



Annual Report of the Independent Monitoring Board at HMP/YOI Bronzefield

**For reporting year
1 August 2021 – 31 July 2022**

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Introductory sections 1 – 3

1. Statutory role of the IMB

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

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

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

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

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

2. Description of the establishment

HMP/YOI Bronzefield opened in June 2004. It is a privately-run local prison, managed by Sodexo Justice Services Ltd and holds both remand and sentenced female prisoners. It is located in Ashford, Surrey, close to Heathrow Airport.

At the end of the reporting period the prison had a certified normal accommodation (CNA) of 542, which included 15 additional prisoner places (APP). The average population of the prison in the reporting year was 480 prisoners and it has held on average 17 young adults (YA) aged between 18 and 21 who are accommodated in the same houseblocks as the adult prisoners. It also accommodates a 12-bed mother and baby unit (MBU) with room for 13 babies. Up to 188 prisoners are held in double cells. HMP/YOI Bronzefield serves 95 courts. At the end of the reporting period the prison held 14 restricted status (RS) prisoners.

Primary GP services were provided by a private sector agency, Med-Co. Nursing staff are employed directly by Sodexo Justice with shortfalls filled by agency nurses. Secondary mental health care is provided through a contract with Central North West London NHS Foundation Trust (CNWL). The prison has a 24-hour inpatient healthcare unit but no dedicated mental health unit. Education services and facilities management are provided by Sodexo Justice.

There are various outside organisations supporting family and community ties and linking to services that help with resettlement after release. A full list of these is published annually in HMP/YOI Bronzefield's strategy document.

3. Executive summary

3.1 Background to the report

The Covid-19 national framework for prison regimes and services was in place until June 2022. During the reporting year, the prison spent time in stages 3, 2 and 1, with three declared outbreaks.

3.2 Main judgements

How safe is the prison?

1. The Board's observation is that the prison provides a physically safe environment for the prisoners.
2. There have been further increases in the incidences of self-harm and the number of prolific self-harmers putting themselves at serious risk. (See paragraphs 4.2.2, 4.2.3.)

How fairly and humanely are prisoners treated?

1. There has been a consistently high level of staff shortages and inexperienced staff, particularly at weekends. This has had a serious impact on the regime. (See paragraphs 5.3.3, 6.5.1, and 6.6.2.)
2. The prison has lacked strategic oversight of diversity and equality and as a consequence its diversity action plan was not based on the prisoner's needs. (See paragraph 5.4.6.)
3. Many complaints deemed to have been responded to within timescales by the prison are in fact interim responses and final responses have been delayed significantly beyond the one week required. (See paragraph 5.7.2.)

How well are prisoners' health and wellbeing needs met?

1. The use of the prison as place of safety for prisoners with very complex mental health conditions is ongoing and places pressure on the healthcare unit and the residential houseblocks. The number of prisoners who require transfer to a secure inpatient mental health unit and those who on discharge are immediately sectioned, reflects the level of concerns. (See paragraph 6.3.9.)
2. Provision of the substance misuse service, used by approximately 40% of the prison population, has been severely curtailed due to staff shortages. (See paragraph 6.6.2.)

How well are prisoners progressed towards successful resettlement?

1. A survey over a two-month period indicated that 65% of 100 sentenced prisoners were discharged to unsustainable accommodation. (See paragraph 7.5.3.)

3.3 Main areas for development

TO THE MINISTER

1. Following reunification of the probation services in June 2021, the survey undertaken by the Board in early 2022 found there continued to be a significant problem in the provision of accommodation for prisoners on release. What are the Minister's plans for this issue to be addressed urgently? (See paragraph 7.5.3.)
2. Given the complex issues raised, what are the Minister's plans for the management of transgender prisoners? (See paragraphs 5.4.16, 5.4.17 and 5.4.18.)

TO THE PRISON SERVICE

1. The number of self-harm incidents has continued to rise to an average of 238 incidents a month. Given that a few prolific self-harmers account for a high proportion of these incidents, how does the Prison Service plan to provide support to the prison to manage these extremely challenging prisoners? (See section 4.2.)
2. What is the Prison Service's response to the recommendations arising from the IMB equality and diversity survey? (See paragraph 5.4.6.)

TO THE DIRECTOR

1. What plans are in place to manage a smooth transition to the new healthcare services contract? (See paragraph 6.1.1.)

TO THE MAYOR OF LONDON

1. What has the Mayor's office for policing and crime done in the last year to increase the availability of accommodation for those prisoners who leave prison with no fixed abode? Will the Mayor provide a response to this issue which the Board has raised annually since 2017? (See paragraphs 7.5.1 and 7.5.2, 7.5.3.)
2. What steps does the Mayor plan to take to address the problem of home detention curfew (HDC) checks not being carried out in a timely manner and prisoners therefore not being released on HDC? (See paragraph 7.5.6.)

3.4 Progress since the last report

1. Since October 2021 all incoming mail other than rule 39 letters has been photocopied. (See paragraph 4.6.1.)
2. The everyday situations made easier (ESME) room, opened in October 2021, provides a quiet environment for vulnerable prisoners to engage in calming activities and has been very popular. (See paragraph 4.2.8.)

3. A new wellbeing manager was appointed in November 2021. He has introduced a comprehensive timetable of gym sessions. The gym (now wellbeing centre) has become well-used and prisoners appreciated these changes. (See paragraph 6.5.3.)

Evidence sections 4 – 7

4. Safety

4.0.1 The weekly safety intervention meetings (SIMs) oversee violent incidents, use of force, self-harm and prisoners on a challenge, support and intervention plan (CSIP).

4.0.2 The safer custody team encourages prisoners to contact them if they feel unsafe or have thoughts of self-harm.

4.1 Reception and induction

4.1.1 All prisoners were offered a Covid-19 test on arrival in reception and those who tested positive were taken directly from reception to isolate in their cell.

4.1.2 Four dedicated early days in custody (EDIC) peer workers provide information, support and distraction materials to new entrant prisoners in reception and see them every day for 20 days, if necessary, to follow up.

