

Report on an unannounced inspection of

HMP Bristol

by HM Chief Inspector of Prisons

20–21 May, 3–7 June 2019

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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at:
<http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Bristol is a category B local and resettlement prison, holding male adult and young adult prisoners. At the time of this inspection 464 men were resident, a slightly reduced roll, caused by the temporary closure of the prison's D wing for refurbishment.

Following this inspection of HMP Bristol, and because of our findings, in accordance with the protocol I have with the Ministry of Justice, I wrote to the Secretary of State invoking the Urgent Notification (UN) process (see Appendix V) on 11 June 2019.¹ In that letter, and in the inspection debriefing paper that accompanied it, I set out in detail my concerns and the judgements that had caused me to follow that course of action. Under the protocol, the Secretary of State commits to respond publicly to the UN within 28 days, explaining how outcomes for those detained will be improved. The Secretary of State's response, for which I am grateful, is also detailed in Appendix VII of this report.

As I indicated in my letter of 11 June, prior to this inspection we last inspected Bristol in March 2017 when we reported on declining standards and either poor or insufficiently good outcomes across all our tests of a healthy prison. These findings followed similarly poor inspections in both 2013 and 2014. Despite expressing some optimism at the time of the last inspection and despite subsequent important initiatives within the prison (including the recruitment of many staff, some new investment and the designation of Bristol by Her Majesty's Prison and Probation Service (HMPPS) as a prison under 'special measures'), at this inspection we were again unable to report on any significant improvement to overall outcomes.

Healthy prison assessments since 2013				
	Safety	Respect	Purposeful activity	Resettlement and rehabilitation
2019	1	2	1	2
2017	1	2	1	2
2014	2	2	2	2
2013	2	1	1	3

We last reported more positively about this prison some nine years ago in 2010, but since then, as the chart shows, it has been a record of seemingly intractable failure. Outcomes in safety for example, have been poor for two consecutive inspections, as they have been in the provision of purposeful activity. It was striking that of the 76 recommendations we made in 2017 we found that only 23 had been achieved or partially achieved; some 52 (68%) having not been achieved. Moreover, the prison met all seven of our criteria for invoking a UN.

My detailed findings for this inspection are contained within the summary and body of this report, and were similarly summarised in my letter to the Secretary of State. I will not repeat them here. As I have indicated previously, Bristol may not have reached the extreme lack of order and crisis seen in some other prisons and this report acknowledges some developments and some improvements, but many initiatives were poorly coordinated, applied inconsistently or not well embedded. Our repeated requests for the prison to provide us with meaningful objectives or an assessment of the impact of 'special measures' in driving improvement were unsuccessful. We were left with little confidence that the prison had a coherent and robust plan to impact and improve outcomes meaningfully. In 2017 the cautious optimism to which I referred gave me grounds to think that the leadership at Bristol, supported regionally and nationally, might be able to make progress. The current reality however,

¹ The protocol is available at <https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2017/11/HMIP-Moj-protocol-amend301117.pdf>

shows this did not happen. I hope this report and the UN that preceded it constitute a timely reminder that HMP Bristol needs to be gripped and supported at all levels of management in HMPPS.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

July 2019

Fact page

Task of the establishment

HMP Bristol is a category B local and resettlement prison holding male adults and young adults.

Certified normal accommodation and operational capacity²

Prisoners held at the time of inspection: 464

Baseline certified normal capacity: 406

In-use certified normal capacity: 332

Operational capacity: 520 (during the refurbishment of D wing)

Notable features from this inspection

More than 10% of the population were subject to assessment, care in custody and teamwork (ACCT) case management procedures.

Around 40% of cells held more prisoners than they were designed for.

About 20% of the population had been recalled to prison.

62% of prisoners said that they had felt unsafe at some time at the prison.

62% of prison officers were within their first two years of service.

19% of prisoners said that they had developed a drug problem at the prison.

Only about 25% of prisoners attended activities at any time.

About 47% of prisoners were released homeless or into temporary accommodation.

Prison status (public or private) and key providers

Public

Physical health provider: Bristol Community Health and Hanham Health

Mental health provider: Avon and Wiltshire NHS Partnership Trust delivers the psychosocial substance misuse service and Bristol Community Health delivers the clinical substance misuse service

Substance use treatment provider: Avon and Wiltshire NHS Partnership Trust

Learning and skills provider: Weston College

Community rehabilitation company (CRC): Bristol, Gloucestershire, Somerset and Wiltshire CRC

Escort contractor: GEOAmev

Prison group/Department

South-West

² 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 prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Brief history

The prison was built in 1883. B and C wings were added in the 1960s.

Short description of residential units

A wing is a 126-bed wing, mainly for vulnerable prisoners.

B wing has 99 single cells. It does not have in-cell sanitation.

C wing is a 148-bed wing, incorporating the first night centre, integrated drug treatment system/drug recovery and a dedicated detoxification unit on C3.

D wing (including the F wing annex) is a 116-bed wing and contains the induction centre. D wing is closed as it is currently under refurbishment.

E wing is an 11-bed dedicated segregation wing, with two additional unfurnished cells.

G wing is a 125-bed wing.

The prison no longer has a separate in-patient health centre unit; it has a reintegration unit, named the Brunel unit, holding prisoners with complex mental health and physical needs.

Name of governor/director and date in post

Steve Cross (September 2015)

Independent Monitoring Board chair

Eleanor Agar

Date of last inspection

6–17 March 2017

About this inspection and report

A1 Her Majesty's 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, police and court custody and military detention.

A2 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.

A3 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. The tests are:

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

Respect Prisoners are treated with respect for their human dignity.

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

Rehabilitation and release planning Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

A4 Under each test, we make an assessment of outcomes for prisoners 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 Her Majesty's Prison and Probation Service (HMPPS).

- **Outcomes for prisoners are good.**

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

- **Outcomes for prisoners are reasonably good.**

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

- **Outcomes for prisoners are not sufficiently good.**

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **Outcomes for prisoners are poor.**

There is evidence that the outcomes for prisoners are seriously affected by current

practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

A5 Our assessments might result in one of the following:

- **key concerns and recommendations:** identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

A6 Five key sources of evidence are used by inspectors: observation; prisoner 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.

A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

A9 This explanation of our approach is followed by a summary of our inspection findings 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 men in prisons (Version 5, 2017)*.³ The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

A10 Details of the inspection team and the prison population profile can be found in the appendices.

A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.⁴

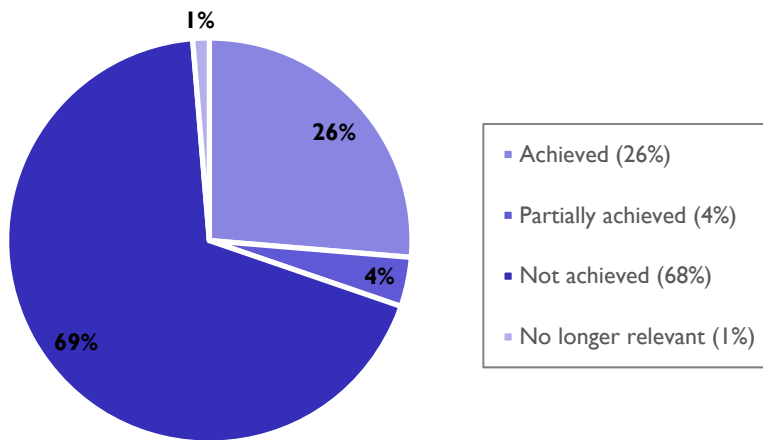
³ <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

⁴ 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.

Summary

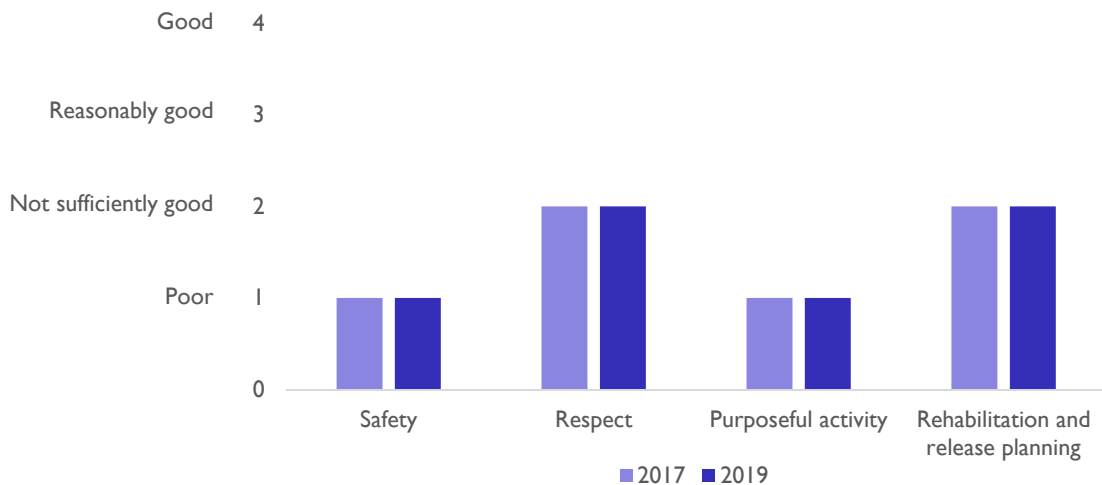
- S1 We last inspected HMP Bristol in 2017 and made 76 recommendations overall. The prison fully accepted 67 of the recommendations and partially (or subject to resources) accepted nine.
- S2 At this follow up inspection, we found that the prison had achieved 20 of those recommendations, partially achieved three recommendations and not achieved 52 recommendations. One recommendation was no longer relevant.

Figure 1: HMP Bristol progress on recommendations from last inspection (n=76)



- S3 Since our last inspection, outcomes for prisoners stayed the same in all healthy prison areas. Outcomes were poor for Safety and Purposeful activity and not sufficiently good for Respect and Rehabilitation and release planning.

Figure 2: HMP Bristol healthy prison outcomes 2017 and 2019⁵



⁵ Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

S4 *Support for new arrivals was inconsistent and weak. Too many prisoners felt unsafe, and levels of violence were higher than in similar prisons, and higher than at the time of the previous inspection. A range of actions had been taken to make the prison safer but these were poorly coordinated and not measured for effectiveness. Use of segregation, adjudications and force were all high, and managerial oversight was lacking. Security arrangements were good. Actions to tackle drug use were very good and availability had reduced substantially. Levels of self-harm were very high and procedures to support those in crisis were weak. **Outcomes for prisoners were poor against this healthy prison test.***

S5 *At the last inspection in 2017, we found that outcomes for prisoners in Bristol were poor against this healthy prison test. We made 12 recommendations in the area of safety. At this inspection, we found that two of the recommendations had been achieved, one had been partially achieved and nine had not been achieved.*

S6 The reception area was cramped, and ill-suited to the demands of a busy local prison. First night processes were relatively swift but not enough was done to allay prisoners' anxieties and help them to settle in. A spacious first night interview area was opened during the inspection but there was too little to engage or inform prisoners. First night safety interviews were not held in private and staff did not always follow the prison's risk and needs assessment process, potentially missing important information.

S7 First night cells on C wing were grubby, bleak and poorly prepared. New arrivals had too little time out of cell, and an area for association was only made available during the inspection. The first night experience on C3 for those new prisoners needing substance use treatment located them in particularly impoverished conditions. New arrivals were routinely checked on their first night and saw a safer custody peer worker the next day.

S8 A basic induction to prison life took place most mornings. It was clear and useful, but prisoners were allowed to decline it, even if they had no recent experience of the establishment. The induction to activities was not well attended, so many prisoners could not progress to being allocated to work.

S9 In our survey, 62% of respondents said that they had felt unsafe at the prison at some time, and over a third that they currently felt unsafe. Levels of violence against prisoners and staff, including serious assaults, were much higher than the average for local prisons and had increased since the previous inspection, although there had been some more positive data in recent months.

S10 The prison analysed a wide range of data to try to understand the causes of violence, but too much remained unexplained. Safer custody meetings were poorly attended and there was a lack of prison-wide accountability or understanding of safer custody processes, including the management of perpetrators and support for victims. Despite high levels of violence, no perpetrators of violence or victims were managed under Challenge Support Intervention Programme (CSIP) arrangements.⁶

S11 The published safer prison strategy was well considered. Not all processes identified within it were undertaken. While some impressive strategic initiatives had been introduced to make

⁶ Challenge, Support and Intervention Plan (CSIP) is a system used by some prisons to manage the most violent prisoners and support the most vulnerable prisoners in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

- the prison safer, such as an effective new drug strategy, joint working with local and regional police forces to reduce the threat posed by external gangs, and initiatives to reduce prisoner frustrations with their living conditions, there was no dynamic action plan to measure their effectiveness and inform future actions. The prison responded well to emerging threats on a daily basis.
- S12 A new incentives and earned privileges scheme had been introduced recently but it was too early to assess its impact. There were no behaviour improvement plans, and reviews were too inconsistent to manage poor behaviour and reward good behaviour. There were few incentives for prisoners to attain enhanced status, and in our survey only 35% of prisoners said that the incentives and rewards offered encouraged them to behave well.
- S13 The number of adjudications was higher than at other local prisons. Too many were not proceeded with, or were remanded or referred, and this undermined the challenge of poor behaviour. There was insufficient oversight of the adjudication process. Adjudication meetings were infrequent and poorly attended. Adjudication records were not always legible and there was no quality assurance.
- S14 Levels of use of force had increased, and were high. Governance arrangements had only recently been implemented, and at the time of the inspection there was too little information to identify trends and too little scrutiny to ensure full completion of documentation. Paperwork and the body-worn camera footage we watched mostly demonstrated the appropriate use of de-escalation techniques and approved use of force methods. However, documentation demonstrated that there had been one occasion where the use of special accommodation had not been justified.
- S15 The number of prisoners segregated on the segregation unit had increased considerably, and was higher than in similar prisons. In addition, too many prisoners were segregated on the wings, where there was little managerial oversight. Living conditions on the segregation unit were generally good. Some prisoners had televisions and radios, and we saw some positive staff interactions with challenging prisoners. Managerial oversight of the segregation unit required improvement. All prisoners arriving on the unit were strip-searched without an appropriate risk assessment, and the recording of prisoners' behaviour and regime was poor. Reintegration planning had been introduced only recently.
- S16 Security processes were proportionate to the risks posed, and the establishment responded well to the ongoing threats posed by drugs, organised crime, gang-related violence and mobile phones. There was an appropriate focus on extremism and corruption prevention.
- S17 A substantial amount of intelligence was analysed swiftly and a large proportion of searches were intelligence led, and had resulted in finds of weapons, drugs and mobile phones. However, too few suspicion drug tests were undertaken when required. Collaborative working with the local and regional police was impressive.
- S18 In our survey, more than half of all prisoners said that drugs were readily available. A considerable amount of effort had been made to reduce drug use and there was evidence of some success, with the random mandatory drug testing positive rate having fallen from over 30% to 14% in previous six months. The previously high number of new psychoactive substance (NPS)⁷-related medical emergencies had fallen sharply and there had been no NPS-positive drug tests for over three months.

⁷ NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

- S19 Levels of self-harm had increased and were higher than at most other local prisons. There had been two self-inflicted deaths since the previous inspection. Important recommendations from the Prisons and Probation Ombudsman (PPO) had not been implemented effectively. Incidents of self-harm were not routinely investigated to understand the underlying causes. Although the safer custody team gathered some useful monthly data, these were not used to identify the latest challenges or develop an effective approach to reducing levels of self-harm.
- S20 Some very poor living conditions and a lack of access to activities heightened the risk for prisoners in crisis. The number of assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm was extraordinarily high, and was unmanageable. Health services staff were instructed to open an ACCT document routinely whenever a prisoner had a history of self-harm, without applying their clinical judgement first. Over 10% of the population was receiving ACCT support during the inspection. This inevitably compromised the quality of care which could be delivered, and there was a risk that staff had become inured to the most serious risks within this group. There had been good progress in training staff in suicide and self-harm prevention, and work to develop the practice of ACCT case managers was under way.
- S21 Constant supervision was used frequently but there were not enough appropriate cells to deliver this care effectively. The safer custody hotline, whereby family and friends could report their concerns about a prisoner's welfare, was not checked. Prisoners had been unable to call the Samaritans from their in-cell telephones for several weeks before the inspection.
- S22 Although the prison had some adult safeguarding processes, we still found vulnerable prisoners at risk of exploitation living on the wings without adequate support.

Respect

S23 *Staff-prisoner relationships were mostly positive. Despite some improvements, wings remained grim and depressing, and living conditions were poor for most. Prisoners disliked the food served. Prison shop arrangements were good. General consultation arrangements were effective. Applications were not well managed. Some serious complaints were not responded to adequately. Despite recent improvements, equality and diversity arrangements remained weak and the needs of some minority groups were not being met. Faith provision was good. Health provision had improved and was good overall, although social care arrangements remained inadequate. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S24 *At the last inspection in 2017, we found that outcomes for prisoners in Bristol were not sufficiently good against this healthy prison test. We made 29 recommendations in the area of respect. At this inspection, we found that 10 of the recommendations had been achieved, two had been partially achieved, 16 had not been achieved and one was no longer relevant.*

- S25 The previous chronic staff shortages had been addressed, although most staff had less than two years' experience. We saw some skilful staff-prisoner engagement, especially when dealing with challenging prisoners, but we also often saw too many staff in wing offices.
- S26 All prisoners had been allocated a key worker and the quality of interactions was good, but too few sessions were taking place for the scheme to be fully effective.
- S27 Most external areas were reasonably clean, but the grilles on cell windows were often filled with litter. One wing had been closed for complete refurbishment and there had been some

- investment to improve conditions on other wings, but living conditions for many prisoners were poor. C and G wings still offered the poorest environments. Communal areas and showers on most wings were in poor condition due to the deteriorating fabric of the buildings and were grubby, despite the large number of cleaners.
- S28 Far too many cells designed for one person were holding two, and conditions were unacceptably cramped and overcrowded. Most were bleak and run down, although windows were generally in good repair. Many toilets had new lids and seats but most were still not adequately screened. Flooring was often damaged or missing altogether. Many observation panels were blocked, with offensive graffiti on some.
- S29 A substantial number of maintenance jobs were outstanding at the time of the inspection, many dating back to 2018. The need for a large amount of new furniture had been identified but a bulk order placed five months previously had not been fulfilled. Despite regular efforts to tackle the infestation, cockroaches were commonplace. There was generally good access to toiletries and basic essentials.
- S30 In our survey, only 20% of prisoners said that the food provided was good, which was far fewer than in similar prisons. Prisoners were given the option of a hot breakfast, but the lunch menu was too limited and had remained the same for over 12 months. The lunch and evening meals were served far too early. The food trollies used to transport meals from the kitchen to the residential areas were filthy.
- S31 Prison shop arrangements were good. There was an early days shop system, which allowed new prisoners to have access to some items in their first 24 hours at the establishment, and reduced the likelihood of debt.
- S32 A monthly prisoner consultation meeting took place, with good attendance from around the establishment. The resulting ‘you said, we did’ action plan was effective and had showed some positive outcomes.
- S33 In our survey, far fewer prisoners than elsewhere said that applications were dealt with fairly and in a timely manner. A recent review of the applications process had taken place, but management oversight and monitoring were still not sufficiently robust.
- S34 Too many complaints were responded to late. Responses to general complaints were mostly good. Complaints against staff, including some serious allegations, were not always thoroughly investigated or addressed.
- S35 There had been some recent improvements in the leadership and strategic oversight of equality work, but this nonetheless remained weak. Until recently, equality work had not received sufficient senior management attention. The analysis of equality data was poor; where national data showed disproportionate treatment of prisoners in protected groups, the prison was not able to provide evidence of what they had done to address this. Senior leads had been identified for the protected characteristic groups but were not yet driving action. Dedicated consultation for prisoners with protected characteristics was limited. As yet, there was little formal involvement from community groups specialising in equality, although advanced plans were in place. Equality and diversity representatives were used well to offer support to prisoners but did not attend equality meetings. Most discrimination incident report forms were responded to promptly, the quality of responses was good and internal quality assurance processes were robust.
- S36 Around a quarter of the population identified as being from a black and minority ethnic background. Arrangements for them were good and our survey showed little disproportionality of treatment when compared with white prisoners. Support for Gypsy,

- Roma and Traveller prisoners and gay, bisexual and transgender prisoners was good, but foreign national prisoners and young adults received little dedicated provision.
- S37 There were serious gaps in the provision for prisoners with disabilities, and the needs of many prisoners with mobility issues were not being met. There was no effective prisoner carer system, and some prisoners struggled with daily activities, such as showering, and were unable to access all areas of the prison. There were no care plans in residential areas.
- S38 Faith provision was very good. The chaplaincy was well integrated into the prison regime. There was good pastoral care, and access to faith services had improved. Particularly good resettlement support was provided for prisoners from some faiths.
- S39 Health care provision had improved since the previous inspection. Governance arrangements were strong, services were well led and an appropriate range of services was provided. Nurse-led triage on wing hubs worked well but many of the wing treatment rooms were extremely poor environments. Specialist clinics were delivered from the main health centre, but as a first-floor facility this limited entry for patients with mobility issues. In addition, escorting and regime issues also periodically delayed general access.
- S40 Arrangements to assess and deliver the social care needs of prisoners were inadequate. The prison had been without a social care provider for several years, which meant that insufficient measures had been put in place to ensure that prisoners' basic needs were being met.
- S41 Mental health services were good, with impressive urgent care arrangements and a range of appropriate therapeutic interventions provided.
- S42 Substance misuse services had improved and were impressive, with strong partnership working and some emerging areas of good practice. The drug recovery landing on C wing remained squalid and degrading, and did not support the well-being of prisoners attempting to detoxify.
- S43 Medicine supply and administration on the wings were effective, but privacy was difficult to achieve and officer supervision was inconsistent.
- S44 Dental service provision was appropriate to need, and a good service was offered.

Purposeful activity

- S45** *Many prisoners spent too long locked up during the working day. The regime was not reliably delivered. PE arrangements were reasonable but library provision was very poor. The leadership and management of education, skills and work activity remained inadequate. Too many prisoners were not engaged in any education, training or work. The provision did not adequately address prisoners' employability needs. Teaching and learning required improvement and too few prisoners made progress, or achieved their potential. Too many prisoners did not complete a course or gain a qualification. **Outcomes for prisoners were poor against this healthy prison test.***
- S46 *At the last inspection in 2017, we found that outcomes for prisoners in Bristol were poor against this healthy prison test. We made 17 recommendations in the area of purposeful activity. At this inspection, we found that two of the recommendations had been achieved and 15 had not been achieved.*

- S47 The amount of time unlocked for prisoners engaged in activities was around eight and a half hours a day. For those not engaged in activities (around half the population), it could be as little as two and a half hours a day. Evening association periods had been introduced but were not reliably delivered. There were regular delays and slippage in the regime. In our roll checks, we found 31% of prisoners locked up, which was much better than at the time of the previous inspection but remained too high.
- S48 PE facilities were reasonably good but because of a shortage of staff, facilities were not fully utilised. Analysis of attendance data was too limited, and PE still interrupted work and learning for some. Support for prisoners with health care and substance misuse needs was good. Accredited gym instructor qualifications were not available.
- S49 Pending the opening of a new library, attendance at the temporary library was exceptionally poor. Only 13 prisoners had been taken to the library from the wings throughout the whole of May 2019. A very limited outreach service was provided. There had been no promotion of literacy during 2019.
- S50 Plans for the new education and skills building (due to open in August 2019) were ambitious and aimed to revitalise purposeful activity. However, leaders and managers had made little progress in improving the quality of the education, skills and work provision since the previous inspection. They did not prioritise purposeful activity sufficiently, and did not have high enough expectations of what prisoners could achieve.
- S51 The quality of the provision was not reviewed sufficiently, to ensure that it improved rapidly and met prisoners' needs. Since the previous inspection, the provision had not been developed sufficiently to develop prisoners' employability skills.
- S52 There were sufficient activity spaces for all prisoners to engage in education, training and work activities at least part time, but only about half the population were allocated. Of those allocated, as few as 50% attended. Attendance was routinely interrupted by court appearances, hospital appointments and gym sessions, and there were frequent delays in the regime. Classes were often cancelled.
- S53 There was insufficient oversight of the progress that prisoners made or whether they achieved their qualifications. The English and mathematics strategy was ineffective. Leaders and managers, including the education provider, did not use data effectively to challenge poor performance. There was insufficient accreditation of skills in workshops to meet prisoners' employment needs.
- S54 A small number of prisoners made good progress. Teachers used oral questioning effectively to check on learning and to encourage participation in lessons. They used information about the interests of prisoners to improve the effectiveness of learning.
- S55 Most prisoners who attended workshops focused effectively on completing their work, and interacted well and productively with their peers. Most teachers and instructors did not make sufficient use of what prisoners already knew and could do, to plan their individualised learning and training.
- S56 Most prisoners' individual learning plans were weak and did not help them to know what they needed to do to achieve qualifications, or how they could develop the skills they needed for employment. Most teachers and instructors did not routinely provide clear feedback on how prisoners could improve the standard of their work.
- S57 The small numbers of prisoners in activities such as catering, print, information and communications technology, and bicycle mechanics took pride in what they produced. The

quality of their work was usually of a high standard. In other workshops, planned activities were mechanical and repetitive, with the result that most prisoners had little interest, and took no pride, in the work they were completing. Staff did not provide good enough information about the education and vocational training opportunities open to prisoners.

- S58 As a result of the poor attendance at education classes, too few prisoners accessed opportunities to increase their employability skills and plan for resettlement. Most prisoners were respectful and treated staff and each other with courtesy. Arrangements were not yet fully effective in supporting prisoners to progress to education, training or employment on release or transfer.
- S59 Outcomes for prisoners across the provision were poor. Too many prisoners who started their education courses did not complete them. The planning of the curriculum did not meet the needs of prisoners who stayed at the prison for very short periods. This meant that prisoners did not make the progress of which they were capable or achieve their full potential. Too often, they were unable to progress to the next level of learning. The standard of prisoners' work was not good enough in most areas of the provision.

Rehabilitation and release planning

S60 *Arrangements to support prisoners' contact with family and friends had improved, and were reasonably good. Too many prisoners were without an up-to-date offender assessment system (OASys) assessment, and many were transferred without an assessment informing their move. Offender supervisor contact was reasonably frequent. Some prisoners remained at the establishment for too long and were unable to progress or address their offending needs. Public protection arrangements were not sufficiently robust. Not all prisoners had their resettlement needs addressed on arrival. Despite strenuous efforts to address accommodation needs, far too many prisoners were released homeless or to temporary accommodation. Only basic finance and debt advice was available. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S61 *At the last inspection in 2017, we found that outcomes for prisoners in Bristol were not sufficiently good against this healthy prison test. We made 18 recommendations in the area of resettlement. At this inspection, we found that six of the recommendations had been achieved and 12 had not been achieved.*

- S62** An improved range of family support and engagement was provided. Visits were well managed, and visitors and prisoners were positive about their experience. The visits hall was dreary and required refurbishment.
- S63** The provision of in-cell telephones enabled prisoners to maintain regular contact with family and friends, but there were still delays in activating accounts, which caused considerable distress to newly arrived prisoners. Prisoners also experienced delays in receiving their mail.
- S64** The reducing reoffending strategy was up to date and informed by a needs analysis, but this was fundamentally undermined by the lack of a dynamic action plan and wider prison involvement.
- S65** From an offender management perspective, the prison held a challenging mix of prisoners, with about 25% of the population assessed as presenting a high or very high risk of harm and about 20% having been recalled to custody. Most prisoners stayed at the prison for less than three months, reflecting a high turnover in the population.

