

Report on an announced inspection of

HMP Bristol

4–8 January 2010

by HM Chief Inspector of Prisons

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Contents

Introduction	5
Fact page	7
Healthy prison summary	9
1 Arrival in custody	
<hr/>	
Courts, escorts and transfers	19
First days in custody	20
2 Environment and relationships	
<hr/>	
Residential units	25
Staff-prisoner relationships	28
Personal officers	30
3 Duty of care	
<hr/>	
Bullying and violence reduction	33
Self-harm and suicide	35
Applications and complaints	38
Legal rights	39
Faith and religious activity	40
Substance use	41
4 Diversity	45
<hr/>	
5 Health services	55
<hr/>	
6 Activities	
<hr/>	
Learning and skills and work activities	65
Physical education and health promotion	69
Time out of cell	70
7 Good order	
<hr/>	
Security and rules	73
Discipline	74
Incentives and earned privileges	78

8 Services

Catering	81
Prison shop	82

9 Resettlement

Strategic management of resettlement	85
Offender management and planning	86
Resettlement pathways	90

10 Recommendations, housekeeping points and good practice

97

Appendices

I Inspection team	111
II Prison population profile	112
III Summary of prisoner questionnaires and interviews	115

Introduction

Bristol is a medium sized local prison, holding adult and young adult men, mainly from the west of England. It has had a mixed recent history, with a succession of short-term governors, and previous inspections have recorded a sense of drift. It is encouraging that this inspection found a prison with a sense of direction and effective management – though, like most local prisons, it still struggled to provide enough for prisoners to do.

Bristol was a reasonably safe prison. However, support for prisoners in the crucial early days of custody was ineffective. Not all prisoners were able to benefit from dedicated first night services, and the induction process was ineffective. Conversely, suicide prevention measures were strong, with some innovative aspects, such as the involvement of prisoners' families. Though violence reduction procedures were also sound, foreign national prisoners and those with disabilities felt less safe than others, and there were some concerns about the governance of use of force. There had been good work to reduce the supply of drugs and support substance-using prisoners.

Given its age, the prison was well maintained, if overcrowded. Relationships between prisoners and staff were mainly positive, though personal officer work was variable. Work had been done on all aspects of diversity, with some positive results. Nevertheless, black and minority ethnic, foreign national and disabled prisoners had poorer perceptions of their prison experience than their counterparts, and there was limited prisoner consultation. Health services were improving, with well-integrated mental health provision.

There were activity spaces for only about half the population, and four out of 10 spaces offered only menial work, leading to no useful qualifications. Nevertheless, the quality of some of the work and education was good, with effective use of prisoner mentors in some areas and improved access to PE. As we routinely find, recorded time out of cell did not reflect the experience of most prisoners, some of whom could expect only two and a half hours unlocked on a weekday: we found a third of prisoners locked in their cells during the working day. Association was extremely limited, even for a local prison.

The prison's resettlement strategy was not effectively implemented. However, there was some good work being carried out. Offender management was sound, and would, under the new layered system, provide support also for those serving short sentences or on remand. Some of the resettlement pathways – notably drugs work and support for building family relationships – were good, but others needed further development, and prisoners were sometimes unaware of the services available. An innovative partnership with police and probation had been set up to coordinate the safe resettlement of prolific offenders in the Bristol area.

This is a positive report on a prison that had recovered a sense of purpose and direction, despite the limitations of an old site with too little provision for purposeful activity. Managers and staff are to be congratulated on the progress made, though the gaps that remain will be harder to fill in the restrictive financial climate that lies ahead.

Anne Owers
HM Chief Inspector of Prisons

March 2010

Fact page

Task of the establishment

HMP Bristol is a category B local prison, first opened in 1883.

Area organisation

HMP Bristol receives male prisoners and a limited number of young offenders, both convicted and remand, from all local courts, as well as being a category B facility for the west of England.

Number held

605

Certified normal accommodation

428

Operational capacity

614

Last inspection

Unannounced short follow-up: 3 March 2008

Full announced: 10 January 2005

Brief history

The prison was built in the mid-19th century, although B and C wings were built in the 1960s. Recent years have seen an ongoing programme of extensive refurbishment and renovation. The latest major project has been total refurbishment of the healthcare facility.

Description of residential units

A wing: 128 bed unit, incorporating the first night centre.

B wing: 99 single cell unit, incorporating the voluntary drug testing unit. It does not have in-cell sanitation.

C wing: 142 bed unit, incorporating IDTS and a dedicated detoxification unit on C3.

D wing: 97 bed unit; the unit offers additional support for vulnerable prisoners.

E wing: 10 bed dedicated segregation unit, with two additional unfurnished cells.

F wing: Eight bed community unit that incorporates ROTL and prisoners assessed by the diversity team as benefiting from a more sedate regime.

G wing: 122 bed unit, holding a full range of sentenced and remand prisoners. Young offenders are generally held here.

The prison has its own healthcare wing, accommodating a maximum of 18 prisoners.

Healthy prison summary

Introduction

HP1 All inspection 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 criteria are:

Safety	prisoners, even 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
Resettlement	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- outcomes for prisoners are good against this healthy prison test.

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

- outcomes for prisoners are reasonably good against this healthy prison test.

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 against this healthy prison test.

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 against this healthy prison test.

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.

Safety

HP3 The physical environment of reception was cramped and offered little privacy. First night arrangements picked up immediate issues but use of the first night centre was

not effective. Prisoners' recall of any induction undertaken was minimal. The quality of suicide and self-harm prevention measures was good. Most prisoners reported feeling safe. There was an effective focus on relevant security issues. There were concerns about the use of force. The integrated drug treatment system was developing well and offered some effective partnership with community organisations. Overall, outcomes for prisoners were reasonably good against this healthy prison test.

- HP4 The escort vehicles were clean and relationships between prisoners and escort staff were good. The reception area was cramped and poorly laid out. There was no confidentiality for cell sharing risk assessments. Prisoners reported long waits to disembark from vans and then waited again in reception. Vulnerable prisoners were kept the longest, in cramped holding cubicles, with nothing to do. The front desk design placed staff much higher than prisoners, unintentionally creating an air of intimidation. Staff were business-like but courteous. Although reception orderlies were trained as Insiders and a Listener was on duty each afternoon and evening in reception, they did not proactively engage with prisoners arriving.
- HP5 There was not always enough space in the first night centre for all newly arrived prisoners to be located there, as it also held difficult to manage prisoners and cleaners. A proforma was completed to inform night staff of new receptions, but the night staff on C wing could not easily identify those new to the prison.
- HP6 The induction programme was excessively long, and prisoners had the choice to opt out of it. Fewer prisoners than at comparator prisons said that they had received an induction, and those we spoke to remembered little about it.
- HP7 The dedicated safer custody team was visible throughout the prison, involved in case management and provided advice and support to staff. Assessment, care in custody and teamwork (ACCT) reviews were well attended and multidisciplinary. Most of the care maps we looked at were time bound and initial assessments were good. Ongoing logs were variable but there was a robust quality assurance process. There was a consolidated action plan from the completed death in custody reports but only clinical investigations of near deaths. The monthly safer custody meeting was well attended and included detailed analysis of all risk areas. There was frequent involvement with prisoners' families as part of the ACCT process. There were issues with recruitment and retention of Listeners but they were well supported. Prisoners were negative about their access to Listeners in the first 24 hours, and young adults were inappropriately restricted in their access to Listeners.
- HP8 Most prisoners felt safe, but foreign national prisoners and those with disabilities less so. Efforts had been made to increase the profile of anti-bullying measures. Staff were detailed daily to anti-social behaviour work and worked with prisoners identified as perpetrators to complete workbooks, and to support victims. All incidents were investigated quickly and thoroughly.
- HP9 All vulnerable prisoners were located on D wing. There were good staff-prisoner relationships on the wing. There had been a recent improvement in activity places for vulnerable prisoners, with reasonable employment opportunities, but there was restricted access to education. Some spent long periods at the establishment, with minimal opportunity to address offending behaviour or other problems.

- HP10 Security information reports were analysed and intelligence passed to relevant departments promptly, although less than a third of target searches requested in the previous three months had been completed. The main concerns were drugs, particularly bullying for medication, and mobile telephones. There were good working relationships with the local police and a number of joint activities to reduce the amount of drug-related activity in the prison. All prisoners found with drugs or mobile telephones were considered for closed visits, irrespective of whether the find was related to visits.
- HP11 The segregation unit was generally clean and well ordered. Staff–prisoner relationships on the unit were excellent. Staff had in-depth knowledge of the prisoners in their care, although daily care records were mostly observational and only basic targets were set on individual plans. Rule 45 reviews were multidisciplinary. Most prisoners stayed on the unit for short periods and returned to normal location. The regime had recently been enhanced, with the addition of a gym session and association by risk assessment. Monthly meetings effectively monitored management information and all staff had received mental health training.
- HP12 Adjudications were quality assessed and necessary issues followed up. There was no documentary evidence to show that prisoners' fitness for the hearings was assessed. Monthly meetings identified and monitored trends. A log had recently been introduced to record assistance given to prisoners.
- HP13 The use of force was high, but a significant proportion related to a small number of prisoners and most uses were spontaneous. Two recorded incidents we viewed raised concern, and governance was not sufficiently robust. Paperwork was mostly well completed, showed evidence of de-escalation and was checked at a managerial level. Trends were monitored by the use of force committee. Special accommodation had been used eight times in the previous year and half of the incidents involved an overnight stay, with no evidence that prisoners had been asked to come out of the cells when they had calmed down.
- HP14 The integrated drug treatment system (IDTS), primary healthcare and mental health services were well coordinated. Prescribing regimes were flexible for prisoners receiving opiate substitution treatment. Counselling, assessment, referral, advice and throughcare (CARAT) services worked alongside clinical staff and visiting local community agencies in delivering the 28-day psychosocial programme.
- HP15 The random mandatory drug testing (MDT) positive rate was below target. The MDT suite was inappropriately shared with compact-based drug testing. Suspicion testing worked well. The prison had secured funding to reduce drug supply opportunities, with some success.

Respect

- HP16 External and internal areas were clean and well maintained. Staff–prisoner relationships were mainly good, and there was a reasonable personal officer scheme. The incentives and earned privileges scheme was used reasonably effectively as a behaviour management tool. There had been significant attention paid to diversity issues, with improvements across most strands. Faith provision required attention.

Healthcare continued to show improvement. Overall outcomes for prisoners were reasonably good against this healthy prison test.

- HP17 External areas were clear from litter, but there was a problem with pigeon droppings in some areas. Internal areas were well decorated, with the exception of some graffiti in cells and recesses. Communal areas were well maintained. The prison was overcrowded. Some cells were cold in winter and excessively hot in summer. Opportunities for prisoners to wear their own clothes were restricted to remand and enhanced convicted prisoners, and some prisoners wore damaged prison-issue clothing. Prisoners were able to access showers regularly.
- HP18 Access to telephones was poor on C wing, as time unlocked was insufficient to use them. There were issues about the prompt handling of mail coming into and leaving the prison.
- HP19 Young adults were nominally allocated to G wing but this was not as a consequence of any specialist staff or regime there. They were not subject to any particular assessment or planning.
- HP20 The incentives and earned privileges policy was clear, but not always applied consistently. Prisoners could appeal against review decisions. Most warnings issued were clear. Prisoners were not routinely set improvement targets. They were given the chance to amend poor behaviour before formal procedures were invoked.
- HP21 Staff-prisoner relationships were mainly positive. Staff on residential units engaged well with prisoners. The consultative arrangements were not sufficiently focused and outcomes not always evidenced or publicised. Prisoner representatives offered additional peer support and advocacy.
- HP22 There was a reasonable personal officer scheme. The standard of personal officer understanding of their role and caseload varied widely. Personal officers were involved in day-to-day matters relating to prisoners but had a limited role in categorisation, sentence planning and progression, and preparation for release.
- HP23 The menus provided prisoners with a reasonable range of meal options but were repetitive. Lunches were insubstantial, cold and delivered to prisoners' doors. Separate utensils were not always used for halal food. Not all servery workers had undertaken hygiene training and some were inappropriately dressed. There was a good level of consultation. Evening meals were served too early at weekends.
- HP24 There had been extensive development and investment in the management of diversity. The single equality and diversity policy outlined the establishment's commitment to improving the treatment of all minority groups. The needs of older prisoners were appropriately assessed on arrival and there were links with the healthcare department. An older prisoner unit had recently been established but services were underdeveloped.
- HP25 Prisoners who considered themselves to have a disability had a more negative perception than others about safety and victimisation. The disability liaison officer had insufficient time to undertake his work effectively. Consultation arrangements were too limited in scope.

- HP26 Black and minority ethnic prisoners were less positive than their white counterparts about their treatment by staff. As a result, the monitoring of ethnic minority data had increased, with action taken where required, and oversight of race equality work had improved. The work undertaken by the equality and diversity action team was not sufficiently promoted across the establishment and there was insufficient consultation with specific black and minority ethnic groups. A member of the local Gypsy and Travellers team attended the establishment weekly but there was no oversight of the needs of this group of prisoners. The investigation of racist incident report forms was conducted thoroughly and independently scrutinised. Most staff had received diversity training.
- HP27 The foreign national prisoners policy document was comprehensive, outlining the entitlements and services available for this group, as well as external support agencies, but foreign national prisoners were not aware of the policy document or how to access it. There was insufficient regular consultation with foreign national prisoners. A local immigration enforcement officer regularly attended the establishment but this was not sufficiently well advertised. There were four detainees, who felt supported by the foreign nationals coordinator but hindered by being held in a custodial environment.
- HP28 Significantly fewer prisoners than at comparator prisons said that their religious beliefs were respected and that they were able to speak to a religious leader of their faith in private. Prisoners were positive about the chaplaincy team, but had to apply to attend services, and changes to the regime meant that some had to choose between exercise and attending mass. Efforts were made to ensure that the needs of all faith communities were met. Good pastoral care was provided, but community engagement was underdeveloped.
- HP29 Applications and complaints were dealt with well and promptly. There was a good legal rights service, offering comprehensive advice about legal and bail issues.
- HP30 Prisoners' perceptions of the quality of service provided by the doctors and dentist were poorer than those at other local prisons. The healthcare centre was well managed and provided a good level of service. Relationships with the commissioning trust were good. Primary care, inpatient and mental health services were provided by a team of well qualified staff with a good skill mix. Treatment rooms were available on each of the wings. The healthcare facilities in reception were good, with satisfactory primary and secondary screening. There were a range of nurse-led and specialist clinics. Dental services were adequate but there were long waiting lists and concerns about infection control. The inpatient beds were on the certified normal accommodation. The atmosphere on the unit was relaxed but the regime limited. External hospital appointments were well organised and timely.
- HP31 Prisoners had good access to a well integrated mental health service, with an on-site in-reach team and a new day care facility that provided a range of visiting services, including counselling. Mental health awareness training had been delivered in the past and a programme of trainer development was currently being provided. Mental health transfers were moved expeditiously.

Purposeful activity

- HP32 The opportunities for prisoners to be engaged in some form of work or education had improved but still did not meet the need of the population. There were improved but still limited opportunities to gain vocational qualifications. The learning and skills provision was satisfactory. The time out of cell for a large proportion of the population was poor. Association was limited but reliable. Library provision was good and access reasonable. Access to the gym facilities had improved. Overall outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP33 The prison recorded a weekday average of just over eight hours' time out of cell. While an employed enhanced status prisoner could have as much as nine hours and 15 minutes unlocked, a standard status, unemployed prisoner could have as little as 2.6 hours. In our roll checks, we found between 25% and 35% of prisoners locked up during the day. Association was limited but rarely cancelled, and it was not available on the evening that shop orders were delivered. During association, most staff engaged with prisoners but some association areas were cramped and inadequately equipped. The small exercise yard in use for most prisoners was fully encaged, bare and uninviting.
- HP34 The quantity and range of work activities had improved but were insufficient to meet the needs of the prisoner population, with work places available for only 52% of prisoners, and 43% of the work available was menial. The amount of work-related vocational training alongside employment had improved. Many of those who were not on such programmes developed useful personal, social and employability skills during the course of their employment. Effective use was made of prisoner mentors in some of the workshops and the gym, but the skills they developed were not sufficiently recognised. Prisoners were well motivated and demonstrated a good work ethic. Many prisoners successfully completed short vocational courses.
- HP35 A range of programmes was offered to improve literacy, numeracy and language skills, as well as personal and social development. Pass rates were at least satisfactory, as was the quality of the teaching and many of the resources. Learning and skills induction arrangements and the initial assessment process were satisfactory, but the results of these assessments were not routinely passed to workshop instructors. There were effective partnerships with external providers. Links to ensure effective sequencing of interventions through the offender management unit (OMU) were at an early stage. Data were not used sufficiently to improve provision.
- HP36 Access to the library was reasonable, and it was well organised and welcoming. In addition to the usual library facilities, prisoners could borrow games consoles and games. Some effective and popular support for literacy was coordinated by the library through the Toe by Toe mentoring scheme and the Storybook Dads programme.
- HP37 Access to the gym was mostly recreational, fair and reasonable, and included weekdays and weekends. The gym facilities were adequate, but the sports hall was small and inaccessible to prisoners with restricted mobility. There was some accredited training and pass rates on these courses were satisfactory. There were programmes to support specific prisoner needs.

Resettlement

- HP38 Governance of the resettlement strategy was weak. The reducing reoffending strategy concentrated only on the resettlement pathways. Offender management arrangements for in-scope prisoners were effective. Layered offender management provided assessment and planning for prisoners received since November 2009. Pathway provision was good for accommodation, children and families and drugs, but limited in other areas. Overall outcomes for prisoners were reasonably good against this healthy prison test.
- HP39 The reducing reoffending strategy addressed the seven resettlement pathways but did not reflect any regional strategy, and the action plan was not complete. The implementation of the strategy was not robust or coordinated. There was a bi-monthly reducing reoffending committee, attended by internal and external key players, but this committee did not monitor the strategic development of resettlement. Discharge boards were held up to four weeks before release and some left insufficient time to resolve outstanding problems.
- HP40 There was good communication between the different functions in the OMU. The management of prisoners in scope of offender management was effective and relationships with external offender managers were good, but the quality of recording was poor. While the likelihood of reoffending had been assessed to a satisfactory standard, the quality of risk of harm analysis was poor. Layered offender management had been introduced in November 2009, and all new receptions since then had had a layer one assessment of their risk and needs undertaken. A number of short sentenced and unsentenced prisoners received before then had not had their needs assessed and addressed.
- HP41 Indeterminate-sentenced prisoners were transferred as soon as possible after assessments had been completed. Offender supervisors were proactive in working to ensure that suitable places at other prisons were available for them. There were no specialist staff working with these sentenced prisoners.
- HP42 Public protection arrangements were sound. Decisions about restrictions imposed on prisoners were made promptly and prisoners informed immediately. Cases were reviewed at a monthly meeting which included security and offender supervisor representation.
- HP43 A few prisoners were granted home detention curfew, but in the previous six months 62% had not been released by their eligibility date. Early conditional licence was widely used. Release on temporary licence was no longer used to support resettlement.
- HP44 Resettlement pathway provision was variable. A specialist trained accommodation officer provided a comprehensive service, assisted by two other members of staff. There were links with providers in the local area and with council housing authorities but an average of 10–15% of prisoners were reported as being discharged with no fixed abode.
- HP45 Provision for debt advice had worsened. The debt triage service could not offer ongoing support. Jobcentre Plus provided benefit advice and assistance. Money

management courses were available. There were no facilities to assist prisoners with opening bank accounts before release

- HP46 Information, advice and guidance were available to prisoners at induction and before release but lacked coherence. There were various courses which prepared prisoners for work. The prison had appropriate links with community organisations, which provided effective support post-release.
- HP47 Health services staff were not involved in discharge boards but prisoners were all seen before release and given a letter for their GP, if they had one. Specialist palliative care teams provided outreach support to the prison. Mental health staff liaised with community healthcare providers before prisoners under the care programme approach were released.
- HP48 An integrated drug and alcohol strategy had been informed by comprehensive needs analyses. CARAT services conducted timely assessments and produced good quality care plans. Structured group work interventions consisted of IDTS modules and the short duration drugs programme. There were limited services for primary alcohol users. Compliance-based drug testing was available but many prisoners were not tested monthly. There were links between the CARAT team and community drug intervention programmes, the Criminal Justice Intervention Team and other resettlement agencies, with additional involvement from the primary care trust commissioner.
- HP49 Visits started promptly. The visits area was bright but too small. Inflexible use of the tables in the visits area meant that visits were not accommodated despite space being available. The children's play area and refreshment bar had been re-opened recently. Problems in booking visits had been improved by on-site booking, but the system for issuing visiting orders prevented many families of convicted prisoners taking up this service. The well-equipped visitors centre was under-used. There were many activities and courses aimed at improving and developing prisoners' family relationships, with involvement of voluntary and statutory community organisations, but only enhanced prisoners could access family days. Consultation with prisoners' families was regular.
- HP50 There was limited offending behaviour programme provision and problems in transferring some prisoners to prisons where relevant programmes were available. The enhanced thinking skills programme ran, but provision for those who were not suitable for accredited programmes was poor. There were no victim awareness or decision-making programmes.

Main recommendations

- HP51 All prisoners should spend their first days in the first night centre, which should not be used for difficult to manage prisoners.
- HP52 The quality assurance and governance arrangements for use of force and special accommodation should be strengthened.
- HP53 Consultative arrangements should be expanded to include consultation with specific groups, and prisoners should be informed about action taken in response to issues raised at consultation meetings.

- HP54 Time out of cell should be ten hours on weekdays and in particular association should be available daily, and at least twice during the week in the evening for all prisoners.
- HP55 An area-wide resettlement strategy should be developed which allows the establishment to concentrate on immediate assessment and allocation of prisoners and ensures clear routes to training prisons with appropriate interventions for sentenced prisoners.
- HP56 All prisoners should have access to purposeful activity.
- HP57 The amount of vocational training should be increased.
- HP58 The prison should develop a strategy for the management of young adult prisoners.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 Most prisoners travelled only short distances to Bristol from local courts. Escort vehicles were clean, warm and carried the necessary refreshments. Relationships between escort staff and prisoners were good and all paperwork was completed to a good standard. Prisoners sometimes waited for long periods on the vehicles. Prisoners returning from Bristol courts tended to be brought in two trips, indicating that escort service providers waited for a full or nearly full vehicle before returning prisoners to the establishment.
- 1.2 The court escort contractor was Reliance, with Global Solutions Limited (GSL) handling transfers. Relationships between reception and escort staff were good, and between escort staff and prisoners were courteous and friendly. The vehicles were clean and at a comfortable temperature. All vehicles carried refreshments, although they did not have the capacity to provide warm food unless using facilities at prisons or police stations. Information was available to prisoners in some court waiting rooms. Video link was used regularly by the local courts.
- 1.3 Vehicles from the Bristol courts tended to arrive at the prison at two specific times during the inspection, suggesting that prisoners were held in court until lunchtime, and then until late afternoon, before being returned to the prison.
- 1.4 Some prison transfers resulted in long journeys, with long periods spent on transport vehicles. During the inspection, one of the GSL vehicles had left Exeter at around 10am with prisoners en route to Bristol on board, travelled to Dartmoor, where the prisoners had had a brief toilet stop, and arrived at Bristol at 3.30pm. The prisoners had not had a lunchtime meal.
- 1.5 Reception was open from 6am to 9pm on weekdays, to 5pm on Saturdays and until lunchtime on Sundays. In our groups, prisoners told us that they had been held on vehicles for long periods on arrival.
- 1.6 On a number of occasions, we observed multiple escort vehicles arriving at the same time. Prisoners were prioritised for disembarkation if they were older or infirm. One newly arrived prisoner was reported as having had anxiety attacks in the escort vehicle, and had been removed from the vehicle immediately. Prisoners on two of the vehicles waited longer than 40 minutes after arriving at the prison before being disembarked.
- 1.7 Prisoner escort records (PERs) were fully completed and paperwork was checked thoroughly by reception staff and escort staff before prisoners were accepted. Escort staff demonstrated a good level of knowledge of the prisoners in their care. Most prisoners arrived with their property.

- 1.8 Prisoners were informed of a transfer beforehand, so that they could inform their families, but were expected to use their own PIN telephone credit to do so. The wing senior officers had a PIN number for allowing emergency credit for prisoners who had no PIN credit.

Recommendations

- 1.9 Information about Bristol prison should be available in all courts served by the establishment.
- 1.10 Prisoners should be moved from court to the prison at the earliest opportunity.
- 1.11 Escort staff should ensure that prisoners receive an adequate meal and drink at meal times.
- 1.12 Prisoners should be allowed a free telephone call to inform their families of impending transfers, subject to a security assessment.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.13 The reception area was small and poorly laid out. The design of the interview area led to an air of intimidation, with staff placed much higher than the prisoner being interviewed. First names or titles were not routinely used, although staff were generally courteous and efficient. Cell sharing risk assessments were not conducted in private. Holding rooms for vulnerable prisoners were small, bare and unsuitable for the long periods that they were in use. Most new prisoners were located on the first night centre, but this was not always the case because of inappropriate use of this accommodation. The induction programme involved a large amount of information being communicated in a long presentation.

