

Report on an unannounced short follow-
up inspection of

HMP Grendon

15–17 August 2011

by HM Chief Inspector of Prisons

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Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

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Introduction

Grendon, a prison run entirely on therapeutic principles, takes long-term prisoners with personality disorders, some of whom have previously been disruptive. Divided into five separate communities, staff and elected prisoners run group therapy sessions that challenge prisoners' offending and institutional behaviour. This unannounced short follow-up inspection again acknowledges the remarkable work done by Grendon with some very challenging prisoners, but flags up some improvements needed, particularly in the provision of purposeful activity.

Grendon remained a fundamentally safe prison which, given the nature of the population, was a significant achievement. There had been two deaths since our last inspection: one a suicide and the other an alleged homicide. Despite this most prisoners told us that they felt safe. Induction remained strong, and arrangements for dealing with vulnerable prisoners were very good – there was little bullying evident. Force was still rarely used and most problems were resolved within community therapy groups. Security was appropriate but non-intrusive.

Strong relationships, combined with therapy, are at the core of Grendon's work. Both elements remained very good. Positive efforts had been made to address diversity issues, and the prison was engaged in some innovative work to understand and address black and minority ethnic prisoners' more negative perceptions. Work to support prisoners with disabilities, older prisoners and foreign nationals was underdeveloped. The environment was old and tired, but efforts were made to keep it bright and it was generally clean. The presence of night sanitation was an ongoing concern.

Health care provision had improved but more needed to be done. Engagement with the primary care trust had strengthened but it was too early to be sure that management arrangements were robust enough to ensure the needs of prisoners were met. The health care environment remained poor and the department was understaffed.

Therapy was still the main purposeful activity and the prison's approach to the provision of vocational and educational opportunities was underdeveloped. There was little strategic vision for the broader regime and some opportunities previously offered were no longer available. Much work was of poor quality, and more needed to be done to provide adequate vocational training and accreditation, as well as an appropriate range of educational opportunities. The library remained poor. Access to physical education was adequate but provision was unimaginative. Time out of cell was very good and much better than we normally see in this category of prison.

Resettlement work had improved. Prisoners remained positive about the benefits of therapy and, in contrast to our last inspection, this was rarely cancelled, although there were still some delays in the completion of post-therapy reports. Offender management work was now embedded into the process, and links between offender management, security and therapy were strong. Visiting arrangements had improved and there were some good new initiatives in the children and families pathway. A great deal of work had been done locally to improve referral systems into the prison and progression for those prisoners who were ready to move on.

In our last inspection in 2009 we expressed concern about the failure to recognise Grendon's unique role, and strongly recommended that it should form part of a national approach to managing prisoners with personality disorders. While this situation had not been fully resolved, clear progress had been made in developing a national strategic approach for locating and

resettling these prisoners. The strategy appears to recognise Grendon's role, but we await full implementation of this approach. In a difficult financial climate, the resources necessary to carry out Grendon's work with this hugely challenging group of prisoners are under pressure. It was positive that the local prison managers had recognised the value of Grendon's work when making decisions about baseline funding for the prison in the current year and it is important that this approach is sustained in future.

Nick Hardwick
HM Chief Inspector of Prisons

October 2011

Fact page

Task of the establishment

HMP Grendon is a category B training prison for adult males run on therapeutic community principles.

Prison status (public or private, with name of contractor if private)

Public

Region/Department

South Central

Number held

218 on 15 August 2011

Certified normal accommodation

238

Operational capacity

238

Date of last full inspection

2 - 6 March 2009

Brief history

Opened in 1962, 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. Nearly 50 years on, it provides treatment for prisoners with anti-social personality disorders.

Short description of residential units

There are five separate therapeutic communities housing approximately 40 men each, plus an induction and assessment unit that holds up to 25 prisoners.

Escort contractor

G4S

Health service commissioner and providers

Commissioners: Buckinghamshire Primary Care Trust
Providers: Care UK – primary health care
Oxford Health – mental health in-reach team
Buckinghamshire Priority Dental Service
Howcroft & Selby – optometry
Lloyds – pharmacy

Learning and skills providers

Manchester College

Section 1: Summary

Introduction

- 1.1 The purpose of this inspection was to follow up the recommendations made in our last full inspection of 2009 and assess the progress achieved. All full inspection reports include a summary of outcomes for prisoners against the model of a healthy prison. The four criteria of a healthy prison 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.

- 1.2 Follow-up inspections are proportionate to risk. Short follow-up inspections are conducted where the previous full inspection and our intelligence systems suggest that there are comparatively fewer concerns. Sufficient inspector time is allocated to enable inspection of progress. Inspectors draw up a brief healthy prison summary setting out the progress of the establishment in the areas inspected and giving an overall assessment against the following definitions:

Making insufficient progress

Overall progress against our recommendations has been slow or negligible and/or there is little evidence of improvements in outcomes for prisoners.

Making sufficient progress

Overall there is evidence that efforts have been made to respond to our recommendations in a way that is having a discernible positive impact on outcomes for prisoners.

Safety

- 1.3 At our inspection in 2009, we found that the establishment was performing well against this healthy prison test. We made 13 recommendations in this area, of which eight had been achieved, four partially achieved and one not achieved.
- 1.4 Prisoners said Grendon continued to be a safe prison. Prisoners were dealt with well on arrival and while on the induction wing. There had been two deaths in custody since our last inspection. Where available, the Prisons and Probation Ombudsman recommendations had been acted on. It was therefore surprising that health care managers had not seen a clinical review carried out in one of the cases. Suicide and self-harm arrangements were robust and staff demonstrated a caring approach to those who were vulnerable. There was still no Listener scheme but prisoners said they had strong support systems in place, although we were still concerned about access to this at night. Despite the challenging prisoner population, the number of assessment, care in custody and teamwork (ACCT) documents was low.

- 1.5 Security was proportionate and well integrated with therapy and offender management. Dynamic security was particularly strong. Most issues were resolved by the communities and the number of formal adjudications was low. Force was rarely used. The positive mandatory drug testing rate was extremely low but some abuse of prescribed medications had resulted in a range of medications not being provided in possession. We were concerned that this was not being done on a case-by-case basis.
- 1.6 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Respect

- 1.7 At our inspection in 2009, we found that the establishment was performing well against this healthy prison test. We made 52 recommendations in this area, of which 23 had been achieved, 11 partially achieved, 17 not achieved and one was no longer relevant.
- 1.8 Staff-prisoner relationships remained very strong and were at the core of the therapeutic work delivered. We were still concerned that some of the small number of prisoners who had dropped out of therapy were not being fully supported.
- 1.9 Accommodation was old and tired but clean, although there was an accumulation of rubbish on some roofs. The night sanitation system was still in operation and prisoners did not have 24-hour access to a toilet, which was poor.
- 1.10 There was an appropriate focus on many areas of diversity and some innovative work to understand the perceptions of black and minority ethnic prisoners to therapy and staff. More needed to be done to support those with disabilities, older prisoners and foreign nationals but faith provision and access had improved.
- 1.11 Prisoners were mainly happy with the food provided. Opportunities to dine out were well developed. Application and complaints systems worked well other than there being no monitoring of the timeliness of responses to applications. Nearly all prisoners were on the enhanced level of the incentives and earned privileges scheme, although the main means of managing behaviour remained the community groups.
- 1.12 There had been some major challenges with health care provision. Engagement with the primary care trust and contracted health provider Care UK had been difficult but the situation was improving. There were now two on-site managers of the service and levels of patient care were good. There were still serious staff shortages and, while this was being addressed, there was too much reliance on agency and locum staff. The environment in health care needed to be improved and there were problems with medications prescribing linked to the number of locums used. Mental health support was good and well integrated into the prison but staff did not receive mental health awareness training.
- 1.13 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Purposeful activity

- 1.14 At our inspection in 2009, we found that the establishment was performing reasonably well against this healthy prison test. We made 11 recommendations in this area, of which three had been achieved, one partially achieved, six not achieved and one was no longer relevant.