- S66 Too many prisoners, about a third of those eligible, did not have an up-to-date offender assessment system (OASys) assessment, and too many were transferred without an OASys assessment to inform their move. Offender supervisor contact had improved and was now reasonable.
- S67 Too little work was undertaken to progress indeterminate sentence prisoners through their sentence. Most prisoners approved for home detention curfew were held beyond their eligibility date, usually because of a lack of accommodation.
- S68 Public protection procedures were not sufficiently robust. The interdepartmental risk management team meeting was limited in both scope and attendance, and did not consider imminent releases of high-risk prisoners, to ensure that risks were being properly managed. However, there were good efforts to confirm prisoners' multi-agency public protection arrangements (MAPPA) management levels before release.
- S69 Arrangements to assess prisoners subject to mail and telephone monitoring were reasonable, but there was a backlog of telephone calls waiting to be listened to, and systems to ensure the accuracy of all those being monitored were inadequate and potentially put the public at risk.
- S70 It was difficult for the prison to secure transfers for category B prisoners, so they stayed at the establishment for too long, which impeded their ability to progress in their sentence.
- S71 There were no interventions available to explore and address the offending behaviour of prisoners who stayed at the prison for too long.
- S72 Despite considerable efforts to address accommodation needs, far too many prisoners – about 47% – were released homeless or to temporary accommodation. There was some basic support to help prisoners to manage their debts and open bank accounts, but there was no specialist advice available.
- S73 About 80 prisoners were released from the establishment every month, so demand for resettlement planning was high. Not all prisoners were seen on arrival to have their immediate resettlement needs addressed. In most cases, prisoners' needs were reviewed before release, but this was often too late to be fully effective.

Key concerns and recommendations

- S74 Concern: Support for new arrivals was inconsistent and weak. The reception area and the first night centre were not welcoming environments, and offered too little to inform and engage prisoners. Peer workers were not used effectively. First night safety interviews were not private or sufficiently thorough. First night accommodation was unpleasant and poorly prepared. Induction was not delivered to all prisoners who needed it.

Recommendation: All new arrivals should receive consistent and effective support in properly equipped and welcoming reception and induction facilities.

- S75 Concern: Levels of violence were higher than at the time of the previous inspection, and much higher than the average for this type of prison. Too many acts of violence remained unexplained and there was insufficient analysis or understanding of the causes of violence and anti-social behaviour. Processes for managing perpetrators and victims of violence were not widely embedded or understood. Support for, and the management of, self-isolating prisoners was inadequate and, despite the high levels of violence, there were no prisoners on normal locations subject to any form of monitoring.

Recommendation: Actions and processes to reduce violence should be embedded and consistently applied throughout the prison, and their effectiveness regularly monitored.

- S76 Concern: The number of adjudications was high. Records were not always legible, management oversight was insufficient and there was no quality assurance process. Too many adjudications were not proceeded with, or were remanded or referred, which undermined the challenge of poor behaviour.

Recommendation: All adjudication hearings should be held and completed within a reasonable time, ensuring that poor behaviour is appropriately challenged.

- S77 Concern: Levels of use of force were high. Governance and oversight arrangements had been implemented too recently to give assurance and identify trends and themes. Not all incidents involving the drawing of batons were investigated and too much use of force documentation was missing.

Recommendation: There should be regular and effective managerial oversight of the use of force, which should always be justified and proportionate.

- S78 Concern: Levels of self-harm were higher than at most other local prisons. The number of prisoners subject to ACCT support was unmanageable and prevented staff from focusing on those at the highest risk. Too many prisoners lived in poor conditions and did not attend activities, exacerbating their risk of suicide and self-harm. Action to address levels of self-harm and implement PPO recommendations was not well coordinated by the safer custody team.

Recommendation: Effective, well-coordinated action should be taken and sustained in order to reduce levels of self-harm.

- S79 Concern: Most safer custody processes were failing. The safer custody hotline, whereby family and friends could report their concerns about a prisoner's welfare, was not monitored. Prisoners could not telephone the Samaritans from their cells. There were too few Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). There were not enough appropriate facilities for constant supervision.

Recommendation: Safer custody processes should effectively support prisoners at risk of suicide and self-harm.

- S80 Concern: Living conditions for most prisoners remained unacceptably poor. There had not been sufficient investment in most residential units to prevent further deterioration since the previous inspection. Efforts by residential managers to improve conditions had sometimes been frustrated. Most wings required wholesale refurbishment, in order to provide decent living conditions.

Recommendation: There should be sufficient investment in, and refurbishment of, the residential units, to ensure that all prisoners live in decent, respectful conditions.

- S81 Concern: Too many prisoners lived in overcrowded cells.

Recommendation: Prisoners should not be held in overcrowded conditions.

S82 Concern: There were substantial gaps in the provision for prisoners with disabilities, and the needs of many prisoners with mobility issues were not being met. There was no specific accommodation available for these prisoners, and no evidence of any reasonable adjustments being made to support them. There was no effective prisoner carer system, and the management and delivery of personal evacuation escape plans was very weak.

Recommendation: The prison should ensure that the needs of all prisoners identified with a disability are met.

S83 Concern: No protocol or memorandum of understanding had been formally agreed with the local authority, which meant that arrangements to assess and deliver the social care needs of prisoners were inadequate. We observed several prisoners with unmet care needs.

Recommendation: Prisoners should receive a prompt and full assessment of any potential social care needs, and receive timely support commensurate with their needs through an individual, regularly reviewed care plan, delivered by trained staff.

S84 Concern: Leaders and managers had made very slow progress in improving the quality of the education, skills and work provision since the previous inspection. They did not prioritise purposeful activity sufficiently. Quality assurance and improvement arrangements were ineffective. Leaders, managers and the education provider had not developed the provision sufficiently to reflect the current or future needs of the prison population. Staff shortages, particularly in the education provision, and regime issues resulted in cancelled lessons and gaps in the provision. The allocation of prisoners to education, skills and work activities did not take into account sufficiently what prisoners already knew and could do.

Recommendation: Leaders and managers should give priority to engaging prisoners in a wide and well-utilised range of purposeful activities that meets the rehabilitation needs of all groups of prisoners, and which leaders and managers scrutinise closely and regularly, to ensure that it is of a high quality.

S85 Concern: Attendance at education, skills and work activities was far too low. Staff did not provide good enough information about the education, skills and work opportunities available. Prisoners did not know how their engagement in education, skills and work was helping them to achieve their long- and short-term goals aimed at release and resettlement. Arrangements were not yet fully effective in supporting prisoners to progress to education, training or employment on release or transfer. Outcomes and achievements for prisoners across the provision were poor, including in English and mathematics.

Recommendation: Leaders and managers should ensure that prisoners attend their activities regularly, complete and achieve relevant qualifications, including in workshops, and develop effective work-related skills that prepare them effectively for their next stage of education, training or employment.

S86 Concern: Leaders and managers, including from the education provider, did not have effective oversight of the progress that prisoners made. Teachers and instructors did not make sufficient use of what prisoners already knew and could do, to plan individualised learning and training. Activities in lessons did not meet the needs and interests of prisoners. The pace of some lessons was too slow. Standards of work in most areas of the provision were not good enough.

Recommendation: Leaders and managers should prioritise the improvement of the quality of the provision, ensuring that teachers and instructors plan and deliver a high-quality education and training experience that is individualised to

meet prisoners' needs and motivates them to make good progress, produce work of a high standard and achieve their full potential.

S87 Concern: Too many prisoners, about a third of those eligible, did not have an up-to-date OASys assessment, which affected their opportunity to progress and access the right interventions to reduce their risk. Too many prisoners were transferred without an OASys assessment to inform their move.

Recommendation: All eligible prisoners should have an up-to-date assessment of their risks and needs, and this should inform their move before being transferred to another establishment.

S88 Concern: About 80 prisoners were released from Bristol every month. However, too many, about 47%, were released homeless or into temporary accommodation, which did little to enhance their chances of rehabilitation. Too little focus and vigour was given to understanding the accommodation needs of prisoners. Wider, collaborative efforts to engage community and partnership services were underdeveloped.

Recommendation: The number of prisoners being released either homeless or into temporary accommodation should be reduced.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- I.1 Prisoners had short journeys to the establishment from nearby courts.
- I.2 The reception area was cramped, and ill-suited to the demands of a busy local prison, with an average of 40 new arrivals each week. Little had been done since the previous inspection to make the environment feel more welcoming, other than displaying posters explaining staff roles. Orderlies performed basic tasks but there were no trained peer workers to explain life at the establishment to new arrivals. Prisoners were not offered a hot drink on arrival but hot food was available if they arrived at the time of the evening meal (see key concern and recommendation S74).
- I.3 All prisoners received or discharged through reception were strip-searched. This still took place in an unsuitable partitioned area in a narrow corridor, but privacy had been improved with the addition of a fuller curtain. Prisoners were asked for personal information in a noisy open area, which meant that staff had to raise their voices to be heard, including when asking sensitive questions about protected characteristics (see key concern and recommendation S74).
- I.4 First night processes were relatively swift, and prisoners were soon taken to a spacious first night interview area which was opened during the inspection. Other than a range of useful leaflets about prison life, this space offered too little to engage or inform prisoners. There was no up-to-date booklet about the establishment which described aspects such as the daily regime (see key concern and recommendation S74). Orderlies guided prisoners through routine induction paperwork, and a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) had recently started to attend.
- I.5 First night safety interviews were not held in private. Doors were left open and interviews were repeatedly interrupted by staff and orderlies. Officers did not always follow the prison's first night risk and needs assessment process, potentially missing important information. We saw prisoners being noted as not requiring an induction without having been asked about this (see key concern and recommendation S74).
- I.6 During the first night process, new prisoners could order a selection of basic items from the prison shop and receive them the next day, which helped to prevent them from accruing debt (see paragraph 2.18).
- I.7 Prisoners were taken to first night cells on C wing. New arrivals generally went to the C1 landing, where cells were grubby, bleak and poorly prepared. During the first week of the inspection, they had less than two hours out of their cells each day and had nowhere to associate, as they were permanently locked onto a single spur. Their regime and access to the rest of the C1 landing improved during the inspection. Those needing substance misuse treatment were located on the C3 landing, where conditions were particularly impoverished,

with bare, poorly prepared cells which initially lacked mattresses (but were supplied later in the day) (see key concern and recommendation S74).

- I.8** New arrivals were routinely checked by staff every hour during their first night. A safer custody peer worker checked on all new arrivals the next day and also followed up with them a week later.
- I.9** In our survey, fewer prisoners than at other local prisons said that they had received an induction. The programme comprised a basic introduction to prison life and took place most mornings, run by an officer and an induction orderly. It was clear and useful but more than half of new arrivals were allowed to decline it. This was sometimes for legitimate reasons, given the large number of recalls with very recent experience of the prison. However, 38% of those who had been allowed to decline in May 2019 had not been at the prison for over three months, so a fresh induction would therefore have been necessary. Managers had not given sufficient priority to inducting prisoners to activities. These sessions were routinely poorly attended so many prisoners were not promptly allocated to a place in either work or education (see also paragraph 3.23).
- I.10** In our survey, more prisoners than at other local prisons and at the time of the previous inspection said that they had had problems in getting telephone numbers approved and contacting their families when they first arrived. There were delays in applications reaching administrators, and further delays while numbers were checked and approved by the single member of public protection staff. In addition, there was no communication with prisoners if telephone numbers were approved, all of which caused them considerable frustration (see also paragraph 4.3 and recommendation 4.4).

Managing behaviour

Expected outcomes:

Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- I.11** Levels of violence against prisoners and staff, including serious assaults, had increased and were very high. Recent data indicated that the number of incidents had begun to fall but levels remained much higher than the average for this type of prison. In our survey, 62% of respondents said that they had felt unsafe at the prison at some time, 35% that they currently felt unsafe, 59% that they had been victimised by other prisoners and 53% that they had been bullied or victimised by staff at some time (see key concern and recommendation S75).
- I.12** A wide range of violence data was analysed and, although there was a reasonable understanding of causal factors of violence, far too much remained unexplained.
- I.13** Additional resources had been allocated to help to address the high levels of violence. There were some impressive strategic initiatives, such as joint working with local and regional police forces to reduce the threat posed by external gangs; early access to the prison shop to deter borrowing and subsequent debt (see also paragraphs 1.6 and 2.18); a focus on reducing the frustrations due to living conditions; and, most notably, a strategy to address the threat posed by illicit drug use and associated issues, where there were evident signs of success (see section on security). Most of these initiatives were included in the published

safety strategy, but the strategy was not widely understood or implemented across the prison. During the inspection, we were unable to obtain a dynamic action plan that demonstrated how these key initiatives and other actions were being delivered to make the prison safer or how these actions were being measured for effectiveness in making the prison safer. Further policies concerning violence reduction and the management of prisoners choosing to self-isolate had recently been launched, but there was little or no knowledge about these on the wings (see key concern and recommendation S75).

- I.14 The prison responded well to immediate threats, with a weekly resource planning meeting and daily reallocations of staff to hotspots of violence and other poor behaviour.
- I.15 The monthly safer custody meeting was poorly attended and so missed the opportunity to engage the wider prison in delivering the safety strategy.
- I.16 There was much confusion on the wings, in activity areas and even within the safer custody department over which processes were or were not in use to manage perpetrators and support victims of violence. Despite the large number of assaults, we did not find any prisoners on formal monitoring on normal location under the Challenge Support Intervention Programme (CSIP)⁸ for either prevention or support purposes. Investigations were undertaken by only one member of the safer custody team, which meant that he had to prioritise the most serious of incidents, leaving too many that were not investigated.
- I.17 Support for victims of violence was also poor and inconsistent, usually amounting to being placed on the vulnerable prisoner wing for protection. A few prisoners were choosing to self-isolate because of fears for their safety. Support for them was haphazard, with no consideration of access to any kind of regime and no management plans for them, to inform staff about their issues and the actions needed to keep them safe.
- I.18 As at the previous two inspections, there was no consideration of the potential risk to young adult prisoners located on the vulnerable prisoner wing or elsewhere. This meant that some young people were still potentially at risk, including of sexual exploitation, from adult prisoners. There were no documented risk assessments or individual risk management plans (see key concern and recommendation S75).
- I.19 A new incentives and earned privileges scheme had been introduced recently but it was too early to assess its impact. There were no behaviour improvement plans, and reviews were too inconsistent to manage poor behaviour and reward good behaviour. For example, for one prisoner who had recently been placed appropriately onto the basic regime owing to a pattern of poor behaviour, no behaviour targets had been set and only one positive entry had been recorded; however, he had achieved enhanced status 28 days later. At the time of the inspection, there were 27 prisoners on the basic level of the scheme.
- I.20 There were few incentives (other than an increased spending allowance) for prisoners to attain enhanced status. In our survey, only 35% of prisoners said that the incentives and rewards offered encouraged them to behave well.

Recommendations

- I.21 **All victims of violence and antisocial behaviour should be identified and, where appropriate, supported with comprehensive management plans.**

⁸ Challenge, Support and Intervention Plan (CSIP) is a system used by some prisons to manage the most violent prisoners and support the most vulnerable prisoners in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

- I.22 The incentives and earned privileges scheme should be used more effectively to manage poor behaviour and reward good behaviour, and should include the use of individualised behaviour improvement plans.**

Adjudications

- I.23** The number of adjudications was higher than at other local prisons. Of the 1,075 adjudications taking place since January 2019, a conclusion had been reached in only 400 cases; 101 adjudications had not been proceeded with, mainly because of clerical errors; and too many had been dismissed, remanded or referred, which risked creating a culture where there were no consequences for prisoners who behaved badly (see key concern and recommendation S76).
- I.24** There was poor management oversight of the adjudication process. Records were not always legible, and it was not always clear why conclusions had been reached. There was no quality assurance process. Meetings were infrequent and poorly attended. Staff had begun to collect a wide range of data, although it was too soon to identify emerging trends or patterns (see key concern and recommendation S76).

Use of force

- I.25** Levels of use of force had increased, and were far higher than at similar prisons. Governance arrangements had only recently been implemented. Data had been collated for the recent use of force meeting, but as yet there was too little information available to identify trends and themes. There was too little scrutiny to ensure full completion of documentation, and substantial amounts of use of force documentation were missing, especially the F213 (injury to prisoner) forms. A separate learning and development meeting had recently been implemented, where closed-circuit television and body-worn camera footage of a small selection of planned and spontaneous incidents was viewed to identify lessons learned. Incidents involving the drawing of batons were not routinely reviewed (see key concern and recommendation S77).
- I.26** The paperwork and body-worn camera footage we reviewed mostly demonstrated the appropriate use of de-escalation techniques and approved use of force methods but the prison had only recently made attempts to debrief prisoners following a use of force incident.
- I.27** Special accommodation had been used on seven occasions in the previous six months. Documentation demonstrated appropriate authorisation, but we observed one occasion where the use of this accommodation had not been justified (see key concern and recommendation S77).

Segregation

- I.28** The number of prisoners segregated on the segregation unit had increased considerably, and was higher than in similar prisons. Too many prisoners were also segregated on the wings, and managerial oversight of these prisoners was poor. They were not always identified, to ensure that they received proper managerial attention or a suitable regime.
- I.29** Managerial oversight of the segregation unit required improvement. All prisoners arriving on the unit were strip-searched without an appropriate risk assessment. The recording of prisoners' behaviour and regime on the unit was poor. At the time of the inspection, one

prisoner was subject to multiple staff unlocking for meals and exercise; the decision for this had not been recorded, managers were not aware that it was happening and daily reviews were not completed. Reintegration planning had been introduced only recently, and the paperwork did not clarify what was required to reduce the amount of time that prisoners spent on the unit.

- I.30** Living conditions on the unit were generally good. Some prisoners had televisions and radios, and could access the gym. Prisoners on the unit were mostly positive about the staff who worked there, and we saw some good interactions with challenging prisoners.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance use and effective drug supply reduction measures are in place.

- I.31** Security processes were proportionate to the risks posed. The establishment responded well to the ongoing threats posed by drugs, organised crime, gang-related violence and mobile phones.
- I.32** The monthly security meeting was chaired by the deputy governor and attended by staff from all key areas of the prison. In addition to standing agenda items, the prison used a comprehensive intelligence assessment to respond to new and emerging threats. Information sharing with other functions, such as offender management, residence and the safety team, was good and enabled a coordinated approach to managing the locations of prisoners known to create a high level of disruption, both internally and across the prison estate. Prison-wide objectives were agreed at each meeting and then widely publicised, to good effect.
- I.33** A weekly intelligence assessment and tasking meeting provided a dynamic response to immediate threats. A range of immediate actions were identified, including intelligence-led searches and suspicion drug tests. Most searches resulted in a high yield of contraband (weapons, drugs and mobile phones) but too few suspicion drug tests were undertaken when required.
- I.34** There was a strong focus in engaging the wider prison in the submission of intelligence reports. Regular briefings and targeted coaching had resulted in far more intelligence being received than we normally see. This was analysed effectively, and provided a clear picture of current and emerging threats to the prison, to inform subsequent operations.
- I.35** In our survey, more than half of all prisoners said that drugs were readily available, which was similar to the proportions at other local prisons and at the time of the previous inspection. Almost a fifth of all prisoners said that they had developed a drug problem at the prison.
- I.36** The detrimental impact of drugs was well understood, and considerable investment and effort had been made to disrupt and address drug use. The well-led, coordinated approach to supply reduction, treatment and reducing demand was showing signs of success, and the random mandatory drug testing (MDT) positive rate had fallen from over 30% to around 14% in the previous six months. The previously high number of new psychoactive substance

(NPS)⁹ emergencies had reduced sharply and there had been no NPS-positive MDT tests for over three months. Although this was encouraging, a large volume of NPS-impregnated mail was intercepted, which, along with several NPS incidents, indicated the presence of yet-undetected substances. The prison was alert to this and was taking steps to address it, although it had not yet been able to obtain electronic scanning equipment.

- I.37 Links to both the local and regional police and other external agencies were impressive and led to some excellent examples of joint working. The 'Crime in Prison' partnership had yielded some good results.
- I.38 There was an adequate focus on the threats posed by extremism, and attention to professional standards was good.

Safeguarding

Expected outcomes:

The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- I.39 Levels of self-harm had increased, and were higher than at most other local prisons. There had been two self-inflicted deaths since the previous inspection. Important recommendations from the Prisons and Probation Ombudsman (PPO) reports on these had not been implemented effectively. A senior-level review of the assessment, care in custody and teamwork (ACCT) case management processes recommended by the PPO after an investigation of one of the self-inflicted deaths which had shown evidence of serious failings had not been seen by the local safer custody team. The PPO action plan was not up to date and did not effectively monitor progress against recommendations (see key concern and recommendation S78).
- I.40 Incidents of self-harm were not routinely investigated to understand the underlying causes. Although the safer custody team gathered some limited but useful monthly data, these were not used to identify the latest challenges or develop an effective strategy to reduce levels of self-harm. The monthly safer custody meeting did not work to an action plan or measure the effectiveness of any actions taken, to understand their impact (see key concern and recommendation S78).
- I.41 Some very poor living conditions and a lack of access to activities heightened the risk for prisoners in crisis (see also sections on living conditions, time out of cell, and education, skills and work activities). Health services staff had been instructed to open an ACCT document routinely whenever a prisoner had a history of self-harm, without applying their clinical judgement first, which meant that the number of ACCT documents opened was extraordinarily high. At the time of the inspection, 50 prisoners – over 10% of the population – were receiving ACCT support, and 20 of them lived on a single residential unit (A wing). This number was unmanageable, and the demands on wing staff, assessors and case managers on any given day inevitably compromised the quality of care which could be delivered. With such a large proportion of the population under ACCT procedures, there

⁹ NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

was also a risk that staff became inured to the most serious risks within this group. We saw examples of very poor care for prisoners identified as being at risk of suicide and self-harm. For example, one prisoner being managed on an ACCT became very distressed one evening and smashed up his cell. Despite this, staff did not review his case that evening, and the level of observations on him was not increased. He was left overnight, and all the following day, in his damaged cell (see key concern and recommendation S78).

- I.42** There had been good progress in training most staff in suicide and self-harm prevention, and work by regional safer custody staff to develop the practice of ACCT case managers was under way.
- I.43** Constant supervision was used frequently but there was only one gated cell where this high level of support could be delivered effectively. Too often, prisoners were locked in a residential cell while an officer checked on them through the observation panel, which was unsafe practice (see key concern and recommendation S79).
- I.44** The safer custody hotline, whereby family and friends could report their concerns about a prisoner's welfare, was not checked by staff. During the inspection, when we asked for records, staff retrieved 21 voicemail messages dating back over two weeks. Three of the prisoners concerned had already been released from the establishment. Prisoners had been unable to call the Samaritans from their in-cell telephones for several weeks before the inspection because managers had not kept this chargeable number topped up with credit. Credit was added to the account during the inspection (see key concern and recommendation S79).
- I.45** There were only eight Listeners – fewer than the 12 that the prison estimated that it needed. The safer custody team did not know how often Listeners were called out, so it was difficult to understand the level of demand. Listeners' suites were basic but functional (see key concern and recommendation S79).

Protection of adults at risk¹⁰

- I.46** There were some processes for the protection of adults at risk. There was a responsible manager and a local strategy. A senior manager from the prison sporadically attended the local safeguarding adults board, although no formal protocol or memorandum of understanding had been formally agreed.
- I.47** Although there had been several safeguarding referrals logged in the previous 12 months, we found two very vulnerable prisoners at risk of exploitation who were living on A wing without structured support and protection. One of them had no care plan and was located in a cell with no bedding, on a landing that was some distance from the wing office. The other prisoner had unmet social care needs, and had a physical disability which made him vulnerable (see also section on social care).
- I.48** Since the previous inspection, there had been no training for staff, to help them to identify adults whose vulnerability might make them susceptible to abuse, harm or neglect. There was also no specific question in the first night assessment process to prompt staff to identify new arrivals who might be easily exploited.

¹⁰ 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).

Recommendation

- I.49 All prisoners whose vulnerability places them at risk of harm, abuse and neglect should be identified and protected.**

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.1 The previous chronic staff shortages had been addressed, and the prison was now fully staffed. However, 62% of officers had less than two years' experience, staff sickness levels were high and 19 officers were still in training, so had not yet worked in the prison. Due to the deficit of staff, at the time of the inspection the prison had seconded 12 officers from other prisons for additional support.
- 2.2 In our survey, 68% of respondents said that most staff treated them respectfully, which was in line with similar prisons. We saw some skilful staff-prisoner engagement, especially when dealing with challenging prisoners. However, throughout the inspection we saw too many staff in wing offices, leaving prisoners unsupervised.
- 2.3 Not all prisoners had regular, meaningful contact with an officer. The prison was working towards the new offender management in custody (OMiC)¹¹ model, and although not yet fully implemented, all prisoners had been allocated a key worker. The quality of recorded interactions in the key worker sessions was good but they were not weekly, and too few of them took place for the scheme to be fully effective.

Recommendation

- 2.4 **Officers should have regular, meaningful contact with the prisoners in their care, and this should be reflected in case note entries.**

¹¹ Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management, and the introduction of prison offender managers (POM) is being introduced gradually, from 2019.

