



HM Prison &  
Probation Service

Action Plan: HMP Bronzefield

Action Plan Submitted XX May 2022.

Report Published 11<sup>th</sup> May 2022.

## INTRODUCTION

HM Inspectorate of Prisons (HMIP) and HM Inspectorate of Probation for England and Wales are independent inspectorates which provide scrutiny of the conditions for, and treatment of prisoners and offenders. They report their findings for prisons, Young Offender Institutions, and effectiveness of the work of probation, and youth offending services across England and Wales to Ministry of Justice (MoJ) and Her Majesty's Prison and Probation Service (HMPPS). In response to the report HMPPS / MoJ are required to draft a robust and timely action plan to address the recommendations. The action plan confirms whether recommendations are agreed, partly agreed, or not agreed (see categorisations below). Where a recommendation is agreed or partly agreed, the action plans provide specific steps and actions to address these. Actions are clear, measurable, achievable, and relevant with the owner and timescale of each step clearly identified. Action plans are sent to HMIP and published on the GOV.UK website. Progress against the implementation and delivery of the action plans will also be monitored and reported on.

Term	Definition	Additional comment
Agreed	All of the recommendation is agreed with, can be achieved and is affordable.	The response should clearly explain how the recommendation will be achieved along with timescales. Actions should be as SMART (Specific, Measurable, Achievable, Realistic and Time-bound) as possible. Actions should be specific enough to be tracked for progress.
Partly Agreed	Only part of the recommendation is agreed with, is achievable, affordable and will be implemented. This might be because we cannot implement the whole recommendation because of commissioning, policy, operational or affordability reasons.	The response must state clearly which part of the recommendation will be implemented along with SMART actions and tracked for progress. There <b>must</b> be an explanation of why we cannot fully agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.
Not Agreed	The recommendation is not agreed and will not be implemented. This might be because of commissioning, policy, operational or affordability reasons.	The response must clearly state the reasons why we have chosen this option. There <b>must</b> be an explanation of why we cannot agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.

ACTION PLAN: HMCIP REPORT

ESTABLISHMENT: HMP BRONZEFIELD

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
	<b>Key concerns and recommendations</b>				
	<b>Directed to the Secretary of State</b>				
7.1	<p>Key concern (1.39): In the previous two years, 86 women who were acutely mentally unwell had been sent to HMP Bronzefield because of the lack of appropriate mental health provision in the community. The prison was not an appropriate place for these women as it was not equipped to manage their risks or needs.</p> <p><b>Key recommendation: Acutely mentally unwell women should be able to access appropriate assessment and diversion to mental health services instead of being sent to prison.</b></p>	Agreed	<p>NHS England and Improvement are focused on increasing the use of Primary Care Mental Health Treatment Requirements (MHTRs) as a sentencing option in court. This work is on track to scale up the availability of this service to 100% of England by 2024.</p> <p><i>In Reforming the Mental Health Act White Paper</i>, the government committed to ending the use of prison as a 'place of safety' under the Mental Health Act (1983).</p> <p>In January 2022, health and justice partners established a cross-departmental working group to better understand the issues leading to the use of this power and develop solutions to safely operationalise its removal. A cross-departmental response and agreement of priorities is due in September 2022.</p> <p>People can also be remanded to prison under the 'own protection' clause of the Bail Act (1976) on the grounds of mental health. The Ministry of Justice (MoJ) is undertaking an internal review of the use of this power.</p>	<p>Health and Justice Non-Custodial team (NHS England and Improvement)</p> <p>Offender Health Policy (MoJ)</p> <p>Offender Health Policy (MoJ)</p>	<p>March 2024</p> <p>September 2022</p> <p>September 2022</p>