Reception

- 1.14 The small and poorly laid out reception was accessible only by a flight of stone steps at the front of the building. This posed a problem for older prisoners and those with restricted mobility, who underwent reception procedures in the healthcare department. Prisoners were initially interviewed by the senior officer in charge of reception to ensure correct identification, receive any relevant information and check on the prisoner's well-being. This handover was comprehensive. In our survey, only 50% of prisoners said that they were treated well or very well in reception, against the 59% comparator and 54% in the 2004 survey. Only 28% of black and minority ethnic prisoners said that they were treated well or very well in reception, compared with 57% of white prisoners.
- 1.15 Telephones could not be used until prisoners had been located on the residential units, where 50 pence was put onto their PIN credit free of charge. This had recently been increased to £2, with £1.50 recoverable by the prison from future earnings or private cash. When prisoners

arrived late in the day, there was no guarantee that they would be able to use the telephone before being locked up for the night. In our survey, 43% of prisoners reported difficulty in contacting their families in the first 24 hours, against the 33% comparator.

- 1.16 The initial holding room for prisoners was a bare room, with benches around the wall. It had been decorated since our pre-visit but was still waiting for a television to be installed. It contained no information about the prison and no books, magazines or newspapers.
- 1.17 Vulnerable prisoners were held in small cubicles, with nothing to do for long periods, and were usually allocated to the wing only after the main reception holding rooms had been cleared.
- 1.18 All new and transferred-in prisoners were interviewed by an officer and a cell sharing risk assessment (CSRA) completed. These interviews were conducted from behind a tall desk, with the officer standing on a wooden box, placing the officer significantly higher than the (standing) prisoner. The design of this desk created an air of intimidation. The CSRA was conducted in full view of anyone passing through or working in reception, including the orderlies.
- 1.19 Reception was well staffed with experienced and efficient officers. The searching area was in the main thoroughfare and consisted of two booths, a body orifice security scanner (BOSS) chair and an X-ray machine. Searching was conducted sensitively. Prisoners were required to squat during searches only when there was prior intelligence or reasonable suspicion. No prisoners were required to squat during the strip searches we observed, and no records were maintained of instances when prisoners had been required to squat during searches. Prisoners responded positively about the way they were searched in reception, although less positively than at the time of the previous inspection.
- 1.20 Reception staff were business-like but courteous. The use of surnames was mostly routine, with only a few instances of titles or first names being used. Prisoners were routinely asked if they were new to custody. There was a policy for managing vulnerable prisoners, and staff were aware of it.
- 1.21 Prisoners were seen by health services staff in an appropriate private room to the rear of the reception area.
- 1.22 The reception orderlies were all trained as Insiders, and during the inspection there was a Listener on duty each afternoon and evening. There was a quiet room in which the Listener could speak to prisoners, but the Listeners we observed were not proactive in engaging with prisoners and the new prisoners we spoke to were not aware of what a Listener was.
- 1.23 All new prisoners seen by the first night staff (including those requiring the integrated drug treatment system (IDTS)) were interviewed away from reception in the adjacent IDTS reception area. This was a clean and comfortable area where staff sat with prisoners to complete the first night questionnaire and answer their queries. Prisoners then returned to the reception holding room to await location on the residential units.
- 1.24 With the exception of court returns, reception staff were not able to move prisoners on to residential units as soon as they were ready, as the process involved a first night interview with staff from the first night centre. These staff routinely arrived after 2.30pm, so newly received prisoners could spend long periods in a holding room. During the inspection, one prisoner arrived from Cardiff at 10.05am and was still waiting to be interviewed and located at 3.30pm.

- 1.25 In our groups, vulnerable prisoners told us that they had had to wait longer in the reception area than prisoners on main location, and that they had been left until last to be located. This was further evidenced by discussion with staff and interviews with prisoners.

First night

- 1.26 Most prisoners were located on A4 (the first night centre). Prisoners requiring IDTS were located on C3, and vulnerable prisoners on D wing. Due to the policy of moving vulnerable prisoners to D wing after mainstream prisoners had left reception, there was often insufficient time to ensure that first night procedures were completed for these prisoners. Prisoners received late on to D wing were allocated to a cell with a cell mate deemed by staff to be suitable, and then moved again the next day.
- 1.27 The first night risk assessment was conducted in private by first night centre staff. The proforma became the initial history sheet for the prisoner's wing file and dealt with his immediate needs. The interview was thorough and professionally conducted. Listeners were not present in the first night centre.
- 1.28 There was not always enough space on A4 for it to be used as a first night centre because the landing was used to house cleaners and some prisoners who were difficult to manage. During the inspection, only 10 of the 29 available spaces were being used as designated. A number of prisoners had been moved to A4 from the segregation unit and healthcare department, as well as one young adult who, although well cared for by the A4 staff, was inappropriately located. One new reception, who had arrived from court with a long sentence and on an open assessment, care in custody and teamwork (ACCT) document, was located on A2 because of the shortage of spaces available on A4.
- 1.29 Smokers' and non-smokers' packs were issued by A4 staff, in addition to letter-writing materials and information about the establishment. In our survey, only 74% of prisoners said that they had received one of these packs, against the 83% comparator, but this was significantly better than in our 2004 survey (50%).
- 1.30 Showers were available on the first night centre, and prisoners were offered them, providing that they had not arrived late in the day, but in our survey, only 10% of respondents said that they had been able to shower on the first night, against the 35% comparator. Significantly more vulnerable prisoners than prisoners on other wings reported having had the opportunity to shower on their first night (17% versus 9%).
- 1.31 In our survey, prisoners reported significantly more negatively than the comparator about having been asked in the first 24 hours if they needed help with housing, contacting employers, contacting family, money, feeling depressed or suicidal, health, protection or accessing telephone numbers. Only 60% of black and minority ethnic prisoners said that they had felt safe on the first night, compared with 76% of white prisoners.

Induction

- 1.32 The induction programme was conducted over a two-day period by staff from the offender management unit on the day after reception (including Saturdays). Prisoners who had been in prison before were given the opportunity to opt out. There were records in prisoners' wing files of whether induction had been declined or completed. However, many prisoners who said that they had not received an induction were recorded as having completed one.

- 1.33 The induction presentation explained the rules and regime and was supported by a long PowerPoint presentation and an induction booklet, which was available only in English. Many prisoners we spoke to did not recollect having received a formal induction but remembered being given a lot of information in a short time. Prisoners were given a copy of the presentation but most we spoke to said that they had thrown it away and not read it.
- 1.34 Information was available in the induction portacabin in a range of languages. The prison also used professional translation services but the information available was not as comprehensive as the locally produced induction booklet. Listeners had no involvement with the induction process.
- 1.35 Prisoners responded significantly more negatively than the comparator about having had an induction (44% compared with 76%). The quality of the programme delivered on A wing was not replicated on other wings where prisoners could be located on arrival. Vulnerable prisoners on D wing were given the induction booklet and some reported having received the PowerPoint presentation on a laptop, as did prisoners on the IDTS wing.

Recommendations

- 1.36 Prisoners with restricted mobility should be able to access the reception area.
- 1.37 Telephones to contact families should be made available in reception for those arriving late in the day.
- 1.38 Holding rooms should contain reading material.
- 1.39 Vulnerable prisoners should be held in suitable holding rooms.
- 1.40 There should be a television in all holding rooms, with information about the establishment.
- 1.41 Cell sharing risk assessment interviews should be conducted sensitively and in private.
- 1.42 Searching should be conducted in a discrete area.
- 1.43 Staff in reception should refer to prisoners by their preferred name.
- 1.44 Listeners and Insiders should actively assist new prisoners to settle in throughout the reception and first night process.
- 1.45 Prisoners should spend the minimum amount of time in reception on arrival.
- 1.46 Vulnerable prisoners should be located on D wing with sufficient time to carry out first night procedures fully.
- 1.47 Listeners should be more actively involved in the first night process.
- 1.48 All prisoners should have access to smokers' and non-smokers' packs on arrival.
- 1.49 All prisoners should be offered a shower on their first night.

- 1.50 Managers should explore the reasons for prisoners' poor perceptions of safety on their first night.
- 1.51 All prisoners should undergo an induction programme and it should be of sufficient quality to ensure that they have key information in a user-friendly format.
- 1.52 Translated induction information should be equivalent to that available in English.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 External areas were clean, with the exception of pigeon droppings. Communal areas were well maintained. Internal areas were well decorated, although there was some graffiti in cells and recesses. Most of the cells were shared, despite having been designed for single occupancy. There was inadequate screening of in-cell toilets and prisoners ate in cell. Prisoners were able to access showers regularly, and with sufficient privacy. Opportunities for prisoners to wear their own clothes were restricted to remand and enhanced convicted prisoners and, despite recent investment in prison-issue clothing, some prisoners were wearing damaged clothes. Young adults were nominally allocated to G wing but this was not as a consequence of any specialist staff or regime there. They were not subject to any particular assessment or planning. There were inconsistencies in the delivery of incoming and outgoing mail, due to staff redeployment. Access to telephones was poor on C wing, as time unlocked was insufficient.

Accommodation and facilities

- 2.2 The external areas of the prison were clear of litter. There was a problem with pigeon droppings, which prevented the healthcare exercise yard from being used, although the segregation unit yard which was being used instead seemed little better. Internal areas were also clean and well maintained, although cramped.
- 2.3 The prison was overcrowded. Most cells across the prison were designed for single occupancy but were shared. Shared cells were cramped and there was no privacy when using the toilet. With the exception of those on D wing, toilets were in a poor state, with discolouration below the water line. Prisoners ate in their cells, and few of the toilets had seat covers. B wing was the only wing where all accommodation was single cell and prisoners had night sanitation arrangements.
- 2.4 The cells across the prison were in a reasonable state of decoration. There was some graffiti on the back of communal toilet doors and a limited amount in cells, especially those in which prisoners were first located, but there was a programme of decorating and refurbishment. There was a problem with the temperature in some cells, which were very cold during the inspection. We were told that windows on A and G wings had been smashed during the summer for ventilation, as cells had been excessively hot. Perspex patches had been placed on these panes to cover the holes.
- 2.5 Young adults could be located on any wing, despite G wing being designated as the young adult wing, and were most likely to be in shared accommodation, potentially with an older adult and without any age-specific consideration of his suitability. Even though the cells on G wing had been specified as being for sentenced young adults, there were no special arrangements there or staff designated to work with young adults. When young adults were located elsewhere, no risk assessment or planning was involved. Young adults were usually moved from G wing as a result of them being involved in incidents, being in need of detoxification or

as a result of being bullied. A needs assessment for young adults had been carried out in 2009 and had resulted in action identified as being necessary for this group. It did not address issues of risk assessment or individual care planning.

- 2.6 During the inspection, cell call bells were generally answered quickly, and a cell bell rung by an inspector was answered within five minutes. However, fewer prisoners in our survey than at comparator prisons said that their cell bell was responded to within five minutes (23% compared to 37%), and this was also worse than at the time of the previous inspection (34%). Prisoners in our groups were also negative about how long it took for a call to be answered, especially at night. There was an automated call bell system for the segregation unit, and management checks had been introduced.
- 2.7 There were no problems in accessing televisions. However, the television shelves in some cells were above the top bunk. This resulted in the occupant of the lower bunk being unable to see the television unless it was placed on top of a locker in front of the cell door, raising health and safety concerns.
- 2.8 There was an offensive display policy, but it was not clearly displayed in any of the residential areas. Some prisoners were not clear about what they were allowed to have on display in their cells and the formal policy was not applied consistently across residential units.
- 2.9 There were up-to-date notices displayed in residential areas, but these were exclusively in English. There was no provision made for prisoners who were not able to read the notices due to eyesight, or literacy or language problems.
- 2.10 The correspondence office did not have sufficient staff regularly deployed. While incoming mail was usually delivered to the prison by 9.30am, sometimes it was as late as 1.30pm. There was no restriction on the quantity of mail coming in and out. Only legitimate checking and censoring were carried out. Correspondence staff showed an awareness of prisoners subject to public and child protection measures or harassment orders and had a good system of monitoring and recording. On one day during the inspection, it was not possible to issue the mail, as the area was short staffed, partly due to extreme weather conditions. In our survey, 57% of respondents said that they had problems sending or receiving mail, against a comparator of 43%.
- 2.11 Recorded mail was registered correctly but routinely repackaged in prison envelopes. The 'email a prisoner' scheme had been running for approximately five weeks at the time of the inspection, and there was, as yet, limited take-up. There was a clear audit trail for all legally privileged mail. The records of when such mail had been opened in error showed only one such instance during the previous six months.
- 2.12 The cost of prisoners' phone calls was still expensive, at 10 pence per minute to land lines, and 37.5 pence per minute to mobile telephones on Monday to Friday and 20 pence at weekends. Residential staff unlocked prisoners during the day to use the telephones, on application. There were notices next to all telephones informing prisoners that their calls might be subject to monitoring, although none were in any languages other than English. All telephones had privacy hoods. Although there were enough telephones to allow a ratio of one to 20 prisoners, prisoners on the bottom floor of C wing had insufficient time unlocked to allow proper access.

Clothing and possessions

- 2.13 Only remand and convicted prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme were able to wear their own clothes. The quality and quantity of prison-issue clothing varied around the prison, and only 33% of prisoners in our survey said that they were offered enough clean suitable clothing each week, against the 49% comparator. Despite recent investment in prison-issue clothing, we saw prisoners wearing damaged and ill-fitting clothing and there was regularly too little to meet their needs. The facilities list was held in wing offices.
- 2.14 All stored property was held securely in reception. The store was well ordered and clean. Applications for items from stored property were well managed and there had been no compensation payments made in the year before the inspection.
- 2.15 Each wing had its own laundry for washing personal clothing and prison-issue underwear. In some cases, laundry orderlies washed prison-issue clothing. D wing orderlies laundered all of its prison-issue clothing in order to prevent malicious damage. There was no industrial tumble dryer.
- 2.16 All prisoners on discharge were issued with a green prison-made shoulder bag. There was the facility to launder clothing before court appearances and discharge, but not for clothing to be laundered before storage.

Hygiene

- 2.17 The prison employed a large number of cleaners, and communal areas were well maintained. Showers were mainly clean, well decorated and in good condition, and offered privacy to those using them. There was insufficient hot water at main showering times, as the system was not adequate for the number using it.
- 2.18 Prisoners could exchange one sheet each week. There was no system to provide older prisoners or those with a disability with additional clothing or bedding. Some mattresses were in a poor state and the system for replacements was unclear and slow.

Recommendations

- 2.19 Methods for deterring pigeons from perching on the buildings should be improved and their droppings cleared.
- 2.20 Cells designed for one prisoner should not be used to accommodate two.
- 2.21 Age-appropriate risk assessments should be carried out to ensure the safety of young adults.
- 2.22 Prisoners' perceptions of poor response times to cell call bells should be investigated through night as well as day management checks.
- 2.23 Television shelves should be sited to enable both prisoners in a shared cell safely to watch the television.
- 2.24 Prisoners should be able to wear their own clothes.

- 2.25 Sufficient prison-issue clothing should be issued to meet the needs of prisoners.
- 2.26 Sufficient equipment should be provided for wing laundries.
- 2.27 The hot water system should be upgraded to provide sufficient hot water.
- 2.28 Outgoing mail should be posted out and incoming mail distributed on the same day it is received.
- 2.29 The cost of prisoners' telephone calls should be reduced.
- 2.30 All prisoners should have equitable access to telephones.
- 2.31 Key notices should be provided in a format suitable for prisoners unable to read through eyesight, literacy or language problems.

Housekeeping points

- 2.32 Mail should be left in the envelopes in which it is received unless there are security reasons for not doing so.
- 2.33 All toilets should be deep cleaned regularly.
- 2.34 The offensive display policy should be displayed throughout the establishment and applied consistently.
- 2.35 Prisoners should be given the opportunity for clothing to be laundered before storage.
- 2.36 Additional clothing and bedding should be available for older prisoners and those with disabilities.
- 2.37 There should be a clearly publicised and efficient process for mattress exchange.

Staff–prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.38 Staff–prisoner relationships were mostly good but did not help with resettlement issues. Most prisoners said that most staff treated them with respect. We observed mainly positive engagement on residential units. Consultative arrangements were not sufficiently focused and outcomes not always evidenced or publicised. Prisoner representatives offered good additional peer support and advocacy.

- 2.39 Most staff we observed and talked to were positive about their relationships with prisoners. Most said that they saw their key role as meeting prisoners' basic needs and ensuring that the regime operated reliably. They also told us that they felt responsible for a range of issues relating to prisoners, from ensuring their physical safety to answering applications and supporting their relationships with their families. Most staff were responsive to prisoners approaching them, either for a general conversation or more specific requests for help.
- 2.40 We observed staff modelling the behaviour they expected from prisoners and responding to challenges well. The use of titles, first names and nicknames was mixed but many prisoners knew and used the full names of staff. Relationships on A, B and D wings were particularly positive. In our survey, significantly more than the comparator said that most staff treated them with respect (76% compared with 68%) and this was also better than at the previous inspection (63%). Young adults, black and minority ethnic and foreign national prisoners were less positive than their adult, white and British national counterparts. A similar number of prisoners to the comparator said that they had a member of staff they could turn to for support (76% compared with 68%) but black and minority ethnic prisoners were again less positive than their white counterparts.
- 2.41 Staff engaged well with prisoners during association, meal times and movement. They dealt appropriately with issues that prisoners brought to them, ensuring that issues were mostly effectively followed up (see section on applications and complaints). Senior managers were focused on ensuring positive interactions between staff and prisoners, and a senior manager was always present at consultative meetings. Prisoners knew who the senior managers were.
- 2.42 Staff did not always knock before entering cells but generally explained why they were entering.
- 2.43 Staff were not sufficiently proactive in encouraging prisoners to engage in activities, mainly because the opportunities were limited. Although remand prisoners could work if they wanted to, the expectation was that they probably would not. Some staff were unable to help prisoners with resettlement issues, as they were unaware of what services were available or how to access them.
- 2.44 Staff were generally skilled in challenging inappropriate conduct and appeared confident to do so. While we saw occasional examples where formal measures had been taken in such cases through the IEP scheme, with no evidence of personal engagement with the individual prisoner, this was rare and we observed many examples of staff explaining to prisoners the standards of behaviour expected and giving them a chance to change before taking more formal action.
- 2.45 The encouragement of, and support for, prisoners to take responsibility was mixed. Prisoners were encouraged to follow procedures for arranging appointments and internal matters, and the use of peer supporters was developing. However, there was a disparity between trusted prisoners who often had full-time jobs and several peer support roles and a large minority who had neither work nor a more social role. While some prisoners were aware of the consultative committees and how to have their point made through the representatives, more were unaware of how they could contribute and did not know what had happened as a consequence of any consultation. Minutes were unclear as to what action had been taken against outstanding matters and were not communicated to prisoners. The peer representatives undertook some good work and in some cases offered effective advocacy for those they represented.

- 2.46 There had been regular monthly consultative committees about a range of residential issues, and additional forums were also held, but in our groups and individually prisoners did not feel that these had been productive. Minutes of these meetings did not always show action being taken between meetings, or the outcome of any action. Minutes were publicised in some areas but not in an accessible way.

Recommendations

- 2.47 Staff should be fully aware of the employment, education and training opportunities available for prisoners and encourage them to engage with what is available.
- 2.48 Staff should be fully aware of the resettlement services available for prisoners and be able to refer them to relevant agencies.

Housekeeping point

- 2.49 Officers should knock before entering cells, except in emergencies.

Personal officers

Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.50 There was a reasonable personal officer scheme. The standard of personal officer understanding of their role and caseload varied widely. Personal officers were involved in day-to-day matters relating to prisoners but had a limited role in categorisation, sentence planning and progression, and preparation for release.
- 2.51 There was a reasonable personal officer scheme. In our survey, significantly more prisoners than the comparator (60% compared with 42%) said that they had a personal officer but a similar number (60% compared with 63%) said that they found them helpful. Senior managers placed an emphasis on prisoners knowing who their personal officer was, and it was written on their cell cards. However, while some personal officers were seen as proactive and a main source of advice and support, others were seen as unavailable during night shifts or as being disengaged. Some staff introduced themselves as an individual's personal officer but many did not. Personal officers were allocated on a cell location basis. Most prisoners told us that they had someone they could approach, even if this was not their allocated personal officer.
- 2.52 Some personal officers we spoke to knew little about the individuals on their caseload, while others showed a good level of knowledge about the prisoners in their care, although these officers tended to be those who knew most prisoners on their wing. Most officers we spoke to said that their role was not to support reintegration into the community but to refer prisoners to offender supervisors and signpost them to resettlement services. Personal officers were involved in day-to-day matters relating to prisoners, such as IEP and assessment, care in custody and teamwork (ACCT) reviews, but had a limited role in categorisation, sentence planning and progression, and preparation for release.

- 2.53 Personal officers' understanding of issues of concern to prisoners varied. Some had ensured that prisoners had access to additional telephone calls when personal circumstances warranted it. A prisoner representative had ensured that a distressed foreign national prisoner received help from the foreign national coordinator in telephoning his wife when she had been attacked. There was little evidence of direct engagement by staff with families.
- 2.54 Personal officer entries in history files were made regularly and all but one of the files we reviewed were up to date. The comments varied widely, from detailed and informative to unhelpful one-line entries. Entries were weekly, but were sometimes made by a large number of different staff, militating against a good personal officer relationship. Some personal officers had been allocated a series of cells but were no longer on the wing to carry out personal officer duties. This was mitigated by other staff standing in and undertaking any work required.

Recommendations

- 2.55 All personal officers should introduce themselves to those on their caseload as soon after arrival as possible.
- 2.56 The role of the personal officer should be extended to understanding prisoners' identified needs, supporting them in achieving targets set, following up referrals and supporting reintegration into the community.

Housekeeping point

- 2.57 Personal officer allocations should be kept up to date with the staff designated to each wing.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 The prison placed a strong emphasis on violence reduction and had launched a new strategy in 2009. Most prisoners felt safe, and staff were quick to challenge bad behaviour. There were some good quality investigations into incidents, and perpetrators of violence were required to look at their behaviour. Some guidance for staff was over-complicated but most staff were aware of the strategy and their responsibilities within it.
- 3.2 A new violence reduction strategy had been launched in 2009 and covered all areas of violence reduction in depth, including the management of anti-social behaviour, guidance to staff and the prison's cell sharing risk assessment policy. The prison had placed a strong emphasis on violence reduction and promoting anti-bullying initiatives. Bullying and violence reduction came under the wider safer custody umbrella, and two full-time safer custody managers were responsible for the delivery of the strategy on a day-to-day basis.
- 3.3 In our groups and individually, prisoners said that they felt safe at the establishment. Forty-one per cent said that they had felt unsafe at the establishment at some time, but only 16%, better than at other local prisons, said that they felt unsafe at the moment. Responses from foreign national prisoners and those with disabilities were poorer, with over a third saying that they felt unsafe at the moment.
- 3.4 Violence reduction was well promoted, with a range of material displayed throughout the communal areas. The safer custody team, which was also responsible for self-harm and suicide, was visible and proactive around the prison. The team was aware of all prisoners either on anti-social behaviour monitoring or under investigation and was active in supporting staff and prisoners.
- 3.5 Staff from residential areas, were detailed daily to anti-social behaviour work – for example, working with prisoners identified as perpetrators to complete workbooks and supporting victims. Safer custody managers also visited all areas daily to examine wing observation books, and security information relating to violence was passed to the safer custody administrator every day and was subsequently investigated.
- 3.6 There had been a total of 348 incidents in 2009, up to the end of November. This compared with 267 over the same period in 2008. These included assaults, injuries, use of force and unexplained injuries. The quality of investigations was high and all incidents we looked at were investigated quickly and thoroughly, often within a day, by the senior officer on duty. The prison operated a zero tolerance policy in regard to violence and anti-social behaviour, and prisoners we spoke to individually and in groups said that bullying and poor behaviour was quickly dealt with by staff.

