



HMP/YOI BRONZEFIELD

**INDEPENDENT MONITORING
BOARD**

**ANNUAL REPORT
2009/2010**

10th September 2010

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Section 1

THE STATUTORY ROLE OF THE IMB

The Prisons Act 1952 and the Immigration and Asylum Act 1999 require every prison and IRC to be monitored by an independent Board appointed by the Justice Secretary from members of the community in which the prison or centre is situated.

The Board is specifically charged to:

- (1) 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.
- (2) inform promptly the Minister for Justice, or any official to whom he has delegated authority as it judges appropriate, any concern it has.
- (3) **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.

Diversity Statement

HMP/YOI Bronzefield Independent Monitoring Board is committed to an inclusive approach to diversity which encompasses and promotes greater interaction and understanding between people of different backgrounds including race, religion, gender, nationality, sexuality, marital status, disability and age. We also recognize that a fully inclusive approach to diversity must also respond to differences that cut across social and cultural categories such as mental health and literacy.

The board values this approach to diversity within its recruitment and board development practices to increase its repertoire of skills and to promote awareness amongst its members of the diverse needs and perspectives of the population within HMP/YOI Bronzefield.

All members of HMP/YOI Bronzefield IMB will undertake their duties in a manner that is accessible to everyone within the establishment regardless of their background or social situation. The Board will monitor to establish that the experiences and interaction between staff, prisoners, detainees and visitors is fair and without prejudice. Where this is not the case, the Board will alert appropriate authorities and individuals including the Director, Regional Director Offender Management, Regional Custodial Manager, the Prisons Minister and Kalyx.

REPORTING PERIOD

1st August 2009 – 31st July 2010

Section 2

DESCRIPTION OF THE PRISON

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

In December 2009 the prison increased its Certified Normal Accommodation (CNA) from 450 to 527 with the opening of a new residential unit. At the same time the prison began taking young adults aged 18-21.

In the summer of 2010 the population at Bronzefield averaged around 485. More than a quarter of the prisoners were on remand and around 80% of sentenced prisoners were serving less than 6 months. Around 30% of the prisoners were Foreign Nationals.

The new House Block 4 includes accommodation for lifers. The prison has a 12-bed Mother and Baby Unit, with room for 13 babies.

HMP/YOI Bronzefield serves approximately 80 courts in the south east of England.

Primary GP services are provided by a private sector agency - Cimarron UK. Mental health care is provided through a contract with Alpha Hospitals. The prison has a 24-hour in-patient healthcare unit, but no dedicated mental health unit.

Education services are provided by Kalyx.

There are more than twenty outside organisations supporting family and community ties and linking to services that can help with resettlement after release. Among them are:

YWCA (Self-esteem courses for Young Offenders)

Next Steps (Education, Training and Employment guidance)

WISH (support for prisoners with mental health issues)

Samaritans (support for Listeners)

Hibiscus (support for Foreign National and minority ethnic women).

DAS (Detention Advisory Service – immigration advice)

CareConfidential (pregnancy and post abortion support)

Keys Counselling (weekly counselling sessions)

IOM (International Organisation for Migration – resettlement advice)

WIP (Women in Prison)

Alcoholics Anonymous

WI (The Women's Institute)

Newbridge (Parenting courses)

Section 3 EXECUTIVE SUMMARY

We are asked to report by exception on five main areas of the prison (*Section 4*) and to comment on any other areas where we have concerns or where we wish to cite examples of excellence (*Section 5*). This report covers the twelve months between August 2009 and July 2010. Some of the Board's concerns raised during that period have been resolved and the Board would like to record that for the most part the prison is well run, with good prisoner/staff relationships.

The majority of areas monitored at HMP/YOI Bronzefield are continuing to work effectively in a modern, clean, bright, purpose-built prison which is not overcrowded. The small, proactive Senior Management Team promotes an ethos of respect and decency for the individual. Staff work hard to support prisoners in an environment that can be difficult and taxing.

We are grateful to the management and staff of the prison for the co-operation which they have offered to the Board during the course of its work.

During the reporting period there was a death in custody and the IMB would like to express its sympathy to the family and friends of the deceased.