- 1.15 Therapy remained the main activity for prisoners. However, the prison had been slow in implementing the recommendations previously made in this area and in some cases provision had deteriorated. There was no clear vision about how purposeful activity could be developed. A number of external problems out of the control of the governor had resulted in funding being withdrawn and provision limited to the detriment of outcomes for prisoners. In particular, relationships with Manchester College had been difficult. Staffing shortages were ongoing, although this was starting to improve.
- 1.16 Much of the work offered to prisoners was of a poor quality. Education provision was limited but what was delivered was good. Access to the gym was reasonable but the provision was unimaginative. There were no vocational qualifications provided. The library was small and poorly located.
- 1.17 Prisoners were out of their cells for at least 10 hours a day, which was very good for a category B prison, but opportunities for outside exercise were limited.
- 1.18 On the basis of this short follow-up inspection, we considered that the establishment was not making sufficient progress against our recommendations.

Resettlement

- 1.19 At our inspection in 2009, we found that the establishment was performing reasonably well against this healthy prison test. We made 31 recommendations in this area, of which 16 had been achieved, 10 partially achieved, four not achieved and one was no longer relevant.
- 1.20 Progress had been made to establish a national strategic approach to managing prisoners with personality disorders, a process to which Grendon had fully contributed. It was awaiting the outcome of a recent government consultation exercise aiming to develop prisoner pathways for these prisoners, which would include an important role for Grendon. There had been some recognition of the unique contribution of Grendon and the value for money this represented.
- 1.21 A great deal of work had been done locally to improve the referrals processes to the prison; the management of sentence planning needs and the progress of prisoners after therapy. There were still delays evident, although these were much reduced. Offender management work had improved and the introduction of a dedicated offender supervisor for each community had greatly enhanced multidisciplinary work in this area. Reintegration work for the very small number of prisoners being released from Grendon was good. Public protection work was robust and well integrated. The timeliness of post-therapy report completion had improved but there were still some unacceptable delays.
- 1.22 Prisoners were very positive about visits and particularly valued the family visits. Improvements had been made to the environments in visits and there were advanced plans to provide a new visitors' centre.
- 1.23 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Section 2: Progress since the last report

The paragraph reference number at the end of each recommendation below refers to its location in the previous inspection report.

Main recommendations (from the previous report)

- 2.1 **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)**

Partially achieved. The Bradley report (2009)¹ recognised the contribution of Grendon to work with prisoners with personality disorder and the response to this had been developed jointly by the National Offender Management Service and the Department for Health. Managers responsible for Grendon were fully engaged in this process, including a recent consultation about how pathways could be developed to manage more effectively personality disorder prisoners through the prison estate. The result was awaited. Consideration of Grendon's value was reflected in a smaller reduction in baseline funding for the year compared to other prisons in the area. Local senior managers were very supportive but there were still threats to Grendon and further funding cuts risked fundamentally undermining its valuable role.

We repeat the recommendation.

- 2.2 **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)**

Partially achieved. In the continued absence of a national strategic approach (see above), significant work had been carried out at Grendon to ensure suitable prisoners were identified for the prison. This included the development of strong links with the dangerous and severe personality disorder units. Referrals came in from a wide range of establishments and progression work started some time before therapy was completed. However, this was no substitute for a national strategic approach to the management of prisoners with personality disorders and the results of the government consultation about prisoner pathways were eagerly awaited.

We repeat the recommendation.

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

Partially achieved. There was a robust strategy to expedite moves for prisoners completing therapy or who had been deselected. Six prisoners were waiting for a move after being voted out or voluntarily withdrawing from therapy and 12 were waiting for a progressive move, although still in therapy. This was better than in 2009. Most were moved on within three months, although it could be longer if prisoners were on a medical hold or particularly difficult

¹ Lord Bradley's review of people with mental health problems and learning disabilities in the criminal justice system.

to place. Some waits were too long, including one of eight months. Prisoners needing a progressive move were usually placed on the generic waiting list of the potential receiving prison, which could lead to unacceptable delays and risked undermining the good work done at Grendon.

We repeat the recommendation.

- 2.4 All prisoners should have genuine 24-hour access to toilet facilities. (HP40)**
Not achieved. The night sanitation system was more reliable but prisoners could not use the toilets at two points during the day when it was turned off: before breakfast and in the early evening. The early morning time was the most problematic. We were told that the system was shortly due to be available from 6.30am to 7.30am but that it would still not be available when prisoners were locked in their cells.
We repeat the recommendation.
- 2.5 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)**
Achieved. Forums included monthly prisoner equality mentor meetings, quarterly race equality action team (REAT) meetings attended by prisoner equality mentors, fortnightly inter-wing meetings attended by two prisoner representatives from each wing, and other occasional consultation meetings about specific issues. Matters discussed at the REAT were fed back regularly by prisoner equality mentors to wing meetings and the minutes of the REAT were made available on the wings.
- 2.6 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)**
Partially achieved. The situation with post-therapy reports had improved but there were still delays, in some cases back to September 2010. There was a plan to address the delays but the impact of this was not yet clear.
We repeat the recommendation.

Recommendations

Courts, escorts and transfers

- 2.7 Prisoners should be handcuffed in escort vans only if justified by a risk assessment. (1.9)**
Achieved. Prisoners and staff said prisoners in escort vans were rarely handcuffed and none of those arriving during the inspection had been handcuffed.
- 2.8 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)**
Partially achieved. No such investigation had taken place. The equality and diversity manager had reviewed complaints and incident logs for any escort issues raised by black and minority ethnic prisoners but had found none. All new arrivals met a prisoner equality mentor and were given the opportunity to raise any concerns about their escort experience, which meant issues could be raised and addressed.

- 2.9 **All prospective prisoners should be sent up-to-date and correct information. (1.11)**
Achieved. Prisoners expressing an interest in transferring to Grendon were sent an information pack. This needed some minor updating but explained the therapy, regime and other facilities available. Men we spoke to said they had received information before transfer. However, they also said they had had to be proactive in requesting information and putting themselves forward for a place rather than this being suggested by offender supervisors, offender managers, personal officers or others involved in their sentence management at previous establishments.
- 2.10 **Prisoners out of therapy should not be penalised in terms of pay while waiting for transfers. (1.12)**
Partially achieved. Prisoners who had completed therapy and were waiting to move elsewhere were paid at the same rate as men in therapy but those who opted out or were voted off therapy were not paid for the sessions they did not attend. Men waiting for a transfer said they spent more time than other prisoners locked in their cells, were often bored and were frustrated by how long it took to transfer out of Grendon.
We repeat the recommendation.

