



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

**For reporting year  
1 August 2020 – 31 July 2021**

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## Introductory sections 1 - 3

### 1. Statutory role of the IMB

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

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

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

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

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

## **2. Description of the establishment**

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

At the end of the reporting period the prison had a certified normal accommodation (CNA) of 542, which included 15 additional prisoner places (APP). For most of the reporting year the roll was less than 500 prisoners and it has held between 12 and 27 young offenders (YO) aged between 18 and 21 who are accommodated in the same houseblocks as the adult prisoners. It also accommodates a 12-bed mother and baby unit (MBU) with room for 13 babies. Up to 188 prisoners are held in double cells. HMP/YOI Bronzefield serves 95 courts. At the end of the reporting period the prison held seven restricted status (RS) prisoners.

Primary GP services were provided by a private sector agency, Cimarron UK. Nursing staff are employed directly by HMP/YOI 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 facilities management 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 HMP/YOI Bronzefield's strategy document.

### **3. Executive summary**

#### **3.1 Background to the report**

The Covid-19 national framework for prison regimes and services has been in place throughout the reporting year. For around four months, between December and April, the prison was in stage 4 (lockdown).

At the end of the reporting year, the prison was in stage 3 (restricted) regime, with two positive Covid-19 cases in the prisoner population and two cases amongst staff. Insufficiently high levels of staff testing were one of the factors preventing a move to stage 2 (reduced) regime.

#### **3.2 Main judgements**

##### **How safe is the prison?**

1. It is the Board's perception that HMP/YOI Bronzefield is a physically safe environment.
2. The prison has managed the spread of Covid-19 within the prisoner population efficiently. A total of 58 prisoners tested positive in the reporting year and it is believed that the majority contracted the virus in the community (see paragraph 6.1.5).
3. There have been further steep increases in the incidences of self-harm. The incidences have increased from a monthly average of 91 in 2017/18 and 141 in 2018/19 to 175 incidents in 2019/20 and 220 in this reporting year with a monthly peak of 375 incidents in August 2020. The average number of self-harmers has also increased from 28 in 2017/18 to 42 in 2019/20 and 44 in this reporting year (see paragraph 4.2.2).

##### **How fairly and humanely are prisoners treated?**

1. The effect of the severe Covid-19 pandemic restrictions in place for most of the reporting year has been amplified by staff absences and inexperienced officers. This has compromised the prison's ability to treat prisoners fairly and humanely at all times (see paragraphs 5.2.3, 6.5.1, 6.5.2 and 6.5.3).
2. Many prisoners reported to the Board that they have felt 'safe' and 'well-cared' for by the staff during the Covid crisis (see paragraph 5.3.1)

##### **How well are prisoners' health and wellbeing needs met?**

1. The prison continues to be used as a place of safety for women with serious complex and enduring mental health conditions. These women put severe pressure on the healthcare unit and residential houseblock staff (see paragraph 6.3.3).

2. The prison continues to carry out a comprehensive Covid-19 vaccination programme in line with the community. Prisoners are strongly encouraged to participate. At the end of the reporting year 48% of the prisoners at HMP/YOI Bronzefield had had their first vaccination and 29% their second vaccination.

### **How well are prisoners progressed towards successful resettlement?**

1. The number of sentenced prisoners released without safe and secure accommodation increased from 60% (findings in an IMB survey in February 2020) to 77% (as recorded by the prison) in July 2021 (see paragraph 7.5.3).

### **3.3 Main areas for development**

#### ***TO THE MINISTER***

1. Given the importance to rehabilitation of safe and secure accommodation on release, why, with the termination of community rehabilitation company (CRC) contracts at the end of June 2021, have in-prison accommodation services been removed from HMP/YOI Bronzefield? What urgent action is being taken to address this issue (see paragraph 7.5.3)?
2. Why has the Minister not considered the problem of drugs getting into prisons in the women's estate sufficient to introduce enhanced gate security (see paragraph 4.6.4)?

#### ***TO THE PRISON SERVICE***

1. The number of self-harm incidents has escalated to an average of 220 incidents each month in the reporting year. How is the prison service supporting the prison to manage this high level of risk on an urgent and long-term basis?

#### ***TO THE DIRECTOR***

1. Following the comparison of a sample of canteen prices with two other prisons, HMP/YOI Bronzefield's prices were shown to be the highest, with products up to 15% more expensive (see paragraph 5.1.13). What steps are being taken to remedy this issue?

## ***TO THE MAYOR OF LONDON***

1. The Board wishes to restate the question from our 2017/18, 2018/19 and 2019/20 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. 60 in-cell telephones have been replaced during the reporting year. This has enabled consistent communication for prisoners with their family, friends and prison staff during the pandemic (see paragraph 5.1.5).
2. There has been an improvement in the transfer of severely mentally unwell prisoners to secure inpatient mental health hospitals (see paragraph 6.3.2).
3. Following the death of the newborn baby of a prisoner in custody in September 2019 a comprehensive pregnancy action plan has been put in place. All confirmed and suspected pregnant women are referred into the revised perinatal pathway (see paragraph 6.1.7).
4. The prison received an award for achieving elimination of hepatitis C amongst the prisoners and for exceeding the national average for hepatitis C testing (see paragraph 6.2.9).