The Board would like to commend the management and staff of HMP/YOI Bronzefield for the following:

- The Board has been aware of several occasions when staff at the prison have used great initiative and gone to exceptional lengths to meet the individual needs of a prisoner.
- The Education and Skills courses have been greatly improved and are now better adapted to the individual.
- The building of the new residential unit was completed on time and caused little or no disruption to the regime at the prison. The introduction of YOs to Bronzefield was also managed smoothly.
- The Mother and Baby unit continues to be a centre of excellence.
- HMP/YOI Bronzefield has a high number of prisoners on the 'difficult to manage register' and succeeds in caring for most of them in normal residential locations.
- The prison management has been imaginative in developing links with outside agencies. (See 5.6)
- Information given to remand prisoners enabled them to vote in the May 2010 elections.

The Board has raised the following concerns during the reporting period:

- The provision of outpatient (primary) healthcare in HMP/YOI Bronzefield has been well below standard during much of the reporting period. (*See section 4.3*)
- The Prisoners' General Application and Complaints process (*see IMB Annual Reports 2007-8 and 2008-9*) remains an issue, even though it has been amended. (*Section 5.3*)
- The inadequacy of personal support for prisoners at some levels. (*Section 5.2*)
- Persistent failures in the provision of privacy keys for prisoners' cells. (*Section 4.4*)

- The balance between preserving a prisoner's decency and dignity and the need to ensure her safety and security is not always consistently maintained. (*Section 4.3*)
- The prison has some excellent facilities which could be employed more imaginatively to enhance prisoners' self worth or to provide useful experience that could facilitate resettlement. (*See section 4.2*)
- The lack of P-NOMIS terminals in this contracted (privately managed) prison creates difficulties when transferring a prisoner's records and money between public sector prisons and HMP/YOI Bronzefield.

QUESTIONS TO THE MINISTER:

1. When will P-Nomis be functioning at HMP/YOI Bronzefield? We believe that not having it available may put prisoners at a disadvantage.

QUESTIONS TO KALYX:

1. When will P-Nomis be functioning at HMP/YOI Bronzefield? Is there a contractual problem over its introduction?
2. Can prisoners at Bronzefield expect that the provision and delivery of outpatient primary healthcare will be of a similar standard to that available in the community?
3. Do you believe that primary healthcare in the prison is adequately funded to achieve that standard?

QUESTIONS TO NOMS:

1. When will P-Nomis be functioning at HMP/YOI Bronzefield? Is there a contractual problem over its introduction?
2. Do you believe that primary Healthcare resources at HMP/YOI Bronzefield are adequately funded?

Section 4 AREAS THAT MUST BE REPORTED ON

4.1 DIVERSITY/Equality and Inclusion

It is the Board's opinion that staff at HMP/YOI Bronzefield have a very positive and proactive approach to diversity matters.

Equality and Inclusion Team (EIT/REAT) meetings are usually well attended by operational staff and by prisoner representatives.

Age

- In June 2010 there were 40 prisoners aged over 50 at HMP Bronzefield. There is a staff member to oversee their needs and they are offered extra facilities including their own gym session.
- Young adults do not have separate accommodation but are offered their own gym sessions. The YWCA will be running courses for them on subjects such as life skills. There is also a youth club on Saturdays.
- Prisoners reaching pensionable age are allowed not to work. The Board has raised the issue of what entitlements they should have, such as free TV use, and the management is reviewing policy on this.

Disability

- The prison does not have a full time disability officer. The Board is concerned that statistics on the disabilities of the Bronzefield population have been based largely on what prisoners declare voluntarily at Reception. This point was raised in last year's report.
- Literacy and numeracy levels are assessed in reception and during induction which has been much improved. *(See section 5.1)*

Race

- RESPECT, the independent Black and Minority Ethnic (BaME) prison staff support service was launched in the prison in April.
- 157 Racial Incident Report Forms (RIRFs) were submitted during the reporting period, compared with 152 last year. Two thirds of the complaints were upheld or partially upheld. The Board has had some concerns about the way RIRFs were responded to in the first part of the reporting period; the actions and outcomes were often unclear, even as to whether the prisoner in question had been interviewed. The Board looked at the process in more detail following complaints from prisoners. A new Equality and Inclusion Officer, appointed in the latter part of the reporting period, has made the system more accountable and transparent.