Residential units

- 2.11 **Rubbish thrown on to flat roofs should be disposed of promptly. (2.10)**
Not achieved. There was no schedule for roof cleaning. There was rubbish strewn on flat roofs adjoining B, C and D wings and prisoners said this contained excreta.
We repeat the recommendation.
- 2.12 **Broken cupboards in cells should be repaired. (2.11)**
Partially achieved. F wing contained several broken cupboards but prisoners on other wings did not report any broken furniture.

Bullying and violence reduction

- 2.13 **All members of the safer custody and violence reduction committee should attend meetings regularly or send a representative. (3.13)**
Achieved. A nominated safer custody committee met monthly to monitor the implementation of the violence reduction policy and update the overall strategy as required. Attendance at meetings was consistently high and included representation from residential staff, health care personnel, security managers and the race equality officer. Meetings were chaired by the Director of Therapeutic Communities, with strong support from senior managers in relevant areas such as security and health care. The violence reduction coordinator had created a database of violent incidents that included their nature, location and the names of perpetrators based on information from wing observation books and security information reports. The system was well developed and information was properly analysed and presented to the safer custody committee to inform necessary changes to the overarching violence reduction strategy.
- 2.14 **Prisoner representatives should attend the safer custody and violence reduction committee. (3.14)**
Achieved. Recently appointed prisoner safer custody representatives were supporting prisoners, particularly those at risk from self-harm, and their roles were known and understood by prisoners. Governance arrangements through the violence reduction coordinators, residential managers and the therapeutic communities were very good. Support meetings took place every month and one attended each safer custody committee meeting. Prisoner

representatives we spoke to said they were well supported by officers and that their work was valued by staff and prisoners.

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

Achieved. Prisoner surveys conducted in 2010 and in 2011 had asked prisoners about the extent and nature of bullying in the prison, how threats of violence were confronted and how safety could be improved. This information had been used to inform the violence reduction strategy and survey findings were discussed with prisoner representatives and at wing community meetings.

Additional information

- 2.16** Systems to identify bullying and potential violent incidents had improved and information-sharing between departments such as health care, the safe custody team and therapeutic communities was well developed. Less formal relationships with residential officers and positive relationships between prisoners on the therapeutic communities were also important in identifying bullying that had not been reported through security information reports and formal anti-bullying reports. Prisoners clearly trusted staff and therefore were not hesitant to discuss and resolve issues, particularly about their safety. Levels of actual violence were low, with just three minor assaults in the year to date. All prisoners we spoke to said they felt safe.

Self-harm and suicide

2.17 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)

Achieved. The comprehensive suicide and self-harm prevention policy had been reviewed and published in January 2011. The strategic protocols it described included specific support for prisoners out of therapy, including support from therapeutic community meetings, coherent case management arrangements, regular and inclusive case reviews and personal officer support.

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

Partially achieved. All managers responsible for chairing assessment, care in custody and teamwork (ACCT) reviews had completed case manager training and nearly all had been trained as assessors. About 86% of staff had received up to date training. All night staff on duty during the inspection had been recently trained.

2.19 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)

Not achieved. The prisoner safer custody representatives helped support prisoners on ACCTs but access to them was restricted to periods during the day when cells were unlocked. There were no trained Listeners because it was felt this approach was contrary to the therapeutic community ethos. The possibility of prisoners in crisis being supported by another prisoner in their cell overnight was discussed but no decision had been reached.

We repeat the recommendation.

Additional information

- 2.20 Forty ACCT documents had been opened for prisoners in the year to date and one was open during the inspection. Most were opened after anxieties emerged during group therapy and there was recognition of potential triggers to self-harm, such as pressures caused by therapy groups. The positive and respectful culture contributed to the reasonably low numbers of prisoners at risk of self-harm. Detailed support plans prepared in consultation with the prisoner identified specific needs and apportioned responsibilities to a nominated key worker and progress was reviewed at pre-determined times. We saw examples of impressive individual care by officers, with regular involvement by health care staff in some particularly difficult cases. The quality of entries by officers in ACCT documents was very good and consistently demonstrated an in-depth understanding of the individual circumstances and feelings of prisoners. The prevention of self-harm was still largely managed through meetings of the therapeutic communities. Community support plans offered additional support to formal ACCT procedures. Prisoners were encouraged to make entries in their ACCT documents and other prisoners who knew individuals at risk were also able to provide written supportive comments.
- 2.21 There had been two deaths in custody since the last inspection: a suicide late in 2009 and an alleged homicide in September 2010 that was currently under investigation and committed to trial. The suicide had been investigated by the Prisons and Probation Ombudsman. Most of the eight subsequent recommendations had been fully implemented but the clinical review of the health care service provided for this case had not been fully considered by health care staff.

Diversity

- 2.22 **An overarching diversity policy should outline how the needs of minority groups will be met. (3.35)**
Not achieved. There was no overarching diversity policy. The governor questioned the appropriateness of such a policy, citing Prison Service Order 32/2011 that does not require establishments to produce one. Instead, a diversity strategy was being developed and we were told this would include a summary of diversity outcomes that Grendon would work towards and the processes that would be put in place to achieve these. The strategy was not yet complete. **We repeat the recommendation.**
- 2.23 **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)**
Achieved. Sixteen prisoners had been assessed as having a disability and six of these were registered disabled. A disability committee had been established to help develop a disability equality scheme but the number of prisoners with disabilities was too small to make this feasible. The production of the scheme had therefore been abandoned in favour of a series of diversity drop-in sessions that aimed to gather information from prisoners about all diversity-related needs and consult with them about how such needs could be met. These sessions had been happening monthly since June, with an average attendance of 30 to 35 men.
- 2.24 Prisoners were issued a disability questionnaire on induction. These were passed to the disability liaison officer (DLO), who carried out an assessment of need when indicated. However, this relied on self-referral and the DLO was allocated little time for this work. There was no lead nurse for older prisoners and prisoners with disabilities. Staff described some reasonable adjustments they had made to enable prisoners with disabilities to participate in the regime. A 'disability' document produced by the equality and diversity manager contained both

policy and guidance but it was unclear who it was aimed at, how it would be disseminated and how progress would be monitored. A section on transgender contained helpful advice for staff but was inappropriately placed in a document primarily concerned with disability.

- 2.25 Data relating to diversity issues should be routinely monitored and discussed at a regular diversity meeting. (3.37)**
Partially achieved. Data from SMART monitoring and other sources such as racist incident reports were regularly discussed at the REAT meeting. However, there were gaps in monitoring by ethnicity during induction. While these data were available, they did not appear to have been discussed by the REAT.
- 2.26 Fire evacuation plans for prisoners with specific needs should be readily available (and transportable) in wing offices. (3.38)**
Not achieved. Prisoners with limited mobility were located on ground floors to facilitate evacuation but personal emergency evacuation plans were held in the control room rather than on the residential units and residential staff during our night visit were unaware of them.
We repeat the recommendation.
- 2.27 The needs of all prisoners over 60 should be assessed and appropriate action taken. (3.39)**
Not achieved. Development work with older prisoners was planned but had not yet started. No individual assessments of the needs of prisoners aged over 60 were completed.
We repeat the recommendation.
- 2.28 The race impact assessment on treatment delivery and other relevant assessments should be informed by consultation with black and minority ethnic prisoners. (3.50)**
Achieved. Equality impact assessments demonstrated some good quality consultation with black and minority ethnic prisoners. Birmingham City University had been commissioned to undertake a consultation with black and minority ethnic prisoners about the therapeutic regime and the results were being applied in a review of these prisoners' experience of the therapeutic regime. The report of the consultation had been made available to prisoners on the residential units and a series of meetings planned to discuss the findings and agree actions to improve the situation.
- 2.29 All members of the race equality action team should receive specific training relevant to their role. (3.51)**
Achieved. All senior management team and REAT staff had received the 'challenge it, change it' training and prisoner equality mentors were due to receive it once all staff had done so. The equality and diversity manager was to be trained in investigating discrimination incident report forms (DIRFs), although these had not yet been introduced at Grendon.
- 2.30 All staff should receive race equality training. (3.52)**
Partially achieved. There was a programme for all staff to receive the 'challenge it, change it' training and 83% had done so to date.
We repeat the recommendation.
- 2.31 All issues identified through racist incident reports should be rectified promptly. (3.53)**
Achieved. Racist incident reports were investigated thoroughly and within a reasonable timescale. Most complaints related to racist language and insults by prisoners. These were mainly resolved through the therapeutic process, which appeared appropriate in the context of Grendon's regime.

