HMP/YOI BRONZEFIELD

INDEPENDENT MONITORING BOARD

ANNUAL REPORT
2012/2013

Monitoring fairness and respect for people in custody
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 all parts of the prison and also to the establishment’s records.

Equality Statement

HMP/YOI Bronzefield Independent Monitoring Board is committed to an inclusive approach to equality and will not discriminate directly or indirectly against anyone because of age, disability, gender reassignment, marital and civil partnership status, pregnancy and maternity, race including colour, nationality, ethnic or regional origins, religion or belief, sex and sexual orientation, in recruitment, in the treatment of members and in the way that they monitor the treatment of those in custody. The IMB recognizes that a fully inclusive approach to equality must respect differences that cut across social and cultural categories such as mental health and literacy.

The Board values this approach to equality 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 General, Deputy Director for Contracted Prisons, Minister for Prisons and Sodexo Justice Services.

REPORTING PERIOD

1st August 2012 – 31st July 2013
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Section 3  DESCRIPTION OF THE PRISON

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

The prison has a Certified Normal Accommodation (CNA) of 527 and holds approximately 50 Young Offenders aged between 18 and 21 who are accommodated in the same houseblocks as the adult women and also accommodates a 12-bed Mother and Baby Unit with room for 13 babies.

HMP/YOI Bronzefield serves approximately 80 courts.

Primary GP services are provided by a private sector agency - Cimarron UK. Nursing staff are employed directly by Bronzefield and shortfalls filled by agency nurses. Mental health care is provided through a contract with Central North West London NHS Foundation Trust. The prison has a 24-hour in-patient healthcare unit, but no dedicated mental health unit.

Education services are provided by Sodexo Justice Services. NOCN qualifications are awarded internally under the name of Woodthorpe College.

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

- WISH (support for prisoners with mental health issues)
- Samaritans (support for Listeners)
- DAS (Detention Advisory Service – immigration advice)
- WIP (Women in Prison)
- Alcoholics Anonymous
- WI (The Women’s Institute)
- Shannon Trust (Toe by-Toe literacy teaching)
- Prison Education Trust
- Women’s Wisdom Job Deal & Job Centre Plus
- Sussex Pathways: (social mentoring scheme).
- Blue Sky (employment of ex-offenders)
- Clean Break (theatre for women affected by the Criminal Justice System)
- Tasha Foundation: (services for people affected by mental health difficulties or drug use).
- Inspire: (life choices for children and adults with learning disabilities).
- Stop Loan Sharks
- Prison Fellowship
- PACT (Prisoners and Children Together)
Section 4

4.1 EXECUTIVE SUMMARY

We are asked to report on eight main areas of the prison (Section 5) and to comment on any other areas where we have concerns or where we wish to cite examples of excellence (Sections 4.1 and 6). This report covers the twelve months between August 2012 and July 2013.

HMP/YOI Bronzefield is a bright, modern establishment which is not overcrowded. The small Senior Management Team promotes an ethos of respect and decency for the individual. Some of the issues raised by the Board during the reporting period have been resolved.

Health Care provision has been the subject of concern in the Board’s previous reports. While some concerns remain the Board acknowledges the efforts that have been made to improve the level of Health Care (Sections 4.4, 5.3 outpatients and 6).

The Board has concerns about the inappropriate and inconsistent issuing of Incentives and Earned Privileges (IEPs). (Sections 4.2 and 6)

The Board has continuing concerns about the lack of a Closed Supervision Centre in the women’s estate. (Sections 4.3 Questions to Minister and 6)

During the reporting period there was a death in hospital of a prisoner and the Board would like to express its sympathy to her family and friends.

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

- The Diversity and Inclusion Team for their continuing positive, proactive, innovative and effective work. (Section 5.1)
- The Resettlement Team’s excellent and caring work, for example sometimes escorting vulnerable released prisoners to their hostel or outside services. (Section 5.5)
- Separation and Care for their pro-active work in integrating prisoners onto normal location. (Section 5.7)

4.2 The Board has concerns about the following:

- The ‘Incentive and Earned Privileges’ (IEP) scheme which has been applied in an inconsistent and sometimes inappropriate manner (Section 6)
- Health Care and the issuing of repeat prescriptions, lost medication charts and inconsistent communication with external GPs. (Sections 5.3 Medication and 6)
- The Board has continuing concerns about the lack of a Closed Supervision Centre in the women’s estate. (Sections 4.3 Questions to Minister and 6)

4.3 Questions to the Minister

Each year since 2008/2009 the Board has raised its concerns of the discriminatory treatment of women prisoners.

