



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

**For reporting year
1 August 2024 to 31 July 2025**

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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 for women, managed by Sodexo Justice Services Ltd (Sodexo), which holds both remand and sentenced prisoners. It is located in Ashford, Surrey, close to Heathrow Airport.

As at the end of the reporting year, the prison had a certified normal accommodation, or CNA (the number of prisoners a prison can hold without being overcrowded) of 527¹. The average population of the prison in the reporting year was 506 prisoners (517 in the previous year) and it has held, on average, 28 young adults aged between 18 and 21, who are accommodated on a spur in one of the same houseblocks as adult prisoners.

During the reporting year, prisoners on remand comprised 47% of the total headcount (42% in the previous year). The total number of prisoners on remand, plus convicted but not sentenced, prisoners comprised 65% of the total headcount (56% in the previous year). The average length of 'stay' at the prison during the reporting year was just over 10 weeks (73 days in the reporting year; 83 days in the previous year).

The prison also accommodates a 12-bed mother and baby unit, with room for 13 babies. Up to 158 prisoners are held in double cells, as there are 79 standard double cells. Bronzefield serves over 130 courts, both by production and videolink. At the end of the reporting period, the prison held 10 restricted-status prisoners (those convicted or on remand, whose escape would present a serious risk to the public and who are required to be held in designated secure accommodation).

Central and North West London NHS Foundation Trust took over delivery of all healthcare services at Bronzefield from Sodexo on 1 April 2023. The integrated substance misuse service is subcontracted to Forward Trust, and GP services are subcontracted to the agency DrPA. The prison has a 24-hour inpatient healthcare unit, but no dedicated mental health unit.

Education services and facilities management are provided by Sodexo. There are various external organisations supporting family and community ties and providing links to services that help with resettlement after release. A full list of these is published annually in HMP/YOI Bronzefield's strategy document.

¹ Figures included in this report are local management information. They reflect the prison's position at the time of reporting but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice.

3. Key points

3.1 Main findings

The Board has been pleased to observe the progress made by the prison during the reporting year in dealing with many of the issues highlighted in our previous annual report and the positive leadership and management changes brought about by the new Director (appointed on 6 January 2025).

However, the Board has continued to observe an impact on prison services across many areas of provision, often to the detriment of prisoners, their opportunities to access purposeful activities and their wellbeing.

This impact was due to a combination of problems in the delivery of healthcare services, the management of prisoners with complex needs, staff deployment issues and the implementation at the prison of mandatory reconciliation roll-counts (these RRCs are additional prisoner headcounts after mass movements of prisoners to purposeful activities).

Problems in the delivery of healthcare services were, in part, the result of a shortage of nursing staff (with vacancies tending to be filled by agency personnel, some of whom lacked the necessary training) and some GPs refusing to prescribe methadone (as they said they did not have the necessary training). This was combined with poor co-ordination between contracted healthcare providers and the prison and, in some cases, in-fighting between external NHS functions, particularly in relation to the failure to admit very unwell prisoners to appropriate hospital accommodation (6.1, 6.3, 6.5).

Staffing issues principally resulted from: the significant deployment of PCOs to off-site bed-watches and hospital/court escorts, as well as a higher turnover of newly recruited PCOs (6.4, 7).

Since the end of May, as part of the local security strategy, RRCs have been implemented at the prison, following mass movement of prisoners. There have been many incidences of multiple incorrect RRCs, which are not only a security issue but have a negative impact on the regime and result in missed appointments (including social visits and medical) and purposeful activities (6.4, 7).

Further evidence of the impact on prisoners is provided throughout the report.

Safety

Based on its observations and monitoring, the Board is of the view that Bronzefield is generally a safe environment for prisoners and staff.

The Board has been impressed by reception staff, who have consistently been highly praised by prisoners and orderlies (trusted prisoners who provide services that contribute to the running of the prison), despite regular shortages of personnel, mainly as a result of deployment to bed-watches and as escorts (4.1).

Whilst the incidences of self-harm remain high (1944), the Board has noted a reduction in comparison with the previous reporting year (2495) (4.2).

Fair and humane treatment

The Board has been pleased to note some improvement in the management and processing of prisoners' property (5.8).

However, the Board has been concerned to observe:

- Inconsistencies in the quality and quantity of food and its distribution via the servery provision in the wings across the houseblocks, which have led to numerous issues for prisoners (5.1).
- No consistent improvement in the delays dealing with prisoner complaints (5.7).

Health and wellbeing

The Board has been impressed by the dedication of the staff on the 18-bed in-patient healthcare facility and the patience and kindness shown to prisoners in their care with the most challenging behaviour (6.3).

The Board has been concerned to observe:

- Mental health services under sustained pressure, due to a complex caseload, staff shortages, uncertain leadership and delayed transfers to secure hospitals (6.3).
- Issues around under-resourcing in the primary care team and a shortage of permanent, fully experienced nursing staff (6.1).
- A consistent failure to dispense medication in a timely and efficient manner (6.1).

Progression and resettlement

The Board has been impressed by:

- The breaking down into modules of the longer courses and the availability of short 'e-learning' courses, helping to address the transient nature of the prison's population (7.1).
- The enthusiasm and commitment of the staff in the education and business corridors, the wellbeing centre and the employment hub/Jobcentre Plus (7.1, 7.2, 7.5).
- The work of the pre-release and the chaplaincy teams in endeavouring to ensure that those without their own/family home are provided with appropriate accommodation and 'through the gate' help, which aims to provide a seamless transition between prison and the community (7.5).

The Board remains concerned about what happens to prisoners at the time of release, including:

- The continued lack of a structured and co-ordinated service between the prison, Probation Service and accommodation providers to support prisoners on discharge (7.5).
- The stress caused to women approaching release, because details of CAS3 (community accommodation service Tier 3, which offers up to 84 nights of transitional, furnished accommodation and support services to help them find settled housing) or hostel accommodation are only given on release at the first probation meeting, often many hours away from the prison, meaning that women worry they may be homeless (7.5).

3.2 Main areas for development *(Some of the questions have been repeated from last year's annual report, either because no answer was forthcoming or because limited or no progress was observed by the Board in the intervening year)*

TO THE MINISTER

- The number of women sent to Bronzefield under a 'place of safety' warrant has again increased this year. When are the reforms referred to in the Minister's letter of response to the Board's 2023-2024 annual report (on 17 January 2025) to be fully implemented (6.3)?
- The Board remains concerned about the integration of the healthcare services (under NHS England commissioning) within Bronzefield, notwithstanding the Memorandum of Understanding referred to in the Minister's letter of response to the Board's 2023-2024 annual report (on 17 January 2025). What further steps will the Minister take to address this issue (6.1)?
- What further steps will the Minister take to improve the support available to discharged prisoners (7.5).

TO THE PRISON SERVICE

- The Board continues to be concerned about the number of prisoners coming to the prison who have been identified as acutely mentally unwell (including some prolific self-harmers), so either require being sectioned under the Mental Health Act or admission to a secure hospital. To repeat the question posed in last year's annual report, how does the Prison Service plan to provide support to manage these prisoners, who cannot be easily moved to secure psychiatric hospitals due to a shortage of beds (6.3)?
- The Board also continues to be concerned about the number of displaying complex and challenging behaviour. To repeat the question posed in last year's annual report, will the Prison Service help Bronzefield manage such prisoners, either by providing additional support or facilitating the managed distribution of complex and challenging prisoners within the wider women's estate (6.3)?

TO THE DIRECTOR

- The Board remains concerned about the number of complaints not answered within the timelines contained in the Prisoner Complaints Policy Framework, which continues to result in prisoners losing confidence in the system. The Board repeats its question from last year's annual report: what will the prison do to address this issue (5.7)?
- As no progress has been observed since we posed this question in last year's annual report, the Board asks, again, how the prison plans to prioritise prisoner and key worker meetings for those who have been identified as most likely to benefit from them (5.3)?
- RRC roll counts continue to be frequently late, which has had a negative impact on the regime and security. How will the prison ensure that roll counts return to being accurate and timely (6.4, 7)?
- How does the prison plan to address the concerns raised by reception peer workers, as outlined in the fourth paragraph of section 4.1?
- What plans does the prison have to continue to improve co-ordination between the prison and NHS bodies in the timely dispensing of medications and the treatment of very unwell prisoners (6.1)?