## **Evidence sections 4 – 7**

### **4. Safety**

- 4.0.1 The safer custody team visit each new entrant every day for a week and thereafter according to need. The team provides personal support for those who find lockdown very difficult and continues to work seven days a week.
- 4.0.2 The prison's annual prisoner survey completed in August 2020 looked specifically at prisoners' perception of safety within the prison. Around 50% of the surveys were returned and showed a mixed picture. The report concluded that although more than half of respondents felt informed upon initial arrival and early days in custody, more work was required to settle prisoners in their first few days. Prisoners across all surveyed aspects of the Covid-19 restricted regime reported the negative impact of restrictions including isolation, boredom, low mood and reduced interaction opportunity with staff. Some prisoners reported that they had coped better in smaller regime groupings.

### **4.1 Reception and induction**

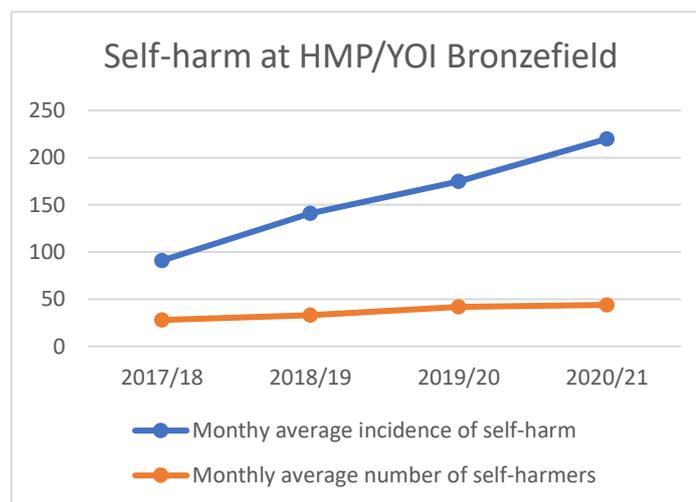
- 4.1.1 The reception process has been adapted to the Covid-19 pandemic. Prisoners are assessed on arrival by prison and nursing staff and offered a Covid-19 test and a repeat test five days later. For the first 10 days prisoners reside in a reverse cohorting unit (RCU). They are allowed out of their cells in small, fixed groups determined by their day of admission, for a shower, exercise and to use the electronic kiosks (pods).
- 4.1.2 Symptomatic new prisoners are taken directly to isolation and are only allowed out of their cell alone, for exercise and a shower. They cannot use the pods until they are asymptomatic and negative tests have been provided. Paper forms are therefore given for canteen, menu and finance and healthcare requests.
- 4.1.3 Prisoners have been offered lateral flow tests (LFT) on discharge, transfer and visits to court since 8 March 2021.
- 4.1.4 Staff and peer support workers have full personal protective equipment (PPE) available and are trained in protection procedures.
- 4.1.5 Reception phone calls have often been delayed. For symptomatic new prisoners a call is arranged via in-cell telephone the following day with reception staff making the first call on their behalf. The process for ensuring this occurs, particularly with isolated prisoners, has not been robust.
- 4.1.6 The induction process has been modified and shortened. Recovery workers, chaplaincy, healthcare, education and offender management have

communicated essential information individually via in-cell phones and/or at the door.

- 4.1.7 Prisoners have made a number of complaints about phone pin numbers and fingerprinting being delayed because of quarantining. This has resulted in unacceptable delays of up to 10 days in self-isolating prisoners being able to make phone calls.
- 4.1.8 The four dedicated reception peer workers provide information, support and distraction materials for new entrant prisoners.
- 4.1.9 During the reporting year the company contracted to move prisoners to and from court or for transfer to another prison was changed to Serco. The transition has been beset with problems of late arrivals and lack of records or pertinent information about the prisoners. The issues have been addressed very slowly and the staff have told the Board that they are gradually improving.

#### 4.2 Suicide and self-harm, deaths in custody

- 4.2.1 In a survey of new reception prisoners in December 2020, 51% declared a history of self-harm.
- 4.2.2 The incidence of self-harm has been high. It has increased from a monthly average of 175 incidents in 2019/20 to 220 in the current reporting year. Much of this is attributed to several prolific self-harmers. The monthly average number of self-harmers has increased from 42 in 2019/20 to 44 in the current reporting year.



- 4.2.3 The strategy to reduce self-harm using a trauma-informed and psychology-led approach is kept under review by the self-harm task force.

- 4.2.4 A total of 547 assessment, care in custody and teamwork (ACCT) books were opened in the current reporting year, compared with 512 in 2019/20.
- 4.2.5 An updated version of the ACCT document was introduced in April 2021. The Board has been trained in its use.
- 4.2.6 There were no deaths in custody in the reporting year.
- 4.2.7 There are between seven and nine Listeners who are peer support workers trained and supported by the Samaritans. Lockdown has made face-to-face work difficult, but these sessions were resumed on 12 April. Access to in-cell telephony has helped. All prisoners have phone access to the Samaritans.

### **4.3 Violence and violence reduction, self-isolation**

- 4.3.1 All violent and use of force incidents are analysed at a weekly safety intervention meeting. The average number of violent incidents per month was nine compared with 14 in 2019/20.
- 4.3.2 The staff regularly use body-worn cameras which the safer custody team report as acting as a deterrent and de-escalator.
- 4.3.3 The Board has seen no reports of prisoners self-isolating for reasons other than Covid-19. All prisoners were subject to lockdown and isolation in accordance with the Covid-19 regime.
- 4.3.4 Challenge support and intervention plan (CSIP) was applied to between two and four prisoners each month over the reporting year.

