

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

**For reporting year 1 August 2019 – 31 July
2020**

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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 Independent Monitoring Board (IMB) is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

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

At the end of the reporting period, the prison had a certified normal accommodation of 552, which included 15 additional prisoner places. It holds approximately 25 young adults, aged between 18 and 21, who are accommodated in the same houseblocks as the adult prisoners. It also accommodates a 12-bed mother and baby unit (MBU), with room for 13 babies, and Phoenix House, a 10-cell unit with semi-open conditions. A total of 158 prisoners are held in double cells. Bronzefield serves 95 courts. At the end of the reporting period, the prison held eight restricted status prisoners.

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

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

3. Executive summary

3.1 Background to the report

The COVID-19 outbreak has had a significant impact on the Board's monitoring processes; no visits were made between 23 March and 6 May, since when a Board member has visited the prison, on average, once a week. This has inevitably affected the Board's ability to gather supporting evidence. Ministers are aware of these constraints. Regular information is being collected specifically on the prison's response to the pandemic, and that is being collated nationally.

There is a separate COVID-19 section (see section 8), which covers the key monitoring areas during this period from mid-March 2020 to the end of the reporting year.

3.2 Main judgements

How safe is the prison?

1. It is the Board's perception that Bronzefield is a physically safe environment.
2. During the COVID-19 outbreak, the prisoners reflected their feelings of safety by many expressions of gratitude to the staff (safety and decency questionnaire (SDQ), April – May 2020):

'I am grateful the prison is completely keeping us safe over the virus...'

'They are doing well and I am very proud of them as this is a very serious virus.'
3. Levels of self-harm have increased from a monthly average of 141 incidents in 2018/19 to 175 in the whole of this reporting year. However, this disguises a very significant increase since the COVID-19 restrictions began. The number of monthly incidents between March and July 2020 has averaged 224, peaking at 261 in July (see section 8).

How fairly and humanely are prisoners treated?

1. It is the Board's perception that prisoners are treated fairly and humanely.

How well are prisoners' health and wellbeing needs met?

1. There continues to be a concerning number of prisoners with serious enduring complex mental health problems and personality disorders who need to be transferred more quickly to secure inpatient mental health facilities. These prisoners put severe pressure on the healthcare unit and residential houseblock staff. The Board understands that, on occasion, the prison is being used as a place of safety for these extremely unwell prisoners (see paragraphs 6.3.4, 6.3.5 and 6.5.1, and 2018/19 annual report).
2. During the COVID-19 lockdown (23 March – 31 July 2020), there has only been one prisoner who has tested positive for COVID-19 in the prison.
3. During the reporting period, there have been a number of new initiatives implemented in the management of pregnant women (see paragraphs 5.4.4–5.4.8).

How well are prisoners progressed towards successful resettlement?

1. Large numbers of prisoners continue to leave Bronzefield with no permanent home, increasing the risk of short recall sentences and reoffending. A survey conducted in February 2020 noted a figure of 60%, almost unchanged from last year (see paragraph 7.5.4, and annual report 2018/19).

During the COVID-19 pandemic, the very limited availability of community rehabilitation companies (CRCs) had a further impact on difficulties in procuring accommodation for prisoners when discharged (see section 8).

2. Education provision during COVID-19 has been well managed in difficult circumstances. Education staff have continued to work throughout the lockdown period, with provision of in-cell work, including for those with learning difficulties and foreign nationals, together with a mobile library service (see section 8).
3. The semi-open environment offered in Phoenix House, opened in April 2019, has been successful in resettling women; for the 13 prisoners released from Phoenix House, there has been no reoffending and at least half obtained employment after release. It was decided that this provision would close in September 2020.

3.3 Main areas for development

TO THE MINISTER

1. A consistently large percentage of prisoners continue to leave the prison with no permanent home, increasing the risk of short recall sentences. What are the government's proposals to address effectively this ongoing fundamental deficit in the rehabilitation of prisoners into the community?
2. The government's early release and special licence schemes have failed, in large part, owing to the requirement to tag a prisoner to an address. What is the government proposing to do to address this issue while lockdown restrictions continue?
3. The prison has successfully maintained an almost COVID-19-free environment, in contrast to the situation in the community. What steps are the government taking to end the current severe lockdown restrictions in prison, taking into account the impact on the mental health of the prisoners (see section 8)?

TO THE DIRECTOR

1. The problem with a lack of cell keys was raised in the 2018/19 IMB annual report (see 7.10) and has continued to be an issue over the reporting year. Prisoners are responsible for their property, despite the fact that they are unable to lock their cell doors (see paragraph 5.1.3). What steps are being taken to resolve this issue?

TO THE MAYOR

1. The Board wishes to restate the question from our 2017/18 and 2018/19 annual reports:

What has the Mayor's office for Policing and Crime done in the last year to increase the availability of accommodation for those women who leave prison with no fixed abode?