Daily life

Expected outcomes:

Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

- 2.5** Most external areas were reasonably clean and the grounds had had a new layer of tarmac applied, but we found a large amount of months-old accumulated rubbish in the building compound behind C wing (see Appendix IV), which although technically out of bounds to the prisoners and prison staff, still required cleaning. The grilles on cell windows were often filled with litter.
- 2.6** One residential unit, D wing, had been closed for complete refurbishment. There had been some limited investment to refurbish a few communal shower areas and serveries on the remaining wings but, overall, living conditions for many prisoners remained poor (see key concern and recommendation S80).
- 2.7** Communal areas on most wings were in poor condition due to the deteriorating fabric of the buildings, and were grubby, despite the large number of cleaners. Most communal shower areas smelt musty, and had peeling paint on the ceilings. C and G wings offered the worst environments. The C3 landing was particularly dilapidated and squalid (see key concern and recommendation S80).
- 2.8** Far too many cells designed for one person were still holding two (around 40% of cells, equating to around 260 prisoners), and conditions were unacceptably cramped. Many cells accommodating two prisoners only had one chair and table (see key concern and recommendation S81). Most cells were bleak and run down, although windows were generally in good repair. Many toilets had new lids and seats but most were still not adequately screened (see Appendix IV). Flooring was often damaged or missing altogether. Many observation panels were blocked, with offensive graffiti on some (see Appendix IV). Most prisoners had no safe storage for their possessions (see Appendix IV). The need for a large amount of new furniture had been identified but a bulk order placed five months previously had not been fulfilled (see key concern and recommendation S80).
- 2.9** A substantial number of maintenance jobs were outstanding at the time of the inspection, many dating back to 2018; 492 of these jobs had been reported on an ad hoc basis, and another 493 related to planned maintenance. The maintenance department was not fully staffed.
- 2.10** Despite regular efforts to tackle the infestation, cockroaches were commonplace, especially on G wing. Prisoners had tried to block any gaps around their sinks and toilets to stop the spread, but to little effect (see Appendix IV and key concern and recommendation S80).
- 2.11** There was generally good access to toiletries and basic essentials, although there was no toothpaste available on one wing for several days during the inspection. Prisoners had reasonably good access to cell cleaning materials.
- 2.12** In our survey, fewer respondents than at other local prisons said that they had enough clean clothes for the week. Prisoners had access to a weekly kit change but, on average, only half

of the population made use of this. Many prisoners chose instead to use the wing washing machines to clean their bedding and clothing.

- 2.13** B wing cells still had an external sanitation system. When they were locked up, all the prisoners there had to press a button to be let out of their cells onto a locked spur to use the toilet, one at a time. At night, when there was high demand, and therefore a queue to be let out of their cells, prisoners waited too long to access toilets and resorted to unsanitary, degrading alternatives (see key concern and recommendation S80).

Residential services

- 2.14** In our survey, only 20% of prisoners said that the food provided was good, which was far fewer than in similar prisons. Although 10% said that they did not get enough to eat, we saw large portions being served during the inspection.
- 2.15** The main kitchen was clean and most equipment was in working order. Most prisoners working in the kitchen had received some form of food hygiene training. The facilities for prisoners working in the kitchen were poor, with a filthy toilet and showers that were not working. All of the food trollies used to transport meals from the kitchen to the residential areas were dirty and unhygienic, with food residue burned on to the bases.
- 2.16** Serveries were generally clean and serviceable. However, some basic hygiene checks did not take place; for example, the temperature of the food was not checked, and prisoners serving food did not wear protective clothing or boots.
- 2.17** There was a four-week menu cycle, and this was discussed at the monthly prisoner consultation meetings, but there had been no recent food surveys. Most prisoners we spoke to said that the lunch menu was too limited and had remained the same for over 12 months. Prisoners were given the option of a hot breakfast. Lunch and the evening meal were served far too early.
- 2.18** Prison shop arrangements were good. The range of items available was reasonable and updates to the list were discussed at the prisoner voice meeting. In our survey, more prisoners than at the time of the previous inspection said that the shop sold the things that they needed. There was an early days shop system, which allowed new prisoners to have access to some items in their first 24 hours at the establishment, and reduced the likelihood of debt. The items available on the early days shop sheet had been developed from a local survey, and most prisoners we spoke to were appreciative of it (see also paragraph 1.6).

Prisoner consultation, applications and redress

- 2.19** A monthly prisoner consultation meeting took place, with high levels of attendance from around the establishment. The meeting structure was good and allowed prisoners to engage with staff from relevant departments. It was supported by a 'you said, we did' action plan, which was effective and had resulted in some positive outcomes – for example, curtains for cells had been sourced.
- 2.20** In our survey, only 34% of respondents said that applications were dealt with fairly, compared with 47% elsewhere, and only 15% that they were dealt with within seven days, compared with 34% in similar prisons. The prison had recently completed a review of the applications process and had introduced a new form, but management oversight and monitoring were still not sufficiently robust.

- 2.21** A total of 604 general complaints had been submitted in the previous six months, and over a quarter of them had been responded to late. Most of the complaint responses we examined addressed the concerns raised and were appropriate. During the previous six months, prisoners had submitted 46 complaints against staff, including some extremely serious allegations. We examined half of these and found some that had not been investigated thoroughly. Most prisoners who had made serious allegations against staff had not been interviewed by an appropriate manager or had their concerns addressed. We were concerned to see that a serious allegation made by a prisoner had been answered with a single hand-written sentence which neither addressed the concerns nor showed any empathy for the complainant.
- 2.22** Access to legal visits was good. There were eight private booths and two video-link courts. The entrance to the visits hall, where legal visits took place and where prisoners were searched, was in a poor state, with no ceiling, exposing bare wires and pipes; we were told that this damage had been caused during an incident at height by a prisoner a few months earlier. Access to legal and social visits was via two flights of stairs; there was a stairlift but this did not cover the full length of the stairs, so some wheelchair-bound prisoners had to be carried from one lift to another (see also section on equality and diversity).
- 2.23** In our survey, 67% of respondents said that they had had their legal letters opened by staff when they were not present; however, we were satisfied with the supporting intelligence to justify most of these decisions.

Recommendation

- 2.24 All prisoners who make a complaint against staff should have their complaint investigated thoroughly and should receive a detailed and legible response.**

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics¹² and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.25** In the previous six months, the prison had employed a head of equality, and there had been some improvements in the leadership and strategic oversight of this work, with the deputy governor having recently taken the chair. There was a new strategy and accompanying action plan but the overall management of equality work remained weak.
- 2.26** The analysis of equality data was poor; although the head of equality had begun to analyse some local data, this system was not yet fully embedded. Of concern, where national data showed disproportionate treatment of prisoners in protected groups, in most cases the prison was not able to provide evidence of what they had done to address this.

¹² The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.27** There was limited dedicated consultation for prisoners with protected characteristics and, although senior leads had been identified for each of the groups, they were not yet driving any action or having any strategic involvement. There was a monthly meeting for black and minority ethnic prisoners, which had produced some effective results, and a social group for prisoners aged over 55.
- 2.28** The prison had secured a new external contract with SARI (Stand Against Racism & Inequality – a charity providing regional hate crime services to Avon and Somerset) to provide external scrutiny of discrimination incident report forms (DIRFs). SARI had been working closely with the prison to improve cultural understanding and respect, and with external stakeholders to benefit the prison community. They were about to sign up to a formal service level agreement with the prison.
- 2.29** There was a dedicated group of five equality and diversity representatives, who were used effectively to offer support to prisoners. They were experienced and supported other prisoners with equality issues – for example, in completing DIRFs. However, they did not attend equality meetings.
- 2.30** The management oversight of DIRFs had improved since the previous inspection. Most were responded to promptly, the quality of responses was good and internal quality assurance processes were robust. There was currently no external scrutiny, although the prison had just agreed a contract with SARI to undertake this work (see above).

Protected characteristics

- 2.31** Around a quarter of the population identified as being from a black and minority ethnic background. Arrangements for them were good and our survey showed little disproportionality of treatment when compared with white prisoners.
- 2.32** Support for Gypsy, Roma and Traveller prisoners took place but was not always recorded. One of the prison chaplains took a particular interest in this group and held regular forums.
- 2.33** There were 37 foreign national prisoners and they were offered little support. There were no dedicated forums or surgeries to support their needs. An officer from the Home Office immigration and enforcement department attended weekly and saw prisoners on an individual basis, but there was no external support to offer these prisoners advice on deportation issues.
- 2.34** There were 35 young adults at the establishment. They received little dedicated provision and had met as a group only twice in the previous six months. Although there was a bespoke young adults strategy, we were concerned at the lack of awareness of the potential vulnerabilities of this group (see also paragraph 1.18).
- 2.35** There were 61 prisoners aged over 50. There was a social group for these prisoners, and they met weekly. Any issues identified at this meeting could be put forward to be discussed at the prisoner consultation (see paragraph 2.19). There was also a daily over-55s gym session.
- 2.36** There were serious gaps in the provision for prisoners with disabilities, and the needs of many prisoners with mobility issues were not being met. There was no suitable accommodation for these prisoners, and few adjustments had been made to support their needs. We came across several prisoners who required support because of their condition but were not receiving it. One prisoner we met was unable to walk unaided and had a wheelchair, but it did not fit through his cell door. This prisoner had been initially referred to

the local authority for a formal social care assessment in December 2018, but the assessment did not take place until the week of the inspection. His cell had had no adjustments made and he spent most of the day lying in bed, with a urine bottle tucked under his sheets. A fellow prisoner helped him by getting his meals, making sure that he had clean bedding and clothing, and lifting him in and out of his cell, but this prisoner was neither trained nor supervised. Another prisoner had been formally assessed by the local authority in February 2019 as needing social care three times a day, but had received no formal support or care from a prisoner buddy (a prisoner who provides informal support across a range of issues) in the following four months (see also section on social care, and key concern and recommendation S82).

- 2.37** We were told that the prison used prisoner carer buddies but only one prisoner was employed as a buddy at the time of the inspection, and he was not trained or supervised. We found there was no effective prisoner carer system to support those who struggled with daily activities, such as showering, or who were unable to access some areas of the prison. There were no care plans in residential areas, and formal social care arrangements were very weak (see key concern and recommendation S83).
- 2.38** Personal evacuation escape plans (PEEPs) were not managed effectively. There were 40 prisoners on PEEPs at the time of the inspection and, of those we examined, most were out of date, no longer relevant or the prisoner had moved location within the prison. Lists held in wing offices did not reflect the prisoners on the wing who were subject to PEEPs, and not all staff knew where the PEEPs were kept. Most PEEPs routinely referred to a buddy assisting the prisoner in the event of an emergency, but only one was currently employed (see above, and key concern and recommendation S83).
- 2.39** The care and support for gay and bisexual prisoners was good. There was a monthly forum for them, and any issues raised there could then be put forward to the prisoner voice committee for discussion. There was one transgender prisoner at the prison, who received good support from the equality team and had an effective management plan in place.

Faith and religion

- 2.40** Faith provision was very good. The chaplaincy had worked hard to understand why prisoners were not attending services. In our survey, three-quarters of respondents said that they could access religious services.
- 2.41** The team was well integrated into the prison regime. The managing chaplain attended the senior management team meeting and said that he felt well supported. An effective rota system ensured that chaplains saw prisoners on the segregation unit daily, met new receptions and attended assessment, care in custody and teamwork (ACCT) case management reviews regularly. A wide range of pastoral care was provided and almost all prisoners had access to a chaplain of their faith.
- 2.42** The multi-faith room was shabby and needed refurbishment. It was often used for non-faith-based meetings, and was often left untidy and unfit for use. The chaplaincy was not based in the multi-faith room, which meant that it was closed to prisoners when there were no services taking place.
- 2.43** There were some new initiatives which offered good resettlement support for prisoners from some faiths. This involved collaborative working with local external organisations and began three months before release.

Health, well-being and social care

Expected outcomes:

Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

2.44 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹³ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

Strategy, clinical governance and partnerships

2.45 The CQC found no breaches of the relevant regulations.

2.46 NHS England commissioned Bristol Community Health (BCH) as the prime provider of health care partnership arrangements in the prison. The partners, known as InspireBetterHealth, worked collaboratively, and governance arrangements were strong, with a health needs analysis due for completion in September 2019. Clinical governance systems were robust and facilitated improved patient outcomes. Health services had improved and were well managed, and clinical leadership was strong.

2.47 Patient engagement was newly established via prison-led forums. The incident reporting system was good, had clinical oversight and demonstrated that learning was occurring.

2.48 Staffing levels met demand and urgent care teams managed patients in crisis, allowing for planned care to continue without interruption. Training was good and staff received monthly management supervision and quarterly clinical supervision. Clinical records appropriately captured patient contacts and clinical decisions, and records were audited to ensure compliance with professional standards.

2.49 Access to services was equitable, although some prisoners with disabilities were unable to get to the health centre, as it was located on the first floor, so were seen on the wings. Professional telephone interpreting services were available for prisoners with poor use of English, and literature about health services was available in various languages. A separate waiting area was available for vulnerable prisoners.

2.50 The environment in the health care department was reasonable but wing treatment rooms were poor and some out of use due to a cockroach infestation. An infection prevention and control audit had been carried out in May 2019 and appropriate action agreed. Environmental issues were regularly escalated and the backlog of works required had been recently reviewed with the deputy governor. An audit programme was in place and findings were reviewed during clinical governance meetings to inform service delivery.

2.51 Arrangements to obtain rapid access to external emergency services were established and most custody staff told us that they felt confident in providing initial first aid. Existing procedures enabled a prompt response to medical emergencies by trained health services staff. Resuscitation equipment was appropriate, regularly checked and appropriately maintained.

¹³ 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>.

- 2.52** There was an appropriate range of policies, and local operating procedures were in development for primary care planned services. There was an independent health complaints system, and this worked well. Some work had been undertaken to improve the consistency and quality of responses to health complaints, including the implementation of a template response letter.

Recommendation

- 2.53 All clinical rooms should meet required infection control standards, with adequate storage and space to provide effective and accessible health services.** (Repeated recommendation 2.73)

Promoting health and well-being

- 2.54** An effective governor-led, prison-wide approach to health promotion was established, with well-being materials displayed throughout the prison. There were no peer health champions, but there were plans to develop this input. There was no older-age adults lead, but generic support for older people was considered within the health promotion strategy.
- 2.55** The uptake of immunisations for blood-borne viruses was good, as was access to vaccines, such as for influenza. National screening campaigns, such as for abdominal aortic aneurysm and bowel cancer, were evident. There was no access to prescribed smoking cessation, leading to too much reliance on prisoners buying their own nicotine substitutes. Sexual health advice was offered by health services staff and barrier protection was available
- 2.56** There were appropriate policies to manage outbreaks of communicable diseases. The prison had a ubiquitous infestation of cockroaches (see also paragraph 2.50), but we found no evidence that this had led to infection transmission.

Primary care and inpatient services

- 2.57** Initial health screening was undertaken promptly by a registered nurse in reception and in the newly opened induction area, with appropriate onward referral to other clinicians. Secondary screening was routinely offered but take-up was variable. Health practitioners were advised always to open an ACCT if a prisoner mentioned any historical risk of self-harm, irrespective of when this had occurred and without regard for its severity and context, which was disproportionate (see also paragraph 1.41).
- 2.58** Prisoners made appointments by approaching health care professionals on the wings, which triggered an initial triage appointment with a nurse. The absence of a written confidential request system could have inhibited prisoners from seeking help, although nurse-led triage on wing hubs worked well. Service input was divided into urgent care and planned care pathways, which was effective. A range of appropriate and accessible specialist clinics was run from the health centre. Besides the poor access for patients with mobility issues (see above), escorting and regime issues also sometimes delayed general access to the health centre, and an excellent ground-floor urgent care facility was rarely used owing to a shortage of prison staff. Hanham Health provided GPs, who delivered good support and ensured that patients, including new admissions, were seen promptly. We observed positive engagement with prisoners, and some very proactive outreach by senior clinicians to ensure that patients who were unable to attend appointments were seen on the wings.

- 2.59** We saw some evidence of care planning for long-term conditions but this was not yet fully embedded. The health care team was adopting a systematic and well-led approach to chronic disease management. This was serving to identify need accurately and enhance the overall competence of the primary care team to improve the management of this population.
- 2.60** Routine external hospital appointments were rarely cancelled because of regime issues, and any prioritisation was always coordinated by the GP.

Social care

- 2.61** Prisoners with social care needs were identified and referred to the local authority by the health care team, and were also able to self-refer. However, links with the local authority were poor and arrangements to assess the need for, and then arrange, personal care took far too long to complete. A memorandum of understanding remained in draft and was yet to be signed by all parties.
- 2.62** Although a health link governor had worked hard to implement a social care framework, the social care provider (Network) had only started delivering support from 31 May 2019, even though a patient had been assessed under the Care Act 2014 as requiring personal care in February 2019. Arrangements for obtaining equipment were weak; prison staff had bought equipment themselves, and prisoners' families had been contacted to ask for equipment used at home to be brought into the prison.
- 2.63** One patient was receiving a social care package at the time of the inspection. A care plan had been completed by the local authority on 4 February 2019; this was held in the safer custody department but wing staff were not aware of its content. Paper records evidenced that care had been offered in line with the patient care plan since 31 May 2019 – which meant that there had been almost four months between the assessment and the provision of care (see also paragraph 2.36 and key concern and recommendation S83).

Mental health care

- 2.64** Avon and Wiltshire NHS Trust (AWP) delivered an integrated mental health service. This included a crisis team, therapies team, neurodevelopmental nurse, social prescriber, non-medical prescriber, clinical psychologist and psychiatry input. The care programme approach (mental health services for individuals diagnosed with a mental illness) was used to manage secondary mental health needs. The therapies team saw all new arrivals, to inform them of services and provide a range of literature, including in-cell distraction packs. Overall, a dedicated and passionate team offered a wide range of treatments, including psycho-education, facilitated self-help, psychological therapies in both a one-to-one and group setting, crisis support and specialist secondary care.
- 2.65** The crisis team operated seven days a week, from 7am to 8pm, and the therapies team operated Monday to Friday, from 9am to 5pm. Demand for mental health services was high, with 67% of prisoners in our survey saying that they had a mental health problem. There was an open referral system, and triage assessments were completed in a timely manner. Patients presenting in crisis could be seen on the same day. New referrals and assessments were reviewed during a weekly multidisciplinary team meeting, and daily handovers took place to share concern and risk information. Complex case meetings were held with the prison when needed to support patients in crisis. The team had an active caseload of 71, 35 of whom had severe and enduring mental health problems. Personalised care plans were developed, and records indicated regular, qualitative contacts. Patients were seen on the wings, where there was adequate space to facilitate one-to-one sessions.

- 2.66** The Brunel unit housed prisoners with physical disabilities or with complex behavioural/mental health concerns. Appropriate support was delivered through a mental health in-reach service, including daily group sessions. Regular support was further delivered to the vulnerable prisoner wing, allowing all prisoners access to services.
- 2.67** The crisis team saw all 24-hour ACCT reviews and contributed to the multidisciplinary support offered to prisoners who self-harmed. Working relationships with the prison were positive and staff supported the work of the segregation unit. Over the last 12 months, 31 patients had been assessed as requiring a transfer to hospital for treatment under the Mental Health Act, with only seven transferred within the two-week standard; this was unacceptable. Data provided suggested that only eight members of staff had completed mental health training.

Recommendation

- 2.68** **A rolling programme of mental health awareness training should be provided for all custody staff.** (Repeated recommendation 2.99)

Substance use treatment¹⁴

- 2.69** Integrated substance use services, delivered by the InspireBetterHealth partnership of BCH, AWP and Hanham Health, had improved and were impressive. In our survey, 33% of respondents said that they had had an alcohol or drug problem on arrival at the prison, and at the time of inspection 163 (33%) were engaged with recovery-focused work.
- 2.70** All new prisoners were screened for alcohol and drug issues and, if necessary, saw a clinical prescriber and were referred for assessment. New referrals were usually assessed within two days.
- 2.71** First-rate partnership working was underpinned by a good drug strategy and relevant action plan. A governor was dedicated to health and substance use care, and oversaw implementation of the action plan.
- 2.72** Substance use services staff were competent and compliant with mandatory training requirements, and clinical and managerial supervision was well embedded. Staff we spoke to felt valued and supported. InspireBetterHealth provided tailored and regular training to prison officers, who referred prisoners appropriately.
- 2.73** At time of the inspection, 19% of the population were receiving opiate substitution therapy, including 87 on methadone and 19 on rapidly absorbed buprenorphine (see below); of those in treatment, 39% were on reducing doses. Prescribing complied with national guidance.
- 2.74** The drug recovery landing on C wing provided detoxification and stabilisation services via a dedicated team of officers and nurses. This landing had remained unchanged since the previous inspection and provided an unacceptable environment to support recovery. The unit was small, dilapidated, and had damaged electrical fittings and exposed wiring above head height. Some cells had been painted and the showers were a little better than at the time of the previous inspection, but the impoverished environment was likely to undermine the well-being of those undergoing detoxification and trigger further emotional distress (see key concern and recommendation S80).

¹⁴ In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.75** Alcoholics Anonymous, Cocaine Anonymous and Narcotics Anonymous ran highly valued mutual aid groups. About 90 attendees benefited from a wide range of one-to-one and group therapies, including SMART (self-management and recovery training) recovery and Inside Recovery (an in-depth programme of 12 sessions over six weeks). Unusually, the substance use service had a group room on each wing, which enabled better access to therapy. Dual diagnosis work (for those with co-existing mental health and substance use problems) was particularly strong.
- 2.76** Naloxone (to reverse the effects of opiates) was provided to prisoners being released, as indicated. ‘Through-the-gate’ work with community drugs services, housing and homelessness charities, and Bristol Council services provided prisoners with an unusually wide range of supported living options.

Good practice

- 2.77** *Through-the-gate work with community drugs services, housing and homelessness charities, and Bristol Council services provided prisoners with an unusually wide range of supported living options.*

Medicines optimisation and pharmacy services

- 2.78** An in-house pharmacy supplied medicines. A formulary (a list of medications used to inform prescribing) was used and medicines use was recorded on SystmOne (the electronic clinical record). Not-in-possession medicine was administered safely and efficiently from the wings, three times a day, by pharmacy technicians, with night-time administration facilitated by nurses. A dedicated wing-based medicine management team provided consistent support to patients. We observed good interactions and non-attendance was robustly followed up. Not-in-possession medication was mostly administered from stock, which limited the additional checks that individually labelled use would have provided. Officer supervision of medicines queues was inconsistent, which meant that there were opportunities for diversion, and privacy was difficult to achieve.
- 2.79** In-possession medicine arrangements were effective; risk assessments were undertaken and regularly reviewed. Cell checks were conducted but the lack of lockable cupboards in shared cells (see also paragraph 2.8) was a factor determining that only around 13% of patients received their medicines in-possession. These were supplied as patient-named items, with appropriate labelling and a dispensing audit trail. Prisoners were appropriately supplied with medication or a prescription on discharge.
- 2.80** The transport of medicines was secure and incorporated the use of padlocked bags. There was insufficient storage space on some wing treatment rooms (see recommendation 2.53), and named-patient medicines were often stored in the same cupboard as stock, which increased the risk of errors.
- 2.81** Controlled drug management was generally good but there were no controlled drug cabinets on A wing, B wing or the Brunel unit. Daily doses were therefore prepared and stored overnight in the controlled drug cabinet on D wing, which was safe but increased the pharmacy workload and movement of controlled drugs around the prison.
- 2.82** There was a full range of standard operating policies in place. A comprehensive range of medicines was available without prescription via patient group directions (which enable nurses to supply and administer prescription-only medicine), and a minor ailments policy. Medicine use reviews took place but were not well advertised, and appointments were often missed owing to the constraints of the prison regime. There was the potential for more

pharmacy-led clinics, including smoking cessation. All prescriptions were clinically screened by the pharmacy, and some joint medication reviews were carried out between the pharmacist and the prescriber. Prescribing was audited, including the use of tradable medicines. Espranor (a freeze-dried wafer which contains buprenorphine) was supplied to prisoners prescribed buprenorphine; this dissolves directly on the tongue, reducing the time spent in administration and the risk of diversion. There were monthly clinical governance meetings, and good input from the pharmacy team into drugs and therapeutics committee meetings.

Recommendation

2.83 All medicine queues should be supervised adequately, to protect patient confidentiality and prevent bullying and diversion.

Good practice

2.84 *A dedicated wing-based medicine management team carried out most medicine administration, improving the management of stock, the ordering of prescriptions and the provision of consistent support to patients.*

2.85 *Espranor was supplied to prisoners prescribed buprenorphine; this dissolves on the tongue, reducing the time spent in administration and the risk of diversion.*

Dental services and oral health

2.86 Time for Teeth delivered a full range of NHS treatments. The dentist oversaw all applications and allocated appointments based on need, with sessions available two days a week and a dental therapist providing a weekly session, which was sufficient to meet demand.

2.87 Waiting lists were short and appointments available if urgent treatment was required. Records were good and the dental suite was well equipped and complied with infection control standards. Clear governance processes covered all aspects of practice, including training, equipment maintenance and waste disposal.

2.88 Some patients with disabilities struggled to access the dental suite but triage was facilitated on the wings, and treatment expedited externally if required, which ensured equitable access.

Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:

All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.

- 3.1 Prisoners involved in activities were unlocked for around eight and a half hours a day during the week, and six and a half at weekends. For those who were unemployed, which included almost half of the population, this could be as little as two and a half hours a day.
- 3.2 In our survey, only 12% of respondents said that they could go on association more than five times a week, which was far fewer than elsewhere (43%), and only 34% said that they had sufficient time for domestic activities in a typical week. Evening association periods had been introduced but were not routinely delivered and we saw regular instances of curtailment, including cancellations planned during the weekly resourcing meeting.
- 3.3 In our survey, fewer prisoners than at similar prisons (30% versus 48%) said that regime times were kept to, and we witnessed frequent delays in the regime. During our spot checks, we found approximately 31% of prisoners locked in their cell during the working day, which was better than at the time of the previous inspection but still too high.
- 3.4 Exercise periods were rarely cancelled but were too short, at only 30 minutes.
- 3.5 PE facilities were reasonably good, and were available seven days a week. There was a shortage of trained staff, which limited the use of some facilities, such as the sports hall and the outside five-a-side pitch, which was only used for a single session on Saturdays. There was also a weights/aerobic room, a spin cycle studio and a classroom, where a healthy living course was under way during the inspection. The limited staffing level had also led to the cessation of accredited gym instructor qualifications.
- 3.6 PE staff were clearly dedicated to maximising provision, and the planned programme was rarely curtailed. It was designed to maximise availability across the prison, and included sessions for older prisoners, remedial sessions arranged in conjunction with the health care department, and support for prisoners undergoing treatment for substance use. An impressive PE-based 'recovery and healthy living' course had been run three times during 2019.
- 3.7 Prisoners from workshops and education classes were scheduled to use the gym during work time, which disrupted their productivity in learning and skills (see below).
- 3.8 The collection of data on gym use was too limited, and focused solely on the number of overall attendees. There was no other monitoring or analysis to ensure equality of opportunity across the prison.
- 3.9 Pending the relocation of the library into a new purpose-built facility, a small temporary facility had been established. The range of books available was very limited and consisted

mainly of easy-read material, to try to meet the needs of short-term prisoners. There were no links to the county library service.

- 3.10** Due to its small size, library attendance was limited to just five prisoners at a time, for no more than 30 minutes, which vastly restricted potential use. Even so, library use was unbelievably and unacceptably low. Even though many applications to be taken to the library had been received from across the prison, only 13 prisoners had visited the library from the wings throughout the whole of May 2019. Others had dropped by from education classes but we were told that none of these visits were in relation to learning support.
- 3.11** A prisoner orderly provided an outreach service but this was limited to the Brunel unit, the segregation unit and the substance use landing.
- 3.12** There was no promotion of the library on any of the wings and there had been no wider promotion of literacy during 2019.

