel Newcomen	HM Deputy Chief Inspector
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Susan Fenwick	Inspector
Hayley Folland	Inspector
Ian MacFadyen	Inspector
Bridget McEvilly	Healthcare Inspector
Sigrid Engelen	Drugs Inspector
Sharon Monks	Pharmacy Inspector
John Reynolds	Dental Inspector
Neil Edwards	Ofsted
Julia Horsman	Ofsted
Rachel Murray	Researcher
Julia Fossi	Researcher

Appendix 2: Prison population profile

Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	185	*100*
Total	185	*100*

(ii) Sentence	Number of prisoners	%
2 years-less than 4 years	0	*0*
4 years-less than 10 years	8	*4.3*
10 years and over (not life)	23	*12.4*
Life	154	*83.2*
Total	185	*100*

(iii) Length of stay	Number of prisoners	%
Less than 1 month	4	*2.1*
1 month to 3 months	12	*6.4*
3 months to 6 months	22	*11.9*
6 months to 1 year	26	*14.05*
1 year to 2 years	46	*24.86*
2 years to 4 years	61	*32.97*
4 years or more	14	*7.56*
Total	185	*100*

(iv) Main offence	Number of prisoners	%
Violence against the person	121	*65.40*
Sexual offences	32	*17.29*
Burglary	5	*2.7*
Robbery	23	*12.43*
Drugs offences	1	*0.54*
Other offences	3	*1.62*
Total	185	*100*

(v) Age	Number of prisoners	%
21 years to 29 years	28	*15.3*
30 years to 39 years	79	*42.70*
40 years to 49 years	59	*31.89*
50 years to 59 years	14	*7.56*
60 years to 69 years: *maximum age - 69*	5	*2.70*
Total	185	*100*

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	27	*14.59*
Between 50 and 100 miles of the prison	90	*48.64*
Over 100 miles from the prison	40	*21.62*
No fixed address	28	*15.3*
Total	185	*100*

(vii) Nationality	Number of prisoners	%
British	181	*97.8*
Foreign nationals	4	*2.2*
Total	185	*100*

(viii) Ethnicity	Number of prisoners	%
White:		
British	158	*85.40*
Irish		
Other White	7	*3.78*
Mixed:		
White and Black Caribbean		
White and Black African		
Other mixed		
Asian or Asian British:		
Indian	2	*1.08*
Pakistani	2	*1.08*
Other Asian	3	*1.62*

Black or Black British:		
Caribbean	5	*2.70*
African	1	*1.08*
Other Black	7	*3.78*
Chinese or other ethnic group:		
Chinese		
Other ethnic group		
Total	185	*100*

(ix) Religion	Number of prisoners	%
Baptist	1	*0.54*
Church of England	64	*34.59*
Roman Catholic	29	*15.67*
Other Christian denominations		
Muslim	13	*7.02*
Sikh	1	*0.54*
Hindu	2	*1.08*
Buddhist	15	*8.10*
Other	19	*10.27*
No religion	41	*22.16*
Total	185	*100*

Appendix 3: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 22 January 2009, the prisoner population at HMP Grendon was 188. The sample size was 100. Overall, this represented 53% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Three respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent individually. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 88 respondents completed and returned their questionnaires. This represented 47% of the prison population. The response rate was 88%. In addition to the three respondents who refused to complete a questionnaire, nine questionnaires were not returned or returned blank.

Comparisons

The following details the results from the survey. Data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all prisoners surveyed in category B trainer prisons. This comparator is based on all responses from prisoner surveys carried out in one other category B trainer prison since April 2003.
- A comparison within the 2009 survey between the responses of white prisoners and those from a black and minority ethnic group.

In the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

Percentages shown in the summary may differ by 1 or 2 % from that shown in the comparison data as the comparator data has been weighted for comparison purposes.

Section 1: About You

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.1 What wing or houseblock are you currently living on?

Q1.2 How old are you?

Under 21	0%
21 - 29	21%
30 - 39	40%
40 - 49	33%
50 - 59	5%
60 - 69	1%
70 and over	0%

Q1.3 Are you sentenced?

Yes	100%
Yes - on recall	0%
No - awaiting trial	0%
No - awaiting sentence	0%
No - awaiting deportation	0%

Q1.4 How long is your sentence?

Not sentenced	0%
Less than 6 months	0%
6 months to less than 1 year	0%
1 year to less than 2 years	1%
2 years to less than 4 years	0%
4 years to less than 10 years	5%
10 years or more	13%
IPP (Indeterminate Sentence for Public Protection)	15%
Life	67%

Q1.5 Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?

Not sentenced	0%
6 months or less	13%
More than 6 months	87%

Q1.6 How long have you been in this prison?

Less than 1 month	1%
1 to less than 3 months	2%
3 to less than 6 months	5%
6 to less than 12 months	9%
12 months to less than 2 years	20%
2 to less than 4 years	29%
4 years or more	34%

Q1.7 Are you a foreign national? (i.e. do not hold UK citizenship)

Yes	5%
No	95%

Q1.8 Is English your first language?

Yes	100%
No	0%

Q1.9 What is your ethnic origin?