3.4 Progress since the last report

1. There has been an improvement in the quality and quantity of the food provided since the appointment of a new catering manager (ref 5.1.4), resulting in fewer complaints. Last year 9.1% of all applications received were about food. In the current reporting year, the percentage has reduced to 3.1%.
2. A key worker system is now fully operational (see section 4.4). Vulnerable prisoners and pregnant prisoners past their third trimester are allocated key worker support as a priority (see paragraph 5.4.6).
3. To help communication during the COVID-19 pandemic, the in-cell telephone system was updated, to allow prison staff to contact prisoners directly to discuss healthcare, case work, education and employment. Additionally, prisoners were given extra telephone credit and the cost of dial-out telephone calls was reduced, to help maintain family and community ties (see paragraph 7.4.1).

Evidence sections 4 – 7

4. Safety

- 4.0.1 The safer custody team has an open-door policy, with prisoners encouraged to contact the department if they feel unsafe or have thoughts of self-harm. Prisoners interviewed by the team are offered ongoing support, as appropriate, for as long as they would like.
- 4.0.2 Safer custody meetings are held monthly and well attended by staff from safer custody, healthcare, security and residence. The prisoner Listeners and peer support workers attend the meetings and provide valuable feedback.

4.1 Reception and induction

- 4.1.1 The reception process is generally good and the Board has often observed reception staff going out of their way to ensure the wellbeing of new arrivals, even when the unit is extremely busy. This has been confirmed by positive feedback from newly arrived prisoners. Prisoner peer support workers provide valuable support and information in reception.
- 4.1.2 The follow-up process for ensuring that new arrivals receive their reception telephone call, when this has not taken place in reception itself, is not robust.
- 4.1.3 The induction process currently lasts for seven days for new arrivals, and three days for those who have been in Bronzefield within the previous six months. Safer custody peer support workers see every newly arrived prisoner within their first few days.

4.2 Suicide and self-harm, deaths in custody

- 4.2.1 The incidence of self-harm is high and has increased from a monthly average of 141 incidents in 2018/19 to 175 in the current reporting year. Some of this is attributed to a few prolific self-harmers, but the monthly average number of self-harmers has also increased from 33 in 2018/19 to 42 in the current reporting year.
- 4.2.2 Staff have now been trained in the updated (2018) Her Majesty's Prison and Probation Service (HMPPS) suicide and self-harm training package. All new operational staff undergo the training as part of their induction.
- 4.2.3 A total of 512 assessment, care in custody and teamwork (ACCT) plans were opened in the current reporting year, compared with 517 in 2018/19.
- 4.2.4 There are currently seven fully trained Listeners, supported by the Samaritans. Problems with access to the Listeners have occurred at night, owing to the lack of staff available to accompany them.

4.2.5 A pregnant prisoner gave birth in her cell during the night in September 2019. The baby was found to be unresponsive and later confirmed dead when staff attended. This is the subject of a full investigation by the prison, police and Prisons and Probation Ombudsman. The outcome of the investigation was not available by the end of the reporting period. There have been no other deaths in custody during the reporting year.

4.3 Violence and violence reduction, self-isolation and use of force

All violent and use of force incidents are analysed at a weekly safety intervention meeting. The average number of violent incidents per month was 14, compared with 19 in 2018/19, and of use of force incidents was 50, compared with 35.

4.4 Vulnerable prisoners, safeguarding

The safer custody team regularly check on every prisoner in the healthcare unit, and the separation and care unit (SCU), and anyone on an ACCT document.

4.5 Substance misuse

A large proportion of new-entrant prisoners are substance misusers (drugs and/or alcohol). All are assessed by a doctor on arrival, and a detoxification programme is introduced. These prisoners are kept on a separate wing during the initial detoxification, and are supported by trained staff and by peer workers. Random drug tests are carried out across the entire prison population.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

- 5.1.1 Residential areas are modern, fit for purpose and kept to a high standard of cleanliness and maintenance. There was no overcrowding during the year.
- 5.1.2 Unit workers divide their time between cleaning and servery work. They appear to take pride in their work, but tell us that they are sometimes frustrated by a shortage of cleaning materials.
- 5.1.3 There is an ongoing problem with a lack of cell keys. We have received complaints that some prisoners' property has gone missing because they were unable to lock their cell doors.
- 5.1.4 Since the appointment of the catering manager in March 2019, we have observed a gradual improvement in the quality and quantity of food offered, resulting in far fewer complaints. Kitchen and servery workers have been issued with new uniforms and morale seems to have improved.
- 5.1.5 The MBU continues to be an excellent facility, providing accommodation for 12 mothers and 13 babies in a safe and homely environment. Mothers prepare food for their babies from ingredients pre-ordered and supplied by the kitchen. During the reporting period, there have been complaints about the suitability and consistency of these ingredients.
- 5.1.6 At the beginning of the reporting period, we received complaints about the lack of variety of items offered in prisoners' canteen. There were few healthy snacks, such as nuts and cereal bars, or toiletries appropriate for black, Asian or minority ethnic prisoners. In response to discussion at the prison council, these items are now being stocked, although availability is variable.