Actions with future target dates may be delayed due to Covid-19 recovery

			<p>The Government has committed to introducing a new statutory time limit of 28 days for transfers from prison to secure hospitals, to be commenced once NHS England and Improvement's revised guidance on transfers and remissions has been fully embedded in practice. NHS England and Improvement has developed a process for collecting and monitoring transfer and remission activity. This is analysed to identify trends and areas where further improvement is needed to meet the 28-day timeframe set out in the guidance. This will be monitored monthly and where time frames are breached or other concerning trends are identified, targeted work will be carried out with regional teams. NHS England and Improvement will be keeping this under review based on monthly monitoring data and take stock of progress during 2022/23.</p>	Offender Health Policy (MoJ)	March 2023
	<b>Directed to the Director</b>				
7.2	<p>Key concern (1.40): Low staffing levels within the pharmacy team were having an adverse effect on provision. The service had reverted to using stock medication instead of named-patient medicines. This, along with other issues, had caused delays in patients receiving their medication. Poor medicines stock control on the wings increased the risk of potential errors in administration. There were no reconciliation procedures for stock control, for example, the use of medicines stored in the out-of-hours cupboard was not audited. There was limited patient access to a pharmacist.</p>	Agreed	<p>The Pharmacy Team Structure has been reviewed and now includes 4 additional Pharmacy Technician posts who will be wing based dispensing and will also support Pharmacy activities. This provides a dedicated team and increased responsiveness to medication queries as well as taking accountability for stock and repeat medication management.</p> <p>The process for accessing Out of Hours and all Stock Medication has been reviewed and emergency stock is stored in a separate, standalone, locked cupboard in Reception. This is now audited by the Pharmacy Team on a weekly basis. This is reported through Medication Management Meeting and form part of 1:1 discussion with Lead Pharmacist.</p>	<p>Head of Healthcare</p> <p>Corporate Pharmacy Lead</p>	September 2022

	<p><b>Key recommendation: An adequately staffed pharmacy team should administer medicines to women on time and make sure medicines are managed safely and effectively.</b></p>		<p>All excess stock medications were removed from house blocks immediately after the inspection. A stock reconciliation process has been introduced; the Pharmacy Manager reviews the available stock weekly taking any required action.</p> <p>All staff responsible for medication have been retrained in the Sodexo Medication Management Policy.</p> <p>An overall Pharmacy / Medication assurance audit has been established to ensure the Pharmacist has oversight and assurance of the medication management governance. This is monitored by the Lead Pharmacist and at the Medication Management Meeting which takes place bi-monthly.</p>		
7.3	<p>Key concern (1.41): There was a lack of management oversight of several aspects of health care. This included oversight of responses to health care complaints, checks on emergency equipment and the management of long-term conditions. Clinical oversight of external hospital appointments was not sufficient to identify or address delays in treatment.</p> <p><b>Key recommendation: 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</b></p>	Agreed	<p><i>Oversight of Healthcare complaints</i></p> <p>The Sodexo Health Complaints Management Policy has been reviewed which includes a template to ensure responses are thorough. There is also now a process that enables escalation of complaints both within Sodexo and externally to the NHS. This also includes the principles of Duty of Candour. All complaints are collected daily by the Healthcare Administration team and are logged in the Healthcare Complaints log and a log number allocated.</p> <p>Clinical team leaders have received further training on the expected response quality.</p>	Head of Healthcare	August 2022

	<p>appointments should be monitored to make sure women receive appropriate care.</p>		<p>To ensure the improvement of health complaint responses are maintained, all complaints are quality checked and signed off by the Head of Healthcare. Complaints' data breakdown including analysis of trends are reported for discussion as part of the governance process in monthly medication management and clinical governance meeting. A monthly assurance audit is also conducted by the Corporate Healthcare Team and reported at the National Quality Board.</p> <p>Of note, the existing process included specific Healthcare Complaint boxes in each area of residence, and we have now introduced envelopes for healthcare specific confidential complaints, and they are available with the forms in a wall mounted holder above the complaints' boxes. This is to ensure that healthcare complaints remain confidential in the event that it has been posted in prison complaints boxes.</p>		
			<p><i>Checks on emergency equipment</i> A protocol for checking grab bag contents and identifying expired emergency medications has been reviewed. The protocol checklist has been updated to include medication expiry dates and guidance regarding how to replenish medication contained in the emergency bag, both within working hours and out of hours.</p>	<p>Head of Healthcare</p>	<p>August 2022</p>

			<p>Expected standards have been communicated via awareness notices to all healthcare staff. Each bag has a contents list and the checklist in the protocol follows the content list and also mandates recording of expiry dates.</p> <p>The Head of Healthcare or Deputy will undertake weekly assurance checks on all submitted returns and a quarterly physical check on all grab bags. The findings are discussed at the weekly healthcare quality and performance meetings and reported in Clinical Governance Reports under clinical audits.</p>		
			<p><i>Management of long-term conditions</i>  A needs assessment of the main Long-Term Conditions (LTC) prevalent at HMP Bronzefield has been undertaken using the Quality and Outcomes Framework (QOF) register. All patients on the register are reviewed and all have care plans. All care plans are in line with the Framework NG57 Physical health of People in Prison (NICE Guidelines on LTC).</p> <p>LTC care plans will be developed during secondary screening with the patient which also includes guidance on self-management of their LTCs. The LTC review will be booked by relevant lead nurses and consultation completed using the Arden's Template and the subsequent care plan updated whilst capturing the patient's involvement. Copies of the resulting care plan will be available to the patient.</p>	<p>Head of Healthcare</p> <p>Corporate Head of Healthcare</p>	<p>August 2022</p>

