Report on an unannounced inspection of

HMP & YOI Bronzefield

by HM Chief Inspector of Prisons

4–14 August 2025

Contents

Introduction

Bronzefield in West London is a privately run prison, managed on behalf of the Ministry of Justice by Sodexo. It is the largest women's prison in England, serving as both a reception and resettlement establishment, with a high-security capability allowing it to hold a small number of restricted status women. At the time of inspection, some 507 prisoners were being held, with a significant proportion on remand or licence recall, and a high turnover reflected in an average length of stay of just 56 days. The population is diverse, with, for example, 110 foreign national women and 37% of the whole population being from black and minority ethnic backgrounds.

Overall, this was a positive inspection, with outcomes for women assessed to be reasonably good in three of our healthy prison tests: safety, respect, and preparation for release; but not sufficiently good for purposeful activity.

Progress against the recommendations made following the 2022 inspection had been mixed; only one of the six key recommendations had been fully achieved, although seven of the 10 other recommendations had. At this inspection, we identified a further 12 key concerns, six of which we considered priorities, requiring immediate action. Among these, the continued detention of mentally unwell women due to the scarcity of community services continued to be a pressing – and national – issue, although the safer custody team at Bronzefield mitigated the worst impacts by providing commendable support, particularly to those who regularly self-harmed. The prison's support for women withdrawing from substance misuse was limited and potentially risky, most notably in that some did not receive enough medication to alleviate their withdrawal symptoms on arrival.

Leaders were also unable to provide reliable data on the number of women engaged in part- or full-time purposeful activities, or on the total number of spaces in education, skills and work, which limited their ability to know if women's needs were being met.

Many women were released without sustainable housing and some, who presented a high risk of serious harm to others, had been refused places at approved probation hostels despite this being part of their risk management plan. Limitations in the use of data to support initiatives or help sustain improvements proved to be a theme of the inspection.

The leadership at Bronzefield had undergone significant change since the last inspection, although the current director, while only recently appointed, had worked at the prison before and had deep knowledge of the institution. She had quickly begun the process of driving forward important improvements and demonstrated a clear grip on priorities and issues facing the prison. Staff spoke positively about her leadership and ambition, though morale among officers remained mixed, with many describing the pressure of working with such a vulnerable client group. The director had sensibly introduced reflective practice sessions and reallocated responsibilities across senior leaders, strengthening oversight in key areas such as safety, health, and well-being.

Despite ongoing challenges, Bronzefield demonstrated a clear commitment to improvement and innovation. The dedication of staff, the introduction of new leadership, and the positive initiatives underway, provided a strong foundation for future progress. With continued focus and collaboration, the prison is well placed to further enhance many of the outcomes for the women in its care.

Charlie Taylor
HM Chief Inspector of Prisons
September 2025

What needs to improve at HMP & YOI Bronzefield

During this inspection we identified 12 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **Leaders were not using data systematically to help them achieve and sustain improved outcomes.** For example, there was no monitoring of allocation to education, skills and work, and there was no oversight of the effectiveness of the prisoner application system.

2. **Some mentally unwell women had been held at the prison due to the scarcity of services in the community, including limited places in secure mental health hospitals.**

3. **Care and treatment for women withdrawing from substance misuse was not good enough and, in some cases, potentially risky.** Some received too little medication to alleviate withdrawal symptoms, care plans were not tailored to the individual, and the time between the administration of controlled drugs was too short.

4. **Leaders' and managers' quality assurance of teaching was not thorough.** It did not evaluate outcomes and targets for improvement were too broad to be of benefit.

5. **Many women were not released to sustainable accommodation.**

6. **Women had too little time out of cell. The planned regime was often reduced with little notice.**

Key concerns

7. **Support for newly arrived women was not good enough.** Many women had little or no time to settle in before being locked up for their first night, and the induction programme was limited in content and delivery.

8. **Women experienced delays in receiving their medication.**

9. **Women who spoke little English struggled to access support.** Most written information, including that on the electronic kiosk system, was only available in English, and professional telephone interpreting services were not always used when needed.

10. **Leaders had not prioritised attendance at education, skills and work sessions.** Where women did not attend, this was mainly because of visits, doctor appointments and, more recently, the inclusion of faith activities in the core day.

11. **Despite a very high level of need, there was little support for victims of domestic abuse.**

12. **Some women who presented a high risk of serious harm to others had been refused a place at approved probation hostels on release.**

About HMP & YOI Bronzefield

Task of the prison
A reception and resettlement prison for women and also a high security prison for restricted status prisoners (those considered to require specific management arrangements).

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Women held at the time of inspection: 507
Baseline certified normal capacity: 527
In-use certified normal capacity: 527
Operational capacity: 527

Population of the prison
- An average of 234 receptions and 169 releases into the community each month.
- Three-quarters of the population were on remand or had been recalled.
- The average stay was 56 days and 38% of discharges had been in prison for 14 days or less.
- 110 foreign national women.
- 37% of women from black and minority ethnic backgrounds.

Prison status (public or private) and key providers
Private – Sodexo

Physical health provider: Central and North West London NHS Foundation Trust (from April 2023)
Mental health provider: Central and North West London NHS Foundation Trust
Substance misuse treatment provider: Forward Trust
Dental health provider: Time for Teeth
Prison education framework provider: Sodexo
Escort contractor: GEOAmey and Serco

Prison group/Department
Women's estate

Prison Group Director
Carlene Dixon

Brief history
HMP & YOI Bronzefield was the first purpose-built, privately operated prison for women. It opened in June 2004 and has been managed by Sodexo since then. It takes prisoners from over 100 courts across a wide geographical area.

Short description of residential units
House block 1 – substance misuse recovery unit.
House block 2 – early days in custody unit, including an incentivised substance free living wing (ISFL).

House block 3 – sentenced prisoner unit, including one wing specifically for young adults.
House block 4 – life-sentenced and enhanced prisoner unit.

There is also a 12-bed mother and baby unit (MBU), an 18-bed health care inpatient facility and a 12-bed separation and care (segregation) unit.

Name of director and date in post
Charlotte Wilson, January 2025

Changes of director since the last inspection
Ian Whiteside, June 2016 – September 2022
Jonathan French, September 2022 – January 2025

Independent Monitoring Board chair
Ben Moseley

Date of last inspection
31 January – 4 February 2022

Section 1 Summary of key findings

Outcomes for women in prison

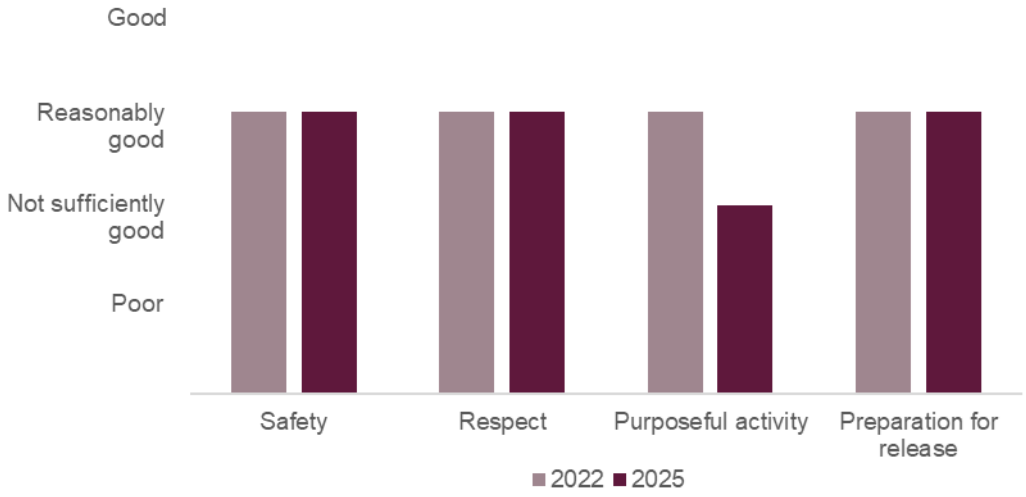
1.1 We assess outcomes for women in prison against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of HMP & YOI Bronzefield, we found that outcomes for women were:

- reasonably good for safety
- reasonably good for respect
- not sufficiently good for purposeful activity
- reasonably good for preparation for release.

1.3 We last inspected HMP & YOI Bronzefield in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP & YOI Bronzefield healthy prison outcomes 2022 and 2025



Progress on key concerns and recommendations from the last inspection

1.4 At our last full inspection in 2022 we made 16 recommendations, six of which were about areas of key concern. The prison fully accepted 13 of the recommendations and partially (or subject to resources) accepted three.