TO NHS ENGLAND

- How does NHS England plan to improve the integration of healthcare services in Bronzefield (6.1)?
- How does NHS England plan to address the shortage of experienced nurses in Bronzefield (6.1, 6.5)?
- How does NHS England propose to remedy the deficiency in GP cover in reception (6.1)?

3.3 Response to the last report

Please see the detailed response in the letter from the Minister of Justice, dated 17 January 2024 (received January 2025), as published on the IMB website.

TO THE MINISTER

Issue raised: The number of women sent to Bronzefield under a ‘place of safety’ warrant has nearly doubled this year. What are the Minister’s plans to address this issue?

Summary response: The Mental Health Bill will prevent the courts from using prisons as a ‘place of safety’ for defendants who meet the criteria for detention under the Mental Health Act. They must be transferred directly to hospital.

Progress: The Bill has yet to become an Act of Parliament.

Issue raised: How does the Minister plan to improve the support of prisoners released from court or at short notice, who are discharged without suitable accommodation?

Summary response: Commissioned rehabilitative services (CRS) have been extended to all unsentenced prisoners, with a focus on providing urgent releases to address immediate needs to prevent homelessness. New ‘custodial support appointments’ have been introduced to give prisoners released from court an appointment that same day, to include support with accommodation.

Progress: There remains a gap between the service that the Probation Service commissioned/prison-operated CRS provides to unsentenced prisoners in custody and the service the community-operated CRS provides when an unsentenced prisoner is released. For those prisoners who are released directly from court on bail/after an acquittal/for sentenced served/where charges are dismissed, the CRS in the community does not provide support (7.5).

Issue raised: How does the Minister plan to improve the integration of the healthcare services (under NHS England commissioning) within Bronzefield?

Summary response: NHS England has supported the contracted services to develop a Memorandum of Understanding [MoU] to allow the service to be fully integrated.

Progress: An MoU between CNWL, Sodexo and Forward Trust has been developed only in regard to the sharing of patient information. But it is very recent, so there has not been sufficient time to assess its impact (6.1).

Issue raised: How does the Minister plan to improve ‘through the gate services’ to ensure that discharged prisoners are properly supported in the community?

Summary response: CRS deliver specialist support to prisoners on probation, to address offending behaviour, including assisting their physical and mental wellbeing, as

well as supporting dependency needs; they also help with accessing accommodation and support any finance, welfare benefits and debt needs. The Probation Service assesses prisoners' needs within the last 12 weeks of custody. There are six pre-release team members (four subcontracted from Sodexo), who are overseen by a senior probation officer.

Progress: Limited progress observed (7.5).

TO THE PRISON SERVICE

Issue raised: The Board remains concerned about the number of prisoners coming to the prison who have been identified as acutely mentally unwell (including some prolific self-harmers), so require sectioning under the Mental Health Act or admission to a secure hospital. How does the Prison Service plan to provide support to manage these prisoners, who cannot be easily moved to secure psychiatric hospitals due to a shortage of beds?

Summary response: The Department of Health and Social Care (DHSC) is working with the Ministry of Justice (MoJ) to introduce a Bill that will include a statutory 28-day time limit for transfers from prison to hospital.

Progress: The Bill has yet to be enacted into law (6.3).

Issue raised: Will the Prison Service help HMP/YOI Bronzefield deal with prisoners who present with complex and challenging behaviour, either by providing additional support or facilitating the managed distribution of complex prisoners within the wider women's estate?

Summary response: The women's estate case advice and support panel (WECASP) provides multidisciplinary support to prisons in the management of women with complex needs.

At Bronzefield, an offender personality disorder (OPD) service supports prisoners who are screened into the OPD pathway.

Progress: Bronzefield has an in-prison service, known as 'EOS', to help support prisoners with a personality disorder diagnosis; it has been in place for a number of years.

The young adult wing provides a four-week therapeutic programme through the Hope Group. This service is developed by the women's estate psychology service (WEPS) and is jointly provided by WEPS, the Central and North West London NHS Foundation Trust (CNWL) and Sodexo (6.3).

Issue raised: Due to the pressure on the prison population, prisoners are often transferred before they have completed their vocational training. How does the Prison Service plan to prevent this happening in future?

Summary Response: Every effort is made to keep prisoners until they have finished vocational training or other programmes. However, population pressures mean that some prisoners transfer midway through courses, which can sometimes be continued where the curriculum allows.

Progress: To mitigate the problem of inter-prison transfers impacting courses, they are, where possible, broken down into smaller units. This means that when each part is completed, the result is logged on the CURIOUS national database and the succeeding parts can then be completed in the next prison (7.1).

TO THE DIRECTOR The responses were provided by the new Director, who was not in post during the reporting year to which the questions referred.

Issue raised: The number of complaints not answered within the timeline contained in the Prisoners Complaints Policy Framework continues to be of concern to the Board and has resulted in prisoners losing confidence in the system. What will the prison do to address this issue?

Summary response: Timeliness of complaint responses is an improving picture, although still not where the prison would want it to be. Complaints are now considered each day in the morning briefing, and the complaints team also sends out regular reminders. In addition, the prison has started allocating complaints to named individuals, rather than groups. The use of interim responses has been reduced.

Progress: Limited progress observed (5.7).

Issue raised: What plans does the prison have to prioritise prisoner and key worker meetings for prisoners who have been identified as most likely to benefit from them?

Summary response: Key work delivery has improved by 'ring fencing' key workers on the daily rota to enable them to meet with prisoners to provide the support needed. This has been impacted by a very high volume of bed-watches. Sodexo has also been working with HM Prison and Probation Service (HMPPS) to reshape key work delivery to ensure that resource follows risk, rather than delivering to a 'one size for all' system.

Progress: No progress observed during the reporting year (5.3).

Issue raised: Roll count has frequently been late, which has had a negative impact on the regime and security. How will the prison ensure that roll count returns to being accurate and timely?

Summary response: Bronzefield was required to introduce a reconciliation roll count following an HMPPS security audit in December 2024. This has not been without issue and senior leaders have given a lot of focus to monitoring delivery of this requirement. This will be a continued focus in the future. The main roll counts at lunchtime and evening lock up are now achieved on time, more often than not.

Progress: Limited progress observed (3.1).

Issue raised: A number of concerns have been raised about the early days in custody process. How does the prison plan to address these issues?

Summary response: The new Director has realigned the functional structure to ensure that the early days service properly included reception, first night centres and induction within the same portfolio. This now sits with residence and the TEDS (the early days service, formerly EDIC, or early days in custody) manager is driving better cohesion and collaboration among all parties. However, the significant change in the population demographic, to a very high remand proportion, means that the TEDS provision will be revisited to ensure it genuinely meets the needs of a high remand/recalled population. This is a priority project, which will be delivered in the next six months.

Progress: No progress observed during the reporting year (4.1).

Issue raised: How will the prison improve the management of prisoners' property?

Summary response: The reception team has worked hard to clear the backlog of property. There is a more robust system in place now to help deliver this on an ongoing

basis. The reception team has also been the first 'port of call' to support all external escorts during the day, which has often reduced the available staffing in reception.

Progress: Limited progress observed (5.8).

Issue raised: What plans does the prison have to work more effectively with CNWL and Forward Trust to improve the timely dispensation of medication?

Response: Sodexo and CNWL have a much more proactive and collaborative relationship now and it is recognised that medicine administration needs to improve. Delivery is impacted through the significant shift in population to a high percentage of remand women and this requires greater resource than the NHS has currently commissioned from CNWL. This is being addressed. Delivery is also impacted by the 'core day', which does not properly cater for medication administration. The Director has commissioned a review with CNWL to help address this.