4.1.3 EDIC passports record details of the prisoners' first two weeks in custody. Education induction is carried out on the EDIC houseblock on day four and those on the detoxification houseblock are provided with an educational assessment pack to complete. Wellbeing inductions are on day six or seven in custody in the wellbeing centre.

4.1.4 In June 2022 the Board reviewed over 70 of the EDIC passports from the last three months. They were found to be thoroughly completed. The cell compacts indicated that a number of cells were missing curtains, quilts, bins, pillows, toilet brushes and telephones. It was noted that there were no fans in stock.

4.1.5 The Board carried out an EDIC survey over four weeks in April/May 2022 to obtain an overview of the prisoners' experience during their first few days in custody. Forty prisoners who had arrived at HMP/YOI Bronzefield during the previous seven days were contacted, 14 had been in custody before and for 26 it was their first time in custody. At the time, the prisoners were required to isolate and had their regime with prisoners who had arrived at the prison on the same day.

The responses are summarised as follows:

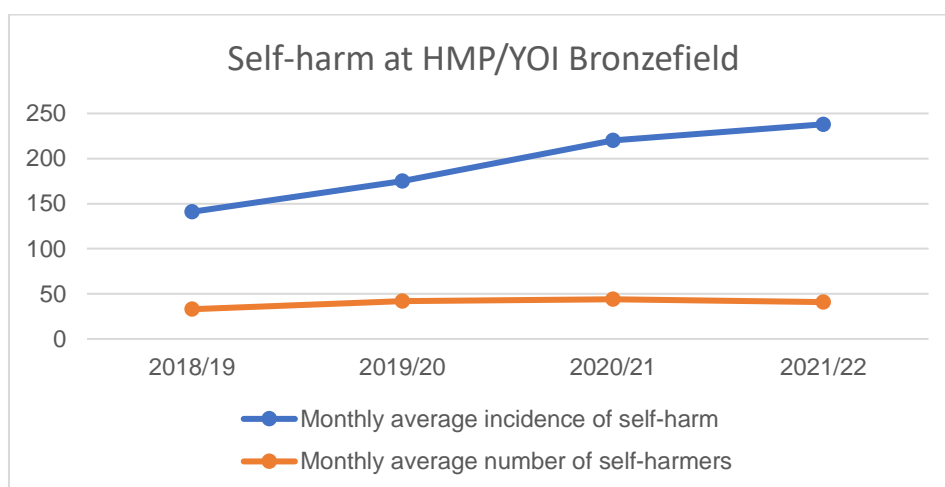
- Many of the prisoners in custody for the first time said they had been seen or called by many people but were unsure who they were apart from the peer-workers. Eighty percent of the prisoners had seen EDIC peer-workers who were frequently praised ('helped on the POD' [electronic kiosk], 'absolutely fantastic').
- Forty-two percent of the prisoners said they had not been contacted by their prison offender manager (POM) and an additional five were unsure. This was the only area of concern arising from the survey and was also highlighted by the peer workers.
- Most of the prisoners said they would contact an officer for help. However, there was a mixed response as to the level of support given, ranging from negative ('officers say they are going to do things but then don't', 'cellmate

has done everything, officers have not done anything', 'PCOs always say in a minute') to positive ('PCOs are very helpful', 'everybody has been helpful, can't thank everyone enough', 'one of the staff been amazing'). Fellow prisoners were cited as being very helpful.

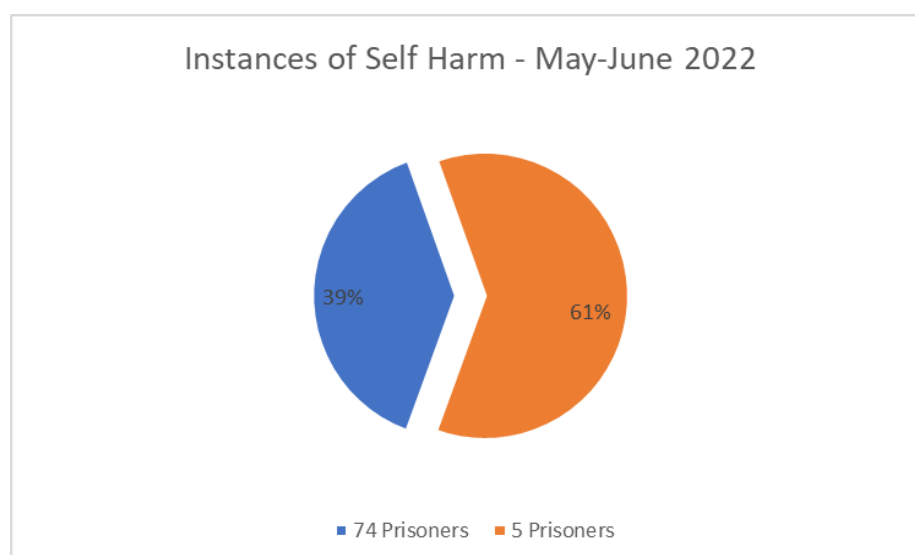
- Overall, the majority of prisoners surveyed indicated that the experience had been 'not too bad' and some said it had been much better than they expected.

4.2 Suicide and self-harm, deaths in custody

4.2.1 The incidence of self-harm remained high. There was an average of 238 self-harm incidents per month during the year (220 in 2020/21) although the average number of self-harmers per month decreased from 44 in 2020/21 to 41 this year.



4.2.2 A few prolific self-harmers accounted for a very high number of incidents. Between May and July 2021 five prisoners accounted for 61% of the self-harm incidents with two prisoners accounting for over half the incidents in July.



4.2.3 During the reporting year there have been several seriously prolific self-harmers. There have been days with more than 20 acts of self-harm occurring on the healthcare unit. The Board has observed the stress this puts on the staff who

manage them. On one occasion officers refused to undertake a constant watch for a particularly challenging prolific self-harmer as they felt it could not be done safely. On another occasion it was deemed necessary for one prisoner to have two officers on constant watch for more than a week until transferred to a secure hospital.

4.2.4 There was a noticeable increase in the use of alternative clothing for prisoners who self-harm frequently when it was considered necessary for the preservation of life. The Board was kept informed of each use of alternative clothing.