- 2.32 Additional SMART monitoring should be used to cover areas of identified concern to prisoners. (3.54)**
Achieved. There had been little change to the SMART data collected to take account of concerns raised by prisoners. However, most existing SMART data showed all fields to be in the expected range, except where one incident had caused an exceptional departure from it. Such departures were caused by the relatively small black and minority ethnic population, the low number of adjudications and the few prisoners subject to standard regime. Therefore, SMART monitoring may not have been the most effective means of obtaining data about areas of concern. The prison collected data from other sources about the concerns of black and minority ethnic prisoners and a comprehensive plan was under way to explore and address these.
- 2.33 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)**
Achieved. Investigations into racist incident reports had improved and responses were individual and addressed the complainant by their full name. Details of complaints were not forwarded to OASys assessors.
- 2.34 The prison should seek to ensure that external community representatives take part more regularly in race equality action team meetings. (3.56)**
Achieved. Considerable efforts had been made to secure external community representation for the REAT and in relation to racist incident report quality assurance. Community groups had been approached but Grendon was not convinced that the groups available were competent to fulfil this role and there was no budget to meet the fees demanded. Some external input had been provided by the Thames Valley Police community liaison officer.

Foreign national prisoners

- 2.35 The foreign national policy should accurately reflect practice, include the services available to support prisoners and made available to prisoners. (3.60)**
Partially achieved. The foreign national policy contained useful guidance but two foreign national prisoners we spoke to were unaware of the support available to them.
We repeat the recommendation.
- 2.36 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)**
Not achieved. The foreign national coordinator had not been able to access any foreign national training despite efforts to do so. The same was true for custody office staff dealing with foreign national casework. They had liaised with colleagues engaged in similar work in other establishments to share guidance on foreign national casework and support.
We repeat the recommendation.
- 2.37 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)**
Achieved. No category D foreign national prisoners had been held at Grendon since the last inspection. Caseworkers in the offender management unit informed the UK Border Agency (UKBA) when foreign national prisoners were received and there were procedures to ensure that UKBA was consulted in good time about any foreign national prisoner likely to be recategorised to category D and considered for open conditions.

Applications and complaints

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

Achieved. The generic application process had been established on all wings and appeared well understood by prisoners. However, the timeliness of replies was not monitored and some prisoners described long delays.

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

Achieved. The performance unit undertook a monthly complaints analysis, which was discussed by the monthly operational policy meeting.

Legal rights

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

Not achieved. There was still little in terms of established legal services provision and no nominated officers identified as a point of contact for prisoners. In practice, residential staff, usually personal officers, helped prisoners resolve their queries.

We repeat the recommendation.

- 2.41 **Confidential legal visits facilities should be provided (3.77)**

Not achieved. There were still no suitable designated facilities for legal visits. Staff said visits could be held in a closed visits booth on request but in practice legal visits still took place in the main visits hall without suitable privacy.

We repeat the recommendation.

Substance use

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

Achieved. The role of the drug strategy officers had been clarified and there was a distinction between the roles of drug officers and counselling, assessment, referral, advice and throughcare (CARAT) workers, who were no longer required to carry out mandatory drug testing (MDT).

Additional information

- 2.43 There had been concerns about medicines being diverted through bullying. Grendon had recently been supplied with urine testing kits able to detect Tramadol and 130 men had been tested in July as part of their compliance-based compact. Two men had tested positive for Tramadol, only one of whom had been prescribed it. During July, about 17 men had been prescribed Tramadol and a further 17 Gabapentin. A multidisciplinary decision had been made that all men prescribed drugs that could be abused or diverted (such as Gabapentin, pregabalin or Tramadol) could receive them only under supervision. This situation was due to be reviewed after three months. Several prisoners complained to us about it. While we recognise the need for vigilance, we saw no reason why in-possession medications could not be provided to low-risk and trusted prisoners.

Health services

- 2.44 **The governor, director of therapy and head of health care 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)**
Partially achieved. The mental health in-reach team was integrated into the day-to-day working of the prison and took part in assessments where appropriate. One nurse held a lead role for prisoners with severe and enduring mental health difficulties and the other held the lead for primary care. Care UK, the provider of primary care services, did not have a lead nurse for mental health. There were limited mental health links at strategic meetings that could benefit prisoners.
We repeat the recommendation.
- 2.45 **Sufficient appropriately qualified nursing, administrative and support staff should be employed to ensure prisoners have equity of access to health services. (4.53)**
Partially achieved. There had been a significant recruitment campaign for nursing, medical and administrative staff but the poor quality of applicants meant this had not been completely successful. The head of health care was new. The clinical lead for the cluster (HMPs Aylesbury, Spring Hill and Grendon) had been provided with assistance so she was now able to concentrate on her responsibilities. A senior staff nurse started in post during the inspection and further recruitment was in place. The high number of locum medical staff being used was a concern but we recognised that the situation was not easily remedied.
We repeat the recommendation.
- 2.46 **The role of health care 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)**
No longer relevant. There was a clear distinction between nursing and discipline officer roles.
- 2.47 **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)**
Not achieved. Plans to upgrade the department had been produced but had not been implemented due to lack of funding. The department was little changed and in a poor condition. There was some modern equipment but not enough and out-of-date or broken equipment had not been discarded. Paint was peeling off many walls and piping had not been blocked in. Flooring in some areas needed to be replaced.
We repeat the recommendation.
- 2.48 **The primary care trust should be asked to conduct a professional infection control audit and make appropriate recommendations. (4.56)**
Achieved. Even though this recommendation had been achieved and there were regular monthly infection control audits focusing on different areas such as hand washing, the risk of cross contamination was a concern. The cleaning contract was insufficient as there were no external providers to clean clinical areas. There was a heavy reliance on the health care orderly to clean the department and it was not possible to clean all clinical areas every day. The environment was dusty and there was damaged equipment, such as the patient couch in a consulting room. The dental room did not have a separate area to decontaminate equipment.
- 2.49 **A lead health care 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)

Not achieved. Not enough work was taking place with older prisoners and prisoners with disabilities across the prison and there was no nursing lead for these client groups.

We repeat the recommendation.