Progress: No progress observed during the reporting year (6.1).

TO NHS ENGLAND – there were no responses to the question asked

Issue raised: How does NHS England plan to improve the integration of healthcare services in Bronzefield?

Issue raised: How does NHS England plan to address the shortage of GPs, nurses and substance-misuse practitioners in Bronzefield?

Issue raised: NHS England specifies the provision of face-to face GP services, seven days a week. However, to date, this has not been achieved. How and when does NHS England intend to remedy this lack of provision?

TO SODEXO JUSTICE SERVICES The responses were provided by the new Director, who was not in post during the reporting year to which the questions referred.

Issue raised: What plans does Sodexo have to address the significant impact of staff shortages on the provision of services in the prison?

Response: The prison is currently fully staffed operationally and is in a regular pattern of recruitment. Provision of services in the prison can still be impacted by high numbers of external escorts and bed-watches. An ITC (initial training course, which is part of the recruitment process for PCOs) is underway, which will provide an 'above headcount' for PCOs.

Evidence sections 4 – 7

4. Safety

The prison completed a survey of 66 prisoners in July 2025 (undertaken prior to the deaths in custody referred to in section 4.2), which indicated that although 49% of the prisoners surveyed had felt unsafe at some point, at the time of the survey, 76% felt safe in the prison. In the same survey, 41% indicated that they had experienced bullying from other prisoners and 33% stated that they had experienced bullying from a member of staff. The Board believes that the survey findings are a reasonably fair reflection of what it has heard and observed in the prison.

The Board has also spoken to a number of prisoners about their feeling of safety in the prison and has been told that the main reason given for feeling unsafe around other prisoners related to the mental ill-health of other prisoners. Although prisoners do seek help from members of staff or Listeners (prisoners trained by the Samaritans to offer confidential emotional support to other prisoners), most were unaware that they could also approach the safer custody (SC) team.

Following concerns raised around the escorting of pregnant prisoners to hospital and the use of handcuffs, a new process and escalation path has been put in place. The default position is for pregnant women not to be handcuffed, except in exceptional circumstances, subject to a risk assessment; any assessment requiring handcuffs must be approved directly by the Director/Deputy Director and the Sodexo Justice operations manager. For non-pregnancy related escorts, individualised risk assessments by a multi-disciplinary team to determine the need for handcuffs are all checked and signed off by the head of operations and security.

4.1 Reception and induction

There have been staff shortages in reception on a regular basis throughout the reporting year with, in addition, escorts and bed-watches taking key members away from the reception area. Staff have raised concerns directly with the Board about low staffing levels and the potential consequences of insufficient checks for weapons and drugs, as well as the risk of releases and detentions in error.

Generally, the impression of staff from prisoners in reception ranged from 'fine' to 'outstanding, amazing and helpful'. The orderlies who work in reception praised reception staff and described the supportive atmosphere at a stressful time for the prisoners. They report, however, that the food in reception provided by the kitchens is poor and insufficient, which was also observed by the Board.

The Board has monitored the reception process, which appears to be conducted very efficiently. This is helped by very competent and organised orderlies, together with peer workers who complete booklets over the course of the induction period, which, from the Board's observations, are very detailed. However, at the end of the reporting year, the anticipated new TEDS process, aimed at enhancing support for women during their early days in custody, does not appear to have been fully implemented.

The TEDS peer workers raised continuing issues including: induction materials such as the 'rough guide' being available only in English; used and dirty water flasks being handed out; only one 500ml flask being given and insufficient stocks, resulting in flasks not being issued; second-hand clothes (often dirty and stained) being handed out; and prisoners routinely being placed on the induction wing who are not there for induction

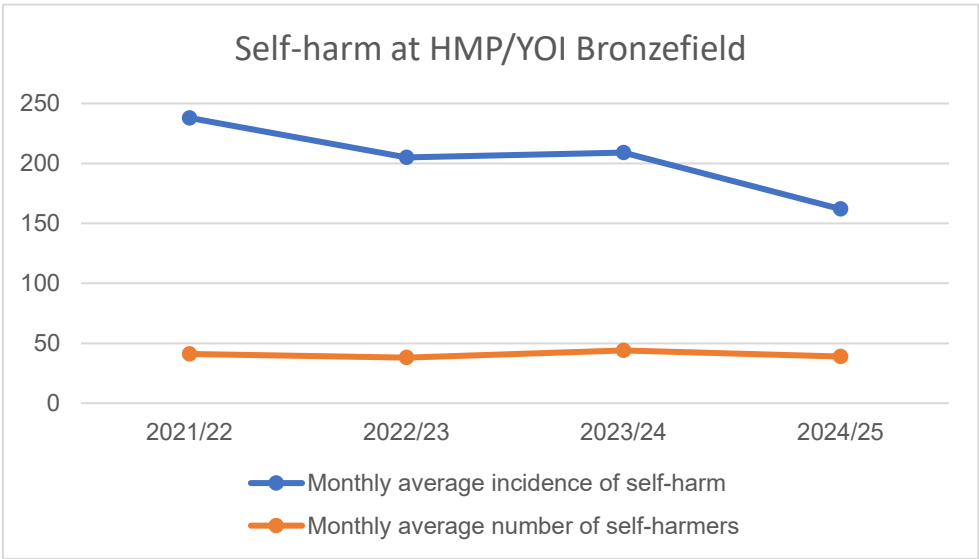
purposes (some being women with mental ill-health/behavioural issues who had been transferred from the healthcare unit), leading to new prisoners being fearful.

There are five TEDS peer workers, who have told the Board they feel unappreciated for the important role they play in the prison and now refuse to work beyond 9pm, as they are not paid overtime.

4.2 Suicide and self-harm, deaths in custody

In the reporting year, self-harm incidents remained high, at 1944, although this was lower than the 2495 recorded in 2023-2024, with an average of 162 per month, compared with 209 in 2023-2024. The primary methods of self-harm are ligatures, scratching and cutting, and aggravating existing wounds.

The average number of self-harmers was 39 (44 in 2023-2024).



Throughout the reporting year, there have been a number of prolific self-harmers, who have accounted for the majority of the incidents. For example, in May 2025, of the 186 incidents of self-harm, 109 were due to prolific self-harmers.

An AIM (alert, intervene, monitor) tool was put in place at the end of the last reporting year. This warns the prison of a break in, or a change to, the pattern of behaviour for a prisoner, which may indicate a risk factor for safety and wellbeing. The safer custody team checks the AIM tool daily and, in the event of an alert, the prisoner is visited and checked by a member of the team. This is a significant undertaking, and the Board understands it to be a ‘first’ for the prison estate. But, to date, there has been no data analysis to help determine how effective it is.

A total of 916 assessment, care in custody and teamwork documents (ACCTs), which are used to support prisoners who are at risk of self-harm and suicide, were opened or re-opened during the reporting year.

During the reporting year, one prisoner died within 14 days of release from the prison, which is considered a death in custody. In addition, there were two other deaths in custody. The causes of all three are yet to be determined, following investigations by the Prisons and Probation Ombudsman (PPO). The Board observed that the prison gave considerable attention to prisoner and staff welfare, with careful planning of the communications processes. Support from Listeners, Samaritans and the chaplaincy

team was offered to prisoners. The Board observed support being given by staff, and a family liaison officer has been appointed for each of the families involved.

4.3 Violence and violence reduction, self-isolation

There was an average of 27 violent incidents per month (25 in 2023-2024), amounting to 327 in total during the reporting year. The main drivers were mental health, debt, trading (buying and selling of items, in particular vapes and vape oils) and consequent bullying. A few prisoners accounted for a large proportion of the violent incidents, and even low-level incidents (such as pushing past an officer) are recorded. There was an average of 12.5 assaults on staff per month (ranging from 5 to 27 incidents in each month), with a total of 150 during the reporting year.

The prison's violence reduction policy includes a zero-tolerance approach to violence and is in the process of being updated.