5.2 Segregation, special accommodation

- 5.2.1 The SCU has 13 cells and a special accommodation cell, which has not been used during the reporting year.
- 5.2.2 The Board is satisfied with the conditions on the SCU. The quality of the staff on the unit is particularly high, and their handling of the challenging and complex prisoners in their care is admirable.
- 5.2.3 There have been six prisoners over the reporting year who have remained on the unit for more than 42 days.
- 5.2.4 Adjudications are attended by the Board on a random basis. Prisoners are made aware of their right to appeal. The number of adjudications has fluctuated

throughout the year, with a monthly average of 166 and a peak of 196 cases in 2019/20 pre-lockdown, compared with 144 and 184, respectively, in 2018/19.

5.3 Staff/prisoner relationships, key workers

- 5.3.1 Relationships between prisoners and staff appear to be good, although the short time that many prisoners spend in the prison can make in-depth knowledge of individuals difficult.
- 5.3.2 Prisoners receive information through electronic kiosks situated on each spur, where they can access notices, order food and canteen, and make medical appointments. Core information is available in 21 languages.
- 5.3.3 There is a prison council, run by the charity User Voice, a forum where prisoner representatives can discuss issues with staff. It was relaunched in November 2019, although there were few meetings until May 2020. The quality of the meetings has improved.

5.4 Equality and diversity

- 5.4.1 Diversity covers the nine protected characteristics. There is an allocated diversity manager, foreign nationals coordinator and diversity coordinator within the prison. The diversity team has a monthly meeting.
- 5.4.2 Disability carers are trained by the local social care representative, who attends the prison weekly. Coffee mornings for those with disabilities took place each Friday prior to the pandemic and will resume once they can be implemented safely. Diversity peer workers also hold disability, young adults and over-50s focus groups.
- 5.4.3 Training is provided to prisoners and staff on transgender awareness. The diversity coordinator organises local transgender case boards, to establish management care plans for those who identify as transgender. These take place within a few days of a transgender prisoner arriving in the prison or a prisoner declaring a wish to change their gender identity.
- 5.4.4 All pregnancy healthcare services offered in the community are available, including a midwife, GP, health visitors and scans. There are a number of specialised groups working in the prison. These meet regularly and provide weekly input from a child development officer and psychologist, a birth companion group and an antenatal exercise class.
- 5.4.5 A peer worker supports pregnant prisoners and has introduced pink signs on cell doors, to alert prison officers that the cell is occupied by a pregnant prisoner. In their third trimester, these prisoners are checked hourly during the night by prison officers. Some prisoners find this disruptive but others have found it reassuring.

- 5.4.6 All pregnant prisoners are reviewed fortnightly in the MBU and key workers are allocated to all pregnant women for their third trimester. There has been an increase in the number of pregnant women with complex needs in the prison. An extra review meeting was held to address their particular needs.
- 5.4.7 All pregnant prisoners that the Board spoke to were positive about the antenatal care provided in the prison, and commented that it was better than in the community. Prisoners residing in the MBU spoke highly of the facility and appreciated the provision of creche staff, which enabled them to work.
- 5.4.8 Following the death of the newborn baby of a prisoner in custody during the reporting period (see paragraph 4.2.5), there has been additional training of healthcare and operational staff, to increase awareness in regard to pregnant women. This includes recognition of the start of labour and guidelines on accessible services for these women. The nursing staff work closely with the midwives, to draw up care plans for women with high-risk pregnancies, and clinical and operational staff are made aware of these care plans.
- 5.4.9 Prisoners can make complaints about diversity issues through discrimination incident report forms. These are usually processed within seven days of receipt. The most common issue relates to racial incidents. Prisoners are made aware of the system during the induction process and are supported by the diversity peer workers.

5.5 Faith and pastoral support

- 5.5.1 The chaplaincy consists of 16 chaplains, both full- and part-time, and provides care to the prison community of all faiths and none. Clergy from seven faiths offer support to Christians (of all denominations) Jews, Muslims, Sikhs, spiritualists, Rastafarians and Pagans.
- 5.5.2 Religious festivals are celebrated according to faith traditions.
- 5.5.3 At Christmas and New Year, the chaplains devised and led an extensive programme of activities on both religious and festival themes, which proved highly successful. The incidence of self-harm during this period was significantly reduced.

5.6 Incentives and earned privileges (IEP)

In January 2020, the IEP policy was revised to support engagement within the prison regime, rehabilitation and to encourage contribution to the prison community. The change brings the policy in line with national frameworks and promotes a positive reinforcement process. Prisoners can apply for a review of their status to be enhanced to silver/gold, and in any event and are subject to an annual review.

5.7 Property

The Board continues to receive complaints about property, particularly in relation to property loss during transfers between prisons.

6. Health and wellbeing

6.1 Healthcare general

There is a 24-hour inpatient healthcare unit, which has been at, or close to, capacity with mental health patients during the reporting period.

6.2 Physical healthcare

6.2.1 The unit is generally well run. The head of healthcare was on long-term sick leave at the beginning of the reporting period, and the new head started just after lockdown. The staff do an exceptional job in caring for prisoners with complex mental healthcare issues. An enthusiastic senior prison custody officer has been appointed to the unit.