4.2.5 The prolific self-harmers were also reviewed in detail at the monthly safer prisons meeting and strategies to reduce their self-harm incidents were discussed.

4.2.6 A total of 478 assessment, care in custody and teamwork (ACCT) documents were opened during the year, compared with 547 in 2020/21.

4.2.7 A new ACCT document and process was introduced in 2021 but is reported to be too long and time consuming for ACCT assessors, resulting in some saying they no longer wish to continue in this voluntary role (down from 19 to 12 at the year end). A benefit for prisoners has been the introduction of a prisoner contribution form within the ACCT document.

4.2.8 HMP/YOI Bronzefield opened the ESME room in October last year that provides an environment where vulnerable prisoners can engage in calming activities and speak freely. It has been reported by prisoners to be extremely beneficial.

4.2.9 The number of Listeners who are prisoners trained and supported by the Samaritans fluctuated between six and 11 during the year. On average the Listeners were contacted 16 times a month and they reported that by the year end the number of face-to-face sessions as opposed to by telephone was increasing. The Listeners attend reception to check on new arrivals.

4.2.10 There was one death in custody during the year (20 November 2021). The Prisons and Probation Ombudsman (PPO) had investigated but not reported on the death by the end of the year.

4.2.11 The PPO report into the death of the newborn baby in September 2019 was published in September 2021. All bar one of the Sodexo recommendations raised in the report had already been implemented and the last one had been implemented by the end of the reporting year.

4.3 Violence and violence reduction, self-isolation

4.3.1 There was an average of 14 violent incidents a month (nine in 2020/21) with the numbers increasing through the year as the prisoners returned to normal regime. The number of serious assaults remained low.

4.3.2 There was an increase in the number of violent incidents which occurred in areas where there was no CCTV coverage.

4.3.3 A new application has been installed on the pod to enable prisoners to raise concerns confidentially about restricted items, drugs, and bullying which the security

team follow up with a visit. The security department received two to three such applications a week

4.3.4 There were no prisoners who had reported they were self-isolating for safety reasons.

4.4 Prisoners with specific vulnerabilities

4.4.1 Prisoners who have been sentenced via videolink are immediately offered the option of seeing a nurse.

4.5 Use of force

4.5.1 There was an average of 50 use of force incidents per month (41 in 2020/21), with the number of incidents increasing monthly throughout the year. The highest number, 82 in May 2021, was the result of a high number of non-compliance incidents and the need for use of force to prevent self-harm.

4.5.2 The transfer of a prolific self-harmer towards the end of the year reduced the need for the use of force to prevent self-harm.

4.6 Preventing illicit items

4.6.1 From the beginning of October, all incoming mail apart from legal rule 39 letters has been photocopied. As a result, there was an immediate drop off in the quantity of incoming mail.

4.6.2 There has been an increase in the number of rule 39 letters found to be contaminated with drugs.

4.6.3 Notebooks and writing pads are no longer allowed in through visits and can only be ordered from the canteen.

4.6.4 All visitors are swabbed for drugs, including cocaine and heroin. Those with low levels are given advice around possible contamination.

4.6.5 During the year there was an increase in the trading of prescription medication. Security therefore monitored the medication rounds two or three times a week and medication was supervised more closely by the officers.

4.6.6 Covid-19 restrictions meant that targeted mandatory drug testing (MDT) was carried out sporadically throughout the year. A new random MDT strategy was introduced at the beginning of July 2022.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.1 The Board continually heard about the lack of supply of cleaning products, mop heads not being replaced and missing tools. Prisoners stated that officers were often reluctant to go to stores to replenish stocks.

5.1.2 The Blossom clothing facility (a clothes charity for prisoners) was closed during the reporting year.

5.1.3 Plans for the refurbishment of cells and the introduction of new fire prevention equipment has resulted in one spur which can accommodate 36 prisoners being out of use since mid-June 2022.

5.1.4 Many single cells, adapted to be double cells, are cramped. Many double cells still have no privacy curtains nor a facility to lock private possessions.

5.1.5 Throughout the year, the garden maintenance was undertaken by outside contractors.

5.1.6 Prisoners can use a POD on each spur.

5.1.7 Prisoners can order meal choices through the POD. The kitchens provide specific meals for international festive and religious days which have been very well received. The provision of special meals to accommodate health issues is authorised by the healthcare department. The kitchens were regularly short of staff during the reporting year but this did not affect the preparation of meals.

5.1.8 Servery workers were frequently seen not wearing whites and the serveries were observed to be unsupervised by officers on many occasions. The Board heard many complaints about the unfairness of portion sizes being distributed by some servery workers.

5.1.9 Mother and baby unit (MBU) prisoners cook for their babies. We have received several comments about the poor quality of food provided by the kitchens for the babies and the lack of fresh food because it can only be ordered once a week.

5.1.10 Each cell was entitled to a fan during the Covid-19 period and the hot summer months. Despite guidance from senior management, there was continual confusion amongst officers as to when the roof vents on one of the houseblocks were permitted to be opened.

5.2 Segregation

5.2.1 The separation and care unit (SCU) has 12 cells and a special accommodation cell which was not used during the reporting year. A total of 61 prisoners occupied the unit during the year giving an average occupancy of 5% of the prison population

5.2.2 Due to flooding, the unit was temporarily closed in March 2022. All prisoners were relocated back to their houseblocks.

5.2.3 The Director took this opportunity to trial run the prison without a segregation unit. This was reviewed after a month and the unit re-opened. Staff on the houseblocks expressed their concerns to the Board that some prisoners' behaviour deteriorated during this period.

5.2.4 The Board aimed to see every prisoner unlocked weekly and attended 98 good order or discipline (GOoD) reviews in the reporting year. The Board believed adequate measures were taken by staff to ensure that as many prisoners as possible were returned to the houseblocks. Achievable targets are set to assist those in the SCU to be reintegrated back into the general population.

5.2.5 On the rare occasions when a member could not attend a GOoD review personally, SCU staff were always most willing and helpful to allow us to join the review remotely.