### **4.4 Prisoners with specific vulnerabilities**

- 4.4.1 During the restricted regime individual key work was limited to the most vulnerable, those on ACCT books, pregnant prisoners and those soon to be discharged.
- 4.4.2 The safer custody team regularly checked on all prisoners in healthcare, separation and care (SCU) and those on an ACCT book.

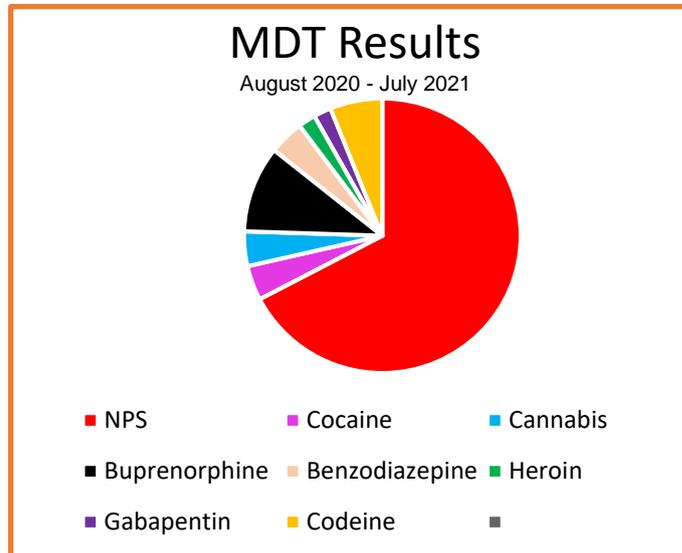
### **4.5 Use of force**

- 4.5.1 The average of monthly incidents involving use of force was 41 compared with 50 in 2019/20.

### **4.6 Substance misuse**

- 4.6.1 Drug testing is carried out on new prisoners. A high proportion are substance misusers of drugs, alcohol or both.

- 4.6.2 In September 2020 random and targeted mandatory drug tests (MDT) were suspended due to the pandemic. Targeted testing restarted in May 2021.
- 4.6.3 Paper-based Spice (NPS) has remained the prevalent illegal substance of interest.



- 4.6.4 The security team maintain 100% searching and swabbing of all incoming mail, all internal mail and all incoming parcels. Despite this, significant volumes of drugs get into the prison. The director has authorised the photocopying of all incoming mail, in order to challenge and disrupt the supply of drugs. This had not been implemented by the end of the reporting year.
- 4.6.5 There is a zero-tolerance policy towards tampering with vape cartridges, which are believed to be used to vape/smoke NPS. An amnesty was held during February, to encourage residents to remove all excess items that may be used for substance misuse or pose an arson risk.
- 4.6.6 Medication trading is also an on-going challenge. Medications of interest are quetiapine, mirtazapine and buprenorphine.

## **5. Fair and humane treatment**

### **5.1 Accommodation, clothing, food**

- 5.1.1 All residential units are modern, clean and generally well-maintained. Cells in houseblock four have in-cell showers. All cells requiring it have been redecorated since November 2020.
- 5.1.2 The pods on all spurs enable prisoners to access notices, make medical appointments, make general applications and order food and canteen.
- 5.1.3 During the Covid-19 restrictions, unit cleaners have received special training for good cleaning practices. The Board continues to receive frequent complaints about the shortage of cleaning materials and equipment.
- 5.1.4 The Board has received complaints from some houseblocks that the heating is insufficient in cold weather and ventilation is poor in hot weather, although all cells now have electric fans.
- 5.1.5 All cells have telephones which dial out and receive internal calls. After some reported difficulties with receiving incoming calls at the beginning of the reporting period, 60 cell phones have been replaced.
- 5.1.6 The time taken for staff to respond to cell calls has improved, with the majority of calls being answered in up to 60 seconds. In the reporting year, all but one call were answered within five minutes.
- 5.1.7 The stand-alone MBU continues to provide a safe and homely environment for 12 mothers and 13 babies. During Covid-19, numbers have reduced. The unit is well-staffed with eight dedicated officers. They also deliver perinatal services in the houseblocks.
- 5.1.8 There has been an improvement in the provision of baby food ingredients by the kitchen and the prisoners appear to be content with this.
- 5.1.9 Prisoners can wear their own clothes, which can be exchanged at regular, prescribed intervals through reception. Prison issue is also available. A shop, organised by a volunteer, provides good-quality used clothing, donated by the public, free of charge on a basis of need.
- 5.1.10 There have been few complaints about food during the reporting year. Staffing levels in the kitchens are good and there have been few problems with the supply of fresh ingredients. Special menus for cultural days and religious festivals have been much appreciated, as have snack packs for film nights during the pandemic. Special diets for clinical or ideological reasons are catered for; we have received some complaints that these lack variety. Work in the kitchens is popular and there is always a waiting list.

- 5.1.11 Prisoners have complained about the provision of in-cell breakfast packs introduced at the height of the pandemic which they felt were inadequate.
- 5.1.12 The Board reported last year a shortage of products suitable for black, Asian and minority ethnic prisoners available from the shop. A new supplier now provides 23 appropriate items, including skincare and hair products.
- 5.1.13 The Board regularly hears complaints that canteen prices are higher than at other prisons. In January 2021, the prices of a sample of 20 products were compared with those at HMP Peterborough and HMP East Sutton Park. HMP/YOI Bronzefield's prices were shown to be the highest, with products up to 15% more expensive than at HMP Peterborough, another Sodexo prison.

The director at HMP/YOI Bronzefield has responded by asking Sodexo for an in-depth analysis and is keeping the Board informed.