Following every violent incident, a restorative approaches (RA) peer worker will see the prisoner in a supportive role and to offer mediation. Every incident is investigated, the alleged perpetrator's cell sharing risk assessment (CSRA) is reviewed and their violence in prison estimator (VIPER) scores for risk are adjusted. All violent incidents are recorded and discussed at the weekly safety intervention meeting (SIM) and the monthly safer prisons meeting, some of which the Board has observed.

Three prisoners are fully trained in RA and a further two will see prisoners after an incident of violence to investigate if RA would be helpful. The Board has spoken to the RA peer workers and has been told that they find the role rewarding. Five members of staff are trained in RA and there is also a violence reduction coordinator. Prisoners are given violence reduction workbooks.

A challenge, support and intervention plan (CSIP), used to support and manage prisoners who pose an increased risk of violence, is opened for all violent incidents and individualised plans created. A trained CSIP key worker is allocated to each prisoner.

The violence reduction strategy is under review and the reception screening has been updated. As part of this, there is a questionnaire on the POD (the internal prison information system) for new prisoners, on days seven, 14 and 28 of their stay, which focuses on safety, in addition to a paper questionnaire given out by peer workers after the first 28 days.

The Board observed an annual hostage contingency exercise involving a member of staff being held hostage, which was co-ordinated from the command suite; from our observations, it appeared to be well managed.

4.4 Use of force

There was an average of 68 use of force (UoF) incidents per month (67 in 2023-2024) and a total of 817 UoF incidents during the reporting year, with a small number of prisoners accounting for many of them. Most were recorded as being used for non-compliance, refusal to return to cell or pushing past an officer. Also, most recorded incidents were for full 'control and restraint'.

The UoF co-ordinator monitors quality assurance and acts as a trainer, along with four other trainers and a further two in training. The Board understands that all the available staff (with a minimum of two female staff on each UoF team) are trained in UoF. A role of complex case manager has been created to oversee UoF, with the first appointment made in April 2025.

New manual procedures for UoF incidents (which are deemed safer for staff and prisoners) came into use in the prison in October 2024. The Board has observed the training course for new recruits, which appears to be competently run in a very realistic manner, with clear instructions given to use language demonstrating care for the prisoner.

A monthly detailed, informative and analytical UoF meeting takes place, which has been observed by the Board and appears to be well run and informative.

Since May 2025, a new weekly quality audit meeting takes place to discuss sample UoF incidents for the purposes of learning and development. The Board has also observed this meeting to be well run and informative.

The Board has been told that, in June 2025, there was an HMPPS quality assurance visit to the prison. It returned good feedback around governance, oversight and support, with useful learning about body worn video cameras (BWVCs) and preparation for planned UoF incidents.

Rigid-bar handcuffs were introduced into the prison June 2024 and their use as a preventive measure (specifically for risk reduction and relocation) has been noted (in meetings observed by the Board) to account for a proportion of the UoF incidents.

De-escalation is promoted and used and the Board understands that use of a trauma-informed approach had reduced violent incidents with one particular prisoner. New BWVCs have been used in the prison since January 2025, increasing the number of incidents recorded. In May, there were 74 incidents and only six were not recorded by BWVCs, either because the incident escalated too quickly or occurred during a medical appointment when it was inappropriate to turn on the BWVC.

The Board has monitored many incidences of planned and unplanned force and has not observed any excessive use. During planned removals, prisoners have been given ample opportunity to walk accompanied by staff instead of force being used. The Board has also observed planned force with a pregnant prisoner and noted extensive preparation, attempted co-operation and prioritising of the health of the baby and prisoner. It was observed that the officers involved found the procedure distressing.

4.5 Preventing illicit items

There are a variety of potential routes into the prison for illicit goods such as drugs or mobile phones, including: parcels/mail sent into the prison; recalls; social visits (intelligence/rub-down searches being routinely used); staff (intelligence-led/random searches/pop-up searches being undertaken in various areas of the prison); and on prisoners (searched entering and leaving the prison using a BOSS/body orifice security scanner chair for metal objects and random checks; this has resulted in very low finds, although, where a prisoner tests positive, they are subsequently subject to regular drug testing).

In December 2024, a full security search of all staff (including members of the Board) on their way into and out of the prison was carried out by security staff and police in the visitor centre. Hand swabs were taken to check for drugs and bag searches and full body rub-downs took place. A second full staff search took place at the end of March 2025 on entry into the prison and included drug testing and searching of staff cars, although no finds were made.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

Accommodation is provided through four residential houseblocks, including a wing dedicated to young adults (YA; 18-25 year olds) and another to incentivised substance-free living, where pregnant prisoners are also accommodated. There are separate units for separation and care (SCU), healthcare (HC) and mothers and babies (MBU).

The residential areas are modern, bright and generally well maintained. The Board noted that the temperature in the cells, which is centrally controlled, was either very hot or cold in extreme weather. For example, ventilation during the summer heatwave in June 2025 became particularly acute in many of the cells, as the size of vents was inadequate, especially in double cells. Staff commented that this made it difficult to motivate prisoners to engage with purposeful activities after a poor night's sleep due to the heat. Whilst fans were generally available during this period, it was reported that these were of little use if fresh air could not enter the cells.

While usually clean, the communal showers on three of the houseblocks showed repeated evidence of mould, despite efforts from both prisoners and staff to clean and maintain these. Also, on at least two occasions during the year, a fly infestation was noted in one of the bathrooms.

The Board noted continued inconsistency in the provision of appropriate cleaning supplies for the wings, which affected prisoners' ability to clean communally and within their cells.

The capacity of the prison was reduced in September 2024 and again in October 2024, so that 60 fewer prisoners were accommodated in shared cells and 'small doubles' (single cells with bunk beds) were no longer in use. Prisoners often expressed to the Board their dissatisfaction at having to share cells and, at the end of the reporting year, the remaining shared cells still did not have lockable cabinets for prisoner use. A simple privacy curtain was added to the toilet area of shared cells in September 2024, which was welcomed; however, despite regular checks by the maintenance department, the Board noted that these curtains were often missing from cells. At the end of the reporting year, there were 79 double cells in use.

New communal furniture, which included dining tables and chairs, was installed in October 2024, and prisoners welcomed the opportunity to eat meals together and the social opportunities this provided.

The Board was repeatedly told by staff, peer workers and prisoners that the equipment provided in cells for newly arrived prisoners was inconsistent and that these cells were often under-equipped. In November 2024, the prison policy changed and prisoners were provided with only one flask instead of two on arrival. This led to comments that they could not store both hot and cold water in their cells overnight.

The Board also received frequent comments on the quality of mattresses and the cleanliness of bedding, which can be heavily stained.

The noticeboards throughout the residential blocks have often shown out-of-date and irrelevant information and the Board had been told that these could not be updated, as the keys to open the cases for the noticeboards could not be located. However, at the end of the reporting year, there was a much-needed overhaul of the noticeboards.

The catering offering was more consistent during the reporting year than in the previous year; however, the Board has continued to receive many complaints about portion sizes and the temperature of food, particularly from prisoners on the 'detox' houseblock. Prisoners often commented on the predominance of carbohydrates in the food, rather than protein or fresh fruit and vegetables (which prisoners cannot supplement through canteen purchases). The quality of the food at weekends was often reported to be inferior to that provided during the week. Many prisoners said that food was unfairly distributed when it arrived on the houseblocks, leading to arguments among prisoners. The Board observed that fair food distribution depended on which servery workers were present and how well the servery was supervised by staff. We noted inconsistency throughout the year in the wearing of hygiene hairnets and whites by servery staff and the levels of supervision provided by staff when meals were being served.

Provision for special diets and religious/cultural occasions was generally observed to be good. Christmas lunch was reported to be well received and plentiful, and the food provided to Muslim prisoners during Ramadan was similarly appreciated, despite some comments about portion size. A special menu for Black History Month was also offered.