5.2.6 One prisoner exceeded 42 days in segregation.

5.2.7 The Board randomly attends adjudications. There were 1,060 adjudications this year.

5.2.8 There were 16 dirty protests during the reporting year (11 in 2020-21). All but two were carried out by prisoners with severe mental health conditions, located in the healthcare unit.

5.3 Staff / prisoner relationships, key workers

5.3.1 The Board's observation was that staff and prisoners' relationships were generally positive. The Board, again this year, heard many comments from prisoners about how 'safe' and 'well cared for' by the staff they felt during the Covid-19 crisis.

5.3.2 Many prisoners expressed concerns about the lack of a key worker allocated to them and several stated they were unaware of the key worker programme.

5.3.3 The Board observed low level rule breaking going unchallenged by officers and inconsistent management of medication queues which is attributed to staff shortages.

5.4 Equality and diversity

5.4.1 At the end of July 2022 51% of the population were White British (compared to 75% across the women's estate), with the largest ethnic minority population being Black followed by White other, mixed and then Asian. Ethnic minority levels are higher than the rest of the women's estate, highlighting the need for a strong equality and diversity programme and language support.

5.4.2 On average 10% of the prison population is Muslim compared to 7% across the comparator group in the women's estate.

5.4.3 There are three members of staff in the diversity and inclusion action team (DIAT). There is a monthly DIAT meeting.

5.4.4 There are currently two diversity and inclusion (D&I) peer workers who see all prisoners during induction to explain and complete the D&I induction form,

discrimination incident reporting form (DIRF) and foreign national (FN) form if applicable. Prisoners can apply on the POD to see a peer worker who will assist with issues or take it back to the staff DIAT team.

5.4.5 Focus groups re-started at the very end of the reporting year.

5.4.6 Between June and July 2021, an IMB survey was conducted across the female estate to understand the experiences of ethnic minority prisoners (EM), foreign nationals (FNs) and Gypsy, Roma and Traveller (GRT) prisoners. Three reports were produced in conjunction with the Criminal Justice Alliance in April 2022 dealing with the actual lived experiences of the focus group prisoners, identifying challenges and solutions for prison equality leads and exploring the effectiveness of IMB monitoring for EM, FN and GRT prisoners. From the HMP/YOI Bronzefield data an internal IMB report was produced by the Board in January 2022. The HMPPS report of May 2022 also commented on the equality and diversity (E&D) processes in the prison. All three sets of reports reached similar conclusions:

- Strategic oversight of E&D processes within the prison had declined. There had only been three DIAT meetings in the previous 10 months.
- There had been little consultation with prisoners and a lack of focus groups as a consequence of Covid-19 restrictions.
- Analysis of data was limited.
- As a consequence, the diversity action plan was not based on the prisoners' needs.

5.4.7 The specific issues that arose at HMP/YOI Bronzefield were as follows:

(i) The inconsistency of staff treatment of prisoners and a lack of awareness of different cultural needs.

- 'Depends on the mood of the officer, some staff make racial remarks and encourage residents to do the same.'
- 'I am white and I can see the big difference between the groups and the black and ethnic minority group do not complain or shout so they get overlooked by the majority of the staff.'

(ii) The real need for more help with communication across all areas of the regime and prison. Fifty percent of FNs said that English was not their first language.

(iii) There is a very low level of confidence in both the complaint and DIRF processes. 'Never a fair outcome, excuses for poor behaviour of white prisoners and officers.'

(iv) The E&D survey indicated that EM, FN and GRT prisoners would most likely approach the chaplaincy and/or the IMB to raise concerns around race, religion or culture.

5.4.8 At the end of the reporting year there were 117 FNs with 39 different nationalities in the prison. The top nationalities/languages were Romanian,

Hungarian and Brazilian. FNs receive support from a dedicated FN member of staff for all issues, in particular those around immigration. She saw all FNs and could be accessed through the POD.

5.4.9 FNs had £10 a month for phone calls. Calls abroad are expensive and this did not give them much time to speak to family.

5.4.10 FNs had access to the English for speakers of other languages (ESOL) course but the Board has received feedback that it takes too long to move through the levels which they have to complete before they can move to other employment. FNs can only work without undertaking the ESOL course if they are assessed as proficient in English.

5.4.11 At the end of the year notices to prisoners were still only published in English so peer workers translated for foreign nationals. Food menus are in English and are in a picture format.

5.4.12 Aside from peer workers, there are also other prisoners and staff on a list of foreign language speakers.

5.4.13 The prison process for managing the DIRF system was impressively efficient, well documented and the reports appeared to be well investigated by the managers. Most were signed off by all four relevant parties: the case manager, the E&D manager, the Director and an external reviewer. DIRFs are available in 17 languages.

5.4.14 The Board reviewed 36 DIRFS, most of which related to race and religion and belief issues. The majority of the DIRFs were raised against members of staff. In following up with the prisoners, they did not feel that even where a complaint was upheld that there were any positive long term outcomes and the overall perception mirrored the survey referred to above that 'nothing happens'. This is to be addressed as part of the new E&D action plan.

5.4.15 As at May 2022 there were 14 transgender prisoners. Eleven were transitioning from female to male and three were transitioning from male to female. Two held a gender reassignment certificate.

5.4.16 All transgender prisoners are deemed vulnerable on arrival and put on an ACCT. A DIAT member of staff sees all transgender prisoners within 24 hours of arrival and on alternate weeks for welfare checks. Within 14 days of arrival a local transgender case board chaired by a member of the senior management team takes place. A member of the women's team is invited for external overview. A care and management plan for the individual prisoner is then produced and provided to the senior officer and houseblock manager.

5.4.17 In May 2022 a male to female pre-operative transgender prisoner allegedly had consensual sex with a female prisoner. Prior to this a number of prisoners had reported to the Board that they were concerned about sharing a wing with the transgender prisoner and the Board had raised these concerns with senior

management. A management plan for the transgender prisoner had been put in place but not all staff were aware of it. The prisoner was immediately transferred to another prison and there is an increased emphasis on the need for adherence at all times to the management plan in such cases.