Within the male estate the Closed Supervision Centres (CSC) exist to provide specialised units where disruptive, challenging and dangerous prisoners are held away from normal
location, and managed within a small and highly supervised unit. This enables work to be done with them individually and/or in groups to try and reduce the risk of harm to others.

There are no such units within the female estate and this means that some women who would be eligible for such centres are held, at Bronzefield, in the Separation and Care unit, where they can be held in isolation for many years, and without the facilities available in the male estate.

Whilst acknowledging the budgetary restraints facing the Government, is it fair and equitable not to provide a CSC, or equivalent, staffed and facilitated commensurate with that in the male estate for difficult-to-manage female prisoners?

What provisions are planned to accommodate the increasing number of women prisoners who have physical and/or mental heath issues?

**Restatement of Questions to NOMS 2011/2012**

In December 2010 the prison Minister told HMP/YOI Bronzefield that a CSC for difficult-to-manage women was not viable and that the Women’s team had been asked to devise an alternative way of supporting this group. What progress has been made in finding a scheme that gives equality with the male estate facilities and which does not discriminate against difficult to manage and dangerous women? This discriminatory practice has not changed in the intervening 3 years.

**Questions to Sodexo**

There has been an increase in the number of sentenced women. The Board is concerned with the lack of relevant Non Vocational Qualifications (NVQs). Is there an intention to offer women more ‘marketable skills’ qualifications?

There has been an increase in the number of wheelchair users in the prisons’ population. There is one designated disabled cell. Does Sodexo intend to seek ways of providing more cells adapted for those with disabilities?

**4.4 Previous year’s concerns**

- The processes of administering prescribed drugs. The inadequate supervision of methadone dispensing for a large proportion of the reporting year. Largely resolved assisted by the use of pharmacies on each Houseblock. Delays in providing repeat prescriptions remain (Section 5.3 medication)
- The absence of regular sessions held by female GPs. Remains an ongoing and unresolved issue (Section 5.3 outpatients)
- Evidence-based concerns about the inappropriate attitudes of healthcare professionals and discipline staff in response to prisoners’ medical needs and questions.
- The delay in introducing the P-Nomis data system to HMP/YOI Bronzefield, and the retention of the Sodexo process in moving prisoners’ monies on transfer. Poor internal audit trails and inconsistent processes. Improved, but significant issues
remain eg IEPs and ACCT documents (Section 5.6 and 6)

- Long waits on arrival in Reception. (Section 5.8 Reception)
- The lack of information, facilities and support for prisoners on their first night in custody. Improved
- Poor Induction programmes overly reliant on prisoner-to-prisoner input. Poor staff over-sight and responsibility and out-of-date information which is predominantly in English. The TV induction loop has frequently been broken.
- The reduced visiting hours and difficulty booking visits. Largely resolved since the re-introduction of dedicated staff and the appointment of 2 responsible Senior Officers. However the system is still reliant on visitors leaving messages on an answer phone.
- The long-term holding of prisoners, and the regime provided, in the Separation and Care Unit (S&C). (section 5.7)

Section 5

5.1 EQUALITY and INCLUSION

It is the Board’s opinion that staff at HMP/YOI Bronzefield have a positive and proactive approach towards equality matters. The Diversity, Equality and Inclusion Team holds a monthly meeting, chaired by the Director, and with a prisoner representative who participates fully in all discussions. The Diversity, Equality and Inclusion Team is to be commended for their continuing positive, proactive, innovative and effective work.

Foreign Nationals

- Foreign National (FN) prisoners tell Board members that they feel well supported by the proactive Discrimination, Equality and Inclusion Team who demonstrate empathy and provide positive assistance.
- The FN population has fluctuated between 25 - 30%. There is a close and effective working relationship between prison staff and staff from the UK border agency who visit twice a week. The Local Immigration Team also visits to assist with care and advice for the FN prisoners. The ‘Rough Guide’, given to prisoners on entry, has been translated into the top 10 languages.
- Few FN prisoners choose to work in the servery areas of the Houseblocks, preferring better paid jobs. The Board is satisfied, on investigation, that FNs are not excluded from this work and that there is no discrimination.

Discrimination

- The Board regularly monitors the resolution of the Discrimination Incident Reporting Forms (DIRFs). These show a consistent and clear response by the prison to allegations of discrimination. Prisoners tell the Board that they feel well supported in this area.
The prison staff have organised a support group for prisoners with same-sex orientation.

Written information on notice boards is generally in English only and is frequently out-of-date.