White - British	78%	*Asian or Asian British - Bangladeshi*	0%
White - Irish	1%	*Asian or Asian British - Other*	0%
White - Other	3%	*Mixed Race - White and Black Caribbean*	6%
Black or Black British - Caribbean	5%	*Mixed Race - White and Black African*	0%
Black or Black British - African	1%	*Mixed Race - White and Asian*	1%
Black or Black British - Other	0%	*Mixed Race - Other*	0%
Asian or Asian British - Indian	3%	*Chinese*	0%
Asian or Asian British - Pakistani	1%	*Other ethnic group*	0%

Q1.10 What is your religion?

None	26%	*Hindu*	2%
Church of England	28%	*Jewish*	0%
Catholic	16%	*Muslim*	7%
Protestant	0%	*Sikh*	1%
Other Christian denomination	9%	*Other*	1%
Buddhist	9%		

Q1.11 How would you describe your sexual orientation?

Heterosexual/ Straight	89%
Homosexual/Gay	3%
Bisexual	8%
Other	0%

Q1.12 Do you consider yourself to have a disability?

Yes	11%
No	89%

Q1.13 How many times have you been in prison before?

0	*1*	*2 to 5*	*More than 5*
24%	14%	33%	29%

Q1.14 Including this prison, how many prisons have you been in during this sentence/remand time?

1	*2 to 5*	*More than 5*
2%	72%	26%

Q1.15 Do you have any children under the age of 18?

Yes	47%
No	53%

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons? How was ...

	Very good	*Good*	*Neither*	*Bad*	*Very Bad*	*Don't remember*	*N/A*
The cleanliness of the van	13%	47%	8%	23%	6%	3%	1%
Your personal safety during the journey	16%	46%	9%	19%	7%	2%	1%
The comfort of the van	1%	15%	10%	39%	32%	1%	1%
The attention paid to your health needs	5%	25%	28%	14%	12%	4%	12%
The frequency of toilet breaks	0%	12%	13%	20%	41%	2%	12%

Q2.2 **How long did you spend in the van?**

Less than 1 hour	*Over 1 hour to 2 hours*	*Over 2 hours to 4 hours*	*More than 4 hours*	*Don't remember*
8%	18%	53%	16%	5%

Q2.3 **How did you feel you were treated by the escort staff?**

Very well	*Well*	*Neither*	*Badly*	*Very badly*	*Don't remember*
22%	47%	23%	5%	1%	3%

Q2.4 **Please answer the following questions about when you first arrived here:**

	Yes	*No*	*Don't remember*
Did you know where you were going when you left court or when transferred from another prison?	93%	7%	0%
Before you arrived here did you receive any written information about what would happen to you?	52%	47%	1%
When you first arrived here did your property arrive at the same time as you?	89%	11%	0%

Section 3: Reception, first night and induction

Q3.1 **In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)**

Didn't ask about any of these	12%	*Money worries*	17%
Loss of property	14%	*Feeling depressed or suicidal*	58%
Housing problems	8%	*Health problems*	69%
Contacting employers	6%	*Needing protection from other prisoners*	16%
Contacting family	54%	*Accessing phone numbers*	47%
Ensuring dependents were being looked after	11%	*Other*	4%

Q3.2 **Did you have any of the following problems when you first arrived here? (Please tick all that apply)**

Didn't have any problems	36%	*Money worries*	19%
Loss of property	15%	*Feeling depressed or suicidal*	11%
Housing problems	8%	*Health problems*	19%
Contacting employers	5%	*Needing protection from other prisoners*	7%
Contacting family	22%	*Accessing phone numbers*	34%
Ensuring dependents were looked after	5%	*Other*	3%

Q3.3 **Please answer the following questions about reception:**

	Yes	*No*	*Don't remember*
Were you seen by a member of health services?	78%	17%	5%
When you were searched, was this carried out in a respectful way?	94%	3%	2%

Q3.4 **Overall, how well did you feel you were treated in reception?**

Very well	*Well*	*Neither*	*Badly*	*Very badly*	*Don't remember*
51%	45%	2%	2%	0%	0%

Q3.5 **On your day of arrival, were you offered information on the following? (Please tick all that apply)**

Information about what was going to happen to you	80%
Information about what support was available for people feeling depressed or suicidal	69%
Information about how to make routine requests	66%
Information about your entitlement to visits	74%
Information about health services	78%

Information about the chaplaincy 72%
Not offered anything 10%

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply)

A smokers/non-smokers pack 74%
The opportunity to have a shower 69%
The opportunity to make a free telephone call 46%
Something to eat 80%
Did not receive anything 9%

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)

Chaplain or religious leader 49%
Someone from health services 79%
A listener/Samaritans 5%
Did not meet any of these people 17%

Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?

Yes 18%
No 82%

Q3.9 Did you feel safe on your first night here?

Yes 93%
No 7%
Don't remember 0%

Q3.10 How soon after your arrival did you go on an induction course?

Have not been on an induction course 18%
Within the first week 73%
More than a week 4%
Don't remember 6%

Q3.11 Did the induction course cover everything you needed to know about the prison?