5.4.18 A few of the transgender prisoners took up a disproportionate amount of staff time due to their specific needs, which at times impacted the regime of other prisoners.

5.4.19 Feedback to the D&I peers from transgender prisoners was that care and management plans were not being adhered to and their needs were not being prioritised. This is contrary to the perception of the Board that some transgender prisoners' needs are at times being prioritised above those of other prisoners.

5.4.20 Three percent of prisoners were 60 or older. Older prisoners have raised concerns about cell sharing and using the top bunk if they have mobility issues. There are no external organisations specific to their needs or age appropriate activities provided in the prison.

5.4.21 Three percent of the prisoner population are young adults (YAs) aged 18 to 21. There were no age-related specific activities for YAs. YA feedback to peer workers is that they feel they are not taken seriously and staff treat them differently because of their age.

5.4.22 The provision of products for Black, Asian and ethnic minority prisoners improved slightly since last year.

5.5 Faith and pastoral support

5.5.1 At the end of the reporting year there were nine chaplains. If a faith was not represented the chaplaincy could arrange some provision.

5.5.2 On the day of release the community chaplain was available to discuss any matters that needed addressing.

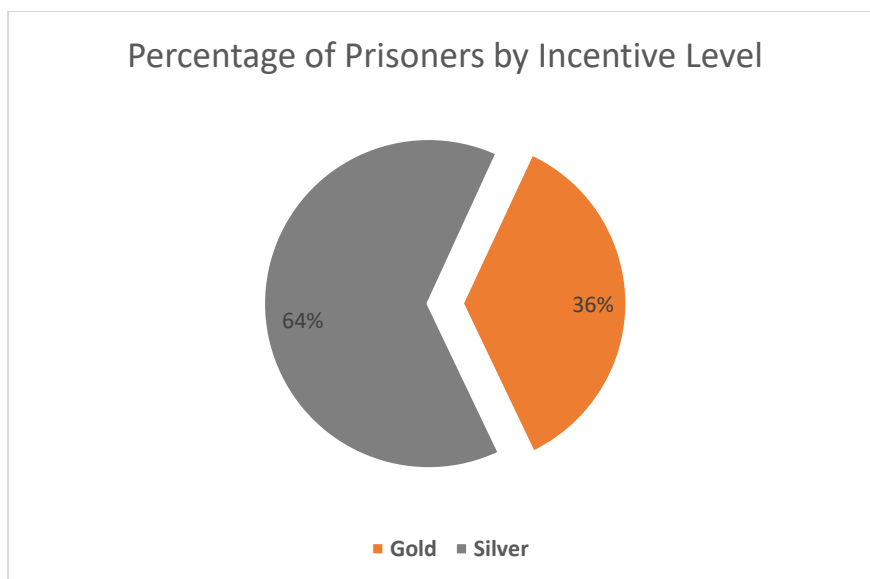
5.5.3 The chaplaincy is responsible for organising major religious festivals.

5.5.4 In a prison survey there were positive comments about the chaplaincy including that it 'is the jewel in the crown'.

5.6 Incentives schemes

5.6.1 The Board spoke to a number of prisoners, the majority of whom were aware of the system and understood how it works. However, the general perception was that the system unfairly rewarded those prisoners who were difficult as a means of pacifying them.

5.6.2 At the end of the reporting year 36% of the population were on gold level and 64% on silver level, with two prisoners on bronze level.



Of those on gold level, 49% were White British (which equated to 35% of the White British population in the prison), 3.5% were Asian (47% of Asian prisoners) and 16% were Black (27% of Black prisoners). At the year end there were 117 FN prisoners in the prison and 54 of those were on gold level, which represents 46% of FN population in the prison.

Ethnic Origin	Total No. Population	% of Total Population	Total Gold	% Gold
White British	236	49	83	35
Black	77	16	21	27
Asian	17	3.5	8	47

5.7 Complaints

5.7.1 Between January and April 2022 the top four areas of complaint were residence/property/canteen and staff.

5.7.2 The Board had a number of applications that stated that there were significant delays to complaints and they were taking considerably longer than the one-week provision in the prison service instruction (PSI). The Board observed that a high percentage of complaints deemed to have been responded to on time by the prison had in fact been sent interim responses. In July 2022, only 32% of COMP1 complaints were answered fully without an interim response within five days.

5.8 Property

5.8.1 The Board received 44 applications regarding property compared to 20 last year. This was mainly due to a lack of prison transfers during the last reporting period.

5.8.2 The main issues were either about property being sent in and not received by the prisoner, or prisoner uncertainty over rules about when they can exchange property.

5.8.3 A new service level agreement for property came into effect at the end of April 2022. This set out the timelines for when property should be received. The new process aimed to let prisoners have their property or clothing within eight working days.

6. Health and wellbeing

6.1 Healthcare general

6.1.1 Healthcare services are currently provided by Sodexo Justice. A radically revised contract for the services, to align them with current NHS practice and standards, will become effective in April 2023. The future provider will not be known until November 2022 which is unsettling for the staff.

6.1.2 A bimonthly health council with prisoner representatives was instigated by Health and Justice NHS England and facilitated by the prisoner charity User Voice. After a promising first meeting in September 2021, it has not met again (partly as a result of Covid-19) and User Voice withdrew in March 2022.

6.1.3 Weekly multidisciplinary health planning meetings are held where all in-patient prisoners together with any other prisoners of concern are discussed. They can be excellent in terms of depth of knowledge of the prisoners, the quality of discussion and the process of risk assessment resulting in defensible decisions. However this is dependent on all stakeholders being present which is not always the case.

6.1.4 The Board received complaints from healthcare professionals throughout the year about SystmOne (the electronic clinical information system). It crashed frequently resulting in significant impairment of service delivery including delays in medication prescribing. An upgrade mid-year had not improved things.

6.1.5 The prison's health complaints system was revised during the year to improve confidentiality and to discourage the prisoners from using the general complaints process. In addition, the head of healthcare now scrutinises all responses. The number of health-related applications to the IMB was roughly half that of 2020-21.