**Disability**

- Disabled prisoners have equal access to all areas of the prison including the gym. There is a lift to access workshops, education and the multi-faith centre. Disabled prisoners can have a named fellow prisoner as a personal assistant. These assistants have a clear role description and are paid for their work.
- There is only one fully disability-compliant cell and three others that have been modified. The Board has monitored an increasing number of wheelchair-user prisoners and others with a physical disability. The prison has made progress in providing additional aids such as grab rails although these provisions are often slow to be made. The Safer Custody staff has made efforts to work more closely with the local hospital occupational therapy department regarding the sharing of disability aids.

**Board**

- The Board has held two recruitment sessions but has no visible ethnic minority representation. Recruitment has been widely and diversely advertised locally and through volunteer and faith based organisations.

### 5.2 Education Learning and Skills

- At induction each prisoner is assessed by a trained Connexions worker to determine their educational needs and wishes. All prisoners complete computer based literacy and numeracy assessments and are then allocated to classes which reflect their level of attainment. The needs of sentenced prisoners are assessed by The Offender Management Unit (OMU) and passed onto Education. The educational needs of those serving less than twelve months are incorporated into their Care Plans.
- Adequate courses are available, there are no waiting lists. Literacy, numeracy, ESOL and IT predominate in prisoners’ assessed needs. Most courses are for one or two weeks, reflecting the short stay of many prisoners. Qualifications awarded are independent and recognised in the community. Distance learning is available for those who progress beyond the basic stage and a small number of prisoners do ‘In Cell’ education. This work is largely based on literacy and numeracy tests and some prisoners tell the Board that the work is undemanding.
- There are six prisoner teaching assistants in Education, all of whom are ‘Preparing to Teach in the Lifelong Learning Sector’ (PTLLS) trained. They are capable of supervising classes in the absence of tutors and are well supported by teaching and discipline staff.
- Art classes are popular and two-weekly programmes offer a variety of creative tasks. Recently two officers and two prisoners on Release on Temporary Licence (ROTL) sold items produced in the prison at a local market.
The ‘Toe by Toe’ reading skills programme continues to be a success.
Prisoners tell the Board that they feel optimistic that qualifications gained in Education will help them find employment, but the Education manager says that they have no data on those finding employment on release.
This year Bronzefield prisoners received a total of 30 Koestler awards for art, sculpture and music.

5.3 HEALTHCARE AND MENTAL HEALTH

Inpatients

The staff deal professionally with patients, many of whom have complex mental health problems, with compassion and understanding. Staff demonstrate a good understanding and knowledge of the women in their care.
A new relaxation and sensory unit was installed in May and games and craft activities were introduced on April 1st run by prisoner teaching assistants. Up to date displays in the day room show the outcomes of these sessions.

Outpatients

Prisoners wait 5-6 weeks for an appointment with a dentist.
Cimarron has been asked to provide a female GP. As was reported last year, there is still no female doctor on a regular basis. However there is a female detox doctor who will see prisoners who are not detoxing every other Friday.
Approximately 20% of GP, 30% of dental and 45% of optician’s appointments are missed and it continues to be a problem. Prisoners have not always been contacted to find out why they did not attend. The process of automatically issuing a new appointment has been dropped and prisoners have to apply for a new appointment.
All prisoners are screened on entry for alcohol problems. One or two week courses are available. AA sessions run every Saturday. Alcohol services have improved with the addition of a dedicated alcohol-specialist nurse.
Booking appointments on the touch-screen ‘pods’ works well. However when the pods break down there is no alternative mechanism for ensuring that Healthcare is informed of the problem or a consistent back up plan for submitting paper applications for appointments.
The Hepatitis B immunisation programme, funded externally, achieved an 80% take-up rate by prisoners.

Medication

There has been an amendment to the Integrated Drug Treatment system (IDTS). Prisoners are now detoxed rather than put on a maintenance prescription.
Prisoners on Subutex when they enter Bronzefield now remain on this medication.
Prisoners have complained to the Board that their GP consent forms, signed on arrival in the prison, giving permission for their local GP to be contacted by Healthcare staff, have gone missing. The Board can find no consistent audit trail to discover how this has happened.
- Prisoners tell the Board that there have been delays in issuing repeat prescriptions; medical charts are not updated until the old prescription runs out, leading to medication being missed for a day or more. Medicine charts are not always available to nurses and prisoners frequently complain that they therefore are not issued with doses of their medication.
- Patient Advisory Liaison Service (PALS) representatives provide a useful service. The full complement is four prisoner representatives but for most of this year there has been one. Since May, for some months there were none. New recruits are being actively sought.