Foreign Nationals

- Foreign Nationals make up about 30% of prisoners at Bronzefield. They are well represented at all prisoner forums.
- **The Board commends HMP/YOI Bronzefield** for publishing its Rough Guide in 17 languages; Prison Service Prisoners' Information Booklets are available in 24 languages in Reception; leaflets explaining the IMB's role are available in 17 languages. Newspapers are available in four languages with more available on an ad hoc basis when Foreign Embassies

send them in.

- UKBA staff visit the prison weekly to assist prisoners awaiting deportation.
- Twenty nine clocks showing the time in various parts of the world have been installed in the main activities block, to help foreign national prisoners feel included.

4.2 LEARNING AND SKILLS

- During the reporting year there has been a considerable restructuring of the learning and skills regime that has resulted in programmes which are more focused on the prisoners' assessed needs. A greater variety of courses is now on offer and prisoners seem very positive about the new arrangements. **Newly introduced 'Life Skills' classes have been particularly well run and are very popular with prisoners.**
- Staffing problems, however, have blunted the efficacy of some activities such as literacy and numeracy. For nearly 8 months there was no numeracy teacher, although a qualified prisoner periodically took this class.
- Assessment reports show that approximately 50% of women entering Bronzefield have literacy skills lower than the GCSE basic pass grades d-g. 75% have a similarly low ability in numeracy. The majority of education resources are directed at these women. Prisoners with higher attainment levels in these subjects have little opportunity to improve their skills. Most of them are at Bronzefield for a matter of months only and the prison argues that it is difficult to provide meaningful courses for more advanced students in such a short period.
- The board received many complaints from prisoners about the Finance Department's management of the more complicated pay rates which resulted from the introduction of the new Learning and Skills regime. Wages clinics were held on residential units to resolve matters.
- The hairdressing salon provides three, low-level National Open College Networks (NOCN) courses covering health and safety, working relationships and the basics of assisting a stylist. The unit is relatively large and the Board questions why it can't also be used for the teaching of other related skills which would be valuable on resettlement.
- The use of IT is largely restricted to classes doing courses such as CLAIT (Computer Literacy and Information Technology). Prisoners have told the Board they would like to see more computers made available for use in other classes.
- The Board does not believe that every educational or employment activity in the prison needs to lead to the awarding of a qualification. There are several activities, including craft work, gardening and decorating, which give the women pride and satisfaction in what they are doing and a sense of achievement which may by itself be helpful when their time comes for release. There are certain areas in the prison, however, (the kitchens and the gym for example) where NVQs used to be awarded but are no longer. Such certificates or equivalent qualifications may well improve a prisoner's opportunities for future resettlement and we believe that by not providing vocational courses at that level, when there is a chance that some women would benefit from them, the prison is not maximising its opportunities.
- Last year's report commented on the length of time it takes for prisoners who complete courses requiring external assessment to receive their certificates. This has still not been resolved. Without these certificates prisoners have nothing to show on release as evidence of their hard work and of any skills gained for resettlement.
- The Shannon Trust's "Toe by Toe" programme, to help women who cannot read, was not available for much of the year. It has been reinstated but there has been a problem in retaining mentors. The Board feels that the prison's support for this valuable scheme has lacked enthusiasm and commitment. *(See last year's report)*

4.3 HEALTHCARE

Outpatients/Primary Care

The Board has had concerns about the provision and delivery of outpatient healthcare for prisoners at HMP/YOI Bronzefield this year and believes that for most of the time the service has fallen short of that which is available under the NHS in the community, a standard that prisons are expected to match. A quarter of all applications to this IMB during the year concerned the quality of healthcare. (See section 6) We are aware that healthcare is a bigger issue in the women's estate than in the men's, but this compares with an average of 10% across prisons in England and Wales. It should also be noted that complaints about healthcare lodged under the prison's own complaints system averaged more than 45 per month from March to July 2010, with about 40% being listed as upheld.

There was a change of provider for GP services during the reporting period which had an adverse impact on prisoners over an extended period. While the Board acknowledges that some women prisoners can be demanding when it comes to their real or imagined medical needs, the standard of primary healthcare provided at Bronzefield for most of this year has been inadequate.