6.1.6 There were Covid-19 outbreaks in November 2021 (approximately 170 new cases), March 2022 (approximately 100 new cases) and June 2022 (approximately 52 new cases). Only one prisoner had to be referred to hospital and there were no deaths. Prisoners with co-morbidities were supplied with pulse oximeters for self-monitoring. A protocol for the use of antiviral treatment for those at increased risk of serious disease was introduced mid-year in line with such treatment becoming available in the community. A vaccination programme was carried out on a rolling basis with the employment of dedicated vaccinators for part of the year.

6.2 Physical healthcare

6.2.1 An extensive refurbishment of the pharmacy took place in autumn 2021 to make it General Pharmaceutical Council (GPhC) compliant for primary dispensing in the prison. It was hoped that this, together with the appointment of pharmacy technicians dedicated to each houseblock, would enable the prison to move to named-patient dispensing as well addressing problems related to in-possession medication and repeat prescriptions. Three pharmacy technicians (plus one from an agency) were in post by the end of the reporting year but named-patient dispensing was yet to be implemented and in-possession medication was still being dispensed off-site.

6.2.2 Waiting times for seeing doctors, nurses and other healthcare staff were comparable to those in the community during most of the reporting period. However, the process for allocating appointments is not robust and there have been many occasions when prisoners have reported significant delays in appointment times to the Board.

6.2.3 The 24-hour healthcare in-patient facility (18 beds) has operated close to capacity throughout the year, frequently including prisoners awaiting transfer to secure psychiatric beds. It is run by a compassionate, dedicated team of officers led, for most of the reporting year, by a notably capable senior prison custody officer, resulting in a positive, calm and purposeful atmosphere.

6.2.4 A more structured regime for in-patients was introduced including exercise, gardening, arts and crafts and visits from the hair and beauty salon. Prisoners were encouraged to eat together in the dayroom. Activities often had to be cancelled for valid operational reasons but it was still a welcome initiative.

6.2.5 Midwives from Ashford and St Peter's Hospital NHS Foundation Trust (ASPH) carry out clinics at HMP/YOI Bronzefield twice a week and an obstetrician attends once a fortnight. They attend the fortnightly multidisciplinary pregnancy care meeting. Pregnancy information for prisoners is provided in printed form.

6.2.6 A prisoner was seen regularly by the Board throughout the second half of her pregnancy and perinatal period. In comparing her experience with her previous pregnancy in the community she was satisfied that the antenatal care she received in HMP/YOI Bronzefield had been good and she was happy with the way the actual birth was overseen. The midwife had facilitated an antenatal meeting which included the prisoner's partner. This was appreciated.

6.2.7 In June 2022 as part of the perinatal mental health service, a new programme showing mothers how to massage their babies was established.

6.2.8 Identification of eligible prisoners for bowel and breast cancer screening was not well integrated with the national programmes and they had to be identified through the prison's health screening process. Delays in bowel cancer screening have occurred owing to a lack of testing kits and in July 2022 there was an eight-week wait for the service.

6.2.9 The breast screening van has not come to HMP/YOI Bronzefield since Covid-19 and prisoners had to go to the Jarvis Centre in Guildford. The Board was told that escorts for such appointments were not a problem. At the end of July 2022 33 prisoners, both symptomatic and for screening, were waiting for breast imaging. The wait time was up to 22 weeks.

6.2.10 Cervical smears for cancer have not kept up to date owing to insufficient trained nurses to take the smears. There were 36 prisoners waiting for a smear test at the end of the reporting year.

6.2.11 The prison lost micro-elimination status for hepatitis C owing to a lack of testing kits available.

6.3 Mental healthcare

6.3.1 Primary mental healthcare (PMH) is provided by Sodexo.

6.3.2 The internal target for an initial appointment with the primary mental health care team is five days. This has been six days on average for this reporting year and has not exceeded two weeks at any one time. In contrast, the target in the outside community is 28 days.

6.3.3 Central and North West London NHS Foundation Trust (CNWL) provides the secondary mental health (SMH) services and mental health assessments as well as a range of therapy and group sessions. Where transfer to hospital of a psychiatrically unwell patient is required, this is managed via the Mental Health Inreach Team.

6.3.4 A new secondary mental healthcare team manager was appointed in November 2021 and he has introduced a number of changes to improve the service. These include a weekly meeting attended by PMH, SMH and the enhanced offender supervision (EOS) team to review all referrals. There is also a daily screening meeting to review all referrals from the last 24 hours. A member of the SMH team is now designated on a daily basis to attend all mental health emergencies. There is a weekly team meeting, which includes PMH, to act as a learning event.

6.3.5 Staffing levels are now 18 in total, similar to last year. The lead psychiatrist and her deputy are available five days per week and routinely see 25 women a week.

6.3.6 New referrals occur via the reception nurse, anyone using the NHS email system or the prisoners themselves. They are discussed on a daily basis and categorised according to the severity of the problem. The target for them to be seen by a mental health nurse or a psychiatrist is normally five working days but can be escalated to within 24 hours, or within two hours for the most urgent cases.

6.3.7 Highly complex prisoners with a severe personality disorder and mental health problems who are serving lengthy sentences are treated under the EOS programme. This has no time limit and generally the service is provided until the prisoner is transferred or released. CNWL provides the clinical support and Sodexo provides the operational support for the EOS scheme.

6.3.8 During the reporting year, there has been a total of 60 prisoners transferred to secure psychiatric hospitals compared to 46 in 2020-21. These figures do not include those 'sectioned at the gate' on their official release date. The target time for transfer is 28 days from the signature date of the second assessment. The average wait time was 32 days.

6.3.9 HMP/YOI Bronzefield has been used as place of safety by the courts for 38 prisoners owing to the lack of beds being available in the community as compared to 28 in the last reporting year.

6.4 Social care

6.4.1 Social care is provided for individuals through Surrey County Council for up to five days per week and weekend cover is currently provided by healthcare staff. At the end of the year there were nine women in receipt of social care and 52 had been referred since January 2022. Social care workers and senior social care assistants visit the prison on most weekdays and undertake the risk assessments. Prisoners are referred by prison staff or can self-refer. Any referred must be seen within 28 days.