Have not been on an induction course 18%
Yes 67%
No 11%
Don't remember 5%

Section 4: Legal rights and respectful custody

Q4.1 How easy is to?

	Very easy	*Easy*	*Neither*	*Difficult*	*Very difficult*	*N/A*
Communicate with your solicitor or legal representative?	36%	38%	9%	7%	3%	6%
Attend legal visits?	23%	38%	9%	13%	5%	12%
Obtain bail information?	9%	11%	8%	2%	3%	68%

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

Not had any letters 9%
Yes 51%
No 40%

Q4.3 **Please answer the following questions about the wing/unit you are currently living on:**

	Yes	*No*	*Don't know*	*N/A*
Are you normally offered enough clean, suitable clothes for the week?	78%	9%	2%	10%
Are you normally able to have a shower every day?	100%	0%	0%	0%
Do you normally receive clean sheets every week?	84%	10%	1%	5%
Do you normally get cell cleaning materials every week?	85%	15%	0%	0%
Is your cell call bell normally answered within five minutes?	71%	19%	8%	2%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	84%	16%	0%	0%
Can you normally get your stored property, if you need to?	45%	31%	21%	2%

Q4.4 **What is the food like here?**

Very good	*Good*	*Neither*	*Bad*	*Very bad*
22%	47%	19%	11%	1%

Q4.5 **Does the shop/canteen sell a wide enough range of goods to meet your needs?**

Have not bought anything yet 2%
Yes 48%
No 49%

Q4.6 **Is it easy or difficult to get either**

	Very easy	*Easy*	*Neither*	*Difficult*	*Very difficult*	*Don't know*
A complaint form	70%	27%	1%	1%	0%	0%
An application form	69%	30%	0%	1%	0%	0%

Q4.7 **Have you made an application?**

Yes 94%
No 6%

Q4.8 **Please answer the following questions concerning applications** *(If you have not made an application please tick the 'not made one' option)*

	Not made one	*Yes*	*No*
Do you feel *applications* are dealt with fairly?	6%	77%	17%
Do you feel *applications* are dealt with promptly? (within seven days)	6%	59%	35%

Q4.9 **Have you made a complaint?**

Yes 61%
No 39%

Q4.10 **Please answer the following questions concerning complaints** *(If you have not made a complaint please tick the 'not made one' option)*

	Not made one	*Yes*	*No*
Do you feel *complaints* are dealt with fairly?	39%	30%	31%
Do you feel *complaints* are dealt with promptly? (within seven days)	41%	30%	29%
Were you given information about how to make an appeal?	41%	41%	18%

Q4.11 **Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?**

Not made a complaint 39%
Yes 17%
No 44%

Q4.12 **How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**

Don't know who they are	*Very easy*	*Easy*	*Neither*	*Difficult*	*Very difficult*
6%	26%	48%	16%	2%	2%

Q4.13 **Please answer the following questions about your religious beliefs?**

	Yes	*No*	*Don' t know/ N/A*
Do you feel your religious beliefs are respected?	69%	10%	22%
Are you able to speak to a religious leader of your faith in private if you want to?	79%	4%	18%

Q4.14 **Can you speak to a listener at any time, if you want to?**

Yes	*No*	*Don't know*
29%	42%	28%

Q4.15 **Please answer the following questions about staff in this prison?**

	Yes	*No*
Is there a member of staff you can turn to for help if you have a problem?	96%	4%
Do **most** staff treat you with respect?	93%	7%

Section 5: Safety

Q5.1 **Have you ever felt unsafe in this prison?**

Yes	37%
No	63%

Q5.2 **Do you feel unsafe in this prison at the moment?**

Yes	11%
No	89%

Q5.3 **In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)**

Never felt unsafe	66%	*At meal times*	11%
Everywhere	5%	*At health services*	5%
Segregation unit	1%	*Visit's area*	5%
Association areas	12%	*In wing showers*	12%
Reception area	2%	*In gym showers*	4%
At the gym	8%	*In corridors/stairwells*	13%
In an exercise yard	14%	*On your landing/wing*	16%
At work	6%	*In your cell*	13%
During Movement	8%	*At religious services*	1%
At education	6%		

Q5.4 **Have you been victimised by another prisoner or group of prisoners here?**

Yes	37%
No	63%

Q5.5 **If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**

Insulting remarks (about you or your family or friends)	21%	*Because you were new here*	6%
Physical abuse (being hit, kicked or assaulted)	3%	*Because of your sexuality*	3%
Sexual abuse	3%	*Because you have a disability*	2%
Because of your race or ethnic origin	6%	*Because of your religion/religious beliefs*	3%
Because of drugs	3%	*Being from a different part of the country than others*	3%
Having your canteen/property taken	1%	*Because of your offence/ crime*	14%

Q5.6 **Have you been victimised by a member of staff or group of staff here?**

Yes	29%
No	71%

Q5.7 **If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**

Insulting remarks (about you or your family or friends)	7%	*Because of your sexuality*	1%
Physical abuse (being hit, kicked or assaulted)	0%	*Because you have a disability*	1%
Sexual abuse	0%	*Because of your religion/religious beliefs*	2%
Because of your race or ethnic origin	6%	*Being from a different part of the country than others*	4%
Because of drugs	0%	*Because of your offence/ crime*	7%
Because you were new here	2%		