1.5 At this inspection we found that one of our recommendations about areas of key concern had been achieved, two had been partially achieved and three had not been achieved. In safety, all three concerns had been achieved or partially achieved, yet in preparation for release none of the recommendations had been achieved in full. For

a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

> Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

Inspectors found two examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice		
a)	The AIM (alert, intervene and monitor) application analysed information from several IT systems and used a traffic-light alert system to highlight potential concerns, such as when a woman was no longer making phone calls, having visits or attending education, training or work. This information was reviewed each day and at the safety intervention meeting so that staff could intervene and safeguard the prisoner.	See paragraph 3.17
b)	On release, women were given an email address to maintain contact with the prison team as well as a personalised 'employment pack', which included their CV, a disclosure letter, and useful leaflets and contacts for pursing employment opportunities.	See paragraph 6.14

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for women in prison. (For definition of leaders, see Glossary.)

2.1 Good leadership helps to drive improvement and should result in better outcomes for women in prison. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 There had been major changes in leadership since the last inspection, but the current director, who had taken up post just a couple of months before this visit, had got to grips quickly with driving forward important improvements. Staff we spoke to were extremely positive about her leadership and welcomed her drive and ambition.

2.3 One of the director's priorities was to realign the range of services more closely to the new population, as this had changed significantly in recent years, with a vastly increased proportion of women on remand or recall. She recognised the need to make sure that delivery met the needs of this population, for example, in early days work and resettlement. She also had a good focus on staff well-being and was about to introduce reflective practice sessions for all officers, alongside other supportive measures. This priority was key, as our staff survey results showed low morale among officers and some we spoke to described feeling exhausted in their work.

2.4 The director had made important changes to her management teams, including a reallocation of responsibilities across senior leaders and the introduction of dedicated departmental heads for early days work and the management of complex cases. The head of safety, health and well-being was impressive and had a good focus on continuous improvement.

2.5 Leadership of the offender management unit and the pre-release team had been strengthened, and managers provided effective oversight. However, the use of data and evidencing changes made was not robust. For example, the prisoner application system and allocation to education, skills and work were not monitored.

2.6 Leaders had vastly improved their links with the HMPPS women's group and were now able to benefit from additional help and advice. However, the 'HOPE' programme (group work aimed at helping women cope in prison) was only delivered to a few women, and Bronzefield had not yet been able to access the Women's Estate Psychology Services (WEPS) staff training programme, 'Behind the Behaviour'.

2.7 Prison leaders had not done enough to manage officer absences so that shortages did not mean prisoners remained locked in cell during the core working day. They also needed to make sure that officers were accurate in their accounting for the whereabouts of prisoners, as this was also leading to delays in unlocking women for their activity sessions.

2.8 Leaders were showing a good understanding of the different needs within the prisoner population and were taking steps to improve provision for some more vulnerable groups. For example, they had developed a range of support for young adults and their plan to set up a unit for neurodiverse prisoners looked like a promising way of providing additional support. However, plans to bridge the gap in help for those who had been victims of domestic violence were not yet clear.

Section 3 Safety

Women, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Women are safe at all times throughout their transfer and early days in prison. They are treated with respect and well cared for. Individual risks and needs are identified and addressed, including care of any dependants. Women are given additional support on their first night and induction is comprehensive.

3.1 The number of prisoners being received had increased by more than a third since the last inspection, with over 5,000 going through reception in the last year. Many women had long journeys and arrived at the prison very late. This, in addition to long waits in the reception area, often meant they had little or no time to settle in before they were locked up for their first night.

3.2 The reception area was a pleasant environment and included a very good facility for pregnant women or those arriving with their baby. However, in our survey far fewer women felt treated well in reception compared with those in similar prisons. Interviews were held in private, but they did not always make time to explore worries or concerns in any depth. Most women were locked into holding rooms while waiting to be processed and interviewed, which we rarely see in other women's prisons. Peer worker support was limited and intermittent.

3.3 Only 54% of women surveyed said they felt safe on their first night, against the comparator of 68%. Accommodation for new arrivals was generally clean and well equipped, and staff conducted regular welfare checks during the first night. However, not all women were given the chance to make a free phone call and many experienced long delays in having their phone numbers approved for use on their in-cell telephone.

Reception holding room (left), and artwork in reception corridor

Reception corridor (left), and mother and pregnancy room

3.4 Peer workers delivered an individual induction session to new arrivals, but such sessions lacked oversight from officers. Other departments, including resettlement and the chaplaincy, were meant to deliver their own induction sessions, but again delivery was unreliable, with sessions often missed.

Expected outcomes: Safe and healthy working relationships within the prison community foster positive behaviour and women are free from violence, bullying and victimisation. Women are safeguarded, are treated with care and respect and are encouraged to develop skills and strengths which aim to enhance their self-belief and well-being.

Safe and healthy relationships

3.5 Many staff we spoke to had a good knowledge of those in their care. However, staff-prisoner relationships were of a very variable quality; we observed some helpful and caring interactions, but also saw too many that were dismissive of the woman and her request.

3.6 Although most women were allocated a key worker (see Glossary), infrequent contact meant they did not feel the full benefit of this support. In our survey, only 50% said they found their key worker helpful, against the comparator of 71%, and only 35%, against 47%, said a member of staff had talked to them about how they were getting on in the last week. Restricted status women (see Glossary) we spoke to were more positive about their key worker and the sessions they had received, and we could see evidence of this in records.

3.7 Our staff survey showed that most officers described their morale as low and few felt that their well-being was promoted. Some officers described being exhausted by the pressure of working with women with very complex needs, and few had access to individual supervision and support to help them maintain and develop their own well-being and resilience.

Reducing self-harm and preventing suicide

3.8 There had been one self-inflicted death since the last inspection, which had taken place the week before this inspection started. A second death that same week was awaiting classification. Prisoners we spoke to said that both deaths had heavily traumatised them, leaving them feeling unsafe. This was reflected in our survey, in which far more women than in similar prisons and at our last inspection, 32% compared with 19% and 16% respectively, said they currently felt unsafe. Women also attributed these feelings to an unpredictable regime and extended periods locked in their cells, particularly around the time of the deaths (see paragraph 5.3).

3.9 The number of individuals who self-harmed and the total rate of incidents had decreased since the last inspection, and the overall rate remained lower than in many other women's prisons. Some women self-harmed regularly, with 10 contributing over one-third of all incidents and one woman accounting for 22%.

3.10 The range of support to help women cope included a pleasant calm room, pet therapy dogs, access to open spaces, purposeful activities, and specialist staff, including psychologists from the 'EOS' programme (aimed at encouraging participants to engage with the wider support networks, helping to facilitate trusting relationships) and mental health.

3.11 The safer custody team provided commendable support, particularly to those with complex and challenging needs who regularly self-harmed. Feedback from women we spoke to varied from praise for the support received to those who expressed dissatisfaction.

3.12 Restrictive measures, such as anti-rip clothing (making it harder to use for ligatures) and constant supervision, were used appropriately, as a last resort and only for a short time.

3.13 Assessment, care in custody and teamwork (ACCT) case management documentation for those at risk of self-harm and suicide was inconsistent, which frustrated some women and discouraged their openness with different case managers. While care plans were generally adequate, they did not always reflect the range of support available.

3.14 Leaders had robust oversight to make sure ACCT checks were completed as required by reviewing CCTV footage and taking decisive action when discrepancies in these checks arose.

3.15 The prison had too few Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), so the service was not available after 8pm. However, in-cell phones facilitated access to the Samaritans, with nearly 5,000 calls made in the last year.

3.16 Monthly safety meetings reviewed a wide range of data, but attendance was often poor, and there was no record of the issues discussed or the

actions agreed. In contrast, the weekly safety intervention meeting (SIM) was well attended by knowledgeable staff.

3.17 The AIM (alert, intervene and monitor) application for at-risk prisoners was innovative. It was connected to several IT systems and generated an analysis of information about individual women, such as the last time they had placed a shop order, used their in-cell phone, attended purposeful activity or had a social visit. Changes in the prisoner's routine were flagged to signal potential increases in isolation or self-harm. This information was reviewed each day and at the SIM to identify concerns so that staff could take appropriate action to safeguard the prisoner.

3.18 Progress against recommendations made by coroners and the Prisons and Probation Ombudsman (PPO) were tracked well, but staff were inconsistent when asked whether they would enter a cell in an emergency to preserve life, indicating a lack of clarity or confidence.

3.19 Most staff we spoke to understood the principles of adult safeguarding and knew how to report concerns. There was a safeguarding strategy, and leaders had maintained links with the local safeguarding adults board.

Promoting positive behaviour

Expected outcomes: Women live in a safe, well-ordered and supportive community where their positive behaviour is promoted and rewarded. Antisocial behaviour is dealt with fairly.

Supporting women's positive behaviour

3.20 The rate of violence between prisoners had increased by 14% in the last year but remained low compared with other prisons. A small number of women were responsible for a significant proportion of the incidents, but most were not classified as serious.