6.4.2 Other prisoners are employed as carers for those in need but this does not include personal care. This is provided by outside social care workers wherever necessary.

6.5 Exercise, regime

6.5.1 In addition to Covid-19 restrictions, the regime continued to be severely curtailed on numerous occasions owing to staff shortages. This was a particular problem at weekends. This was exacerbated by poor communication to both prisoners and staff as to how the situation should be managed and what they should expect. Some residential areas were consistently more affected than others. Staff told the Board how dangerous they felt the situation was on occasions. Total staff sickness days in 2020-21 were 3,993 and in 2021-22 they were 5,639, a 41% increase.

6.5.2 Time out of cell varied throughout the reporting year:

Stage 2/3: Sep 21 – May 22:

- There was an increase in regime group sizes that led to all prisoners (dependent on their Covid status), being allowed to associate together on the spur.
- Faith activities and worship opportunities increased as did therapeutic services, library usage and the length of visits.

Stage 1: May 22 to July 22

- Regime groups were removed, except for the reverse cohort unit and those shielding (now removed).
- Most activities returned to normal regime.

6.5.3 A new wellbeing manager was appointed as the prison emerged from the November 2021 Covid-19 outbreak. He introduced a comprehensive timetable of gym sessions enabling all prisoners to have up to six one-hour sessions in the gym per week. The gym became well-used and prisoners really appreciated the opportunities to exercise.

6.6 Drug and alcohol rehabilitation

6.6.1 Within 72 hours of arrival at HMP/YOI Bronzefield all prisoners are invited to engage with the integrated substance misuse service (ISMS). They are then allocated a recovery worker and an initial psychosocial assessment is completed within five days. The ISMS service is used by approximately 40% of the prison population and has previously been well-regarded.

6.6.2 Delivery of the well-used substance misuse service had been severely curtailed by the end of the reporting year because of staff shortages. At the end of July 2022 there were three recovery workers in post and one peer worker compared to eight and one in July 2021. This has resulted in a drastic reduction in psychosocial group therapy sessions delivered per week from 15 at the beginning of the reporting year to three by the end.

6.6.3 To offset the decrease in face-to-face work there has been an increase in the provision of in-cell work packs. Progress through the packs is supported by peer workers and certificates are awarded on the completion of the modules.

6.6.4 There has been an increased presence in the prison of the community drug intervention programme (DIP) teams over the year to assist with transition on discharge.

6.7 Soft skills

6.7.1 At the end of the reporting year there were 38 peer workers employed throughout the prison in reception, education, induction, wellbeing, safer custody, perinatal peer support and diversity in addition to Listeners. They consistently told members of the Board how much they enjoyed their jobs.

7. Progression and resettlement

7.1 Education, library

7.1.1 The library reopened in September 2021 for allocated visits. The trolley service continued throughout the reporting year.

7.1.2 The Shannon Trust, a registered charity whose aim is to help disadvantaged people learn to read, operates in the prison. They train peer workers to provide learning support, but this has been seriously impacted over the year. As of June 2022, there were two active peer support trainers and six prisoners were enrolled in the programme.

7.1.3 In January 2022 a telephone information line for prisoners was set up in the library. It is manned by a prisoner and is reported as being used once or twice a day.

7.1.4 In January 2022 education restarted in the classrooms. The sessions were for one and a quarter hours only, with two sessions in the morning and two in the afternoon. As numbers attending had to be reduced all others requesting education were provided with in-cell materials. There are 10 peer workers working in the department.

7.1.5 As part of the 2022 His Majesty's Inspectorate of Prisons (HMIP) inspection, Ofsted rated the education, skills and work provision as 'Good' in all five assessed areas.

7.1.6 At the year-end there were four prisoners on Open University programmes.

7.1.7 The information, advice and guidance (IAG) course had not restarted post-Covid, but 10 learning and support peer workers were enrolled in the level 3 award in education and training (AET) course in July 2022.

7.2 Vocational training, work

7.2.1 During the reporting year, the call centre operated between February and July. During this time, there were protracted delays in an essential IT upgrade. Further, very low numbers of prisoners moved into call centre employment on release.

7.2.2 Shades of Beauty, which offers hair and beauty treatments with appropriate recognised training courses, reopened. However, it was closed between October 2021 and February 2022 due to Covid-19 restrictions. Five prisoners achieved the City and Guilds hair and beauty level 1 and three achieved level 2.

7.2.3 Vita Nova, the coffee shop, was open almost constantly during the year. Three prisoners from Vita Nova rotated to work in the visits hall café, when it reopened post Covid-19. Training has continued and all prisoners working in the kitchen, the coffee shops and/or as server workers are trained to level 2 food safety.

7.2.4 Jailbirds, the arts and crafts facility, was reopened in November 2021 with limited numbers of prisoners attending either the morning or afternoon sessions.

Jailbirds runs a business enterprise course. This is a 10-week level 1 course which covers, amongst other tasks, how to cost out and make a profit on the goods made.

7.2.5 Employment vacancies came up infrequently as prisoners tended to stay in their allocated job.

7.3 Offender management, progression

7.3.1 Release on temporary licence (ROTL) was suspended for most of the reporting year due to Covid-19. At the end of the reporting year there were three prisoners on ROTL.

7.3.2 Video links to courts were little used for the first part of the reporting year.

7.3.3 Temporary portacabins were set up to accommodate video links to courts. The existing building is in the process of being demolished and rebuilt to accommodate a video conferencing centre (VCC).

7.3.4 The safer custody team are trained in a restorative approaches module, part of a larger restorative justice programme initiated by the prison this year.

7.4 Family contact

7.4.1 Prisoners received enhanced telephone credit, extra letters and postage throughout the reporting year until the Ministry of Justice stopped enhanced telephone credit at the end of March 2022. HMP/YOI Bronzefield continued with a £2 increase until May 2022.

7.4.2 Friends and family were able to use the email a prisoner (EMAP) scheme and emails were usually delivered within one working day.