- 3.7 The prison incident recording system had logged few serious assaults or fights. The number of serious assaults had reduced during 2009, month on month, and that of other indicators of violence, such as unexplained injuries, was small, but the recording systems linked to the violence reduction strategy were too new to compare longer historical trends.
- 3.8 The prison had an anti-social behaviour policy which consisted of four stages: observation, close supervision under the incentives and earned privileges scheme, removal to good order and transfer. Most prisoners did not progress from stage one, under which they knew they were being monitored. The second stage consisted of some intervention work, where prisoners were required to complete workbooks which examined their behaviour and response to conflict. These books had been constructed by the psychology department and were examined after closure for analysis of the answers and learning points for staff working with these individuals.
- 3.9 Violence reduction was monitored as part of the safer custody meeting. Statistics were examined by age, time and ethnicity. The committee also examined the quality of the investigations and the day-to-day monitoring of violence indicators, and trends were identified and discussed. The prison had started to capture information through exit surveys but these had not been in place long enough to identify any areas requiring attention.
- 3.10 At the time of the inspection, seven prisoners were being monitored under anti-social behaviour measures, of whom four were perpetrators, one was a victim and a further two were being monitored as potential victims and perpetrators. It was clear from the investigations we examined that staff took into account complicating incidents. During 2009, there had been 120 anti-bullying documents opened, of which 66 had been for perpetrators, 50 for victims and four as a result of fights. The documents we looked at were up to date and showed evidence of staff engagement. Senior officers checked these documents daily and were often responsible for the investigation. In addition, the two safer custody managers carried out daily quality checks and quality assurance after closure of the documents. Prisoners were usually managed on normal location, although sometimes they had to be separated from others. In addition to the workbooks, there were interventions available in the diversity and social development functions which were cited in the strategy and available through the education contract.
- 3.11 Families were able to contact the prison in confidence to report any concerns. There was little take-up of this facility, but safer custody staff monitored the telephone line daily and logged all calls.
- 3.12 There were procedures to investigate unexplained injuries. Copies of injury forms (213s) were routinely passed to the safer custody team but it could sometimes be several days before they were received. Safer custody staff carried out enquiries when there were any questions about the nature of the injury, but there was no system for reporting such injuries on the day they occurred.

Recommendations

- 3.13 The prison should carry out a safety survey, which should also focus on minority groups. This should inform the violence reduction strategy.
- 3.14 A system should be introduced to alert safer custody staff to any unexplained injuries as soon as they occur.

Good practice

- 3.15 *The workbooks for perpetrators of anti-social behaviour were regularly scrutinised by psychologists and provided a good opportunity for prisoners to examine their behaviour.*

Vulnerable prisoners

- 3.16 All vulnerable prisoners were located on D wing. At the time of the inspection, the roll on D wing was 80% of capacity. In the past, the segregation unit and healthcare department had been used as an overflow unit for D wing. Most of those located there were vulnerable because of their offence, rather than seeking protection for other reasons, such as debt. All those requesting protection were seen by the duty governor and interviewed by D wing staff to establish the reason and motivation for requesting protection.
- 3.17 Staff-prisoner relationships on the wing were good, and in our survey 76%, similar to the main comparator, said that staff treated them with respect. Although prisoners on D wing reported poorer first night experiences, vulnerable prisoners were more positive than others across the range of respect indicators, such as the environment and relationships with staff.
- 3.18 There had been a recent improvement in activity places, with reasonable employment opportunities for vulnerable prisoners. Employment for these prisoners was restricted to the recycling shop and two workshops, and some education was delivered on site. Some vulnerable prisoners spent long periods at the prison, mainly because of problems in moving category B sex offenders to training establishments, and the prison reported problems with those in denial of their offence.
- 3.19 Vulnerable prisoners were less positive about relationships with other prisoners, and some reported name-calling that went unchallenged by staff. Individually and in our groups, vulnerable prisoners cited the exercise yard and visits as locations where they could receive abuse. In our survey, 17% said that they had had insulting remarks made about them or their family, compared with 8% of other prisoners, although incidents of reported violence were rare on D wing. In our survey, vulnerable prisoners reported less victimisation from staff. Staff were proactive about tackling allegations of unfair treatment and issues such as tampering with the food by following up concerns immediately. They told us that they had good support for vulnerable prisoners from the mental health team.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.20 Self-harm and suicide were covered by an up-to-date policy and managed by two visible and proactive safer custody managers. Assessment, care in custody and teamwork (ACCT) documentation was mostly good and prisoners at risk were managed with care. Incidents of

self-harm had decreased. There was a well-supported group of Listeners but access for young adults was unnecessarily restricted. There was good contact with prisoners' families.

- 3.21 Self-harm and suicide were covered by an up-to-date and detailed policy, which had been updated in 2009, and was managed under the wider safer custody umbrella. It was available on the prison intranet and covered all mandatory Prison Service guidelines; there were separate appendices which covered prisoners in crises and follow-up to deaths in custody. The policy had been informed by a safety survey which had been carried out by the psychology department in December 2008.
- 3.22 There were two full-time safer custody managers, supported by some dedicated administrative staff. The safer custody managers were proactive, well-known to prisoners and visible throughout the establishment daily.
- 3.23 The monthly safer custody committee meeting was mostly multidisciplinary and well attended. Listeners attended on a rota basis and felt that their contributions were valued. The prison gave a high priority to the management of prisoners at risk. There were daily briefings about those being monitored under assessment, care in custody and teamwork (ACCT) documentation and a robust quality assurance process.
- 3.24 Since the previous inspection in 2007, there had been four deaths in custody: three in 2008 and one in 2009. Of these, two had been self-inflicted and two had been from natural causes. There had been reports from the Prisons and Probation Ombudsman (PPO) in response to two of the deaths in 2008. The PPO's findings had been incorporated into a detailed continual improvement plan, which was discussed every month at the safer custody meeting, with action points. This was available on the shared computer directory. There had been one near-death incident in 2009, which had been subject to an internal investigation from health services and primary care trust (PCT) staff, but this had not been shared with the prison. There had also been two deaths on the day after release, of which the prison had been informed, but there had been no follow-up for any issues relating to custody in these cases. The prison had held post-inquest debriefs in cases where an inquest had been held, and had identified learning points which had been incorporated into its action plan.
- 3.25 At the time of the inspection, there were five prisoners on open ACCT documents. Prisoners' families were regularly involved in such cases. Prisoners on an open ACCT document were asked if they would benefit from family involvement, and contact was made through the safer custody manager and logged in the ACCT document.
- 3.26 The quality of ACCT documentation was mostly good. Most documented a level of interaction with prisoners, but in others there was focus on observation rather than the recording of any conversations. Initial assessments showed an in-depth understanding of the prisoner, and care maps were mostly time-bound, with actions attributed to individuals. There was a robust quality assurance process, which examined at least 10% of ACCT documents according to detailed guidelines and took into account both the quality of the ACCT and compliance with dates and audit paperwork. The safer custody managers also checked all open ACCT documents daily.
- 3.27 Nightly observations of those on open ACCT documents were predictable, with hourly observations on the hour. Case reviews were well attended. Those we observed were carried out in a caring and pragmatic manner, with staff who often knew the prisoner well. All ACCT documents were followed up seven days after closure, with additional follow-up 28 days later if staff had any remaining concerns. The safer custody managers also received weekly discharge lists and saw all those being discharged who had been on an open ACCT document, in order to ascertain if any other support was required. When a prisoner was

transferred to another prison on an open ACCT document or if there were any safer custody concerns, the receiving establishment was given details of his care plan and any issues arising. Information was routinely passed on to hostels if prisoners were going out on licence, and sometimes to families if there had been previous contact.

- 3.28** There had been 390 ACCT documents opened in 2009, which included 30 from other establishments. There had been just over 100 acts of self-harm in the year to date, which was a significant reduction on 2008 (174) and 2007 (169). Some of these had involved multiple incidents from a single prisoner; for example, 10 prisoners had been responsible for 56 incidents.
- 3.29** Some ACCT documents had been opened as a preventative measure – for example, if the individual was in prison for the first time and facing a serious charge. There were a number of safer cells, with restricted ligature points, located around the prison but they were not frequently used; the more common practice was to place at-risk prisoners in shared accommodation. There were a number of gated cells in the prison but only the one in the healthcare department had been used, on 14 occasions over the previous 12 months. In eight of these cases, prisoners had been held for a day or overnight, but the cell had also been used for longer periods (one prisoner had been held for nine days). Staff working in the area on constant observations were given detailed guidance about what was expected of them. There was no evidence that prisoners were being deprived of their normal clothing, and the cell was furnished.
- 3.30** There was a team of six Listeners, all of whom were adults, and they operated a rota system which covered the prison. The Listeners we spoke to felt supported and valued by the prison, but also stretched. The team met weekly with the Samaritans, and these meetings were always attended by a member of the safer custody team. The prison had recognised that there was a shortage of Listeners, and a further 15 prisoners were due to start training with the Samaritans shortly after the inspection. The prison operated a system whereby young adults were not able to access the Listeners; they were restricted to use of the Samaritans telephone. This was justified as a public protection measure but was unnecessary. In our survey, only 38% of young adults, compared with 61% of adults, said that they were able to access a Listener when they needed one.
- 3.31** Some minority groups also felt less confident about seeking help. For example, fewer prisoners from black and minority ethnic backgrounds than their white counterparts said that they could speak to a Listener at any time, and fewer had a member of staff they could turn to for help. However, prisoners with a disability and foreign nationals reported similar experiences to others. The arrangements for dealing with non-English-speaking foreign national prisoners who required support were unclear. Although interpreting services were sometimes used, the prison also used other prisoners to translate informally, which did not provide confidentiality.
- 3.32** Listener callouts averaged just over 40 a month. They had access to care suites located on A, C and D wings. These were clean, and the one on D wing had a calming environment but was sparsely furnished. These suites were sometimes used but more often Listeners carried out their work in cells. They told us about delays in being collected after a callout, particularly when it involved a visit to the healthcare department. In our survey, prisoners were more negative than at comparator prisons about access to Listeners in the first 24 hours, with only 8% (against the 26% comparator) saying that they had seen a Listener. This was reflected in some poorer perceptions about first night procedures (see section on first days in custody).
- 3.33** A Samaritans telephone was available in a central location and had been used 45 times in 2009. There was also a back-up telephone. When we checked the Samaritans telephone, it

was working but had not been charged. Some prisoners trying to use the telephone had not been able to get a signal.

- 3.34 Around 88% of staff had been trained in suicide awareness, including operational and non-operational staff. All the staff we spoke to were aware of their roles and responsibilities in this regard. Residential support was mainly good and there was evidence of prisoners in crisis receiving personal attention and distractions such as work and activities. D wing (vulnerable prisoners) had a distraction box, with various activities, and all senior officers carried a float of PIN telephone credit for urgent and compassionate calls. The night staff we spoke to had been trained, carried anti-ligature knives and were prepared to enter a cell in an emergency.

Recommendations

- 3.35 All serious incidents should be investigated and any lessons learned incorporated into the management of self-harm policy.
- 3.36 Young adults should have equitable access to Listeners.
- 3.37 Assessment, care in custody and teamwork (ACCT) procedures for foreign national prisoners should offer sufficient confidentiality.
- 3.38 Night-time checks of prisoners on open ACCT documents should be intermittent and unpredictable.

Housekeeping point

- 3.39 The Samaritans telephone should be charged after use.

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.40 Prisoners had good access to application and complaint forms. There was no tracking system for applications but the system was straightforward. Complaints were responded to promptly and responses were polite and to the point, although the complainant was not always addressed by name. There was good monitoring of complaints data.

- 3.41 Application and complaint forms were freely available on the residential wings. A locked box for complaints was emptied daily by the complaints clerk. Applications were handed to staff directly. In our survey, 54% of respondents, significantly more than at comparator establishments, said that applications were dealt with fairly and promptly. Prisoners were more positive in our survey about complaints being dealt with promptly than at comparator prisons. The sample we looked at had all been responded to quickly.
- 3.42 The prison had a straightforward application system, whereby prisoners filled in a form and were given a receipt. This was then logged in a general applications book. It was not always

possible to ascertain whether a reply had been received. An average of 130 complaints was received each month, some of which related to applications which had not been answered. The prison's monitoring indicated that over 99% of complaints were consistently answered within seven days. Responses were of good quality, with the majority polite and addressing the issues raised, although some did not address the complainant by name. All replies were returned in an envelope. Analysis of complaint data took place during the senior management team meeting. A sample of complaints was assessed by the head of performance.

Recommendation

- 3.43 The application system should be able to track replies to applications.

Housekeeping point

- 3.44 Replies to complaints should address the complainant by name.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

- 3.45 There was a good legal rights service. All prisoners were seen soon after arrival. There was a full-time bail information officer, with access to bail addresses. The legal services officer provided contacts with appropriate legal advisers. Legal visits were available in private rooms but contact with solicitors for some prisoners was difficult. Recalled prisoners were seen promptly, advised of the reasons for their recall and assisted in challenging the decision if this was required.
- 3.46 There was a full-time legal rights officer, who was formally trained, and a full-time bail information officer. Between them, they saw all newly received prisoners the day after arrival. In our groups, many prisoners were complimentary about the legal service provided.
- 3.47 Sentenced prisoners were asked about any legal matters which they wished to pursue during their time at the prison, including appeals, family cases and civil matters. The legal services officer contacted solicitors to ensure that appeals were being progressed and provided the relevant paperwork for prisoners who wished to make applications to courts. Prisoners requiring assistance were helped to complete paperwork and had processes explained to them.
- 3.48 The legal services officer held a list of legal advisers, arranged according to their specialism and location, so that prisoners could be put in touch with an appropriate service. For issues about immigration status or asylum, the legal services officer liaised with the foreign nationals coordinator.
- 3.49 Prisoners who wished to pursue their own cases were enabled to do so and provided with stationery and stamps free of charge. There were several law books in the library and the legal services officer downloaded information from the internet.

- 3.50 The bail information officer saw all new unconvicted remand prisoners and offered help to make a bail application. He contacted their solicitors to obtain the information required for accommodation applications and used probation hostels and the ClearSprings accommodation service to seek an address. In the previous year he had placed 18 prisoners in ClearSprings accommodation and three in probation hostels.
- 3.51 Legal visits in private rooms were available and prisoners could obtain free legal letters but were required to use their own funds to telephone solicitors, except in cases of hardship. In our survey, fewer prisoners than in comparator establishments told us that it was easy to communicate with their legal representative (36% compared with 41%). This was related to the difficulty for many prisoners of making a telephone call during the day.
- 3.52 Recalled prisoners were seen promptly by the legal services officer and recall packs were received within a week of reception in most cases. When there had been delays, the recall clerk had been proactive in chasing the papers. The legal services officer explained to recalled prisoners the conditions of the recall and how they could appeal the decision, and liaised with their solicitors.

Recommendation

- 3.53 Prisoners should be provided with time during the day to contact their legal representatives.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

- 3.54 Prisoners were positive about the chaplaincy team, but they had to apply to attend weekend services, and there were inconsistencies in unlocking them. Statutory duties were carried out on a rota by members of the team. Good pastoral care was provided, particularly to support prisoners through significant events and help them to maintain contact with family and friends. Community engagement was underdeveloped.
- 3.55 A member of the chaplaincy team saw all prisoners on admission and provided them with information about the work of the team and times of services, and a member of the team was accessible seven days a week. There was poor recording of prisoners' religious faiths, and at the time of the inspection over 400 (73%) prisoners were recorded as having no religion. This did not, however, preclude prisoners from accessing a member of the team or attending services. Efforts had been made to ensure that the needs of individuals from all backgrounds were properly met, but there was no Sikh chaplain.
- 3.56 Statutory duties were carried out on a rota basis by members of the team, which consisted of a full-time coordinating chaplain, two part-time Roman Catholic chaplains, a Muslim chaplain, who worked 18 hours a week, and a part-time Anglican chaplain. All other provision was undertaken on a sessional basis.

- 3.57 Significantly fewer prisoners than at comparator prisons said that their religious beliefs were respected (44% compared with 54%) and that they were able to speak to a religious leader of their faith in private (51% compared with 57%). Prisoners we spoke to were positive about the chaplaincy team, but had to put their name down to attend weekend services, and we were told by members of the chaplaincy team that there was inconsistent unlocking of prisoners to attend weekend worship. Prisoners had to choose between exercise on Saturday and attending mass.
- 3.58 There were 21 prisoners registered as Muslim and approximately 15 attended Friday prayers in the multi-faith room, which was also used by other denominations. The Muslim chaplain had been in post for six months and delivered a Muslim class before prayers. Prisoners from D wing had equal access to weekend services, and they were conducted separately to the chapel. The chaplaincy team did not provide any evening classes but delivered a four-week foundation for living course on each of the wings during the morning.
- 3.59 The chapel was well used for services and by other departments in the establishment. It was a pleasant environment. Staff and prisoners were aware of religious artefacts that could be kept in possession. Major religious festivals were actively promoted. Chaplains were active and visible in the establishment and were represented on key committees.
- 3.60 Pastoral care was provided, particularly to support prisoners through significant events and help them to maintain contact with family and friends. We were told by the chaplaincy team that new prisoners regularly asked them to notify their family and friends of their whereabouts, seemingly because they had not received a free telephone call on arrival (see section on first days in custody). The chaplaincy team had recruited 11 volunteers to visit prisoners.
- 3.61 Community engagement was underdeveloped. Prisoners were supported in developing links with faith communities on release but this was done on request.

Recommendations

- 3.62 Prisoners should not have to apply to attend weekend services.
- 3.63 Regime activities should be scheduled to enable prisoners to attend corporate worship.
- 3.64 Prisoners who wish to attend weekend services should be unlocked in time to attend, and this should be monitored.
- 3.65 Links should be made with faith communities outside the prison to meet prisoners' individual needs.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

3.66 The integrated drug treatment system (IDTS) was well established, with several innovative and successful additions to the normal service. Clinical treatment started on C wing, which was dark and in a poor state of decoration. A relapse intervention team had been established, and, although the workers were in need of further training, they had achieved some positive outcomes. The random mandatory drug testing (MDT) positive rate was below target, and while the MDT suite was in need of repair and separation from compact-based drug testing facilities, the establishment was making positive steps to tackle the supply of drugs.

Clinical management

- 3.67** The integrated drug treatment system (IDTS) had been implemented in May 2008. External funding had been secured to establish a reception room, where newly arrived prisoners identified as needing the IDTS were taken for their initial drug screening and to see the GP. The room had a relaxed atmosphere, with comfortable seating and tea- and coffee-making facilities. Drug services information leaflets were available for prisoners to take away and drugs awareness DVDs were shown on a TV screen. Prisoners waited there before being shown into one of two private interview rooms, firstly to see the GP and then an IDTS nurse. Staff and prisoners told us that this relatively simple facility had made a significant difference in reducing the stress and anxiety often felt by drug-using prisoners arriving at the establishment.
- 3.68** At the time of the inspection, 146 prisoners were receiving opiate substitution treatment, which was individually tailored to need. Of these, 85 were on maintenance doses of methadone, 20 were reducing methadone and 41 were on Subutex. A further 11 were detoxifying from benzodiazepine tranquillisers and nine from alcohol.
- 3.69** The drug treatment unit was housed on C wing, which, while providing a reasonably supportive environment, was dark and in a poor state of decoration.
- 3.70** The clinical treatment team comprised a band seven nurse prescriber/manager, a band six nurse, up to 11 band five nurses (some of whom were agency staff, filling in until permanent staff were in post) and six healthcare assistants (half of whom were agency staff, filling in while vacant posts were filled).
- 3.71** Prisoners we spoke to were generally satisfied with their clinical treatment. Once they had been stabilised and any involvement in the IDTS 28-day psychosocial programme had been completed, prisoners could move to accommodation on other wings. Each wing had its own opiate substitution treatment room.
- 3.72** A new and innovative service had been introduced, known as the relapse intervention (RI) team. Partly funded by the Bristol PCT, the team comprised the band six IDTS nurse and a dedicated uniformed officer. Their role was to provide a rapid response to prisoners who needed immediate help and support following any kind of drug- or alcohol-related relapse. This small and mobile team was able to provide crisis support at short notice. They had also been involved in encouraging prisoners to engage in a naltrexone programme to prevent further relapse on release. Prisoners were complimentary about their interventions and it was clear that the team was regularly able to turn a potentially life-threatening relapse into a positive outcome.
- 3.73** Once the RI team had seen the prisoner through an immediate crisis, they referred him back to the clinical team and/or the counselling, assessment, referral, advice and throughcare (CARAT) service for ongoing treatment and support. In the eight months that it had been

active, the RI team had dealt with 24 prisoners who had relapsed and/or were in crisis. However, the team members lacked formal training in the established models for working with people in relapse-related crises (for example, the relapse prevention model and motivational interviewing).

Drug testing

- 3.74 At the time of inspection, the random mandatory drug testing (MDT) positive rate quoted for May to October 2009 was 15.5% (including refusals), against a target of 16.4%. The MDT suite was shared with voluntary drug testing (VDT) (now called compact-based drug testing (CBDT)) facilities, although we were told that the two types of test were never conducted at the same time. The waiting room was dirty, with graffiti on the walls, and metal doorway architraves were bent outwards and in urgent need of repair. The coordinators of both MDT and CBDT worked interchangeably, which had the potential for confusion among prisoners, although these officers did not carry out the testing. Suspicion tests were timely and, for the six months between May and October 2009, the quoted positive rate stood at 44.2%, including refusals to provide a sample. When tests were not carried out within the required 72-hour window, there was proper recording and monitoring of slippage.
- 3.75 In our survey, 35% of prisoners said that it was easy or very easy to get drugs in the establishment, comparable to other similar prisons. The prison had secured police funding for window grilles in certain areas to reduce drug supply opportunities, and, overall, the supply reduction strategy had shown some success (see section on security and rules). There had been 43 drug and alcohol finds in the six months before the inspection.

Recommendations

- 3.76 The integrated drug treatment system (IDTS) unit should be refurbished to provide a cleaner, brighter and more therapeutic environment.
- 3.77 The relapse intervention team should receive formal training in the relapse prevention model and motivational interviewing.
- 3.78 There should be a clear separation between compact-based drug testing and mandatory drug testing (MDT), in terms of staffing and location.
- 3.79 MDT facilities should be refurbished to create an adequate testing and waiting environment.

Good practice

- 3.80 *The IDTS reception waiting room offered prisoners a warm and relaxing environment in which to wait to see the GP and IDTS nurses on arrival at the establishment.*
- 3.81 *The establishment had secured funding from the local primary care trust to set up the relapse intervention team, which was achieving positive outcomes.*

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

- 4.1 There had been extensive development and investment in the management of diversity. The single equality and diversity policy outlined the establishment's commitment to improving the treatment of all the minority groups held. Race equality work had progressed. Some of the initiatives to address the range of diversity strands were too new to assess their effectiveness. Consultation arrangements were plentiful but too limited in scope, primarily engaging prisoner representatives. There was no care planning for older prisoners or those with disabilities. Peer support arrangements for these groups were too informal, and equality of treatment and access was not monitored by age or disability.
- 4.2 There had been extensive development and investment in the management of diversity across the establishment. The head of decency and safety had oversight of the newly formed diversity team. A diversity manager's post had been created since the previous inspection; he had responsibility for the two equality officers and the disability liaison officer (DLO). Race equality work had progressed. Some recent initiatives (older prisoners and prisoners with disabilities) to address the range of diversity strands were too new to assess their effectiveness. Some of the processes and practices were still embedding, and others were yet to be established, such as those for gay and transgender prisoners.
- 4.3 The single equality and diversity policy outlined the establishment's commitment to improving the treatment of all minority groups, and detailed the expected level of practice by staff, the services available and monitoring for each of the diversity strands, as well as the relevant legislation. The governor chaired the monthly equality and diversity action team (EDAT) meeting, which was multidisciplinary and well attended, including representation from the voluntary and community sectors. Although each of the diversity strands should have been discussed and monitored at the meeting, religion was not discussed and there was only fleeting reference to the needs of gay and transgender prisoners.
- 4.4 The establishment had introduced a diversity information report form for prisoners to report any incidents (see section on gender and sexual orientation). All prisoners received information outlining who the diversity team and prisoner representatives were and the range of services that could be accessed.
- 4.5 There was a good complement of diversity representatives and peer support workers, who were committed to their roles. Some had only been in the role for two to three months, but all had job descriptions and felt supported by the diversity team. The representatives had received no training and, although members of the diversity team held meetings with the representatives, some of these had been introduced only recently. When we spoke to them, not all of the representatives were clear about their role (despite having job descriptions) or the establishment's diversity agenda.
- 4.6 There were also staff representatives who supported the diversity team. There were race equality and older prisoners' staff representatives whose roles were publicised, and at the time of the inspection the diversity team was in the process of identifying more staff to support the

diversity work. Consultation arrangements were plentiful but too limited in scope, primarily engaging prisoner representatives.

- 4.7 There was no care planning for older prisoners or those with disabilities. The peer support arrangements for these groups of prisoners, to help them to clean their cells or access meals or activities, were too informal. Equality of treatment and access was not monitored by age or disability.

Recommendations

- 4.8 The provision and consultation arrangements for older prisoners and those with disabilities should be improved to ensure that they effectively address the needs of these prisoners.
- 4.9 Each of the diversity strands should be discussed and monitored at the equality and diversity action team meeting.
- 4.10 All prisoner representatives should receive adequate training in order to fulfil their role.
- 4.11 The wider prisoner population should be consulted regularly about diversity issues.
- 4.12 Older prisoners and those with disabilities should have full access to the regime and activities; equality of treatment and access should be monitored by disability and age and appropriate action should be taken to rectify any inequalities.