3.21 The range of support to manage perpetrators had developed well. This included peer workers, a violence reduction officer and a range of in-cell workbooks. A small group of staff and prisoners had also recently been trained in restorative justice. However, delivery of support was undermined by staff redeployment and too few peer workers.

3.22 The use of challenge, support and intervention plans (CSIPs, see Glossary) was embedded well but some lacked detail and failed to make use of the range of interventions available, and a backlog of investigations was waiting to be completed. Case managers demonstrated good awareness of issues facing women, particularly those with the most complex needs.

3.23 All violent incidents were discussed at the SIM and lessons learnt reviews completed but many of these were of a poor quality. Safer

prison meetings (see paragraph 3.16) reviewed a range of data and regular analyses helped leaders to understand the causes of violence.

3.24 In our survey, only 30% of prisoners said there were opportunities and rewards to motivate them to behave well. The incentives policy had been reviewed recently to include a focus on additional rewards, including access to the staff café, 'Vita Nova', and time in the beauty salon, which were appreciated by women we spoke to. House block 4 also provided a more relaxed regime for some enhanced women which served as a real incentive to others. In our survey, 84% of women who were aware of the rewards and opportunities said they motivated them to behave well.

House block 4

Adjudications

3.25 There had been an 11% reduction in the number of adjudications in the past year. The number of hearings not proceeded with was high, although the reasons were generally appropriate and the majority related to women assessed as unfit to attend due to mental health issues.

3.26 Hearings were managed well, supported by good-quality investigations. However, too many had been waiting to be dealt with for too long; referrals to the police took a long time to be resolved and charges for prisoners transferring in from other establishments were not always dealt with.

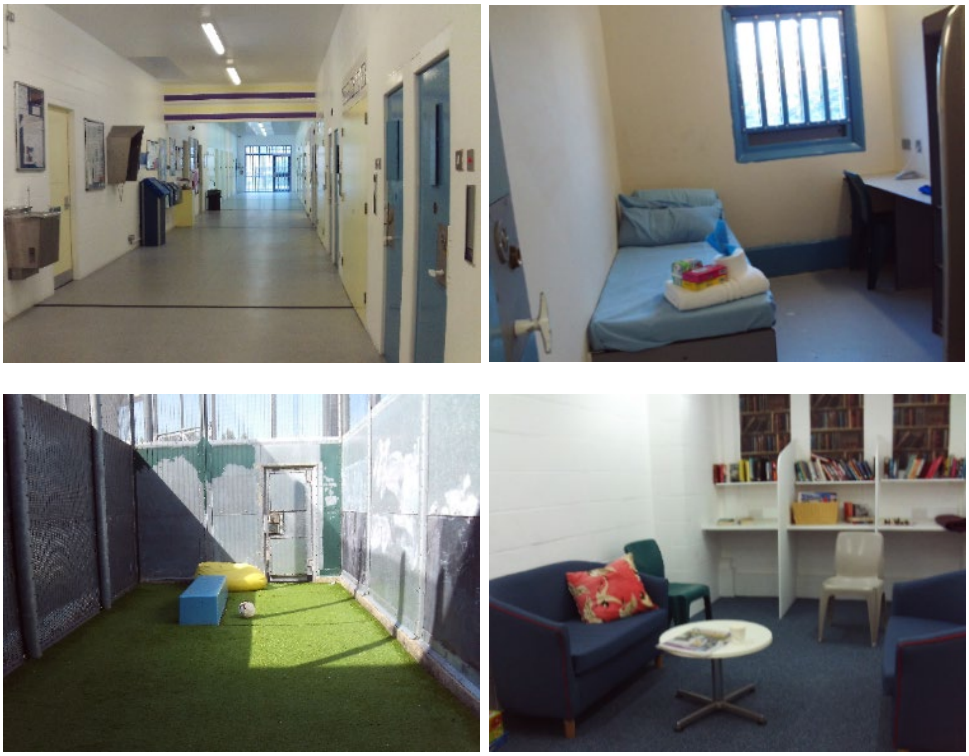
3.27 Awards were proportionate and frequently offered rehabilitative opportunities through cautions and suspended punishments, although community payback was not yet used.

3.28 There was formal quality assurance to drive improvements.

Segregation

3.29 Except for some very complex cases, most recent stays in the segregation unit had been short, promoted by good use of comprehensive care and management plans.

3.30 The unit was bright and clean, and cells were reasonable, although women no longer had a television. Exercise yards were austere, and the day room was underused and unwelcoming.



Segregation unit (top, left), Segregation cell (top, right), Segregation exercise yard (bottom, left), and the Segregation day room (bottom, right)

3.31 The daily regime for those under cellular confinement was limited to a shower, use of the kiosks and one hour's exercise. There was not enough rehabilitative intervention or targeted support to address the reasons for their segregation. The use of reintegration plans to help women return to normal location had improved, and it was positive that those held under good order or discipline (GOOD) could leave the unit for risk-assessed activities to support their gradual reintegration.

3.32 Unit staff provided good day-to-day care to some very challenging individuals, and prisoners we spoke to were very positive about the care and support they received. Staff had access to monthly reflective practice sessions, which helped support their resilience and promoted their well-being given the potential impact of their work on them.

Use of force

3.33 The use of force had reduced slightly over the last year and remained lower than in many similar prisons. Ten prisoners accounted for over 40% of all incidents.

3.34 Leaders had invested in staff training and had improved oversight by appointing a full-time coordinator who triaged all incidents to identify actions needed. Staff use of body-worn video cameras had improved significantly, although some were not activated early enough to capture the efforts to de-escalate the situation.

3.35 Data showed that control and restraint techniques were used in over half of all incidents, with a quarter resulting in full relocation, and frequent use of rigid bar handcuffs. However, leaders had not scrutinised this data adequately to identify any areas for improvement.

3.36 A weekly scrutiny meeting had been introduced but it was poorly attended and did not review enough footage to provide assurance that all incidents were necessary and proportionate. A small proportion of use of force incidents were in response to self-harm, but we were not assured it was always used as a last resort to preserve life. Footage we reviewed showed examples of compassionate and patient staff responses, but also revealed some elements of poor incident management and techniques.

Security

Expected outcomes: Security measures are proportionate to risk and are underpinned by positive relationships between staff and women. Effective measures are in place to reduce drug supply and demand.

3.37 The random mandatory drug testing (MDT) positive rate (see Glossary) was lower than the average for women's reception prisons at 8.55% in the six months to March 2025. However, in our survey, 40% of women said it was easy to obtain illicit drugs and 41% said it was easy to obtain medication not prescribed to them. HMPPS still did not have the power to use a body scanner on women prisoners to detect secreted items on new arrivals, and suspicion drug testing and searches were often delayed because of the redeployment of staff to other duties. Staff were not routinely searched as they entered the prison.

3.38 Escorting of pregnant women had improved and our review of recent records did not show evidence that they had been handcuffed while escorted outside the prison. Oversight of this had been enhanced by the introduction of an individualised risk assessment for pregnant women, and record-keeping of decisions made was good.

3.39 Restricted status women (those considered to require specific management arrangements due to their risk of harm to others) were managed reasonably well within the requirements set out in the national policy. All were in purposeful activity, including many in peer

worker roles, and had integration opportunities if they wanted to take them. However, new arrivals waited too long for their visitors to be assessed and approved. Three women had been removed from restricted status in the last year based on evidence of completion of risk reduction work, which was positive.

3.40 There was good multidisciplinary management of women convicted under the Terrorism Act 2000 (TACT) or for terrorism-related offences, which involved staff from the security, regional counter-terrorism, offender management and psychology teams. There were regular, well-attended Counter Terrorism meetings to discuss TACT prisoners and establish the action to be taken to manage their potential extremist risks.

Section 4 Respect

Women's relationships with children, family and support networks are central to their care in custody. A positive community ethos is evident, and all needs are met.

Relationships with children, families and other people significant to women

Expected outcomes: Women are able to develop and maintain relationships with people significant to them, including children and other family members. The prison has a well-developed strategy to promote relationships and make sure women can fulfil any caring responsibilities.

4.1 There was a dedicated multidisciplinary team, including an onsite social worker, a family engagement manager, a pregnancy, mother and baby liaison officer (PMBLO) and a family resettlement worker to help women stay in touch with their children, deal with separation or stay healthy during pregnancy.

4.2 Interventions to support relationships were limited at the time of this inspection but several new initiatives were being developed. These included the involvement of family members in ACCT reviews, the facilitation of restorative family work and engagement with parents' evenings via video link. There was also a useful support group for mums.

4.3 Social visits were available seven days a week, with unlimited access for remanded prisoners, and the visits hall was welcoming and well equipped with a children's play area and a cafe. A garden area was also available, although prisoners said it was not always open.