- 2.50 **The system for allocating NHS appointments should be reviewed to ensure cancellations and rearranged appointments are kept to a minimum. (4.58)**
Achieved. Prisoners could attend a number of hospitals in the area and particularly good working relationships with Stoke Mandeville Hospital meant there were few rearranged appointments. External appointments were managed by the administrator. SystemOne was not used to monitor external appointments.
- 2.51 **The role of the chaperone should be reviewed and expanded to ensure clear value for patients and staff. (4.59)**
Achieved. Where appropriate, nursing staff or support workers chaperoned medical staff. This was necessary for the benefit of prisoners and to support locum medical staff, who made up most of the medical team.
- 2.52 **A clinical IT system should be installed as a priority. (4.60)**
Achieved. SystemOne was in place. It was not used to its best effect, although there were plans for the performance manager to help staff develop their skills in this area. Access for temporary staff was slow and some locum staff relied on using other staff's login to access SystemOne, which was not acceptable.
- 2.53 **Health care data collection should be improved to ensure systems can be interrogated effectively. (4.61)**
Partially achieved. SystemOne was in place for data collection. It was not used to its best effect, although there were plans for the performance manager to help staff develop their skills in this area.
We repeat the recommendation.
- 2.54 **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)**
Not achieved. There had been no change since the previous inspection. While this recommendation presented something of a dilemma to Grendon, where prisoners signed a compact not to have sex, take drugs or be violent, the failure to address this area openly meant prisoners continued to be at risk from sexually transmitted diseases.
We repeat the recommendation.
- 2.55 **Nurses should not be required to undertake unnecessary and time-consuming administrative tasks. (4.63)**
Partially achieved. Nursing staff were still carrying out basic clerical tasks more suited to an administrator.
We repeat the recommendation.
- 2.56 **Clinical records should be kept in secure storage and accessible only to health care staff. (4.64)**
Achieved. Paper clinical records were archived in accordance with the Data Protection Act and Caldicott guidance² and were accessible only by health care staff.

² The Caldicott review (1997) stipulated certain principles and working practices that health care providers should adopt to improve the quality of, and protect the confidentiality of, service users' information.

- 2.57 **The health care application system should be confidential. (4.65)**
Achieved. The health care application system was separate from other applications and was being further adapted to improve access to internal appointments.
- 2.58 **Secondary dispensing should stop. (4.66)**
Achieved. Secondary dispensing did not occur as very few medicines could be administered from stock by nurses.
- 2.59 **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)**
Not achieved. The local pharmacy service provider was not aware it was required to do this and had only just received its copy of the service level agreement.
We repeat the recommendation.
- 2.60 **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)**
Partially achieved. The medicines management committee had been re-established and membership comprised the local provider and the Care UK representative. There was still uncertainty and limited communication in some areas (such as medicines labelling).
We repeat the recommendation.
- 2.61 **A pharmacist should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review. (4.69)**
Not achieved. There were no counselling sessions or pharmacy-led clinics. There was limited clinical audit related to pharmacy. Medicine reviews were undertaken by GPs.
We repeat the recommendation.
- 2.62 **The special sick policy should be reviewed to ensure that all appropriate medicines can be supplied. (4.70)**
Not achieved. Only paracetamol could be administered as special sick as there had been a significant review of medicines management since the previous inspection. There was, however, no clear policy.
We repeat the recommendation.
- 2.63 **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)**
Not achieved. There were no patient group directions (PDGs) and their use was not possible due to the high use of agency staff. There was no pre-packed stock that could be given at the time of prescribing as labelling of medicines had been problematic. The supplier did not have a pre-pack license and consequently was unable to dispense medicines already labelled. This situation was due to be reviewed and it was good to see there were two nurse prescribers in post.
We repeat the recommendation.
- 2.64 **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)**
Partially achieved. There were a limited number of up-to-date policies and protocols related to medicines and medicines management. Staff were supposed to sign that they had read and

understood the relevant policy and procedures but this was not always adhered to by nursing or medical staff. Senior operational staff from Care UK did not have a copy of the pharmacy operating procedures. There were no policies or procedures available in the Care UK's offender health IT site, which was being updated. It was difficult to find relevant policies and procedures on the electronic site.

We repeat the recommendation.

Additional information

- 2.65 Care UK had been commissioned by NHS Buckinghamshire in April 2010. Following difficulties during the first year of the contract, criticism was received via the prison and Independent Monitoring Board. The prison partnership board and clinical governance committee had been re-established and the commissioner attended the prison regularly to engage with staff and prisoners. We observed an improving situation, which was backed up by the governor, and would encourage the ongoing development of relationships through this improved communication.

Activities

- 2.66 **There should be an increase in the range of courses offered beyond level 2 to meet the needs of high ability prisoners. (5.13)**
Not achieved. The previously satisfactory range of education and vocational training courses had reduced. The prison information and communications technology academy (PICTA) workshop, which offered information and communication technology training up to level 5, had closed and the recreational cookery course was no longer available. The prison no longer offered prisoners the opportunity to complete national vocational qualifications at level 1 in food preparation and cookery.
We repeat the recommendation.
- 2.67 **Prisoners with allocated jobs should be given time to attend education courses. (5.14)**
Achieved. Therapeutic groups had been consulted and prisoners who had jobs were now able to attend education courses.
- 2.68 **Places in the PICTA workshop should be fully utilised. (5.15)**
No longer applicable. The PICTA workshop had been closed due to insufficient funding.
- 2.69 **Education induction should be revised to ensure more accurate and timely information is given. (5.16)**
Achieved. Initial assessment of prisoners' literacy and numeracy needs continued to be carried out on the induction wing and improvements had been made to ensure that prisoners were given clear and more timely information about the range of education and vocational training available to them.
- 2.70 **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)**
Partially achieved. Prisoner access to the library was still poor. Access was restricted as there were not enough staff to escort prisoners to and from the library. However, library services had been fully reviewed and education, prison and library staff had consulted with prisoners about proposals to move the library to a larger room off the main corridor to improve access. Immediate plans were in place to move the library.
We repeat the recommendation.

Additional information

- 2.71 Progress against our previous recommendations had been slow. Manchester College had taken over the OLASS contract but staff shortages and restructuring meant there had been severe disruption to the education service over the past year. There had been no full-time manager since April 2010 and the post had only recently been filled, with the new manager starting during the inspection. The education provision was now fully staffed and beginning to offer a full service for prisoners.
- 2.72 The three-year development plan for learning and skills for Grendon and HMP Spring Hill placed too much emphasis on the provision at Spring Hill. The plan lacked a clear, concise and comprehensive vision for learning and skills at Grendon and how this complemented the work undertaken in the therapeutic communities.
- 2.73 The Manchester College had failed to meet its contracted education hours. The high quality of the limited provision that was available, however, had been maintained and success rates continued to be high. Prisoners spoke highly of the support they receive from education staff and the benefits to their therapy. Although the writer in residence post had been cut, an artist in residence had been established to strengthen the good therapeutic and recreational art education in the prison. Thirty prisoners were undertaking vocational qualifications in music technology, digital photography and journalism, which included creative writing. Although there was no other vocational training currently available, there were immediate plans to introduce horticulture qualifications for prisoners working in the gardens. There was sufficient employment for around 160 prisoners, although many jobs were based on the wings and did not fully occupy prisoners. Twenty prisoners were undertaking Open University courses and were well supported by education staff. However, new funding mechanisms and the prospect of full cost university courses threatened the future availability of this provision.