- The NHS GP Patient Survey of 2009/10 states that 80% of patients in England who wish to consult a doctor fairly quickly are able to be seen within 48 hours, which was the government's guideline for the NHS. (<http://www.gp-patient.co.uk/results/>)
- All prisoners automatically see a GP within 24 hours of arrival and there is normally a GP with a special interest in substance misuse, generally referred to as a "detox doctor", on duty in Reception. Serious medical emergencies can also be responded to quickly. **However, if a prisoner at Bronzefield wants to see a GP at a later date she has none of the direct access to a doctor that she would have on the outside and instead must request an appointment through a triage nurse. This is a filtering process which is not commonly used in the community except in A&E departments.**
- The wait to see a triage nurse has varied during the past year from a day to over a week. The decision on whether to refer a prisoner for a doctor's appointment relies upon the nurse's use of clinically defined criteria. Prisoners lack the absolute right to see a doctor.
- When the nurse refers a prisoner for a GP consultation, the further wait for a doctor's appointment depends on urgency, **but has at times been considerably longer than a week.** The Board has frequently been unable to satisfy itself as to the reasons for these long delays.
- For a significant part of the year there was no female GP in regular attendance at this women's establishment, which the Board considers to be a failure of care, decency and respect by the prison.
- The waiting time for a sentenced prisoner serving more than 6 months to see a dentist for non-emergency treatment was excessively long for a considerable part of the reporting period, up to 3 months.
- For much of the year there was no optician service at all. A number of attempts by the management to enlist local opticians to provide an in-house service failed. (This issue was

also raised in last year's report, page 9.) Ready-to-wear spectacles are available on request, but they are unsuitable for prisoners with more complex sight problems.

- The Board became aware of deterioration in the working relationship between healthcare staff and custody officers during the year, which resulted in communication failures, missed appointments and delayed treatment for prisoners. Complaints about this came to the Board from both staff and from prisoners.
- The Board received several complaints from prisoners about the attitude of some nursing staff.
- **Towards the end of the reporting period some of these problems had been eased.** Female doctors were holding regular clinics and the waiting time for a GP appointment had shortened to a few days, the wait for a dentist to 2 weeks. Late in the reporting period Bronzefield staff took a number of prisoners to see an optician outside the prison, but this was dependent on a number of factors, including the availability of escort officers and the optician himself. The lack of a regular in-house optician service remains a real issue for some prisoners.
- Despite these improvements, prisoners are still required to have a nurse triage appointment before seeing a GP and are most unlikely to be able to consult a doctor within the 48 hours which appeared to be normal for 80% of patients in the wider community during the reporting period.
- The NHS Patient Advisory and Liaison Service (PALS) was introduced into the prison in the spring of 2010 as a first line response to prisoners' healthcare concerns. It is managed by two prisoners, supported by an NHS manager from the community who visits weekly. The two PALS prisoners spoke at a staff meeting to explain their role. They have already highlighted significant inconsistencies in the way staff on individual residential units handle the system of booking medical appointments.
- In the summer of 2010 health forums were established so that prisoner representatives and healthcare staff could meet to discuss issues of concern. Efforts were also being made to promote better health amongst the prisoners through a greater understanding of diet and exercise. **The Board commends these attempts at improving communication.**
- In June 2010 the SystmOne medical computer system was introduced to Bronzefield to centralize and manage all the prisoners' health and appointments records. Terminals on the residential units are accessed by nursing staff and will produce movement slips for appointments. The expectation is that the new technology will greatly streamline the operation of outpatient healthcare at the prison. The IMB will be monitoring its impact in the coming year. The system also enables a prisoner's medical records to be transferred instantly if she arrives from another prison that is similarly equipped.

Inpatients/Mental Health

- Prison staff take care of several extremely volatile prisoners in the residential healthcare unit, many of whom are prolific self-harmers. **Lives have been saved by the prompt and caring attention of staff and the Board would like to commend them.**
- Many of the prisoners resident in this area are suffering from mental health problems. The majority of uniformed officers only have basic training in mental health awareness and behaviour management. Despite this, the custody officers and nurses cope well with the patients.
- The Board is regularly informed when a prisoner is put into alternative (safe) clothing for her own protection from self-harm, but has concerns about the procedures surrounding this. There has been inconsistency in the way staff manage the balance between ensuring decency for these prisoners and ensuring they are safe. The protocol about how a woman is

searched and what clothing and property she will be allowed to retain is not always clearly prescribed in Care Plans.