Q5.8 **If you have been victimised by prisoners or staff, did you report it?**

Not been victimised	55%
Yes	23%
No	22%

Q5.9 **Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**

Yes	33%
No	67%

Q5.10 **Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**

Yes	21%
No	79%

Q5.11 **Is it easy or difficult to get illegal drugs in this prison?**

Very easy	*Easy*	*Neither*	*Difficult*	*Very difficult*	*Don't know*
8%	12%	8%	13%	12%	47%

Section 6: Health services

Q6.1 **How easy or difficult is it to see the following people:**

	Don't know	*Very easy*	*Easy*	*Neither*	*Difficult*	*Very difficult*
The doctor	6%	22%	45%	11%	15%	1%
The nurse	5%	37%	51%	7%	0%	0%
The dentist	10%	12%	17%	0%	34%	27%
The optician	19%	13%	28%	7%	20%	13%

Q6.2 **Are you able to see a pharmacist?**

Yes	55%
No	45%

Q6.3 **What do you think of the quality of the health service from the following people:**

	Not been	*Very good*	*Good*	*Neither*	*Bad*	*Very bad*
The doctor	8%	30%	41%	10%	6%	5%
The nurse	6%	48%	42%	3%	0%	1%
The dentist	22%	27%	24%	8%	10%	8%
The optician	30%	22%	29%	12%	4%	2%

Q6.4 **What do you think of the overall quality of the health services here?**

Not been	*Very good*	*Good*	*Neither*	*Bad*	*Very bad*
6%	29%	49%	6%	7%	3%

Q6.5 **Are you currently taking medication?**

Yes	45%
No	55%

Q6.6 **If you are taking medication, are you allowed to keep possession of your medication in your own cell?**

Not taking medication	55%
Yes	45%
No	0%

Q6.7 **Do you feel you have any emotional well being/ mental health issues?**

Yes	39%
No	61%

Q6.8 **Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)**

Do not have any issues / Not receiving any help	67%
Doctor	7%
Nurse	7%
Psychiatrist	7%
Mental Health In Reach team	13%
Counsellor	13%
Other	18%

Q6.9 **Did you have a problem with either of the following when you came into this prison?**

	Yes	*No*
Drugs	35%	65%
Alcohol	24%	76%

Q6.10 **Have you developed a problem with either of the following since you have been in this prison?**

	Yes	*No*
Drugs	2%	98%
Alcohol	2%	98%

Q6.11 **Do you know who to contact in this prison to get help with your drug or alcohol problem?**

Yes	43%
No	0%
Did not / do not have a drug or alcohol problem	57%

Q6.12 **Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?**

Yes	33%
No	9%
Did not / do not have a drug or alcohol problem	58%

Q6.13 **Was the intervention or help you received, whilst in this prison, helpful?**

Yes	30%
No	9%
Did not have a problem/Have not received help	61%

Q6.14 **Do you think you will have a problem with either of the following when you leave this prison?**

	Yes	*No*	*Don't know*
Drugs	4%	83%	13%
Alcohol	5%	81%	14%

Q6.15 **Do you know who in this prison can help you contact external drug or alcohol agencies on release?**

Yes	21%

No 5%
N/A 74%

Section 7: Purposeful Activity

Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply)

Prison job 74%
Vocational or skills training 28%
Education (including basic skills) 40%
Offending behaviour programmes 56%
Not involved in any of these 6%

Q7.2 If you have been involved in any of the following, whilst in prison, do you think it will help you on release?

	Not been involved	*Yes*	*No*	*Don't know*
Prison job	7%	56%	34%	3%
Vocational or skills training	16%	75%	7%	2%
Education (including basic skills)	13%	79%	7%	1%
Offending behaviour programmes	8%	86%	4%	1%

Q7.3 How often do you go to the library?

Don't want to go 5%
Never 6%
Less than once a week 30%
About once a week 38%
More than once a week 17%
Don't know 3%

Q7.4 On average how many times do you go to the gym each week?

Don't want to go	*0*	*1*	*2*	*3 to 5*	*More than 5*	*Don't know*
18%	14%	1%	9%	47%	8%	2%

Q7.5 On average how many times do you go outside for exercise each week?

Don't want to go	*0*	*1 to 2*	*3 to 5*	*More than 5*	*Don't know*
15%	18%	36%	24%	5%	2%

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)

Less than 2 hours 1%
2 to less than 4 hours 3%
4 to less than 6 hours 6%
6 to less than 8 hours 27%
8 to less than 10 hours 42%
10 hours or more 15%
Don't know 6%

Q7.7 On average, how many times do you have association each week?

Don't want to go	*0*	*1 to 2*	*3 to 5*	*More than 5*	*Don't know*
0%	1%	5%	3%	90%	1%

Q7.8 How often do staff normally speak to you during association time?

Do not go on association 1%
Never 1%
Rarely 15%
Some of the time 33%

Most of the time 22%
All of the time 27%

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?