## **5.2 Segregation**

- 5.2.1 The separation and care unit (SCU) has 13 cells, which are similar to those in the rest of the prison. The special accommodation cell has not been used during the reporting period. Occupancy of the unit has fluctuated during the year with monthly averages ranging from four to 11. The unit has only been full for one day.
- 5.2.2 The prisoners with complex needs and challenging behaviour are managed sensitively by staff with a substantial input from the mental health in-reach team (MHIT) and a multi-disciplinary programme called EOS. Owing to their complex needs, some remain on the unit for long periods. Some of these prisoners also move between SCU and the healthcare unit for respite.
- 5.2.3 Staffing levels have fluctuated during the year and shortage of staff has, on occasions, impacted upon the prisoners' time out of cell. There was a change of staff in April aimed at reducing compassion fatigue in this very demanding unit.
- 5.2.4 The IMB attends most good order or discipline (GOoD) reviews, either physically or remotely. A random sample of adjudications are attended. The IMB is satisfied that they are conducted correctly. The number of adjudications has fluctuated throughout the year, with a monthly average of 115.5 and a peak of 147 in 2020/21 compared with 166 and 196 respectively in 2019/20.
- 5.2.5 There have been 11 dirty protests during the reporting year.

## **5.3 Staff-prisoner/detainee relationships, key workers**

- 5.3.1 The Board heard many comments from prisoners about how 'safe' and 'well-cared for by the staff' they felt during the ongoing Covid-19 crisis.

- 5.3.2 Offender management in custody (OMIC) was active by the end of the reporting year.
- 5.3.3 During lockdown there was a focus on key workers supporting the most vulnerable prisoners and since May 2021 this initiative extended to all prisoners. Each key worker is assigned between five and eight prisoners who they are required to meet once a month.
- 5.3.4 At the end of June 2021 there were 439 residents who had been allocated a key worker. By 18 June, 190 prisoners had already received a session with their key worker that month. Key worker sessions are recorded on the prison national offender management information system (PNOMIS) that highlights which prisoners have or have not had a session that month.
- 5.3.5 The Board asked a number of prisoners about the key worker scheme. Comments were mixed with some saying they saw their key worker “at least once a week” whilst others did not know who they were, claimed it was a different person every week, or that they did not have regular meetings.
- 5.3.6 The Board heard positive comments regarding Christmas activities and other religious festivals throughout the reporting year.
- 5.3.7 Monthly prison council meetings, run by the charity User Voice, restarted in July.

#### **5.4 Equality and diversity**

- 5.4.1 A new head of the race and diversity (R&D) group was appointed in the reporting year responsible for driving the R&D strategy, plans and activities to create a more inclusive and diverse workplace at HMP/YOI Bronzefield.
- 5.4.2 Listening groups were held with staff to understand attitudes and perceptions around race and ethnicity. A Black History month of celebrations was implemented for staff and residents, culminating in a day of celebration on 29 October 2020.
- 5.4.3 In collaboration with other IMBs in the female estate, the Board has conducted a survey across the prison population to gather the experiences of black, Asian and ethnic minority prisoners including Gypsy, Roma and Traveller prisoners, non-UK citizens and those with mixed ethnicity. The findings were not available by the end of the reporting year.
- 5.4.4 The discrimination incident reporting form (DIRF) system is impressively efficient, well documented and the reports appeared to be well investigated by the managers. Most were signed off by all four relevant parties: the case manager, the ethnicity and diversity manager, the director and an external reviewer.
- responses generally take five days but can take longer if complex

- findings are sent back to the prisoner with a feedback form
- the Board reviewed a random sample. Of the 15 seen, ten related to race/religion, three to disability, one to gender re-assignment and one to human rights. Two were upheld. A number were not upheld but a meeting was set up between the resident and member of staff to minimise misunderstandings and/or for apologies to be given
- five were re-routed via the complaints process as they did not fit DIRF criteria.

## **5.5 Faith and pastoral support**

5.5.1 The chaplaincy consists of nine chaplains, both full- and part-time, and provides care to the prison community of all faiths and none.

5.5.2 During the reporting year there has always been at least one chaplain physically present even during the most restricted Covid-19 lockdowns. The duty chaplains have supported prisoners of concern on the houseblocks and have communicated both via the in-cell telephone or in person. Due to their continued presence throughout the lockdown period, the chaplaincy has been able to advocate for individual prisoners when needed. During the period when the Board was not physically visiting, the chaplaincy was very helpful in highlighting any potential areas or prisoners of concern.

5.5.3 Chaplains represent the following faiths: Christians (of all denominations) Muslims, Jews, Sikhs, Rastafarians, Buddhists, the Free Church, Hindus, Pentecostals, Jehovah's Witnesses and Pagans.

5.5.4 Between March 2020 and mid-May 2021 the chaplaincy was unable to offer any face-to-face group worship due to Covid-19 restrictions in line with those in the community. A variety of services for the main faith groups were offered through the prison radio and the in-cell television channel, Wayout TV. Individual chaplains have created DVDs, chaplaincy packs and materials which were delivered to cells.

5.5.5 By the end of the reporting year, 20 prisoners at a time were permitted for Sunday services but numbers actually attending were lower.

## **5.6 Incentives schemes (IP)**

5.6.1 The new incentive scheme that replaced the incentives and earned privileges (IEP) system in January 2020 was partially suspended during the lockdown period to avoid unfairness and maintain a proportionate and consistent approach.