- In this busy unit many of the cells and the main corridor have at times been grubby and dirty; there have been problems in providing and retaining competent orderlies in this sensitive part of the prison. The deep cleaning and redecoration of these cells have been somewhat inadequate through most of the year. In June 2010 fresh efforts were made to repaint these cells, using prisoners from the painting and decorating team.
- In-patients are given access to the gym, education and work, dependent on the individual's health, circumstances and needs.

HDU (High Dependency Unit)

- For much of the year this ten-bed facility was not used. It has sometimes served as an overflow from the in-patient healthcare unit. This is the only residential unit which is not covered by CCTV. The Board feels this is a space which could be better employed.

Drug Strategy

- The introduction of the Integrated Drug Treatment Strategy (IDTS) at HMP/YOI Bronzefield suffered delays and was not operational during this reporting period. Drug Strategy meetings have been irregular and the IMB has had difficulty accessing whatever minutes there may be. Access to the IDTS file on the management computer system has been restricted because of the confidential financial negotiations between the prison and the PCT.
- An alcohol-only awareness programme was started in January, but ran for only one session. In May 2010 an Alcohol Worker was recruited who began regular two-week long programmes for prisoners who are alcohol dependent. A course on alcohol awareness for women who are not dependent is also planned.

4.4 SAFER CUSTODY.

- Bronzefield staff have a very caring approach towards prisoners who self harm. The Safer Custody and Violence Reduction Co-ordinators report to monthly meetings which are well-attended and action points are followed through. Most meetings have been monitored by the IMB. Prisoners trained as Listeners by the Samaritans attend the meetings. There have been up to 13 Listeners in the prison at one time.
- Board members randomly and regularly read ACCT (Assessment, Care in Custody, Teamwork) documents, monitoring the comments, care plans and case review histories. The documents are in general well completed. Members also talk to the individuals concerned.
- There is no dedicated first-night centre. Most new arrivals are normally accommodated on residential unit 1, which has four wings including a detox spur for prisoners identified as drug and alcohol users. However good the staff on the residential unit may be, the atmosphere of a large, general accommodation unit cannot offer the same degree of reassurance and supportive attention that is normal in a smaller first night centre. All cells at Bronzefield are safe cells.
- The Board has had numerous applications from prisoners complaining that they do not feel safe because a shortage of privacy keys has meant that they cannot lock their cell doors or keep their property secure whilst out of their cells. Prisoners have alleged that possessions, including confidential legal papers, have been stolen from rooms. The IMB raised this as a concern in last year's report and has done so repeatedly this year. The Board feels that the management has been slow to resolve this matter effectively and with consistency.

- Instances of bullying are well investigated and the IMB have been told by victims that they felt well supported.
- There was one death in custody during the reporting period. The IMB was informed promptly and the Board monitored this as a serious incident. The Director and the prison Chaplain informed the next of kin. Prisoners and staff were offered support in a timely manner. Services were held in the Faith Centre and in the residential unit.

Use of force and planned removals

- Where possible the Board has monitored planned removals, which are videoed. There has been concern that the prison's written record of these events has sometimes differed from what the IMB has observed and recorded.

4.5 SEPARATION & CARE (S&C)

- For most of the reporting period there has been a small core of long-term prisoners held on the unit under "Good Order or Discipline" (GOOD) or Own Protection (OP). One or two have been extremely difficult to manage, requiring multiples of staff to unlock. **For much of the time staff cope extremely well with these prisoners and are to be commended.**
- It is only by exception that prisoners on open ACCT documents are held on the unit. These documents are well recorded and are reviewed regularly.
- On most occasions the IMB is informed when prisoners are moved to S&C on GOOD or OP and paperwork pertaining to this is made available to the IMB. Board members can speak to prisoners at any time, but seeing those on multiple unlock can depend on sufficient staff being present in the unit.
- There is now joint management of Healthcare and the S&C unit, leading to a better flow of information amongst staff about the prison's most difficult occupants. This has had a beneficial effect on prisoners in both units.
- Prisoners in S&C have access to education, the gym and the library, where this is practical and when staffing levels permit.
- Prisoners acting as orderlies in S&C have not remained in post for long this year and replacing them has not been easy. As a result officers frequently take meal trays to prisoners in their cells, adding to the time the women spend behind their doors. Custody staff also clean the unit. This is an unsatisfactory state of affairs.
- The quarterly Separation, Monitoring and Review Group (SMARG) meetings have sometimes been cancelled at the last minute and rescheduled. Meetings are not well attended but the agenda is fully discussed by those present, who show a clear knowledge of the prisoners on the unit.
- GOOD and OP reviews are usually well handled and are well attended, but there have been instances where the prison has not enabled prisoners to achieve their review targets. Staff are not always proactive in following through on review decisions. The IMB monitors these reviews regularly. Prisoners are given every opportunity to attend and to speak freely in a non-threatening atmosphere. Every opportunity is taken to return prisoners to normal location as soon as possible and relocation plans are available for prisoners who have been on the unit for more than a few weeks.
- Whilst there is a Special Accommodation Cell in this unit, it is used as a storeroom.