6.2.2 Healthcare beds continue to be used for operational, rather than healthcare, reasons, to care for complex prisoners who cannot be managed on the houseblocks, or when the SCU is full.

6.2.3 There has been a shortage of nurses throughout the reporting year. At the beginning of July, over half of the nursing staff posts were vacant. Although these vacancies are covered by full-time agency workers, the Board has observed the impact of nurse shortages in reception, good order and/or discipline (GOOD) reviews and daily triage on the houseblocks. To assist in retention, there has been a focus on team building. Specialist staff skills in healthcare are enhanced, with clinical team leads undergoing training to focus on specific areas such as prescribing.

6.2.4 Attendance at monthly medication management and clinical governance meetings is variable. Weekly care plan meetings in the healthcare unit, to discuss all residents there, are thorough and generally well attended.

6.2.5 There is no licensed pharmacy, causing a delay in the receipt of prescribed medication. If prescriptions arrive after a prisoner has left the prison, the medication has to be thrown away.

6.2.6 All prisoners have equal access to the healthcare services. Waiting times for the GP, dentist and optician are consistent with those in the community.

6.2.7 Missed GP, triage and dental appointments have reduced during the reporting period. Missed dental appointments are high, at almost 15%, and missed GP appointments are in line with the national average of 5% in the community. Missed nurse-led clinic appointments reduced consistently from 10% in July last year to 4% in December 2019.

6.2.8 The percentage of prisoners on medication ranged from about 80% to 95% during the year. Factors such as the fluctuating ages of the prison population can affect the number of women on medication. Of these prisoners, 8% were on both

prescribed in-possession medication (IP) and dispensed medication, 56% were on non-IP only and the percentage on IP only was 39% at the end of July. As a result of security-led intelligence and drug-related incidents, quetiapine (an antipsychotic medicine) and amitriptyline (used to treat chronic neuropathic pain) were changed from IP to non-IP medications. This resulted in an increase in the percentage of prisoners on IP-only medication towards the end of the reporting year.

- 6.2.9 On discharge, prisoners are given only 48 hours of prescription medication. This can be an issue for those who are not registered with a GP because they are released with no fixed abode.

6.3 Mental healthcare

- 6.3.1 CNWL provides secondary mental health services and mental health assessments. A new head of CNWL was appointed during the year. CNWL liaises with local authorities to section prisoners under the Mental Health Act and provide a range of therapy and group sessions.
- 6.3.2 The mental health in-reach (MHIR) and the increasing access to psychological therapies (IAPT) teams give continuity for prisoners who have been receiving stepped-up care in the community, provide much needed assessments of high-risk individuals, support the prison in reducing suicides, help with child separation/loss and mirror the services that are available in the community. The high churn rate and short sentences disrupt the efficacy of assessment and treatment options.
- 6.3.3 Successes during the year include an increase in staffing levels, a decline in waiting-list times, improved access to mental health support, and, since January, zoning of all prisoners receiving mental health in-reach MHIR services. The IAPT services provided exceed the scope of the programmes offered in the community, with almost double the number of options for therapy. Such services are open to many prisoners who have not been able to access them in the community, and non-attendance rates are lower than in the community. The prison lacks specialist services for attention-deficit hyperactivity disorder, autism and memory loss, and has to buy them in when required.
- 6.3.4 Thirty-nine prisoners (compared with 25 in 2018/19) were transferred to secure inpatient mental health facilities during the reporting year. In only 14 (compared with nine in 2018/19) of these cases did the transfer occur within the target of 14 days from the second (external) medical assessment, laid down in the good practice procedure guide for the transfer and remission of adult prisoners under section 47 and section 48 of the Mental Health Act (2011). Prisoners are sometimes assessed in court as needing to go to hospital but, owing to the lack of beds, they are diverted to prison because it is deemed to be 'a place of safety'. A new psychiatrist joined the CNWL team at the end of the reporting period, and the Board noted that the number of prisoners being transferred to secure inpatient mental health facilities in a timely manner increased.

- 6.3.5 There are significant numbers of prisoners with a diagnosis of personality disorders at Bronzefield. These prisoners, who can appear mentally unwell, are expected to be managed within the criminal justice system. They are often very demanding and time consuming, and managing them on the residential houseblocks is very difficult. Many self-harm, are highly manipulative and are responsible for most 'dirty protests'.
- 6.3.6 The number of prisoners with severe and enduring mental health problems residing on the healthcare unit remains high. This has an impact on the regime in the unit because of the large number of prisoners on a three-officer unlock at any one time. In January, for example, showers for these prisoners were restricted to every other day.

6.4 Social care

- 6.4.1 Social care is provided by Surrey County Council. Prisoners can be referred or self-refer. Normally, they will be seen four to five days from referral. The social care worker sources care homes for prisoners in need who are about to be released, and will also offer an advocacy service to prisoners applying for help.
- 6.4.2 The number of prisoners with mobility problems decreased from 18 last year to five at the end of this reporting period. Access to occupational therapy has been hampered as the therapist allocated to Bronzefield has been off sick for a prolonged period.
- 6.4.3 During the reporting period, there have been two fully adapted and four partly adapted cells for disabled prisoners. In addition, there are three beds in the healthcare unit which can be used for disabled prisoners.
- 6.4.4 Other prisoners are employed as carers for those in need, but this does not include personal care, which is provided by outside social care workers on a twice-weekly basis.