Still have not met him/her 11%
In the first week 68%
More than a week 15%
Don't remember 6%

Q8.2 How helpful do you think your personal officer is?

Do not have a personal officer	*Very helpful*	*Helpful*	*Neither*	*Not very helpful*	*Not at all helpful*
11%	30%	45%	5%	8%	1%

Q8.3 Do you have a sentence plan/OASys?

Not sentenced 0%
Yes 91%
No 9%

Q8.4 How involved were you in the development of your sentence plan?

Do not have a sentence plan/OASys 10%
Very involved 37%
Involved 36%
Neither 2%
Not very involved 12%
Not at all involved 4%

Q8.5 Can you achieve all or some of your sentence plan targets in this prison?

Do not have a sentence plan/OASys 10%
Yes 71%
No 19%

Q8.6 Are there plans for you to achieve all/some of your sentence plan targets in another prison?

Do not have a sentence plan/OASys 10%
Yes 54%
No 36%

Q8.7 Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?

Not sentenced 0%
Yes 87%
No 13%

Q8.8 Do you feel that any member of staff has helped you to prepare for your release?

Yes 45%
No 55%

Q8.9 Have you had any problems with sending or receiving mail?

Yes 29%
No 65%
Don't know 6%

Q8.10 Have you had any problems getting access to the telephones?

Yes 9%
No 91%
Don't know 0%

Q8.11 **Did you have a visit in the first week that you were here?**

Not been here a week yet	14%
Yes	19%
No	64%
Don't remember	4%

Q8.12 **Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)**

Don't know what my entitlement is	7%
Yes	90%
No	3%

Q8.13 **How many visits did you receive in the last week?**

Not been in a week	*0*	*1 to 2*	*3 to 4*	*5 or more*
14%	62%	24%	0%	0%

Q8.14 **Have you been helped to maintain contact with your family/friends whilst in this prison?**

Yes	78%
No	22%

Q8.15 **Do you know who to contact to get help with the following within this prison: (please tick all that apply)**

Don't know who to contact	41%	*Help with your finances in preparation for release*	25%
Maintaining good relationships	45%	*Claiming benefits on release*	20%
Avoiding bad relationships	43%	*Arranging a place at college/continuing education on release*	25%
Finding a job on release	25%	*Continuity of health services on release*	20%
Finding accommodation on release	35%	*Opening a bank account*	20%

Q8.16 **Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)**

No problems	14%	*Help with your finances in preparation for release*	40%
Maintaining good relationships	30%	*Claiming benefits on release*	37%
Avoiding bad relationships	25%	*Arranging a place at college/continuing education on release*	38%
Finding a job on release	73%	*Continuity of health services on release*	29%
Finding accommodation on release	49%	*Opening a bank account*	47%

Q8.17 **Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?**

Not sentenced	0%
Yes	95%
No	5%

Thank you for completing this survey

Prisoner Survey Responses HMP Grendon 2009

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP Grendon	Category B Trainer Prisons Comparator
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		88	901
SECTION 1: General Information			
2	Are you under 21 years of age?	**0%**	**0%**
3a	Are you sentenced?	**100%**	**100%**
3b	Are you on recall?	**0%**	**2%**
4a	Is your sentence less than 12 months?	**0%**	**0%**
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	**15%**	**11%**
5	Do you have six months or less to serve?	**13%**	**11%**
6	Have you been in this prison less than a month?	**1%**	**1%**
7	Are you a foreign national?	**5%**	**14%**
8	Is English your first language?	**100%**	**89%**
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	**17%**	**28%**
10	Are you Muslim?	**7%**	**15%**
11	Are you homosexual/gay or bisexual?	**11%**	**4%**
12	Do you consider yourself to have a disability?	**11%**	**20%**
13	Is this your first time in prison?	**25%**	**37%**
14	Have you been in more than 5 prisons this time?	**26%**	**17%**
15	Do you have any children under the age of 18?	**47%**	**53%**
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	**59%**	**51%**
1b	Was your personal safety during the journey good/very good?	**62%**	**61%**
1c	Was the comfort of the van good/very good?	**17%**	**20%**
1d	Was the attention paid to your health needs good/very good?	**30%**	**34%**
1e	Was the frequency of toilet breaks good/very good?	**12%**	**13%**
2	Did you spend more than four hours in the van?	**16%**	**18%**
3	Were you treated well/very well by the escort staff?	**68%**	**66%**
4a	Did you know where you were going when you left court or when transferred from another prison?	**93%**	**87%**
4b	Before you arrived here did you receive any written information about what would happen to you?	**52%**	**14%**
4c	When you first arrived here did your property arrive at the same time as you?	**90%**	**87%**