Physical education and health promotion

- 2.74 **More physical education staff should be employed to enable all facilities to be fully utilised. (5.23)**
Not achieved. There were still insufficient staff to offer a full PE service. A staffing complement of one PE senior officer and three PE staff was the same as in 2009.
We repeat the recommendation.
- 2.75 **The prison should reintroduce a range of accredited physical education programmes. (5.24)**
Not achieved. Although a significant proportion of prisoners would not be suitable to complete PE courses and enter the leisure industry, some prisoners would have benefited. PE staff were suitably qualified but no vocational PE courses had been reintroduced.
We repeat the recommendation.
- 2.76 **Facilities for outside sports should be improved. (5.25)**
Not achieved. Outside PE facilities remained poor and prisoners had limited access to outdoor recreational PE. Proposals had been written to introduce an all-weather outdoor pitch but funding had not yet been secured.
We repeat the recommendation.

Faith and religious activity

- 2.77 **Regime activities should not clash with religious services. (5.32)**
Achieved. The timings of some regime activities, mainly gym, had been adjusted and two separate gym sessions had been introduced to enable prisoners to attend services without foregoing gym.
- 2.78 **The multi-faith room should be enlarged and provide suitable facilities for Muslim prisoners. (5.33)**
Not achieved. This recommendation had been rejected on the grounds of insufficient resources to enlarge the multi-faith room. However, there were well advanced plans to enlarge the room and provide ablutions facilities.
We repeat the recommendation.
- 2.79 **Prisoners should be able to visit the Buddhist garden unescorted. (5.34)**
Not achieved. Plans to make the garden secure so that prisoners could visit it unescorted had been rejected due to prohibitive cost. The chaplaincy had arranged staff supervision so that the garden could be used during Buddhist festivals.

Time out of cell

- 2.80 **Prisoners should be offered daily exercise unless weather conditions are extreme. (5.39)**
Achieved. Prisoners were offered 30 minutes of exercise each weekday and an hour on Saturdays and Sundays. There was no evidence that these sessions were cancelled due to anything but inclement weather.
- 2.81 **Prisoners should be given the opportunity of wearing outdoor clothing if they wish to take exercise in poor weather. (5.40)**
Not achieved. We were told that outdoor clothing was available from the clothing exchange store but staff and prisoners on residential wings said prisoners were not usually offered coats or water-resistant clothing in poor weather.
We repeat the recommendation.
- 2.82 **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)**
Not achieved. Prisoners were locked in their cells from 1pm to 2pm but time out of cell was generally better than similar category prisons (see below).

Additional information

- 2.83 All prisoners spent at least 10 hours out of cell each day. Periods of association were offered every day and rarely cancelled. Association facilities were reasonable and staff were properly engaged with prisoners when they were unlocked. Evening exercise, although scheduled, was not offered.

Security and rules

- 2.84 **The rules of the prison and individual community should be on display in residential areas. (6.8)**
Partially achieved. Wing constitutions explaining the rules of each residential unit and setting out the expected conduct of staff and prisoners had been published and most prisoners had been given a copy but many were out of date and did not reflect some minor changes to wing rules. However, all prisoners we spoke to said they knew what was expected of them and how to get help from staff if they needed it.

Additional information

- 2.85 The important elements of dynamic security were in place. Relationships between staff and prisoners were positive and supervision on residential units was effective. During association, officers engaged with prisoners and entries in personal files indicated a good awareness of individual circumstances. The security committee was properly constructed and meetings were generally well attended by managers and staff representatives from relevant areas. Risk assessment and management systems were effective. There was no evidence that Grendon was risk averse in terms of allocating activity spaces or in dealing with the therapeutic communities and overall security procedures did not prevent prisoners from participating in a full therapeutic regime.

Discipline

- 2.86 **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)**
Achieved. The number of incidents requiring the use of force was very low, with only two in the year to date. Overall monitoring arrangements had been improved and there were strong links between the safer custody group, the security committee and the senior management team. Incidents were discussed at the monthly security committee, the safer custody committee meetings and at regular use of force committee meetings. There was no evidence that force was used unnecessarily or as a first resort when dealing with difficult behaviour. Records showed that force was only justified when it was reasonable in the circumstances and was proportionate according to the incident.

Additional information

- 2.87 The number of formal adjudications was also very low, at about 18 in the last six months. As at the last inspection, there was good evidence that officers dealt with low level infringements of prison rules through positive relationships and were not reliant on formal procedures. Records of hearings were well kept and demonstrated a full examination of all evidence and prisoners were able to give their version of events. Quarterly adjudication standardisation meetings, usually chaired by the governor, were well attended by adjudicating governors. The minutes reflected good discussion of appropriate issues, including prisoner feedback.
- 2.88 There was still no designated segregation unit or special accommodation, although some prisoners from Spring Hill were occasionally held in cells in Grendon while awaiting transfer elsewhere.

Incentives and earned privileges

- 2.89 **The alternative procedure to the incentives and earned privileges scheme successfully adopted on B wing should be introduced across all communities. (6.22)**
Partially achieved. The incentives and earned privileges (IEP) scheme still had little practical relevance in a prison where 96% of prisoners were on the enhanced level. All prisoners taking part in therapy were on enhanced level. The scheme did not operate on B and C wings, where prisoners were held to account by peers through group and wing meetings for any poor behaviour. There seemed to be little difference in experience concerning behaviour management on A or G wings, where the scheme was nominally in operation. Prisoners not engaged in therapy were subject to the usual IEP policy, which seemed appropriate. The privileges prisoners had if they conformed to the rules and conditions were reasonable but there was little difference between enhanced and standard apart from an extra visit and an increase in spending ability. No one was on the basic IEP level.

Catering

- 2.90 **Kitchen workers should wear required clothing. (7.7)**
Partially achieved. Although all prisoners working in the kitchens had completed an induction course that covered food hygiene and all were issued with appropriate protective clothing, not all prisoners wore gloves and hats when serving food.
We repeat the recommendation.
- 2.91 **Prisoners should be able to eat together at lunchtime. (7.8)**
Achieved. Prisoners could eat their lunch together from about noon until 1pm in well equipped and clean dining rooms located on all residential units.

Additional information

- 2.92 The kitchen and the kitchen pods on the residential units were clean, properly maintained and generally well equipped. Lunch and dinner were selected from a four-week rolling menu that offered a good variety, of healthy options and generally met the needs of different diets, including vegetarian, vegan, Halal, kosher and gluten-free. Menu options included fruit and vegetables every day. Meals were generally served on the residential units at about noon and 5pm. Staff supervision of wing serveries was good and food temperatures were taken on arrival on the wing. Utensils designated for the serving of Halal food were used and all servery workers had been trained in basic food hygiene. The quality of meals we sampled was good and portions were adequate.

Prison shop

- 2.93 **The range of goods available to buy should reflect the needs of all prisoners, including black and minority ethnic prisoners. (7.13)**
Achieved. The prison had moved to national prison shop contract arrangements late in 2009 and many initial difficulties had been addressed. The prison shop list was extensive, with over 400 items, including fresh fruit and snack meats that included a range of Halal products. Many of these were offered following consultation with prisoners at the monthly canteen and catering committee meeting, which included prisoner equality representatives.