Children's play area – visits (left), and Outside area – visits (right)

4.4 There was a programme of family days, with a private room available so that families could cook and spend time together, but this had not been used in the last year. Cells were equipped with a telephone and women had access to 'email a prisoner' (allows families and friends of

prisoners to send emails into the prison) and video calls/visits. Prisoners who did not receive visits were offered additional phone credit, and an official visitors' scheme was being reestablished.

4.5 The MBU was clean, well decorated and provided a homely environment. Families were able to visit the unit for 'stay and play' sessions and nursery staff provided regular opportunities to socialise babies in the community.

MBU wall painting (left), and MBU play room (right)

Living in the prison community

Expected outcomes: Women live in a prison which promotes a community ethos. They can access all the necessary support to address day-to-day needs and understand their legal rights. Consultation with women is paramount to the prison community and a good range of peer support is used effectively.

Consultation and support within the prison community

4.6 Consultation with women was good. A small prison council, supported and overseen by a charitable organisation, met weekly and was attended by the director or deputy director. Proposals and issues raised were taken to the quarterly whole-prison council meeting and minutes showed that action had led to meaningful outcomes, including changes to the meal menu and improving the process for receiving parcels of personal property sent in by family or friends.

4.7 An impressive range of peer working helped women support each other but these roles were difficult to sustain as, once sentenced, many women needed to move on to other prisons.

Applications and complaints

4.8 Women could make applications for services easily though electronic kiosks and those we spoke to reported reasonable response times. However, there was no oversight or scrutiny of replies, which meant leaders could not be certain about timeliness or quality. They had also not identified issues which restricted women from contacting some

departments, and there were limits on the number of messages women could send to any one department at a time.

4.9 Most complaints were about personal property, residential issues or staff. There had been some analysis of data linked to protected characteristics, but nothing had been done to understand or proactively address issues.

4.10 There was a good system for logging complaints and forms were readily available on all house blocks, but many took too long to resolve. The director quality-assured 10% of complaints each month to identify areas for development and provided some constructive feedback. The responses we reviewed were polite and reasonable, but many lacked detail to explain decision-making or outcomes.

Legal rights

4.11 Legal visits were available daily, either in person or via video. The prison operated an impressive suite of 15 video-link facilities, which enabled women to attend virtual hearings without the need to be transported to court. The library stocked an adequate selection of legal texts. However, justifications for staff opening legal mail without the woman being present were not recorded well enough.

Living conditions

Women live in a clean, decent and comfortable environment. They are provided with all the essential basic items.

4.12 Outside areas were maintained well and were very pleasant. House blocks were clean and in reasonably good order. House block 4 was by far the best as it was bright, very clean and had in-cell showers. Some cells were showing signs of wear and tear, but most women made an effort to keep them clean.


External grounds

4.13 Showers on all house blocks were about to be refurbished. Most cells were single occupancy and were reasonably equipped, but very few women had a kettle due to an electrical problem; this had been resolved and all women were about to be given one.

4.14 According to our survey results, access to cleaning materials had improved but access to clean bedding remained worse than at similar prisons. Women we spoke to said that staff did not always issue clean bedding on the day it was meant to be given.

4.15 Each house block had its own laundry room, but not all peer laundry workers allowed women to wash their underwear in a washing machine. Prison-issue clothing was not designed for women, although most women wore their own clothes.

4.16 Calls from women using their cell bell were answered from a central point in the staff office and, during our inspection, they were answered promptly. In our survey, 57% of women also said they were answered within five minutes, against the comparator of only 35%.

4.17 The food menu had a range of nutritional and dietary options. There was hardly any self-catering equipment, but women appreciated the opportunity to dine at 'Vita Nova' restaurant as a reward for their good behaviour (see paragraph 3.24).

4.18 Women told us the cost of items from the prison shop was high and they often had to choose between making telephone calls to their family or buying items from the shop. There was a range of catalogues to make orders, but fresh produce was still not available and women could still not buy tinned items.

Health and social care

Expected outcomes: Women are cared for by services that assess and meet their health, social care and substance misuse needs and promote continuity of health and social care on release. The standard of health service provided is equivalent to that which women could expect to receive elsewhere in the community.

4.19 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found a breach of regulations and took enforcement action in the form a Warning Notice, served to the provider (Forward Trust) on 5 September 2025 under Section 29A of the Health & Social Care Act 2008.

Strategy, clinical governance and partnerships

4.20 Central and North West London (CNWL) NHS Foundation Trust had been the main health provider since April 2023. It subcontracted substance misuse services to Forward Trust, GP provision to Dr PA, and Time for Teeth provided dental care.

4.21 Partnership working with the prison and key stakeholders was mostly effective, although the unreliable delivery of the day-to-day prison regime affected patients' attendance at clinics as they were left locked

in cell. Many women found this frustrating, and it also extended waiting lists and wasted clinical resource.

4.22 NHS England (NHSE) monitored the contract through various mechanisms, including data metrics, and patient, provider and partnership feedback. Some concerns had been addressed but some were ongoing, which we observed, including delays in administration of medicines. Regular local delivery and quality boards provided oversight and assurance, underpinned by an effective clinical governance structure.

4.23 Because of the increased turnover of women, alongside more complex patient needs, NHSE had undertaken a health needs assessment and service review, which had led to a request for additional resources.

4.24 There had been a lack of continuity in health care leadership over the last few years, which had contributed to an unsettling time for staff. However, the interim head had provided stability while the permanent post was advertised.

4.25 Staffing levels had generally improved since the last inspection and gaps were mostly covered by regular agency and bank nurses, but the primary care team was stretched.

4.26 We observed professional and caring interactions between health care staff and patients, but during medication administration we heard a few abrupt and curt responses by staff.

4.27 Staff had access to clinical and managerial supervision and there was good compliance with mandatory training. The advanced clinical practitioner ran bespoke training sessions on pertinent clinical issues, which were valued by staff.

4.28 There had been an underreporting of adverse clinical incidents, which the service had identified and was addressing. The incidents we reviewed had been investigated thoroughly and lessons learned were shared with staff. There was good oversight of serious incidents and health recommendations from the Prisons and Probation Ombudsman (PPO) death in custody reports (see paragraph 3.18).

4.29 Complex case reviews and multidisciplinary team meetings took place and were well managed. Daily staff handover meetings were attended by representatives from all health care teams and provided a useful forum for sharing information and updates.

4.30 Clinical rooms in the health centre were clean and tidy and complied with infection prevention and control standards, although some on the wings did not. Limited space in the health care department meant that some clinics could not be facilitated. However, there were plans to extend this space.

4.31 Patients could now access a confidential health complaints system. Responses we reviewed were prompt, polite, addressed the concerns

raised and informed patients how to escalate their complaint if they were unhappy with the outcome.

4.32 Emergency resuscitation equipment was located around the prison and was checked regularly to make sure it remained in good order. Health care practitioners were trained to provide immediate life support.

Promoting health and well-being

4.33 CNWL followed a calendar of events based on NHS health campaigns. An established annual well-being week attended by external specialists was a positive initiative. It supported women to improve their health and had resulted in identification of several health conditions which were subsequently treated. However, there were no health peer champions.

4.34 Health promotion information could be translated but was currently only displayed in English. When needed, professional interpreting services were used for health consultations.

4.35 Blood-borne virus testing was offered and specialists provided support for patients testing positive for hepatitis C. NHS age-related health checks and preventive screening programmes, including breast cancer, were offered. Immunisations and vaccinations were available and there were good links to get help and advice on communicable disease outbreaks.

4.36 There was a wealth of activity in the prison to promote well-being, and the gym ran activities such as yoga and relaxation. A dietician provided regular clinics to promote good nutrition and weight management and liaised with kitchen staff. Smoking cessation support was available.

Sexual and reproductive health (including mother and baby units)

4.37 On arrival women were offered screening for sexual health and reproductive needs, including emergency contraception. Pregnancy testing was offered, which was followed up after 28 days if declined.

4.38 Following a positive pregnancy test, appropriate referrals were made and the specialist midwife and the pregnancy, mother and baby liaison officer (PMBLO) made contact within 72 hours. They were supported to explore options and make informed choices about what they wanted to do. This included information about the MBU, antenatal care and termination. Pregnant women had access to a 24-hour midwifery advice phone line.

4.39 A multiagency partnership worked well to deliver good antenatal and postnatal care. This included the PMBLO, a dedicated midwifery team, an obstetrician, the perinatal mental health service, the primary care team and health visitors. A range of meetings provided oversight and a coordinated approach to the care of all women in custody with pregnancy-related issues.

4.40 Women who experienced loss through termination, miscarriage or separation received appropriate multiagency support, including practical, physical and emotional care.

4.41 A sexual health consultant and specialist advisor provided regular clinics covering contraception and sexually transmitted infection screenings, examinations and treatment. Condoms and dental dams could be requested confidentially.