Race equality

- 4.13 Black and minority ethnic prisoners were less positive than their white counterparts about their treatment by staff. The establishment had made some changes to the monitoring arrangements for access to activities and the regime for black and minority ethnic prisoners. There were no systems to ensure that the work that was taking place at the equality diversity action team meetings was effectively communicated to the wider prisoner population. The quality of racist incident investigations was good and they were all signed off by the governor. Over 80% of staff had completed diversity training. There were no forums for black and minority ethnic prisoners to meet and discuss or raise issues.
- 4.14 Approximately 20% of the population were from a black and minority ethnic background. In our survey and in our prisoner groups, black and minority ethnic prisoners were less positive than their white counterparts about their treatment by staff. The establishment had conducted its own survey of black and minority ethnic prisoners in 2009, which had highlighted negative perceptions among this group, particularly concerning their ability to progress in the establishment – for example, accessing employment or reaching enhanced status. While the establishment had made some changes, particularly in relation to monitoring arrangements for access to activities and the regime for black and minority ethnic prisoners, some negative perceptions remained.
- 4.15 Before each EDAT meeting, the head of residence, head of safety and decency, and equality officers met to look at the ethnic monitoring data in detail, review any outstanding action points and prepare data for each of the diversity strands. This enabled the wider EDAT meeting to be focused on discussing any trends and strategically managing race equality issues. Prisoner

representatives attended the meeting and were supported by the race equality officer (REO) to contribute to the agenda.

- 4.16 There was a comprehensive equality and diversity action plan, which was continually updated and reviewed at the EDAT meeting. There were no systems to ensure that the work taking place at these meetings was effectively communicated to the wider prisoner population.
- 4.17 The REO worked 25 hours a week and was supported by the deputy REO. They were co-located with an administrative officer, which facilitated good communication between them. The REO had been in post since September 2009 and had not received any specific training for this role. Across the establishment, 81% of staff had completed the 'challenge it, change it' training, and cultural awareness training was planned.

Managing racist incidents

- 4.18 Racist incident report forms (RIRFs) were available on the wings and 39 had been submitted in the previous six months. A few were submitted by staff who had observed an incident or been accused of being racist. There was evidence that some staff had addressed the issue with the prisoners concerned and submitted the RIRF as a means of notifying the REO of the incident. In cases where an incident had occurred and no action taken, the REO made recommendations to staff about the course of action that would have been more appropriate, such as placing the prisoner on report. The offender management unit was informed of all prisoners who had been involved in a racist incident but there were no specific interventions available.
- 4.19 A large proportion of investigations arose from complaint forms with the racist incident box ticked. Such forms were only sent to the REO and not copied to the department or functional head. A simple investigation was completed by the REO; in most cases, the prisoner did not believe the incident to be racist but submitted a racist complaint in the belief that this would be taken more seriously. Many of the complaints had to be returned to the complaints clerk to re-direct to another department.
- 4.20 The quality of the investigations was good and they were all signed off by the governor. Support Against Racist Incidents (SARI), a community organisation that regularly attended the EDAT meeting, scrutinised a sample of investigations and provided advice to improve the quality of investigations.

Race equality duty

- 4.21 There was good management and monitoring of the completion of impact assessments and a timetable for the completion of assessments.
- 4.22 There were few displays of different cultures across the establishment, but the REO was working with prisoners to design posters that could be displayed. There had been a small display for Black History Month and a variety of events and religious festivals had been celebrated and supported by the catering department.
- 4.23 A member of the local Gypsy and Travellers team attended the establishment weekly to meet this group of prisoners. Although verbal feedback was provided, managers did not have a sufficient oversight of the numbers of Gypsies or Travellers in the population or the needs of this group.

- 4.24 At the time of the inspection, there were no forums for black and minority ethnic prisoners to meet and discuss or raise issues.
- 4.25 The public protection department notified the REO of any prisoners who were convicted of a current or previous racially aggravated offence. All incidents or allegations of racist incidents were cross-referenced with this information to inform the overall investigation.

Recommendations

- 4.26 **The work undertaken by the equality diversity action team should be promoted, particularly the steps taken to ensure equality of treatment, and should be published in an accessible format to prisoners.**
- 4.27 **The race equality officer should receive specific training for the role, including simple investigation training.**
- 4.28 **The needs of Gypsies and Travellers should be monitored and responded to, in particular equality of access to the regime and activities.**
- 4.29 **Black and minority ethnic prisoners should be consulted in groups and the results of consultation communicated to them.**

Religion

- 4.30 The religious needs of prisoners were an agenda item at the equality and diversity action team meeting. There was no monitoring or strategy to ensure that prisoners were not excluded from the regime based on their religion, although prisoners did not raise any concerns about this.
- 4.31 The religious needs of prisoners were an agenda item at the EDAT meeting, which was attended by the coordinating chaplain, but the minutes of the meeting did not demonstrate discussion beyond the religious profile of the population. There was ongoing monitoring of faiths for which corporate worship was unavailable (see section on faith and religious activity). There was no monitoring or strategy to identify or prevent any discrimination by religion, although during the inspection prisoners did not raise any concerns about this. Staff had not received any training in religious diversity.

Recommendations

- 4.32 **There should be monitoring of access to key regime activities by religion.**
- 4.33 **Staff should receive religious diversity training.**

Foreign nationals

- 4.34 In our survey, foreign national prisoners responded less positively than British nationals about their feelings of safety and treatment by staff and other prisoners. There was a comprehensive foreign national prisoner policy document, but it was available only in English. There was

insufficient consultation with foreign national prisoners. The Detention Advisory Service was due to start providing a service at the establishment in the near future.

- 4.35 The number of foreign national prisoners stood at 10% of the population (54 prisoners). In our survey, foreign national prisoners responded less positively about their feelings of safety and treatment by staff and other prisoners. Sixty-two per cent of foreign national prisoners, compared with 79% of British nationals, said that most staff treated them with respect, and 38%, compared with 13% of British nationals, said they felt unsafe in the prison at the time of the survey. There were four detainees; the longest had been detained nearly six months post-sentence. The population management unit was notified weekly of detainees who were waiting to be transferred to immigration removal centres.
- 4.36 The establishment had a comprehensive policy document which outlined foreign national prisoners' entitlements, the services available in the prison and external support agencies, but foreign national prisoners were not aware of it. The document was available only in English.
- 4.37 The full-time foreign nationals coordinator had been in post since September 2009 and was also the deputy REO. All newly arrived prisoners were seen by the induction team and legal rights officer, and those foreign national prisoners who requested contact with the coordinator were referred to him. The foreign nationals clerk, who worked in the custody office, reviewed their records, liaised with UK Border agency (UKBA) and notified the coordinator of any prisoners whom he might need to see to gather further information.
- 4.38 The EDAT monitored and had oversight of foreign national prisoners, and there was a quarterly committee meeting which addressed operational issues. There was also a monthly foreign national prisoner representative meeting. Although the representatives were involved in most of these meetings, there was little consultation with the wider foreign national prisoner population.
- 4.39 In our foreign national prisoner group, prisoners were clear about their entitlements but told us that they had not received a first night telephone call. A monthly free five-minute telephone call should have been available to them in lieu of a visit. Prisoners who had family in England as well as abroad had to use private cash to make international telephone calls because they received domestic visits. One detainee told us that he did not have a job and needed access to telephone and fax facilities in order to liaise with his solicitor, but that there was little time unlocked or funds to do this (see section on time out of cell). We were told that the foreign nationals coordinator and legal rights officer would support prisoners in this situation but it was an informal arrangement and not widely known about by foreign national prisoners.
- 4.40 A local immigration enforcement officer attended the establishment weekly but this was poorly advertised and the foreign national prisoners we spoke to were unaware of his attendance or how they could apply to see him. At the time of the inspection, only prisoners who were referred by the foreign nationals coordinator were seen.
- 4.41 A professional interpreting service was used, and a record kept of its use. A list of staff and prisoners who could speak other languages was held by the coordinator; these individuals were used only for non-confidential matters.
- 4.42 The establishment had recently secured the services of the Detention Advisory Service (DAS). A meeting had been held between DAS staff and the foreign national prisoner representatives. The service was well advertised across the establishment and due to start in January 2010.

Recommendations

- 4.43 The foreign national prisoner policy document should be available to all foreign national prisoners, and in their first language.
- 4.44 There should be regular consultation forums with all foreign national prisoners.
- 4.45 Foreign national prisoners should have access to a free five-minute telephone call, regardless of whether they are receiving domestic visits and should be informed of this.
- 4.46 Foreign national prisoners should be supported to secure legal representatives and to maintain contact with them.
- 4.47 All foreign national prisoners should have access to the local immigration enforcement officer and be notified of his attendance.

Disability

- 4.48 There was a framework for support and services for prisoners with a disability but the disability liaison officer had insufficient time to undertake his work effectively. Any reasonable adjustments that were needed were referred to the healthcare department.
- 4.49 In our survey, prisoners who considered themselves to have a disability responded significantly more negatively to a range of issues about their feelings of safety and victimisation. The establishment had conducted a survey of prisoners with disabilities and developed an action plan to respond to some of the issues. Consultation was through a recently introduced monthly disability forum, but it was too soon to assess its effectiveness. Prisoner representatives were invited to the forum but there was insufficient liaison with the wider population.
- 4.50 There was a framework for support and services for prisoners with a disability, but the DLO was allocated only half a day a month to carry out his liaison duties and he had been given as little as two hours in one month to complete his work. Consequently, much of the DLO work was done in an ad hoc manner and there was little scope for planning and development.
- 4.51 Prisoners could declare whether they had a disability during the reception process or through the application system at any time. The DLO prioritised all prisoners who reported having reduced mobility, in order to prepare personal emergency evacuation plans (PEEPS). He worked from a local inmate database system (LIDS) printout, which identified approximately 170 prisoners who had registered a disability, including mental ill health. PEEPs were not always deemed necessary for prisoners with hearing impairments or reduced mobility. For example, a prisoner with a hearing aid which he removed at night would not have been able to hear, or be verbally roused by staff, in an emergency at night but was not considered to require a PEEP. The LIDS list did not include all the prisoners with a disability at the establishment.
- 4.52 Any reasonable adjustments that were needed for prisoners with a disability were referred to the healthcare department, although the DLO could not identify any that had been requested and subsequently provided.
- 4.53 There was one adapted cell on D wing, which was appropriately occupied by a prisoner who required the space and a hospital-designed bed. There were further adapted cells in the

healthcare department. Not all areas of the establishment were accessible to prisoners using a wheelchair or with reduced mobility. There was no ground floor accommodation on B and C wings, and the programmes room and sports hall had no ramp access. Approximately four prisoners had their visits in the chapel, as they were unable to access the visits hall, and the stair lift could only be used for visitors.

- 4.54 The diversity manager had devised a compact and risk assessment for prisoners to be unlocked if they could not engage in work or education; during the inspection, such prisoners were informally unlocked on some but not all wings. The prison was prioritising areas for equality impact assessments based on key areas identified in the equality and diversity policy. During the first quarter of 2010, allocation to work and education, prisoners' pay and the prison shop were to undergo an equality impact assessment, and there was a schedule of equality impact assessments for the rest of the year.

Recommendations

- 4.55 The disability liaison officer (DLO) should have sufficient time to undertake his work effectively.
- 4.56 Prisoners with a disability who require assistance should have a personal emergency evacuation plan and staff should be aware of this.
- 4.57 Staff should refer any prisoners with a disability to the DLO, to ensure that he is aware of them and that they have the support they require.
- 4.58 The peer supporters scheme should be formalised to ensure that prisoners who need assistance receive the planned support.
- 4.59 Prisoners who require support to access the regime and activities should have a care plan devised and regularly reviewed.

Older prisoners

4.60 F wing had been renamed as the community unit, and prisoners over the age of 50 relocated there. Prisoners on the unit were positive about it, but services there were underdeveloped.

- 4.61 There were approximately 54 prisoners over the age of 50 at the time of the inspection. The diversity manager, who had been in this post since October 2009, took the lead for older prisoners, and the arrangements for the provision of services for this group were monitored at the equality and diversity action team (EDAT) meeting.
- 4.62 All prisoners over the age of 50 were seen during their sentence by the diversity manager or staff representative to complete a health and welfare assessment, to ensure that any age-related difficulties that might prevent them from accessing the regime or activities were identified. Older prisoners with a disability were referred to the DLO, who had insufficient time to respond adequately to their needs (see section on disability). The consultation arrangements for older prisoners were through a monthly older prisoners' forum, which had been attended by Age Concern.

- 4.63 Approximately two months before the inspection, F wing had been renamed as the community unit, and prisoners over the age of 50 were located there. At the time of the inspection, there were seven prisoners on the wing, four of whom had been relocated from D wing and three from main location wings. The accommodation was dormitory style and prisoners had to negotiate stairs to access it. They were unlocked for most of the day, and half of them worked on the wing while others had employment off the wing. There was minimal staff supervision and they did not have named personal officers, but the senior officer from D wing had overall responsibility for the wing. Prisoners located on the unit were positive about it. Services on the unit were under-developed, but there were advanced plans for Age Concern to attend the establishment monthly and to be predominantly based on this unit, along with a range of other services. Activities such as remedial gym and over-50s yoga were available and well publicised across the establishment.
- 4.64 Although we were told that prisoners who had reached retirement age, three at the time of the inspection, were not required to pay for use of a television, both the incentives and earned privileges policy and the older prisoners policy statement said that only enhanced retired prisoners did not have to pay.

Recommendations

- 4.65 Prisoners located on F wing (the community unit) should have named personal officers.
- 4.66 Services for older prisoners should be further developed on F wing.
- 4.67 The function of F wing as a community unit should be reviewed to ensure that it sufficiently meets the needs of the older prisoners located there.
- 4.68 Prisoners who have reached retirement age should not be required to pay for their television.

Gender and sexual orientation

- 4.69 The needs of gay and transgender prisoners were not discussed at the equality and diversity action team meeting and there was no action plan to develop this area of work. There was no mechanism for preventing and dealing with discrimination on the basis of sexual orientation.
- 4.70 The needs of gay and transgender prisoners were not discussed at the EDAT meeting and there was no action plan to develop this area of work. The REO had made links with some community organisations to assist him in addressing gay and transgender issues.
- 4.71 Diversity incident report forms had recently been introduced. Four reports had been submitted so far; all had been from D wing and concerned name calling and homophobic behaviour. There were no mechanisms for preventing and dealing with discrimination on the basis of sexual orientation.

Recommendations

- 4.72 The needs and services for gay and transgender prisoners should be discussed and monitored at the equality and diversity action team (EDAT) meeting.

- 4.73 The EDAT action plan should outline how gay and transgender work will be developed.
- 4.74 There should be specific support schemes for gay and transgender prisoners in the establishment and through referral to external support networks.
- 4.75 Strategies for preventing and dealing with discrimination on the basis of sexual orientation should be implemented.

Section 5: Health services

Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

5.1 Prisoners were satisfied with their access to healthcare services but had a poorer perception of the quality of service provided by the doctors and dentist than at comparator prisons and than at the previous inspection. The healthcare centre was well organised and managed and clinical governance was good, but primary care for both physical and mental health provision were under-resourced. Day care services needed development. The pharmacy provided a good service. Dental services were adequate but there were long waiting lists and much of the equipment was in a poor state of repair.

General

- 5.2 Healthcare services were commissioned by NHS Bristol Primary Care Trust (PCT). Primary care and integrated drug treatment system (IDTS) services were provided by Bristol Community Health Trust, and mental health services, including inpatient services, by Avon and Wiltshire Partnership Trust.
- 5.3 A health needs assessment had been completed in June 2008 and had been used to determine priorities. The assessment also informed decision making about health services, interventions, surveillance and staffing. A new health needs assessment had just been commissioned at the time of the inspection. The prison partnership board met quarterly with appropriate staff. Health services were managed by a band eight senior nurse, and the commissioners had an active and regular presence in the prison, with a senior manager on site for three days a week.
- 5.4 Prisoners had equivalent access to health services to that provided in the outside community and they were cared for in conditions that ensured their privacy and protected their dignity. There were no permanent discipline staff in the healthcare centre. Each wing had a treatment room, where medicine administration and GP clinics were carried out. Each wing had a named nurse, who carried out wing-based nursing where appropriate. All areas were well equipped, clean and well decorated.
- 5.5 The healthcare centre was situated in a dedicated building on two floors. The ground floor provided inpatient services and the first floor had rooms for specialist clinics, a dental suite, day care services and offices for administration. Two holding rooms were available for prisoners waiting for appointments. These contained basic furniture and a limited range of health promotion literature, all of which was written in English.
- 5.6 Prisoners in our survey were satisfied with their access to healthcare services but had a lower perception of the quality of service provided by the doctors and dentist than the local prison comparator and than at the previous inspection.

Clinical governance

- 5.7 Clinical governance arrangements were good, with a working group meeting monthly and liaising closely with the partnership board and PCT. Staffing was more stable than at the time of the previous inspection, with few vacancies and a healthy recruitment programme. The skill mix was good, ensuring that prisoners were able to receive a range of services.
- 5.8 The head of healthcare had been in post for almost two years and had successfully managed the changes to the staff structure over that time. She had developed good working relationships with the PCT and the prison senior management team. She was supported by three band seven nurses, who led primary care, mental health and IDTS services. A band eight full-time pharmacist managed the pharmacy services. There was a well-resourced administrative team, including a practice manager. Primary care services were under-resourced at the time of the inspection but nurses had been recruited and were awaiting security clearance. There was also a band six blood-borne virus nurse, supported by two registered nurses. Mental health services were staffed by a team of nurses that provided in-reach cover, and inpatient and day care services.
- 5.9 Health services provided 24-hour cover. Visiting specialists ran a range of clinics. The healthcare centre obtained occupational therapy equipment from the PCT when required. There was regular staff training monitored on a departmental basis. This was satisfactory for the separate groups but had not been collated for all staff. Clinical supervision was available to all nursing staff on a group or one-to-one basis. All mandatory registrations were in date and monitored by the head of healthcare and the PCT.
- 5.10 GP services were provided by one full-time and two part-time GPs. There were daily clinics on each of the wings and the out-of-hours service was the same as that used in the local community.
- 5.11 Emergency resuscitation equipment, including defibrillators, were located on each of the wings and in the healthcare centre. Mandatory training for the use of emergency equipment had been completed by all health services staff. The recording of equipment checks was carried out weekly, with records held centrally. Daily checks of the defibrillators were not recorded.
- 5.12 All clinical records were stored using SystmOne software. Old records were in the process of being summarised, scanned and archived. Clinical records, including archived records, were secured in accordance with the Data Protection Act and Caldicott principles.
- 5.13 NICE guidelines and National Service Frameworks were used to develop policies but were only available in the general office and not in treatment areas. Prisoners were involved in a number of meetings, where they had the opportunity to raise healthcare matters, but they did not have a dedicated healthcare forum where issues could be discussed in confidence. They were informed about the complaints procedure and the patient advice and liaison service. Ten to 15 healthcare complaints were received monthly, and a selection over the previous six months indicated that they had been dealt with sensitively and with appropriate follow-up actions.
- 5.14 The management and control of communicable diseases was carried out by health services staff in conjunction with the PCT and Health Protection Agency. Relevant health and social care information was shared with appropriate organisations, having gained prisoners' consent at reception and again subsequently if considered necessary.

Primary care

- 5.15 Newly arrived prisoners underwent an initial screening in a room in reception that was accessible only to health services staff and provided sufficient private facilities for the process. The initial primary healthcare screening was recorded on the SystmOne electronic record and took account of the prisoner's immediate health and social needs. Limited written information was provided to prisoners about health services and there was no involvement of health services staff during induction. Telephone interpreting services were available and used occasionally, and staff also said they used professional interpreters from time to time. Secondary screening was carried out on the day after arrival, and all prisoners were given the opportunity to see a GP.
- 5.16 Information on health promotion was available throughout the healthcare centre and on the wings, but nothing was available in languages other than English. We were told that there were displays to follow national campaign days. A range of programmes was available for the prevention of disease and there was a dedicated and innovative blood-borne virus service.
- 5.17 A range of nurse-led and specialist clinics was provided in the healthcare centre, equivalent to those found in the community. Prisoners with life-long conditions such as asthma and diabetes received a good service, and all clinics were delivered by staff who were appropriately qualified in their specialist area of care. Chronic conditions did not prevent prisoners from being transferred if required.
- 5.18 A separate healthcare application was used by prisoners. The applications were confidential and were initially triaged by the wing nurses. Each patient was then seen by the wing nurse and either treated or given an appointment to see a GP within 48 hours, and often the following day. Health services staff were available on each of the wings and visited the segregation unit at least daily.

Pharmacy

- 5.19 The pharmacy was in a separate building outside the main prison gate, but still on the prison grounds. Current copies of the BNF were available in the pharmacy and some treatment rooms, but old versions were also present in some cases. The pharmacy appeared to be of an adequate size for the volume of work, and was clean and tidy on the day we visited.
- 5.20 The pharmacy had one full-time pharmacist and a full-time equivalent locum pharmacist. In support were three full-time pharmacy technicians and one full-time trainee dispenser. The pharmacy staff were not routinely involved in the administration of medications to patients; nursing staff undertook this activity. The pharmacist ran a clinic for asthma and chronic obstructive pulmonary disease, but told us that she was finding it difficult to continue to do this on a weekly basis, due to a lack of resources. Patients were able to make a written request to see the pharmacist, and we saw some such requests.
- 5.21 Medications were stored in the pharmacy, as well as in the treatment rooms and outpatient facilities on the wings. A pack of tablets was found among the pharmacy stock which did not comply with labelling requirements. Loose strips of tablets were found inappropriately in the treatment rooms on the wings and in the inpatient unit.
- 5.22 Standard operating procedures were in place in the pharmacy, and there was evidence of ongoing internal audits having been carried out. Date checking had been regularly carried out,

and records were available to show this. The pharmacy had a system for recording clinical incidents, and these were reviewed and retained by the pharmacist.

- 5.23 Heat-sensitive products were stored in refrigerators in both the main pharmacy. And the main healthcare/inpatients treatment room. Whilst temperatures were usually recorded daily they were frequently out of range. There was also evidence to suggest that the thermometer had not been reset between readings. Automatic methadone-measuring machines were used on C wing and in the pharmacy, and records showed that they had been calibrated regularly.
- 5.24 The prison had recently started using the SystemOne computer system, and at the time of the inspection was computer generating and printing out prescriptions, together with an administration chart, onto the same sheet of A4 paper. These were then scanned on to the computer system and the original was destroyed. A diagnosis was not present on the prescriptions, but the pharmacist said that she usually accessed the SystemOne record directly to check this for any new medications.
- 5.25 We examined several administration records in the treatment rooms, and found some gaps where it was not clear whether the medication had been administered or not, or any reasons for non-administration.
- 5.26 A 28-day prescribing policy was usually adhered to, except for short-course and established medications for chronic conditions. The pharmacist said that reviews were requested on time, but was unsure if the reviews were being carried out by the medical staff. She believed that this system would tighten up once SystemOne became more widely implemented.
- 5.27 Records of special sick medication were made on a separate sheet, which was placed with the patient's administration records. The nurse subsequently entered the record onto SystemOne, so that it could be reviewed by other health services professionals. The computer systems in the two treatment rooms on C wing were not connected to SystemOne, however, which meant that the nurse on this wing would not easily be able to enter this information on the system.
- 5.28 An out-of-hours policy was in place but needed review. There was an emergency out-of-hours cupboard in the treatment room in healthcare/inpatients. A book was kept for the nurses to write down any stock taken, and stock levels were reconciled and monitored regularly by the pharmacy staff.
- 5.29 Patients were given patient information leaflets if they received medications in their original boxes, or usually with the first pack if supplied in-possession in dispensing packs. The pharmacist said that leaflets were available for prisoners to see if requested, but the signs that she had put up to publicise this had since been taken down.
- 5.30 There was a written in-possession policy with a risk-assessed procedure to follow, based on the patient and the drug. The assessment was made by a doctor or nurse, and the pharmacist was able to give input into the decision. Periodically, the pharmacist reviewed prisoners' clinical records to check in-possession assessments.
- 5.31 On C wing and the inpatients unit, medications were issued at 8am, noon, 5pm and 8–9pm. A member of nursing staff was present 24 hours a day on these wings. On the other wings, the medications were issued only twice a day, at 8pm and at around 5pm. This meant that night-time doses of medications such as sleeping tablets were given as daily in-possession medications, regardless of the results of the in-possession assessment. If the doctor would not allow the medication to be given in possession (for example, for an at-risk patient), the prisoner would be given his supervised dose at around 5pm, even for sleeping tablets.