The prisoner-led clothes store, Blossom, which provides donated clothes for prisoners to wear to court and in other exceptional circumstances, continued to appear to be well run and was appreciated by prisoners, despite staffing issues towards the end of the year. During much of the reporting year, the 'painting party' workers wore their own personal clothes, which meant they were often ruined; however, in March 2025, they were provided with T-shirts but still had to wear their own shorts, which became covered in paint.

The PODs (the internal prison information system) on the houseblocks were unreliable and often out of use. Whilst the IT and maintenance team were generally quick to respond to any requests to fix these, prisoners regularly commented to the Board that they had to use PODs on alternative landings, which led to queues and delays in their ability to access the system. At the end of the reporting year, one of the PODs on an induction wing had been out of action for over five months due, the Board was told, to parts being unavailable.

5.2 Segregation

The Board observed that the level of care provided by staff and managers to prisoners in the separation and care unit (SCU), where individuals are segregated, was consistently attentive and delivered with a high awareness of their needs, which were often complex and required careful and integrated case management. The SCU staff work closely with the healthcare team, which allows the consistency of care and approach when prisoners move between units. The seven prisoners who were held in the SCU for over 42 days (the limit allowed without external authorisation) were consistently encouraged to move on from the unit, but often refused or were not deemed suitable for relocation for varying reasons, which placed additional pressure on staff and resources.

A total of 1433 adjudications (disciplinary hearings when prisoners are alleged to have broken prison rules) were held during the reporting period (compared with 1666 in the previous year); the hearings monitored by the Board were carried out fairly.

The Board monitored 170 good order or discipline (GOoD) reviews (which assess whether a prisoner's continued segregation is justified based on their behaviour and the

potential impact on the prison environment) of prisoners held within SCU, either in person or remotely. We observed that the targets set for prisoners were generally realistic and conducted with a view to progressing the prisoner out of SCU as safely and appropriately as reasonably possible. However, the Board observed that there was little follow up on the various targets set for prisoners from one review to the next and that this could lead to confusion and a feeling of futility on the part of the prisoners. We noted a greater presence of neurodiversity staff in GOoD reviews throughout the year, which was welcomed by prisoners and staff, given the number of neurodiverse prisoners in SCU; a neurodiversity sensory box was made available for prisoners during reviews. The attendance of a nurse from CNWL is mandatory at GOoD reviews, but the Board observed that nurses often arrived late and, in some instances, there were no nurses in attendance, despite adequate notice. This resulted in the SCU staff spending considerable time following up attendance.

5.3 Staff and prisoner relationships, key workers

Generally, relationships between prisoners and staff remain positive and the Board has observed staff demonstrating care and compassion for those with complex needs.

High levels of staff turnover (71 leavers) and consequent inexperience remain a challenge. The senior leadership team has been restructured during the year and engages well with the IMB.

All prison officers are expected to deliver key work; however, cross deployment (such as, for example bed-watches and escorts) has led to many cancelled or postponed sessions during the reporting year. A poll carried out by the Board to assess the effectiveness of key working sessions varied considerably, with praise by some and complaints of a tick-box exercise by others. The sessions that do take place and score well in terms of quality are often lengthy and take up a lot of PCO time.

5.4 Equality and diversity

At the end of the reporting year, 51% (50% in the previous year) of the prison population were 'white British', and 13% (20% in the previous year) were 'white other'. The largest minority ethnic group were black, at 15% (19% in the previous year), and 8% were Asian (6% in the previous year).

At the beginning of the reporting year, there were three diversity and inclusion (D&I) action team (DIAT) members, but one member left in December and had not been replaced. There are plans for monthly DIAT meetings, chaired by a member of the senior leadership team (SLT), but these have been very sporadic and minutes have not been widely circulated.

Each member of the SLT had been allocated one of the protected characteristics to look after (which include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation).

At the reporting year end, there were three D&I peer workers, who provide a link between the prisoners and staff. They run weekly focus groups for prisoners, looking at the protected characteristics, as well as providing feedback from these groups to the D&I lead. The focus group meetings observed by the Board were well attended.

Statistics and issues noted from the focus groups:

Transgender: At the end of the reporting year, the prison had seven transgender prisoners. The Board understands that the local boards for transgender prisoners, which are prison-based meetings between the head of security and operations, the relevant prison offender manager (POM) and D&I, and, for parts, the relevant prisoner, were up to date.

Age: At the end of the reporting year there were:

- 64 (85 in 2023-2024) prisoners over 50 years of age. They asked for, and have been given, dedicated gym sessions on Friday afternoons.
- 44 (16 in 2023-2024) young adults (YA). There is a 35-bed dedicated YA spur, where they benefit from a more flexible regime. Unlocked (a charity) and Hope Group (psychology) are also regular visitors to the spur.

Race: At the end of the reporting year, there were 110 foreign national prisoners; however, to date, the POD does not offer any language-specific functionality other than English. Additionally, access to social video calls (known as 'purple visits') is not available to all countries.

Fewer make-up brands were available for black prisoners and these are more expensive than the equivalent products for white prisoners.

Black History Month was celebrated in October, with events such as motivational speakers (including, for example, Akil Howson, a black football premier league referee), talks and a special menu once a week, which was well received by the prisoners.

The percentage of use of force incidents is consistently higher for minority ethnic groups than for white prisoners.

Disability: In February, almost half of those who declared a disability related it to mental ill-health. The focus groups identified that the waiting list for mental healthcare appointments is very long.

Pregnancy and maternity: At the end of the reporting year, there were nine confirmed pregnant prisoners. The Board has been informed that a new contract with the charity, Food Behind Bars, is in place. They deliver a new food education programme centred on healthy cooking and age-appropriate food for babies, with weaning, nutrition and socialising skills included.

Faith: See section 5.5, below.

Neurodiversity: The dedicated neurodiversity support manager (NSM) has implemented a new neurodiversity and special educational needs and disabilities (SEND) strategy plan. Since this appointment, the Board has observed an increase in the early awareness and service of the needs of neurodiverse prisoners across multiple areas of the prison.

5.5 Faith and pastoral support

The chapel is a bright, spacious room with additional, subsidiary rooms suitable for worship and private meetings. The chaplaincy team provides a full range of religious services and pastoral care and is well served by employed staff and volunteers who, between them, maintain a visible presence throughout the prison. These include Anglican, Buddhist, Free Church, Baptist, Hindu, Humanist, Jehovah's Witness, Jewish, Mormon, Muslim, Eastern Orthodox, Pagan, Pentecostal, Rastafarian, Roman Catholic, Salvation Army, Sikh and Spiritualists. All prisoners, regardless of their faith (if any), are

able to request a visit from a member of the chaplaincy team at any time. There have been a number of vacancies during the reporting year, with gaps being largely met by the remaining employed and volunteer team, plus additional volunteer support from the community and other prisons.

Prisoners in the healthcare unit and SCU, as well as those supported by the ACCT process, are visited by a member of the chaplaincy team daily. From March 2025, the managing chaplain joined the prison's SLT, thereby improving communication around the needs of the more vulnerable prisoners.

During the first nine months of the reporting year, the chaplaincy groups and most services were held during lunchtime patrol state (where the prisoners are largely confined to their cells to allow officers and staff time to have a lunch break), with the result that chapel sessions were regularly cancelled due to planned removals and freezes. However, in June 2025, these were moved to form part of the core day and this has been well received by both staff and prisoners, who no longer have to cram worship into their lunch hour, sometimes resulting in missing medical dispensing times, food service or time on the POD.

As part of a therapeutic intervention programme, eight therapy dogs visit the prison. This has been a great success, with many positive comments from both prisoners and staff.

The restorative justice programme, Sycamore Tree, was felled in the first half of the reporting year, due to safeguarding concerns, and is no longer available.

The Freedom Programme, a trauma-informed domestic abuse programme was paused in June 2025 over concerns that, as a therapeutic intervention, it needed to be authorised by the National Framework for Interventions. This has frustrated staff, who believe that access to the programme is hugely beneficial to those in custody.

The mandatory requirement to see all prisoners within the seven-day period prior to departure was achieved and the chaplaincy team also runs a 'through the gate' service (see section 7.5).