Strategic management of resettlement

- 2.94 **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)**
Achieved. The resettlement strategy had been updated to include an action plan for development of the resettlement pathways.
- 2.95 **The two separate individual resettlement needs analyses should be consolidated into a single process that includes criminogenic and resettlement needs. (8.10)**
Achieved. A single needs analysis had been carried out in November 2010. The findings had been considered by the resettlement strategy meeting and used to inform development of policy and services relevant to prisoners at Grendon. This included updated guidance on use of release on temporary license and escorted absences.
- 2.96 **An annual needs analysis should be undertaken of the whole population and used to determine whether additional interventions should be provided. (8.11)**
Achieved. The first annual needs analysis had been carried out in November 2010.
- 2.97 **Prisoners should be consulted about the resettlement provision, including an exit survey of those being transferred or released. (8.12)**
Achieved. There was no exit survey but prisoners had been consulted as part of the needs analysis and were asked for their feedback on resettlement arrangements in their exit interviews. The majority of prisoners were transferred to other establishments, with an average of six released into the community each year. Planning for release and transfer started in good time but the movement of men to other prisons when they finished therapy was often delayed by the lack of available places. Prisoners who were released had plans appropriate to their needs and were able to access advice on housing, benefits and employment, some of which was available through Spring Hill's external providers. A prisoner released in July 2011 had successfully been released on temporary licence four times before his release to sort out accommodation issues and rebuild family links.

Offender management and planning

- 2.98 **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)**
Achieved. Community offender managers were invited to attend meetings and contribute to risk assessment and sentence management and more use was made of video conferencing to facilitate offender managers' involvement with prisoners. Between August 2010 and August 2011, video conferencing had been used 73 times for meetings involving offender managers. Records of telephone and email contact with offender managers were also available.
- 2.99 **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)**
Partially achieved. The impact of the national benchmarking exercise was not yet known at Grendon. In preparation, managers had carried out their own review of staffing levels in the offender management unit and some efficiencies had been identified and realised. Managers were clear that they could not make any further efficiencies without impoverishing the services they offered. It was positive that Grendon had been asked to make fewer cost savings in the current financial year in recognition of its specialist function.

- 2.100 **The public protection policy should be updated, simplified and made available to all staff. (8.30)**
Not achieved. The public protection policy had not been revised. Despite this, public protection was managed effectively, with good communication between security, offender management unit and residential staff. The risk management board was multidisciplinary and considered all new receptions and all ongoing cases at each meeting.
We repeat the recommendation.
- 2.101 **Key public protection information about individual prisoners should be accessible to relevant staff through the local intranet. (8.31)**
Achieved. Prisoner Nomis records were kept up to date. Relevant alerts and case notes were updated by a member of the offender management unit. The agenda for risk management meetings was published before the meeting, so that any member of staff with an interest in a particular prisoner could attend or provide information for consideration.
- 2.102 **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)**
Achieved. Each community had its own offender supervisor who worked with all the prisoners in that community. Although not all the offender supervisors were probation officers, they were all integrated into their communities and were visible and available to prisoners and staff. The five offender supervisors acted as gate keepers for one another's work to ensure experience was shared and developed across the team.
- 2.103 **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)**
Partially achieved. Case logs were not accessible electronically to staff outside the offender management unit. Staff could have access to the logs in the offender management unit and some, but not all, residential staff had received training in, and had access to, OASys.
We repeat the recommendation.
- 2.104 **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)**
Achieved. The offender supervisors attended all relevant meetings for the community they were part of, accessing information on risk along with other relevant information. Therapy targets were linked to risk factors for each prisoner. Information-sharing between therapists, psychologists, residential staff and offender supervisors had developed. Risk of harm was discussed and recorded at all sentence planning meetings and at recategorisation meetings.

Resettlement pathways

- 2.105 **The work of the resettlement leavers' forum should continue to be embedded as part of preparation for release. (8.47)**
No longer relevant. The resettlement leavers' forum no longer existed.
- 2.106 **The draft exit survey and consultation with prisoners should inform future development of reintegration planning. (8.48)**
Achieved. The draft exit survey was no longer used. All leavers had exit interviews on their units and these were used to help inform development of reintegration planning. Prisoners had been involved in focus groups for the resettlement needs analysis, which included consideration of reintegration planning. Good links were being made with establishments that regularly took men on transfer from Grendon at the conclusion of therapy. Two of these

establishments had set up groups for ex-Grendon prisoners to support their transition back to a non-therapeutic regime. Staff from one of the establishments had offered to visit Grendon and talk to prisoners about the transition and how they were perceived by staff at receiving establishments.

- 2.107 **A needs analysis should identify whether specific courses focused on money management would be beneficial to the population. (8.49)**
Achieved. A needs analysis had been carried out and the education department offered a course on money management.
- 2.108 **The drug strategy document should contain a separate action plan for Grendon. (8.56)**
Not achieved. There was an updated drug strategy for 2010-11 but the action plan remained amalgamated between HMPs Spring Hill and Grendon.
We repeat the recommendation.
- 2.109 **Health services should be represented at drug strategy meetings. (8.57)**
Achieved. Health care staff attended the drug strategy meetings, although we were told this had been sporadic. There were plans for the integrated drug treatment system nurse to represent Grendon and HMP Spring Hill in order to maintain consistency in attendance.
- 2.110 **The substance misuse awareness training package for staff should be implemented. (8.58)**
Achieved. A pack had been developed by the drug strategy manager and training had been delivered during 2010. All nurses were RCGP part 1 trained and there was access to a GP who was RCGP part 2 trained.
- 2.111 **Transport should be provided for visitors to and from the local station. (8.70)**
Not achieved. The prison did not provide transport from local stations.
We repeat the recommendation.
- 2.112 **A properly resourced visitors' centre should be provided outside the prison. (8.71)**
Not achieved. There was no visitors' centre outside the prison but funds had been approved and plans had been drawn to provide one. Building was expected to begin by the end of 2011.
We repeat the recommendation.
- 2.113 **Visits should start at the advertised time. (8.72)**
Achieved. Social visits were offered on Wednesdays from 2.10pm to 4pm and at weekends from 2pm to 4pm. There was no evidence that visits did not begin at stated times. Prisoners we spoke to said visits were rarely late and they could usually attend for the full two hours.
- 2.114 **Prisoners should be able to exchange unused visiting orders for telephone credit and this should be made known to them. (8.73)**
Not achieved. Prisoners could not exchange unused visiting orders for telephone credits. We were told that the prison was unable to meet this cost.
We repeat the recommendation.
- 2.115 **Families should be encouraged to participate in key aspects of sentence planning where appropriate. (8.74)**
Partially achieved. Although there was little evidence that families were actively involved in sentence planning processes, issues affecting family life were dealt with in therapy sessions. When necessary, visits could be arranged outside the allocated times so prisoners could gain support with their therapy.
We repeat the recommendation.