**Mental health**

- The provision of secondary Mental Health services is contracted to Central North West London NHS Foundation Trust. The mental health service has improved significantly for the large number of prisoners who have mental health problems.
- Through the Care Programme Approach (CPA) the Care Providers are making links with new and maintaining links with existing, outside agencies. A ‘Woman in Prison’ (charity) worker works alongside the Care Providers and gives valuable support ‘Through the gate’. The Board is told that the ‘revolving door’ has slowed down.
- Prisoners can self-refer to the Mental Health Team (MHT) by making an application through the ‘pods’. There is a weekly triage clinic on each Houseblock to confirm that a correct self-referral has been made.
- The MHT has introduced more access to individual and group therapies e.g. ‘Looking after yourself’ - a group concentrating on coping strategies and ‘Managing emotions’ - a group for women with personality disorders.
- The MHT has delivered training to 95% of healthcare officers and 50% of other officers. The team rate highly the training they deliver to new staff on their induction courses, raising the profile of mental health issues and enabling staff to recognise MHT members as they go about the prison.
- Weekly Care Plan (CP) meetings are a useful forum for discussing individual cases, raising issues and supporting prisoners.
- A member of MHT visits Healthcare (HC) inpatients every day.
- The team is proactive in securing places for women in more appropriate locations and have a good record in this area.

5.4 **PURPOSEFUL ACTIVITY INCLUDING WORK**

- At the beginning of the reporting period the average stay for a prisoner in Bronzefield was six weeks. The time taken to progress through security bands and the limited number who can be subject to a ‘hold’ means purposeful activity for the majority would be limited. However, there has been a gradual increase in the length of sentences and at the end of the reporting period approximately seventy prisoners have sentences of four years or more plus a considerable number with over two year sentences. Prisoners spoken to within this group seem to lack motivation and are content with the ‘status quo’.
- Work is usually allocated within the first week of reception and the percentage of prisoners in work remains on average between 89-90%, including those on remand
who choose not to work. There are few complaints to the Board about access, allocation or fairness of employment. The variation in the weekly timetable gives some change and interest.

- The main areas of work remain: kitchens, serveries, gardens, painting, cleaning, laundry and Connexion workers. None of these result in any qualifications with the exception that there is now a level 1 NVQ available in kitchen work, which has had few enrolments. The Social Enterprise unit and Kleening Academy are successful and relevant to future employment. In the majority of cases prisoners gain by enhancing their social skills, being pleasantly distracted or by giving purpose to how they spend their time.
- There is limited training for budgeting, nutrition or cookery as preparation for release and an overall lack of qualifications useful in gaining employment.

5.5 RESETTLEMENT

- All prisoners are seen by the Resettlement Team within 4 days of admission and are then seen at regular intervals of about 6 weeks.
- The team make assessments for Home Detention Curfew (HDC) for those with a less than a 12 month sentence.
- Three prisoner resettlement workers are currently being trained to take on their own simple case loads.
- Many agencies attend Bronzefield and others can be contacted if needed. Good relationships have been forged with many agencies which include: Probation, Police/Offender management, Police Domestic Violence officers, Hostel key workers, MH services, Job Centre Plus, Start Up (which supports new businesses), Blue Cross animal care.
- Prisoners going back into sex work on release are given advice and a pack aimed at keeping them safe on release.
- There has been an increased use of Release on Temporary Licence (ROTL) and, in the last three months, there have been more ROTL licences issued than in the whole of last year.
- The major challenges expressed to the Board by the Resettlement Team are: accommodation and continuity of care for released prisoners. Some of the team have told the Board that more could be done by the prison to help prisoners gain meaningful training and marketable qualifications before release.

5.6 SAFER CUSTODY

- Regular well focused monthly meetings are held. Improvement plans for prisoners, containing specific achievable targets for the reduction of self-harm and violence, are reviewed and updated. Data from the previous month’s exit surveys is analysed. The needs of individual vulnerable prisoners are discussed and their continued support planned.
- In the reporting period the full complement of prisoner Listeners should have been 14 but, at times, dropped as low as four. At present there are nine Listeners. Listeners attend and contribute to Safer Custody (SC) meetings.
• The use of Peer Support prisoners has a high priority and prisoners tell the Board they are easy to find and to talk to.
• The Board has monitored inconsistencies in Assessment Care in Custody Teamwork (ACCT) entries which have been raised with SC staff. A member of staff reviews all live ACCTs. Prisoners on ACCT documents have been asked by the Board how the process has supported them and the responses have been mostly positive.
• Support Towards Encouraging Positive Solutions (STEPS), introduces a new approach to reducing antisocial behaviour through a focus on support rather than punishment. It aims to support both perpetrator and victim. Support managers have recruited staff from all areas of the prison and help is targeted at the individual needs of the prisoner. Self harm is consistently recorded and prisoners are supported on normal location.