4.42 There were lengthy waits for cervical smear tests as not enough staff were yet trained in this procedure, but this was in hand. Women received support for the menopause through the primary care team.

4.43 During the inspection, five mothers and their children were in the MBU. Prison staff received additional training to work on the unit. The MBU offered an environment in which women were supported in their parenting skills by nursery nurses to enhance their baby's care and development, and appropriate family involvement was encouraged. All babies were registered with a local GP practice and had access to national universal developmental screening and infant immunisations.

Primary care and enhanced units (inpatients and well-being units)

4.44 There was a range of primary care and gender-specific services, including allied health professionals and other specialists who visited the prison. Waiting times were not excessive but the unreliable delivery of the prison regime affected the efficient provision of these services and meant patients missed too many appointments.

4.45 All new arrivals received an initial health screening by a registered nurse to identify their immediate risks, and appropriate referrals were made. A secondary health screen usually occurred within a few days. Only one nurse was allocated to reception during the day and only one primary care nurse overnight, which was insufficient and risky. There was GP cover for evening reception screening, but the start and finish times were inconsistent, which needed to be reviewed. There was access to remote prescribers out of hours.

4.46 GP sessions were provided six days a week; waits for routine appointments were between two and three weeks and urgent appointments were facilitated. An advanced clinical practitioner also provided regular clinics and there was access to non-medical prescribers. Women could choose to see a female GP or have a chaperone.

4.47 The management of long-term conditions had improved. Clinical records showed appropriate interventions and a good standard of care. Work was in progress to make sure that care plans were in place and most had one. Nurses liaised with the GP and external specialist services for a coordinated approach when indicated. Patients with palliative care needs were managed well.

4.48 The designated health care unit had 12 residents at the time of our inspection. Admission and discharges were generally for medical reasons. A small number of inpatients were frail or had physical health issues, but most women had significant mental health needs. The environment needed refreshing to improve the look and therapeutic feel.

4.49 The health care unit offered positive support, and a stable, well-motivated group of prison staff knew the residents well. An activities worker facilitated a range of positive initiatives and health professionals from medical, nursing and occupational therapy backgrounds complemented this through their regular contact with patients. Women were encouraged whenever possible to make use of off-ward facilities, and most were purposefully occupied when we visited the unit.

4.50 Administrative and clinical oversight of external hospital appointments had improved and effective monitoring processes were now in place. There were few cancellations by the prison and when this occurred, there was clinical triage of patients to prioritise their care.

4.51 Women being released were provided with seven days' supply of medicines, a summary of care and supported to register with a community GP.

Mental health

4.52 The majority of women in our survey (81%) said they had a mental health problem, so demand for help was high. Mental health services were well led and delivered a coordinated range of provision through both individual and group work. Women arriving at the prison were screened and referred promptly for a more detailed assessment if required.

4.53 As at our last inspection, too many women were sent to Bronzefield, who should have been admitted to hospital. Though the prison and health care team strove to support them, particularly in the inpatient unit, they were not accessing the care and treatment they so desperately required. Those identified and accepted as needing care and treatment in hospital under the Mental Health Act still spent too long waiting for transfer, which was significantly detrimental to their health. Of the 25 identified in the year to date as needing transfer, only four were moved within the expected timescale, with five waiting over 100 days, which was unacceptable.

4.54 Referrals were triaged effectively and a seven-days-a-week duty worker system made sure that any urgent need was responded to. A standardised assessment was completed if indicated and referrals were reviewed daily, with a weekly multidisciplinary team meeting determining ongoing input based on risk.

4.55 A rich level of support available included nurses, occupational therapists, psychologists, a drama therapist and counsellors, underpinned by an experienced psychiatry team. Support included self-

help, talking therapies, specialist trauma work and complex care for women with severe and enduring mental illness.

4.56 In addition, specialist teams provided intensive perinatal support and dedicated input for young people (particularly on house block 3). There were also rapidly developing services for women with neurodiverse presentations designed to improve coping skills and facilitate the initiation of treatment and identification of need to make sure of future access to community support.

4.57 Records reviewed indicate qualitative and regular contact with patients, including support for individuals subject to ACCT.

4.58 Detailed briefings were provided by the court and police liaison services to apprise the team about women with any significant need or risk prior to their arrival in prison. The mental health team liaised with community teams to enable more effective support on release.

Social care

4.59 There was a memorandum of understanding with Surrey County Council outlining social care provision, and the council had good systems to assist women requiring support. Only one woman at the time of the inspection had an agreed support package. Care workers were directly employed to deliver such arrangements, supervised by the specialist prison social work team and occupational therapists, whose regular presence on site enabled reasonable adjustments to be arranged promptly.

4.60 Though the prison and the health care team met with Surrey CC regularly they did not promote social care availability well enough throughout the prison. There was also limited internal oversight of referrals or of any emerging potential need. We saw examples of concerns identified, such as on initial health screening, that were not fully explored or flagged to the local authority.

4.61 Because of the high throughput and sometimes short stays of many women, liaising with agencies across the South of England could be extremely challenging and comprehensive arrangements to support women could not always be put in place. However, the team endeavoured to make sure ongoing support would be available if required.

Substance misuse and dependency

4.62 All new arrivals were offered support, and a range of psychosocial and clinical substance misuse treatments were available. These services were well integrated with each other, the prison and all other health services. Psychosocial services included some additional roles to support women, including a continuity of care worker and counsellors.

4.63 However, women told us they did not receive enough medicine to alleviate withdrawal symptoms and prescribing practices did not

consider individual needs, with the same dose prescribed to all women regardless of their need. This meant some women suffered unnecessary pain. Some prescribing practices were unsafe, as multiple doses of high-risk medicines were administered too close together.

4.64 Women's recovery plans were not always personalised or quality assured. We saw many examples of identical or inappropriate plans. Women also told us they were not always involved in decisions about their care.

4.65 Women had access to groups facilitated by the psychosocial team, with credible plans to increase these. Community-based support groups, such as Alcoholics Anonymous and Narcotics Anonymous, also came into the prison regularly to support women.

4.66 The service was doing all it could do to make sure of continuity of care when women returned to the community. Referrals were made to community services and prescriptions were put in place ahead of the release date. In addition, key harm reduction information and provision of training and supply of naloxone (to prevent overdose) were provided to women to help keep them safe.

4.67 The prison had a recovery-focused drug strategy. The service made sure that all new prison officers received substance misuse training. The officers we spoke to told us they found the training beneficial.

Medicines and pharmacy services

4.68 We found a well-run pharmacy with only one pharmacy technician vacancy, which was an improvement since the last inspection.

4.69 The pharmacist, a non-medical prescriber, regularly attended meetings such as medicines optimisation, complex care clinic and safer prescribing. The prescribing of abusable medicines was monitored and regular audits were completed. Structured medicines review clinics were due to start in September 2025. A pharmacist clinically reviewed all prescriptions, and the formulary was reviewed and updated when needed.

4.70 The use of named-patients medicines was being reintroduced in a phased manner and due to be completed. This was a safer option and was an improvement since the last inspection.

4.71 Medicines were administered on the wings three times a day. There was confidentiality at the hatches and the door could be closed to allow privacy when patients administered injectable medicines such as insulin. Supervision by officers was mostly good and prisoner ID was required before supply. However, we observed some inefficiencies and delays with medicine administration due to the prison regime and other factors. Women told us that they sometimes had to choose between going to work and receiving their medication due to delays in being unlocked. If patients were on opiate substitution treatment (OST) and other medicines, they had to queue twice for their respective

medicines. We observed interruptions during administration to allow Forward Trust to administer OST and delays due to inaccurate roll counts.

4.72 Staff recorded missed doses on SystmOne, the clinical IT system, and the pharmacist followed up if higher-risk medicines or three doses were missed.

4.73 In-possession medicines risk assessments were undertaken appropriately and had increased to be available to around 45% of patients. Cells did not have locked storage facilities and health, and prison staff carried out regular cell checks.

4.74 A pregnancy regime had been introduced to make sure all doctors prescribed necessary medicines to pregnant women. The pharmacy had stock of some hormone replacement therapy medicines. The pharmacist was reviewing how medicines supplied from the prison shop, such as ibuprofen (a risk in pregnancy), were recorded. This needed to be reviewed with the prison.

4.75 The out-of-hours cabinet was well stocked and included emergency contraception. Stock levels were checked regularly. Room and refrigerator temperatures were monitored daily and were within the appropriate range for storing medicines safely. The controlled drugs cabinet in house block 3 had been replaced recently but was secured to the wall using screws rather than rag bolts.

Dental and oral health

4.76 Dental services provided good-quality care. Staff were competent, skilled and experienced. Women told us they were happy with the service and the care they received.