The managing chaplain set up a focus group of staff (including from the kitchens) and prisoners before Ramadan to discuss how best to run it. Feedback suggests a high level of satisfaction with the outcome.

5.6 Incentives schemes

Following an incentives schemes survey by the charity User Voice last year, a new strategy was launched, with an emphasis on progression and reward rather than punishment, to incentivise good behaviour. This included prisoners given 'positives', or privileges, for going to work punctually for a week. Additionally, there is an 'incentives plus' scheme, which rewards prisoners who attain three or five 'positives' in three calendar months. There is now much clearer signage on the houseblocks about the incentives scheme, highlighting positive behaviours, as well as what standards are expected of the PCOs. This scheme has been seen to be working effectively in influencing good behaviour and is popular with those who have benefitted from it.

5.7 Complaints

Significant problems with the prison's complaints system remain, with lengthy and inconsistent delays in final response times. The new Director noted at the start of 2025 that the number of confidential complaints (Comp 2s) was escalating and commented

that this was indicative of a system that was not working. This was reflected in the Board's conversations with prisoners, who say there is little point using the complaints system. Additionally, the Board noted an inconsistency in the provision of complaint forms for the prisoners to access on the houseblocks.

From the start of 2025, a new complaints process was implemented: 'drop in' sessions are run on the houseblocks every week by senior officers, with the intention of reducing the number of complaints and resolving issues more quickly. At the end of the reporting year, a small number of these sessions have been run and are being strongly encouraged by senior management. However, the Board is yet to see any consistency in them being held and there seems to be a lack of awareness among prisoners.

Of the 1509 complaints received by the prison during the reporting year, the average number answered fully within a five-day time period was 69%. However, prison data indicated that over 95% were answered on time, as 'interim' responses were counted as an 'on time' response.

User Voice meetings continued to be held throughout the reporting year and were valued by prisoners for their robust process and follow up.

5.8 Property

The number of applications (prisoners' written representations to the IMB) regarding property received by the Board during the reporting year fell to 16% of total applications received, compared with 23% in the previous year. Prisoners continued to report long delays in the provision of appointments to attend reception to receive property, as well as the cancellation of these appointments at short notice. However, the Board was pleased to observe a reduction in the lengthy backlogs of processing parcels and, following a transition to a new policy in early 2025, prisoners reported a general improvement in property issues.

6. Health and wellbeing

6.1 Healthcare general

Since April 2023, healthcare services have been provided by Central and North West London NHS Foundation Trust (CNWL), which subcontracts the provision of GP services to DrPA and the substance misuse services (ISMS) to Forward Trust (FT). NHS England (NHSE) retains responsibility for the quality assurance of the delivery of the healthcare contract. Whilst the Director is responsible for the prison, the Board's observation is that there is no direct means by which the Director can hold CNWL to account. Effective collaboration between the prison and CNWL continued to be poor in the first half of the reporting year, not helped by a succession of changes in the healthcare leadership team, including those responsible for mental health provision. Improved relations and working have been observed since the arrival of both the new Director and an acting head of healthcare in January 2025.

In the autumns of 2023 and 2024, prisoner healthcare service surveys were carried out by EPIC Health Systems (an independent research evaluation and consultancy entity in social and criminal justice) on behalf of NHSE. Questions covered broad aspects of the healthcare service. In 2023, 29% of the 52 respondents felt their healthcare needs were met. This had dropped to 15% of 74 respondents in 2024. Whilst the number of respondents was low in both surveys, the results were broadly consistent with the Board's observations during that time.

In a survey carried out by the prison in July 2025, 30% of 120 respondents said they felt the quality of the healthcare services provided was good or very good. In the Board's view, the results of this survey reflect both differences in the purpose and content of the survey and some improvements in healthcare services observed during 2025.

GP cover in reception was deficient for much of the reporting year, resulting in instances of prisoners who arrived late not getting prescription medication until the following morning and, on occasion, not for 48 hours. This included women who were detoxing and, in one case, a pregnant prisoner.

Issues with prescription medication also extended to the houseblocks, where the Board observed a lack of clarity as to the roles of PCOs, CNWL and FT staff when medication is dispensed at the hatches. This leads to uncertainty as to whether medication has been taken correctly by the prisoner. Dispensing of medication frequently starts late, is inefficient (as nurses from FT and those from primary care dispense different types of drugs separately) and can be prolonged by the use of agency nurses, who are less familiar with the local processes. This has frequently resulted in prisoners having to choose between collecting their medication and accessing meals or time in the fresh air; delays in prisoners getting to work; prisoners missing appointments; a lack of PCOs to supervise other activities; prisoners getting locked up in the evening without having been given their prescribed medication; and instances of prisoners being refused prescribed medication because the previous dose was dispensed so late.

Prisoners complain of poor communication from the healthcare unit, particularly in relation to appointments and changes in medication. The Board frequently observed a lack of healthcare complaint forms on the houseblocks and found it difficult to follow up healthcare complaints owing to a lack of transparency. For example, the Board was told that healthcare staff can re-classify submitted complaints as 'concerns', which then do not require a written response. The process is overseen by a central feedback team

at CNWL. The percentage of health-related applications to the IMB was 19% compared with 18% in 2023-2024.

The bi-monthly local delivery quality board (LDQB) is the main forum for discussion of local healthcare delivery, with representatives of all stakeholders invited. However, the Board observed that, for much of the year, it was of poor quality, with meetings cancelled because of poor attendance, lack of leadership and documentation and no effective accountability for actions.

User Voice has established a weekly council meeting of up to 10 prisoners. Staff from the mental health team have attended, when invited, and this has proved an effective forum for implementing initiatives suggested by prisoners. This has included, for example, the provision of more information on the services provided by the mental health team and how to access them. A comparable means of communication has not been established with primary care.

6.2 Physical healthcare

Waiting times for routine primary care GP appointments have varied between four and six weeks. The waiting time to see a podiatrist was 40 weeks in autumn 2024, but it fell to nine weeks by the end of the reporting year. The waiting time for the pain clinic was 50 weeks.

There have been up to 15 pregnant women in the prison at any one time during the reporting year, usually housed together on a single spur. They are all considered medically high risk and receive obstetric care from staff at Ashford and St. Peter's Hospitals NHS Foundation Trust (ASPH) and support from dedicated PCOs and peer workers, as well as visiting healthcare workers. There are weekly multi-disciplinary meetings at which all pregnant prisoners are discussed. Antenatal care has received praise from prisoners. One woman described deliberately precipitating her recall to prison because she believed the antenatal care was so much better than that she was receiving in the community. There is, however, ongoing concern from the midwifery team about the delays of up to four hours in transferring pregnant women to hospital.

CNWL has introduced monthly visiting X-ray and (non-obstetric) ultrasound services; however, pregnant prisoners must still go to ASPH for antenatal scans.

6.3 Mental health

The number of women sent to Bronzefield as a 'place of safety', under the Mental Health Act (22 in 2024-2025, compared with 19 in 2023-2024), together with the churn of mentally unwell women, continues to put considerable stress on the prison's mental health (MH) services.

The 18-bed healthcare unit is consistently full of women with complex and challenging behaviour, almost all of whom are there for mental ill-health. There is usually a waiting list of prisoners referred for an in-patient bed but who must be managed on the houseblocks, as none is available. This denies those prisoners the care they have a right to expect and has a damaging effect on other prisoners on the houseblock. The waiting list has averaged two over the reporting year, with a range of zero to six. Once again, the Board commends the healthcare unit staff for their dedication to providing high-quality care and the personalised and measured process they provide when reintroducing prisoners back to a houseblock after a stay in the unit for mental health reasons.

The shortage of beds in secure psychiatric hospitals in the community results in significant transfer delays for prisoners. During the reporting year, a total of 48 prisoners transferred to secure psychiatric hospitals, compared with 34 in 2023-2024 and 56 in 2022-2023. The target time for transfer is 28 days from the date of referral. This target was met in 45% of cases, with a further 27% waiting more than 56 days. Of these, six waited more than 100 days (range 109 to 157). Such prolonged stays in the healthcare unit put considerable pressure on staff, other prisoners and beds.