Recommendations

- 3.13 The daily regime, including access to association, should be reliably delivered.**
- 3.14 Prisoners should be able to access the gym without disrupting their learning and working day.** (Repeated recommendation 3.47)
- 3.15 A comprehensive library service should be provided at the earliest opportunity.**

Education, skills and work activities (Ofsted)¹⁵

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.¹⁶

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

Overall effectiveness of education, skills and work:	<i>Inadequate</i>
<i>Achievements of prisoners engaged in education, skills and work:</i>	<i>Inadequate</i>
<i>Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Requires improvement</i>
<i>Personal development and behaviour:</i>	<i>Inadequate</i>
<i>Leadership and management of education, skills and work:</i>	<i>Inadequate</i>

¹⁵ This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

¹⁶ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

Management of education, skills and work

- 3.16** Plans for the new, purpose-built education and skills building were ambitious and aimed to revitalise the purposeful activities provision. This new facility was due to open in August 2019 and would double the number of places available to prisoners.
- 3.17** The prison had made slow progress in improving the quality of the education, skills and work provision since the previous inspection. The small number of improvements that they had introduced had been implemented recently. Consequently, these initiatives had not yet had sufficient impact on rectifying the weaknesses identified at the previous inspection (see key concern and recommendation S84).
- 3.18** Leaders and managers did not prioritise purposeful activity sufficiently. They did not ensure that prisoners attended and they did not have high enough expectations of what prisoners could achieve. Lessons and workshop activities were often interrupted by court appearances, hospital appointments and gym sessions (see key concern and recommendation S84).
- 3.19** Quality assurance and improvement arrangements were ineffective. The quality of the provision, including that by Weston College, was not scrutinised or evaluated rigorously enough. Senior leaders did not challenge managers, including Weston College managers, sufficiently to ensure that the provision was of high enough quality to meet prisoners' needs (see key concern and recommendation S84).
- 3.20** Prison leaders, managers and Weston College managers had not developed the provision sufficiently to reflect the current or future needs of the prison population. The number and range of courses had reduced over recent months, owing to the closure of the education centre and the anticipated opening of the new building. Guidelines as to who could attend education courses and when resulted in the education provision often being inflexible, which meant that prisoners were denied opportunities to learn. Prisoners were not provided with sufficient industry-recognised qualifications in workshops to help them to develop new skills or gain employment on release. Prisoners' access to the virtual campus (internet access for prisoners to community education, training and employment opportunities) was extremely limited, and it was used mainly for English and mathematics assessments (see key concern and recommendation S84).
- 3.21** Staff shortages, particularly in the education provision, and regime issues resulted in cancelled lessons and gaps in the provision. The range of activities and qualifications for vulnerable prisoners was not equitable with that provided for general prisoners. The English and mathematics strategy was not implemented effectively, to ensure that most prisoners improved their English and mathematical skills while at the prison (see key concern and recommendation S84).
- 3.22** Leaders and managers, including Weston College managers, did not have an effective oversight of the progress that prisoners made or whether they achieved their qualifications. Data recording, monitoring and management, particularly of prisoners' progress, outcomes and destinations, were weak (see key concern and recommendation S84).
- 3.23** Managers had not given sufficient priority to inducting prisoners to activities. These sessions were routinely poorly attended, so many prisoners were not promptly allocated to a place in either work or education. The allocation of prisoners to education, skills and work activities did not take into account sufficiently what prisoners already knew and could do. The information provided to prisoners when they arrived at the prison and throughout their stay did not enthuse them or help them to identify the skills and trades that they would need to gain employment on release. Too many prisoners were unclear about the reason for their allocation to an activity. Although there were sufficient activity spaces for the whole prison

population, at least part time, only about half the population were allocated. Of those allocated, as few as 50% attended (see key concern and recommendation S85).

- 3.24** Pay rates were clear and equitable, and did not disincentivise prisoners to engage with education, skills and work activities.

Recommendation

- 3.25** **Data should be used more effectively to monitor prisoners' progress and challenge poor performance.**

Quality of provision

- 3.26** Teachers and instructors did not make sufficient use of what prisoners already knew and could do, to plan individualised learning and training. Most teachers and instructors taught the same topic or skill to all prisoners, and at the same pace, despite prisoners with different levels of needs and abilities being in the same lesson or workshop. In most workshops, prisoners self-assessed their existing knowledge and skills, with little guidance or validation from instructors. Consequently, prisoners across the provision were not challenged sufficiently to develop deeper knowledge or higher-level skills (see key concern and recommendation S86).
- 3.27** Individual learning plans were mostly of poor quality. They did not help prisoners to know what they needed to do to achieve qualifications, or how they could develop the skills they needed for employment. Too often, targets set by teachers and instructors were perfunctory or too broad, and did not support the development of prisoners' knowledge, skills and behaviour sufficiently.
- 3.28** Standards of work and the quality of portfolios in a few education courses, particularly in English, were poor. The standard of the content, including spelling and grammatical accuracy, was often below expectations (see key concern and recommendation S86).
- 3.29** Most teachers and instructors did not provide sufficiently detailed feedback on how prisoners could improve the standard of their work. Where feedback was provided, it was often too general and too positive to be of benefit.
- 3.30** Activities in lessons did not meet the needs and interests of prisoners. The pace of some lessons was too slow. In too many workshops, planned activities were mundane and repetitive. Too often, teachers in theory-based lessons provided prisoners with uninspiring worksheets, work or textbooks. As a result, prisoners were not motivated to work quickly or with enthusiasm. They had little interest in their lessons and did not take pride in the work they were completing (see key concern and recommendation S86).
- 3.31** A small number of prisoners made good progress in activities such as catering, print, information and communications technology, and bicycle mechanics, and took pride in what they produced. The quality of their work was generally of a high standard and they developed good work-related skills for release and resettlement. However, too few prisoners could access these activities.
- 3.32** Teachers on the healthy lifestyles course were enthusiastic and knowledgeable. Prisoners on the programme made good progress, learning successfully about nutrition, diet and fitness.

- 3.33** A few teachers used oral questioning techniques effectively, to check on learning and to encourage participation in lessons. They used information about the interests of prisoners to contextualise activities and to aid their understanding. This helped prisoners to grasp concepts more quickly – for example, in mathematics.
- 3.34** Teachers provided helpful and high-quality individual English and mathematics support for a small minority of prisoners on the residential units. This included support for those for whom English was a second language. Activities were challenging and well crafted to meet prisoners' needs, and they made good progress.

Recommendations

- 3.35** **Teachers and instructors should improve the quality of prisoners' individual learning plans, to help them to make good progress and to achieve relevant qualifications.**
- 3.36** **Teachers and instructors should provide effective and regular developmental feedback to prisoners that helps them to improve the quality and standard of their work.**

Personal development and behaviour

- 3.37** Attendance at education, skills and work activities was far too low. As a result, too few prisoners accessed opportunities that could help them to increase their employability skills or plan for resettlement (see key concern and recommendation S85).
- 3.38** Staff did not provide good enough information about the education, skills and work opportunities available. Most prisoners were unaware of the very small number of qualifications available in the workshops. Instructors had not received sufficient training to ensure that they understood how to record and monitor prisoners' development of work skills regularly and accurately. This meant that prisoners had no permanent record of what they could do or what skills or behaviours they needed to develop for the next stage in their rehabilitation.
- 3.39** Prisoners did not know how their engagement in education, skills and work was helping them to achieve their long- and short-term goals aimed at release and resettlement. Consequently, most did not develop the knowledge, skills and behaviour that would be of benefit to them in the future and reduce their likelihood of reoffending.
- 3.40** Arrangements were not yet fully effective in supporting prisoners to progress to education, training or employment on release or transfer. Although plans had been implemented recently to provide data on prisoners' destinations after they had left the prison, this information was known for only a very small number of prisoners. At the time of the inspection, the prison was tendering for a contract to deliver information, advice and guidance that included pre-release information and 'through-the-gate' support.
- 3.41** Prisoners' behaviour across activities was good, and most worked productively with their peers. They were respectful and treated staff and each other with courtesy.
- 3.42** Prisoners attending education, skills and work activities felt safe, and knew how to keep themselves and others safe in lessons and in workshops. However, in the waste management workshop, prisoners did not use the correct personal protective equipment, although this was rectified during the inspection.

Outcomes and achievements

- 3.43** Outcomes and achievements for prisoners across the provision were poor. Too many prisoners who started their education programmes did not complete them. Those who took time out of their programmes for events such as court appearances were not allowed to re-join them on their return.
- 3.44** Managers did not use sentence plans or induction information to plan an effective curriculum. Many of the available programmes did not meet the length of stay or the individual needs of prisoners. This meant that prisoners did not make the progress or achieve the qualifications of which they were capable. Too few prisoners who stayed at the prison for longer periods progressed through levels within the same subject.
- 3.45** The non-accredited approach to delivering English and mathematics did not help prisoners to develop useful skills, or work towards gaining qualifications in these subjects.
- 3.46** The standard of prisoners' work was not good enough in most areas of the provision.
- 3.47** Peer mentors supported a few prisoners with additional learning needs effectively in education lessons. They provided appropriate help and guidance to their peers. Although this support helped prisoners to stay focused on their learning activities, it did not enable them to make better progress.

Section 4. Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes:

The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 4.1** The range of family support provided by the welcoming visitors centre, run by the Prisoner Advice and Care Trust (PACT), had improved, with two full-time workers and approximately 20 volunteers. The team was visible and friendly, and provided information to support and signpost families. PACT delivered parenting courses and, on completion, prisoners and their families were invited to attend family day visits; these took place in the school holidays. Storybook Dads (in which prisoners record stories for their children) had been restarted earlier in 2019, and 13 prisoners had taken part. Staff were hoping to start a homework club during evening visits but the regime did not allow for this at the time of the inspection.
- 4.2** Surveys undertaken by the prison, and families we spoke to, were mostly positive about the visits experience. They generally started and finished on time, and improvements had been made to the facilities. The children's play area was now open and prisoners were allowed to supervise their children. A colourful and welcoming mural had been painted on the stairwell leading up to the visits hall, but the hall itself was dreary and required refurbishment. Visitors told us that the metal chairs were uncomfortable and that the acoustics of the hall were poor, making it difficult to hear conversations.
- 4.3** The provision of in-cell telephones enabled prisoners to maintain regular contact with family and friends, but there was still delays in adding telephone numbers to accounts, which caused some newly arrived prisoners considerable distress (see paragraph 1.10). During the inspection, prisoners also reported waiting up to eight days before receiving their mail, and in our survey 70% of respondents said they had problems in sending or receiving mail, which was far worse than at similar prisons. Although the post room was open all week during the inspection, and we saw no mail backlog, staff told us that it was often closed because of staff shortages, and not all staff had access to the 'email a prisoner' system.

Recommendation

- 4.4** **The delays in prisoners accessing PIN telephone numbers should be addressed as a matter of urgency.** (Repeated recommendation 2.13)

Reducing risk, rehabilitation and progression

Expected outcomes:

Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 4.5** The reducing reoffending strategy was up to date. A useful, comprehensive population needs analysis had been undertaken, incorporating prisoner survey data, offender assessment system (OASys) and P-Nomis (electronic case notes) data, as well as evidence gathered from other key areas, including resettlement, drug and alcohol services, and activities.
- 4.6** However, this was fundamentally undermined by the lack of a dynamic action plan and wider prison involvement. The reducing reoffending meeting focused mainly on improving prisoner engagement in activities, and did not effectively track, review and drive the wider strategic goals, including 'through-the-gate' partnership working, or measure timely progress. As a result, some meetings were poorly attended and did not effectively coordinate the work of offender management and resettlement.
- 4.7** From an offender management perspective, the prison held a challenging mix of prisoners, with about 25% assessed as presenting a high or very high risk of harm and about 20% having been recalled to custody for breaching their licence conditions. Most prisoners stayed at the establishment for less than three months, reflecting a high turnover in the population. However, almost a third of sentenced prisoners stayed at the establishment for between three months and one year, with a small number being there for over a year. As a local prison, this presented Bristol with challenges in managing prisoners' offending behaviour and reducing their risk of harm to others.
- 4.8** Too many prisoners, about a third of those eligible, did not have an up-to-date OASys assessment. About 14% of these had no initial OASys assessment and about 16% had not had a review in the last 12 months. It was unclear how many of these were the responsibility of the National Probation Service and how many were the prison's responsibility, but, with the high turnover rate, too many prisoners were transferred to another prison without an assessment or sentence plan to inform their move (see key concern and recommendation S87).
- 4.9** At the time of the inspection, there were three whole-time-equivalent (WTE) probation offender supervisors, with one vacant post, and 5.5 WTE offender supervisors, 4.5 of whom were also profiled to undertake uniformed duties. Probation staff carried caseloads of about 40–45, comprising all high-risk prisoners, mostly complex prisoners. Offender supervisors carried caseloads of about 20–25 and were appropriately supported in taking on a few high-risk cases, to help with the challenging workload facing probation staff. However, too much offender supervisor time was lost to cross-deployment duties across the prison, which had an impact on their ability to initiate and review OASys assessments.
- 4.10** Governance and oversight of expected levels of contact was in place and widely understood by offender supervisors. In the cases we reviewed, offender supervisor contact had improved and was now reasonable, with contact made at least monthly.
- 4.11** Most of the prisoners who had been recalled to custody were seen with a week of arrival, and in more cases than we usually see, three-way contact between the prisoner, offender supervisor and community offender manager took place.
- 4.12** In the cases we reviewed, the quality of assessments was sufficiently good but the quality of contact was limited by the shortage of one-to-one work undertaken to help prisoners to

reduce their risk of harm or likelihood of reoffending. This was especially the case for prisoners who spent too long at the establishment owing to wider national prison estate pressures on their timely transfer (see section on categorisation and transfers, and recommendation 4.30).

- 4.13 We saw evidence of good work by offender supervisors in carrying out spousal assault risk assessments in domestic abuse cases. Sentence plans were adequate but risk management plans needed improvement; this had already identified by the senior probation officer, who planned to provide staff with the necessary training.
- 4.14 The prison held 27 prisoners serving life sentences, five of whom were over tariff, and 17 prisoners serving indeterminate sentences for public protection, seven of whom were over tariff. Psychology staff provided some support to help offender supervisors to engage with this population, but they did not provide any one-to-one work directly with prisoners. Some initial efforts had taken place to assess needs and review opportunities for these prisoners but work was still in its infancy. With the focus on transferring prisoners to an appropriate progressive regime, little structured one-to-one work to progress these prisoners through their sentence took place (see section on categorisation and transfers and recommendation 4.30).
- 4.15 Of those prisoners eligible for parole, the submission of dossier paperwork was mostly timely, but tracking systems were not robust or systematic.
- 4.16 The quality of home detention curfew (HDC) assessments had improved. Overall, the offender management unit (OMU) tracking systems were robust and processes were usually initiated within a reasonable time in the lead-up to prisoners' eligibility dates. Of the 54 prisoners approved for HDC over the previous six months, too many (30) had been held beyond their eligibility date, usually because of delays in identifying, and lack of availability of, suitable accommodation.

Recommendation

- 4.17 **All prisoners approved for home detention curfew should be released on their earliest eligibility date.**

Public protection

- 4.18 Public protection procedures were not sufficiently robust. The interdepartmental risk management team (IRMT) meeting was poorly attended and was not given sufficient priority by the prison as a whole. At the time of the inspection, a total of 109 prisoners had been assessed as presenting a high or very high risk of harm. Although the IRMT discussed high-risk prisoners six to eight months before release, it did not routinely consider new arrivals or imminent releases to provide assurance that their risks were being managed appropriately.
- 4.19 Good efforts had been made to confirm prisoners' multi-agency public protection arrangements (MAPPA) management levels before release and we saw evidence of these being recorded. Generally, the levels of contact between community offender managers and offender supervisors was good. When community offender managers had requested input into MAPPA meetings, most MAPPA F forms (information-sharing reports) were completed to a high standard.

- 4.20** At the time of the inspection, 57 prisoners were subject to mail and telephone monitoring. The appropriate prisoners, which included those identified as posing a risk or a potential risk to children and those convicted or remanded for a harassment offence, were correctly placed on monitoring for the first month of their stay. However, there was a substantial backlog of recorded telephone calls from these prisoners which still needed to be listened to, dating back nearly three weeks. This affected the ability of the OMU promptly to review and assess these prisoners' current risk and decide whether monitoring should cease or continue.
- 4.21** Systems to ensure that the mail of those prisoners currently subject to public protection monitoring was properly checked were inadequate. Staff in the mail room did not have an up-to-date list of these prisoners.
- 4.22** The accuracy of assessments of the continuing risk to children, and therefore also the effective imposition of child contact restrictions, was inevitably undermined by the weaknesses in monitoring arrangements. Most prisoners did not stay at the establishment long enough to have an annual review of their continuing risk to children but there was a tracking system to identify if a review was needed.

Recommendations

- 4.23** **The effectiveness of the interdepartmental risk management team should be improved, to ensure that the risks and needs of new arrivals and imminent releases are appropriately addressed.**
- 4.24** **The accurate and timely review of telephone calls and mail for prisoners subject to monitoring should be in place, ensuring that their risks are appropriately managed and that the public are protected.**

Categorisation and transfers

- 4.25** The quality of recategorisation reviews had improved, and the cases we looked at were of a satisfactory standard. Although there was no formal recategorisation board, offender supervisors drew on a wide range of sources of information to inform decisions.
- 4.26** There were systems to track and manage when recategorisation processes should be initiated, although at the time of the inspection seven reviews were overdue. There was no tracking of the number of prisoners who had previously been considered for recategorisation, or of how many of these had been approved or rejected.
- 4.27** It was difficult for the prison to secure transfers for category B prisoners, and they stayed at the establishment for too long. At the time of the inspection, 30 prisoners were waiting for transfer, with delays of up to 11 months. This was caused by a lack of spaces across the prison estate nationally and the requirement for prisoners to have over 12 months of their sentence left to serve to be eligible for transfer. This significantly impeded prisoners' ability to access the right interventions, progress in their sentence and reduce their risk of harm.
- 4.28** Most category C prisoners without any transfer holds were moved promptly, usually within two weeks. However, in one case we came across, the prisoner had been waiting for over two years to transfer, despite the prison's repeated attempts to facilitate the move.

- 4.29** A small number of prisoners convicted of sexual offences also stayed at the establishment for too long – the longest period at the time of the inspection being seven months – with no access to interventions aimed at changing their attitudes, thinking and behaviour.

Recommendation

- 4.30** **There should be a strategy for managing or transferring prisoners staying at the prison for longer periods, to ensure that they are able to progress in their sentence.**

Interventions

Expected outcomes:

Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.31** As a local prison, Bristol did not provide any accredited offending behaviour programmes. The focus of the establishment was to transfer prisoners to other, appropriate prisons. However, for those who stayed for too long at the establishment (see section on categorisation and transfers), one-to-one work and access to interventions to explore and address their offending behaviour and progress in their sentence were not available.
- 4.32** Homelessness was a serious problem in the local and surrounding areas of Bristol, and 73% of respondents to our survey said that they needed help in finding accommodation on release. Community rehabilitation company (CRC) staff provided accommodation support, including help to maintain and end tenancies on arrival and making referrals for the limited housing stock on release. An initiative funded by the Addiction Recovery Agency and Bristol Council also provided support for prisoners from the local area who were at risk of rough sleeping. However, despite considerable efforts to address accommodation needs, far too many prisoners – about 47%, as recorded by the CRC – were released homeless or to temporary accommodation, which did little to enhance their chances of rehabilitation (see key concern and recommendation S88).
- 4.33** In our survey, 68% of respondents said that they needed help with sorting out their finances for when they were released. CRC staff provided some basic support to help prisoners to manage their debts, and in the previous six months 16 had been helped to open a bank account. However, the specialist financial advice provision available at the time of the previous inspection was no longer offered, despite efforts to source an appropriate provider.
- 4.34** The Department of Work and Pensions provided some support for prisoners to access universal credits on release, although at the time of the inspection advanced claims were not accepted.

Release planning

Expected outcomes:

The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 4.35** The demand for resettlement planning was high, with about 80 prisoners being released from the establishment every month, presenting considerable challenges for the delivery of resettlement.

- 4.36** Offender supervisors completed part 1 of the basic custody screening tool (BCST) on prisoners' arrival, usually within 72 hours, and this triggered the requirement for the part 2 BCST to take place. However, in the previous six months, 12% of the BCST 2 assessments had not been completed, which meant that not all prisoners had their immediate resettlement needs addressed on arrival. In many cases, this was due to the shortage of staff to escort prisoners to the Oak Centre (the resettlement hub) to have their assessment completed confidentially.
- 4.37** In most cases, prisoners' needs were reviewed during the 12 weeks before release, and then again within the final few days. We saw evidence of adequate case notes and referrals being taken forward but for many, especially those with accommodation needs, this was too late to be fully effective.
- 4.38** Communication with community offender managers was good, but contact internally between the OMU and CRC staff was limited. It was not unusual for either staff group to be unaware of the work that was being done by the other team to prepare prisoners for their release, and there was no coordinated opportunity to discuss these prisoners jointly.
- 4.39** A discharge pack was issued on the day of release, and there was an adequate supply of essentials and holdalls for departing prisoners. Following a recent change, prisoners were released through the visitors' entrance, which provided greater decency, rather than being released through the vehicle gate, which drew unnecessary negative attention from the public.
- 4.40** Prisoners subject to licence conditions were met at the gate by a probation officer, who carried out a short interview and provided helpful information and support on the details of the licence conditions.

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new key concerns and recommendations, general recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Key concerns and recommendations		Directed to:
S74	<p>Key concern: Support for new arrivals was inconsistent and weak. The reception area and the first night centre were not welcoming environments, and offered too little to inform and engage prisoners. Peer workers were not used effectively. First night safety interviews were not private or sufficiently thorough. First night accommodation was unpleasant and poorly prepared. Induction was not delivered to all prisoners who needed it.</p> <p>Recommendation: All new arrivals should receive consistent and effective support in properly equipped and welcoming reception and induction facilities.</p>	The Governor
S75	<p>Key concern: Levels of violence were higher than at the time of the previous inspection, and much higher than the average for this type of prison. Too many acts of violence remained unexplained and there was insufficient analysis or understanding of the causes of violence and anti-social behaviour. Processes for managing perpetrators and victims of violence were not widely embedded or understood. Support for, and the management of, self-isolating prisoners was inadequate and, despite the high levels of violence, there were no prisoners on normal locations subject to any form of monitoring.</p> <p>Recommendation: Actions and processes to reduce violence should be embedded and consistently applied throughout the prison, and their effectiveness regularly monitored.</p>	The Governor
S76	<p>Key concern: The number of adjudications was high. Records were not always legible, management oversight was insufficient and there was no quality assurance process. Too many adjudications were not proceeded with, remanded or referred, which undermined the challenge of poor behaviour.</p> <p>Recommendation: All adjudication hearings should be held and completed within a reasonable time, ensuring that poor behaviour is appropriately challenged.</p>	The Governor

S77	<p>Key concern: Levels of use of force were high. Governance and oversight arrangements had been implemented too recently to give assurance and identify trends and themes. Not all incidents involving the drawing of batons were investigated and too much use of force documentation was missing.</p> <p>Recommendation: There should be regular and effective managerial oversight of the use of force, which should always be justified and proportionate.</p>	The Governor
S78	<p>Key concern: Levels of self-harm were higher than at most other local prisons. The number of prisoners subject to ACCT support was unmanageable and prevented staff from focusing on those at the highest risk. Too many prisoners lived in poor conditions and did not attend activities, exacerbating their risk of suicide and self-harm. Action to address levels of self-harm and implement PPO recommendations was not well coordinated by the safer custody team.</p> <p>Recommendation: Effective, well-coordinated action should be taken and sustained in order to reduce levels of self-harm.</p>	The Governor
S79	<p>Key concern: Most safer custody processes were failing. The safer custody hotline, whereby family and friends could report their concerns about a prisoner's welfare, was not monitored. Prisoners could not telephone the Samaritans from their cells. There were too few Listeners. There were not enough appropriate facilities for constant supervision.</p> <p>Recommendation: Safer custody processes should effectively support prisoners at risk of suicide and self-harm.</p>	The Governor
S80	<p>Key concern: Living conditions for most prisoners remained unacceptably poor. There had not been sufficient investment in most residential units to prevent further deterioration since the previous inspection. Efforts by residential managers to improve conditions had sometimes been frustrated. Most wings required wholesale refurbishment, in order to provide decent living conditions.</p> <p>Recommendation: There should be sufficient investment in, and refurbishment of, the residential units, to ensure that all prisoners live in decent, respectful conditions.</p>	HMPPS
S81	<p>Key concern: Too many prisoners lived in overcrowded cells.</p> <p>Recommendation: Prisoners should not be held in overcrowded conditions.</p>	HMPPS
S82	<p>Key concern: There were substantial gaps in the provision for prisoners with disabilities, and the needs of many prisoners with mobility issues were not being met. There was no specific accommodation available for</p>	HMPPS

	<p>prisoners with disabilities. There was no evidence of any reasonable adjustments being made to support these prisoners. There was no effective prisoner carer system, and the management and delivery of personal evacuation escape plans was very weak.</p> <p>Recommendation: The prison should ensure that the needs of all prisoners identified with a disability are met.</p>	
S83	<p>Key concern: No protocol or memorandum of understanding had been formally agreed with the local authority, which meant that arrangements to assess and deliver the social care needs of prisoners were inadequate. We observed several prisoners with unmet care needs.</p> <p>Recommendation: Prisoners should receive a prompt and full assessment of any potential social care needs, and receive timely support commensurate with their needs through an individual, regularly reviewed care plan, delivered by trained staff.</p>	The Governor
S84	<p>Key concern: Leaders and managers had made very slow progress in improving the quality of the education, skills and work provision since the previous inspection. They did not prioritise purposeful activity sufficiently. Quality assurance and improvement arrangements were ineffective. Leaders, managers and the education provider had not developed the provision sufficiently to reflect the current or future needs of the prison population. Staff shortages, particularly in the education provision, and regime issues resulted in cancelled lessons and gaps in the provision. The allocation of prisoners to education, skills and work activities did not take into account sufficiently what prisoners already knew and could do.</p> <p>Recommendation: Leaders and managers should give priority to engaging prisoners in a wide and well-utilised range of purposeful activities that meets the rehabilitation needs of all groups of prisoners, and which leaders and managers scrutinise closely and regularly, to ensure that it is of a high quality.</p>	The Governor
S85	<p>Key concern: Attendance at education, skills and work activities was far too low. Staff did not provide good enough information about the education, skills and work opportunities available. Prisoners did not know how their engagement in education, skills and work was helping them to achieve their long- and short-term goals aimed at release and resettlement. Arrangements were not yet fully effective in supporting prisoners to progress to education, training or employment on release or transfer. Outcomes and achievements for prisoners across the provision were poor, including in English and mathematics.</p> <p>Recommendation: Leaders and managers should ensure that prisoners attend their activities regularly, complete and achieve relevant qualifications, including in workshops, and develop effective work-related skills that prepare them effectively for their next stage of education, training or employment.</p>	The Governor