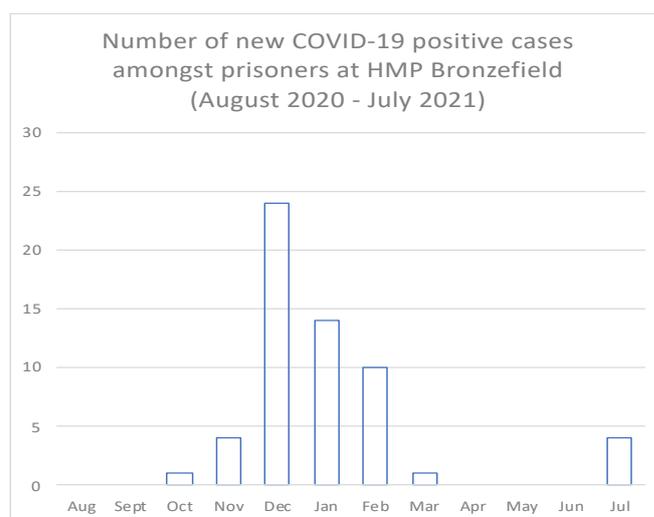
5.6.2 The new levels are bronze, silver and gold. At the beginning of July 2021 all prisoners were on either silver or gold levels, with the numbers being 321 and 174 respectively.

- 5.6.3 30% of white British prisoners and 40% of ethnically diverse prisoners were on gold level.
- 5.6.4 Every prisoner had a television in their cell which could not be removed without authorisation whilst Covid-19 restrictions remained in place.
- 5.6.5 The Board believes that prisoners generally have a good understanding of the new IP system. Only a very few do not appear to know or understand the system. However, the overall perception is that the system is not operated fairly. Prisoners told the Board that the system appeared to reward bad behaviour as awards were sometimes given as an inducement to improve.

## 6. Health and wellbeing

### 6.1 Healthcare general

- 6.1.1 There is a 24-hour inpatient unit which has been at, or close to, capacity (18 beds, three of which are in a ward) during the reporting period. The unit is a challenging environment for staff, who do an exceptional job in caring for patients, the majority of whom have complex mental health issues.
- 6.1.2 There has been an on-going issue with a lack of healthcare complaint forms on the houseblocks resulting in a drop in the number of complaints. Healthcare complaints averaged 26 per month up to the end of November but reduced to an average of 10 over the next three months. Following a commitment by healthcare administration to refilling the complaints boxes there was an increase in the number of complaints from March onwards to an average of 30 per month. Healthcare applications accounted for 26.5% of the applications received by the IMB.
- 6.1.3 Responses from healthcare administration to queries about prisoners' complaints to the IMB have been limited but a new system for communication has been put in place which is proving more effective.
- 6.1.4 The inquest was held into a prisoner who died in custody in 2018 with a verdict of death by natural causes. As a result of the inquest, prison staff are instructed that if there is a clinical need to enter a cell, this should be risk assessed and then always facilitated.
- 6.1.5 The Board believes that the prison has managed the Covid-19 pandemic risk well despite a peak in cases in December 2020. This forced the prison into stage 4 lockdown status.



6.1.6 Vaccinations have been administered in line with the community. By the end of July, all prisoners had been offered the vaccine.

Efforts are on-going to reduce the refusal rates including re-offering the vaccine at least three times. The prisoner representatives of the health council (a bi-monthly meeting facilitated by User Voice for discussion of healthcare issues) agreed to be champions of the vaccine and banners were put up around the prison to encourage those prisoners who have refused it to accept the vaccine.

There has also been an emphasis on ensuring prisoners are registered with a GP on release in order to obtain their second dose if they have not had it within the prison.

6.1.7 Pregnancy care and services provided:

- Following the death of the newborn baby of a prisoner in custody in September 2019, it has been reported to the Board that all agencies involved in pregnancy and perinatal services in the prison have reviewed and developed their practices in order to ensure the delivery of a safe integrated service.
- A voluntary pregnancy test is taken on arrival at reception. Pregnant prisoners have an automatic referral into the perinatal pathway and are seen regularly by the pregnancy mother and baby liaison officer (PMBLO).
- There is a dedicated resource of midwives and a senior obstetrician from Ashford and St Peter's Hospital NHS Foundation Trust. A midwife visits twice a week and the obstetrician once a fortnight.
- Pregnancy observation books are opened on all pregnant prisoners no later than at 28 weeks and must be kept with the prisoner at all times.
- Fortnightly pregnancy review boards are attended by the whole team around the prisoner (including recovery, residential staff, clinical staff and probation) so that everyone understands the plans that have been put in place. Prisoners who are suspected of being pregnant but have refused a pregnancy test are also discussed at these meetings.
- A new offender care perinatal mental health service was launched by Central and North West London NHS Foundation (CNWL) during the year. All pregnant prisoners are referred from reception. A prisoner reported to the Board that the perinatal mental health team were "really helpful and supportive".

- The number of pregnant prisoners at any one time has been below 10 for the whole of the reporting year. In July, there were six, four of whom were on remand. When pregnant prisoners are released local services are informed.

6.1.8 All staff in the MBU have paediatric first aid training and a health visitor attends the MBU once a week.

6.1.9 The healthcare team has begun to work with the NHS central London community healthcare homeless team to provide support for prisoners who are released without accommodation.

## **6.2 Physical healthcare**

6.2.1 The unit is generally well run. The new head of healthcare started just after lockdown and has been positive in answering IMB queries. The senior prison custody officers are enthusiastic and provide good role models in managing 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.