Section 5 OTHER AREAS OF THE PRISON WHERE THE IMB HAS CONCERNS OR COMMENTS.

5.1. RECEPTION/INDUCTION

- The number of applications to the IMB about property issues has decreased during the year. The Board feels that Reception is now coping well with the high numbers of women moving in and out of the prison and is processing their movements effectively.
- The Board is concerned about the continuing practice of asking women to consent to having their property searched and listed in their absence after they have left Reception. This is done at busy periods in order to speed up the prisoners' transition to their accommodation after what could have been many hours in the uncomfortable confines of a prison van. If there is a dispute at a later stage however, as to what property a prisoner brought in with her, she will have great difficulty challenging what the officers have listed.
- Issues concerning inter-prison transfers of property are still common. Money transfers from other prisons can take weeks. Funds transferred from public sector to private sector prisons are still having to be sent by cheque, rather than being moved electronically. (*See questions to the Minister*)
- The LEAF computer system, usable in several languages, has been introduced in the induction process which has been turned into a much more effective procedure. One channel on the in-cell TVs carries a rolling programme with information about the prison regime.

5.2 RESIDENTIAL UNITS

- The system for ensuring cell cards are on display outside each cell has greatly improved, and the cards now have the prisoner's photo on them. **The Board commends the management for introducing this.**
- 'Your Voice' prisoner forums are run on a monthly basis, but support from staff has been inconsistent, often resulting in the women's queries and comments remaining unanswered because the relevant manager was not present. Towards the end of the reporting period a senior residential manager was given the task of trying to make the meetings more effective.
- The IMB has raised concerns that the notice boards in the Houseblock hub offices which should record a prisoner's location at any given time during the day are not always accurate. The prison accepted that there was a problem and has made efforts to address it. However, at the end of the reporting period there were still inaccuracies. On numerous occasions when IMB members have tried to locate a prisoner, staff have been unable to give correct information as to where she is.
- The Personal Officer scheme has been modified at Bronzefield. Instead of having an individual personal officer, prisoners are given the names of spur officers nominated as their 'key workers'. Prisoners repeatedly tell the IMB that they do not know who their personal officer or key worker is and the Board has concerns that this loose arrangement makes it more difficult for prisoners to establish the sort of one-to-one relationship with a staff member which might make problem-solving easier. **Prisoner exit surveys show that fewer than 50% of women being discharged were aware of who their personal officer was.** The failure of some staff to wear name badges visibly so that a prisoner can identify them may have contributed to this.

- We are concerned that an increasing number of residential officers have been telling prisoners to 'speak to the IMB' when they are asked about prison-related problems, rather than the officers finding an answer to the problem themselves.
- **The Board commends the way staff look after many "difficult to manage" prisoners on normal location.**

5.3 PRISONERS' APPLICATIONS AND COMPLAINTS

- The prison applications system continues to give the Board cause for concern. According to PSO 2510, the daily surgery for wing officers to hear applications must be held, *wherever possible in a room or office out of hearing of other prisoners*. At Bronzefield these applications surgeries are conducted in public in the open area of the spur. They are hurried and take place first thing in the morning when the wing officer is also supervising the serving of breakfast.
- PSO 2510 also states *Complaint forms must be made freely available to prisoners on the wing*. To obtain a form at Bronzefield a prisoner must either ask an officer for one or pick one up from a rack situated in the hub area when passing through on the way to or from activities or when collecting medication. The IMB has made frequent requests that the boxes be moved to each spur, so that they are truly 'freely available'.