Key to tables

	Any percent highlighted in green is significantly better	HMP Grendon	Category B Trainer Prisons Comparator
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	**15%**	**7%**
1c	Housing problems?	**8%**	**9%**
1d	Problems contacting employers?	**6%**	**5%**
1e	Problems contacting family?	**54%**	**41%**
1f	Problems ensuring dependants were looked after?	**11%**	**7%**
1g	Money problems?	**17%**	**10%**
1h	Problems of feeling depressed/suicidal?	**58%**	**36%**
1i	Health problems?	**69%**	**56%**
1j	Problems in needing protection from other prisoners?	**16%**	**17%**
1k	Problems accessing phone numbers?	**47%**	**33%**
2	When you first arrived:		
2a	Did you have any problems?	**64%**	**52%**
2b	Did you have any problems with loss of property?	**15%**	**17%**
2c	Did you have any housing problems?	**8%**	**6%**
2d	Did you have any problems contacting employers?	**6%**	**3%**
2e	Did you have any problems contacting family?	**22%**	**17%**
2f	Did you have any problems ensuring dependants were being looked after?	**6%**	**4%**
2g	Did you have any money worries?	**19%**	**17%**
2h	Did you have any problems with feeling depressed or suicidal?	**11%**	**11%**
2i	Did you have any health problems?	**19%**	**19%**
2j	Did you have any problems with needing protection from other prisoners?	**7%**	**5%**
2k	Did you have problems accessing phone numbers?	**34%**	**23%**
3a	Were you seen by a member of health services in reception?	**78%**	**80%**
3b	When you were searched in reception, was this carried out in a respectful way?	**94%**	**75%**
4	Were you treated well/very well in reception?	**95%**	**74%**
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	**80%**	**46%**
5b	Information about what support was available for people feeling depressed or suicidal?	**69%**	**43%**
5c	Information about how to make routine requests?	**66%**	**37%**
5d	Information about your entitlement to visits?	**75%**	**41%**
5e	Information about health services?	**78%**	**45%**
5f	Information about the chaplaincy?	**72%**	**36%**

Key to tables

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SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	**74%**	**58%**
6b	The opportunity to have a shower?	**69%**	**49%**
6c	The opportunity to make a free telephone call?	**46%**	**48%**
6d	Something to eat?	**81%**	**73%**
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	**50%**	**37%**
7b	Someone from health services?	**79%**	**70%**
7c	A listener/Samaritans?	**5%**	**28%**
8	Did you have access to the prison shop/canteen within the first 24 hours?	**18%**	**27%**
9	Did you feel safe on your first night here?	**93%**	**83%**
10	Have you been on an induction course?	**82%**	**90%**
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	**81%**	**62%**
SECTION 4: Legal Rights and Respectful Custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	**75%**	**57%**
1b	Attend legal visits?	**61%**	**58%**
1c	Obtain bail information?	**20%**	**12%**
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	**51%**	**46%**
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	**78%**	**60%**
3b	Are you normally able to have a shower every day?	**100%**	**98%**
3c	Do you normally receive clean sheets every week?	**84%**	**69%**
3d	Do you normally get cell cleaning materials every week?	**85%**	**83%**
3e	Is your cell call bell normally answered within five minutes?	**71%**	**48%**
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	**84%**	**75%**
3g	Can you normally get your stored property, if you need to?	**45%**	**38%**
4	Is the food in this prison good/very good?	**69%**	**35%**
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	**48%**	**50%**
6a	Is it easy/very easy to get a complaints form?	**98%**	**85%**
6b	Is it easy/very easy to get an application form?	**99%**	**93%**
7	Have you made an application?	**94%**	**93%**

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SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	**82%**	**55%**
8b	Do you feel applications are dealt with promptly? (within 7 days)	**62%**	**55%**
9	Have you made a complaint?	**61%**	**70%**
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	**49%**	**33%**
10b	Do you feel complaints are dealt with promptly? (within 7 days)	**51%**	**35%**
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	**28%**	**27%**
10c	Were you given information about how to make an appeal?	**41%**	**36%**
12	Is it easy/very easy to see the Independent Monitoring Board?	**73%**	**41%**
13a	Do you feel your religious beliefs are respected?	**69%**	**56%**
13b	Are you able to speak to a religious leader of your faith in private if you want to?	**79%**	**63%**
14	Are you able to speak to a Listener at any time, if you want to?	**30%**	**65%**
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	**97%**	**74%**
15b	Do most staff, in this prison, treat you with respect?	**93%**	**77%**
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	**37%**	**37%**
2	Do you feel unsafe in this prison at the moment?	**11%**	**20%**
4	Have you been victimised by another prisoner?	**37%**	**23%**
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	**21%**	**12%**
5b	Hit, kicked or assaulted you?	**3%**	**6%**
5c	Sexually abused you?	**3%**	**2%**
5d	Victimised you because of your race or ethnic origin?	**6%**	**4%**
5e	Victimised you because of drugs?	**3%**	**3%**
5f	Taken your canteen/property?	**1%**	**4%**
5g	Victimised you because you were new here?	**6%**	**3%**
5h	Victimised you because of your sexuality?	**3%**	**2%**
5i	Victimised you because you have a disability?	**2%**	**3%**
5j	Victimised you because of your religion/religious beliefs?	**3%**	**4%**
5k	Victimised you because you were from a different part of the country?	**3%**	**5%**
5l	Victimised you because of your offence/crime?	**14%**	**5%**