6.5 Exercise, time out of cell, gym

A new manager has been appointed to run the gym (rebranded as the 'holistic wellbeing centre'), and has introduced an increased emphasis on gym classes that are similar to those in the community, and on holistic wellbeing.

6.6 Drug rehabilitation

In July 2020, the recovery workers team comprised seven recovery workers and three peer recovery workers, and provides one-to-one, group, induction and in-cell support. There is a dedicated substance abuse doctor, who attends twice a week and is popular with the prisoners. At the end of July, the recovery worker team provided support to 241 prisoners, which is almost 50% (40% in 2018/19) of the population of the prison.

Progression and resettlement

7.1 Education, library

- 7.1.1 There is a full timetable of education in core subjects available every weekday, with provision for varying ability levels, including those with learning difficulties and disabilities (LDD) and for non-English speakers. Attendance rates from August to December 2019 were consistently over the 80% contractual target (range: 80.25–82.5%).
- 7.1.2 Education places are filled as soon as they become available. In January 2020, there were 57 prisoners on the waiting list for classes in English and mathematics.
- 7.1.3 In January 2020, 17 prisoners were distance learning; two were studying with the Open University and 15 were on programmes run by the Prisoners Education Trust.
- 7.1.4 The requirement for English as a second language (ESOL) classes in both mathematics and English has increased substantially, from 2% and 5% of new arrivals, respectively, in 2018/19 to 18% and 17% in the equivalent quarter of this reporting year. Demand exceeds supply, resulting in a waiting list of up to 19 (January 2020). Peer workers provide a two-week 'survival' course for those on the waiting list.
- 7.1.5 Support for prisoners with LDD continues to be of a high standard. The LDD tutors are flexible, both in where they work (classroom, healthcare unit, SCU) and in how learners are referred to them. They are actively involved in assessment at induction, and work closely with the education and creative arts teams to ensure that these learners do not get excluded.
- 7.1.6 The virtual campus continues to be problematic. At the time of lockdown, it was about to be relaunched with a new software package.
- 7.1.7 Classroom peer workers are well established. Ninety per cent of them have progressed to level 2 through continuous evaluation. Those who gain level 2 can then undertake a grade 3 active education and training course, after which they are considered qualified to cover tutor absence with provided materials, and to mark pre-entry-level work. Continuing professional development sessions for the peer workers has been introduced – for example, 'Dealing with Difficult Learners'. There were approximately 15 classroom peer workers in January 2020.

7.2 Vocational training, work

- 7.2.1 In January 2020, there were 78 full-time (FT) and 818 part-time (PT) opportunities. This includes both work and education.

7.2.2 There were 21 FT and 277 PT spaces on accredited vocational training courses: hair and beauty; gym (active IQ); employability; information, advice and guidance; and barista skills.

7.2.3 There were 38 FT and 211 PT places on non-accredited courses.

7.2.4 There was less than 5% FT and 6% PT unemployment.

7.3 Offender management, progression

7.3.1 Short sentences and a significant number of remand prisoners continue to lead to high churn rates. This gives rise to many associated problems, such as maintaining family relationships, and losing accommodation and employment.

7.3.2 At any one time, one-third of the prison's population will be at Bronzefield for three weeks or less. A significant increase in the number of short-term prisoners can be attributed, in part, to the number of prisoners recalled for breach of licence, to serve 14 or 28 days.

7.4 Family contact

7.4.1 All cells are equipped with dial-out telephones, which make an important contribution towards maintaining family ties and connection with the community.

7.4.2 The 'email-a-prisoner' scheme is available for friends and family.

7.5 Resettlement planning

7.5.1 Phoenix House, which opened in April 2019, provides a semi-open environment, with selected prisoners benefiting from pre-release opportunities in preparation for work, life skills and confidence building. Prisoners take responsibility for themselves and the unit, including cooking. The unit is staffed by a highly dedicated team of officers. In its first year, it has been very successful; from 13 prisoners released there has been no reoffending, and the Board understands that at least half of the prisoners obtained employment after release.

7.5.2 Release on temporary licence (ROTL) has been disappointing for the prisoners of Phoenix House. One prisoner attended college daily and another worked in the prison's community cafe. There has been limited childcare ROTL. Other ROTL days have consisted of orientation and local community visits only.

7.5.3 The Board is aware of the considerable effort by the prison to forge external links. However, these have yet to yield meaningful ROTL opportunities. Among the successful collaborations, prisoners performed alongside professionals in an excellent production of 'Hairspray' with Pimlico Opera in March 2020. This was

an exceptional opportunity for those directly involved in the production, and its beneficial effect was felt throughout the entire prison, by prisoners and staff alike.