S86	<p>Key concern: Leaders and managers, including from the education provider, did not have an effective oversight of the progress that prisoners made. Teachers and instructors did not make sufficient use of what prisoners already knew and could do to plan individualised learning and training. Activities in lessons did not meet the needs and interests of prisoners. The pace of some lessons was too slow. Standards of work in most areas of the provision were not good enough.</p> <p>Recommendation: Leaders and managers should prioritise the improvement of the quality of the provision, ensuring that teachers and instructors plan and deliver a high-quality education and training experience that is individualised to meet prisoners' needs and motivates them to make good progress, produce work of a high standard and achieve their full potential.</p>	The Governor
S87	<p>Key concern: Too many prisoners, about a third of those eligible, did not have an up-to-date OASys assessment, which affected their opportunity to progress and access the right interventions to reduce their risk. Too many prisoners were transferred without an OASys assessment to inform their move.</p> <p>Recommendation: All eligible prisoners should have an up-to-date assessment of their risks and needs, and this should inform their move before being transferred to another establishment.</p>	The Governor
S88	<p>Key concern: About 80 prisoners were released from Bristol every month. However too many, about 47%, were released homeless or into temporary accommodation, which did little to enhance their chances of rehabilitation. Too little focus and vigour was given to understanding the accommodation needs of prisoners. Wider, collaborative efforts to engage community and partnership services were underdeveloped.</p> <p>Recommendation: The number of prisoners being released either homeless or into temporary accommodation should be reduced.</p>	The Governor
General recommendations		Directed to:
1.21	All victims of violence and antisocial behaviour should be identified and, where appropriate, supported with comprehensive management plans.	The Governor
1.22	The incentives and earned privileges scheme should be used more effectively to manage poor behaviour and reward good behaviour, and should include the use of individualised behaviour improvement plans.	The Governor
1.49	All prisoners whose vulnerability places them at risk of harm, abuse and neglect should be identified and protected.	The Governor
2.4	Officers should have regular, meaningful contact with the prisoners in their care, and this should be reflected in case note entries.	The Governor
2.24	All prisoners who make a complaint against staff should have their complaint investigated thoroughly and should receive a detailed and legible response	The Governor

2.53	All clinical rooms should meet required infection control standards, with adequate storage and space to provide effective and accessible health services. (Repeated recommendation 2.73)	The Governor
2.68	A rolling programme of mental health awareness training should be provided for all custody staff. (Repeated recommendation 2.99)	The Governor
2.83	All medicine queues should be supervised adequately, to protect patient confidentiality and prevent bullying and diversion.	The Governor
3.13	The daily regime, including access to association, should be reliably delivered.	The Governor
3.14	Prisoners should be able to access the gym without disrupting their learning and working day. (Repeated recommendation 3.47)	The Governor
3.15	A comprehensive library service should be provided at the earliest opportunity.	The Governor
3.25	Data should be used more effectively to monitor prisoners' progress and challenge poor performance.	The Governor
3.35	Teachers and instructors should improve the quality of prisoners' individual learning plans, to help them to make good progress and to achieve relevant qualifications.	The Governor
3.36	Teachers and instructors should provide effective and regular developmental feedback to prisoners that helps them to improve the quality and standard of their work.	The Governor
4.4	The delays in prisoners accessing PIN telephone numbers should be addressed as a matter of urgency. (Repeated recommendation 2.13)	The Governor
4.17	All prisoners approved for home detention curfew should be released on their earliest eligibility date.	The Governor
4.23	The effectiveness of the interdepartmental risk management team should be improved, to ensure that the risks and needs of new arrivals and imminent releases are appropriately addressed.	The Governor
4.24	The accurate and timely review of telephone calls and mail for prisoners subject to monitoring should be in place, ensuring that their risks are appropriately managed and that the public are protected.	The Governor
4.30	There should be a strategy for managing or transferring prisoners staying at the prison for longer periods, to ensure that they are able to progress in their sentence.	The Governor
Examples of good practice		
2.77	Through-the-gate work with community drugs services, housing and homelessness charities, and Bristol Council services provided prisoners with an unusually wide range of supported living options.	
2.84	A dedicated wing-based medicine management team carried out most medicine administration, improving the management of stock, the ordering of prescriptions and the provision of consistent support to patients.	
2.85	Espranor was supplied to prisoners prescribed buprenorphine; this dissolves on the tongue, reducing the time spent in administration and the risk of diversion.	

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Jonathan Tickner	Inspector
Jade Richards	Inspector
Martyn Griffiths	Inspector
Natalie Heeks	Inspector
Darren Wilkinson	Inspector
Amilcar Johnson	Researcher
Joe Simmonds	Researcher
Catherine Shaw	Researcher
Becky Duffield	Researcher
Wura Gerasimov	PPO researcher
Steve Eley	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Rachel O'Callaghan	Pharmacist
Dayni Johnson	Care Quality Commission inspector
Suzanne Wainwright	Ofsted inspector
Martin Ward	Ofsted inspector
Malcolm Bruce	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, reception processes were efficient and welcoming but risk issues were not always identified. Prisoners had too little support and information during their early days. Too many prisoners felt unsafe. There was a comprehensive plan to make the prison safer, and violence had reduced in recent months. However, levels of violence against staff and prisoners remained high and were often linked to drugs and debt. Levels of self-harm were very high and the quality of care for prisoners at risk was not good enough. Security arrangements were good. Despite a comprehensive supply reduction plan, drugs were easily available. Levels of use of force were high but managerial oversight was good. The use of segregation had reduced. Good substance misuse services were undermined by staff shortages and a poor environment. Outcomes for prisoners were poor against this healthy prison test

Main recommendations

All new prisoners should have their risks assessed on arrival. First night cells should be fully furnished and equipped. Prisoners should be supported during their first night and early days, and should be provided with a reliable induction programme. (S51)

Not achieved

The focus on violence and drug supply reduction should continue and current violence and drug reduction plans should be applied swiftly and robustly. Outcomes should be reviewed and evaluated and, where necessary, actions should be adapted to ensure maximum impact. (S52)

Partially achieved

Staff should understand how to identify, assess and manage the risk of suicide and self-harm effectively. Prisoners at risk of suicide and self-harm should be supported using the full range of assessment, care in custody and teamwork (ACCT) measures. In particular, care maps should be used meaningfully and reviewed regularly. (S53)

Not achieved

Recommendations

Prisoners due for release or transfer should be processed promptly once in reception. (1.3)

Achieved

The reception searching area should afford sufficient privacy. (1.10)

Not achieved

A formal strategy for the management of all young adults should be developed, including an assessment of their vulnerabilities and risks from other prisoners. (1.18)

Not achieved

Prisoners should have access to a working Samaritans telephone. (1.25)

Not achieved

All requested suspicion drug tests should be completed within set guidelines. (1.33)

Not achieved

Behavioural improvement plans should be in place and the incentives and earned privileges (IEP) scheme should be used more effectively to manage poor behaviour and reward good behaviour. (1.37)

Not achieved

All of the required use of force paperwork should be completed promptly by all staff members involved. (1.43)

Not achieved

Sufficient resources should be available to ensure that prisoners are able to attend their substance misuse interventions without delays or cancellations. (1.55)

Achieved

C wing should undergo comprehensive refurbishment to improve the environment as a substance use treatment facility. (1.56)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, outside areas were clean. Living conditions were poor for most prisoners. Wings were run down and often dirty. Many cells were crowded and poorly equipped. Staff–prisoner relationships were mostly respectful. Consultation with prisoners was too limited. Equality and diversity arrangements were weak, and the needs of some minority groups were not being met. Faith provision was good. Complaints were well managed. Most health services were reasonably good but some key areas were badly affected by staff shortages. The food provided was reasonable. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met and that any negative perceptions of particular groups are understood. (S54)

Not achieved

Recommendations

All cells should be clean and free of graffiti, and contain suitable furniture. (2.9)

Not achieved

Showers should be appropriately screened. (2.10)

Partially achieved

Prisoners on B wing should have timely access to toilet facilities during periods of lock-up. (2.11)

Not achieved

The application system should be reviewed and improved to ensure that it is easy to make an application and that prisoners receive a timely response. (2.12)

Not achieved

The delays in accessing PIN telephone numbers should be addressed as a matter of urgency. (2.13)

Not achieved (recommendation repeated, 4.4)

Personal officers should have regular contact with their prisoners (including an initial introduction), and case note entries should be made weekly and give details of prisoners' progress. (2.19)

Not achieved

There should be effective prisoner consultation which allows prisoners to influence and invest in prison life. (2.20)

Achieved

Prisoners should have free access to, and be informed about, a discrimination incident reporting process which is subject to internal and external quality control. (2.26)

Achieved

Care plans for older prisoners and those with disabilities should include social care needs and should be shared with staff on residential wings who have responsibility for the 5.28 prisoner. (2.42)

Not achieved

There should be a formal system of peer support for older prisoners and those with disabilities requiring assistance. Prisoners should be trained in providing care, have a clear job description and be well supervised. (2.43)

Not achieved

The reasons for prisoners' poor perception of chaplaincy provision should be explored and remedial action taken. (2.50)

Achieved

Prisoners' poor experience of complaints should be investigated and remedial action taken to improve their perception of the process. (2.56)

Not achieved

All clinical rooms should meet required infection control standards, with adequate storage and space to provide effective and accessible health services. (2.73)

Not achieved (recommendation repeated, 2.53)

Prisoners should be able to attend all scheduled health care appointments. (2.74)

Achieved

Sufficient custodial staff should be trained in first aid and have easy access to automated external defibrillators, to ensure a prompt response to medical emergencies at all times. (2.75)

Achieved

Prisoners should be able to complain about health services through a well-advertised and easily accessible confidential system, and should receive timely responses. Learning from complaints should inform service improvement. (2.76)

Achieved

Prisoners should have timely access to health service information and all relevant health promotion interventions, including barrier protection and national health awareness campaigns. (2.77)

Achieved

Prisoners should receive a secondary health screen within their first seven days in the establishment. (2.82)

Achieved

Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan from appropriately trained and supervised staff. (2.83)

Achieved

Prisoners in shared cells should have secure in-cell storage for in-possession medicines. (2.89)

Not achieved

All medicines should be administered at the required time and officers should manage and supervise all medicine queues adequately, to protect patient confidentiality and prevent bullying and diversion. (2.90)

Partially achieved

All medicines, including controlled drugs, should be stored securely and appropriately, in line with current guidance and regulations. (2.91)

Not achieved

A rolling programme of mental health awareness training should be provided for all custody staff. (2.99)

Not achieved (recommendation repeated, 2.68)

Prisoners with mild to moderate mental health problems should have timely access to a full range of care-planned support that meets their assessed needs. (2.100)

Achieved

The Brunel unit should only accommodate patients with an identified clinical need and should offer a consistent therapeutic regime, supported by regularly reviewed clinical 5.44 admission assessments and care plans. (2.101)

No longer relevant

The local authority should ensure that all prisoners with identified social care needs receive all required care within an individual, regularly reviewed care plan from trained staff. (2.103)

Not achieved

Serveries and trolleys should be clean and hygienic. (2.108)

Not achieved

Arrangements should be made for new prisoners to access the full range of shop goods within 24 hours of arrival. (2.112)

Not achieved

Purposeful activity

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

At the last inspection, in 2017, chronic staff shortages had curtailed the regime and reduced prisoners' time unlocked over the previous two years, although this was improving. Around half the prison population was locked up during the working day. The leadership of learning and skills and work activities was weak. English, mathematics and vocational training provision did not meet need. Attendance at activities was very poor. Learners behaved well. The quality of teaching and learning and assessment required improvement. Most prisoners achieved well but English and mathematics achievements needed to improve. Library services were limited. Recreational PE was reasonably good but interrupted the working day. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

Poor attendance at education, training and work should be addressed and all prisoners allocated should attend. (S55)

Not achieved

Recommendations

Prisoners should have access to evening association periods. (3.6)

Achieved

Prisoners should have regular access to outside exercise. (3.7)

Achieved

The joint and constructive work between the prison and its learning and skills and work partners should be increased and lead to improvements in purposeful activity. (3.14)

Not achieved

Data concerning participation and learners' achievements should be routinely collated, analysed and evaluated to enable accurate and realistic targets for improvements to be set. (3.15)

Not achieved

The number of prisoners gaining qualifications should be increased. (3.20)

Not achieved

Leaders and managers should conduct an urgent review of the provision of activities, to ensure that the needs of prisoners are met. (3.21)

Not achieved

Education courses should be structured in a way that meets the dynamics of a local prison, accounting for the high turnover of prisoners. (3.22)

Not achieved

The amount and range of vocational training provision should be increased to ensure that more prisoners are engaged in purposeful activity that addresses their resettlement needs. (3.23)

Not achieved

The standard of teaching and learning in education and vocational training should be raised through effective and more extensive use of the observation of teaching and learning processes and planned staff development. (3.28)

Not achieved

Prisoners' engagement in all learning and skills and work activities should be drastically improved, to ensure that they take part in tasks that further develop their personal and employability skills (3.32).

Not achieved

The number of prisoners engaged in education, including those taking national vocational qualifications, should be increased and their achievement rates, particularly in mathematics, raised (3.38).

Not achieved

Library staff and orderlies should be trained and equipped to support the further development of the library services. (3.41)

Not achieved

The analysis of data with regard to access to the library should be improved, to promote and encourage the use of the library services by all groups of prisoners. (3.42)

Not achieved

Prisoners should be able to access the gym without disrupting their learning and working day (3.47).

Not achieved (repeated recommendation 3.10)

Data on gym usage should be analysed more effectively, to increase staff awareness of which groups of prisoners use these facilities and ensure that they promote them to those who do not attend. (3.48)

Not achieved

Recognised qualifications should be introduced for prisoners attending the gym. (3.49)

Not 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 2017, the reducing reoffending strategy was not informed by a comprehensive needs analysis. Offender management was weak. Too many prisoners were transferred without an offender assessment system (OASys) assessment or sentence plan being completed to inform their move. Offender supervisor contact was very limited, even in higher-risk cases. Too many prisoners were released late on home detention curfew. Basic public protection measures were sound but risk management and planning for high-risk cases due for release were limited. The demand for resettlement services was very high. A wide range of mentoring support was provided, and prisoners were assisted in finding accommodation and addressing debt, but they needed more help with maintaining family contact and with finding employment on release. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Recommendations

The resettlement needs analysis should be completed and the reducing reoffending strategy should reflect the findings. (4.4)

Achieved

Offender management should have a higher profile across the prison and be at the centre of reducing reoffending work, with good information exchange with all departments. (4.5)

Not achieved

The transfer of all prisoners should be informed by an up-to-date, high-quality offender assessment system (OASys) assessment and sentence plan. (4.12)

Not achieved

The effectiveness of offender management should be improved. In high risk of harm cases, contact with offender supervisors should be regular and meaningful, aimed at promoting progression and engagement. (4.13)

Achieved

The quality of home detention curfew assessments should be improved and the processes should be applied in a timely manner, to promote release on the earliest eligibility date. (4.14)

Not achieved

A system to enable the translation of telephone calls made in languages other than English should be implemented. (4.18)

Not achieved

The effectiveness of the interdepartmental risk management team should be improved, to ensure that all high risk of harm cases due for release are reviewed regularly and that this results in a high-quality risk management plan. (4.19)

Not achieved

Information exchange between offender management unit (OMU) staff and community-based offender managers should be improved, to promote a review of the multi-agency public protection arrangements (MAPPA) management level and the development of a robust release plan. (4.20)

Achieved

More places should be made available for category B prisoners, to ensure that they do not stay for too long at a local prison and are able to progress in their sentence. (4.26)

Not achieved

Joint working between the community rehabilitation company and the OMU should be improved, to ensure good information exchange and the effective delivery of resettlement plans. (4.36)

Not achieved

Catch 22 staff should have direct access to N-Delius (4.37).

Not achieved

The total number of prisoners being released homeless or to temporary accommodation should be monitored, validated and reduced. (4.40)

Not achieved

Targets to address the needs of prisoners with low levels of English and mathematics should be recorded on their action plans, and the availability of English and Mathematics courses should be promoted effectively. (4.44)

Not achieved

Methods for gathering data on prisoners' employability, training and further education destinations on release should be developed. (4.45)

Not achieved

The prison's website should be updated, to ensure that visits information is correct. (4.56)

Achieved

Provision to help and encourage prisoners to build relationships and maintain family ties should be expanded. (4.57)

Achieved

Family visits should be available to all prisoners. (4.58)

Achieved

The range of offence-focused interventions should be improved, to ensure that it is sufficient to meet the needs of the population, including those convicted of domestic violence and sexual offending. (4.62)

Not achieved

Appendix III: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Status	18–20-year-olds	21 and over	%
Sentenced	10	211	47.94
Recall	4	90	20.40
Convicted unsentenced	10	54	13.88
Remand	11	64	16.28
Civil prisoners	0	2	0.43
Detainees	0	0	0
Immigration detainees	0	3	0.65
Unknown	0	2	0.43
Total	35	426	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	22	138	34.7
Less than six months	1	49	10.8
six months to less than 12 months	2	34	7.8
12 months to less than 2 years	1	30	6.7
2 years to less than 4 years	4	55	12.7
4 years to less than 10 years	5	52	12.3
10 years and over (not life)	0	24	5.6
ISPP (indeterminate sentence for public protection)	0	17	3.6
Life	0	27	5.8
Total	35	426	100

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	35	7.6
21 years to 29 years	126	27.3
30 years to 39 years	158	34.3
40 years to 49 years	81	17.6
50 years to 59 years	44	9.5
60 years to 69 years	11	2.4
70 plus years	6	1.3
Please state maximum age here: 79		
Total	461	100

Nationality	18–20-year-olds	21 and over	%
British	32	391	91.8
Foreign nationals	3	35	8.2
Total	35	426	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	22	116	29.9
Uncategorised sentenced	12		2.6
Category A			
Category B		52	11.2
Category C		226	49.3
Category D		23	4.9
Other	1	9	2.1
Total	35	426	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	22	304	70.7
Irish	0	4	0.9
Gypsy/Irish Traveller	0	6	1.3
Other white	1	11	2.6
Mixed			
White and black Caribbean	2	21	5.0
White and black African	1	3	0.9
White and Asian	1	1	0.4
Other mixed	1	7	1.7
Asian or Asian British			
Indian	0	1	0.2
Pakistani	0	4	0.9
Bangladeshi	0	0	0
Chinese	0	0	0
Other Asian	2	6	1.7
Black or black British			
Caribbean	3	34	8.0
African	0	13	2.8
Other black	2	7	2.0
Other ethnic group			
Arab	0	0	0
Other ethnic group	0	3	0.7
Not stated	0	1	0.2
Total	35	426	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	2	0.4
Church of England	0	57	12.4
Roman Catholic	1	60	13.2
Other Christian denominations	4	61	14.1
Muslim	5	52	12.4
Sikh	0	0	0
Hindu	0	0	0
Buddhist	0	9	2.0
Jewish	0	0	0
Other	2	14	3.5
No religion	23	168	41.4
Not stated	0	3	0.6
Total	35	426	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)		2	0.43
Total			

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	2	0.4	76	16.5
1 month to 3 months	5	1.1	96	20.8
3 months to six months	1	0.2	54	11.7
six months to 1 year	3	0.7	43	9.3
1 year to 2 years	2	0.4	14	3.0
2 years to 4 years	0	0	4	0.9
4 years or more	0	0	1	0.2
Total	13	2.8	288	62.5

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	0	0
Total	0	0	0

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	8	1.7	66	14.3
1 month to 3 months	7	1.5	43	9.3
3 months to six months	5	1.1	22	4.8
six months to 1 year	2	0.4	5	1.1
1 year to 2 years	0	0	2	0.4
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	22	4.8	138	29.9

Appendix IV: Photographs



Litter accumulated at the back of C wing



Improvised toilet screen in a cell



Blocked observation panel - 'F**k the HMP'



Prisoners keeping their property in bags on the floor because they have nowhere to store it



Prisoners block their sink panels to prevent the ingress of cockroaches

Appendix V: HM Chief Inspector of Prisons’ letter to the Secretary of State invoking the Urgent Notification process



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HM Chief Inspector of Prisons
PETER CLARKE CVO OBE QPM

Date: 11 June 2019

The Rt Hon David Gauke MP
Justice Secretary
Ministry of Justice
9th floor
102 Petty France
London SW1H 9AJ

Dear Secretary of State

Urgent Notification: HM Prison Bristol

Summary

In accordance with the Protocol between HM Chief Inspector of Prisons and the Ministry of Justice (MoJ), I am writing to you to invoke the Urgent Notification (UN) process in respect of HM Prison Bristol.

An unannounced inspection of HMP Bristol between 20 May and 7 June 2019 identified numerous significant concerns about the treatment and conditions of prisoners. It was the latest in a series of disturbing inspections at the prison over the last six years. As required by the process, in this letter I will set out the key evidence underpinning my decision to invoke the UN process and the rationale for why I believe it is necessary. In addition, I attach a summary note which details all the main judgements from this inspection. The summary note is drawn from a similar document provided to the Governor at the end of the inspection last week. The Governor, the Prison Group Director and officials of the MoJ have been informed of my intention to invoke the UN process. I shall, as usual, publish a full inspection report in due course.

What the UN process requires of HM Chief Inspector of Prisons

A decision to invoke the UN process is determined by my judgement, informed by relevant factors during the inspection that, as set out in the Protocol between HM Chief Inspector and the MoJ may include:

- poor healthy prison test assessments (HMI Prisons’ inspection methodology is outlined in the HMI Prisons Inspection Framework);
- the pattern of the healthy prison test judgements;
- repeated poor assessments;
- the type of prison and the risks presented;
- the vulnerability of those detained;
- the failure to achieve recommendations;
- the Inspectorate’s confidence in the prison’s capacity for change and improvement.

The Protocol sets out that this letter will be placed in the public domain, and that the Secretary of State commits to respond publicly to the concerns raised within 28 calendar days. The response will explain how outcomes for prisoners in the institution will be improved in both the immediate and longer term.

Inspections of HMP Bristol since 2013

We last inspected Bristol prison in March 2017, when we reported clear evidence of declining standards. Outcomes in safety and the provision of purposeful activity were poor and respect and rehabilitation and release planning were assessed as being not sufficiently good. We believed, though, that there might be grounds for cautious optimism and that there was a realistic prospect of improvement. I concluded my introduction to the 2017 inspection report with the following comments:

“... progress was inevitably fragile, and if these and other improvements are to take hold, we believe it is essential that the energetic and committed leadership of HMP Bristol is allowed to build on the foundations it has laid. All too often, we see that changes in leadership have contributed to a lack of direction and a decline in performance. There is no reason why, with increases in staff numbers, well-directed investment and consistent leadership from the senior team, Bristol should not deliver better outcomes for prisoners in the future.”

At this inspection, in May and June 2019, we found that our optimism of two years ago was misplaced. Despite improved staffing levels and some new investment, and the inclusion of HMP Bristol in HM Prison and Probation Service ‘special measures’, there had been no improvement in any of our four healthy prison tests. Moreover, we found that all seven criteria for invoking an Urgent Notification were met.

Healthy prison assessments since 2013				
	Safety	Respect	Purposeful Activity	Resettlement and Rehabilitation
2019	1	2	1	2
2017	1	2	1	2
2014	2	2	2	2
2013	2	1	1	3

The chronic and seemingly intractable failings at Bristol have now been evident for the best part of a decade. Our inspection in 2010 was the last time we felt able to report positively on the prison. Since 2013, we have described outcomes for those detained as reasonably good on only one occasion and against only one test. The other 15 assessments we have made have described outcomes that were either not sufficiently good or poor. A fundamental responsibility of any prison is to keep prisoners safe. In this, HMP Bristol has sadly failed. We have now assessed outcomes in safety as poor for two consecutive inspections, and not sufficiently good for the two inspections prior to that. The prison’s record in providing purposeful activity for the men held there, including training and education that may equip them to lead productive lives on release, is equally poor.

What this decline means for treatment and conditions

Our experience is that at each prison where we have invoked the Urgent Notification process, we have found features particular to that establishment. While Bristol may not have reached the extreme lack of order and crisis seen in some prisons, it has demonstrably been in a state of drift and decline for many years. The treatment and conditions found by inspectors were such that invocation of the UN process became inevitable. My concerns are set out in broad terms in the attached summary documents, but the following areas are key findings:

- Bristol is a frontline local prison, receiving prisoners from the courts, many with vulnerabilities and often with no previous experience of prison. In light of this, we were disappointed to see first night arrangements had only improved marginally and that many of these improvements were only introduced during the course of the inspection.
- In our survey, nearly two-thirds of prisoners said they had felt unsafe at some point during their stay at the prison, with over a third feeling unsafe at the time of the inspection itself. Recorded violence, much of it serious, had increased since our last inspection and was much higher than the average for local prisons. We saw that there was a new violence reduction strategy, some good security initiatives and some very important work to combat illegal drugs, but some of this was poorly coordinated, not measured for effectiveness and not applied with sufficient rigour to give us the assurance it will be impactful or sustained. Despite the high levels of violence, there were no prisoners being managed under CSIP (the agreed casework

approach to managing perpetrators and victims of violence), which meant that perpetrators were not being monitored and challenged and victims were not being supported.

- The use of segregation, the number of adjudications and use of force incidents were all high and, to a large extent, reflected the levels of violence in the prison. Most work to improve processes was very recent and untested. Work to incentivise prisoners was too new to assess its effectiveness, and the poor management of adjudications led to a situation where so many charges were not proceeded with that it risked creating a culture of near impunity for those prisoners who behaved poorly. Of the 1,075 adjudications so far in 2019, only 400 had reached a conclusion.
- The rate of self-harm had increased since the last inspection and remained higher than most other local prisons. There had been two self-inflicted deaths since our last inspection, and significant recommendations made following Prisons and Probation Ombudsman investigations had not been implemented. An extraordinarily high number of prisoners – one in 10 – were identified as being at risk of suicide and self-harm and were being managed through assessment, care in custody and teamwork (ACCT) case management processes. We believe this was unmanageable. There was no effective strategy to reduce levels of self-harm and this was an indication of risk aversion rather than considered risk management. This was poor practice and potentially an impediment to care for those in crisis.
- We saw examples of very poor care for prisoners identified as being at risk of suicide and self-harm. One prisoner being managed on ACCT became very distressed one evening and smashed up his cell. Despite this, staff did not review his case that evening, nor was the level of observations on him increased. He was left overnight, and all the following day, in his damaged cell.
- Our confidence in the prison's competence to support those at risk of self-harm was severely undermined when we found that prisoners had been unable to telephone the Samaritans from their in-cell phones since 15 May 2019 because the prison had not kept the number topped up with credit.
- We were extremely concerned to find that a hotline for the family and friends of those in crisis, to call and report their concerns, had not been checked by staff at all for the two weeks before the inspection. When inspectors asked for records, staff retrieved 21 voicemail messages which required action. Three of the prisoners concerned had already been released from Bristol.
- When we last inspected we were concerned about the lack of care, particularly social care for some very vulnerable prisoners with physical disabilities. At this inspection, the social care arrangements were still completely inadequate, leaving several prisoners we observed with unmet care needs. One of these men had been at the prison since October 2018. He was not able to walk unaided. He had a

wheelchair, but it did not fit through his cell door. His cell had no adjustments made and he spent most of his day lying in bed, with a urine bottle tucked under his sheets. A fellow prisoner helped him by getting his meals, making sure he had clean bedding and clothing and lifting him in and out of his cell, but this prisoner was neither trained nor supervised. An initial social care referral was made in December 2018. A care assessment was made during our inspection on 5 June.