			<p>LTC awareness training was undertaken in March 2022 with clinical staff to ensure further understanding of the management of long-term conditions.</p> <p>The following will be introduced to ensure effective assurance and governance:</p> <ul style="list-style-type: none"> <li>• The Advance Nurse Practitioner (ANP) provides clinical leadership in this area.</li> <li>• Increased LTC training with dedicated lead specialists within the clinical team.</li> <li>• A monthly audit schedule will be developed and implemented; this will be overseen by Head of Healthcare and findings discussed at bimonthly Clinical Governance Meetings.</li> <li>• The QOF register is used as a standard way to monitor each long-term conditions list, and this is also scrutinised at the bi-monthly Clinical Governance Meetings.</li> <li>• All care plans will be stored on SystmOne clinical records under Care Plans. Any information shared with patients will be scanned onto the communication and letters section.</li> </ul>		
			<p><i>Clinical oversight of external hospital appointments</i> Health administrators will monitor waiting times for all patients awaiting external appointments providing accurate management information to effectively monitor and manage any concerns. Cancellations by</p>	Head of Healthcare	August 2022

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			<p>hospital is closely monitored, any delays are escalated to Senior Clinician. Any cancellations by Prison follows an established escalation process for approval by Duty Operational Manager. Cancellation by prison is rare and only in exceptional circumstances and if cancelled, they are rescheduled immediately. Breakdown of cancellations is reported through to quarterly Quality and Contract Review Meetings that is attended by the NHS Commissioner</p> <p>Weekly meetings are to be introduced between the Practice Manager, Non-medical Prescriber (NMP) and Lead GP to review all cases waiting external hospital appointments.</p> <p>The (anonymised) waiting list will be presented at each monthly local Clinical Governance Meeting to ensure assurance monitoring is embedded and overseen.</p>		
	<b>Directed to HMPPS</b>				
7.4	<p>Key concern (1.42): Two full-time housing workers had been withdrawn from the prison following changes in the probation service and there had been a severe reduction in the size of the resettlement team and the loss of domestic abuse support workers.</p> <p><b>Key recommendation: Women's resettlement needs, including overcoming the impact of domestic abuse, should be addressed through</b></p>	Partly Agreed	<p>This recommendation is partly agreed because there are two housing posts based in HMP Bronzefield as outlined below. There is also in reach housing support provided by the commissioned rehabilitation providers which continues to support the women into the community. A dedicated Pre-Release Team is also based at HMP Bronzefield and although they have recently experienced vacancies due to staff progression and transferring to other areas, they work closely with our commissioned services,</p>		