- 5.32 There were patient group directions (PGDs), but only for vaccinations. As well as PGDs, the nurse prescribers and pharmacist prescribers could issue prescriptions for minor ailments.
- 5.33 A supply of FP10 prescriptions was available for continuation of methadone or Subutex in the community on discharge. If a patient was being transferred, he would be given the medications in possession, but if this was not suitable they would be dispensed in a transfer pack of five to seven days' medications, which would be taken with him to the new establishment.
- 5.34 Repeat medications were requested by prisoners using a written form, similar to the system in the community. Patients in the inpatients unit or on C wing had their medications reordered by the nursing staff, as these were higher dependency units.
- 5.35 The medicines and therapeutics committee involved prisons from the Avon, Gloucestershire and Wiltshire group, and the PCTS, and although they had previously occurred quarterly, there had not been a meeting for about a year. The pharmacist still, however, attended monthly prescribers meetings, which were also attended by nurse prescribers and doctors from the prison. A formulary was present at the prison, although this had been due for review in May 2007.
- 5.36 Controlled drugs were obtained from the pharmacy through a signed order using a duplicate book. Records were maintained using paper-based controlled drug registers, most of which complied with current legislation. Methadone was supplied both as stock and as named patient medication.
- 5.37 Stock medicines were supplied to the wings by the pharmacy, and were labelled appropriately. Stock levels were checked weekly by one of the pharmacy technicians.

Dentistry

- 5.38 Dental services were staffed by a dentist and a dental surgery assistant (DSA), providing two sessions a week. The dentist worked under a contract with Bristol PCT and he employed the DSA. It was understood that an additional session each week would shortly be provided by the same team.
- 5.39 The good-sized dental surgery was situated in the healthcare wing. The décor was reasonable. The dental equipment was approximately 12 years old and was in satisfactory working order. However, there was no amalgam separator and there was a tear in the upholstery of the dental chair seat. Although it was said that there was a cleaning programme which included the dental surgery, the dental surgery floor was littered and unwashed, and the dental staff were not aware of a regular cleaning programme. There was insufficient storage facility in the dental surgery, which was generally cluttered with cardboard boxes containing supplies and paper towel dispensers awaiting installation. Large containers of spent radiograph fluids were stored under the surgery desk.
- 5.40 Cross-infection control procedures were compromised by the cluttered work surfaces. A hired ultrasonic bath was being used to replace a faulty washer/disinfector. We were told that the original washer/disinfector had become faulty, and that a replacement was to be provided.
- 5.41 The healthcare manager told us that dental clinical and hazardous waste was disposed of through a contract. However, dental staff transported clinical waste bags to the healthcare disposal point regularly, and hazardous waste (amalgam and spent radiograph fluids) and

sharps were infrequently collected, the latter being stored in the meantime in unnecessarily large sharps containers placed on the floor. There was no waste bin for non-clinical waste.

- 5.42 The compressor was sited in a cupboard in the dental surgery. The healthcare manager told us that a contract was in place for maintenance of the compressor and autoclave. However, we did not observe any schemes of maintenance or inspection/servicing documentation for the compressor or any scheme of maintenance for the autoclave. Daily checks were carried out on the autoclave by the DSA in accordance with recommendations.
- 5.43 There was no documentation relating to the reported servicing of the X-ray machine during 2009. A quality assurance for radiographs was in place.
- 5.44 Most policies relating to dental practice were present, but we did not observe any documentation relating to Control of Substances Hazardous to Health (COSHH) and risk assessments. The healthcare manager told us that the dental surgery was to be refurbished within the current financial year to upgrade equipment.
- 5.45 Dental record-keeping was on NHS forms FP25, which were stored in a filing cabinet in the dental surgery. This was not lockable and the bottom drawer would not close. Record-keeping and radiograph management were satisfactory. Notes of dental episodes were entered electronically.
- 5.46 Prisoners accessed the dental service by submitting an application. These were collected daily, triaged by wing general nurses and passed to a healthcare administrative assistant, who managed the waiting list. Urgent cases were seen at the next available dental session for treatment or by the prison doctor for analgesia and/or antibiotic. Prisoners requiring emergency treatment were seen in a local accident and emergency department. There was no other out-of-hours dental cover.
- 5.47 At the time of the inspection, there were 59 patients on the waiting list, mainly for routine treatment; the longest wait was five weeks. The average waiting time was six to eight weeks. This had extended because of the dentist's recent annual leave. There was no cover for annual or sick leave. The PCT community manager told us that this and weekend out-of-hours cover was to be provided through a contract with Weymouth Dental Prison Service.
- 5.48 A full range of NHS dental treatment was available. Ten to 12 patients were seen in each session. There was a failure to attend rate of 20–25%, sometimes due to lack of escort. Courses of treatment were not completed expediently, with intervals of a month between appointments being usual. Signed medical history sheets were routinely used. Several radiographs we examined were light and therefore indistinct. The dentist had been unable satisfactorily to identify the cause.
- 5.49 Oral health education was provided verbally at the chair side. There was no other input or literature. Toothbrushes and toothpaste were available for purchase in the prison shop. Referrals, usually for oral surgery, were to a local hospital dental department. The NHS commissioning manager told us that a dental health needs assessment was to be carried out and that a new arrangement for service provision had been proposed.

Inpatient care

- 5.50 The inpatient area contained 18 cells, two of which were double cells. All the cells were on the list of certified normal accommodation (CNA), and three orderlies occupied two of the cells.

Five of the cells were equipped with hospital beds, two cells were gated and the remainder were safer cells. Of the 20 inpatient beds, 18 were occupied during the inspection. We were told that the remaining two gated cells were only used for prisoners requiring constant watch. Patients had access to two showers and a small association room but no opportunity to eat communally. The exercise yard was stark and severely soiled by pigeon droppings (see section on residential units). The small association room was well furnished and had a supply of books and games. A new pool table had just been fitted and took up a large proportion of the space. Patients could only access the room in the afternoons, when movement was arranged through the gates. The treatment room was large, clean, well equipped and complied with the requirements for the control of infection. The nursing office was situated at the end of the ward, opposite the two gated cells

- 5.51 Two of the inpatients were on open assessment, care in custody and teamwork (ACCT) documents and one was a quadriplegic with a dedicated team of nurses provided by the PCT. Most patients had a clinical need. Those resident there without a clinical need tended to be patients who were waiting to be moved to the wings. One of the GPs saw all patients daily and two psychiatrists visited each week. Patients had a more relaxed regime than elsewhere in the prison, and were unlocked for most of the day, but the design of the unit restricted movement to the association area, despite numerous requests by staff to relocate two of the security gates. The quality of care provided was good and patients were well supported but the provision of a therapeutic community was compromised by the environment structure. The PCT had a no smoking policy for all areas in the healthcare centre, which caused problems when prisoners refused to be admitted when required.
- 5.52 All clinical records were managed electronically and care plans were well organised and regularly updated. Patients were admitted predominantly for mental health reasons, and the staff skill mix of mental health nurses was appropriate. Additional general nurses were used when required for the care of the physically ill.

Secondary care

- 5.53 Outside hospital appointments were arranged effectively by one of the administration staff. There was an average of 25 appointments monthly and all took place within the national waiting target of 18 weeks. The prison was able to provide escorts for two prisoners a day and this was sufficient to meet the demand. A medical hold was created for prisoners who were waiting to attend an outside appointment. The recording of historical data would be improved as SystemOne was fully implemented.

Mental health

- 5.54 The mental health team was well resourced and provided a good level of care. Further recruitment of new nurses would enable the team to develop the primary care function. The team provided secondary care in-reach cover and managed a range of courses delivered as day care services. Day care was still in its infancy and needed to expand to offer better facilities to prisoners having difficulty in coping on the wings. Four counsellors used the day care facilities to see 12 prisoners each a week. A bereavement counsellor had been recruited and was waiting for security clearance. A programme of mental health awareness training for prison staff and Listeners was being delivered, and had been developed to train the trainers so that the training could be cascaded further. Mental health awareness training for health professionals had focused on the CARAT team and the nurses working in reception.

- 5.55 There was an open referral system for prisoners and a single point of entry meeting that took place weekly. This ensured that patients were managed effectively and that there was a multidisciplinary approach to their care. On initial referral three-quarters of patients were deemed to have a mental illness, personality disorder or drug related problem. The most prevalent conditions were related to psychosis or depression. A small number of prisoners were considered to have a learning difficulty. The highest number of referrals came from the wing nurses, followed by discipline officers and the IDTS staff.
- 5.56 Individual nurse caseload was up to 30 patients. One forensic and one clinical psychiatrist each held a weekly clinic, seeing approximately three patients at each session. Patients were involved in their own care planning and the team had good contacts with the outside community, ensuring that continuity of care was maintained. Links with local secure units also ensured that mental health transfers took place expeditiously, and over the 12 months before our inspection, all transfers had occurred within 14 days.

Recommendations

- 5.57 Permanent discipline staff should be employed in the healthcare centre.
- 5.58 Disabled access to the primary care/day care unit should be installed.
- 5.59 Priority should be given to the recruitment of primary care mental health nurses.
- 5.60 The holding rooms in the healthcare centre should be refurbished to provide a satisfactory environment for patients waiting for appointments.
- 5.61 All inpatient cells should be removed from the list of certified normal accommodation.
- 5.62 Inpatients should be given the resources and opportunity to eat communally.
- 5.63 Regular provision of three dental sessions a week should be provided as planned.
- 5.64 Defibrillators should be checked daily and all resuscitation equipment check records should remain where the equipment is sited.
- 5.65 Prisoners should have access to a dedicated healthcare forum.
- 5.66 Healthcare information should be provided at reception and nursing staff should be involved in the induction process.
- 5.67 Healthcare information should be made available in a range of languages appropriate for the prison population.
- 5.68 Arrangements should be made to ensure that medications requiring night-time dosing are able to be administered at the correct time if the patient or drug has been assessed as unsuitable for in-possession issue.
- 5.69 The medicines and therapeutics committee should introduce further patient group directions to enable the supply of more potent medication by the pharmacist and/or nurse, to avoid unnecessary consultations with the doctor.

- 5.70 The medicines and therapeutics committee should meet regularly, at least four times a year, and meetings should be meaningful, with all stakeholders attending.
- 5.71 A replacement washer/disinfector should be provided in the dental surgery without delay.
- 5.72 Clinical, hazardous and non-clinical waste should be appropriately stored and disposed of, with relevant documentation available.
- 5.73 Refurbishment of the dental surgery should be undertaken as planned and an amalgam separator incorporated.
- 5.74 Provision should be made to cover the dentist's annual and sick leave.
- 5.75 A hygienist session should be provided to enhance oral health promotion, facilitate reduction of the waiting list and expedite completion of courses of treatment.
- 5.76 The reasons for failures to attend dental appointments should be investigated and remedial action taken.
- 5.77 Security gates in the inpatient unit should be relocated to facilitate ease of movement of patients.
- 5.78 The inpatient exercise yard should be cleaned and fitted to provide a therapeutic environment for patients.
- 5.79 Day care facilities should be resourced to provide care for prisoners with mental health problems who are having difficulties in coping on the wings.

Housekeeping points

- 5.80 Training records should be collated to aid scrutiny and ensure sufficient monitoring.
- 5.81 NICE guidelines and National Service Frameworks should be easily accessible to staff.
- 5.82 Loose tablets and tablet foils do not satisfy labelling requirements and should not be present in stock.
- 5.83 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and the pharmacy, to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- 5.84 The layout of the prescriptions should be altered so that all the details, including the full drug name, are visible when the sheet is put into the patient's folder. Diagnoses should be present on prescriptions.
- 5.85 Care should be taken to make full and complete records of administration of medicines.
- 5.86 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request.

- 5.87 Old pharmacy reference books should be discarded, and only the most recent copy kept, to ensure that any information used is up to date.
- 5.88 All medication pre-packs should be dual labelled.
- 5.89 The dental surgery floor should be regularly cleaned.
- 5.90 Documentation relating to Control of Substances Hazardous to Health and risk assessments should be in place for the dental surgery.
- 5.91 Documentation relating to the dental compressor, autoclave and X-ray maintenance should be available.
- 5.92 The head of healthcare should consult the radiation protection supervisor to review radiograph quality.
- 5.93 A replacement lockable filing cabinet should be provided for appropriate storage of dental clinical records.

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

6.1 Leadership and management of learning and skills were satisfactory. Effective action had been taken to increase access to work, education and training, but there was still insufficient activity to meet the needs of the prison population. Few prisoners undertook vocational training, most of the activity was not full time and much of the work was menial. There was a well-delivered but short induction to learning and skills but many prisoners did not attend. Most prisoners who remained on their programmes gained qualifications. Teaching and learning were satisfactory overall, with good use of creative activities and good resources. Prisoners developed some good personal and social skills. A well organised library offered a satisfactory range of materials and was well used by prisoners.

Leadership and management

- 6.2 Leadership and management of learning and skills were satisfactory. The availability of purposeful activity for all prisoners had improved. For example, full-time places in the education department were now offered as part time, to make them accessible to more prisoners. However, there were still insufficient work, education and vocational training opportunities to meet all prisoners' needs or to keep them purposefully occupied for much of the day. A satisfactory education curriculum offered an appropriate range of programmes to support literacy, numeracy and language and to develop personal, social and employability skills. The curriculum was regularly updated to ensure that it met the needs of the prison population. For example, a workshop in street dance had recently been provided, to cater particularly for the prison's young adult population.
- 6.3 The contracted learning and skills providers worked collaboratively to develop and improve courses. Partnership working across the prison had improved and there were more effective links between the learning and skills department and the offender management unit, to share information and make joint decisions about prisoners. However, these links were too recent to have had a significant impact. Partnership working with a range of outside agencies had benefited prisoners in different ways. For example, a joint project with the local council had provided funding for outside sports facilities, and partnership with a major charity had enabled work with prisoners and their families to improve family relationships.
- 6.4 The prison made satisfactory use of data to manage learning and skills and to monitor achievement. However, data were not used sufficiently to monitor participation and achievement by different groups of prisoners. The self-assessment process was satisfactory and was used to plan improvement. The arrangements for monitoring and improving the quality of learning and skills provision across the prison had improved. However, they were still at an early stage of implementation in training in the workshops.

- 6.5 Equality and diversity were satisfactory, and prisoners felt safe in all activity areas. They were well motivated. Tutors, instructors and prisoners showed respect for each other and standards of behaviour in learning sessions were good. The prisoners' wing magazine had been used effectively to promote diversity and discussion about differences between cultures and lifestyles.

Induction

- 6.6 All prisoners were invited to attend a half-day learning and skills induction, and about half attended. There were induction sessions on three days each week and they were well delivered in a dedicated classroom. They were effective in informing prisoners about education and training opportunities and included a screening of prisoners' levels of literacy and numeracy and an advice and guidance interview. Prisoners' learning and skills needs and preferences were identified and recorded but there was no allocation board to allocate prisoners systematically to education, work and training.
- 6.7 Those who did not attend the learning and skills induction were supported by information, advice and guidance (IAG) advisers, who visited the residential wings regularly to provide individual support and information. Prisoner learning champions also played a useful role in encouraging prisoners to attend education and training. IAG was also available to prisoners before release.

Work

- 6.8 There were insufficient work places to meet the needs of the prison population. During the inspection, work places were available for 300 (52%) prisoners but many did not keep prisoners fully occupied. Records were kept of employment requirements identified at induction, but allocation to work did not routinely make use of a wide range of information. Too many (147) work places were for wing cleaners. Other work was available in the carpentry, textiles and recycling workshops and in the clothing exchange store, kitchens and gardens. Prisoners also worked as orderlies in the library, chapel and gym. The number of workshop training places for prisoners had reduced over the previous 12 months because of staff shortages. Prisoners developed work skills in cleaning, kitchen work, the gym and gardening, which were recognised with qualifications. They were well motivated in the workshops, and developed communication and team working skills. In carpentry workshops, prisoners made toys and garden ware for local schools and voluntary groups, and recycled old spectacles for Vision Aid in Africa. Those who applied and for whom jobs were available were quickly able to access work.
- 6.9 Prisoners received a satisfactory induction into their work activity. All prisoners in work had completed short courses in manual handling and health and safety during the induction period. Those working in the kitchen were supposed to complete a short course in food safety, but this was not always the case (see section on catering).
- 6.10 Employment in the workshops was not sufficiently well planned to allow equal access for all prisoners. New entrants often relied on prisoners being transferred out of the prison to allow others to start in workshops. Vulnerable prisoners from D wing were allocated to the carpentry and recycling workshops directly, through negotiation between instructors and wing staff. Pay rates were fair and recognised those who had achieved qualifications.

Vocational training

- 6.11 At the time of the inspection, 64 prisoners were undertaking vocational training. Two colleges provided accredited vocational training in horticulture, recycling and food preparation. The National Vocational Qualification (NVQ) in performing manufacturing operations (PMO) at level one was available to vulnerable prisoners in the recycling and carpentry workshops and other prisoners in the textiles workshop. In horticulture, prisoners gained qualifications at entry level. There was a British Institute of Cleaning Sciences (BICS) qualification in industrial cleaning and vocational coaching training in the gym. Prisoners were well motivated.
- 6.12 Workshops were of a satisfactory standard and most provided constructive activities. Prisoners developed useful skills but there was no structured skills training programme. Individual learning plans had only recently been introduced into the recycling workshop. These plans were not used effectively to identify and improve performance and skills development. Prisoners with particular expertise were used effectively as mentors in some workshops and the gym but the mentoring skills they developed were not sufficiently recognised or recorded. Some prisoners were waiting for the appointment of specialist verification staff before their work could be passed for accreditation.
- 6.13 A large number of prisoners successfully completed vocational qualifications in manual handling, heart-start in workshops, food safety, and health and safety in the kitchens. Many had also completed industrial cleaning programmes, and 97% of those who had completed their training gained a BICS qualification. Pass rates were high for Construction Industry Service Corporation (CISCO) training and units of the European Computer Driving Licence course, at 90% and 87%, respectively.
- 6.14 Prisoners undertaking vocational training were highly motivated. Learning targets were well defined and linked to qualifications. Progress against these targets was recorded on prisoners' learning plans. However, the development of personal and social skills, such as self-confidence, communication and teamwork skills, in work and training was not recorded and there were no links with employers or local industry.

Education

- 6.15 The prison had 159 part-time education places provided by Strode College and A4E under Offender Learning and Skills Service (OLASS) contracts and a further 22 part-time places provided by the Prisons Information Communication Technology Academy (PICTA). Approximately 22% of the prisoner population attended education classes each day. The range of education programmes was satisfactory and included skills for life, English for speakers of other languages (ESOL), information and communications technology (ICT), art, driving theory and digital media, and personal development programmes such as family man. Many courses were nationally accredited or supported by the recognising and recording progress and achievement (RARPA) process. Nationally accredited key skills provision had recently been successfully introduced, alongside skills for life programmes.
- 6.16 Many prisoners were involved with education on the residential wings. Toe by Toe and Storybook Dads provided useful support for the development of literacy skills, as did the work on the monthly magazine written by prisoners. Some literacy skills support was provided for vulnerable prisoners in workshops and on the residential wings.
- 6.17 Outcomes for learners were satisfactory overall and some were good. Pass rates on key skills, employability skills, ICT and personal development programmes were high. Prisoners made

good progress and those who completed their learning plans achieved their learning goals. However, pass rates on literacy programmes were low. Standards of work on personal development programmes were good, with well-presented written assignments in portfolios. Prisoners were well motivated. Standards of behaviour were good and punctuality was satisfactory. Average attendance was 70% but many classes had a low average class size.

- 6.18 The initial assessment process was satisfactory. Specialist ESOL assessment for all foreign national prisoners took place on the wings. All prisoners attending skills for life classes received a full diagnostic assessment. However, the results of the initial assessment were not routinely passed to workshop instructors. Specialist dyslexia support was only available for a few learners on one afternoon a week. Individual learning plans were generally satisfactory, although in some cases targets were insufficiently detailed. Some targets focused primarily on qualification outcomes. Reviews were regular and accurately reflected progress towards targets.
- 6.19 The quality of education was satisfactory. Teaching and learning were satisfactory overall. The best sessions were well planned to include an effective range of teaching and learning activities. Tutors were skilled at using question and answer techniques to check learning and maintain momentum. In the Turning Point personal development programme, learners were sensitively challenged to evaluate their strengths and weaknesses and consider strategies to improve their life opportunities. In the digital media course, prisoners worked enthusiastically as a team to produce a short radio-style current affairs programme. In ICT classes, tutors provided effective support to prisoners with wide-ranging levels of ability.
- 6.20 In the weaker sessions, prisoners were insufficiently challenged and there was too much emphasis on paper-based activities. In literacy classes, there was no use of ICT to support learning. Computers, interactive whiteboards and data projectors were not readily available in classrooms in the main education building. The delivery of the skills for life courses was not well planned. Literacy, numeracy and ESOL classes ran as whole-day sessions with a lunch break. Prisoners were taught in the same group, by the same teacher, for over five hours a day. This, combined with an insufficient variety of activity and resources in some classes, led to some fatigue, lack of interest and no capacity to learn further skills as the day progressed.

Library

- 6.21 The library was well managed by a qualified librarian, who was supported by a full-time library officer and four prisoner orderlies who had been trained by the library staff. A literacy coordinator worked from the library, providing good support through Toe by Toe and Storybook Dads. The library was well organised and well used. It provided a welcoming environment and prisoners were encouraged to browse and select materials, which were well displayed. It was located in one of the two education buildings. A satisfactory range of fiction and non-fiction books, easy readers, large print, audio books and cassettes, and reference sources, including Prison Service Orders, legal reference materials and dictionaries, was stocked. Games and consoles were also available for prisoners to rent. Prisoners could order newspapers but the prison did not subscribe to any regular commercial newspapers or periodicals and none were on display. Effective use was made of the inter-library loans service.
- 6.22 Access to the library was satisfactory. A weekly schedule ensured that each group of prisoners had a minimum entitlement to library time over five days each week. However, those with allocated library time on a Monday sometimes lost their weekly access because of Bank Holidays. The allocated library time for vulnerable prisoners was often cut short because of

other activities taking place at the same time. The library was not open during evenings or weekends. Satisfactory library records were maintained but they were not computerised.

Recommendations

- 6.23 Allocation to work should make use of all available information and allow equal access for all prisoners.
- 6.24 The pass rates on literacy courses should be improved.
- 6.25 The planning of teaching and learning activities in skills for life sessions should be reviewed and developed to improve prisoner participation and engagement.
- 6.26 More effective use should be made of data to inform decision making and development.
- 6.27 Quality improvement arrangements should be fully implemented across the training provision.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 6.28 Access to the gym was reasonable. The facilities were satisfactory, but the sports hall was small and not accessible for prisoners with restricted mobility. There was no dedicated classroom and outdoor facilities were limited to non-contact sports. Assessments carried out by health services staff at induction were shared with PE staff but they were not routinely informed of any further changes to a prisoner's health and fitness. Accredited vocational training was available to only a small number of prisoners.
- 6.29 The prison provided mainly recreational PE. A small accredited vocational training programme was also available to promote healthy lifestyles and to provide basic coaching qualifications. Sixty-seven prisoners had participated in accredited employment-related training over the previous year and pass rates were satisfactory, at 83%. Most prisoners who had completed the instructor awards were employed effectively in the gym to support staff and provide coaching and mentoring for other prisoners.
- 6.30 All new arrivals attended a PE induction and were assessed by health services staff. The results were shared with PE staff. However, PE staff were not routinely informed of any further changes to a prisoner's health and fitness. Apart from prisoners on specific healthcare or age-related programmes, prisoners using the PE facilities did not have access to an explicit exercise programme.
- 6.31 PE facilities were satisfactory and comprised a gym containing weight-lifting and cardiovascular equipment, and a small sports hall. However, the sports hall was situated on the second floor and was not accessible to those with restricted mobility. There was no

dedicated classroom and the outdoor facilities were not in use. The changing and shower facilities were satisfactory but there were only six showers in the weight training facility. Prisoners were given a clean shirt and shorts at each session but due to kit shortages these items were sometimes not available on Fridays or at weekends. Prisoners only received one clean towel each week.

- 6.32 Staff encouraged prisoners to take part in recreational PE. This was suitably promoted on the residential wings and in the library, and the gym opening times were well advertised. Access to the gym was satisfactory, and it was reasonably well used by prisoners. In our survey, 49% of prisoners said that they could access the gym at least twice a week, and the prison's own survey indicated that 65% of the population used the gym weekly.
- 6.33 The PE department provided a health and fitness programme for prisoners referred by drugs workers and for those needing rehabilitation, remedial or lifestyle change support. There was also a programme to support prisoners recovering from drug addiction. Older prisoners were provided with opportunities to take part in a programme of sport suited to their interests and abilities. Records of accidents, injuries, assaults and self-harm were monitored monthly and changes in practice introduced when necessary.

Recommendations

- 6.34 There should be more vocational PE programmes.
- 6.35 Information about changes to prisoners' health and fitness should be shared with PE staff.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

6.36 The recorded weekday average time out of cell was not accurate for most prisoners. The amount of association time was inadequate and many prisoners did not get evening association for two nights in succession. Staff supervision and engagement with prisoners during association was good but there was no recreational education available. Some association areas were small and lacked equipment. Exercise was available daily but exercise areas were not large enough or appropriately equipped.