6.2.3 There has been a shortage of nurses throughout the reporting year with vacancies covered by full-time agency workers. Staff retention remains challenging but has improved in comparison to the previous reporting year.

6.2.4 Historically there has been no licensed pharmacy on-site, causing a delay in the receipt of prescribed medication. A licenced pharmacy commenced operation on 17 May 2021.

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

6.2.6 Missed GP, triage and dental appointments have increased during the reporting period, GP appointments from 5% to 10%, nurse-led clinic appointments from 4% to 8% and dental appointments from 15% to 22%.

6.2.7 The percentage of prisoners on medication has reduced and in June 2021 was 73% of the population. Of these prisoners, 38% were on both prescribed in-possession medication (IP) and dispensed medication, 27% were on non-IP only and the percentage on IP only was 8%. Factors such as the fluctuating ages of the prison population can affect the number of women on medication.

6.2.8 On discharge and at the GP's discretion, prisoners are given only seven days 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.

6.2.9 A high intensity test and treat (HIIT) programme took place during the year to reduce hepatitis C (hep C) at the prison. The healthcare team worked closely

with the hep C operational delivery network, the Hep C Trust and the hep C nurse from the Royal Surrey Hospital, who visited the prison to provide treatment. Prisoners are screened in reception by machines which only take 40 minutes to give a result so treatment can be started straight away. At the end of the year the prison received an award for achieving micro-elimination of hep C in the prison and for exceeding the national average for hep C testing.

### **6.3 Mental health**

6.3.1 CNWL provides secondary mental health services and mental health assessments as well as a range of therapy and group sessions. CNWL liaises with local authorities to section prisoners under the Mental Health Act. Staff shortages have impacted on the services provided. At the end of the reporting year, there were seven vacancies in the team. Agency staff provide some cover but this impacts on continuity of care.

6.3.2 During the reporting year, there was an increase in the number of prisoners transferred to secure inpatient mental health hospitals: 46 compared to 39 in 2019/20. Of these 57% (36% 2019/20) were transferred 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 the Mental Health Act (2011). This increase has been attributed to the efforts of the psychiatrist who started working with HMP/YOI Bronzefield in July 2020. However, due to difficulties in sourcing beds, there were six prisoners for whom it took over 30 days to be transferred. At least two prisoners were sectioned on discharge, one of whom did not have an available hospital bed. An NHS bed manager now visits the prison once a week and sources beds for those that need to transfer to a secure mental health hospital.

6.3.3 The number of prisoners with severe and enduring mental health problems residing on the healthcare unit continues to remain high. This is not only challenging for staff but also impacts the regime for other prisoners on the unit. Prisoners also continue to be sent to prison as a place of safety. During the reporting year, there were 35 receptions who were acutely mentally unwell, nearly all of whom were subsequently moved on to secure hospitals.

In addition, there were seven recalls who were returned to prison because it was deemed to be a place of safety for them. 28 prisoners required a place of safety as referenced on their arrest warrants.

The Board has regularly observed acutely mentally unwell prisoners in healthcare.

Other prisoners with very complex needs such as personality disorders, who are not deemed in need of a secure hospital bed, are also very challenging and difficult to manage on the houseblocks.

- 6.3.4 There has been a reduction in primary mental health care waiting times from four weeks in February to two weeks in July. Five working days is the target in the prison. The target in the community is 28 days.
- 6.3.5 In November and December prisoners told the Board that they had missed primary and secondary mental health appointments. This was reflected in the did not attend (DNA) numbers. This was partly due to a problem with cell telephones which was subsequently resolved (see paragraph 5.1.5). CNWL recommenced seeing prisoners again face-to-face in April.
- 6.3.6 Following a review of processes in February, CNWL referral meetings are now held on a daily rather than weekly basis to assess new referrals. Referrals can be made by prison staff, from prisoners verbally self-referring, via applications on the pod or by requests on the computer system (SystmOne) that allows NHS staff to record patient information. One of the psychiatrists also now meets weekly with the GPs to discuss complex medication issues.
- 6.3.7 Attendance by CNWL at GOoD Reviews has improved during the year. A member of the mental health in-reach team (MHIT) is now present at the majority of reviews.

## **6.4 Social care**

- 6.4.1 Social care is provided by Surrey County Council. Prisoners can be referred or self-refer. Prisoners will usually 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. At the end of the reporting year, social care was providing support to 10 prisoners.
- 6.4.2 At the end of July, there were four prisoners using wheelchairs or frames with wheels and two on crutches.

Occupational therapy assessment services were sporadic during the year, but the Board had no reports of prisoners being adversely affected.

- 6.4.3 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.

Social care workers started to return to provide personal care at the beginning of the reporting period. By December more staff had been recruited and were providing a full service.

## **6.5 Exercise, regime**

- 6.5.1 It is the Board's perception that staff absence has further impacted the Covid-19 pandemic restrictions. Non-Covid-19 related average staff sickness levels were 3.75%, which is roughly in-line with pre-pandemic figures. However,

when added to Covid-19 related absence, which includes staff positive tests, self-isolation and shielding, the average staff absence during the reporting year, was almost 10%.

6.5.2 Prisoners frequently reported limited time out of cell at the weekend due to staff shortages.

6.5.3 As a result of Covid-19, use of the gym has been restricted. Outside exercise sessions have been offered from October to December and February onwards when the indoor space was not open. Staff shortages at times reduced the number of sessions available to prisoners. An in-cell fitness programme was developed for all prisoners which included advice on exercises for antenatal, postnatal prisoners and those with injuries.