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	**30%**	**26%**
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	**7%**	**13%**
7b	Hit, kicked or assaulted you?	**0%**	**3%**
7c	Sexually abused you?	**0%**	**1%**
7d	Victimised you because of your race or ethnic origin?	**6%**	**7%**
7e	Victimised you because of drugs?	**0%**	**2%**
7f	Victimised you because you were new here?	**2%**	**5%**
7g	Victimised you because of your sexuality?	**1%**	**1%**
7h	Victimised you because you have a disability?	**1%**	**3%**
7i	Victimised you because of your religion/religious beliefs?	**2%**	**5%**
7j	Victimised you because you were from a different part of the country?	**3%**	**5%**
7k	Victimised you because of your offence/crime?	**7%**	**9%**
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	**51%**	**40%**
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	**33%**	**25%**
10	Have you ever felt threatened or intimidated by a member of staff in here?	**21%**	**24%**
11	Is it easy/very easy to get illegal drugs in this prison?	**20%**	**28%**
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	**67%**	**30%**
1b	Is it easy/very easy to see the nurse?	**89%**	**58%**
1c	Is it easy/very easy to see the dentist?	**29%**	**16%**
1d	Is it easy/very easy to see the optician?	**41%**	**13%**
2	Are you able to see a pharmacist?	**55%**	**42%**
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	**77%**	**51%**
3b	The nurse?	**95%**	**62%**
3c	The dentist?	**66%**	**53%**
3d	The optician?	**74%**	**55%**
4	The overall quality of health services?	**83%**	**41%**

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Healthcare continued			
5	Are you currently taking medication?	**45%**	**45%**
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	**100%**	**84%**
7	Do you feel you have any emotional well being/mental health issues?	**39%**	**24%**
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	**14%**	**12%**
8b	A doctor?	**21%**	**35%**
8c	A nurse?	**21%**	**34%**
8d	A psychiatrist?	**18%**	**31%**
8e	The Mental Health In-Reach Team?	**34%**	**48%**
8f	A counsellor?	**38%**	**7%**
9a	Did you have a drug problem when you came into this prison?	**35%**	**8%**
9b	Did you have an alcohol problem when you came into this prison?	**24%**	**5%**
10a	Have you developed a drug problem since you have been in this prison?	**2%**	**9%**
10b	Have you developed an alcohol problem since you have been in this prison?	**2%**	**3%**
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	**100%**	**88%**
12	Have you received any help or intervention whilst in this prison?	**78%**	**69%**
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	**78%**	**75%**
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	**17%**	**13%**
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	**19%**	**9%**
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	**81%**	**45%**
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	**74%**	**69%**
1b	Vocational or skills training?	**27%**	**15%**
1c	Education (including basic skills)?	**40%**	**32%**
1d	Offending Behaviour Programmes?	**57%**	**22%**

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Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	**93%**	**89%**
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	**60%**	**41%**
2bi	Have you been involved in vocational or skills training whilst in prison?	**84%**	**78%**
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	**90%**	**60%**
2ci	Have you been involved in education whilst in prison?	**87%**	**85%**
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	**90%**	**71%**
2di	Have you been involved in offending behaviour programmes whilst in prison?	**91%**	**79%**
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	**94%**	**63%**
3	Do you go to the library at least once a week?	**56%**	**44%**
4	On average, do you go to the gym at least twice a week?	**65%**	**60%**
5	On average, do you go outside for exercise three or more times a week?	**28%**	**50%**
6	On average, do you spend ten or more hours out of your cell on a weekday?	**15%**	**19%**
7	On average, do you go on association more than five times each week?	**90%**	**83%**
8	Do staff normally speak to you most of the time/all of the time during association?	**50%**	**27%**
SECTION 8: Resettlement			
1	Do you have a personal officer?	**89%**	**84%**
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	**84%**	**64%**
For those who are sentenced:			
3	Do you have a sentence plan?	**91%**	**80%**
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	**80%**	**58%**
5	Can you achieve some/all of you sentence plan targets in this prison?	**79%**	**58%**
6	Are there plans for you to achieve some/all your targets in another prison?	**60%**	**48%**
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whils at this prison?	**87%**	**34%**
8	Do you feel that any member of staff has helped you to prepare for release?	**45%**	**12%**
9	Have you had any problems with sending or receiving mail?	**29%**	**36%**
10	Have you had any problems getting access to the telephones?	**9%**	**16%**
11	Did you have a visit in the first week that you were here?	**19%**	**25%**
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number anc length of visit)	**90%**	**74%**

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Resettlement continued			
13	Did you receive one or more visits in the last week?	**24%**	**25%**
14	Have you been helped to maintain contact with family/friends whilst in this prison?	**78%**	**30%**
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	**45%**	**13%**
15c	Avoiding bad relationships?	**43%**	**13%**
15d	Finding a job on release?	**26%**	**28%**
15e	Finding accommodation on release?	**35%**	**30%**
15f	With money/finances on release?	**26%**	**24%**
15g	Claiming benefits on release?	**20%**	**28%**
15h	Arranging a place at college/continuing education on release?	**26%**	**24%**
15i	Accessing health services on release?	**20%**	**28%**
15j	Opening a bank account on release?	**20%**	**23%**
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	**30%**	**11%**
16c	Avoiding bad relationships?	**25%**	**12%**
16d	Finding a job?	**72%**	**38%**
16e	Finding accommodation?	**49%**	**37%**
16f	Money/finances?	**40%**	**34%**
16g	Claiming benefits?	**37%**	**28%**
16h	Arranging a place at college/continuing education?	**39%**	**23%**
16i	Accessing health services?	**29%**	**20%**
16j	Opening a bank account?	**47%**	**33%**
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	**95%**	**62%**