- 2.116 Prisoners should be able to receive incoming telephone calls from children or to deal with arrangements for them. (8.75)**
Partially achieved. Although prisoners were not usually permitted to receive incoming telephone calls, arrangements had been put into place that allowed them to deal with urgent or compassionate family matters through incoming calls in individual circumstances.
- 2.117 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)**
Achieved. Family days were offered to all prisoners at least twice a year. Further wing social visits where families visited the prisoner's wing were offered, children's visits were also held when requested by prisoners following risk assessments and therapeutic family visits took place on all residential units, again following a prisoner's application. 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.
- 2.118 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)**
Achieved. There were now sufficient experienced staff on the communities to run the groups, and these were usually drawn from the pool of staff working on that community, thereby providing good continuity. Groups were now rarely cancelled.
- 2.119 Recruitment procedures for Grendon should ensure that potential staff fully understand and are prepared to engage in the therapeutic process. (8.88)**
Achieved. All staff working with prisoners at Grendon were interviewed before taking up post to ensure that they fully understood the therapeutic processes.
- 2.120 Alternative Prison Service posts should be offered within the area to allow officers appropriate respite from therapeutic work. (8.89)**
Not achieved. Issues of respite from therapeutic work were usually dealt with through an annual staff rotation every September. Prior to this date, staff could apply to join or leave Grendon. The expectation was that all staff at Grendon and Spring Hill were willing to work on the therapy groups. If officers were unwilling to fully engage, they would usually be considered for a move to another prison in the area, usually at their own expense.

Section 3: Summary of recommendations

The following is a list of both repeated and further recommendations included in this report. The reference numbers in brackets refer to the paragraph location in the main report.

Main recommendations	To NOMS
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- 3.1 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. (2.1)
- 3.2 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. (2.2)

Main recommendations	To the governor
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- 3.3 Prisoners who are no longer in therapy should be transferred within three months. (2.3)
- 3.4 All prisoners should have genuine 24-hour access to toilet facilities. (2.4)
- 3.5 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. (2.6)

Recommendations	To the governor
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Courts, escorts and transfers

- 3.6 Prisoners out of therapy should not be penalised in terms of pay while waiting for transfers. (2.10)

Residential units

- 3.7 Rubbish thrown on to flat roofs should be disposed of promptly. (2.11)

Self-harm and suicide

- 3.8 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. (2.19)

Diversity

- 3.9 An overarching diversity policy should outline how the needs of minority groups will be met. (2.22)
- 3.10 Fire evacuation plans for prisoners with specific needs should be readily available (and transportable) in wing offices. (2.26)
- 3.11 The needs of all prisoners over 60 should be assessed and appropriate action taken. (2.27)
- 3.12 All staff should receive race equality training. (2.30)
- 3.13 The foreign national policy should accurately reflect practice, include the services available to support prisoners and made available to prisoners. (2.35)
- 3.14 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. (2.36)

Legal rights

- 3.15 An assessment should be made of unmet need for legal services and appropriate services provided to meet this need. (2.40)
- 3.16 Confidential legal visits facilities should be provided. (2.41)

Health services

- 3.17 The governor, director of therapy and head of health care 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. (2.44)
- 3.18 Sufficient appropriately qualified nursing, administrative and support staff should be employed to ensure prisoners have equity of access to health services. (2.45)
- 3.19 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. (2.47)
- 3.20 A lead health care 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. (2.49)
- 3.21 Health care data collection should be improved to ensure systems can be interrogated effectively. (2.53)
- 3.22 Condoms should be available to prisoners, who should be informed of all health risks associated with the use or non-use of barrier protection. (2.54)
- 3.23 Nurses should not be required to undertake unnecessary and time-consuming administrative tasks. (2.55)

- 3.24 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. (2.59)
- 3.25 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. (2.60)
- 3.26 A pharmacist should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review. (2.61)
- 3.27 The special sick policy should be reviewed to ensure that all appropriate medicines can be supplied. (2.62)
- 3.28 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. (2.63)
- 3.29 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. (2.64)

Activities

- 3.30 There should be an increase in the range of courses offered beyond level 2 to meet the needs of high ability prisoners. (2.66)
- 3.31 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. (2.70)

Physical education and health promotion

- 3.32 More physical education staff should be employed to enable all facilities to be fully utilised. (2.74)
- 3.33 The prison should reintroduce a range of accredited physical education programmes. (2.75)
- 3.34 Facilities for outside sports should be improved. (2.76)

Faith and religious activity

- 3.35 The multi-faith room should be enlarged and provide suitable facilities for Muslim prisoners. (2.78)

Time out of cell

- 3.36 Prisoners should be given the opportunity of wearing outdoor clothing if they wish to take exercise in poor weather. (2.81)

Catering

- 3.37 Kitchen workers should wear required clothing. (2.90)

Offender management and planning

- 3.38 The public protection policy should be updated, simplified and made available to all staff. (2.100)
- 3.39 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. (2.103)

Resettlement pathways

- 3.40 The drug strategy document should contain a separate action plan for Grendon. (2.108)
- 3.41 Transport should be provided for visitors to and from the local station. (2.111)
- 3.42 A properly resourced visitors' centre should be provided outside the prison. (2.112)
- 3.43 Prisoners should be able to exchange unused visiting orders for telephone credit and this should be made known to them. (2.114)
- 3.44 Families should be encouraged to participate in key aspects of sentence planning where appropriate. (2.115)

Appendix I: Inspection team

Sean Sullivan	Team leader
Michael Calvert	Inspector
Peter Dunn	Inspector
Angela Johnson	Inspector
Gordon Riach	Inspector
Helen Carter	Health care Inspector
Neil Edwards	Ofsted

Appendix II: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced		218	100
Recall			
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
Total		218	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced			
Less than 6 months			
6 months to less than 12 months			
12 months to less than 2 years			
2 years to less than 4 years		2	0.9
4 years to less than 10 years		7	3.2
10 years and over (not life)		11	5
ISPP			
Life		198	90.8
Total		218	100

Age	Number of prisoners	%
Please state minimum age		
Under 21 years		
21 years to 29 years	50	22.9
30 years to 39 years	63	28.9
40 years to 49 years	79	36.2
50 years plus	26	11.9
60 years to 69 years		
70 plus years		
Please state maximum age	64	
Total	218	100

Nationality	18–20 yr olds	21 and over	%
British		211	96.7
Foreign nationals		7	3.3
Total		218	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Cat A			
Cat B		121	55.5
Cat C		96	44

Cat D		1	0.5
Other			
Total		218	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British		172	78.9
Irish		4	1.8
Other white		2	0.9
<i>Mixed</i>			
White and black Caribbean		7	3.2
White and black African			
White and Asian		3	1.4
Other mixed			
Asian or Asian British			
Indian			
Pakistani		2	0.9
Bangladeshi			
Other Asian		2	0.9
<i>Black or black British</i>		18	8.2
Caribbean			
African		6	2.7
Other black			
<i>Chinese or other ethnic group</i>			
Chinese			
Other ethnic group			
Not stated		2	0.9
Total		218	100

Religion	18–20 yr olds	21 and over	%
Baptist			
Church of England		57	26
Roman Catholic		30	13.7
Other Christian denominations		11	5
Muslim		20	9.2
Sikh			
Hindu		1	0.45
Buddhist		19	8.7
Jewish		1	0.45
Other		75	34.4
No religion		4	1.8
Total		218	100

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			9	4.1
1 month to 3 months			19	8.7
3 months to 6 months			32	14.6
6 months to 1 year			34	15.5
1 year to 2 years			58	26.6
2 years to 4 years			53	24
4 years or more			13	6
Total			218	100

Unsentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months				
6 months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total				

Main offence	18-20 yr olds	21 and over	%
Violence against the person		136	62.4
Sexual offences		42	19.3
Burglary			
Robbery		29	13.3
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences		11	5
Civil offences			
Offence not recorded/holding warrant			
Total		218	100