- 6.37 The prison recorded an average weekday time out of cell of just over eight hours. The published core day provided a maximum of nine hours and 15 minutes unlocked but this was only achievable on some wings, by enhanced prisoners, on four days of the week. A standard regime prisoner who was unemployed would typically have 45 minutes unlocked in the morning, one hour of exercise daily and association for one hour twice a week, including weekends. Apart from leaving his cell to collect his evening meal (lunch was delivered to cells; see section on catering) and optional activities such as gym sessions and library attendance, such a prisoner would have a worst case scenario average weekday time unlocked of little more than two hours (see main recommendation HP54). In the spot checks we carried out on

two days during the inspection, 35% of prisoners were locked up on Tuesday morning and 25% on Wednesday afternoon.

- 6.38 Given that most employment was part time and 68% of prisoners were not on enhanced status, the experience of time out of cell for most prisoners was significantly less than the reported weekday average figure.
- 6.39 In our survey, only 23% of prisoners said that they went on association more than five times a week. It was not available on a Friday evening, consistent with the national core day, or on one other day each week, when shop orders were delivered. Standard prisoners experienced more than two days in succession without evening association, which restricted contact with family and friends by telephone. However, association was rarely cancelled.
- 6.40 During association periods, we observed good interaction between staff and prisoners. Relationships were relaxed, staff were responsive to prisoners' requests and supervision of prisoners in association areas was adequate. Staff were aware of prisoners who did not join association and encouraged them to participate.
- 6.41 All activity areas were clean, but there was insufficient equipment available for the number of prisoners using it, and some of it was in a poor state of repair. Pool, snooker, table tennis and board games were available, but no recreational education was provided. Some association areas on B wing were small and lacked equipment, and prisoners located there associated mainly in cells.
- 6.42 Exercise was offered daily for one hour, and in our survey 40% of prisoners said that they went on exercise three or more times a week. The exercise yard used by most prisoners was small, bare and caged in. Prisoners in segregation, vulnerable prisoners and those on the integrated drug treatment system also had inadequate exercise areas. Larger exercise yards at the rear of the prison had been decommissioned for security reasons.
- 6.43 Until recently, exercise had been cancelled regularly in inclement weather but a supply of wet weather clothing was now used. During the inspection, when exercise was cancelled because of severe weather conditions, prisoners were allowed out of their cells for association.

Recommendations

- 6.44 All prisoners should spend at least 10 hours out of their cells on weekdays.
- 6.45 Association should be available when shop orders are delivered.
- 6.46 Association equipment should be replaced where necessary.
- 6.47 All prisoners should have access to adequate association areas.
- 6.48 All exercise yards should be cleaned, cleared of graffiti, provided with seating and made more pleasant environments.

Section 7: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

7.1 The security department was managed. There were good relationships with the local police which had resulted in joint operations to reduce the flow of drugs into the prison. There was a reasonable flow of information and effective systems for processing intelligence. Physical security was appropriate, with good levels of free flow movement. Closed visits were sometimes imposed inappropriately and reviews were not sufficiently robust. There was a backlog of target searching.

Security

- 7.2 The security department was managed by a senior manager, with a well attended security committee, which met monthly. The minutes of these meetings showed appropriate discussion of security matters and detailed actions and objectives relating to identified issues and trends. Links with other departments were reasonably well developed, although safer custody staff did not regularly attend the security meetings. Relationships with the local police were good and there had been a number of joint operations aimed at reducing the supply of drugs into the prison, which were beginning to see results. Funding had been secured from Safer Bristol to install netting over some vulnerable areas near the perimeter wall and there had been successful prosecutions of prisoners bringing mobile telephones into the prison. The introduction of the body orifice security scanner (BOSS) chair in reception had considerably reduced the number of mobile telephones coming into the prison.
- 7.3 The physical security of the establishment was commensurate with the risks posed by the prisoner population. The security department had made efforts to ensure that prisoner movement and activities were not over-restricted by security measures. Prisoners who had been involved in inappropriate activity around mobile telephones and drugs in the previous three months were restricted in the activities they could attend but were reconsidered at a later date.
- 7.4 There had been 2,299 security information reports (SIRs) submitted in 2009, compared with 2,235 in 2008. This represented a reasonable flow of information. The main subjects of SIRs were drugs and drug-related activity, including bullying for prescribed medication and mobile telephones. The intelligence was analysed and presented to a monthly intelligence meeting and the monthly security meeting. Information was disseminated to other departments, including drug service providers, residential wings and the safer custody department. At the time of the inspection, there was a backlog of target searches, with only 17 out of 60 having been completed in the previous three months.
- 7.5 There were 17 prisoners subject to closed visits at the time of the inspection, four visitors who were banned and four who were subject to closed visits. Prisoners could be placed on closed visits even if they had not been involved in illicit activity related to the supply of drugs through

visits. Closed visits were imposed for an initial period of three months, with reviews taking place monthly, although prisoners tended to remain on closed visits for this initial period. One prisoner had been found in possession of a mobile telephone, with no other security information on his file. At his first monthly review, no further intelligence had been received but he remained subject to the restrictions. Prisoners were not informed of the appeal procedures for closed visits.

- 7.6 The systems for applying and reviewing bans and closed visits for visitors were better and we found evidence that some had been given a warning before being placed under restrictions. In some cases, the warning had been sufficient to deter the visitors from further inappropriate activity. Visitors who were indicated by the drugs dog were offered a closed visit even when there was no other intelligence. If one visitor in a group had been indicated, the whole group would be subject to a closed visit unless that person left the prison.

Rules

- 7.7 Prisoners were informed of the establishment's rules and regulations on induction, and they were displayed on residential units.

Recommendations

- 7.8 Safer custody staff should attend security committee meetings.
- 7.9 Target searches should be carried out within the required timescales.
- 7.10 Prisoners should only be subject to closed visits when there is evidence of illicit activity related to visits, and should not remain subject to closed visits if further intelligence is not received.
- 7.11 Prisoners should be informed of their right to appeal against closed visits.
- 7.12 Visitors should only be subject to closed visits when indicated by the drug dog if there is supporting intelligence.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 7.13 The number of adjudications was low and they were carried out to a satisfactory standard, with prisoners being fully involved in the process. There was recorded use of interpreters where required and a log kept of all assistance offered to prisoners during proceedings. Quality assurance and monitoring of trends were carried out regularly and with identified actions taken. Use of force was high. There were concerns over some uses of force, and quality assurance and governance were not sufficiently robust. Trends were identified and monitored. Use of special accommodation was low. Staff-prisoner relationships on the segregation unit were excellent, with staff having in-depth knowledge of the prisoners in their care. Most prisoners stayed on the unit for short periods and returned to normal location in the prison. The regime

had recently been enhanced. There were monthly meetings, which monitored some trends but there was no standing agenda to ensure consistency.

Disciplinary procedures

- 7.14 There had been 1,161 adjudications in 2009, compared with 1,047 in 2008, which was lower than at other local prisons. Adjudication standards meetings were held monthly and relevant issues were discussed, with trends and actions identified and monitored. The independent adjudicator attended monthly and heard an average of 10 of the more serious charges on each visit.
- 7.15 Adjudications were carried out respectfully, in a designated room in the segregation unit. During the hearings we observed, prisoners were asked if they understood the proceedings and given every opportunity to be involved in the process. There was little evidence that a prisoner's fitness to attend the hearings was considered before the start of the proceedings. There was an assistance log in use, which had been introduced in May 2009 and showed details of all assistance provided to prisoners during hearings, including McKenzie friends, use of interpreting services via a conference phone, drug relapse help and additional help for those who could not read or write.
- 7.16 The adjudication records we examined showed a good level of enquiry into the circumstances of charges, and punishments were in line with local guidelines. The deputy governor carried out management checks on all records of adjudications, and feedback was given to adjudicating governors where required. We found evidence of two adjudications being quashed and one where the punishment had been reduced under these arrangements.

The use of force

- 7.17 There had been almost 13 uses of force per hundred prisoners over the previous six months, which was similar to comparator prisons. A small number of prisoners accounted for a large number of uses of force, particularly in the segregation unit. A large proportion of the uses of force related to threatening or abusive behaviour toward, or assaults on, staff and prisoners, and non-compliance with rules or regulations.
- 7.18 Most uses of force were spontaneous and many records showed evidence that de-escalation had been used. Planned uses of force were video-recorded, and examination of these recordings gave cause for concern. One showed a prisoner being subjected to force even though he appeared to be compliant with staff's instructions. A second recording raised questions about an excessive use of force with a prisoner during his removal to another cell. Both recordings had been reviewed but neither issue identified (see main recommendation HP52). The prisoner in the first incident had subsequently complained and a basic investigation had been carried out which did not involve interviewing the prisoner or staff concerned. The procedures for storing recordings were inadequate to preserve evidence.
- 7.19 The documents we examined were mostly well completed but most uses of force were certified by the same person who had initiated the force. Health services staff attended prisoners who had been subject to force, and records were kept of these examinations.
- 7.20 Trends were identified and monitored through the monthly use of force committee meeting, documentation was checked at a managerial level for any deficiencies and any issues found were raised with the staff concerned.

- 7.21 There were two special cells in the segregation unit. They had been used eight times in the previous year. Three prisoners had been subject to assessment, care in custody and teamwork (ACCT) procedures while located in the cells, to prevent further self-harm. Documentation relating to the use of these cells was of a reasonable standard and all uses were appropriately authorised. There was no evidence of quality checks of the documents (see main recommendation HP52). Use of special accommodation was not reviewed by the use of force committee or at the segregation unit meetings. Prisoners were often dressed in normal clothing and searched according to risk assessment. In four cases, the prisoner had remained in the special accommodation overnight. Although in each of these cases a manager had been required to check the prisoner hourly and ascertain his fitness to be removed from the cell, this had not happened in any of the cases. One document showed that written management checks had been superimposed on the existing records. One prisoner had blocked his observation panel and the closed-circuit television camera and had remained unobserved for over an hour. Night-time observations were mostly predictable.

Segregation unit

- 7.22 The segregation unit was clean but there were problems with maintaining an even temperature throughout the unit. The upstairs cells and prisoner holding room were oppressively hot, while the downstairs cells were cold. Toilets and sinks were dirty. Cells on the upper floor had in-cell electricity and televisions. Graffiti was dealt with quickly, apart from on the exercise yard, which was filthy and littered with pigeon droppings, and the walls etched with graffiti (see recommendations 2.19 and 6.48).
- 7.23 The segregation unit policy was comprehensive and contained a staff selection policy. All staff working on the unit had been personally authorised by the governor. The staff had received some specialised training, including mental health training, and had all undergone an induction.
- 7.24 There were nine prisoners resident on the unit at the start of the inspection. Of these, four were being held for good order or discipline, one for own protection, three were awaiting adjudication and one was serving a period of cellular confinement. The longest staying prisoner at the time had been there for less than a month. Records showed that most prisoners were held in the unit for short periods; in the previous 12 months, two prisoners had remained on the unit for four months and two for two months. The majority returned to normal location in the prison. Prisoners on the unit were visited daily by a governor, health services staff and, on most days, a member of the Independent Monitoring Board.
- 7.25 In the records we examined, all prisoners had been received on to the unit with the proper authorisation, and strip-searching had only been carried out when a risk assessment deemed it necessary. Prisoners were informed in writing of the reasons why they were on the unit, and given a segregation unit information booklet, which was clearly laid out, with detailed information on the operation of the unit. Prisoners we spoke to were complimentary about their treatment and the amount of information they had been given.
- 7.26 Staff-prisoner relationships on the unit were excellent, although this was not reflected in individual prisoner history sheets, which showed mainly observational entries. Staff showed a good knowledge of the prisoners in their care and were respectful, both of prisoners who were resident on the unit and those who attended daily for adjudications, and addressed them appropriately at all times. One prisoner had been designated as needing a senior officer and three members of staff to unlock him, and the risk assessment carried out showed this to be appropriate.

- 7.27 Initial review boards were carried out by a governor and unit staff. Subsequent reviews for those staying on the unit for longer periods were multidisciplinary. The boards we observed were carried out thoroughly, with attention paid to prisoners' views of their individual circumstances. The documentation we examined showed basic targets for all prisoners and rudimentary care planning.
- 7.28 The regime included daily access to showers, exercise and telephones and had recently been enhanced with the addition of association following risk assessment and a weekly session in the gym. Prisoners who were undertaking offending behaviour programmes could continue attendance where appropriate, and in-cell education and hobby activities were available. Prisoners were able to collect their meals from the point of service.
- 7.29 Monthly adjudication and segregation meetings were held and were well attended by appropriate staff. There was no standing agenda and no consistency in the information monitored and discussed.

Recommendations

- 7.30 Prisoners' fitness for adjudication should be assessed before the start of proceedings and this should be in the record of the hearing.
- 7.31 Investigations into alleged misuse of force should be comprehensive and include interviews with all prisoners and personnel involved.
- 7.32 The procedures for storing recordings of use of force should be improved to ensure that evidence is correctly preserved.
- 7.33 Use of force should be certified by an appropriate manager who was not involved in the recorded incident.
- 7.34 Use of special accommodation should be reviewed regularly by the use of force committee and quality checks carried out on all documentation.
- 7.35 The toilets and sinks in the segregation unit should be deep cleaned.
- 7.36 Segregated prisoners should be set individually assessed targets and care plans.
- 7.37 Individual prisoner history sheets should reflect interaction and discussion between staff and prisoners on the segregation unit.
- 7.38 A standing agenda should be developed for the monthly adjudication and segregation unit meetings, to ensure consistency in the monitoring of management information.
- 7.39 Prisoners held in special accommodation should be visible to staff at all times.
- 7.40 The temperature of the segregation unit should be maintained at an acceptable level.

Housekeeping point

- 7.41 Night-time observations of prisoners in special accommodation should be unpredictable.

Good practice

- 7.42 *The introduction of the assistance log gave a clear record of the help offered to prisoners during adjudications.*

Incentives and earned privileges

Expected outcomes:

Incentives and earned privilege schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 7.43 The incentives and earned privileges policy was clear, although not always consistently applied. Most of the warnings issued were clear. Prisoners were not always set improvement targets or routinely invited to attend review boards. There were reasonable proportions of prisoners on the three incentive levels and evidence of prisoners being given opportunities to amend poor behaviour before formal procedures were invoked.
- 7.44 There was an up-to-date incentives and earned privileges (IEP) policy with records of boards held on each residential unit to consider applications for the enhanced level and reviews where warnings had been given. There were 382 prisoners on standard, 195 on enhanced and three on the basic level of the scheme at the time of the inspection.
- 7.45 Staff and prisoners generally perceived the IEP scheme as a behaviour management system of warnings with sanctions attached. A prisoner's IEP level could be reduced after two non-compliant actions. The warnings we saw documented were clear, and showed a reasonable level of tolerance on the part of officers before resorting to formal disciplinary and adjudication procedures. We found evidence in a number of individual files of prisoners being given a chance to improve their behaviour after receiving warnings and before any formal procedures, including warnings, were invoked. Improvement objectives and targets were not routinely set; when they were, they were selected from a pre-determined list. While there was scope for additional individual targets to be set, most prisoners did not have any. We found a number of cases where prisoners had received two or more IEP warnings and had not been reviewed, and some wing files showed that prisoners were not assessed monthly for their suitability to remain on the enhanced level of the scheme. Both of these measures were included in the IEP policy as required actions.
- 7.46 Some staff told us that they did not invite prisoners to attend review boards when they were being considered for the enhanced level of the IEP scheme, and none of the review documentation was clear about whether or not the prisoner had attended, with only staff names being recorded.
- 7.47 There were insufficient differentials between privileges for prisoners on different level of the scheme. Prisoners in our groups said that they were not encouraged to work towards the enhanced level because of this. In our survey, significantly fewer prisoners than at comparator prisons (39% compared with 45%) said that the different levels of the IEP scheme encouraged them to change their behaviour.

Recommendations

- 7.48 The incentives and earned privileges (IEP) policy should be consistently applied.
- 7.49 Prisoners should be set individual improvement targets and objectives.
- 7.50 Prisoners should be given the opportunity to attend IEP review boards, and their attendance or non-attendance recorded.
- 7.51 The facilities list should be reviewed, in consultation with prisoners, to include greater differentials between the different levels of the scheme.

Section 8: Services

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 8.1 Menus were repetitive but attempts were made to reflect the cultural diversity of the prisoner population. The amount of food at breakfast and lunch was insufficient. The management of halal food and other diets was inadequate on some of the residential units. Levels of hygiene in the preparation and serving areas were mixed.
- 8.2 The kitchen produced and distributed all food provided to prisoners. Alongside the staff, 30 prisoners were employed in the kitchen. Kitchen workers received food hygiene training, and at the time of the inspection three were also undertaking qualifications at National Vocational Qualification (NVQ) level one. A number of large items of equipment in the kitchen were out of order, including the vegetable and halal freezers and a brat pan. The prisoner changing and washing area in the kitchen was inadequate, with only one toilet and sink for 30 prisoners.
- 8.3 The menu operated on a four-week cycle, which was changed bi-annually to reflect winter and summer choices. The same four-week menu was repeated during both seasons and was repetitive. The menus included limited cold choices for lunch and there were six hot choices for the evening meal, including halal, vegetarian, vegan and healthy options. Special dietary needs were catered for when required. The kitchen produced home-baked pies daily, which, although popular, were inappropriately labelled as healthy options. Fresh fruit was available daily. Every fortnight, the kitchen produced a 'diversity menu' inspired by a particular culture or diversity celebration. These meals were popular and the Chinese one we tasted was of good quality.
- 8.4 Prisoners could pre-select any of the menu choices. In our survey, prisoners had similar views on the quality of the food as at other local prisons, with the exception of black and minority ethnic prisoners, only 19% of whom said that the food was good or very good compared with 27% of white prisoners.
- 8.5 Meals were served at 11.30am and 5.15pm from Monday to Thursday, and an hour earlier on Fridays and weekends. Breakfast packs were provided on the day they were due to be eaten but were of poor quality and insufficient quantity. The lunch portion sizes were inadequate. Lunch was served to prisoners at their doors on most wings, which was costly because of the need for individual containers and restricted the options available. Evening meals were of reasonable quality and quantity. Prisoners ate in their cells, many of which had inadequate toilet screening (see section on residential units). Drinking water was available in each cell and most cells were equipped with either a kettle or flask to provide hot water at night.
- 8.6 Food hygiene was of a mixed standard. During our night visit we found food left out to defrost in food preparation areas and packs of open bread left out. Halal food was stored and prepared in separate areas to non-halal food but, although colour-coded utensils were provided for halal food on the wings, not all servery workers used them.

- 8.7 Servery areas were mostly clean and well maintained and staffed by servery orderlies. The prisoners working on the servery were not always appropriately dressed and not all had undergone hygiene training.
- 8.8 Catering staff attended the prisoner consultative committee, which met monthly and included catering as an agenda item. The catering manager also held monthly focus groups with different groups of prisoners. Comments books were located on each wing but were not reviewed regularly by the catering manager, who relied on wings sending them to the kitchen for responses. Prisoner surveys were conducted annually, and although the response rate was relatively low (approximately 10% in 2009), some changes had been made to accommodate prisoners' views, including the introduction of a salad option daily for the evening meal.

Recommendations

- 8.9 Broken kitchen equipment should be repaired promptly.
- 8.10 The prisoner changing area in the kitchen should be expanded to provide adequate washing, changing and toilet facilities.
- 8.11 The prisoner menu cycle should be reviewed to reduce repetition and increase hot choices at lunchtimes.
- 8.12 Mealtimes should be reviewed to reduce the time between the evening meal and breakfast, and lunch should be served later and from the serveries.
- 8.13 The lunchtime meal should be more substantial.
- 8.14 Prisoners should be able to dine in association.
- 8.15 Food should be defrosted in defrosting refrigerators.
- 8.16 Halal implements should be used on all serveries.
- 8.17 Servery workers should be trained in food hygiene and wear appropriate clothing to serve and prepare food.

Housekeeping points

- 8.18 The healthy options label should be appropriately applied.
- 8.19 Food should not be left out at night.
- 8.20 Catering staff should check all food comments books regularly.

Prison shop

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

- 8.21 The range of goods available in the shop was relatively extensive but did not fully meet the needs of black and minority ethnic prisoners. Consultation arrangements about prison shop products and services had been introduced. Prisoners complained about the cost of the prison shop.
- 8.22 In line with the national contract changes, the shop contract had changed to DHL Booker at the start of the financial year. After some initial teething problems related to stock and delivery, the contract was mainly working well.
- 8.23 Finance staff cited some poor communication from DHL Booker about changes such as the recent change in Christmas delivery times, about which they had received little notice. The prison had changed catalogue suppliers following problems with the previous supplier. Prisoners were charged £2.50 per catalogue order; although this was cheaper than with the original contractor, prisoners still found it unfair. Prisoners complained about the cost of goods in the prison shop.
- 8.24 In our survey, only 8% (compared with 18% at other local prisons) said that they had had access to the prison shop within the first 24 hours. Similar numbers to other prisons said that the range of products was adequate, but only 28% of black and minority ethnic prisoners, compared with 47% of white prisoners, said this. There had been problems with catalogue supplies, which had caused frustration. Consultation arrangements about prison shop products and services had been introduced and products rotated as a result.
- 8.25 Prison shop products were delivered during the evening, which restricted association (see section on time out of cell). The prison had an arrangement for prisoners who arrived late to be able to submit a shop order, but newly arrived prisoners could wait up to eight days for full access to the shop. However prisoners who smoked were able to have three smokers' packs in the early days and the prison was able to organise additional PIN telephone credit outside of the shop ordering system (see section on first days in custody).

Housekeeping point

- 8.26 Prisoners from black and minority ethnic backgrounds should be consulted about the range of products available in the shop.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 9.1 The prison had an up-to-date reducing reoffending strategy but it was not based on an adequate needs assessment and there was no comprehensive action plan or regional strategy. The monthly reducing reoffending meeting provided a forum for staff and providers but was not used effectively to oversee the strategy. There was no use of release on temporary licence to meet resettlement needs. The strategy was not measured against key outcomes for prisoners and there was no consultation with them about the effectiveness of resettlement support. The integrated offender management project for high-risk prisoners was a recent innovation.
- 9.2 The prison had an up-to-date reducing reoffending strategy which addressed each of the resettlement pathways. However, the implementation of the strategy was not robust or coordinated. There was no regional strategy for the prison to refer to, and its role in delivering offending behaviour activities was under review. The head of reducing reoffending, who was the deputy governor, had a clear vision of the types of services and interventions that he wanted to develop based on non-accredited programmes and strengthened links with community resources. He acknowledged that the prison was unable to provide interventions to address issues such as domestic violence and alcohol misuse.
- 9.3 The strategy referred to the need for an assessment of the range of prisoners' needs, but the accompanying needs assessment provided only a limited description of the prison population, with no mention of the specific needs of significant groups in the prison such as young adults, black and minority ethnic prisoners, foreign nationals and prisoners with disabilities. We were told that separate needs analyses were being developed by pathway leads for their areas.
- 9.4 Governance of the reducing reoffending strategy was poor. The action plan accompanying the strategy was not complete, with some pathways being absent. We were told that oversight of the action plan was through bilateral meetings between the deputy governor and the heads of functions responsible for each pathway, but we found no evidence for this.
- 9.5 Release on temporary licence (ROTL) had been used to further resettlement opportunities for a small number of prisoners until September 2009, but at the time of the inspection this had lapsed. Prisoners who had been linked to employment opportunities had been allowed daily release, and had obtained good quality training, work experience and offers of employment. Since the initiative had ceased, there had been just one successful ROTL application, and none related to resettlement needs.
- 9.6 A reducing reoffending committee, attended by key staff and outside agencies, met monthly. The resettlement pathways were represented at this meeting, and information on developments was shared and coordinated. External agencies we spoke to felt able to make a valid contribution and that they could influence practice. This meeting did not explicitly consider

implementation of the reducing reoffending strategy or hold strategic leads to account for progress.

- 9.7 The outcomes of the reducing reoffending strategy were not adequately monitored or linked to improvement. There was some consultation with providers and information sharing through the reducing reoffending meeting but no consideration of key indicators or prisoner consultation.
- 9.8 The prison had allocated resources to an integrated offender management project, which was a partnership with police and probation services for the management of high-risk offenders in Bristol. This was a recent development which aimed to reduce reoffending and to coordinate the safe resettlement of high-risk prisoners.

Recommendations

- 9.9 A new resettlement strategy should be written which provides appropriate interventions.
- 9.10 A needs assessment should be undertaken which identifies the distinct needs of specific groups of prisoners.
- 9.11 A clear and comprehensive action plan should be developed which addresses the elements of the reducing reoffending strategy, identifies the responsible leads and records progress.
- 9.12 Prisoners should be given the opportunity for release on temporary licence linked to specific resettlement needs.
- 9.13 The reducing reoffending meeting should be strategic and should oversee the delivery of the reducing reoffending strategy.
- 9.14 Evidence of the outcomes of the reducing reoffending strategy, including prisoners' views, should be obtained and used to guide developments.