	<p><b>comprehensive support from a confident and well-resourced team.</b></p>		<p>community practitioners and the women in planning their immediate release. A very experienced and committed Senior Probation Officer oversees this team and is also based at HMP Bronzefield.</p> <p>There was a housing support need identified for London women being released into the London Boroughs. Additional funding has been provided which has enabled employment for a full time Housing worker to provide Housing support for women being released into London. A Community Accommodation Service Tier 3 (CAS3) full time Housing Worker is also based at HMP Bronzefield, supporting the housing needs of women released into Kent, Surrey &amp; Sussex (KSS) region.</p> <p>London and KSS Bronzefield legacy Community Rehabilitation Company (CRC) resettlement teams transferred into the unified probation service and combined to form one dedicated pre-release team (PRT). This team works closely with the women providers and probation practitioners in the community to support the women's resettlement needs. Whilst the PRT continue to complete Basic Custody Screening Tool (BCST 2), following through action plans and sign posting to other service. The team also share safeguarding concerns and support the new commissioned services in providing pre-release and tenancy sustainment work. Significant staffing shortages are being experienced across KSS region however, but a recruitment plan is in</p>	<p>Surrey PDU Head</p>	<p>July 2022</p>
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			<p>place to fill the PRT vacancies. As interim measure, recruitment agencies have also been approached.</p> <p>The probation service new commissioning rehabilitative services came into place on 26<sup>th</sup> June 2021. This is based on a specialist provider of Women's Services offering a holistic service addressing a wide range of issues women are facing. Pre-release for example they are to support the women in meeting their housing needs, transition from custody and community. In addition to supporting the women in addressing harmful relationships, liaising with the community officers and any other agency dependant on the nature of the presenting risk.</p> <p>Domestic violence workers do not form part of the pre- release team model. This is due to the need to keep domestic violence worker roles independent from Probation to enable the women's trust and engagement with the service. The need for an Independent Domestic Violence Worker (IDVA) is recognised and alternative funding streams are currently being explored.</p>	HMPPS Central Resettlement Team	September 2022.
7.5	Key concern (1.43): Based on the prison's data, about 65% of sentenced women did not have sustainable accommodation on release (lasting longer than 12 weeks), which was a concern, given the risks and needs of so many of the women.	Partly Agreed	<p>This recommendation is partly agreed because provision of sustainable housing is the statutory responsibility of local authorities.</p> <p>As with the female Commissioned Rehabilitation Services (CRS) provision nationally, London women</p>	Head of Community Integration – London	

	<p><b>Key recommendation: All women should have sustainable accommodation on release.</b></p>	<p>who have accommodation needs can be referred up to 12 weeks prior to release to work with women pre-release in either maintaining or securing accommodation (under the London grant agreement). Meeting at the gate and attending Local Authority to support the women and advocate on their behalf is also part of this service on immediate release and continues within the community. Post sentence tenancy sustainment work is also provided through the CRS referral tool.</p> <p>The women service for London is a Co Commissioned Grant Agreement between MoJ Probation Service and MOPAC. This is a holistic service which also provides wrap around support for women accessing it. This provision is delivered by Housing for Women who are subcontracted to Advance Minerva, who are one of the two providers for London. Housing for Women will ensure urgent referrals for women being released imminently from custody or women who have accommodation needs on reception to prison are seen quickly with the aim of securing accommodation on release.</p> <p>Our Homelessness Prevention Teams (HPTs), operating across England and Wales, continue to strengthen relationships with local authorities and other strategic partners in order to embed and expand housing options for prison leavers. We will also invest an extra £200m each year by 2024/25 to transform our approach to rehabilitation. This includes expanding our transitional accommodation service, initially launched in five probation regions,</p>	<p>HMPPS Community Accommodation Services</p>	<p>December 2022</p>
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			<p>including the South East, in July 2021, across England and Wales. The service will support those under supervision from probation who are released from prison at risk of homelessness with up to 84-nights' accommodation. The 'Prior Information Notice' for the contract tender, for six of the remaining regions, is now available at: <a href="https://www.find-tender.service.gov.uk/Notice/000136-2022">https://www.find-tender.service.gov.uk/Notice/000136-2022</a>.</p> <p>The Department for Levelling Up, Housing and Communities (DLUHC) launched their Accommodation for Ex-Offenders (AFEO) scheme in July 2021 to support offenders at risk of homelessness into private rental tenancies. Overall, this financial year, £13 million has been allocated to 87 schemes across 145 local authorities. Combined with our temporary accommodation service, this builds a pathway from prison to settled accommodation.</p>		
7.6	<p>Key concern (1.44): Some women posing a high risk of harm to others, particularly restricted status women and those serving long or indeterminate sentences, found it difficult to progress. There was only one accredited programme available, and women found it hard to show progression by undertaking other structured interventions. Transfers to other prisons to complete interventions were not always easy to achieve.</p> <p><b>Key recommendation: Restricted status women and those serving</b></p>	Agreed	<p>The Women's Directorate has re-established the Restricted Status (RS) Strategy Board. This was initially established to expand the options available in terms of progression pathways for RS women and the Board will continue to provide oversight of the pathways available, meeting on a quarterly basis.</p> <p>HMP New Hall has been identified as an additional prison where women can be held, which allows access to the Offender Personality Disorder Pathway Service intervention there and is a recognised pathway for individuals designated RS at HMP</p>	HMPPS Women's Directorate	October 2022.