5.4 KITCHENS

- The number of prisoners working in the kitchens has been more consistent for some of this year, but has sometimes fallen to a third of the full quota of 24. There is one course available to kitchen workers – an entry level 3 NOCN course *An Introduction to Food and Cooking*, which is very basic. The Board regrets that the prison has not been able to find a more innovative use for this well-equipped facility in order to provide prisoners with higher level skills that could be valuable on resettlement.
- The vast majority of the food served in the prison is pre-prepared packaged food, giving prisoners little experience of fresh food preparation and baking.
- There have been continuing complaints from prisoners about the insufficiency and poor quality of the food, especially at weekends, but the introduction of packets of soup to supplement sandwiches has been appreciated by prisoners. The Board's regular monitoring of the food served at Bronzefield has heard positive views about the catering as well as negative ones.

5.5 VISITS

- The prison offers generous visiting hours in pleasant surroundings.
- In a new initiative the management is about to trial a facility provided by Guildford Magistrates Court whereby families and friends in the area can get appointments to use the court's video link in the late afternoons to talk to prisoners held at Bronzefield. It is hoped this will start in September.
- Friends of Bronzefield run two refreshment counters, one in the Visitor Reception building outside the prison gate and one in the main visits area. They sell snacks, drinks and sandwiches and also assist with the monthly Family Days. At Christmas they bought gifts for all the visiting children. **Their work is to be commended.**

5.6 RESETTLEMENT AND PROGRAMMES

- **The invitation to the Women's Institute to come into the prison has been particularly valuable and innovative. Bronzefield has paid for membership for prisoners which can be taken with them when they are released or transferred to another prison.**
- The programmes team continues to deliver a variety of courses on coping with life.
- A resettlement Open Day was held this year. Information given to prisoners was comprehensive, with guidance on how to access services outside, relating to problems with housing, finance, drug treatment, employment, health, families, domestic violence and prostitution.
- As stated in sections 4.2 and 5.4 above, the Board believes there have been wasted opportunities when preparing prisoners for release by not enabling them to gain certain qualifications and experiences which might be useful in the community.
- The prisoners' mobile painting and decorating team have been particularly effective in sprucing up many areas of the prison, providing them with skills and experience which could be useful on release. This is an area of training which is not certificated.

5.7 MOTHER AND BABY UNIT

- The Mother and Baby Unit (MBU) continues to house a high percentage of foreign nationals. It has been redecorated and provides a safe, supportive and pleasant environment for mothers and their babies.
- A fine new outdoor play area, funded by a Surrey County Council Early Years grant was completed in July 2010.
- **The Board commends HMP/YOI Bronzefield for the provision of this excellent facility.**

5.8 THE GYM

- **Facilities are good and staff manage to make this area of the prison attractive to as many women as possible, including difficult to manage prisoners and those from the Separation and Care Unit and Healthcare.**

Section 6**SUMMARY OF THE WORK DONE BY THE IMB IN THE REPORTING YEAR.**

Each week board members attend the prison to conduct rota visits and monitor adjudications. They also respond to prisoner applications, attend Separation and Care reviews and observe meetings.

The Board holds a monthly meeting which the Director or her deputy attends in order to brief the Board on prison matters and to discuss issues from rota reports.

Board members regularly give a talk about the IMB to new staff during their initial training.

Two Board members attended the IMB Annual Conference in 2009. Members have attended national training courses and hosted training visits from IMBs at other prisons and have in turn visited other establishments.

BOARD STATISTICS	
Recommended Complement of Board Members	16
Number of Board members at the start of the reporting period	14
Number of Board members at the end of the reporting period	14
Number of new members joining within the reporting period	1
Number of members leaving within reporting period	1
Total number of visits to the prison (including all meetings)	567
Total number of applications received	1096
Total number of segregation reviews attended	135

APPLICATIONS TO THE BOARD

Code	Subject	2007/8	2008/9	2009/10
A	Accommodation	25	49	56
B	Adjudications	12	10	5
C	Diversity related	12	43	20
D	Education/employment/ training	32	52	48
E	Family/visits	43	99	65
F	Food/kitchen related	16	28	45
G	Health related	123	199	278
H	Property	169	277	194
I	Sentence related	95	120	76
J	Staff/prisoner/detainee related	68	101	120
K	Transfers	14	18	31
L	Miscellaneous	76	80	114
M	Confidential Access			44
	Total number of applications	685	996	1096