Offender management and planning

Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

- 9.15 The offender management unit was well resourced and staff were trained. Some assessments were delayed and based on out of date information. Likelihood of reoffending was well assessed but risk of harm analyses were not of adequate quality. There was good evidence of engagement with prisoners but recording in offender management files was inadequate. The introduction of layered offender management was positive but some prisoners did not yet have custody plans, and discharge boards sometimes took place too late. Early release arrangements were managed proactively but too many prisoners were released after their eligibility date. There were some delays in moving prisoners to appropriate establishments, especially sex offenders in denial of their offending. Public protection arrangements were

robust. Recategorisation processes were not sufficiently transparent or inclusive. Prolific or priority offenders were returned to Bristol to facilitate local release. There were no specialist arrangements for the small number of indeterminate-sentenced prisoners.

Sentence planning and offender management

- 9.16 At the time of the inspection, the prison held 76 prisoners in scope of phase two of offender management, 14 in scope of phase three and 136 out of scope prisoners sentenced to 12 months or more.
- 9.17 The offender management unit (OMU) was well resourced, with prison officers and probation staff. They were all appropriately trained in risk assessment and planning, as well as working with indeterminate-sentenced prisoners. There was a specialist group which managed prolific or priority offenders (PPOs) but otherwise prisoners were allocated across the team, so each offender supervisor had a mixed caseload. The prison was not able to tell us how many assessments were overdue, and they were late in some of the files we examined. Some assessments had been copied from earlier documents and were not relevant to the current sentence. Offender supervisors told us that they were usually able to complete their work on time.
- 9.18 A number of functions were co-located in the OMU, including offender supervisors, case administrators, public protection staff, legal services staff, observation, classification and allocation (OCA) staff and staff working with PPOs. Information exchange was simplified by the close proximity of staff and there was evidence in all of the files of good internal communication between staff in the prison and with prisoners.
- 9.19 In most of the files we examined, the likelihood of reoffending had been completed to a satisfactory standard. Most cases had a sentence plan and, in general, these contained objectives that were relevant to the early stage of the sentence. Risk of harm screenings had been done and the majority were correct. However, the quality of risk of harm analyses was poor. Many were late and not comprehensive. Several cases did not have a required risk management plan, and for those that did, many were not of sufficient quality.
- 9.20 The quality and detail of recording in offender management files was not sufficient to gain an understanding of all interactions with offenders and the totality of the work being done.
- 9.21 Offender supervisors told us that relationships with offender managers were good and that the level of their participation in sentence planning boards was high. This was consistent with our offender management survey, in which 86% of prisoners who had had a sentence plan board said that their offender manager had attended, compared with an average of 41% in local prisons.
- 9.22 The prison had introduced layered offender management in November 2009, and all new receptions had had a layer one assessment of their risk and needs since then. Prisoners received before the introduction of this process had not received a consistent service, and there were several such individuals still at the prison who had not had their needs assessed. Some of these prisoners had been referred to resettlement services through the reception screening process, but there had been no systematic assessment during induction.
- 9.23 A pre-discharge board was held every week, attended by resettlement providers and safer custody staff, to review prisoners who had been monitored under assessment, care in custody and teamwork (ACCT) procedures. They were usually scheduled four weeks before the

prisoner's release date, sometimes later, which could leave insufficient time for effective arrangements to be made.

- 9.24 Prisoners meeting the criteria for home detention curfew (HDC) were contacted 14 weeks before their eligibility date. In the previous six months, there had been 520 identified as eligible, but most had been screened out and only 42 applications had been considered by the HDC board. Of these, 16 had been successful but 10 had been released after their eligibility date.
- 9.25 Early conditional licence (ECL) was used extensively and was started two months before the eligibility date. In the previous six months, 232 prisoners had been released under ECL, of whom 35 had not been released on their eligibility date.
- 9.26 Prisoners sentenced to longer than 12 months were seen soon after arrival by offender supervisors. Several files showed evidence of prompt signposting and referral to internal prison facilities, such as health, drugs and education services. There was evidence in the files of purposeful contact between offender supervisors and prisoners. This included examples of motivational work with prisoners who were reluctant to engage in sentence planning processes.
- 9.27 The majority of the relevant sentence plans we examined had identified interventions that would be delivered in another establishment, and specific prisons had been identified for prisoners to be moved to. However, in a number of the cases there had been a delay in getting the prisoner moved to the next establishment. One group that seemed to face regular problems in moving on was sex offenders (see section on attitudes, thinking and behaviour).

Categorisation

- 9.28 Initial categorisation was undertaken by OCA staff on the day after reception, using the standard algorithm.
- 9.29 Recategorisation was undertaken by offender supervisors when they were notified by the categorisation clerk. The process was not clear because the records we examined did not show what consultation had taken place in reaching decisions, or the extent to which prisoners had been involved. There was no reporting process to gather information from prison departments, or separate recategorisation board convened to take decisions.
- 9.30 There was a link between offender supervisors and the OCA department to identify prisoners for suitable moves. The case files we examined showed a statement of suitable moves to achieve sentence planning targets. Each week, the OCA department was notified of up to 25 places in training prisons and allocated prisoners to establishments where they could meet their targets. In the previous year they had moved 1,300 prisoners on to training establishments.
- 9.31 Some PPOs were moved to Bristol from category C prisons for local release and others were transferred there following requests from their offender managers for them to be transferred to the establishment.

Public protection

- 9.32 The public protection team was notified of all new receptions and checked their current offence and criminal record for indications of public protection issues. Information about risk was also

provided by police, and this fed into decisions about the need for restrictions or monitoring of prisoners. Offender supervisors also provided information gained from risk assessments, offender managers and pre-sentence reports.

- 9.33 Prisoners subject to public protection restrictions were visited immediately and informed of their status and the reasons. Those who wished to apply for child contact were provided with an application form and they were informed of how they could challenge the restrictions placed on them.
- 9.34 Cases were reviewed at the monthly integrated risk management team meeting, where offender supervisors, wing staff, police, security and telephone monitors were represented.

Indeterminate-sentenced prisoners

- 9.35 The prison held a small number of life-sentenced prisoners (16) and those serving indeterminate sentences for public protection (IPP) (14).
- 9.36 The emphasis in the prison was on completing assessments on these prisoners and moving them on to prisons where they could progress. Lifer and IPP prisoners at the establishment were recent recalls or recently sentenced, with some exceptions being held for medical treatment, such as attending the hepatitis clinic or parole reviews. A few were difficult to move because of behavioural problems, and the offender supervisors were proactive in working to facilitate moves for them.
- 9.37 There were no specialist staff working with indeterminate-sentenced prisoners, and their cases were allocated across the offender management team. No special facilities were available for them and they were located across all wings. One life-sentenced prisoner complained that he had shared a cell with a large number of short-term prisoners, which he found unsettling.

Recommendations

- 9.38 Assessments and reviews should be completed on time and relevant to the current sentence.
- 9.39 The quality and timeliness of risk of harm analyses should be monitored and improved.
- 9.40 All interactions with prisoners should be recorded in offender management files.
- 9.41 All unsentenced and short-sentence prisoners should have a custody plan.
- 9.42 A pre-discharge board for every prisoner should be held six weeks before release.
- 9.43 Prisoners assessed as suitable for home detention curfew should be released on their eligibility date unless there are unavoidable delays.
- 9.44 Recategorisation decisions should be taken by a board in a transparent way, which involves the prisoner, uses a consistent range of assessments from staff who know the prisoner and is fully recorded.
- 9.45 The prison should increase the number of prisoners able to return to Bristol before release to meet resettlement needs.

- 9.46 The particular needs of indeterminate-sentenced prisoners should be met by specialist provision.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

- 9.47 A large number of prisoners were released without an address. The accommodation officer was highly skilled and experienced but there was no succession planning, and prisoners' knowledge of the service was poor. Prisoners could attend pre-release courses. Links with outside agencies provided prisoners with up-to-date employment opportunities and productive work with voluntary support agencies. Nursing staff did not attend discharge planning boards but arrangements and preparations before release were timely and satisfactory. Assessment of financial needs had been introduced but there were prisoners still to have their needs assessed. Debt advice was limited and significantly worse with the loss of an external provider. There was good provision for benefits advocacy and advice.

Accommodation

- 9.48 The prison reported an average of 10–15% of prisoners released without an address. Of the last 20 releases, none had been homeless, 10 had gone to their family home, three to their own tenancy, three to supported housing, three to live with partners and one to stay temporarily with friends.
- 9.49 Accommodation advice was provided by a specialist prison officer, supported by two colleagues for about five hours a day. He was fully trained in housing issues and in provision of advice. He had also forged links with housing services in Bristol, so that he was able, through personal knowledge and contacts, to find accommodation for prisoners wishing to live in the area; this met a wide range of needs, including those of young adults and prisoners with special needs. He visited projects in the city and regularly met council housing staff. It was not clear how far his personal knowledge and expertise was shared.
- 9.50 The processes for referring prisoners with accommodation needs varied. Some referrals came from reception, arising from prisoners' initial screening, some from offender supervisors and some from discharge boards. Prisoners could self-refer, but, although the service was advertised by posters on the wings, in our survey only 17% of prisoners said that they knew where to go for accommodation advice, compared with an average of 35% in local prisons.
- 9.51 The range of services provided was adequate, ranging from maintaining tenancies, through housing benefit and surrendering tenancies where appropriate, to making applications for accommodation before release. The external agency staff we met during the inspection spoke highly of the quality of their relationship with the accommodation officer and the standard of liaison with him.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

- 9.52 During the first days of custody, all new prisoners were assessed for their resettlement needs and referred to the information, advice and guidance (IAG) programme to advise on the most suitable work, education and training. Closer links with the offender management unit had recently been established to share prisoner information more effectively. However, these links were too recent to have had a significant impact and were not yet providing a coherent approach across the prison. Prison staff liaised with offender managers to ensure that prisoners were able to attend pre-release courses aimed at helping them with interview techniques and completing CVs.
- 9.53 Short pre-release sessions were delivered to some prisoners and included housing, employment, motivation and behaviour, CVs and job applications, interview techniques, family rehabilitation and budgeting. Workshops provided some relevant employment skills.
- 9.54 Links with outside agencies such as Jobcentre Plus, Extra Mile and Blue Sky plus provided some prisoners with up-to-date employment opportunities and productive work with voluntary support agencies to ensure that support was available following release. Links with Bristol City Council and City of Bristol College facilitated entry to education and training programmes for prisoners on release.

Mental and physical health

- 9.55 Nursing staff did not attend discharge planning boards but arrangements and preparations before release were timely and satisfactory. Letters were provided to prisoners and copied to their GP if required, outlining any care and treatment provided during their time in custody. Prisoners without a GP were given help and advice on how to locate one and how to access NHS services. Specialist palliative care teams were available to provide outreach support to the prison. Prisoners with enduring mental health problems continued to be managed using the care programme approach, and there were links with the community mental health teams.

Finance, benefit and debt

- 9.56 Prisoners were informed of debt and benefit services during induction but a full assessment of their financial needs, through layered offender management, had only been carried out since November 2009.
- 9.57 The debt advice service in the prison was limited. A specialist service funded by a local bank had been withdrawn and a limited service introduced in January 2010. The new provision, from the Alabare organisation, was a debt triage service limited to a maximum of two interviews. Although the intention was that referrals would be made from the triage service to specialist provision, this was limited to Citizens Advice.
- 9.58 Benefits advice was provided by two full-time Jobcentre Plus staff, who provided advice, liaised with benefits offices and set up appointments for fresh claims on release.
- 9.59 The education department had provided six budgeting and money management courses in the previous year, and 54 prisoners had completed them.
- 9.60 There were no facilities to assist prisoners with opening bank accounts before release.

Recommendations

- 9.61 An analysis should be undertaken of the large number of prisoners being discharged without an address, and action taken to reduce the figure.
- 9.62 There should be succession planning so that the expertise and positive relationships developed by the accommodation officer can be sustained.
- 9.63 Nursing staff should attend pre-discharge planning boards.
- 9.64 The financial needs of all prisoners should be fully assessed.
- 9.65 A full debt advice service should be available.
- 9.66 Prisoners should be given help to open a bank account.

Housekeeping point

- 9.67 A plan should be implemented to increase prisoner awareness of the accommodation service.

Drugs and alcohol

- 9.68 The drug and alcohol strategy was up to date. Counselling, assessment, referral, advice and throughcare (CARAT) services were well staffed and effectively delivered the integrated drug treatment system 28-day psychosocial programme in partnership with clinical staff and two community-based organisations. The short duration drugs programme was in place and exceeding its targets, as were well attended Alcoholics Anonymous and Narcotics Anonymous meetings. There were no other alcohol interventions. Compact-based drug testing was funded for only 260 tests per month, although there were 400 compacts in place. Links with local resettlement agencies were excellent.
- 9.69 A current integrated drug and alcohol strategy had been informed by comprehensive needs analyses that were conducted annually. The drug strategy group met bi-monthly, with good representation from across the establishment.
- 9.70 The counselling, assessment, referral, advice and throughcare (CARAT) team completed timely drug intervention records and comprehensive substance misuse assessments and produced good quality care plans.
- 9.71 The IDTS 28-day psychosocial programme was mostly delivered by CARAT and IDTS clinical staff, although there was also a good level of partnership working with staff from two local community-based drugs projects, who came into the prison to deliver sessions on crack and cocaine. This gave them the opportunity to meet prisoners who would hopefully access their support on release.
- 9.72 The short duration drugs programme (SDP) was the only other drug-based programme and was on course to exceed its targets for completions for the year. Prisoners were referred to the SDP by CARAT workers and were well supported by both staff teams.

- 9.73 CARAT services were not funded to work one-to-one with primary alcohol users, although these prisoners could access the 28-day psychosocial programme. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) were also available, with separate meetings held for vulnerable prisoners. The AA/NA coordinator took a proactive approach to get prisoners involved in these meetings.
- 9.74 Compact-based drug testing (formerly known as voluntary drug testing) was available, although there was a funding limit of 260 tests per month. With around 400 separate prisoner compacts in place, many prisoners were not tested monthly. Some prisoners told us that they had only received one test in three or four months.
- 9.75 Links between the CARAT team and community drug intervention programmes, the Criminal Justice Intervention Team and other resettlement agencies were good, with additional involvement from the primary care trust (PCT) commissioner in facilitating effective links between all facets of IDTS and specialist community agencies like housing, mental health projects, services for Travellers and GP practices. This partnership working with the PCT had additionally secured funding for the development of an Astroturf pitch, with a view to encouraging more drug-using prisoners into exercise and healthy lifestyles.

Recommendations

- 9.76 The establishment should ensure that the required level of compact-based drug testing takes place.
- 9.77 Specific intervention should be available for prisoners with alcohol problems.

Good practice

- 9.78 *The level and extent of partnership working between the prison and external agencies from both the voluntary and statutory sectors had produced excellent outcomes for prisons during their sentences and on release into the local community.*

Children and families of offenders

- 9.79 The visits area was too small and the inflexible use of tables made it difficult to accommodate all who wanted to visit. The children's play area and refreshment bar had been re-opened recently. There were problems in booking visits. The well-equipped visitors' centre was under-used, although there were many activities and courses available. Only enhanced prisoners could access family days. There was effective involvement by voluntary and statutory community organisations and a good level of consultation with prisoners' families.

- 9.80 Domestic visits were provided every afternoon, with additional visits on weekday mornings for those on the safer custody unit. Our survey showed that fewer prisoners had received visits in the previous week than at comparator prisons.
- 9.81 The visits system had been changed since the previous inspection, and restrictions had been placed on the use of tables in the visits areas for different categories of prisoner such as remand, convicted and vulnerable prisoners. The number of tables overall and the size of the visits hall were insufficient for the number of prisoners requiring visits. The visits booking line was open from 8am to 5pm, with one hour's closure between 12.30pm and 1.30pm, seven

days a week. When we tested the booking line, we were answered promptly on the first occasion but could not get through on the second time we tried. We were not able to book a domestic visit for a convicted prisoner until the next week, and for a remand prisoner had to wait two days. Legal visits were readily available. We were told that weekend visits were regularly booked up to a week in advance.

- 9.82 Prisoners in our groups complained about the booking system. The prison had attempted to make booking easier by introducing on-site booking, but this was only useful for remand prisoners, who did not require a visiting order. A visiting order was required for convicted prisoner visits, and these were not issued far enough in advance for visitors to use the on-site booking facility.
- 9.83 The visitors centre was not fully utilised. It was located outside the prison and was well equipped, with staff from the Prisoners Advice and Care Trust (PACT) and good facilities and information. Visitors were reluctant to use it as they were not required to book in for visits there. Efforts had been made to increase the use of the centre, including a monthly meeting between centre staff and visitors which culminated in an additional visit. Further consultation took place between prison managers and visitors quarterly. Visitors' centre staff provided a signposting service and directed visitors to several organisations which could provide specific support and advice. They also attended the visits hall during visits and prisoner induction, where they offered information and made arrangements to contact prisoners' families.
- 9.84 The visitors' entry to prison was through an area built for receiving visitors to category A prisoners, which retained some high-security features and category A signage. A biometric identification system was in use and, according to the visits policy, visitors were not required to show identification once established on the system. However, staff said that they checked visitors' identity documents on every visit, as well as using the biometric system.
- 9.85 On the day we observed visits, visitors and prisoners arrived in the visits hall in good time. When visitors did not attend, booking staff or the visits senior officer would call them to check if they were coming and pass information on to prisoners who were waiting. Visits for those unable to access the visits hall (see paragraph 4.53) took place in the chapel on Wednesday afternoons.
- 9.86 The visits hall was small but bright. Furniture was fixed in most parts of the hall, except for four tables for enhanced prisoner visits. Prisoner artwork was displayed on the walls with some general information for visitors. We observed positive interactions between staff, prisoners and visitors, with staff offering advice to visitors on a variety of matters. The atmosphere was relaxed and welcoming and visitors we spoke to regarded staff highly.
- 9.87 One row in the visits hall was reserved for use by vulnerable prisoners and their visitors, making them easily identifiable to others. All prisoners were required to wear high-visibility vests; this was unnecessary, as visitors had their hands stamped with ultraviolet ink, which was checked on leaving the hall. Convicted prisoners had one visiting session per afternoon, while visits for remand prisoners were divided into two sessions per afternoon. Visitors who had travelled long distances could apply to have extended visits.
- 9.88 There was a children's play area, temporarily staffed by volunteers from Barnardo's until a more permanent arrangement could be implemented. There was also a partnership with the Filton Children's Centre, to provide support to the children's play area in the visitors' centre. A range of refreshments was offered for sale, served by staff from PACT, which had taken over the contract in the week of the inspection. Previously, the refreshment bar had often been closed.

- 9.89 There were five closed visits booths in sight, but out of hearing, of staff. There were also separate rooms for 10 legal visits.
- 9.90 There was an enthusiastic identified pathway lead for children and families. The pathway was included in the resettlement strategy and there was an action plan to address issues raised by a recent needs analysis.
- 9.91 Family visits were available quarterly to prisoners on the enhanced level of the incentives and earned privileges scheme, and there were plans to make these monthly. The most recent visit had taken place in December 2009. There were a number of initiatives to encourage prisoners and their families to improve relationships. The Family Man course had recently been changed under a pilot scheme to include family members or supporters. Funding had been provided by the Learning and Skills Council to continue this course in the new format. The Bristol Community Family Trust ran two-day relationship workshops. Four had been held in the previous year and 206 prisoners had completed them. PACT delivered family awareness sessions with the families of new prisoners, and Storybook Dads was also provided. This latter initiative included workshops in which prisoners could make toys to accompany the recorded stories. Prisoners could produce animation DVDs for older children through a workshop provided by the Bristol Learning Communities Team, and could apply for up to six additional children's letters per week. Additional family visits could be applied for, to take place in the chapel, when family emergencies occurred and an additional visit was required.

Recommendations

- 9.92 The use of spaces in the visits hall should be more flexible, to allow the maximum number of visits to take place every day.
- 9.93 The visits hall should be extended to cater for the number of prisoners wanting visits.
- 9.94 Visiting orders should be issued far enough in advance for all visitors to take advantage of the on-site booking facility.
- 9.95 The biometric system should be used according to the visits policy.
- 9.96 Visits for vulnerable prisoners should be arranged so as not to make them easily identifiable to other prisoners and visitors.
- 9.97 Prisoners should not be required to wear high-visibility vests during visits.
- 9.98 All prisoners should be able to have family visits.

Housekeeping point

- 9.99 The visitor entry area should be redesigned to remove high-security features and category A signage.

Attitudes, thinking and behaviour

- 9.100** The enhanced thinking skills (ETS) programme and short duration drugs programme were provided but were under review. ETS was well managed but provision of alternatives for prisoners who were unsuitable for the programme was limited.
- 9.101** The prison provided the enhanced thinking skills (ETS) programme, running six programmes a year and aiming for 54 completions. The facilities for programme delivery were good but the room used for the vulnerable prisoner group was not suitable for prisoners with disabilities, so had been relocated before the inspection to an accessible education classroom. There was a waiting list of 38 prisoners and this was managed appropriately, according to need and release dates. Although referrals came from a variety of sources, they were checked with offender supervisors for compatibility with sentence plan targets.
- 9.102** Alternative interventions for prisoners who were unsuitable for ETS were limited. There was a short duration drugs programme (see section on drugs and alcohol) but no victim awareness or decision-making programmes. There were no interventions for sex offenders who were in denial of their offences.
- 9.103** The provision of accredited programmes was under review and likely to change in the near future.

Recommendation

- 9.104** The prison should establish the number of sex offenders in denial of their offence and devise a strategy to address this and motivate prisoners.

Section 10: Recommendations, housekeeping points and good practice

The following is a listing of 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.