- 7.5.4 A significant proportion of prisoners continue to leave the establishment with no fixed abode, increasing the risk of short recall sentences. A Board survey of prisoners released from Bronzefield during one week in February 2020 noted that 60% left with no fixed abode. A report by Her Majesty's Inspectorate of Prisons (HMIP) referred to a figure of 40% released with no fixed abode during the first six weeks of the pandemic (HMIP report on short scrutiny visits (SSV) to prisons holding women, June 2020). However, the overall average for the year April 2019 to March 2020, as recorded by probation services, is 60%.
- 7.5.5 Prior to the creation of CRCs, the offender management unit (OMU) within Bronzefield arranged accommodation on release. Now, CRCs are required to refer prisoners to St Mungo's which, in turn, has to refer the case to the local authority. No statistics are available from the local authorities as to how many make contact and how many are successfully placed.

8. COVID -19

The prison has implemented the guidelines and instructions of HMPPS, the aim of which was to prevent the spread of the virus among prisoners and staff, and preserve life.

Severe regime restrictions have been made, to reduce human contact. The Board has undertaken extensive remote monitoring of the implementation of this regime.

Main judgements

1. During the first few weeks of lockdown, there was impressive cross-deployment of staff in the prison, to cover for the initial staff shortages.
2. There are concerns that the ongoing restricted regime is affecting the prisoners' mental health, and there is a sense of mounting frustration among the prisoners at the continued lockdown.
3. The limited amount of equipment in the prison to facilitate video-links has resulted in the delay and rescheduling of court hearings. Furthermore, prisoners have not been able to speak in confidence to their lawyers before and after video-link court hearings.
4. Overall, the Board agrees with the findings of the HMIP SSV report, that the prison and its staff have managed these unprecedented circumstances well. The staff at Bronzefield have been extremely helpful to the Board during this period of remote monitoring.

8.1 Safety

- The safer custody department has operated on a seven-day basis since the start of the lockdown due to the COVID-19 crisis.

Reception and induction

- After an initial delay, reception staff and peer workers in reception were provided with appropriate personal protective equipment for dealing with new arrivals.
- Most of the induction process has been undertaken at reception.

Suicide and self-harm, deaths in custody

- Levels of self-harm increased substantially following lockdown. The number of monthly incidents between March and July 2020 averaged 224, peaking at 261 in July.

- In mid-May, a new strategy for reducing self-harm was introduced, to increase support for the ACCT review process for prisoners on enhanced ACCTs or those of significant concern. These initiatives were welcomed, and by early June some improvements in self-harm levels were seen, although these were not maintained in July:
 - (i) Each Friday, a critical case management meeting offers multidisciplinary psychologically informed case management to prisoners displaying prolific self-harming behaviours.
 - (ii) Weekly support meetings were set up to provide support for staff managing the challenges of working with these prisoners. These included psychology teams, ACCT case managers, and safer custody, OMU, mental health, education and residential staff.
- The HMIP SSV report (see section 1.18) highlights the good systems put in place during lockdown to manage the mental health welfare of the prisoners. The Board supports these findings.

Vulnerable prisoners, safeguarding

- During the COVID-19 crisis, the safer custody team checked all ACCT documents on a daily basis, including at weekends.
- Prior to the lockdown period, there were 400 prisoners with allocated key workers. This reduced to between 60 and 100 prisoners during the restricted regime, owing to difficulties with access. The allocation of key workers is currently prioritised for vulnerable/shielding prisoners.

Substance misuse

- Substance misuse has reduced, and this is thought to be associated with the lack of social visits.
- The substance misuse doctor carried out telephone consultations with new and existing patients.

8.2 Fair and humane treatment

Accommodation, clothing, food

- Most prisoners have been restricted to their cells for 23 hours per day and allowed out in small groups for 30 minutes twice a day, once to take showers,

use the electronic kiosk communication system on their spur and for association, and once to take exercise in the open air. Initially, they were in groups of four, latterly increased to eight or nine. Most women collect their meals from the serveries. They also left their cells for medication.

- New arrivals live on separate spurs for 14 days, with a similar regime to the rest of the prison.
- Vulnerable prisoners are shielded on a houseblock with in-cell showers, and take exercise in the gardens.
- Prisoners showing symptoms of COVID-19 are isolated. There were initially problems with these women getting regular showers and exercise, but things improved as the regime became established.
- Staff make every effort to implement social distancing; however, the prisoners have not practised it well among themselves (highlighted in the HMIP SSV report).
- Good cleaning practices are in place.
- The provision of film-night packs containing coffee, chocolate and snacks; extra television channels; and weekly film screenings have been welcomed by the prisoners and were noted positively in the HMIP SSV report.
- Prisoners are able to make applications to the Board via a free 0800 telephone number. The Board responds to these each week.
- Prisoners have been updated on the regime by newsletters delivered under their cell doors. Initially, these were weekly but by the end of the reporting year, fortnightly.
- A protracted procurement process resulted in the provision of fans for all cells by the end of July.

Segregation, special accommodation

- The SCU was minimally affected by the lockdown, and the regime continued close to normal for the unit. It was almost always operating at close to capacity. The Board attended GOOD reviews via a telephone link. The staff made sure that the Board were included in the discussions and agreed with the outcome.
- The number of adjudications carried out rose during the lockdown period. However, televisions have not been removed and no prisoner has been put on the bronze IEP level.