The Board has heard many reports from both prisoners and staff of the failure of mental health services to respond in a timely manner. One example features a prisoner coming to Bronzefield who was well known to mental health services but who did not have any input from the prison mental health team until after she had been involved in an assault and been sent to SCU. These shortcomings have been attributed to staff shortages, particularly of nurse and care coordinators. The Board also observed a lack of leadership, with acting heads of the mental health team in post for several months and no representative or mental health report at LDQBs. Senior healthcare staff report a lack of responses to emails sent to the mental health team. The departure of a psychiatrist mid-year led to the temporary cessation of ADHD (attention deficit hyperactivity disorder) clinics. This resulted in prisoners not being prescribed the ADHD medication that the neurodiversity lead considers would have benefitted them.

From our observations, the psychology team remained well-staffed and continued offering a range of groups and workshops, as well as one-to-one therapies.

6.4 Time out of cell, regime

The matters reported in Main findings, in section 3.1, gave rise to many instances of restricted regime in the first months of the reporting year, particularly the implementation of RRCs (as referred to in section 3.1), which resulted in a considerable impact on all out-of-cell activities. On one occasion, it led to 14 cancelled healthcare appointments, with no policy for reappointing, except for the prisoners to go back onto the waiting list.

The Board has observed the frequent lack of completion of observation books on the houseblocks. The controller has confirmed that regime times have to be verified using data such as CCTV. There are many reports of early evening lock up.

6.5 Drug and alcohol rehabilitation

This year was, again, characterised by ongoing staff shortages, particularly of recovery workers, with, at time, as few as two out of an establishment of six. This resulted in a skeleton service covering induction and release, with a drastic reduction in one-to-one support and psychosocial groups. The service has up to four peer workers, but their number is unpredictable due to transfers and discharges.

6.6 Soft skills

The role of peer worker is successfully embedded in all areas of prison life and up to 44 are employed at any one time.

7. Progression and resettlement

The issues (particularly with RRCs) highlighted in Main findings (section 3.1) have impacted education, vocational training and work functions to a material degree. Prisoners have often been late for, or unable to get to, purposeful activities and, on occasion, suffered cancellation of an entire session or sessions due to curtailed regime, lockdowns and roll counts not adding up.

The Board has noticed increased management focus on attendance levels at activities. They are reported on daily, and monthly average attendance has been between 70% and 83%, with many non-attendances being due to reasons such as the prisoner attending court. Interruptions once an activity has commenced have also been an issue.

Within four days of admission to the prison, every prisoner is assessed for English, Maths, cleaning and food hygiene, plus a 'rapid screen' for neurodiversity. Over 50% are assessed to be at Entry Level 2 or 3 for English and Maths (which would ordinarily be attained by 7-11 year olds), while just 15% have the equivalent of a GCSE pass in English and 5% in Maths.

The prison has provided data showing that 573 prisoners started 1,445 accredited courses, or modules of a course, from 111 different options. A total of 77% of the courses were completed, with a success rate of 98%. For non-accredited programmes, 1,274 prisoners completed 3,339 courses, also with a success rate of 98%. However, these non-accredited courses include the BICS (cleaning) qualifications and some of the 'e-learning' programmes, which are accredited but cannot be entered on the accredited database. Many of the 573 prisoners studying the accredited courses will also be taking non-accredited courses, so are recorded as part of the 1,274. Although not qualifying, these figures seem to represent an encouraging level of added value, which the Board hopes may benefit prisoners on release.

Remand prisoners are offered the opportunity, and sentenced prisoners are required, to engage in purposeful activity. A choice is generally given and the Board understands that first choices are generally accepted. However, there is often a waiting list and there are security and eligibility requirements that must be met, all of which impact meeting choices.

As a general comment, the Board has been consistently impressed by the enthusiasm and commitment of staff in the education, business, library and vocational training facilities and in the employment hub/Jobcentre Plus.

7.1 Education, library

Qualifications available in the education area include City & Guilds (C&G) Functional Skills English and Maths up to Level 2, Gateway ESOL (English for speakers of other languages) Entry Level to Level 1 and Gateway Essential Digital Skills Entry Level 3 and Level 1. Once enrolled in English or Maths, the prisoner must complete the course before moving to a different activity. There are also Level 3 courses in education and training, with advice and guidance available. These courses are all 8- 12 weeks long, which is a problem for Bronzefield prisoners, as the average length of stay is just over 10 weeks. To mitigate the issue of inter-prison transfers impacting courses, they are where possible, broken down into smaller units. This means that when each part is completed the result is logged on the CURIOUS national database and the succeeding parts can then be completed in the next prison.

In IT, there are over 40 'e-learning' courses of 45 to 90 minutes in areas such as accident reporting, time management, conflict management, electrical safety and first aid in the workplace, which can be particularly useful for prisoners who are not in the prison for long. When completed, these results are also logged on CURIOUS.

The Board has noted that there are no available 'life skills' courses particularly aimed at equipping short sentenced/remand prisoners in such matters as basic finance, cooking/nutrition and the benefits/housing systems.

The library has been open throughout the reporting year and appears generally well used, with 'books for first nighters' to support those just entering the prison. The Board has seen some disorganisation and a drop in the service, such as, for example, newspapers being unavailable, which, in the Board's view, is most likely due to librarian being on sick leave.

7.2 Vocational training, work

Training and work opportunities are available in the following areas:

- Vita Nova: a café for staff and visitors, with an offshoot in the visits hall.
- Shades of Beauty: a hair salon and beauty parlour, available for all.
- Bike workshop: refurbishing bicycles for the charity Recycle your Cycle; 395 refurbishments were completed in the reporting year.
- Jailbirds: a craft workshop.
- Business hub: training in business.
- Roots and Shoots: a gardening team.
- Cleaning team: giving formal training and a one year membership of BICS (British Institute of Cleaning Science) for all who qualify, with work opportunities on each houseblock.
- Painting: giving work opportunities on each houseblock.
- Kitchens: cooking for the whole prison and the staff canteen.

A highlight during the year for the Vita Nova café was an internal competition sponsored by the Hilton hotel group for the best cake for afternoon tea, with the winning prisoner's creation being placed on the afternoon tea menu at their hotels throughout the UK.

Pimlico Opera staged *Made in Dagenham* in the prison in March; it was very well received and had excellent reviews. A total of 17 prisoners performed, along with the professional actors, with seven in support roles and many others helping with make-up and hair and the learning of lines, as well as cheering on performers.

The wellbeing centre/gym, staffed by three officers, three 'non-op' fitness trainers and a prisoner orderly and assistant, continues to provide a great service to prisoners and staff, offering gym facilities and a wide range of sport and wellbeing activities. Particular highlights during the reporting year included: a weekly over 50s gym session; a remedial exercise programme for those having physiotherapy; yoga; and a 'prison version' of the Duke of Edinburgh's Award scheme, with 18 bronze awards and one silver. Park Run has been introduced in the reporting year and has been well received by those prisoners who take part – there have been some 49 runs during the reporting year, with average finishers of 24.

The wellbeing centre team is commended by the Board for their efforts in fostering a sense of community with Park Run and the range of imaginative initiatives they have introduced to encourage prisoners to exercise.

7.3 Offender management, progression

Offender management is carried out by a team of prison offender managers (POMs) employed by Sodexo, with prisoners assessed as 'high risk' being managed by POMs from the Probation Service (PS). The prison also provides POM services to remand prisoners.

Between 1 August 2024 and 30 April 2025, up to 23 prisoners per month were released on temporary licence (ROTL), with a monthly average of five.

The video conferencing centre (VCC) has 15 video rooms that can be used for remote court and parole hearings, as well as for official visits and meetings (including legal and probation visits).