5.7 SEGREGATION, CARE AND SEPARATION, CLOSE SUPERVISION

• The Separation and Care (S&C) unit houses some very difficult to manage prisoners and the staff are to be commended for the work they do.
• Some long-stay prisoners who have been located on the unit for over a year are going to normal location for association with view to re-locating them.
• Prisoners on the unit benefit from access to a music therapy teacher who comes to the unit once a week.
• The Board is generally notified within 24 hours of prisoners being moved to the unit on ‘Good Order or Discipline’ (GOOD). The Board regularly monitors the GOOD reviews which are generally well attended by the full range of disciplines. The targets set at these reviews are achievable and the privileges reflect relocation plans.
• Adjudications have been monitored throughout the year and show a large number of adjournments for legal advice.
• The Board sees all the prisoners unlocked once a week and freely speaks to all the prisoners.
• The unit and its facilities are clean and tidy. The staffing and security throughout the period has been good.
• During the reporting period the Board has raised concerns about poor recording of ACCTs, daily records and prisoners’ individual regimes. However, towards the end of the report period there has been an improvement in this area.

5.8 RESIDENTIAL SERVICES

Reception:

• The average wait is 2-3 hours. Some wait longer if a doctor or nurse is delayed.
• Last year’s report noted the late arrival times of prisoners both to and from courts. Improvements have been made in the current reporting period.
• A ‘pod’ has been installed in Reception to give women greater flexibility in managing their applications and canteen.
A new Rough Guide to Bronzefield was published in September 2012. The board considered it inaccurate, ambiguous and poorly presented. The updated Rough Guide was received in March. It has been translated into 10 languages.

Residential Units:
- During the reporting period written information on notice boards was in English only and frequently out of date. The Board has been told this is being addressed but to date there is little evidence of action.
- Over the reporting period the ‘Your Voice’ prisoners’ forum failed to provide a consistent platform for prisoners’ concerns.
- Last year’s report welcomed the ‘pod’ system which gives prisoners easy access to finances, canteen orders, menu choices, visits and applications but when the pods break down there is no viable paper system to replace it.
- The induction channel on Prisoners’ TVs is frequently unavailable.

Kitchen/Food/Serveries:
- There is inconsistent use of warming cabinets and temperature checks in the serveries. The Board has recorded during the reporting year that procedures for storing food in the heated cabinets in the serveries are not consistently adhered to, resulting in food not being served at the correct temperature.
- Serveries are often not fully supervised by staff and prisoners have made complaints of unfair treatment.
- A food survey is carried out twice a year. In the last bi-annual food survey prisoners gave a mixed response to the quality of the food.

Mother and Baby unit (MBU)
- This continues to be an excellent facility catering for up to twelve mothers and thirteen babies.

The Gym
- This well-used and popular facility continues to be well run. The staff are to be commended for their pro-active approach and for setting up various team sports played against outside teams.

Section 6 CONCERNS

IEP System
- The current IEP system has lead to confusion for prisoners and staff. While the Board acknowledges that any review and its implementation has been constrained by the launch of a National Policy, we feel that Bronzefield failed to put in place either adequate or consistent procedures for reviewing or appealing the process.
• The Board has received numerous complaints from prisoners about the IEP system and we have been concerned that IEPs have been issued for trivial matters and, in some cases, to prisoners with complex and/or genuine health needs.

• The Board has concerns that, at times, the system has been used more as a ‘stick’ than a ‘carrot’.

Health Care

• Health Care and the issuing of repeat prescriptions, lost medication charts and inconsistent communication with external GPs. (Section 5.3 Medication)

Closed Supervision Centre

• The Board has continuing concerns about the lack of a Closed Supervision Centre in the women’s estate. (Section 4.3 Questions to Minister)
Section 7

THE WORK OF THE INDEPENDENT MONITORING BOARD

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 2013. Members have attended national training courses and hosted training visits from IMBs at other prisons and have in turn visited other establishments.

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# APPLICATIONS

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<td>Total number of applications</td>
<td>890</td>
<td>776</td>
<td>723</td>
</tr>
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