- Independent adjudications have been significantly affected by the lockdown, with ongoing delays leading to dismissals of serious allegations due to time periods expiring. The prison has brought some independent adjudications back into the prison process to be dealt with internally. Independent adjudications had resumed by July 2020, using a video-link shared with Young Offenders Institution Feltham.

Staff/prisoner relationships, key workers

- Generally, the morale of the staff has been very good. The HMIP SSV report commented on the noticeable positivity of the staff at Bronzefield, and this is supported by Board monitoring.
- Many prisoners have expressed their gratitude to staff for their management of the regime, care and compassion during the lockdown period, to the staff themselves, to the Board and in writing on a wall of thanks.

Examples of gratitude from the prisoner SDQ, April – May 2020: ‘All staff, thank you to all, you’re amazing’ and ‘All the staff for everything they do for me every day, thank you, you are all amazing and you are doing a great job’.

- The SDQ received only 50 responses. The main areas of concern were around wanting more time out of cell and association, mental health issues and family contact.
- Prison council meetings restarted in May 2020.

Equality and diversity

- Foreign nationals who were not appealing deportation orders have been deported.
- Pregnant prisoners have been offered shielding during lockdown. Many of the support services have been curtailed during the lockdown, although midwives continue to visit every two weeks. CNWL has taken over for separation and bereavement issues.

Faith and pastoral support

- During the pandemic lockdown, a duty chaplain has been available every day, and recorded religious services have been provided online. The chaplaincy team has visited prisoners of concern and those who are isolating.

- The chaplaincy team has had the support of the management team where bespoke initiatives were required for prisoners in exceptional circumstances – for example, allowing a prisoner with post-traumatic stress disorder to have her door shut but not locked.
- Ramadan was well organised, despite the Muslim chaplain being unwell and unavailable.

Incentives and earned privileges

- Prisoners have raised concerns at the prison council as to how to progress to the gold IEP level during lockdown. A review has changed the process, giving the authority back to senior prison custody officers on the houseblocks to make more local decisions. The bronze level has not been used.

8.3 Health and wellbeing

Physical healthcare

- There has only been one recorded positive COVID-19 test result among the prisoner population.
- Emergency dental services for one prisoner per day have been available since mid-May, with remote advice since lockdown.
- A pain clinic has been available remotely throughout lockdown.
- Blood-borne virus tests are now being given to prisoners in their cells, which has increased the uptake and treatment.
- Initially, prisoners were given seven days' medication on release (14 days for methadone) and healthcare staff ensured that all prisoners had their community appointments booked. This has increased to 28 days for all prescriptions.

Mental healthcare

- In June, an update in the telephone service allowed prison staff to contact prisoners via their cell telephone. This enabled staff to discuss healthcare, case work, education and employment issues confidentially.
- During the COVID-19 lockdown period, there have been 11 transfers to secure units.

Social care

- Surrey County Council has cut personal hygiene care by a social care assistant from three times a week to twice a week. Additional support has been provided by prison nurses. Prisoners have expressed their gratitude for this support.
- Routine social care assessments have been prioritised according to need.
- Disability peer support has been ongoing throughout the lockdown.

Exercise, time out of cell, gym

- The HMIP SSV report highlighted the lack of organised exercise provision. This changed following that report, with gym staff supervising circuit training in the exercise yard.

8.4 Progression and resettlement

Education, library

- Education staff are employed directly by Sodexo and have continued to work throughout lockdown.
- Educational assessment has continued as part of induction, using material delivered under the prisoner's door on the eighth day after arrival.
- At the start of lockdown, prisoners were provided with education packs according to their educational levels in mathematics and English. Approximately 60–70% initially chose to continue with these fortnightly packs, which contain work that is marked with feedback. This dropped to about 33% by July. Prisoners are given a more challenging pack on request. Some of the marking is done by peer workers.
- All levels up to level 2 and including ESOL are catered for and the work contributes to accredited courses. The main awarding body (City and Guilds) has agreed that continuous assessment and presentation of the work portfolio can be used to enable prisoners to gain the qualifications.
- Prisoners have been able to continue with distance learning, with tutors printing out the coursework as needed.
- Prisoners with LDD have received tailored packs. LDD tutors have taken over the one-to-one delivery of the Turning Pages literacy scheme from peer workers.
- Education staff provide a mobile library service, with CDs and books. Together with the art and crafts tutors, they have also run regular writing, poetry and art competitions, including for the Koestler national awards.

- Administrative staff from the education department support operational staff by recording the outcome of the daily welfare checks carried out on all prisoners, in the Prisoner National Offender Management Information System (P-NOMIS).

Vocational training, work

- All vocational training, ROTL and most work stopped on lockdown.
- The number of prisoners able to work has been about 20% of the roll. Prisoners have continued to work in the kitchens, in reception, and as Listeners, unit workers, cleaners and packers preparing breakfast packs for shielding prisoners and film-night packs. Diversity and educational peer workers have continued to work.
- The process for allocating jobs, when available, has not been transparent or consistent.
- All prisoners have been paid during lockdown, even if not in work or education.
- A few prisoners have managed to complete vocational qualifications that were started before lockdown but no new courses have been started.