Peer worker/prisoner activity co-ordinators are present on all the houseblocks and in the mother and baby unit (MBU). Their role is to organise evening and weekend activities, such as drawing, painting and games, and they have access to a modest budget for materials.

In March 2025, the 'street safe' workshops, to support women who have been involved in sex work, restarted. The Board has been told that the meeting was attended by the charities, StreetLight UK, RAHAB (restoring all hope and relief), Women in Prison and Advance Minerva, as well as police specialising in sexual violence against women, and a sexual health nurse. It was attended by 10 prisoners who disclosed that they needed support in this area. The Board understands that the intention is to run these groups every two months, with invitations extended to other relevant organisations. Three sessions have been held during the reporting year.

7.4 Family contact

The visits hall is airy and welcoming compared with facilities seen by the Board in other prisons. There is a play/family area for families meeting security requirement and an offshoot of the Vita Nova café, which sells high-quality cakes and beverages. Remand prisoners are allowed a social visit every day and sentenced prisoners five per month. Within seven days of arrival, a reception visit is arranged by staff. Visitors must be on a list approved by security, with safeguarding and protection issues being key factors in the giving or withholding of approvals.

A total of 302 prisoners did not receive any social visits in the two months sampled (February and March 2025), of which 107 were convicted and 195 were on remand. The chaplaincy team is developing a pathway to re-start the official prison visitors (OPV) programme, under which trained volunteers visit prisoners who rarely, if ever, have any from friends or family members.

The visits hall has three booths for social video calls and there is similar equipment in two of the houseblocks and the MBU, with plans to install booths in the other two houseblocks. Prisoners are allowed one social video call per week, although those with family abroad may be allowed two per week.

Each cell has a phone that can be used to make calls to security cleared numbers. A weekday call costs 2.4p per minute. Weekend calls are cheaper. The cost was reduced by 20% in April.

Friends and family can register to use the 'email a prisoner' scheme ('e-mate', which is run for all the prison estate by an external agency. An incoming email costs the sender 40p, while pictures and a reply form can be added at extra cost by the sender. Each email is security vetted. On a typical day, a total of 80 emails are processed (received and sent).

In-coming post should be delivered the day after receipt, while out-going mail should be posted the day after being put in the post box. However, the Board has received a number of complaints during the year that there can be delays in receiving or sending post. On several occasions, prisoners reported being unable to access their entitlement of a free envelope per week (two for remand prisoners).

7.5 Resettlement planning

The employment hub, with two Sodexo staff and one part-time peer worker, assists new prisoners with purposeful activity opportunities, whether in the workplace or in education, with a follow-up review every three months. It also works with prisoners in the last 12 weeks of their sentence, helping with identity documents, disclosure requirements and banking and employment opportunities. One team member focuses on building relationships with prospective employers, including, among others, Wagamama, Marstons, Kier, Hilton, Veolia and Timpson. One particularly notable opportunity created was a traffic management course, which helped equip attendees with the skills necessary for jobs in highway maintenance work. As a result, a number of prisoners who had taken the course secured post-release employment with Hounslow Highways.

Jobcentre Plus (JCP) staff (from the Department for Work and Pensions) assist prisoners in the last 12 weeks of their sentence, with a particular focus on encouraging released prisoners into the workplace. They advise on Universal Credit and welfare benefits' applications and help with potential barriers to employment; in certain circumstances, they can arrange for an advance of benefit entitlements to prisoners on release.

JCP staff are present in the reception area daily to ensure that all prisoners being released are either on:

- the Universal Credit (UC) pilot scheme, which requires prisoners to meet certain criteria, including a recent requirement for verified ID, which can be problematic for prisoners, as it requires a passport or photo driving licence, which not everyone has, or a Citizenship Card, which costs £11.50; or
- receive an advance of £393 on UC; or
- know how to activate their UC account using a freephone number.

JCP also works with remand prisoners, particularly regarding housing concerns whilst on remand, and is able to assist remand prisoners with housing costs for the first six months following release (paid directly to the landlord). JCP staff operate largely on a 'drop in' basis but are moving to an appointment-based system to help prisoners get used to managing appointments, etc.

The pre-release team (PRT), which, at the end of the reporting year comprised six staff (two employed by the Probation Service and four by Sodexo, plus a senior probation

officer), seeks to ensure prisoners will have accommodation post release. The PRT meets weekly to discuss upcoming releases of prisoners who are technically homeless (including those with referrals to temporary accommodation, such as the community accommodation service Tier 3/CAS3). The Board has been told that around 75% of prisoners being discharged from the prison without their own or family accommodation will either have a referral to CAS3 or the equivalent approved accommodation, or will have an appointment with the PS or the relevant local authority housing team. If attended, the appointment should result in the provision of temporary accommodation (usually a hostel or hotel). However, the Board has been told that it is not unusual for discharged prisoners to fail to attend and that there are an increasing number of refusals to accommodate high risk/complex prisoners by approved-accommodation providers, thereby increasing the risk of homelessness in already vulnerable people.

The Board has also been told that:

- Where prisoners are released from court or are subject to sudden, out-of-hours or short-notice release, there can be insufficient time for the pre-release team to become involved, which can result in prisoners being discharged into homelessness.
- Considerable stress can be caused to prisoners approaching release because accommodation details (including location/address) are only provided at the initial meeting with the PS following release.

The chaplaincy team is required to see every prisoner in their last week before release and a key focus is on 'through the gate' support. This includes offering pastoral care for prisoners in reception just prior to their release and phone support, by, for example, ringing a probation officer, walking with prisoners to the railway station and/or assisting them on to the right train. This is particularly valuable if the prisoner is vulnerable, e.g. in debt to other prisoners.

On the way to the local railway station is the Salvation Army, which (where resources allow) offers rucksacks with overnight essentials to those who are likely to be homeless. The nearby St. Hilda's church also offers tea and coffee, a safe, quiet space and some food-bank type products to discharged prisoners, as well as an area where families visiting prisoners can rest afterwards.

The Board has been told that there is a significant need for a properly co-ordinated 'through-the-gate' service between the PS, accommodation providers and the prison to support prisoners on discharge. Encouragingly, there are proposals for a 'departure lounge' to be piloted, with the intention of providing logistical support for prisoners as they leave the prison; the projected launch date is 8 September 2025.

There are two Women in Prison charity workers at HMP/YOI Bronzefield, who focus on supporting remand prisoners. Women in Prison are a provider, contracted to deliver commissioned rehabilitative services (CRS) for women. While their referrals can be about finance, health or accommodation, most turn out to be about accommodation, either helping a prisoner to maintain their accommodation on the outside (e.g. negotiating with rent arrears) or working with the resettlement team to find accommodation on release.

The Board has been told that the collaborative housing arrangement with Hope into Action and St. Hilda's, where two ex-prisoners were housed, has had to come to an end.

8. The work of the IMB

Board statistics

Recommended complement of Board members	15
Number of Board members at the start of the reporting period	16
Number of Board members at the end of the reporting period	15
Total number of visits to the establishment	397

Applications to the IMB

TOTAL NUMBER OF APPLICATIONS TO IMB BRONZEFIELD:

2023-2024: 559

2024-2025: 704*

**704 includes 130 applications from one prisoner*

Code	Subject	Previous reporting year: % of total applications	Current reporting year: % of total applications
A	Accommodation, including laundry, clothing, ablutions	8	7
B	Discipline, including adjudications, incentives scheme, sanctions	3	3
C	Equality	2	3
D	Purposeful activity, including education, work, training, time out of cell	0.5	2
E1	Letters, visits, phones, public protection, restrictions	8	9
E2	Finance, including pay, private monies, spends	2.5	2.5
F	Food and kitchens	6	5
G	Health, including physical, mental, social care	18	19
H1	Property within the establishment	21	15
H2	Property during transfer or in another facility	2	1
H3	Canteen, facility list, catalogues	4	2
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	3	2
J	Staff/prisoner concerns, including bullying	16	24
K	Transfers	1	0.5
L	Miscellaneous	5	5
	Total	100%	100%



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