- Most accommodation remained bleak and grubby with too many overcrowded cells. C and G wings were the poorest environments. There remained a substantial backlog of maintenance work, infestations of cockroaches were common and many cells lacked sufficient basic furniture. A bulk order of new furniture had been placed in January 2019, but had still not arrived.
- There were currently sufficient activity places for all prisoners to engage in education, training or work for at least part of the day, yet only half had been allocated and of these on average only about half attended. Leaders and managers had not prioritised purposeful activity, were largely unaware of the poor attendance rates, and their expectations were too low, despite significant investment in education facilities. Classes were often cancelled. The quality of teaching, learning and assessment was weak: too many prisoners failed to make any progress, complete their course or gain any qualification or tangible outcome. Time out of cell for the many prisoners not allocated to activity was limited to around two hours each day, and during the working day we found just under a third of prisoners locked in their cells.
- Bristol prison has an important role to play in resettling and reintegrating the many prisoners it releases. About 80 prisoners were released from Bristol every month, but a staggering 47% were released homeless or into temporary accommodation, which did little to enhance their chances of rehabilitation.

Special measures

HMPPS has clearly had its own concerns, placing Bristol in ‘special measures’ since our 2017 inspection. Despite repeated requests, the prison failed to provide us with any meaningful objectives, action plans or assessment of the impact of ‘special measures’. From the evidence we gathered, I can say that the full report on the 2019 inspection will acknowledge some developments, although we were yet to see these having any substantial or positive impact on outcomes for prisoners. For example, staffing has increased over the last year, so that, in theory at least, the prison now has sufficient staff. However, the regime is still unreliable and fragile. We did note some recent success in reducing illicit drug use. D wing was currently being refurbished and some showers in other wings had also been improved. We found there has been significant capital investment to support education, with an education and training block due to open in August, but unless there is a fundamental improvement in the leadership and management of education and training, a new facility in itself will not deliver improvements.

Taken together, these pockets of improvement, although welcome, are not sufficient to give me confidence that the prison’s chronic failures have been addressed. For instance, we were told that following the refurbishment of D wing, other wings would follow suit, but we were not shown evidence of any plans for ongoing investment, despite the poor and sometimes squalid living conditions we have reported for many years.

Implementing HMI Prisons’ recommendations – which we believe provide a pathway towards sustained improvement – has plainly not been a priority under ‘special measures’. It was telling, for example, that of the 76 recommendations we made in 2017, at this inspection we found that only 22 had been achieved in full. Incredibly, for a prison that has been judged as unsafe in successive inspections, only one of the 11 recommendations made under ‘safety’ in 2017 had been fully achieved.

Conclusion

Bristol is a busy and challenging local jail in a major city. In some inspections of similarly troubled prisons over the last 18 months, I have considered but chosen not to use the Urgent Notification process because I had some confidence in the prison’s capacity for change and improvement, supported regionally and nationally where appropriate. As I have explained above, in 2017 I had grounds to think that the leadership at Bristol might be able to make some progress, called for them to be allowed to continue at Bristol, and expressed some cautious optimism. Two years later, there has been no significant improvement. My understanding is that ‘special measures’ are intended to provide support for the Governor of a struggling prison. If that is the intention, they have clearly failed at HMP Bristol. The investment which has taken place has not yet led to any tangible improvement in outcomes. Some of the efforts to improve have, in reality, been a case of too little, too late: some we saw had only just been implemented, and some were introduced during the inspection itself. On the basis of this latest inspection, I can have no confidence that HMP Bristol will achieve coherent, meaningful or sustained improvement in the future. For that reason, I have invoked the Urgent Notification process in the hope that your personal intervention will be able to bring about the much-needed changes.

Yours sincerely

A handwritten signature in black ink that reads "Peter Clarke". The signature is written in a cursive style with a horizontal line underneath the name.

PETER CLARKE

Appendix VI: The Secretary of State’s response to HM Chief Inspector of Prisons’ letter invoking the Urgent Notification process



Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons
3rd Floor
10 South Colonnade
Canary Wharf
London
E14 4PU

The Right Honourable
David Gauke MP
Lord Chancellor & Secretary of
State for Justice

MoJ ref: [MC123456]

11 July 2019

URGENT NOTIFICATION – HMP BRISTOL

Thank you for your letter dated 11 June 2019, setting out your concerns following the inspection at HMP Bristol and invoking the Urgent Notification (UN) protocol. As set out in the protocol between you and my Department, I am providing you with a response within 28 days of your letter.

You raised a number of important issues, which I take seriously, and I am committed to ensuring they are addressed. I set out below an overview of the immediate actions we have prioritised to address the most serious and urgent matters; and have taken the opportunity to outline HMPPS’s new performance recovery arrangements, which will be replacing special measures. I also enclose an initial action plan providing more detail on the specific actions that have been completed or are underway.

Safety

Firstly, I want to assure you that immediate action has been taken to ensure that prisoners can telephone the Samaritans from in-cell phones; and local assurance process have been put in place to maintain this. In addition, swift action has been taken to ensure the hotline for family and friends of those in crisis to call and report their concerns, is checked regularly; and delays in getting prisoners’ in cell telephony accounts activated have been rectified.

You raised in your letter that you had concerns about the extraordinarily high number of prisoners, one in ten, who were identified as being at risk of suicide and self-harm (SASH), and were being managed through Assessment, Care in Custody and Teamwork (ACCT) case management processes. You believed this number to be unmanageable. This has arisen in part as a result of healthcare staff seeking to comply with a coroner’s recommendation to apply a lower threshold of risk when considering whether an ACCT is required. To address this safety, HMPPS’ National and Group Prison Safety Teams are working with the health provider to improve the understanding, identification and management of risk relating to ACCT. In addition, the Safety Teams are facilitating further workshops and coaching for ACCT case managers. These aim to improve their understanding of risks and triggers to manage the ACCT process more effectively, including the appropriate closure of ACCT plans. The Safety Teams are also assessing the current quality assurance processes and are making improvements.

Additional work is being carried out to ensure Prison and Probation Ombudsman (PPO) fatal incident investigation report recommendations are fully implemented and embedded at the prison.

You also raised concerns about the prison’s first night arrangements. With immediate effect, improvements are being made to the identification of safety risks, ensuring that prisoners have access to

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E <https://contact-moj.dsd.io/>
www.gov.uk/moj

102 Petty France
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basic kit, that rooms are fully equipped before occupancy, and that staff are aware who first night prisoners are and are supporting their attendance at inductions.

Violence reduction

In common with many other local prisons, HMP Bristol suffers from high levels of violence. An interim Head of Safety is therefore being appointed to oversee the effective implementation and embedding of Challenge, Support and Intervention Plan (CSIP) case management for violent offenders; supported by the National and Group Safety Teams. The Head of Safety will also oversee the segregation unit and will work with the National Evidence Based Practice Team to adopt a whole prison approach to positive behaviour; facilitate rehabilitative adjudication workshops with staff; and introduce a reward based system to better manage behaviour thereby reducing reliance on adjudications and use of force. In addition, a full time use of force co-ordinator will be identified to ensure that the recent work to improve processes will be further developed and embedded.

I am pleased that your team observed positive outcomes in the work to reduce drug use at the prison which is a major driver of violence in many establishments.

Living conditions and decency

I am clear that we must get the basics right in terms of living conditions and decency in our prisons. Significant capital expenditure of £1.65million has already been invested at Bristol. This has enabled major refurbishment work to be carried out on D wing and other repair activity to occur across the prison such as servery and shower refurbishments. However, I recognise that there is more to be done as funding becomes available to make further improvements.

As you note, much of the accommodation at the prison remains in poor condition. HMPPS reduced the population at Bristol by 120 in July 2018 to allow for the refurbishment work on D wing to happen. This reduction in occupational capacity will, as previously planned, be maintained for the rest of the calendar year to allow further self-help redecoration and minor refurbishment to take place. This will include some flooring repair, cell pointing, cell furniture renewal and toilet and sink deep cleans.

I note that despite improvements there remains a substantial backlog of maintenance work and infestations of cockroaches are common. HMPPS’ Prison Maintenance Group will continue to ensure that the Facilities Management provider, Government Facilities Services Limited, is closely monitored to reduce the maintenance backlog further to an acceptable business as usual level. In recent months pest control visits have been increased to one per week.

You said in your letter that several prisoners you observed had unmet care needs at the prison and that you felt the social care arrangements at Bristol were inadequate. The prison and Bristol Council have committed to put in place a memorandum of understanding and information sharing agreements by the second week of July 2019; and the Prison’s Group Director will work with the social care commissioner to ensure that the current procurement is focussed on delivering improved social care.

Regime

I acknowledge your comments about regime delivery at the prison being unreliable, activity places not being utilised and poor education and library provision. To ensure improvements, the prison is continuing to embed new staff profiles, a new core day and key workers across all wings. This is being underpinned by training to improve staff capability and a local strategy to ensure that attendance across all activity places is effectively prioritised and enabled. Further work is planned in the short term to refine the prison’s activity allocation process.

A new education facility is due to open at the prison in August 2019 and immediate changes have been made to the onsite management of the education provider. Furthermore, local and national prison industry experts will convene to design the available purposeful activity offer. Activity places will be designed in collaboration across providers to maximise impact and the potential for learning and skills development. In addition, the library provision has been immediately improved through extended access on Friday afternoon and weekends. Local assurance processes have been put in place to monitor attendance.

Resettlement

Your letter said that about 80 prisoners are released from Bristol every month but 47% were released homeless or into temporary accommodation which does little to enhance their chances of rehabilitation. This is an acknowledged issue in the Bristol area and therefore a homelessness pilot is due to start. This will involve 80 men from the prison who would be homeless, or are at risk of being homeless, on release. Support will be provided to these men during the last 12 weeks of their sentence and for two years post release with the long-term aim of reducing reoffending and preventing homelessness.

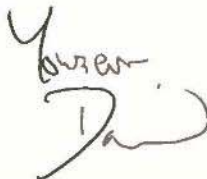
Management grip and special measures

You said in your letter that if special measures are intended to provide support for the Governor of a struggling prison; they have failed at Bristol. Furthermore, you said that you had no confidence that the prison will achieve coherent, meaningful or sustained improvement in the future. Therefore, to demonstrate an enhanced management grip at the prison, immediate work will be undertaken with the Governor and senior management team to develop a strategic recovery plan, which is underpinned by robust governance, risk management and communications processes. Activity will focus on the enablement of your recommendations and building management capability. Deployment of the HMPPS’ Standards Coaching Team will also be prioritised for Bristol to support the development of new and existing frontline staff with a focus on improving the consistency and quality of those tasks core to the role of a prison officer.

Further assurance mechanisms will be put in place, with the national Operational System and Assurance Group undertaking an independent assessment of progress against your recommendations; and undertaking a further review on safety at Bristol, including the follow up to PPO recommendations.

HMPPS is currently reviewing special measures arrangements in order to provide a shorter term sequenced programme of support for a small number of sites. Under these performance recovery arrangements, work will be undertaken with the prison Governor and SMT to develop a strategic recovery plan, governance and risk management arrangements and an engagement and communication strategy. Activity will focus on the delivery and enablement of HMIP recommendations, leadership, safety, resource and building capability. HMPPS officials plan to discuss these new arrangements with you and your team, and I would be very grateful for your input to ensure we develop an approach where we can be confident performance is managed in the way you describe.

I hope that this letter reassures you that we are taking seriously the outcomes of the inspection and that appropriate action is being taken by the prison and the wider system over the coming weeks and months.



RT HON DAVID GAUKE MP

Appendix VII: Prisoner survey methodology and results

Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.¹⁷

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.¹⁸ In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.¹⁹ Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 20 May 2019, the prisoner population at HMP Bristol was 467. Using the sampling method described above, questionnaires were distributed to 184 prisoners. We received a total of 142 completed questionnaires, a response rate of 77%. This included three questionnaires completed via face-to-face interview. Eight prisoners declined to participate in the survey and 34 questionnaires were either not returned at all, or returned blank.

¹⁷ Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

¹⁸ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

¹⁹ For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Bristol. For the comparator analyses, each question was reformulated into a binary ‘yes/no’ format and affirmative responses compared.²⁰ Missing responses have been excluded from all analyses.

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Bristol 2019 compared with those from other HMIP surveys²¹

- Survey responses from HMP Bristol in 2019 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Bristol in 2019 compared with survey responses from HMP Bristol in 2017.

Comparisons between different residential locations within HMP Bristol 2019

- responses of prisoners on the vulnerable prisoner unit (A wing) compared with those from the rest of the establishment.
- responses of prisoners on the first night and drug treatment wing (C wing) compared with those from the rest of the establishment.

Comparisons between self-reported sub-populations of prisoners within HMP Bristol 2019²²

- responses of prisoners from black or minority ethnic groups compared with those of white prisoners.
- responses of Muslim prisoners compared with those of non-Muslim prisoners.
- responses of prisoners who reported that they had a disability compared to those who did not.
- responses of prisoners who reported that they had mental health problems compared with those who did not.
- responses of prisoners aged 50 and over compared with those under 50.
- responses of prisoners aged 25 and under compared with those over 25

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.²³

In the comparator analyses, statistically significant differences are indicated by shading.²⁴ Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of

²⁰ Using the Chi-square test (or Fisher’s exact test if there are fewer than five responses in a group).

²¹ These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

²² These analyses are carried out on summary data from selected survey questions only.

²³ A minimum of 10 responses which must also represent at least 10% of the total response.

²⁴ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

Survey summary

Background information

I.1	What wing or houseblock are you currently living on?	
	A Wing	30 (21%)
	B Wing	27 (19%)
	C Wing	37 (26%)
	F Wing	3 (2%)
	G Wing	40 (28%)
	H Wing	4 (3%)
	Segregation unit	1 (1%)
I.2	How old are you?	
	Under 21	13 (9%)
	21 - 25	18 (13%)
	26 - 29	20 (14%)
	30 - 39	43 (31%)
	40 - 49	27 (19%)
	50 - 59	13 (9%)
	60 - 69	4 (3%)
	70 or over	1 (1%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	92 (67%)
	White - Irish	1 (1%)
	White - Gypsy or Irish Traveller	7 (5%)
	White - any other White background	3 (2%)
	Mixed - White and Black Caribbean	15 (11%)
	Mixed - White and Black African	0 (0%)
	Mixed - White and Asian	0 (0%)
	Mixed - any other Mixed ethnic background	0 (0%)
	Asian/ Asian British - Indian	0 (0%)
	Asian/ Asian British - Pakistani	2 (1%)
	Asian/ Asian British - Bangladeshi	0 (0%)
	Asian/ Asian British - Chinese	0 (0%)
	Asian - any other Asian Background	0 (0%)
	Black/ Black British - Caribbean	9 (7%)
	Black/ Black British - African	6 (4%)
	Black - any other Black/ African/ Caribbean background	1 (1%)
	Arab	1 (1%)
	Any other ethnic group	1 (1%)
I.4	How long have you been in this prison?	
	Less than 6 months	93 (68%)
	6 months or more	44 (32%)
I.5	Are you currently serving a sentence?	
	Yes	70 (50%)
	Yes - on recall	29 (21%)
	No - on remand or awaiting sentence	40 (29%)
	No - immigration detainee	1 (1%)

1.6	How long is your sentence?	
	Less than 6 months	20 (15%)
	6 months to less than 1 year	11 (8%)
	1 year to less than 4 years	28 (21%)
	4 years to less than 10 years	13 (10%)
	10 years or more	6 (4%)
	IPP (indeterminate sentence for public protection)	8 (6%)
	Life	8 (6%)
	Not currently serving a sentence	41 (30%)

Arrival and reception

2.1	Were you given up-to-date information about this prison before you came here?	
	Yes	15 (11%)
	No	112 (82%)
	Don't remember	10 (7%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours	51 (37%)
	2 hours or more	80 (58%)
	Don't remember	7 (5%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes	100 (73%)
	No	25 (18%)
	Don't remember	12 (9%)
2.4	Overall, how were you treated in reception?	
	Very well	30 (22%)
	Quite well	74 (54%)
	Quite badly	20 (15%)
	Very badly	10 (7%)
	Don't remember	3 (2%)
2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers	88 (63%)
	Contacting family	89 (64%)
	Arranging care for children or other dependants	7 (5%)
	Contacting employers	12 (9%)
	Money worries	44 (32%)
	Housing worries	43 (31%)
	Feeling depressed	83 (60%)
	Feeling suicidal	32 (23%)
	Other mental health problems	61 (44%)
	Physical health problems	40 (29%)
	Drug or alcohol problems (e.g. withdrawal)	46 (33%)
	Problems getting medication	52 (37%)
	Needing protection from other prisoners	23 (17%)
	Lost or delayed property	34 (24%)
	Other problems	40 (29%)
	Did not have any problems	13 (9%)

2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes	27 (21%)
	No	86 (68%)
	Did not have any problems when I first arrived	13 (10%)

First night and induction

3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement	88 (63%)
Toiletries / other basic items	51 (37%)
A shower	10 (7%)
A free phone call	25 (18%)
Something to eat	98 (71%)
The chance to see someone from health care	99 (71%)
The chance to talk to a Listener or Samaritans	24 (17%)
Support from another prisoner (e.g. Insider or buddy)	18 (13%)
Wasn't offered any of these things	10 (7%)

3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean	3 (2%)
Quite clean	24 (18%)
Quite dirty	30 (22%)
Very dirty	75 (56%)
Don't remember	3 (2%)

3.3 Did you feel safe on your first night here?

Yes	79 (59%)
No	50 (37%)
Don't remember	6 (4%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	43 (32%)	84 (63%)	7 (5%)
Free PIN phone credit?	46 (34%)	83 (62%)	5 (4%)
Numbers put on your PIN phone?	20 (16%)	103 (80%)	5 (4%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes	40 (31%)
No	39 (30%)
Have not had an induction	52 (40%)

On the wing

4.1 Are you in a cell on your own?

Yes	65 (47%)
No, I'm in a shared cell or dormitory	73 (53%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes	17 (13%)
No	105 (79%)
Don't know	11 (8%)
Don't have a cell call bell	0 (0%)

4.3 Please answer the following questions about the wing or houseblock you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	50 (37%)	81 (60%)	5 (4%)
Can you shower every day?	106 (78%)	29 (21%)	1 (1%)
Do you have clean sheets every week?	80 (59%)	43 (32%)	13 (10%)
Do you get cell cleaning materials every week?	55 (41%)	72 (53%)	8 (6%)
Is it normally quiet enough for you to relax or sleep at night?	69 (52%)	62 (47%)	2 (2%)
Can you get your stored property if you need it?	19 (14%)	83 (61%)	33 (24%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?

Very clean	7 (5%)
Quite clean	48 (36%)
Quite dirty	50 (37%)
Very dirty	29 (22%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good	4 (3%)
Quite good	23 (17%)
Quite bad	59 (44%)
Very bad	48 (36%)

5.2 Do you get enough to eat at mealtimes?

Always	3 (2%)
Most of the time	10 (7%)
Some of the time	49 (36%)
Never	73 (54%)

5.3 Does the shop / canteen sell the things that you need?

Yes	84 (61%)
No	40 (29%)
Don't know	14 (10%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	91 (68%)
No	42 (32%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes	92 (71%)
No	37 (29%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes	50 (37%)
No	86 (63%)

6.4	How helpful is your personal or named officer?	
	Very helpful	13 (10%)
	Quite helpful	15 (11%)
	Not very helpful	11 (8%)
	Not at all helpful	11 (8%)
	Don't know	25 (19%)
	Don't have a personal / named officer	58 (44%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly	7 (5%)
	Sometimes	27 (20%)
	Hardly ever	82 (62%)
	Don't know	16 (12%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes	47 (36%)
	No	82 (64%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change	11 (8%)
	Yes, but things don't change	33 (25%)
	No	55 (42%)
	Don't know	33 (25%)

Faith

7.1	What is your religion?	
	No religion	64 (48%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	43 (32%)
	Buddhist	5 (4%)
	Hindu	0 (0%)
	Jewish	0 (0%)
	Muslim	16 (12%)
	Sikh	0 (0%)
	Other	6 (4%)
7.2	Are your religious beliefs respected here?	
	Yes	40 (30%)
	No	12 (9%)
	Don't know	17 (13%)
	Not applicable (no religion)	64 (48%)
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	
	Yes	40 (30%)
	No	13 (10%)
	Don't know	17 (13%)
	Not applicable (no religion)	64 (48%)
7.4	Are you able to attend religious services, if you want to?	
	Yes	52 (39%)
	No	3 (2%)
	Don't know	14 (11%)
	Not applicable (no religion)	64 (48%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	24 (18%)
	No	108 (82%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	92 (70%)
	No	39 (30%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	118 (90%)
	No	13 (10%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	18 (13%)
	Quite easy	42 (31%)
	Quite difficult	20 (15%)
	Very difficult	39 (29%)
	Don't know	16 (12%)
8.5	How often do you have visits from family or friends?	
	More than once a week	10 (8%)
	About once a week	16 (12%)
	Less than once a week	50 (39%)
	Not applicable (don't get visits)	53 (41%)
8.6	Do visits usually start and finish on time?	
	Yes	34 (50%)
	No	34 (50%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	44 (71%)
	No	18 (29%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to	29 (22%)
	Yes, but these times are not usually kept to	67 (52%)
	No	34 (26%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	44 (33%)
	2 to 6 hours	48 (36%)
	6 to 10 hours	13 (10%)
	10 hours or more	6 (5%)
	Don't know	21 (16%)

9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	44 (33%)
	2 to 6 hours	69 (51%)
	6 to 10 hours	3 (2%)
	10 hours or more	0 (0%)
	Don't know	18 (13%)
9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?	
	None	11 (8%)
	1 or 2	32 (24%)
	3 to 5	27 (20%)
	More than 5	45 (34%)
	Don't know	18 (14%)
9.5	How many days in a typical week do you get association, if you want it?	
	None	17 (13%)
	1 or 2	53 (41%)
	3 to 5	24 (18%)
	More than 5	15 (12%)
	Don't know	21 (16%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?	
	None	4 (3%)
	1 or 2	12 (9%)
	3 to 5	29 (23%)
	More than 5	69 (54%)
	Don't know	14 (11%)
9.7	Typically, how often do you go to the gym?	
	Twice a week or more	52 (41%)
	About once a week	17 (13%)
	Less than once a week	9 (7%)
	Never	49 (39%)
9.8	Typically, how often do you go to the library?	
	Twice a week or more	2 (2%)
	About once a week	15 (12%)
	Less than once a week	20 (15%)
	Never	93 (72%)
9.9	Does the library have a wide enough range of materials to meet your needs?	
	Yes	10 (8%)
	No	22 (18%)
	Don't use the library	93 (74%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?	
	Yes	76 (58%)
	No	39 (30%)
	Don't know	15 (12%)

10.2	If you have made any applications here, please answer the questions below:			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	38 (31%)	73 (60%)	11 (9%)
	Are applications usually dealt with within 7 days?	17 (14%)	97 (78%)	11 (9%)
10.3	Is it easy for you to make a complaint?			
	Yes			74 (56%)
	No			31 (24%)
	Don't know			26 (20%)
10.4	If you have made any complaints here, please answer the questions below:			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	18 (15%)	59 (49%)	43 (36%)
	Are complaints usually dealt with within 7 days?	12 (10%)	65 (54%)	43 (36%)
10.5	Have you ever been prevented from making a complaint here when you wanted to?			
	Yes			29 (24%)
	No			59 (48%)
	Not wanted to make a complaint			34 (28%)
10.6	In this prison, is it easy or difficult for you to...			
		Easy	Difficult	Don't know
				Don't need this
	Communicate with your solicitor or legal representative?	39 (30%)	51 (39%)	26 (20%)
	Attend legal visits?	57 (46%)	21 (17%)	26 (21%)
	Get bail information?	8 (6%)	43 (35%)	46 (37%)
				27 (22%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?			
	Yes			72 (57%)
	No			35 (28%)
	Not had any legal letters			20 (16%)

Health care

11.1	How easy or difficult is it to see the following people?					
		Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	6 (5%)	19 (15%)	33 (25%)	58 (44%)	15 (11%)
	Nurse	21 (16%)	47 (37%)	22 (17%)	23 (18%)	15 (12%)
	Dentist	2 (2%)	9 (7%)	24 (19%)	70 (55%)	23 (18%)
	Mental health workers	6 (5%)	26 (20%)	26 (20%)	40 (31%)	30 (23%)
11.2	What do you think of the quality of the health service from the following people?					
		Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	4 (3%)	31 (24%)	30 (23%)	35 (27%)	29 (22%)
	Nurse	18 (14%)	45 (36%)	19 (15%)	21 (17%)	23 (18%)
	Dentist	5 (4%)	27 (22%)	17 (14%)	29 (23%)	47 (38%)
	Mental health workers	10 (8%)	25 (20%)	22 (18%)	25 (20%)	43 (34%)

11.3	Do you have any mental health problems?	
	Yes	87 (67%)
	No	42 (33%)
11.4	Have you been helped with your mental health problems in this prison?	
	Yes	32 (26%)
	No	51 (41%)
	Don't have any mental health problems	42 (34%)
11.5	What do you think of the overall quality of the health services here?	
	Very good	3 (2%)
	Quite good	35 (27%)
	Quite bad	35 (27%)
	Very bad	35 (27%)
	Don't know	20 (16%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes	64 (49%)
	No	67 (51%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	11 (9%)
	No	43 (36%)
	Don't have a disability	67 (55%)
12.3	Have you been on an ACCT in this prison?	
	Yes	48 (39%)
	No	76 (61%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	22 (18%)
	No	26 (21%)
	Have not been on an ACCT in this prison	76 (61%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	22 (17%)
	Quite easy	24 (18%)
	Quite difficult	12 (9%)
	Very difficult	7 (5%)
	Don't know	64 (49%)
	No Listeners at this prison	1 (1%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	32 (24%)
	No	99 (76%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	15 (12%)
	No	13 (10%)
	Did not / do not have an alcohol problem	99 (78%)