7.4.3 Photographs could be sent directly to prisoners if ordered from an online service such as Truprint. They were checked for content and recorded in reception. If there were child protection issues they were referred to security. Photographs sent in the mail from any other source were photocopied in black and white then sent to the prisoner.

7.4.4 Social face-to-face visits were possible for most of the reporting year. They were confined to Covid-free and non-isolating prisoners. Initially negative lateral flow tests were required and all visits were non-contact. The uptake was low and prisoners reported that they did not want visits when they were unable to hug their children. The requirement for masks was eased in February 2022 and contact was resumed. The uptake of social visits gradually increased and testing was no longer required.

7.4.5 Social video calls, provided by Purple Visits, remained popular and well used by the prisoners.

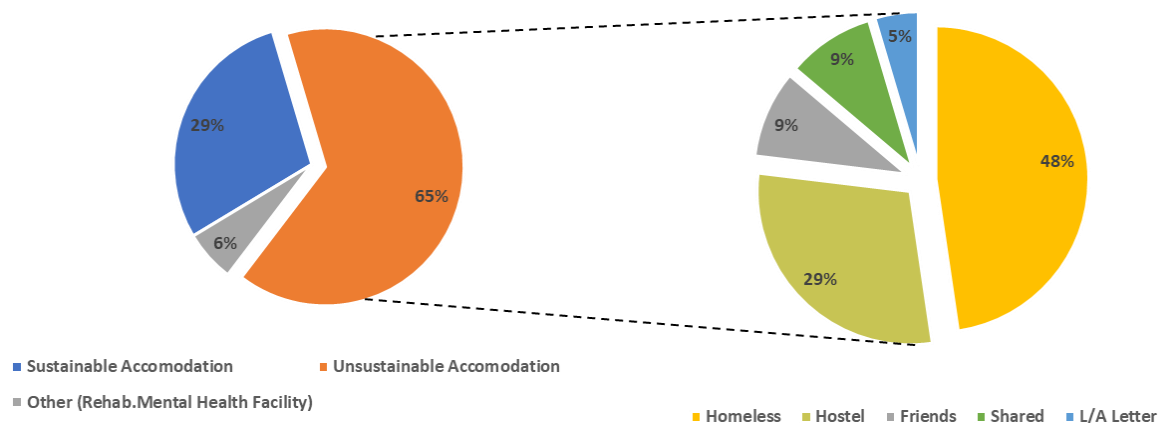
7.5 Resettlement planning

7.5.1 The Board remains very concerned about the number of prisoners being released without safe and sustainable accommodation.

7.5.2 Following reunification of the Probation Service in June 2021, the only prison-based accommodation service catered for short-term prisoners (under one year sentence). Although the prison is located in Surrey, approximately 80% of the prisoners homeless on release were discharged to London. The London probation services, operating through Women in Prison and Advance Minerva, provided a 'holistic service' on release. However, their pre-release accommodation services to women in Bronzefield was not fully embedded and they attended the prison only infrequently. Their remit did not include referrals for accommodation. In an attempt to secure more help for those released, London Probation funded one housing worker embedded within the prison to focus on accommodation provision. A weekly meeting was also held to consider all sentenced prisoners being released the following week. Attendance included the offender management unit, probation, recovery, education and mental health.

7.5.3 The Board undertook another survey of sentenced prisoners leaving HMP/YOI Bronzefield with the purpose of ascertaining their accommodation arrangements on discharge. One hundred prisoners were surveyed at random over the two-month period January to March 2022. The survey found that 65% of prisoners left the prison to unsustainable accommodation.

IMB Housing Survey Results Jan-Mar 2022



7.5.4 The Board was concerned about the release of Covid-19 positive prisoners. The HMPPS instructions were followed, with prisoners released on their due date and transported by Covid-safe taxi to their accommodation. This required some lengthy journeys which the prison had to fund. The major issue was ensuring release to a Covid-safe environment. This proved extremely challenging and the Probation Service was of little assistance. There were hotels at Gatwick which provided such accommodation but they were full.

7.5.5. Resettlement staff raised concerns about prisoners' accommodation with a partner, where there were potential issues of domestic abuse, in the absence of other accommodation.

7.5.6 At the end of June prisoners were not being released into the London area on home detention curfew as the Metropolitan Police were not risk assessing accommodation in London. At least five prisoners were affected.

7.5.7 A generous partnership between a church, Sodexo and a charity (Hope into Action) continues to provide a home to two otherwise homeless prisoners on release. As of November 2021, there were two tenants in residence who are fully supported with a range of resources managed through the prison chaplaincy.

The work of the IMB

During the course of the reporting year all members of the Board were going into the prison and monitoring on a face-to-face basis. Whilst in the prison, Board members can also access all prisoners by telephone directly to their cells which has been a helpful way to facilitate communication and undertake surveys.

Some remote monitoring has continued including speaking to staff by telephone, joining prison meetings and reviews via Microsoft Teams and analysing reports and data sent by secure mail. The remote monitoring has been a useful addition to face-to-face monitoring.

Members of the Board have continued to participate in manning the national 0800 line which enables prisoners across the prison estate to make applications to the IMB by telephone. Access to this service has been reduced since regimes have become less restrictive.

Board statistics

Recommended complement of Board members	15
Number of Board members at the start of the reporting period	12
Number of Board members at the end of the reporting period	15
Total number of visits to the establishment	343
Total number of segregation reviews attended	94

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	51	19
B	Discipline, including adjudications, incentives scheme, sanctions	1	5
C	Equality	8	12
D	Purposeful activity, including education, work, training, library, regime, time out of cell	19	7
E1	Letters, visits, telephones, public protection restrictions	37	13
E2	Finance, including pay, private monies, spends	2	17
F	Food and kitchens	12	12
G	Health, including physical, mental, social care	96	47
H1	Property within this establishment	17	30
H2	Property during transfer or in another establishment or location	3	7
H3	Canteen, facility list, catalogue(s)	17	14
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	17	10
J	Staff/prisoner concerns, including bullying	28	80
K	Transfers	7	8
L	Miscellaneous, including complaints system	47	40
	Total number of applications	362	321



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