	<b>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.</b>		Bronzefield, enabling them to transfer to undertake risk reduction work and subsequently progress towards downgrade.		
	<b>Recommendations</b>				
	<b>To The Director</b>				
7.7	Recommendation (3.11): Staff should consistently challenge poor behaviour and rule breaking.	Agreed	<p>HMP/YOI Bronzefield will ensure the post-Covid regime plan encompasses staff development and confidence building to combat the experience levels and Covid regime impact. This will ensure poor behaviour is challenged appropriately and the prison rules are enforced appropriately by:</p> <ul style="list-style-type: none"> <li>• Publishing a revised behavioural expectations guide for staff and prisoners which will aim to reduce violence, use of force and antisocial behaviour which will be monitored through our monthly Safer Prisons and Use of Force meetings and also through our quarterly SMARG.</li> <li>• Embedding monthly Continuing Professional Development (CPD) sessions into the Covid recovery plan and core regime delivery plan.</li> <li>• Commence leadership capabilities across all manager grades by investing in programmes and professional development.</li> <li>• Introduce a role rotation programme to ensure sufficient experience levels are retained in the residential areas.</li> </ul>	Director	August 2022

			<ul style="list-style-type: none"> <li>Embed the PCO Detention and Custody Apprentice Scheme, which gives new operational staff the chance to achieve a Level 3 in Custody and Detention Officer qualification</li> </ul>		
7.8	<p>Recommendation (3.30): 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.</p>	Agreed	<p>HMP / YOI Bronzefield has reviewed the needs of Houseblock 1 (Recovery Unit) and has introduced an Integrated Recovery Manager position to develop the service and offer to meet the needs of those recovering from drug and / or alcohol misuse. The unit will have a dedicated regime with structured activities centred on interventions and wellbeing. Key actions are.</p> <ul style="list-style-type: none"> <li>To refresh and relaunch the debt strategy and subsequently reduce trading and violent incidents.</li> <li>Introduce the dedicated regime for House Block One that is focussed on enhancing prisoners' drug recovery</li> <li>Fully embed Restorative Approach and relaunch this post COVID</li> <li>Explore possible conflict resolution interventions to target low level conflict.</li> <li>Utilise the Challenge, Support and Intervention Plans (CSIP) to manage those who are violent and pose a raised risk of harming others.</li> </ul>	Director	August 2022
7.9	<p>Recommendation (3.39): Leaders should collect and analyse a comprehensive set of data to better</p>	Agreed	<p>HMP/YOI Bronzefield will refresh the governance structure and terms of reference to ensure comprehensive oversight and analysis of</p>	Director	August 2022

	understand the use of segregation and provide more oversight.		<p>segregation data inclusive of reasons for segregation and adjudication statistics.</p> <p>The Director / Deputy Director will chair all Segregation Monitoring and Review Group (SMARG) and the Adjudication Standardisation Meetings (ASM) quarterly meetings ensuring continual effective oversight.</p>		
7.10	Recommendation (4.22): The list of products available to buy from the prison shop should meet the diverse needs of the population.	Agreed	<p>HMP/YOI Bronzefield will review and improve the range of goods offered to prisoners both onsite and offsite.</p> <p>The prison will undertake a comprehensive needs analysis and survey to build a retail offer to include the onsite prison shop and access to offsite merchandise via the use of catalogues. This will be embedded with an annual review of needs, satisfaction and pricing. This will involve prisoners input through the monthly Prison Council meetings.</p>	Director	November 2022
7.11	Recommendation (4.53): Women should have access to secondary health screening within seven days.	Agreed	<p>HMP/YOI Bronzefield have implemented the following actions to address this recommendation and these will be monitored by the Head of Healthcare to ensure they are sustained.</p> <ul style="list-style-type: none"> <li>Additional resources have been brought in (4 additional new Pharmacy Technician posts, initially backfilled by agency whilst awaiting staff to start permanent position – all have been recruited and are going through</li> </ul>	Head of Healthcare	August 2022