Offender management, progression

- The HMIP SSV report highlighted positively the continuing work by the OMU in maintaining release planning processes, which have been undermined by the lack of provision of accommodation on release, despite the provision of funding to local authorities through the homelessness prevention task force.
- During the first few weeks of lockdown, there were no CRC staff in the prison. Both the London CRC and the Kent Surrey and Sussex CRC then attended part time, with numbers of staff working in the prison reduced from 16–18 pre-lockdown to two, but had no face-to-face contact with prisoners from 23 March to 18 June, despite the availability of personal protective equipment. This inevitably significantly aggravated the difficulties in finding accommodation for discharged prisoners and raised the likelihood of recalls. Between January and June 2020, 10–18% of new receptions were on recall, peaking at 34% in April.
- London CRC provided mobile phones to enable local authority housing officers and probation staff to make contact with prisoners, but the prisoners could not initially ring out on these.

- Kent, Surrey and Sussex CRC expects the local probation office to see prisoners on release.
- Members of staff from St Mungo's were back in the prison within six weeks of the lockdown, and escorted prisoners to the council offices on Mondays, Wednesdays and Fridays.
- All face-to-face parole board hearings were postponed.
- Prisoners' progress to lower-category prisons has been delayed owing to limited transfers between prisons during the lockdown.

Family contact

- Prisoners were given £5 extra telephone credit, and extra letters and postage.
- Friends and family were able to use 'email-a-prisoner' scheme; these emails were delivered within one working day.
- 'Video visiting' has been implemented since the end of June, offering each prisoner one 30-minute session with family and friends once a month. Initially, there were technical difficulties, but they were subsequently resolved. They have been particularly popular with foreign national prisoners.
- Social face-to face visits have been reintroduced for immediate family members for a one-hour period per month. The take-up has been less than that of the video visits. Prisoners have expressed concerns about the impact of the strict social distancing rules on their visiting children.

Resettlement planning

- Written advice on government guidance with respect to COVID-19 in the community is provided on release to all prisoners.
- Recalls for breach of licence have continued during lockdown. In April, recall prisoners accounted for 34% of new receptions into the prison. These are predominantly prisoners with mental health issues, and include women who have missed probation meetings owing to local offices being closed during lockdown or missed a telephone call from their supervisor.
- The end of custody temporary release scheme was not successful at the establishment: only one prisoner has been released under this scheme, despite the prison working hard to submit prisoners for approval. This is, in part, due to a

requirement to tag a prisoner to an address, which, because of the difficulties with provision of housing, inevitably excluded many prisoners.

- Similarly, only one prisoner has met the criteria for the special purpose licence scheme.

9. The work of the IMB

Prior to the lockdown for COVID-19, each week Board members attended the prison to conduct rota visits, to respond to IMB applications and to monitor meetings and prisoner forums. Members attended separation and care GOOD reviews and randomly monitored adjudications.

During lockdown, the Board has been monitoring remotely, agreeing a password with the prison, to enable members to telephone in, gather information and join SCU reviews remotely. The gathering of evidence was compromised by the inability to speak to prisoners, although a few Board members restarted visits to the prison from May. The Board met regularly over Zoom during this time, initially weekly. Further, some of the Board members participated in the new 0800 number facility, whereby prisoners from a number of prisons were able to telephone in applications to the Board.

The Board holds a monthly meeting, which the Director, or his Deputy, attends in order to brief us on prison matters and to discuss issues from rota reports. This has been successfully undertaken via Zoom since April 2020.

Board members gave talks about the IMB to new prison staff during their initial training.

Board members have attended national training courses, hosted visits from IMBs of other prisons and have visited other establishments.

The Board participated in a resettlement survey carried out across the female estate in February 2020. The findings were published in August 2020 under the title 'Resettlement' (<https://www.gov.uk/government/publications>).

Board statistics

Recommended complement of Board members	15
Number of Board members at the start of the reporting period	13
Number of Board members at the end of the reporting period	14
Total number of visits to the establishment	361
Total number of segregation reviews attended	225

Applications to the IMB

Code	Subject	Current reporting year	Previous reporting year
A	Accommodation, including laundry, clothing, ablutions	19	26
B	Discipline, including adjudications, IEP, sanctions	7	6
C	Equality	9	10
D	Purposeful activity, including education, work, training, library, regime, time out of cell	12	19
E1	Letters, visits, telephones, public protection restrictions	33	38
E2	Finance, including pay, private monies, spends	30	22
F	Food and kitchens	13	44
G	Health, including physical, mental, social care	99	111
H1	Property within this establishment	43	51
H2	Property during transfer or in another establishment or location	10	14
H3	Canteen, facility list, catalogue(s)	14	8
I	Sentence management, including home detention curfew, ROTL, parole, release dates, recategorisation	13	8
J	Staff/prisoner concerns, including bullying	84	57
K	Transfers	7	5
L	Miscellaneous, including complaints system	27	62
	Total number of applications	420	481



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