13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	46 (35%)
	No	86 (65%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	25 (19%)
	No	108 (81%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	18 (14%)
	No	114 (86%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	25 (19%)
	No	26 (20%)
	Did not / do not have a drug problem	80 (61%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	48 (36%)
	Quite easy	22 (17%)
	Quite difficult	6 (5%)
	Very difficult	2 (2%)
	Don't know	54 (41%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	16 (12%)
	Quite easy	18 (14%)
	Quite difficult	12 (9%)
	Very difficult	9 (7%)
	Don't know	77 (58%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	83 (61%)
	No	52 (39%)
14.2	Do you feel unsafe now?	
	Yes	46 (35%)
	No	84 (65%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply.)	
	Verbal abuse	58 (45%)
	Threats or intimidation	49 (38%)
	Physical assault	38 (29%)
	Sexual assault	4 (3%)
	Theft of canteen or property	46 (35%)
	Other bullying / victimisation	34 (26%)
	Not experienced any of these from prisoners here	53 (41%)

14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	41 (33%)
	No	85 (67%)
14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)	
	Verbal abuse	47 (37%)
	Threats or intimidation	33 (26%)
	Physical assault	20 (16%)
	Sexual assault	5 (4%)
	Theft of canteen or property	15 (12%)
	Other bullying / victimisation	35 (28%)
	Not experienced any of these from staff here	59 (47%)
14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	67 (53%)
	No	59 (47%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?		
	Yes	43 (35%)	
	No	58 (47%)	
	Don't know what the incentives / rewards are	23 (19%)	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?		
	Yes	39 (30%)	
	No	49 (38%)	
	Don't know	25 (19%)	
	Don't know what this is	17 (13%)	
15.3	Have you been physically restrained by staff in this prison in the last 6 months?		
	Yes	22 (17%)	
	No	110 (83%)	
15.4	If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?		
	Yes	4 (3%)	
	No	18 (14%)	
	Don't remember	0 (0%)	
	Not been restrained here in last 6 months	110 (83%)	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?		
	Yes	16 (12%)	
	No	114 (88%)	
15.6	If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:		
		Yes	No
	Were you treated well by segregation staff?	8 (50%)	8 (50%)
	Could you shower every day?	9 (56%)	7 (44%)
	Could you go outside for exercise every day?	9 (56%)	7 (44%)
	Could you use the phone every day (if you had credit)?	8 (50%)	8 (50%)

Education, skills and work

16.1 Is it easy or difficult to get into the following activities in this prison?

	Easy	Difficult	Don't know	Not available here
Education	38 (30%)	45 (35%)	44 (34%)	1 (1%)
Vocational or skills training	20 (16%)	55 (44%)	45 (36%)	6 (5%)
Prison job	44 (34%)	60 (46%)	25 (19%)	1 (1%)
Voluntary work outside of the prison	4 (3%)	34 (28%)	46 (37%)	39 (32%)
Paid work outside of the prison	3 (2%)	33 (27%)	45 (36%)	43 (35%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	44 (39%)	22 (20%)	46 (41%)
Vocational or skills training	39 (35%)	21 (19%)	53 (47%)
Prison job	34 (29%)	51 (43%)	33 (28%)
Voluntary work outside of the prison	22 (20%)	19 (17%)	71 (63%)
Paid work outside of the prison	22 (20%)	18 (16%)	71 (64%)

16.3 Do staff encourage you to attend education, training or work?

Yes	59 (49%)
No	50 (41%)
Not applicable (e.g. if you are retired, sick or on remand)	12 (10%)

Planning and progression

17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)

Yes	17 (13%)
No	110 (87%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes	14 (88%)
No	0 (0%)
Don't know what my objectives or targets are	2 (13%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	8 (47%)
No	7 (41%)
Don't know what my objectives or targets are	2 (12%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	3 (23%)	1 (8%)	9 (69%)
Other programmes	5 (38%)	2 (15%)	6 (46%)
One to one work	7 (47%)	1 (7%)	7 (47%)
Being on a specialist unit	3 (25%)	2 (17%)	7 (58%)
ROTL - day or overnight release	4 (31%)	0 (0%)	9 (69%)

Preparation for release

18.1	Do you expect to be released in the next 3 months?			
	Yes			46 (36%)
	No			44 (34%)
	Don't know			39 (30%)
18.2	How close is this prison to your home area or intended release address?			
	Very near			10 (22%)
	Quite near			17 (37%)
	Quite far			10 (22%)
	Very far			9 (20%)
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?			
	Yes			20 (44%)
	No			25 (56%)
18.4	Are you getting help to sort out the following things for when you are released?			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	10 (23%)	22 (50%)	12 (27%)
	Getting employment	6 (14%)	22 (51%)	15 (35%)
	Setting up education or training	3 (8%)	17 (43%)	20 (50%)
	Arranging benefits	8 (19%)	22 (51%)	13 (30%)
	Sorting out finances	3 (7%)	25 (61%)	13 (32%)
	Support for drug or alcohol problems	8 (20%)	11 (28%)	21 (53%)
	Health / mental health support	9 (21%)	21 (50%)	12 (29%)
	Social care support	4 (10%)	18 (44%)	19 (46%)
	Getting back in touch with family or friends	4 (10%)	16 (38%)	22 (52%)

More about you

19.1	Do you have children under the age of 18?		
	Yes		65 (50%)
	No		64 (50%)
19.2	Are you a UK / British citizen?		
	Yes		116 (91%)
	No		12 (9%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?		
	Yes		9 (7%)
	No		119 (93%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?		
	Yes		9 (7%)
	No		117 (93%)
19.5	What is your gender?		
	Male		127 (99%)
	Female		0 (0%)
	Non-binary		0 (0%)
	Other		1 (1%)

19.6	How would you describe your sexual orientation?	
	Straight / heterosexual	124 (98%)
	Gay / lesbian / homosexual	2 (2%)
	Bisexual	0 (0%)
	Other	1 (1%)
19.7	Do you identify as transgender or transsexual?	
	Yes	0 (0%)
	No	127 (100%)

Final questions about this prison

20.1	Do you think your experiences in this prison have made you more or less likely to offend in the future?	
	More likely to offend	18 (15%)
	Less likely to offend	55 (45%)
	Made no difference	50 (41%)

HMP Bristol 2019

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP Bristol 2019 are compared with the following HMIP survey data:

- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (21 prisons). Please note that this does not include all local prisons.
- Summary statistics from HMP Bristol in 2017. Please note that we do not have comparable data for the new questions introduced in September 2017.

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142	3,664	142	161

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DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n</i> =139	9%	5%	9%	4%
	Are you 25 years of age or younger?	<i>n</i> =139	22%	22%	22%	
	Are you 50 years of age or older?	<i>n</i> =139	13%	13%	13%	16%
	Are you 70 years of age or older?	<i>n</i> =139	1%	2%	1%	3%
1.3	Are you from a minority ethnic group?	<i>n</i> =138	25%	27%	25%	28%
1.4	Have you been in this prison for less than 6 months?	<i>n</i> =137	68%	59%	68%	
1.5	Are you currently serving a sentence?	<i>n</i> =140	71%	70%	71%	66%
	Are you on recall?	<i>n</i> =140	21%	13%	21%	11%
1.6	Is your sentence less than 12 months?	<i>n</i> =135	23%	19%	23%	22%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n</i> =135	6%	3%	6%	5%
7.1	Are you Muslim?	<i>n</i> =134	12%	14%	12%	12%
11.3	Do you have any mental health problems?	<i>n</i> =129	67%	50%	67%	
12.1	Do you consider yourself to have a disability?	<i>n</i> =131	49%	40%	49%	44%
19.1	Do you have any children under the age of 18?	<i>n</i> =129	50%	53%	50%	52%
19.2	Are you a foreign national?	<i>n</i> =128	9%	10%	9%	10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n</i> =128	7%	6%	7%	5%
19.4	Have you ever been in the armed services?	<i>n</i> =126	7%	7%	7%	4%
19.5	Is your gender female or non-binary?	<i>n</i> =128	1%	1%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n</i> =127	2%	4%	2%	3%
19.7	Do you identify as transgender or transsexual?	<i>n</i> =127	0%	2%	0%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	<i>n</i> =137	11%	17%	11%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n</i> =138	37%	35%	37%	46%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n</i> =137	73%	77%	73%	74%
2.4	Overall, were you treated very / quite well in reception?	<i>n</i> =137	76%	75%	76%	

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2.5	When you first arrived, did you have any problems?	n=139	91%	88%	91%	84%
2.5	Did you have problems with:					
	- Getting phone numbers?	n=139	63%	45%	63%	44%
	- Contacting family?	n=139	64%	48%	64%	47%
	- Arranging care for children or other dependents?	n=139	5%	4%	5%	
	- Contacting employers?	n=139	9%	7%	9%	5%
	- Money worries?	n=139	32%	29%	32%	22%
	- Housing worries?	n=139	31%	24%	31%	21%
	- Feeling depressed?	n=139	60%	48%	60%	
	- Feeling suicidal?	n=139	23%	18%	23%	
	- Other mental health problems?	n=139	44%	29%	44%	
	- Physical health problems?	n=139	29%	20%	29%	28%
	- Drugs or alcohol (e.g. withdrawal)?	n=139	33%	24%	33%	
	- Getting medication?	n=139	37%	30%	37%	
	- Needing protection from other prisoners?	n=139	17%	11%	17%	10%
	- Lost or delayed property?	n=139	25%	21%	25%	31%
	<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	n=113	24%	30%	24%	21%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	n=139	63%	71%	63%	77%
	- Toiletries / other basic items?	n=139	37%	52%	37%	53%
	- A shower?	n=139	7%	27%	7%	18%
	- A free phone call?	n=139	18%	48%	18%	25%
	- Something to eat?	n=139	71%	76%	71%	64%
	- The chance to see someone from health care?	n=139	71%	61%	71%	67%
	- The chance to talk to a Listener or Samaritans?	n=139	17%	24%	17%	24%
	- Support from another prisoner (e.g. Insider or buddy)?	n=139	13%	21%	13%	
	- None of these?	n=139	7%	6%	7%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=135	20%	28%	20%	
3.3	Did you feel safe on your first night here?	n=135	59%	61%	59%	59%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	n=134	32%	31%	32%	12%
	- Free PIN phone credit?	n=134	34%	54%	34%	
	- Numbers put on your PIN phone?	n=128	16%	34%	16%	
3.5	Have you had an induction at this prison?	n=131	60%	82%	60%	70%
	<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	n=79	51%	48%	51%	

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ON THE WING					
4.1	Are you in a cell on your own?	n=138	47%	34%	47%
4.2	Is your cell call bell normally answered within 5 minutes?	n=133	13%	20%	13%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	n=136	37%	54%	37%
	- Can you shower every day?	n=136	78%	78%	78%
	- Do you have clean sheets every week?	n=136	59%	62%	59%
	- Do you get cell cleaning materials every week?	n=135	41%	49%	41%
	- Is it normally quiet enough for you to relax or sleep at night?	n=133	52%	54%	52%
	- Can you get your stored property if you need it?	n=135	14%	22%	14%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=134	41%	55%	41%
FOOD AND CANTEEN					
5.1	Is the quality of the food in this prison very / quite good?	n=134	20%	34%	20%
5.2	Do you get enough to eat at meal-times always / most of the time?	n=135	10%	29%	10%
5.3	Does the shop / canteen sell the things that you need?	n=138	61%	58%	61%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	n=133	68%	67%	68%
6.2	Are there any staff here you could turn to if you had a problem?	n=129	71%	69%	71%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=136	37%	29%	37%
6.4	Do you have a personal officer?	n=133	56%	57%	56%
<i>For those who have a personal officer:</i>					
6.4	Is your personal or named officer very / quite helpful?	n=75	37%	48%	37%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=132	5%	6%	5%
6.6	Do you feel that you are treated as an individual in this prison?	n=129	36%	38%	36%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=132	33%	40%	33%
	If so, do things sometimes change?	n=44	25%	33%	25%
FAITH					
7.1	Do you have a religion?	n=134	52%	69%	52%
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	n=69	58%	68%	58%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=70	57%	64%	57%
7.4	Are you able to attend religious services, if you want to?	n=69	75%	84%	75%

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142	3,664	142	161

CONTACT WITH FAMILY AND FRIENDS						
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=132	18%	24%	18%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=131	70%	55%	70%	54%
8.3	Are you able to use a phone every day (if you have credit)?	n=131	90%	81%	90%	
8.4	Is it very / quite easy for your family and friends to get here?	n=135	44%	45%	44%	
8.5	Do you get visits from family/friends once a week or more?	n=129	20%	23%	20%	
<i>For those who get visits:</i>						
8.6	Do visits usually start and finish on time?	n=68	50%	43%	50%	
8.7	Are your visitors usually treated respectfully by staff?	n=62	71%	71%	71%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=130	74%	82%	74%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>						
9.1	Are these times usually kept to?	n=96	30%	48%	30%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=132	33%	35%	33%	28%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=132	5%	4%	5%	6%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=134	33%	47%	33%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=134	0%	1%	0%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=133	34%	42%	34%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=130	12%	43%	12%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=128	54%	46%	54%	
9.7	Do you typically go to the gym twice a week or more?	n=127	41%	38%	41%	
9.8	Do you typically go to the library once a week or more?	n=130	13%	38%	13%	27%
<i>For those who use the library:</i>						
9.9	Does the library have a wide enough range of materials to meet your needs?	n=32	31%	55%	31%	35%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	n=130	59%	66%	59%	58%
<i>For those who have made an application:</i>						
10.2	Are applications usually dealt with fairly?	n=111	34%	47%	34%	39%
	Are applications usually dealt with within 7 days?	n=114	15%	34%	15%	21%
10.3	Is it easy for you to make a complaint?	n=131	57%	54%	57%	27%
<i>For those who have made a complaint:</i>						
10.4	Are complaints usually dealt with fairly?	n=77	23%	27%	23%	15%
	Are complaints usually dealt with within 7 days?	n=77	16%	22%	16%	9%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=88	33%	30%	33%	

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142	3,664	142	161

For those who need it, is it easy to:						
10.6	Communicate with your solicitor or legal representative?	n=116	34%	41%	34%	
	Attend legal visits?	n=104	55%	59%	55%	
	Get bail information?	n=97	8%	17%	8%	
For those who have had legal letters:						
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=107	67%	51%	67%	54%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	n=131	19%	23%	19%	
	- Nurse?	n=128	53%	45%	53%	
	- Dentist?	n=128	9%	11%	9%	
	- Mental health workers?	n=128	25%	19%	25%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	n=129	27%	39%	27%	
	- Nurse?	n=126	50%	50%	50%	
	- Dentist?	n=125	26%	24%	26%	
	- Mental health workers?	n=125	28%	24%	28%	
11.3	Do you have any mental health problems?	n=129	67%	50%	67%	
For those who have mental health problems:						
11.4	Have you been helped with your mental health problems in this prison?	n=83	39%	34%	39%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=128	30%	33%	30%	
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	n=131	49%	40%	49%	44%
For those who have a disability:						
12.2	Are you getting the support you need?	n=54	20%	26%	20%	
12.3	Have you been on an ACCT in this prison?	n=124	39%	23%	39%	
For those who have been on an ACCT:						
12.4	Did you feel cared for by staff?	n=48	46%	48%	46%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=130	35%	45%	35%	
ALCOHOL AND DRUGS						
13.1	Did you have an alcohol problem when you came into this prison?	n=131	24%	23%	24%	20%
For those who had / have an alcohol problem:						
13.2	Have you been helped with your alcohol problem in this prison?	n=28	54%	56%	54%	39%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=132	35%	35%	35%	31%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=133	19%	17%	19%	14%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=132	14%	12%	14%	
For those who had / have a drug problem:						
13.6	Have you been helped with your drug problem in this prison?	n=51	49%	48%	49%	60%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=132	53%	51%	53%	
13.8	Is it very / quite easy to get alcohol in this prison?	n=132	26%	26%	26%	

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SAFETY						
14.1	Have you ever felt unsafe here?	n=135	62%	61%	62%	59%
14.2	Do you feel unsafe now?	n=130	35%	28%	35%	33%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=130	45%	39%	45%	
	- Threats or intimidation?	n=130	38%	35%	38%	
	- Physical assault?	n=130	29%	21%	29%	
	- Sexual assault?	n=130	3%	3%	3%	
	- Theft of canteen or property?	n=130	35%	32%	35%	
	- Other bullying / victimisation?	n=130	26%	20%	26%	
	- Not experienced any of these from prisoners here	n=130	41%	47%	41%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=126	33%	35%	33%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=126	37%	33%	37%	
	- Threats or intimidation?	n=126	26%	26%	26%	
	- Physical assault?	n=126	16%	13%	16%	
	- Sexual assault?	n=126	4%	2%	4%	
	- Theft of canteen or property?	n=126	12%	11%	12%	
	- Other bullying / victimisation?	n=126	28%	18%	28%	
	- Not experienced any of these from staff here	n=126	47%	55%	47%	
14.6	If you were being bullied / victimised by staff here, would you report it?	n=126	53%	46%	53%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=124	35%	38%	35%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=130	30%	34%	30%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=132	17%	15%	17%	17%
<i>For those who have been restrained in the last 6 months:</i>						
15.4	Did anyone come and talk to you about it afterwards?	n=22	18%	18%	18%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=130	12%	10%	12%	
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>						
15.6	Were you treated well by segregation staff?	n=16	50%	53%	50%	
	Could you shower every day?	n=16	56%	48%	56%	
	Could you go outside for exercise every day?	n=16	56%	59%	56%	
	Could you use the phone every day (if you had credit)?	n=16	50%	47%	50%	

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EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=128	30%	53%	30%
	- Vocational or skills training?	n=126	16%	27%	16%
	- Prison job?	n=130	34%	33%	34%
	- Voluntary work outside of the prison?	n=123	3%	4%	3%
	- Paid work outside of the prison?	n=124	2%	3%	2%
16.2	In this prison, have you done the following activities:				
	- Education?	n=112	59%	72%	59%
	- Vocational or skills training?	n=113	53%	55%	53%
	- Prison job?	n=118	72%	71%	72%
	- Voluntary work outside of the prison?	n=112	37%	33%	37%
	- Paid work outside of the prison?	n=111	36%	33%	36%
<i>For those who have done the following activities, do you think they will help you on release:</i>					
	- Education?	n=66	67%	58%	67%
	- Vocational or skills training?	n=60	65%	57%	65%
	- Prison job?	n=85	40%	42%	40%
	- Voluntary work outside of the prison?	n=41	54%	50%	54%
	- Paid work outside of the prison?	n=40	55%	56%	55%
16.3	Do staff encourage you to attend education, training or work?			54%	44%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?			13%	27%
<i>For those who have a custody plan:</i>					
17.2	Do you understand what you need to do to achieve your objectives or targets?			88%	77%
17.3	Are staff helping you to achieve your objectives or targets?			47%	45%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=13	31%	44%	31%
	- Other programmes?	n=13	54%	44%	54%
	- One to one work?	n=15	53%	39%	53%
	- Been on a specialist unit?	n=12	42%	22%	42%
	- ROTL - day or overnight release?	n=13	31%	18%	31%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>					
	- Offending behaviour programmes?	n=4	75%	69%	75%
	- Other programmes?	n=7	71%	65%	71%
	- One to one work?	n=8	88%	66%	88%
	- Being on a specialist unit?	n=5	60%	47%	60%
	- ROTL - day or overnight release?	n=4	100%	48%	100%

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Number of completed questionnaires returned

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142	3,664	142	161

PREPARATION FOR RELEASE					
18.1	Do you expect to be released in the next 3 months?	n=129	36% 31%	36%	
<i>For those who expect to be released in the next 3 months:</i>					
18.2	Is this prison very / quite near to your home area or intended release address?	n=46	59% 58%	59%	
18.3	Is anybody helping you to prepare for your release?	n=45	44% 45%	44%	
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation?	n=44	73% 67%	73%	
	- Getting employment?	n=43	65% 63%	65%	
	- Setting up education or training?	n=40	50% 50%	50%	
	- Arranging benefits?	n=43	70% 69%	70%	
	- Sorting out finances?	n=41	68% 58%	68%	
	- Support for drug or alcohol problems?	n=40	48% 51%	48%	
	- Health / mental Health support?	n=42	71% 58%	71%	
	- Social care support?	n=41	54% 43%	54%	
	- Getting back in touch with family or friends?	n=42	48% 42%	48%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:				
	- Finding accommodation?	n=32	31% 30%	31%	
	- Getting employment?	n=28	21% 19%	21%	
	- Setting up education or training?	n=20	15% 16%	15%	
	- Arranging benefits?	n=30	27% 22%	27%	
	- Sorting out finances?	n=28	11% 16%	11%	
	- Support for drug or alcohol problems?	n=19	42% 42%	42%	
	- Health / mental Health support?	n=30	30% 24%	30%	
	- Social care support?	n=22	18% 17%	18%	
	- Getting back in touch with family or friends?	n=20	20% 27%	20%	
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=123	45% 48%	45%	

HMP Bristol 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners

Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
35	103	16	118

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	37%	17%	38%	22%
	Are you 50 years of age or older?	9%	15%	6%	15%
1.3	Are you from a minority ethnic group?			81%	17%
7.1	Are you Muslim?	41%	3%		
11.3	Do you have any mental health problems?	37%	77%	60%	68%
12.1	Do you consider yourself to have a disability?	31%	54%	40%	51%
19.2	Are you a foreign national?	16%	6%	20%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	10%	0%	8%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	62%	77%	53%	75%
2.4	Overall, were you treated very / quite well in reception?	73%	77%	63%	77%
2.5	When you first arrived, did you have any problems?	82%	94%	75%	92%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	21%	25%	17%	25%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	66%	57%	56%	59%
3.5	Have you had an induction at this prison?	67%	59%	73%	58%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	45%	53%	36%	54%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	15%	10%	31%	11%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	36%	36%	56%	35%
	- Can you shower every day?	68%	82%	81%	79%
	- Do you have clean sheets every week?	58%	58%	53%	61%
	- Do you get cell cleaning materials every week?	36%	43%	50%	40%
	- Is it normally quiet enough for you to relax or sleep at night?	48%	52%	36%	55%
	- Can you get your stored property if you need it?	12%	15%	31%	11%

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Number of completed questionnaires returned

Black and minority ethnic	White
35	103

Muslim	Non-Muslim
16	118

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	12%	8%
5.3	Does the shop / canteen sell the things that you need?	53%	66%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	67%	68%
6.2	Are there any staff here you could turn to if you had a problem?	68%	71%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	33%	37%
6.6	Do you feel that you are treated as an individual in this prison?	42%	35%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	52%	63%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	54%	61%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	26%	16%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	66%	72%
8.3	Are you able to use a phone every day (if you have credit)?	90%	91%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	68%	72%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	32%	34%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	5%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	50%	23%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	61%	58%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	33%	35%
10.3	Is it easy for you to make a complaint?	61%	55%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	29%	22%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	32%	34%

6%	11%
38%	63%
47%	72%
50%	75%
44%	35%
31%	38%
63%	57%
69%	56%
20%	18%
56%	72%
87%	91%
100%	67%
44%	31%
6%	5%
29%	32%
50%	60%
36%	35%
60%	58%
30%	23%
40%	32%

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Number of completed questionnaires returned

Black and minority ethnic	White
35	103

Muslim	Non-Muslim
16	118

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	27%	17%
	- Nurse?	65%	50%
	- Dentist?	16%	6%
	- Mental health workers?	31%	21%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	25%	41%
11.5	Do you think the overall quality of the health services here is very / quite good?	28%	30%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	11%	21%
SAFETY			
14.1	Have you ever felt unsafe here?	59%	63%
14.2	Do you feel unsafe now?	29%	37%
14.3	Not experienced bullying / victimisation by other prisoners	55%	36%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	33%	32%
14.5	Not experienced bullying / victimisation by members of staff	50%	46%
14.6	If you were being bullied / victimised by staff here, would you report it?	48%	53%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	37%	35%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	28%	32%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	19%	17%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	10%	13%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	50%	55%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	10%	15%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	67%	43%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	57%	42%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	59%	41%

27%	19%
57%	53%
7%	9%
31%	25%
44%	39%
33%	30%
17%	21%
56%	62%
47%	34%
53%	38%
29%	32%
36%	49%
57%	53%
27%	36%
20%	32%
20%	17%
13%	12%
46%	56%
13%	13%
50%	50%
0%	49%
50%	44%

HMP Bristol 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners who reported that they had mental health problems are compared with those who did not.
- Responses of prisoners who reported that they had a disability are compared with those who did not.

Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

Mental health problems							
No mental health problems							
	87	42					
			Have a disability			Do not have a disability	
			64			67	

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION							
1.2	Are you under 25 years of age?	19%	31%	16%	28%		
	Are you 50 years of age or older?	17%	7%	18%	9%		
1.3	Are you from a minority ethnic group?	13%	46%	16%	33%		
7.1	Are you Muslim?	11%	14%	9%	14%		
11.3	Do you have any mental health problems?			86%	49%		
12.1	Do you consider yourself to have a disability?	63%	21%				
19.2	Are you a foreign national?	6%	17%	5%	14%		
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	10%	10%	5%		
ARRIVAL AND RECEPTION							
2.3	When you were searched in reception, was this done in a respectful way?	69%	83%	70%	76%		
2.4	Overall, were you treated very / quite well in reception?	69%	88%	65%	85%		
2.5	When you first arrived, did you have any problems?	97%	81%	97%	87%		
<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	22%	27%	28%	17%		
FIRST NIGHT AND INDUCTION							
3.3	Did you feel safe on your first night here?	52%	71%	43%	75%		
3.5	Have you had an induction at this prison?	60%	58%	62%	57%		
<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	45%	65%	41%	58%		
ON THE WING							
4.2	Is your cell call bell normally answered within 5 minutes?	10%	19%	13%	13%		
4.3	On the wing or houseblock you currently live on:						
	- Do you normally have enough clean, suitable clothes for the week?	35%	41%	40%	34%		
	- Can you shower every day?	75%	88%	77%	82%		
	- Do you have clean sheets every week?	57%	62%	55%	64%		
	- Do you get cell cleaning materials every week?	45%	38%	44%	41%		
	- Is it normally quiet enough for you to relax or sleep at night?	44%	71%	51%	54%		
	- Can you get your stored property if you need it?	13%	14%	12%	14%		

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	Mental health problems	No mental health problems
	87	42

	Have a disability	Do not have a disability
	64	67

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	12%	7%
5.3	Does the shop / canteen sell the things that you need?	63%	60%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	65%	78%
6.2	Are there any staff here you could turn to if you had a problem?	72%	77%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	41%	26%
6.6	Do you feel that you are treated as an individual in this prison?	36%	39%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	57%	62%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	57%	65%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	15%	24%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	75%	63%
8.3	Are you able to use a phone every day (if you have credit)?	91%	95%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	69%	77%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	38%	24%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	7%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	38%	20%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	58%	61%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	31%	46%
10.3	Is it easy for you to make a complaint?	58%	54%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	19%	36%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	41%	8%

13%	8%
70%	54%
63%	72%
68%	76%
36%	37%
34%	38%
61%	56%
63%	53%
14%	20%
74%	67%
92%	92%
65%	74%
38%	29%
0%	8%
39%	26%
54%	63%
33%	36%
57%	57%
19%	29%
38%	28%

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Number of completed questionnaires returned

Mental health problems	No mental health problems
87	42

Have a disability	Do not have a disability
64	67

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	14%	32%
	- Nurse?	57%	51%
	- Dentist?	5%	17%
	- Mental health workers?	29%	20%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	40%	
11.5	Do you think the overall quality of the health services here is very / quite good?	31%	29%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	21%	22%
SAFETY			
14.1	Have you ever felt unsafe here?	70%	43%
14.2	Do you feel unsafe now?	46%	15%
14.3	Not experienced bullying / victimisation by other prisoners	30%	63%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	35%	21%
14.5	Not experienced bullying / victimisation by members of staff	37%	73%
14.6	If you were being bullied / victimised by staff here, would you report it?	59%	43%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	31%	44%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	30%	33%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	20%	10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	16%	3%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	49%	69%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	13%	15%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	55%	33%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	46%	50%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	44%	48%

18%	22%
53%	54%
7%	11%
24%	27%
39%	36%
33%	26%
20%	
75%	47%
46%	25%
29%	52%
36%	27%
35%	58%
57%	49%
31%	39%
31%	30%
22%	12%
16%	8%
51%	57%
12%	14%
71%	33%
52%	35%
37%	53%

HMP Bristol 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners aged 25 and under are compared with those of prisoners over 25
- responses of prisoners aged 50 and over are compared with those of prisoners under 50

Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

	25 and under	Over 25		50 and over	Under 50
	31	108		18	121

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	42%			11%
	Are you 70 years of age or older?		1%	6%	
1.3	Are you from a minority ethnic group?	43%	20%	17%	27%
7.1	Are you Muslim?	19%	10%	6%	13%
11.3	Do you have any mental health problems?	55%	70%	82%	65%
12.1	Do you consider yourself to have a disability?	35%	52%	65%	46%
19.2	Are you a foreign national?	7%	10%	0%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	9%	6%	7%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	65%	75%	72%	73%
2.4	Overall, were you treated very / quite well in reception?	67%	78%	89%	74%
2.5	When you first arrived, did you have any problems?	84%	92%	94%	90%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	27%	23%	29%	23%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	66%	58%	56%	60%
3.5	Have you had an induction at this prison?	59%	61%	59%	60%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	41%	53%	60%	49%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	15%	12%	0%	14%
4.3					
	- Do you normally have enough clean, suitable clothes for the week?	43%	35%	56%	34%
	- Can you shower every day?	84%	77%	75%	79%
	- Do you have clean sheets every week?	47%	62%	69%	57%
	- Do you get cell cleaning materials every week?	27%	46%	72%	37%
	- Is it normally quiet enough for you to relax or sleep at night?	61%	49%	50%	51%
	- Can you get your stored property if you need it?	20%	13%	24%	13%

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Number of completed questionnaires returned

25 and under	Over 25
31	108

50 and over	Under 50
18	121

FOOD AND CANTEEN		
5.2	Do you get enough to eat at meal-times always / most of the time?	7% 10%
5.3	Does the shop / canteen sell the things that you need?	52% 65%
RELATIONSHIPS WITH STAFF		
6.1	Do most staff here treat you with respect?	60% 70%
6.2	Are there any staff here you could turn to if you had a problem?	61% 74%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	41% 35%
6.6	Do you feel that you are treated as an individual in this prison?	55% 31%
FAITH		
<i>For those who have a religion:</i>		
7.2	Are your religious beliefs respected here?	62% 59%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	64% 57%
CONTACT WITH FAMILY AND FRIENDS		
8.1	Have staff here encouraged you to keep in touch with your family / friends?	21% 18%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	62% 73%
8.3	Are you able to use a phone every day (if you have credit)?	89% 91%
<i>For those who get visits:</i>		
8.7	Are your visitors usually treated respectfully by staff?	79% 69%
TIME OUT OF CELL		
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	23% 36%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0% 5%
<i>For those who use the library:</i>		
9.9	Does the library have a wide enough range of materials to meet your needs?	57% 24%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS		
10.1	Is it easy for you to make an application?	55% 59%
<i>For those who have made an application:</i>		
10.2	Are applications usually dealt with fairly?	39% 33%
10.3	Is it easy for you to make a complaint?	45% 60%
<i>For those who have made a complaint:</i>		
10.4	Are complaints usually dealt with fairly?	32% 21%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	40% 31%

18%	8%
82%	59%
71%	67%
77%	70%
28%	37%
33%	37%
56%	60%
56%	59%
28%	17%
47%	74%
100%	89%
60%	72%
33%	33%
7%	4%
0%	33%
50%	60%
21%	36%
69%	55%
0%	27%
31%	34%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

25 and under	Over 25
31	108

50 and over	Under 50
18	121

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	28%	17%
	- Nurse?	45%	56%
	- Dentist?	10%	8%
	- Mental health workers?	37%	20%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	38%	39%
11.5	Do you think the overall quality of the health services here is very / quite good?	25%	31%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	14%	20%
SAFETY			
14.1	Have you ever felt unsafe here?	52%	64%
14.2	Do you feel unsafe now?	29%	36%
14.3	Not experienced bullying / victimisation by other prisoners	50%	39%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	13%	38%
14.5	Not experienced bullying / victimisation by members of staff	50%	46%
14.6	If you were being bullied / victimised by staff here, would you report it?	37%	57%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	41%	34%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	27%	32%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	20%	16%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	14%	12%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	68%	50%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	18%	12%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	60%	42%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	20%	48%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	63%	39%

6%	21%
63%	52%
6%	9%
24%	24%
42%	38%
24%	31%
20%	19%
59%	62%
47%	33%
50%	40%
63%	28%
44%	48%
65%	51%
31%	36%
29%	31%
6%	19%
7%	13%
21%	59%
7%	15%
100%	44%
67%	41%
50%	44%

HMP Bristol 2019

Comparison of survey responses from different residential locations

In this table responses from the vulnerable prisoner unit (A wing) are compared with those from the rest of the establishment.

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Vulnerable prisoner unit (A wing)	Rest of the establishment
30	111

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	17%	7%
	Are you 25 years of age or younger?	31%	20%
	Are you 50 years of age or older?	35%	7%
	Are you 70 years of age or older?	3%	0%
1.3	Are you from a minority ethnic group?	14%	29%
1.4	Have you been in this prison for less than 6 months?	59%	71%
1.5	Are you currently serving a sentence?	83%	67%
	Are you on recall?	33%	17%
1.6	Is your sentence less than 12 months?	8%	27%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	8%	5%
7.1	Are you Muslim?	7%	13%
11.3	Do you have any mental health problems?	81%	64%
12.1	Do you consider yourself to have a disability?	69%	43%
19.1	Do you have any children under the age of 18?	22%	57%
19.2	Are you a foreign national?	4%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	7%	7%
19.4	Have you ever been in the armed services?	4%	8%
19.5	Is your gender female or non-binary?	0%	1%
19.6	Are you homosexual, bisexual or other sexual orientation?	4%	2%
19.7	Do you identify as transgender or transsexual?	0%	0%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	13%	10%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	40%	36%
2.3	When you were searched in reception, was this done in a respectful way?	73%	73%
2.4	Overall, were you treated very / quite well in reception?	73%	76%

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Number of completed questionnaires returned

	Vulnerable prisoner unit (A wing)	Rest of the establishment
Number of completed questionnaires returned	30	111

2.5	When you first arrived, did you have any problems?	93%	90%
2.5	Did you have problems with:		
	- Getting phone numbers?	73%	61%
	- Contacting family?	60%	66%
	- Arranging care for children or other dependents?	0%	7%
	- Contacting employers?	3%	10%
	- Money worries?	33%	32%
	- Housing worries?	23%	33%
	- Feeling depressed?	63%	58%
	- Feeling suicidal?	20%	24%
	- Other mental health problems?	43%	44%
	- Physical health problems?	30%	28%
	- Drugs or alcohol (e.g. withdrawal)?	23%	36%
	- Getting medication?	53%	33%
	- Needing protection from other prisoners?	27%	13%
	- Lost or delayed property?	30%	23%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	44%	18%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	60%	64%
	- Toiletries / other basic items?	50%	33%
	- A shower?	7%	7%
	- A free phone call?	7%	21%
	- Something to eat?	63%	73%
	- The chance to see someone from health care?	77%	69%
	- The chance to talk to a Listener or Samaritans?	30%	14%
	- Support from another prisoner (e.g. Insider or buddy)?	13%	13%
	- None of these?	10%	7%
3.2	On your first night in this prison, was your cell very / quite clean?	25%	18%
3.3	Did you feel safe on your first night here?	52%	61%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	28%	34%
	- Free PIN phone credit?	39%	33%
	- Numbers put on your PIN phone?	19%	15%
3.5	Have you had an induction at this prison?	68%	58%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	53%	51%

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Number of completed questionnaires returned

	Vulnerable prisoner unit (A wing)	Rest of the establishment
Number of completed questionnaires returned	30	111

ON THE WING		
4.1	Are you in a cell on your own?	38% 49%
4.2	Is your cell call bell normally answered within 5 minutes?	11% 13%
4.3	On the wing or houseblock you currently live on:	
	- Do you normally have enough clean, suitable clothes for the week?	50% 33%
	- Can you shower every day?	87% 75%
	- Do you have clean sheets every week?	70% 56%
	- Do you get cell cleaning materials every week?	62% 34%
	- Is it normally quiet enough for you to relax or sleep at night?	50% 52%
	- Can you get your stored property if you need it?	17% 12%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	54% 37%
FOOD AND CANTEEN		
5.1	Is the quality of the food in this prison very / quite good?	28% 17%
5.2	Do you get enough to eat at meal-times always / most of the time?	15% 8%
5.3	Does the shop / canteen sell the things that you need?	72% 57%
RELATIONSHIPS WITH STAFF		
6.1	Do most staff here treat you with respect?	63% 70%
6.2	Are there any staff here you could turn to if you had a problem?	77% 69%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	31% 38%
6.4	Do you have a personal officer?	48% 59%
	<i>For those who have a personal officer:</i>	
6.4	Is your personal or named officer very / quite helpful?	46% 36%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	7% 5%
6.6	Do you feel that you are treated as an individual in this prison?	43% 35%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	36% 32%
	If so, do things sometimes change?	30% 24%
FAITH		
7.1	Do you have a religion?	48% 53%
	<i>For those who have a religion:</i>	
7.2	Are your religious beliefs respected here?	64% 57%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	71% 53%
7.4	Are you able to attend religious services, if you want to?	93% 70%
CONTACT WITH FAMILY AND FRIENDS		
8.1	Have staff here encouraged you to keep in touch with your family / friends?	29% 16%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	68% 71%
8.3	Are you able to use a phone every day (if you have credit)?	100% 87%
8.4	Is it very / quite easy for your family and friends to get here?	48% 44%
8.5	Do you get visits from family/friends once a week or more?	15% 22%
	<i>For those who get visits:</i>	
8.6	Do visits usually start and finish on time?	63% 46%
8.7	Are your visitors usually treated respectfully by staff?	73% 70%

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Number of completed questionnaires returned

	Vulnerable prisoner unit (A wing)	Rest of the establishment
Number of completed questionnaires returned	30	111

TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	82%	73%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	36%	28%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	11%	39%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	5%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	11%	39%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	0%
9.4	Do you have time to do domestics more than 5 days in a typical week?	29%	36%
9.5	Do you get association more than 5 days in a typical week, if you want it?	18%	10%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	50%	55%
9.7	Do you typically go to the gym twice a week or more?	54%	38%
9.8	Do you typically go to the library once a week or more?	15%	13%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	18%	38%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	71%	55%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	48%	31%
	Are applications usually dealt with within 7 days?	20%	14%
10.3	Is it easy for you to make a complaint?	64%	54%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	16%	26%
	Are complaints usually dealt with within 7 days?	18%	15%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	36%	32%

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Number of completed questionnaires returned

Vulnerable prisoner unit (A wing)	30	Rest of the establishment	111
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<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	52%	28%
	Attend legal visits?	77%	49%
	Get bail information?	20%	5%
<i>For those who have had legal letters:</i>			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	70%	66%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	18%	19%
	- Nurse?	57%	52%
	- Dentist?	11%	8%
	- Mental health workers?	37%	21%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	26%	27%
	- Nurse?	59%	47%
	- Dentist?	30%	25%
	- Mental health workers?	42%	24%
11.3	Do you have any mental health problems?	81%	64%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	48%	34%
11.5	Do you think the overall quality of the health services here is very / quite good?	30%	29%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	69%	43%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	25%	19%
12.3	Have you been on an ACCT in this prison?	69%	30%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	58%	36%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	56%	30%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	25%	25%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	33%	59%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	25%	37%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	18%	18%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	14%	14%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	50%	48%
13.7	Is it very / quite easy to get illicit drugs in this prison?	61%	51%
13.8	Is it very / quite easy to get alcohol in this prison?	32%	24%

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Number of completed questionnaires returned

	Vulnerable prisoner unit (A wing)	Rest of the establishment
Number of completed questionnaires returned	30	111

SAFETY			
14.1	Have you ever felt unsafe here?	66%	60%
14.2	Do you feel unsafe now?	39%	34%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	54%	42%
	- Threats or intimidation?	35%	38%
	- Physical assault?	27%	29%
	- Sexual assault?	4%	3%
	- Theft of canteen or property?	39%	35%
	- Other bullying / victimisation?	35%	24%
	- Not experienced any of these from prisoners here	39%	42%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	59%	25%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	44%	35%
	- Threats or intimidation?	33%	24%
	- Physical assault?	19%	14%
	- Sexual assault?	4%	4%
	- Theft of canteen or property?	11%	12%
	- Other bullying / victimisation?	30%	27%
	- Not experienced any of these from staff here	41%	49%
14.6	If you were being bullied / victimised by staff here, would you report it?	75%	46%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	50%	31%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	29%	31%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	7%	18%
	<i>For those who have been restrained in the last 6 months:</i>		
15.4	Did anyone come and talk to you about it afterwards?	0%	16%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	12%	12%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>		
15.6	Were you treated well by segregation staff?	33%	50%
	Could you shower every day?	0%	67%
	Could you go outside for exercise every day?	0%	67%
	Could you use the phone every day (if you had credit)?	33%	50%

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Number of completed questionnaires returned

Vulnerable prisoner unit (A wing)	30	Rest of the establishment	111
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EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	23%	32%
	- Vocational or skills training?	15%	16%
	- Prison job?	50%	30%
	- Voluntary work outside of the prison?	4%	3%
	- Paid work outside of the prison?	4%	2%
16.2	In this prison, have you done the following activities:		
	- Education?	67%	57%
	- Vocational or skills training?	52%	53%
	- Prison job?	87%	68%
	- Voluntary work outside of the prison?	36%	37%
	- Paid work outside of the prison?	36%	36%
<i>For those who have done the following activities, do you think they will help you on release:</i>			
	- Education?	64%	67%
	- Vocational or skills training?	64%	65%
	- Prison job?	35%	42%
	- Voluntary work outside of the prison?	50%	55%
	- Paid work outside of the prison?	50%	56%
16.3	Do staff encourage you to attend education, training or work?	52%	55%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	19%	12%
<i>For those who have a custody plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	60%	100%
17.3	Are staff helping you to achieve your objectives or targets?	60%	42%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	40%	25%
	- Other programmes?	60%	50%
	- One to one work?	40%	60%
	- Been on a specialist unit?	40%	43%
	- ROTL - day or overnight release?	40%	25%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	100%	50%
	- Other programmes?	67%	75%
	- One to one work?	100%	83%
	- Being on a specialist unit?	100%	33%
	- ROTL - day or overnight release?	100%	100%

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Vulnerable prisoner unit (A wing)	Rest of the establishment
30	111

Number of completed questionnaires returned

PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	33%	37%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	56%	60%
18.3	Is anybody helping you to prepare for your release?	33%	47%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	67%	74%
	- Getting employment?	63%	66%
	- Setting up education or training?	63%	47%
	- Arranging benefits?	75%	69%
	- Sorting out finances?	75%	67%
	- Support for drug or alcohol problems?	75%	41%
	- Health / mental Health support?	88%	68%
	- Social care support?	63%	52%
	- Getting back in touch with family or friends?	67%	42%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	33%	31%
	- Getting employment?	0%	26%
	- Setting up education or training?	0%	20%
	- Arranging benefits?	0%	33%
	- Sorting out finances?	0%	14%
	- Support for drug or alcohol problems?	17%	54%
	- Health / mental Health support?	29%	30%
	- Social care support?	20%	18%
	- Getting back in touch with family or friends?	17%	21%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	52%	43%

HMP Bristol 2019

Comparison of survey responses from different residential locations

In this table responses from C wing (first night and drug treatment wing) are compared with those from rest of the establishment.

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Number of completed questionnaires returned

C wing	Rest of the establishment
37	104

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	8%	10%
	Are you 25 years of age or younger?	19%	24%
	Are you 50 years of age or older?	6%	16%
	Are you 70 years of age or older?	0%	1%
1.3	Are you from a minority ethnic group?	6%	33%
1.4	Have you been in this prison for less than 6 months?	74%	66%
1.5	Are you currently serving a sentence?	70%	71%
	Are you on recall?	22%	21%
1.6	Is your sentence less than 12 months?	38%	18%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	6%
7.1	Are you Muslim?	3%	14%
11.3	Do you have any mental health problems?	65%	68%
12.1	Do you consider yourself to have a disability?	53%	47%
19.1	Do you have any children under the age of 18?	56%	48%
19.2	Are you a foreign national?	9%	10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	8%
19.4	Have you ever been in the armed services?	13%	5%
19.5	Is your gender female or non-binary?	3%	0%
19.6	Are you homosexual, bisexual or other sexual orientation?	0%	3%
19.7	Do you identify as transgender or transsexual?	0%	0%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	14%	10%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	40%	36%
2.3	When you were searched in reception, was this done in a respectful way?	72%	73%
2.4	Overall, were you treated very / quite well in reception?	75%	76%

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	C wing	Rest of the establishment
	37	104

2.5	When you first arrived, did you have any problems?	94%	89%
2.5	Did you have problems with:		
	- Getting phone numbers?	72%	61%
	- Contacting family?	86%	57%
	- Arranging care for children or other dependents?	14%	2%
	- Contacting employers?	17%	6%
	- Money worries?	42%	28%
	- Housing worries?	36%	29%
	- Feeling depressed?	58%	60%
	- Feeling suicidal?	31%	21%
	- Other mental health problems?	50%	41%
	- Physical health problems?	31%	28%
	- Drugs or alcohol (e.g. withdrawal)?	44%	29%
	- Getting medication?	42%	36%
	- Needing protection from other prisoners?	22%	14%
	- Lost or delayed property?	25%	25%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	21%	25%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	69%	61%
	- Toiletries / other basic items?	31%	39%
	- A shower?	0%	10%
	- A free phone call?	9%	21%
	- Something to eat?	69%	72%
	- The chance to see someone from health care?	60%	75%
	- The chance to talk to a Listener or Samaritans?	14%	18%
	- Support from another prisoner (e.g. Insider or buddy)?	14%	13%
	- None of these?	9%	7%
3.2	On your first night in this prison, was your cell very / quite clean?	17%	20%
3.3	Did you feel safe on your first night here?	58%	59%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	25%	35%
	- Free PIN phone credit?	26%	38%
	- Numbers put on your PIN phone?	3%	20%
3.5	Have you had an induction at this prison?	58%	61%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	42%	54%

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	37	104

ON THE WING		
4.1	Are you in a cell on your own?	34% 51%
4.2	Is your cell call bell normally answered within 5 minutes?	6% 16%
4.3	On the wing or houseblock you currently live on:	
	- Do you normally have enough clean, suitable clothes for the week?	27% 41%
	- Can you shower every day?	85% 76%
	- Do you have clean sheets every week?	49% 63%
	- Do you get cell cleaning materials every week?	22% 47%
	- Is it normally quiet enough for you to relax or sleep at night?	50% 52%
	- Can you get your stored property if you need it?	3% 17%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	36% 42%
FOOD AND CANTEEN		
5.1	Is the quality of the food in this prison very / quite good?	23% 18%
5.2	Do you get enough to eat at meal-times always / most of the time?	8% 10%
5.3	Does the shop / canteen sell the things that you need?	60% 61%
RELATIONSHIPS WITH STAFF		
6.1	Do most staff here treat you with respect?	64% 70%
6.2	Are there any staff here you could turn to if you had a problem?	73% 70%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	36% 36%
6.4	Do you have a personal officer?	60% 56%
	<i>For those who have a personal officer:</i>	
6.4	Is your personal or named officer very / quite helpful?	29% 41%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	0% 7%
6.6	Do you feel that you are treated as an individual in this prison?	33% 38%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	26% 35%
	If so, do things sometimes change?	22% 27%
FAITH		
7.1	Do you have a religion?	44% 55%
	<i>For those who have a religion:</i>	
7.2	Are your religious beliefs respected here?	56% 60%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	47% 59%
7.4	Are you able to attend religious services, if you want to?	50% 82%
CONTACT WITH FAMILY AND FRIENDS		
8.1	Have staff here encouraged you to keep in touch with your family / friends?	6% 22%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	67% 71%
8.3	Are you able to use a phone every day (if you have credit)?	82% 93%
8.4	Is it very / quite easy for your family and friends to get here?	57% 40%
8.5	Do you get visits from family/friends once a week or more?	21% 20%
	<i>For those who get visits:</i>	
8.6	Do visits usually start and finish on time?	32% 57%
8.7	Are your visitors usually treated respectfully by staff?	65% 73%

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	37	104

TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	81%	72%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	15%	36%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	39%	32%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	6%	4%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	36%	32%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	0%
9.4	Do you have time to do domestics more than 5 days in a typical week?	41%	32%
9.5	Do you get association more than 5 days in a typical week, if you want it?	6%	14%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	66%	50%
9.7	Do you typically go to the gym twice a week or more?	36%	43%
9.8	Do you typically go to the library once a week or more?	6%	16%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	0%	33%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	53%	60%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	36%	34%
	Are applications usually dealt with within 7 days?	14%	15%
10.3	Is it easy for you to make a complaint?	49%	59%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	20%	25%
	Are complaints usually dealt with within 7 days?	5%	20%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	33%	33%

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	37	104

<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	21%	37%
	Attend legal visits?	48%	58%
	Get bail information?	8%	8%
<i>For those who have had legal letters:</i>			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	69%	66%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	15%	20%
	- Nurse?	44%	56%
	- Dentist?	6%	10%
	- Mental health workers?	21%	26%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	28%	26%
	- Nurse?	39%	53%
	- Dentist?	13%	30%
	- Mental health workers?	25%	28%
11.3	Do you have any mental health problems?	65%	68%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	30%	40%
11.5	Do you think the overall quality of the health services here is very / quite good?	24%	31%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	53%	47%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	14%	23%
12.3	Have you been on an ACCT in this prison?	38%	39%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	25%	51%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	27%	39%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	21%	26%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	75%	50%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	41%	32%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	18%	18%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	15%	13%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	57%	44%
13.7	Is it very / quite easy to get illicit drugs in this prison?	50%	54%
13.8	Is it very / quite easy to get alcohol in this prison?	27%	26%

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	C wing	Rest of the establishment
Number of completed questionnaires returned	37	104

SAFETY			
14.1	Have you ever felt unsafe here?	54%	64%
14.2	Do you feel unsafe now?	27%	38%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	49%	43%
	- Threats or intimidation?	49%	33%
	- Physical assault?	33%	27%
	- Sexual assault?	0%	4%
	- Theft of canteen or property?	39%	34%
	- Other bullying / victimisation?	24%	27%
	- Not experienced any of these from prisoners here	36%	43%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	19%	37%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	38%	37%
	- Threats or intimidation?	28%	25%
	- Physical assault?	9%	17%
	- Sexual assault?	0%	5%
	- Theft of canteen or property?	13%	12%
	- Other bullying / victimisation?	34%	25%
	- Not experienced any of these from staff here	38%	51%
14.6	If you were being bullied / victimised by staff here, would you report it?	41%	57%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	25%	39%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	28%	31%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	15%	17%
	<i>For those who have been restrained in the last 6 months:</i>		
15.4	Did anyone come and talk to you about it afterwards?	20%	13%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	15%	11%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>		
15.6	Were you treated well by segregation staff?	60%	40%
	Could you shower every day?	80%	40%
	Could you go outside for exercise every day?	80%	40%
	Could you use the phone every day (if you had credit)?	80%	30%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

C wing	Rest of the establishment
37	104

EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	24%	32%
	- Vocational or skills training?	15%	16%
	- Prison job?	24%	38%
	- Voluntary work outside of the prison?	0%	4%
	- Paid work outside of the prison?	0%	3%
16.2	In this prison, have you done the following activities:		
	- Education?	47%	63%
	- Vocational or skills training?	42%	57%
	- Prison job?	59%	77%
	- Voluntary work outside of the prison?	31%	39%
	- Paid work outside of the prison?	31%	38%
<i>For those who have done the following activities, do you think they will help you on release:</i>			
	- Education?	64%	67%
	- Vocational or skills training?	69%	63%
	- Prison job?	32%	43%
	- Voluntary work outside of the prison?	67%	50%
	- Paid work outside of the prison?	56%	55%
16.3	Do staff encourage you to attend education, training or work?	52%	56%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	9%	15%
<i>For those who have a custody plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	100%	85%
17.3	Are staff helping you to achieve your objectives or targets?	33%	50%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	33%	30%
	- Other programmes?	33%	60%
	- One to one work?	33%	58%
	- Been on a specialist unit?	33%	44%
	- ROTL - day or overnight release?	0%	36%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	0%	100%
	- Other programmes?	100%	67%
	- One to one work?	100%	86%
	- Being on a specialist unit?	0%	75%
	- ROTL - day or overnight release?	100%	100%

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C wing	Rest of the establishment
37	104

Number of completed questionnaires returned

PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	45%	33%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	64%	56%
18.3	Is anybody helping you to prepare for your release?	36%	48%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	69%	74%
	- Getting employment?	54%	70%
	- Setting up education or training?	33%	57%
	- Arranging benefits?	57%	76%
	- Sorting out finances?	50%	76%
	- Support for drug or alcohol problems?	31%	56%
	- Health / mental Health support?	69%	72%
	- Social care support?	42%	59%
	- Getting back in touch with family or friends?	25%	57%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	33%	30%
	- Getting employment?	29%	19%
	- Setting up education or training?	0%	19%
	- Arranging benefits?	38%	23%
	- Sorting out finances?	17%	9%
	- Support for drug or alcohol problems?	50%	40%
	- Health / mental Health support?	33%	29%
	- Social care support?	0%	24%
	- Getting back in touch with family or friends?	0%	24%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	30%	51%