4.77 A full range of NHS-equivalent dental services was available. Clinical records we looked at demonstrated that a comprehensive oral health assessment took place for all patients. Treatment plans were of a high standard. Patients with urgent needs, such as those in pain, were able to access emergency appointments within 24 hours. Where additional treatments were required, community-based clinicians attended the prison to facilitate them, which was good.

4.78 The dental suite was clean, and there were systems to ensure the safe decontamination of equipment. Cleaning was done before and after each patient and there was regular deep cleaning. All equipment was safe to use and well maintained.

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating discrimination and fostering good relationships. The distinct needs of prisoners with protected characteristics, or those who may be at risk of discrimination or unequal treatment, are addressed. Women are able to practise their religion and the chaplaincy plays a full part in prison life, contributing to women's overall care, support and rehabilitation.

4.79 Despite a very small team, efforts to promote fair treatment and inclusion were reasonably good. Priority had been given to this work very recently by making senior managers responsible for advocating for a particular protected characteristic group, and we were told they would be attending consultation meetings to drive improvement. Peer workers provided good support. Actions from weekly peer-led focus groups were taken to the monthly diversity and inclusion meeting.

4.80 Most women we spoke to said they received good support, and we did not find any significant areas of unmet need among women from a minority ethnic background. However, prison data had shown some disproportionality of treatment by age and ethnicity in the use of force and prisoner complaints. Although leaders told us there had been discussions to understand the data, we could see no evidence of action taken to follow up findings.

4.81 Around 22% of the population were foreign nationals. A coordinator met all new foreign national women and they received additional telephone credit and airmail letters to maintain family contact. There were weekly Home Office immigration surgeries, and staff from Hibiscus, a social justice charity, continued to visit the prison once a week and provided help with practical issues. However, support for women who did not speak English was not good enough, which left some feeling isolated and confused. Professional interpreting services were not always used when needed, and much of the information and instructions on the electronic kiosks used to make applications and seek support (see paragraph 4.8) was in English only. Translated materials were not always given to new prisoners on arrival.

4.82 Support for young adults was very good, particularly for those living on the dedicated landing, who reported feeling valued and part of a community. A youth worker from Kinetic Youth (a charity for young people in custody) had recently been appointed and would provide further support.

Young adults' communal area

4.83 In our survey, 65% of women said they had a disability. Support for those with physical disabilities remained adequate. While not all had a fully accessible cell, adaptations were made as needed. Neurodivergent women spoke very positively about the support they had received. Some women who were attending education had access to a special educational needs (SEN) room and could take part in additional sessions, such as meditation, yoga and creative writing.

SEN room

4.84 Most complaints about discrimination were answered appropriately and promptly, with quality assurance from both the director and an external reviewer. However, there was too little analysis of the causes of the complaints or trends over time.

Faith and religion

4.85 The chaplaincy had strong links with the local community and was well integrated within the prison. The managing chaplain was now part of the senior leadership team, and the chaplaincy was represented at most key meetings. A chaplain or one of a team of volunteers continued to meet all women on release and offered to walk them to the local train station. On their journey they could stop at the local Salvation Army centre and a church where they could pick up basic essential items, such as clothing or food.

4.86 Although the Muslim chaplain post had been vacant since October 2024, interim support was provided by another establishment, and a permanent chaplain had now been appointed.

4.87 Religious festivals were celebrated, and several courses and classes ran, including a bereavement counselling service. Unfortunately, a programme supporting victims of domestic abuse had been withdrawn (see paragraph 6.13).

Section 5 Purposeful activity

Women are able and expected to engage in activity that is likely to benefit them, including a positive range of recreational and social activities.

Time out of cell, recreational and social activities

Expected outcomes: All women have sufficient time out of cell and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

5.1 Women allocated to a full programme of activities could, in principle, have more than eight hours out of cell on weekdays, but the regime was often curtailed because of staff shortages, the high number of hospital escorts and incorrect roll counts.

5.2 On one day during the inspection, the lunchtime roll was not correct until 5pm, so almost all women remained locked in their cells for that afternoon. One woman described what she wished for:

'For staff to actually turn up so we don't keep getting locked in all day … as it affects everyone's mental health sitting in their own thoughts. It's not fair, we are still human beings.'

5.3 In our roll checks, 29% of women were locked in their cells during the working day, while 49% were involved in education, skills or work away from their residential unit. In our survey, far fewer women than the comparator, 26% against 43%, said they usually spent less than two hours out of cell at weekends. The weekend regime had improved but staff shortages had significantly reduced this time out of cell recently.

5.4 A recently appointed activities coordinator was organising a range of informal activities, focusing on art and crafts, including a monthly 'Bronzefield Trophy' day, and a series of topical themes through the year.

5.5 The library had a range of easy-read and foreign language, legal and reference books, but there was insufficient promotion of reading through displays and activities. The library only provided a very basic service, leadership had been lacking, and data were not collected or used to drive improvement, partly because the computerised system had been allowed to remain out of use for a long time. The post of librarian had been filled after a long gap, but she required training and support.

5.6 Prisoners had good access to the gym, and most of the enthusiastic staff had had professional gym experience in the community. They

delivered a structured series of informal qualifications, at bronze, silver and gold levels, which engaged a wide range of women. There was a wide variety of activities such as yoga and meditation, as well as a 'Duke of Bronzefield' home-made award scheme where under-25s were paired with a woman over 25. There were good links with local sporting organisations.

Education, skills and work activities

This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at https://www.gov.uk/government/publications/education-inspection-framework.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

5.7 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness: requires improvement

Quality of education: good

Behaviour and attitudes: good

Personal development: good

Leadership and management: requires improvement.

5.8 Leaders had a clear and ambitious vision for providing inclusive education and training for all women. Leaders provided education opportunities in English, mathematics and ESOL (English for speakers of other languages), alongside a broad range of vocational courses, including cleaning, horticulture, hair and beauty, and hospitality and catering. Women attended these courses well and developed useful skills to support their future education, training and employment. However, leaders were unable to provide reliable data on the number of women engaged in part- or full-time purposeful activities, or on the

total number of spaces in education, skills and work. This limited their ability to know if their offer met the needs of the prison population.

5.9 Leaders and managers had identified changes in the prison population, including that more women were on remand or unsentenced, and fewer were preparing for release. In response, they designed a curriculum that included short courses and unit accreditation that enabled women on remand, unsentenced or with only a short stay to make swift progress in English, mathematics and ESOL. They offered coherent pathways for those in prison for longer to gain qualifications in related subjects. For example, women achieved level 1 and 2 hospitality while working in the staff café, and others developed hairdressing and beauty therapy skills to level 2 while providing valued services to their peers. Women developed confidence and employability skills that prepared them well for their next steps. Progression beyond level 2 was too limited, though, with very few women accessing Open University or distance learning. This restricted opportunities for those ready to progress to higher-level study or skilled employment.

5.10 Leaders had rectified the three recommendations from the previous inspection. They had significantly strengthened the careers information, advice and guidance function by recruiting additional level 4 qualified advisors and planning provision to support women from their early days in custody. Regular progress reviews, typically every three months, and targeted support had helped women prepare effectively for their next steps.

5.11 The allocations process was inefficient, and leaders could not assess whether they used classroom and workshop spaces effectively. Leaders had recently changed the allocations process, resulting in gym and faith activities clashing with education, skills and work activity. Data showed that women took part in appropriate activities, such as functional skills courses and work. However, these did not match the activities set out in their learning plans to prepare them for their next steps. Leaders had implemented a local fair prisoner pay policy that did not disadvantage women attending education.

5.12 Leaders had designed an ambitious and well-sequenced curriculum that enabled most women to build the knowledge and skills needed for their next steps, including those on short stays. Women at entry level in maths read with the Shannon Trust literacy programme, those undertaking cleaning could study further qualifications, and women in vocational areas developed skills for self-employment. In vocational subjects, learning was cumulative. For example, women in the bike workshop progressed from using basic tools to creating business plans. In horticulture, they moved from weeding to cultivating with different mulches and, in ESOL, women built their knowledge of grammar and verbs.

5.13 Women benefited from an effective induction programme. Staff accurately captured learners' starting points and used them to select suitable curriculum pathways based on prior achievement and career aspirations. Women used the 'virtual campus' (giving them internet

access to community education, training and employment) to complete independent digital learning in topics such as cleaning, food hygiene and handling, which prepared them for allocation to work. As a result, most women understood how to use their time productively and plan their next steps.

5.14 Leaders and managers had implemented a personal development curriculum that supported women's well-being well alongside their academic and vocational education. This integrated approach helped women build confidence, develop positive routines, and improve both their mental and physical health. The well-being centre provided a range of sport activities to support women's mental health and healthy lifestyles, including yoga, meditation, Parkruns, Duke of Edinburgh's Awards, and in-house courses to develop transferable skills, such as 'Minirox' (gym workout) and fitness awards.