			<p>onboarding expected to start by June 2022). These posts release nursing time, such that 100% of secondary screenings are now completed within 7 working days.</p> <ul style="list-style-type: none"> <li>• A dedicated Screening Nurse is now identified each day to ensure that this requirement is fully met.</li> <li>• Weekly audit is undertaken by Clinical Team Leaders to ensure that all patients have been screened within the required timeframe and no one is missed. If there are continued refusal, they are monitored in inpatients healthcare until further information is gained and a secondary screening assessment is completed based on file information.</li> <li>• The results of the weekly audits are presented at the Clinical Governance Meeting providing robust oversight and governance and ensuring that all patients have been administered a full secondary screening within 7 days. This meeting is chaired by Head of Healthcare, with attendance from Director, Controller and Corporate Healthcare team and including Independent Monitoring Board (IMB).</li> </ul>		
7.12	Recommendation (4.61): Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer time guidelines.	Partly Agreed	This recommendation is partly agreed, because whilst every effort is made to meet the current transfer time guidelines, timeliness of transfers under The Mental Health Act is reliant on national resource being available for assessment, hospital bed availability and other external factors.	Director, Head of Healthcare & NHS Commissioner	August 2022

			<p>The Head of Healthcare will monitor waiting times weekly at the care plan meeting by reviewing transfer timeframes raising concerns via the Clinical Governance Meeting and Quarterly Contract Review Meeting (QCRM) with the NHS Commissioner. Ongoing issues will be raised with HMPPS in order to escalate concerns.</p>		
7.13	<p>Recommendation (4.88): The diversity action plan should be based on a comprehensive analysis of need and regular consultation with women with each protected and minority characteristic.</p>	Agreed	<p>HMP Bronzefield will conduct a comprehensive needs analysis to develop a clear and comprehensive diversity action plan.</p> <p>The Diversity and Inclusion Action Team (DIAT) terms of reference will be reviewed to ensure there is an effective meeting structure, chaired by the Director monthly which includes governance of attendance and improvement actions. A programme of regular consultations with prisoners will be embedded and overseen by the DIAT committee ensuring all protected characteristics are discussed.</p>	Director	August 2022
7.14	<p>Recommendation (5.27): 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.</p>	Agreed	<p>HMP/YOI Bronzefield has reviewed the function of the Careers Information, Advice and Guidance (CIAG) service. The Covid recovery plans embed this service within the Early Days In Custody (EDIC) model.</p> <p>Some key improvements include.</p> <ul style="list-style-type: none"> <li>An additional CIAG has been recruited, they commenced work in April 2022.</li> </ul>	Head of Learning and Skills	August 2022

			<ul style="list-style-type: none"> <li>The EDIC model that was developed has been embedded in May 2022.</li> <li>The initial assessment tool (DoIT Profiler), an assessment tool for prisoners who may have learning difficulties, will be introduced.</li> </ul>		
7.15	Recommendation (5.28): 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.	Agreed	<p>HMP/YOI Bronzefield has undertaken a full curriculum review and an updated prospectus will be launched by August 2022. This will support the CIAG team with the assessment and initial conversations with women regarding their learning journey.</p> <p>All women serving over 4 years have a focused Personal Development Plan (PDP) supported by the sentence plan and Prison Offender Manager.</p> <p>PDPs have been revised to include regular reviews. Options to provide this as an electronic and readily accessible plan for the women, teachers, keyworkers, and Prison Offender Managers (POMs) are being explored using virtual campus and in-cell technology.</p>	Head of Learning and Skills	<p>August 2022</p> <p>December 2022</p>
7.16	Recommendation (5.29): Women due for release should receive high quality careers support and guidance so that they are prepared for their next steps.	Agreed	<p>HMP/YOI Bronzefield has reviewed and developed the pre-release service offer to develop a range of services able to support women with release planning, support, and guidance.</p> <ul style="list-style-type: none"> <li>Pre-Release course which focuses on 12-weeks prior to release has been launched in</li> </ul>	Head of Learning and Skills	October 2022

			<p>April 2022, as part of the Covid recovery regime.</p> <ul style="list-style-type: none"> <li>• Release on Temporary Licence (ROTL) opportunities with employment links is now within the Learning and Skills function.</li> <li>• A directory of employers and links with New Futures Network is available for women. This is promoted on the pre-release court and in the business centre. The information is available on a job availability board in the business centre and the main street of the prison.</li> <li>• HMPPs supported Employment Hubs will be introduced in Summer 2022, with dedicated resources to support the women in conjunction with the CIAG team.</li> <li>• Job Centre Plus will be embedded within the model Summer 2022.</li> <li>• The Director is initiating the prison's Employment Advisory Board to further facilitate employment opportunities for prisoners on release he is working with a selected business executive to explore the most impactful ways of working.</li> </ul>		
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Recommendations	
Agreed	13
Partly Agreed	3
Not Agreed	0
<b>Total</b>	<b>16</b>

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