Key Question Responses (Ethnicity) HMP Grendon 2009

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

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Number of completed questionnaires returned		15	71
1.3	Are you sentenced?	**100%**	**100%**
1.7	Are you a foreign national?	**6%**	**3%**
1.8	Is English your first language?	**100%**	**100%**
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.		
1.11	Are you homosexual/gay or bisexual?	**6%**	**13%**
1.10	Are you Muslim?	**34%**	**1%**
1.12	Do you consider yourself to have a disability?	**6%**	**13%**
1.13	Is this your first time in prison?	**34%**	**21%**
2.1d	Was the attention paid to your health needs good/very good on your journey here?	**13%**	**34%**
2.3	Were you treated well/very well by the escort staff?	**34%**	**76%**
2.4a	Did you know where you were going when you left court or when transferred from another prison?	**100%**	**91%**
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	**41%**	**59%**
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	**47%**	**61%**
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	**81%**	**67%**
3.2a	Did you have any problems when you first arrived?	**68%**	**63%**
3.3a	Were you seen by a member of healthcare staff in reception?	**66%**	**80%**

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	Percentages which are not highlighted show there is no significant difference	BME prisoners	White prisoners
3.3b	When you were searched in reception, was this carried out in a respectful way?	**100%**	**94%**
3.4	Were you treated well/very well in reception?	**100%**	**94%**
3.7b	Did you have access to someone from healthcare within the first 24 hours?	**70%**	**80%**
3.9	Did you feel safe on your first night here?	**94%**	**93%**
3.10	Have you been on an induction course?	**73%**	**84%**
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	**73%**	**77%**
4.3a	Are you normally offered enough clean, suitable clothes for the week?	**57%**	**81%**
4.3b	Are you normally able to have a shower every day?	**100%**	**100%**
4.3e	Is your cell call bell normally answered within five minutes?	**53%**	**74%**
4.4	Is the food in this prison good/very good?	**50%**	**73%**
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	**7%**	**56%**
4.6a	Is it easy/very easy to get a complaints form?	**93%**	**99%**
4.6b	Is it easy/very easy to get an application form?	**100%**	**99%**
4.9	Have you made a complaint?	**73%**	**59%**
4.13a	Do you feel your religious beliefs are respected?	**53%**	**72%**
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	**80%**	**78%**
4.14	Are you able to speak to a Listener at any time, if you want to?	**47%**	**27%**
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	**100%**	**96%**

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4.15b	Do **most** staff, in this prison, treat you with respect?	**94%**	**93%**
5.1	Have you ever felt unsafe in this prison?	**34%**	**37%**
5.2	Do you feel unsafe in this prison at the moment?	**13%**	**10%**
5.4	Have you been victimised by another prisoner?	**41%**	**36%**
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	**19%**	**3%**
5.5i	Have you been victimised because you have a disability? (By prisoners)	**0%**	**3%**
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	**6%**	**3%**
5.6	Have you been victimised by a member of staff?	**41%**	**28%**
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	**27%**	**1%**
5.7h	Have you been victimised because you have a disability? (By staff)	**0%**	**1%**
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	**6%**	**1%**
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	**47%**	**30%**
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	**34%**	**19%**
5.11	Is it easy/very easy to get illegal drugs in this prison?	**19%**	**19%**
6.1a	Is it easy/very easy to see the doctor?	**73%**	**64%**
6.1b	Is it easy/ very easy to see the nurse?	**88%**	**89%**
6.2	Are you able to see a pharmacist?	**68%**	**52%**
6.5	Are you currently taking medication?	**53%**	**43%**
6.7	Do you feel you have any emotional well being/mental health issues?	**41%**	**37%**

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	Any percent highlighted in blue is significantly worse		
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7.1a	Are you currently working in the prison?	**81%**	**73%**
7.1b	Are you currently undertaking vocational or skills training?	**19%**	**29%**
7.1c	Are you currently in education (including basic skills)?	**47%**	**40%**
7.1d	Are you currently taking part in an Offending Behaviour Programme?	**47%**	**59%**
7.3	Do you go to the library at least once a week?	**47%**	**60%**
7.4	On average, do you go to the gym at least twice a week?	**73%**	**63%**
7.5	On average, do you go outside for exercise three or more times a week?	**7%**	**33%**
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	**19%**	**14%**
7.7	On average, do you go on association more than five times each week?	**94%**	**89%**
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	**53%**	**49%**
8.1	Do you have a personal officer?	**94%**	**89%**
8.9	Have you had any problems sending or receiving mail?	**41%**	**27%**
8.10	Have you had any problems getting access to the telephones?	**19%**	**7%**
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	**94%**	**89%**