5.15 Women developed a clear understanding of British values. For example, in entry level ESOL, learners and peer workers could clearly articulate what they had learned about respect and tolerance through the topic of culture and festivals.

5.16 Sodexo delivered education and vocational training directly. Leaders planned a broad and purposeful curriculum that reflected local labour market gaps and priorities, as well as women's interests and career aspirations. They placed a strong emphasis on developing English and mathematics to support women, both during custody and on release. Teachers were well qualified and vocationally experienced, and they used their expertise effectively to motivate women and develop their knowledge and skills. They reinforced prior learning and used clear explanations, targeted questioning and constructive feedback to help women build confidence and make progress, for example, returning to square roots in mathematics to explain formulae and check for gaps in understanding. They used formal and informal assessment effectively to monitor progress and provided constructive feedback that helped women recognise their achievements and understand how to improve. As a result, a high proportion of women achieved qualifications in entry level mathematics, employability skills, ESOL and horticulture. However, too few women who stayed at the prison long enough achieved qualifications in level 1 mathematics and entry level English.

5.17 Teachers used progress booklets at three different levels to effectively record and recognise the skills, knowledge and behaviours that women developed over time. For example, in the vocational bike workshop, women at bronze level learned to identify and use different tools, while at gold level they developed advanced skills such as wheel balancing and writing a business plan to set up their own business.

5.18 Leaders' and managers' quality assurance of teaching, learning and assessment was superficial and inconsistent. Lesson walks and work scrutiny focused on describing activity rather than evaluating impact. Leaders had not sufficiently considered whether teachers' planning met individual women's needs, supported their progress from starting

points, or improved outcomes. Areas for improvement were often too broad and lacked targeted actions to enhance teaching practice.

5.19 Due to leaders' lack of oversight of the quality of teaching, they had not identified teachers' skills gaps or implemented a coherent professional development programme focused on teaching, planning and assessment for learning. As a result, opportunities for teachers to improve their practice were limited. Staff undertook professional development to maintain and update their industry expertise, for example in hair and beauty, but this did not develop their teaching and assessment skills sufficiently.

5.20 Managers had implemented an effective mentor training programme. Peer mentors received good training in the skills needed to support others, with most achieving level 3 qualifications in advice and guidance or the level 3 award in education and training. As a result, mentors developed communication and interpersonal skills, enabling them to provide encouragement and practical support that increased their mentees engagement in their learning. Mentors reported that these roles improved their confidence and self-esteem.

5.21 Tutors had completed phonics training, which they used effectively to support women to develop their reading skills. Teachers proactively encouraged women to read, with books available across the prison and DEAR ('Drop Everything and Read') time built into sessions to establish a consistent and engaging reading routine. In vocational areas, women completed book reviews, and peer workers contributed newsletters and a short story book to complement the well-stocked library. However, leaders did not maintain sufficient oversight of the reading strategy and had not evaluated the impact of these initiatives or resources. As a result, they had not identified the inconsistencies in the quality of women's book reviews. They did not know how effectively women used the library or dedicated reading spaces, limiting their ability to improve participation and outcomes.

5.22 Attendance had remained broadly similar to the previous inspection and was not consistently high. Attendance was high at horticulture and well-being sessions but low in the bicycle repair workshop and the creative writing sessions. Leaders had not prioritised attendance by including interruptions to the core day. Where women did not attend this was mainly because of visits, doctor appointments, and, more recently, the inclusion of faith activities in the core day. Leaders' actions had much improved women's punctuality at education, skills and work sessions. Most lessons started on time now, and women engaged promptly in their activities upon arrival.

5.23 Women's attitudes to education, training and work were positive. Over time, they developed good study habits, resilience to setbacks and pride in their achievements. Teaching staff encouraged commitment to learning, set high expectations and used behavioural strategies informed by initial assessments, including individual support needs, to keep women engaged and focused. For example, classrooms were well equipped with sensory boxes, including fidget toys crocheted by

women in the craft workshops, which helped those with neurodiversity support needs to remain focused and engaged in learning. As a result, women developed a wide range of academic, personal and employability skills. For example, in maths, teachers planned activities and peer support that enabled women to complete starter tasks independently, check their own work for errors and self-correct calculations, demonstrating both skill and confidence in their learning.

5.24 Women were polite and respectful to staff and each other, and worked diligently and purposefully in their activities. They recognised and valued the new skills they were developing and how these would support employment after release. Well-considered plans to develop employability skills, supported by strong partnerships with national employers and external agencies such as Jobcentre Plus, helped women gain key skills, including interview preparation, producing CVs and covering letters. As a result, the small number of eligible women successfully applied for vacancies and secured employment on release.

5.25 Women said that they felt safe in education, training and employment activities. Leaders and managers provided a safe environment where bullying and harassment were not tolerated.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. Women are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Women are prepared for their release back into the community.

Reducing reoffending

Expected outcomes: Women are helped to change behaviours that contribute to offending. Staff help them to demonstrate their progress.

6.1 The proportion of remanded women had risen sharply to an average of 65% over the last six months, and at the time of the inspection, a further 10% were on recall. The average length of stay was 56 days, which meant a high turnover of the population. Leaders had not yet reviewed their needs analysis and action plan to make sure services could meet the needs of this new population.

6.2 A strong management team, with specialist knowledge of the resettlement field, was improving processes, including better communication and collaboration. There were positive efforts to create a rehabilitative culture across the prison, and this was supported by a well-functioning offender management unit (OMU), with manageable caseloads, and an increasingly effective pre-release team.

6.3 All remanded women had a prison offender manager (POM, see Glossary), and had their resettlement needs assessed and planned for, which was positive. The number of recalls had doubled in the last two years and, while the OMU staff gave what help they could, time was often too short to offer meaningful support.

6.4 For sentenced women, important milestones such as OASys (offender assessment system) reviews were met on time, and in our survey a high proportion of respondents understood their sentence plan and what they needed to do to fulfil the objectives. Those we spoke to also had a good understanding.

6.5 Overall, women had sufficient contact with their POM, although for most this was not supplemented by regular key work (see paragraph 3.6). POMs were very engaged in supporting the most vulnerable women who had complex personal needs.

6.6 Regular support, including forums, was given to those serving long or indeterminate sentences. There was also more focused attention to the needs of some specific groups, such as young adults and the care-experienced, as well as those with neurodivergent characteristics and other groups (see paragraph 6.12).

Public protection

Expected outcomes: Women's risk of serious harm to others is managed effectively. Women are helped to reduce high risk of harm behaviours.

6.7 Around 20% of women were subject to contact restrictions to protect the public from harm, and management of these was reasonably good. Risk management arrangements were reviewed six months before release at a meeting attended by various disciplines, POMs and, where possible, community offender managers (COMs).

6.8 POMs knew the women they worked with well, were knowledgeable about risk factors and provided detailed contributions to multiagency public protection meetings in the community. Officers we spoke to were aware of contact restrictions and oversaw these appropriately. Decisions to monitor mail and telephone calls were defensible and arrangements were proportionate. They were reviewed regularly, and breaches were escalated swiftly to senior probation officers.

6.9 It took too long for numbers to be added to a woman's telephone account if there were public protection concerns, as there was only one public protection administrator responsible for conducting all checks, as well as listening to calls and reading mail.

Interventions and support

Expected outcomes: Women are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

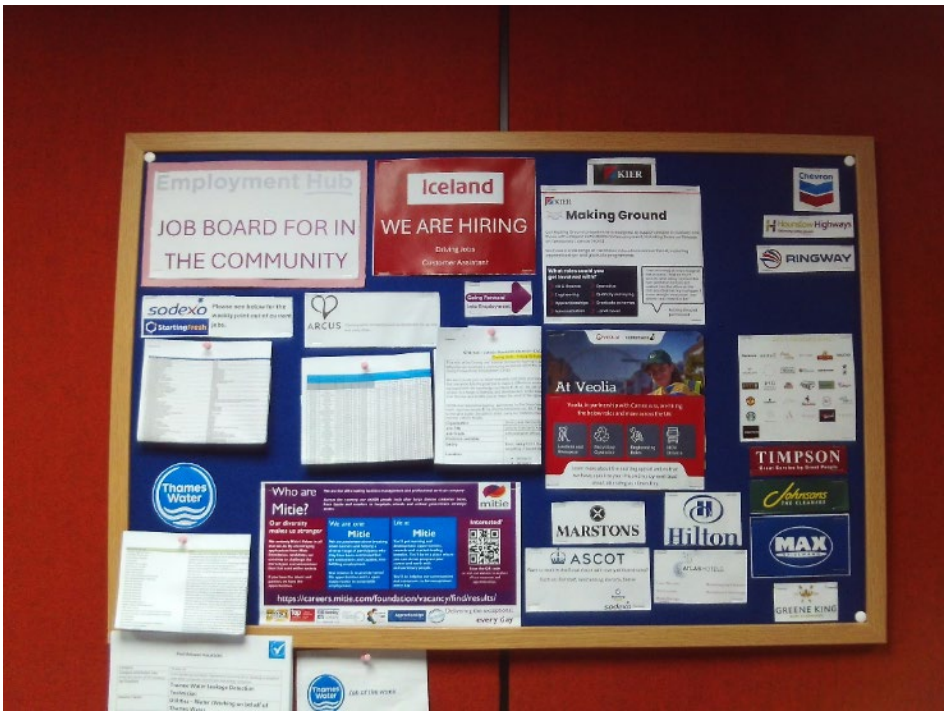
6.10 There was a reasonable range of support and interventions to help women address their offending behaviour. A specialist programme continued to provide excellent support to the most complex and high-risk women with personality disorders. Additional outreach support was provided, as well as training for staff to support them in working effectively and compassionately with women.