6.5.4 When the new core day started in April, there were two movements in the morning and afternoon which allowed more prisoners access to the gym for shorter periods.

## **6.6 Drug and alcohol rehabilitation**

6.6.1 Within 72 hours of arrival at HMP/YOI Bronzefield all women are invited to engage with the integrated substance misuse team (ISMS). They are then allocated a recovery worker and an initial psychosocial assessment is completed within five days. Clinical reviews take place at reception, on day five and on day 28. Information is uploaded onto SystmOne so that records can be accessed by healthcare professionals if the prisoner is transferred or released.

6.6.2 In July 2021 there were eight recovery workers and one peer worker offering one-to-one support, compared to seven and three respectively in July 2020. In June 2021 the psychosocial team were managing around 45-50% of the prison population despite it being an optional service. There are two specialist substance misuse GPs covering three sessions per week, with support during the pandemic either via in-cell telephony or in person when needed.

6.6.3 Emphasis is on promoting personal accountability and encouraging self-empowerment to target addictive behaviours. SMART (self management and recovery training) recovery tools, group interventions, AA (Alcoholics Anonymous) and NA (Narcotics Anonymous), and engagement with community drug and alcohol teams after release are all encouraged. Prisoners are supported with workbooks e.g. "My Relapse Prevention Plan". During the pandemic, since it was not possible to offer the popular group therapy sessions or the peer mentoring service, there was additional focus on in-cell television with short videos on wide-ranging topics such as motivation, triggers and tips for managing anxiety. There is a comprehensive library of leaflets which is constantly being updated to educate both prisoners and staff.

6.6.4 With the easing of lockdown at the end of May, group therapy sessions restarted. In line with social distancing only four, instead of the usual eight,

prisoners could attend at one time. The team has worked hard to deliver 15 sessions per week, to accommodate the large number of prisoners who wish to attend. Engagement rates have been consistently high at 70-80% despite the challenges of the regime on the residential staff who must facilitate the movement of prisoners.

6.6.5 Release planning commences on arrival, with liaison with community substance misuse teams to provide continuity of care. During the Covid-19 pandemic, all opiate users engaging with the ISMS have been offered naloxone kits on release, to manage the increased risk of overdose within isolated environments.

## **6.7 Soft skills**

6.7.1 A wellbeing plan is now available to all residents outside of the ACCT process to keep the prisoners safe during periods of distress or crisis.

6.7.2 A new initiative has been put in place by the safer custody team. The Everyday Situations Made Easier (ESME) room is a specific room designed to provide a calming environment and create a sensory space for prisoners to relax and unwind to help redirect, focus and calm emotions.

6.7.3 Yoga and wellbeing sessions are offered via in-cell Wayout TV.

6.7.4 With a view to wellbeing, during the period when lockdown was relaxed there was a push to open the hair salon. Some prisoners reported to the Board that they were avoiding participating in video visits as they were unhappy with their appearance.

## **7. Progression and resettlement**

### **7.1 Education, library**

- 7.1.1 For most of the reporting year, during lockdown, education was delivered in the cells using excellent workbooks in English and maths produced by the education team. All prisoners engaged in education received one-to-one support, were seen on a weekly basis and had their work marked.

When classrooms were opened in June 2021, capacity was limited owing to the need for social distancing and the working day was broken into four one and a quarter hour sessions. All courses consisted of attendance at two sessions only per week (two and a half hours) compared to a minimum of 10 hours per week pre-Covid-19.

- 7.1.2 Learning difficulty and disability (LDD) specialists are employed in the department and look after up to 40 prisoners individually. There are two and a half full-time roles.
- 7.1.3 Autism accreditation from the National Autistic Society has been started and the prison is currently in the self-review phase.
- 7.1.4 In December 2020 there were 24 non-English speakers ranging from no English to level 1. The non-English speakers either study towards gateway ESOL qualifications or City and Guilds. Subjects are English, maths, and IT.
- 7.1.5 The prison states there are no waiting lists for education.
- 7.1.6 Virtual campus is now up and running. It is a programme used to help employability and the building of skills. Prisoners can write a curriculum vitae, apply for jobs and gain qualifications in unaccredited courses through the Open University. Virtual campus also provides many useful resources for teaching staff.

The Curious database is used to log attendance, prisoners starting courses and their attainment. Education data can be tracked across the prison estate enabling a smooth transition for prisoners who transfer.

- 7.1.7 The Bath Spa University pilot 'Unlocking Criminology' ran from January to May. This distance learning course consisted of two virtual lectures on Microsoft Teams and weekly teaching materials. The entry requirement was Level 2 in English. Ten prisoners enrolled and four completed the course. The course was of A Level standard.
- 7.1.8 In June 2021, 14 prisoners were distance learning: four studying with the Open University all in year one and 10 with the Prison Education Trust. There were six applications pending.