6.11 TACT (Terrorism Act) prisoners were supported by a dedicated forensic psychologist and were able to complete the accredited Healthy Identity intervention. There continued to be a lack of opportunity for other restricted status women to complete offence-focused work, but POMs worked hard to prepare them for a move to another prison to access interventions when needed.

6.12 Young adults also had access to a dedicated forensic psychologist and were able to complete a programme, 'HOPE', which aimed to help them develop their coping skills. The Women's Estate Psychology Services team also provided one-to-one and group work focused on safety and working with anger to a small number of women.

6.13 A programme to support women previously involved in sex work had restarted under the leadership of three OMU staff. They organised regular events and provided other support for those who had been sex workers. However, in our survey, only 7% of those approaching release who said that they needed help to address trauma, such as domestic violence, said that they were getting help, compared with 32% in similar prisons.

6.14 Support to help women secure employment on release was good. This included careers information and advice, CV and disclosure letter drafting, and the provision of an email address and personalised 'employment pack' on release, including key information for engaging with employers. Despite this good work, employment outcomes after release remained below the average for similar prisons with only 6% employed after six weeks and 13% employed after six months. Women were also offered support to get identification and a bank account before release.



Live jobs board

6.15 A pre-release course covering stress awareness, money management and interview skills had been adapted in response to the high number of remanded women, enabling the completion of individual modules.

Returning to the community

Expected outcomes: Women's specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

6.16 If resettlement needs were identified close to release there were challenges in arranging support in time, as only COM could make referrals to the commissioned rehabilitative services (CRS) providers, and this was often slow to happen. A weekly multidisciplinary meeting in the prison aimed to address outstanding resettlement needs for those being released the following week. Attendance at this meeting had recently been extended but COMs did not participate, which was an obvious gap.

6.17 Securing sustainable housing for women on release continued to be a major problem. In the last year, almost a quarter of all sentenced women had been released homeless and a further third had only a temporary place to go to. Data for women released directly from court were not captured so the level of need was, no doubt, even higher. Some women who presented a high risk of serious harm to others had been refused a place at an approved premises, even though this was needed to manage their risk of serious harm to others.

6.18 On the day of release, some women had very little provision, including no money, mobile phone or any accommodation to go to. There was no departure lounge at the prison for women to seek practical help, although there were plans to introduce one. However, the chaplaincy continued to arrange a volunteer to walk with the woman to the train station, and they could call into a local church and the Salvation Army centre on the way (see paragraph 4.85).

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2022, we found that outcomes for women were reasonably good against this healthy prison test.

Recommendations

Staff should consistently challenge poor behaviour and rule breaking.
Achieved

Women's experiences of victimisation, particularly on house block 1, should be addressed and more interventions to support victims and challenge perpetrators should be in place.
Achieved

Leaders should collect and analyse a comprehensive set of data to understand better the use of segregation and provide more oversight.
Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2022, we found that outcomes for women were reasonably good against this healthy prison test.

Key recommendations

Acutely mentally unwell women should be able to access appropriate assessment and diversion to mental health services instead of being sent to prison.
Not achieved

An adequately staffed pharmacy team should administer medicines to women on time and make sure medicines are managed safely and effectively.
Partially achieved

Oversight of responses to health care complaints and checks on emergency equipment should be improved, and long-term health conditions and access to external hospital appointments should be monitored to make sure women receive appropriate care.
Achieved

Recommendations
The list of products available to buy from the prison shop should meet the diverse needs of the population.
Achieved

Women should have access to secondary health screening within seven days.
Achieved

Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer time guidelines. (Repeated recommendation 2.91.)
Not achieved

The diversity action plan should be based on a comprehensive analysis of need and regular consultation with women with each protected and minority characteristic.
Not achieved

Purposeful activity

Prisoners are able and expected to engage in activity that is likely to benefit them.

At the last inspection, in 2022, we found that outcomes for women were reasonably good against this healthy prison test.

Recommendations

Leaders should make sure that women receive good quality information, advice and guidance on arrival so that they can make informed choices about their education, skills and work activities.
Achieved

Staff should take account of the women's interests and aspirations, prior learning and sentence plan targets to allocate women to the most appropriate activities.
Achieved

Women due for release should receive high quality careers support and guidance so that they are prepared for their next steps.
Achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2022, we found that outcomes for women were reasonably good against this healthy prison test.

Key recommendations

Women's resettlement needs, including overcoming the impact of domestic abuse, should be addressed through comprehensive support from a well-resourced team.
Not achieved

All women should have sustainable accommodation on release.
Not achieved

Restricted status women and those serving long sentences should be able to demonstrate progression by completing accredited programmes or other structured therapeutic interventions. HMPPS should make sure that women are transferred to other prisons to complete risk-reduction work as part of an agreed progression plan.
Partially achieved

Appendix I About our inspections and reports

HM Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For women's prisons the tests are:

Safety
Women, particularly the most vulnerable, are held safely.

Respect
Women's relationships with children, family and their support networks are central to their care in custody. A positive community ethos is evident, and all needs are met.

Purposeful activity
Women are able and expected to engage in activity that is likely to benefit them, including a positive range of recreational and social activities.

Preparation for release
Preparation for release is understood as a core function of the prison. Women are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Women are prepared for their release back into the community.

Under each test, we make an assessment of outcomes for women and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by HM Prison and Probation Service (HMPPS).

Outcomes for women are good.
There is no evidence that outcomes for women are being adversely affected in any significant areas.

Outcomes for women are reasonably good.
There is evidence of adverse outcomes for women in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for women are not sufficiently good.
There is evidence that outcomes for women are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of women. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for women are poor.
There is evidence that the outcomes for women are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for women. Immediate remedial action is required.

Our assessments might result in one of the following:

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for women in prison. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for women; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of concerns from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for women in prison* (Version 2, 2021) (available on our website at Expectations – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

Findings from the survey of women in the prison and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief inspector
Sandra Fieldhouse	Team leader
Rachel Badman	Inspector
Natalie Heeks	Inspector
Martin Kettle	Inspector
Kellie Reeve	Inspector
Jessie Wilson	Inspector
Jasmin Clarke	Researcher
Emma Crook	Researcher
Samantha Moses	Researcher
Sophie Riley	Researcher
Maureen Jamieson	Lead health and social care inspector
Stephen Eley	Health and social care inspector
Jennifer Oliphant	General Pharmaceutical Council inspector
Jacob Foster	Care Quality Commission inspector
Carolyn Brownsea	Ofsted inspector
Teresa Keily	Ofsted inspector
Kathryn Moles	Ofsted inspector
Andrew Thompson	Ofsted inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find.

Care Quality Commission (CQC)
CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: http://www.cqc.org.uk.

Certified normal accommodation (CNA) and operational capacity
Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of women that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)
Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Family days
Many prisons, in addition to social visits, arrange ‘family days’ throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

Leader
In this report the term ‘leader’ refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

Mandatory drug testing (MDT)
Enables prison officers to require a prisoner to supply a urine sample to determine if they have used drugs. There are two types of MDT: suspicion-based tests and those which test a random sample of prisoners each month. The MDT rate is the number of prisoners who tested positive in random tests.

Protected characteristics
The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protection of adults at risk
Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Restricted status
Introduced in children's and women's prisons around 2010 to manage prisoners whose escape would present a risk of serious harm to the public; see also HMI Prisons thematic review: https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/19/2024/02/Restricted-status-thematic-web-2023.pdf.

Secure social video calling
A system commissioned by HM Prison and Probation Service (HMPPS) to enable calls with friends and family. The system requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

Social care package
A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living, etc, but not medical care).

Time out of cell
Time out of cell, in addition to formal 'purposeful activity', includes any time women are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of women in the prison is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: Our reports – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)

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