## **7.2 Vocational training, work**

- 7.2.1 The pandemic restricted employment opportunities within the prison. Jail Birds arts and craft centre, the hair and beauty salon and the call centre had to close. Work has been available throughout the year in the Vita Nova coffee shop, in the kitchens as orderlies, as packers for breakfast and movie packs, as peer workers and as unit workers. Efforts to give more time out of cell by altering the regime timetable and making the majority of jobs part-time has successfully given more prisoners time out of cell, albeit still limited to two sessions of 75 minutes each day. At the end of the reporting year there were 519 part-time jobs and activities (including education) available for those eligible and willing to work. Pay remained at the full-time rate and those unemployed earned an enhanced minimum of £10 per week.
- 7.2.2 Jail Birds and the hair and beauty salon reopened in May with limited numbers (15 and 7 respectively). The reopening of the hair salon has done much to improve the women's self-esteem. A record number of works by Jail Birds were entered into the 2020 Koestler awards. Many prizes were won including the Weavers' Company platinum award for fashion with an upcycled wedding dress created out of fabric, sequins and beads. The dress was displayed at the Southbank Centre in London and then bought by a textile museum in the Shetlands.
- 7.2.3 The call centre re-opened in July.
- 7.2.4 Vita Nova provides training for barista, customer service and Level 1 and 2 catering and hospitality qualifications.

## **7.3 Offender management, progression**

- 7.3.1 The Covid-19 pandemic has resulted in various changes in regime to protect prisoners and staff. Throughout the reporting year the prison has spent time in stage 2 (reduced), stage 3 (restricted) or stage 4 (lockdown) regimes.
- 7.3.2 Phoenix House, a 10 bedded unit which provided a semi-open environment within the prison, closed during the reporting year.
- 7.3.3 Release on temporary licence (ROTL) was suspended for most of the reporting year due to Covid-19. In July one prisoner started work in the prison's community café.
- 7.3.4 A generous partnership between a local church, Sodexo and a charity has resulted in a home being provided to two otherwise homeless prisoners on release. The first tenant is now in residence and is being fully supported with a range of resources managed through the prison chaplaincy.

## **7.4 Family contact**

- 7.4.1 Prisoners received an enhanced telephone credit of £5 and extra letters and postage during the pandemic.
- 7.4.2 Friends and family are able to use the e-mail a prisoner (EMAP) scheme and emails are usually delivered within one working day. Correspondents must register and pay in advance (40p to send and 25p if the prisoner replies).
- 7.4.3 Social face-to-face visits were suspended during stage 4 but recommenced in very limited numbers in mid-June. The take-up has been low. A special face-to-face visiting session for prisoners on the MBU was arranged for families.
- 7.4.4 Video visits, known as “Purple Visits”, can accommodate two half-hourly visits per month per prisoner. An average of 13 video visits are arranged daily. Not all prisoners take up their quota of visits and vacant visits are offered to others. The opportunities for foreign nationals to make visual contact with families abroad are particularly appreciated. Some overseas calls necessitating Skype, presented some technical difficulties. This was generally associated with international time changes and has been overcome. The system provides real advantages, augmenting face-to-face visits.

## **7.5 Resettlement planning**

- 7.5.1 The Board remains very concerned at the number of prisoners being released without safe and secure accommodation. This has increased since the reorganisation of probation services in June 2021 resulted in the withdrawal of the in-prison accommodation service previously provided by St Mungo’s.
- 7.5.2 Arrangements between the two community rehabilitation companies (CRCs), the offender management unit and St Mungo’s improved over the reporting year and, until July, all homeless prisoners were seen before release. If no accommodation could be found, they were provided with contact details of their relevant housing officer and/or probation office. The prison no longer receives any feedback on whether accommodation has been found or whether it proved satisfactory.
- 7.5.3 Since June 2021 the provision of holistic release services is provided by the probation service in place of the now defunct CRCs. These services for HMP/YOI Bronzefield are outsourced to three charities: Advance Minerva, Women in Prison and Brighton Women’s Centre, none of whom provide bespoke accommodation support. Prison data reports 77% of sentenced prisoners were released without safe and secure accommodation in July 2021.

## 8. The work of the IMB

The Board has continued to monitor the prison throughout the reporting year. Monitoring has been both remote and face to face.

There were no visits where members saw residents face to face between mid-December and mid-February, but there were three visits between those dates when a Board member went into the prison and spoke to residents via in-cell telephony.

After 12 February there was a gradual increase in face-to-face visits and by mid-May all members were going into the prison.

Remote monitoring included speaking to staff by telephone, joining prison meetings or reviews via Microsoft Teams, analysing reports and data sent by secure email and on occasion, speaking to prisoners via pre-arranged telephone calls.

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

Members of the Board participated in shifts to man the national 0800 line which enables prisoners across England and Wales to make applications to the IMB by telephone.

### 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	12
Total number of visits to the establishment	159
Total number of segregation reviews attended	190

## Applications to the IMB

<b>Code</b>	<b>Subject</b>	<b>Previous Reporting year</b>	<b>Current reporting year</b>
A	Accommodation, including laundry, clothing, ablutions	19	<b>51</b>
B	Discipline, including adjudications, IEP, sanctions	7	<b>1</b>
C	Equality	9	<b>8</b>
D	Purposeful activity, including education, work, training, library, regime, time out of cell	12	<b>19</b>
E1	Letters, visits, telephones, public protection restrictions	33	<b>37</b>
E2	Finance, including pay, private monies, spends	30	<b>2</b>
F	Food and kitchens	13	<b>12</b>
G	Health, including physical, mental, social care	99	<b>96</b>
H1	Property within this establishment	43	<b>17</b>
H2	Property during transfer or in another establishment or location	10	<b>3</b>
H3	Canteen, facility list, catalogue(s)	14	<b>17</b>
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	13	<b>17</b>
J	Staff/prisoner concerns, including bullying	84	<b>28</b>
K	Transfers	7	<b>7</b>
L	Miscellaneous, including complaints system	27	<b>47</b>
	<b>Total number of applications</b>	<b>420</b>	<b>362</b>



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