Main recommendation

To the regional custodial manager

- 10.1 An area-wide resettlement strategy should be developed which allows the establishment to concentrate on immediate assessment and allocation of prisoners and ensures clear routes to training prisons with appropriate interventions for sentenced prisoners. (HP55)

Main recommendations

To the governor

- 10.2 All prisoners should spend their first days in the first night centre, which should not be used for difficult to manage prisoners. (HP51)
- 10.3 The quality assurance and governance arrangements for use of force and special accommodation should be strengthened. (HP52)
- 10.4 Consultative arrangements should be expanded to include consultation with specific groups, and prisoners should be informed about action taken in response to issues raised at consultation meetings. (HP53)
- 10.5 Time out of cell should be ten hours on weekdays and in particular association should be available daily, and at least twice during the week in the evening for all prisoners. (HP54)
- 10.6 All prisoners should have access to purposeful activity. (HP56)
- 10.7 The amount of vocational training should be increased.(HP57)
- 10.8 The prison should develop a strategy for the management of young adult prisoners. (HP58)

Recommendations

To the governor

Courts, escorts and transfers

- 10.9 Information about Bristol prison should be available in all courts served by the establishment. (1.9)
- 10.10 Prisoners should be moved from court to the prison at the earliest opportunity. (1.10)
- 10.11 Escort staff should ensure that prisoners receive an adequate meal and drink at meal times. (1.11)
- 10.12 Prisoners should be allowed a free telephone call to inform their families of impending transfers, subject to a security assessment. (1.12)

First days in custody

- 10.13 Prisoners with restricted mobility should be able to access the reception area. (1.36)
- 10.14 Telephones to contact families should be made available in reception for those arriving late in the day. (1.37)
- 10.15 Holding rooms should contain reading material. (1.38)
- 10.16 Vulnerable prisoners should be held in suitable holding rooms. (1.39)
- 10.17 There should be a television in all holding rooms, with information about the establishment. (1.40)
- 10.18 Cell sharing risk assessment interviews should be conducted sensitively and in private. (1.41)
- 10.19 Searching should be conducted in a discrete area. (1.42)
- 10.20 Staff in reception should refer to prisoners by their preferred name. (1.43)
- 10.21 Listeners and Insiders should actively assist new prisoners to settle in throughout the reception and first night process. (1.44)
- 10.22 Prisoners should spend the minimum amount of time in reception on arrival. (1.45)
- 10.23 Vulnerable prisoners should be located on D wing with sufficient time to carry out first night procedures fully. (1.46)
- 10.24 Listeners should be more actively involved in the first night process. (1.47)
- 10.25 All prisoners should have access to smokers' and non-smokers' packs on arrival. (1.48)
- 10.26 All prisoners should be offered a shower on their first night. (1.49)
- 10.27 Managers should explore the reasons for prisoners' poor perceptions of safety on their first night. (1.50)
- 10.28 All prisoners should undergo an induction programme and it should be of sufficient quality to ensure that they have key information in a user-friendly format. (1.51)
- 10.29 Translated induction information should be equivalent to that available in English. (1.52)

Residential units

- 10.30 Methods for deterring pigeons from perching on the buildings should be improved and their droppings cleared. (2.19)
- 10.31 Cells designed for one prisoner should not be used to accommodate two. (2.20)
- 10.32 Age-appropriate risk assessments should be carried out to ensure the safety of young adults. (2.21)

- 10.33 Prisoners' perceptions of poor response times to cell call bells should be investigated through night as well as day management checks. (2.22)
- 10.34 Television shelves should be sited to enable both prisoners in a shared cell safely to watch the television. (2.23)
- 10.35 Prisoners should be able to wear their own clothes. (2.24)
- 10.36 Sufficient prison-issue clothing should be issued to meet the needs of prisoners. (2.25)
- 10.37 Sufficient equipment should be provided for wing laundries. (2.26)
- 10.38 The hot water system should be upgraded to provide sufficient hot water. (2.27)
- 10.39 Outgoing mail should be posted out and incoming mail distributed on the same day it is received. (2.28)
- 10.40 The cost of prisoners' telephone calls should be reduced. (2.29)
- 10.41 All prisoners should have equitable access to telephones. (2.30)
- 10.42 Key notices should be provided in a format suitable for prisoners unable to read through eyesight, literacy or language problems. (2.31)

Staff-prisoner relationships

- 10.43 Staff should be fully aware of the employment, education and training opportunities available for prisoners and encourage them to engage with what is available. (2.47)
- 10.44 Staff should be fully aware of the resettlement services available for prisoners and be able to refer them to relevant agencies. (2.48)

Personal officers

- 10.45 All personal officers should introduce themselves to those on their caseload as soon after arrival as possible. (2.55)
- 10.46 The role of the personal officer should be extended to understanding prisoners' identified needs, supporting them in achieving targets set, following up referrals and supporting reintegration into the community. (2.56)

Bullying and violence reduction

- 10.47 The prison should carry out a safety survey, which should also focus on minority groups. This should inform the violence reduction strategy. (3.13)
- 10.48 A system should be introduced to alert safer custody staff to any unexplained injuries as soon as they occur. (3.14)

Self-harm and suicide

- 10.49 All serious incidents should be investigated and any lessons learned incorporated into the management of self-harm policy. (3.35)
- 10.50 Young adults should have equitable access to Listeners. (3.36)
- 10.51 Assessment, care in custody and teamwork (ACCT) procedures for foreign national prisoners should offer sufficient confidentiality. (3.37)
- 10.52 Night-time checks of prisoners on open ACCT documents should be intermittent and unpredictable. (3.38)

Applications and complaints

- 10.53 The application system should be able to track replies to applications. (3.43)

Legal rights

- 10.54 Prisoners should be provided with time during the day to contact their legal representatives. (3.53)

Faith and religious activity

- 10.55 Prisoners should not have to apply to attend weekend services. (3.62)
- 10.56 Regime activities should be scheduled to enable prisoners to attend corporate worship. (3.63)
- 10.57 Prisoners who wish to attend weekend services should be unlocked in time to attend, and this should be monitored. (3.64)
- 10.58 Links should be made with faith communities outside the prison to meet prisoners' individual needs. (3.65)

Substance use

- 10.59 The integrated drug treatment system (IDTS) unit should be refurbished to provide a cleaner, brighter and more therapeutic environment. (3.76)
- 10.60 The relapse intervention team should receive formal training in the relapse prevention model and motivational interviewing. (3.77)
- 10.61 There should be a clear separation between compact-based drug testing and mandatory drug testing (MDT), in terms of staffing and location. (3.78)
- 10.62 MDT facilities should be refurbished to create an adequate testing and waiting environment. (3.79)

Diversity

- 10.63 The provision and consultation arrangements for older prisoners and those with disabilities should be improved to ensure that they effectively address the needs of these prisoners. (4.8)
- 10.64 Each of the diversity strands should be discussed and monitored at the equality and diversity action team meeting. (4.9)
- 10.65 All prisoner representatives should receive adequate training in order to fulfil their role. (4.10)
- 10.66 The wider prisoner population should be consulted regularly about diversity issues. (4.11)
- 10.67 Older prisoners and those with disabilities should have full access to the regime and activities; equality of treatment and access should be monitored by disability and age and appropriate action should be taken to rectify any inequalities. (4.12)

Diversity: race equality

- 10.68 The work undertaken by the equality diversity action team should be promoted, particularly the steps taken to ensure equality of treatment, and should be published in an accessible format to prisoners. (4.26)
- 10.69 The race equality officer should receive specific training for the role, including simple investigation training. (4.27)
- 10.70 The needs of Gypsies and Travellers should be monitored and responded to, in particular equality of access to the regime and activities. (4.28)
- 10.71 Black and minority ethnic prisoners should be consulted in groups and the results of consultation communicated to them. (4.29)

Diversity: religion

- 10.72 There should be monitoring of access to key regime activities by religion. (4.32)
- 10.73 Staff should receive religious diversity training. (4.33)

Diversity: foreign nationals

- 10.74 The foreign national prisoner policy document should be available to all foreign national prisoners, and in their first language. (4.43)
- 10.75 There should be regular consultation forums with all foreign national prisoners. (4.44)
- 10.76 Foreign national prisoners should have access to a free five-minute telephone call, regardless of whether they are receiving domestic visits and should be informed of this. (4.45)
- 10.77 Foreign national prisoners should be supported to secure legal representatives and to maintain contact with them. (4.46)

- 10.78 All foreign national prisoners should have access to the local immigration enforcement officer and be notified of his attendance. (4.47)

Diversity: disability

- 10.79 The disability liaison officer (DLO) should have sufficient time to undertake his work effectively. (4.55)
- 10.80 Prisoners with a disability who require assistance should have a personal emergency evacuation plan and staff should be aware of this. (4.56)
- 10.81 Staff should refer any prisoners with a disability to the DLO, to ensure that he is aware of them and that they have the support they require. (4.57)
- 10.82 The peer supporters scheme should be formalised to ensure that prisoners who need assistance receive the planned support. (4.58)
- 10.83 Prisoners who require support to access the regime and activities should have a care plan devised and regularly reviewed. (4.59)

Diversity: older prisoners

- 10.84 Prisoners located on F wing (the community unit) should have named personal officers. (4.65)
- 10.85 Services for older prisoners should be further developed on F wing. (4.66)
- 10.86 The function of F wing as a community unit should be reviewed to ensure that it sufficiently meets the needs of the older prisoners located there. (4.67)
- 10.87 Prisoners who have reached retirement age should not be required to pay for their television. (4.68)

Diversity: gender and sexual orientation

- 10.88 The needs and services for gay and transgender prisoners should be discussed and monitored at the equality and diversity action team (EDAT) meeting. (4.72)
- 10.89 The EDAT action plan should outline how gay and transgender work will be developed. (4.73)
- 10.90 There should be specific support schemes for gay and transgender prisoners in the establishment and through referral to external support networks. (4.74)
- 10.91 Strategies for preventing and dealing with discrimination on the basis of sexual orientation should be implemented. (4.75)

Health services

- 10.92 Permanent discipline staff should be employed in the healthcare centre. (5.57)
- 10.93 Disabled access to the primary care/day care unit should be installed. (5.58)

- 10.94 Priority should be given to the recruitment of primary care mental health nurses. (5.59)
- 10.95 The holding rooms in the healthcare centre should be refurbished to provide a satisfactory environment for patients waiting for appointments. (5.60)
- 10.96 All inpatient cells should be removed from the list of certified normal accommodation. (5.61)
- 10.97 Inpatients should be given the resources and opportunity to eat communally. (5.62)
- 10.98 Regular provision of three dental sessions a week should be provided as planned. (5.63)
- 10.99 Defibrillators should be checked daily and all resuscitation equipment check records should remain where the equipment is sited. (5.64)
- 10.100 Prisoners should have access to a dedicated healthcare forum. (5.65)
- 10.101 Healthcare information should be provided at reception and nursing staff should be involved in the induction process. (5.66)
- 10.102 Healthcare information should be made available in a range of languages appropriate for the prison population. (5.67)
- 10.103 Arrangements should be made to ensure that medications requiring night-time dosing are able to be administered at the correct time if the patient or drug has been assessed as unsuitable for in-possession issue. (5.68)
- 10.104 The medicines and therapeutics committee should introduce further patient group directions to enable the supply of more potent medication by the pharmacist and/or nurse, to avoid unnecessary consultations with the doctor. (5.69)
- 10.105 The medicines and therapeutics committee should meet regularly, at least four times a year, and meetings should be meaningful, with all stakeholders attending. (5.70)
- 10.106 A replacement washer/disinfector should be provided in the dental surgery without delay. (5.71)
- 10.107 Clinical, hazardous and non-clinical waste should be appropriately stored and disposed of, with relevant documentation available. (5.72)
- 10.108 Refurbishment of the dental surgery should be undertaken as planned and an amalgam separator incorporated. (5.73)
- 10.109 Provision should be made to cover the dentist's annual and sick leave. (5.74)
- 10.110 A hygienist session should be provided to enhance oral health promotion, facilitate reduction of the waiting list and expedite completion of courses of treatment. (5.75)
- 10.111 The reasons for failures to attend dental appointments should be investigated and remedial action taken. (5.76)
- 10.112 Security gates in the inpatient unit should be relocated to facilitate ease of movement of patients. (5.77)

- 10.113 The inpatient exercise yard should be cleaned and fitted to provide a therapeutic environment for patients. (5.78)
- 10.114 Day care facilities should be resourced to provide care for prisoners with mental health problems who are having difficulties in coping on the wings. (5.79)

Learning and skills and work activities

- 10.115 Allocation to work should make use of all available information and allow equal access for all prisoners. (6.23)
- 10.116 The pass rates on literacy courses should be improved. (6.24)
- 10.117 The planning of teaching and learning activities in skills for life sessions should be reviewed and developed to improve prisoner participation and engagement. (6.25)
- 10.118 More effective use should be made of data to inform decision making and development. (6.26)
- 10.119 Quality improvement arrangements should be fully implemented across the training provision. (6.27)

Physical education and health promotion

- 10.120 There should be more vocational PE programmes. (6.34)
- 10.121 Information about changes to prisoners' health and fitness should be shared with PE staff. (6.35)

Time out of cell

- 10.122 All prisoners should spend at least 10 hours out of their cells on weekdays. (6.44)
- 10.123 Association should be available when shop orders are delivered. (6.45)
- 10.124 Association equipment should be replaced where necessary. (6.46)
- 10.125 All prisoners should have access to adequate association areas. (6.47)
- 10.126 All exercise yards should be cleaned, cleared of graffiti, provided with seating and made more pleasant environments. (6.48)

Security and rules

- 10.127 Safer custody staff should attend security committee meetings. (7.8)
- 10.128 Target searches should be carried out within the required timescales. (7.9)
- 10.129 Prisoners should only be subject to closed visits when there is evidence of illicit activity related to visits, and should not remain subject to closed visits if further intelligence is not received. (7.10)

- 10.130 Prisoners should be informed of their right to appeal against closed visits. (7.11)
- 10.131 Visitors should only be subject to closed visits when indicated by the drug dog if there is supporting intelligence. (7.12)

Discipline

- 10.132 Prisoners' fitness for adjudication should be assessed before the start of proceedings and this should be in the record of the hearing. (7.30)
- 10.133 Investigations into alleged misuse of force should be comprehensive and include interviews with all prisoners and personnel involved. (7.31)
- 10.134 The procedures for storing recordings of use of force should be improved to ensure that evidence is correctly preserved. (7.32)
- 10.135 Use of force should be certified by an appropriate manager who was not involved in the recorded incident. (7.33)
- 10.136 Use of special accommodation should be reviewed regularly by the use of force committee and quality checks carried out on all documentation. (7.34)
- 10.137 The toilets and sinks in the segregation unit should be deep cleaned. (7.35)
- 10.138 Segregated prisoners should be set individually assessed targets and care plans. (7.36)
- 10.139 Individual prisoner history sheets should reflect interaction and discussion between staff and prisoners on the segregation unit. (7.37)
- 10.140 A standing agenda should be developed for the monthly adjudication and segregation unit meetings, to ensure consistency in the monitoring of management information. (7.38)
- 10.141 Prisoners held in special accommodation should be visible to staff at all times. (7.39)
- 10.142 The temperature of the segregation unit should be maintained at an acceptable level. (7.40)

Incentives and earned privileges

- 10.143 The incentives and earned privileges (IEP) policy should be consistently applied. (7.48)
- 10.144 Prisoners should be set individual improvement targets and objectives. (7.49)
- 10.145 Prisoners should be given the opportunity to attend IEP review boards, and their attendance or non-attendance recorded. (7.50)
- 10.146 The facilities list should be reviewed, in consultation with prisoners, to include greater differentials between the different levels of the scheme. (7.51)

Catering

- 10.147 Broken kitchen equipment should be repaired promptly. (8.9)

- 10.148 The prisoner changing area in the kitchen should be expanded to provide adequate washing, changing and toilet facilities. (8.10)
- 10.149 The prisoner menu cycle should be reviewed to reduce repetition and increase hot choices at lunchtimes. (8.11)
- 10.150 Mealtimes should be reviewed to reduce the time between the evening meal and breakfast, and lunch should be served later and from the serveries. (8.12)
- 10.151 The lunchtime meal should be more substantial. (8.13)
- 10.152 Prisoners should be able to dine in association. (8.14)
- 10.153 Food should be defrosted in defrosting refrigerators. (8.15)
- 10.154 Halal implements should be used on all serveries. (8.16)
- 10.155 Servery workers should be trained in food hygiene and wear appropriate clothing to serve and prepare food. (8.17)

Strategic management of resettlement

- 10.156 A new resettlement strategy should be written which provides appropriate interventions. (9.9)
- 10.157 A needs assessment should be undertaken which identifies the distinct needs of specific groups of prisoners. (9.10)
- 10.158 A clear and comprehensive action plan should be developed which addresses the elements of the reducing reoffending strategy, identifies the responsible leads and records progress. (9.11)
- 10.159 Prisoners should be given the opportunity for release on temporary licence linked to specific resettlement needs. (9.12)
- 10.160 The reducing reoffending meeting should be strategic and should oversee the delivery of the reducing reoffending strategy. (9.13)
- 10.161 Evidence of the outcomes of the reducing reoffending strategy, including prisoners' views, should be obtained and used to guide developments. (9.14)

Offender management and planning

- 10.162 Assessments and reviews should be completed on time and relevant to the current sentence. (9.38)
- 10.163 The quality and timeliness of risk of harm analyses should be monitored and improved. (9.39)
- 10.164 All interactions with prisoners should be recorded in offender management files. (9.40)
- 10.165 All unsentenced and short-sentence prisoners should have a custody plan. (9.41)
- 10.166 A pre-discharge board for every prisoner should be held six weeks before release. (9.42)

- 10.167 Prisoners assessed as suitable for home detention curfew should be released on their eligibility date unless there are unavoidable delays. (9.43)
- 10.168 Recategorisation decisions should be taken by a board in a transparent way, which involves the prisoner, uses a consistent range of assessments from staff who know the prisoner and is fully recorded. (9.44)
- 10.169 The prison should increase the number of prisoners able to return to Bristol before release to meet resettlement needs. (9.45)
- 10.170 The particular needs of indeterminate-sentenced prisoners should be met by specialist provision. (9.46)

Resettlement pathways

- 10.171 An analysis should be undertaken of the large number of prisoners being discharged without an address, and action taken to reduce the figure. (9.61)
- 10.172 There should be succession planning so that the expertise and positive relationships developed by the accommodation officer can be sustained. (9.62)
- 10.173 Nursing staff should attend pre-discharge planning boards. (9.63)
- 10.174 The financial needs of all prisoners should be fully assessed. (9.64)
- 10.175 A full debt advice service should be available. (9.65)
- 10.176 Prisoners should be given help to open a bank account. (9.66)
- 10.177 The establishment should ensure that the required level of compact-based drug testing takes place. (9.76)
- 10.178 Specific intervention should be available for prisoners with alcohol problems. (9.77)
- 10.179 The use of spaces in the visits hall should be more flexible, to allow the maximum number of visits to take place every day. (9.92)
- 10.180 The visits hall should be extended to cater for the number of prisoners wanting visits. (9.93)
- 10.181 Visiting orders should be issued far enough in advance for all visitors to take advantage of the on-site booking facility. (9.94)
- 10.182 The biometric system should be used according to the visits policy. (9.95)
- 10.183 Visits for vulnerable prisoners should be arranged so as not to make them easily identifiable to other prisoners and visitors. (9.96)
- 10.184 Prisoners should not be required to wear high-visibility vests during visits. (9.97)
- 10.185 All prisoners should be able to have family visits. (9.98)
- 10.186 The prison should establish the number of sex offenders in denial of their offence and devise a strategy to address this and motivate prisoners. (9.104)

Housekeeping points

Residential units

- 10.187 Mail should be left in the envelopes in which it is received unless there are security reasons for not doing so. (2.32)
- 10.188 All toilets should be deep cleaned regularly. (2.33)
- 10.189 The offensive display policy should be displayed throughout the establishment and applied consistently. (2.34)
- 10.190 Prisoners should be given the opportunity for clothing to be laundered before storage. (2.35)
- 10.191 Additional clothing and bedding should be available for older prisoners and those with disabilities. (2.36)
- 10.192 There should be a clearly publicised and efficient process for mattress exchange. (2.37)

Staff-prisoner relationships

- 10.193 Officers should knock before entering cells, except in emergencies. (2.49)

Personal officers

- 10.194 Personal officer allocations should be kept up to date with the staff designated to each wing. (2.57)

Self-harm and suicide

- 10.195 The Samaritans telephone should be charged after use. (3.39)

Applications and complaints

- 10.196 Replies to complaints should address the complainant by name. (3.44)

Health services

- 10.197 Training records should be collated to aid scrutiny and ensure sufficient monitoring. (5.80)
- 10.198 NICE guidelines and National Service Frameworks should be easily accessible to staff. (5.81)
- 10.199 Loose tablets and tablet foils do not satisfy labelling requirements and should not be present in stock. (5.82)
- 10.200 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and the pharmacy, to ensure that heat-sensitive items are stored within the

2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (5.83)

- 10.201 The layout of the prescriptions should be altered so that all the details, including the full drug name, are visible when the sheet is put into the patient's folder. Diagnoses should be present on prescriptions. (5.84)
- 10.202 Care should be taken to make full and complete records of administration of medicines. (5.85)
- 10.203 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request. (5.86)
- 10.204 Old pharmacy reference books should be discarded, and only the most recent copy kept, to ensure that any information used is up to date. (5.87)
- 10.205 All medication pre-packs should be dual labelled. (5.88)
- 10.206 The dental surgery floor should be regularly cleaned. (5.89)
- 10.207 Documentation relating to Control of Substances Hazardous to Health and risk assessments should be in place for the dental surgery. (5.90)
- 10.208 Documentation relating to the dental compressor, autoclave and X-ray maintenance should be available. (5.91)
- 10.209 The head of healthcare should consult the radiation protection supervisor to review radiograph quality. (5.92)
- 10.210 A replacement lockable filing cabinet should be provided for appropriate storage of dental clinical records. (5.93)

Discipline

- 10.211 Night-time observations of prisoners in special accommodation should be unpredictable. (7.41)

Catering

- 10.212 The healthy options label should be appropriately applied. (8.18)
- 10.213 Food should not be left out at night. (8.19)
- 10.214 Catering staff should check all food comments books regularly. (8.20)

Prison shop

- 10.215 Prisoners from black and minority ethnic backgrounds should be consulted about the range of products available in the shop. (8.26)

Resettlement pathways

- 10.216 A plan should be implemented to increase prisoner awareness of the accommodation service. (9.67)
- 10.217 The visitor entry area should be redesigned to remove high-security features and category A signage. (9.99)

Examples of good practice

Bullying and violence reduction

- 10.218 The workbooks for perpetrators of anti-social behaviour were regularly scrutinised by psychologists and provided a good opportunity for prisoners to examine their behaviour. (3.15)

Substance use

- 10.219 The IDTS reception waiting room offered prisoners a warm and relaxing environment in which to wait to see the GP and IDTS nurses on arrival at the establishment. (3.80)
- 10.220 The establishment had secured funding from the local primary care trust to set up the relapse intervention team, which was achieving positive outcomes. (3.81)

Discipline

- 10.221 The introduction of the assistance log gave a clear record of the help offered to prisoners during adjudications. (7.42)

Resettlement pathways

- 10.222 The level and extent of partnership working between the prison and external agencies from both the voluntary and statutory sectors had produced excellent outcomes for prisons during their sentences and on release into the local community. (9.78)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Sara Snell	Team leader
Karen Dillon	Inspector
Hayley Folland	Inspector
Vinnett Percy	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Mick Bowen	Healthcare inspector
Paul Roberts	Substance misuse inspector
Simon Denton	Pharmacy inspector
Jen Davis	Dental inspector
Linda Truscott	Ofsted inspector
Allan Shaw	Ofsted inspector
Martin Hughes	Ofsted inspector
Sherelle Parke	Researcher
Olayinka Macauley	Researcher

Appendix II: Prison population profile

Status	18–20-year-olds	21 and over	%
Sentenced	5	281	47.28
Recall	1	49	8.27
Convicted unsentenced	11	86	16.03
Remand	22	144	27.44
Civil prisoners	0	0	0
Detainees	0	6	0.99
Total	39	566	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	34	235	44.46
Less than 6 months	2	48	8.26
6 months to less than 12 months	0	41	6.78
12 months to less than 2 years	1	59	9.92
2 years to less than 4 years	2	86	14.54
4 years to less than 10 years	0	62	10.25
10 years and over (not life)	0	5	0.83
ISPP	0	14	2.31
Life	0	16	2.64
Total	39	566	100

Age	Number of prisoners	%
Please state minimum age	18	
Under 21 years	39	6.45
21 years to 29 years	209	34.55
30 years to 39 years	185	30.58
40 years to 49 years	115	19.01
50 years to 59 years	43	7.11
60 years to 69 years	11	1.82
70 plus years	3	0.5
Please state maximum age	72	
Total	605	100

Nationality	18–20-year-olds	21 and over	%
British	29	503	87.93
Foreign nationals	10	63	12.06
Total	39	566	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	33	238	44.79
Uncategorised sentenced	6	19	4.13
Cat A	0	0	0
Cat B	0	55	9.09
Cat C	0	242	40.00
Cat D	0	12	1.98
Other	0	0	0
Total	39	566	100

Ethnicity	18-20-year-olds	21 and over	%
<i>White</i>			
British	27	444	77.85
Irish	0	4	0.66
Other White	1	16	2.81
<i>Mixed</i>			
White and Black Caribbean	0	7	1.16
White and Black African	1	1	0.34
White and Asian	1	2	0.5
Other Mixed	0	2	0.33
<i>Asian or Asian British</i>			
Indian	0	8	1.32
Pakistani	0	2	0.33
Bangladeshi	0	1	0.17
Other Asian	1	6	1.16
<i>Black or Black British</i>			
Caribbean	5	48	8.76
African	3	11	2.32
Other Black	0	7	1.16
<i>Chinese or other ethnic group</i>			
Chinese	0	2	0.33
Other ethnic group	0	1	0.17
Not stated	0	1	0.17
Total	39	563	100

Religion	18-20-year-olds	21 and over	%
Baptist	0	0	0
Church of England	3	73	12.57
Roman Catholic	2	38	6.61
Other Christian denominations	0	8	1.32
Muslim	3	21	3.97
Sikh	0	2	0.33
Hindu	0	1	0.17
Buddhist	0	2	0.33
Jewish	0	0	0
Other	0	13	2.15
No religion	31	408	72.56
Total	39	566	100

Sentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	2	0.6	83	24.7
1 month to 3 months	1	0.3	108	32.14

3 months to 6 months	2	0.6	56	16.67
6 months to 1 year	0	0.0	54	16.07
1 year to 2 years	0	0.0	24	7.14
2 years to 4 years	0	0.0	4	1.19
4 years or more	0	0.0	1	0.30
Total	5		330	100

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	6	2.23	68	25.28
1 month to 3 months	14	5.20	72	26.77
3 months to 6 months	13	4.83	64	23.79
6 months to 1 year	1	0.37	28	10.41
1 year to 2 years	0	0	3	1.12
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	34		235	100

Main offence	18–20-year-olds	21 and over	%
Violence against the person	10	134	23.80
Sexual offences	3	62	10.75
Burglary	8	84	15.20
Robbery	8	49	9.42
Theft and handling	2	47	8.0
Fraud and forgery	0	11	1.82
Drugs offences	1	70	11.74
Other offences	6	90	15.87
Civil offences	0	1	0.17
Offence not recorded / holding warrant	1	18	3.15
Total	39	566	100

Appendix III: Summary of prisoner questionnaires

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 30 November 2009, the prisoner population at HMP Bristol was 582. The sample size was 129. Overall, this represented 22% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a local inmate database system (LIDS) prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Two respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 111 respondents completed and returned their questionnaires. This represented 19% of the prison population. The response rate was 86%. In addition to the two respondents who refused to complete a questionnaire, 15 questionnaires were not returned and one was returned blank.

Comparisons

The following details the results from the survey. Data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all prisoners surveyed in local prisons. This comparator was based on all responses from prisoner surveys carried out in 36 local prisons since April 2003.
- The current survey responses in 2009 against the responses of prisoners surveyed at HMP Bristol in 2004.
- A comparison within the 2009 survey between the responses of white prisoners and those from black and minority ethnic groups.
- A comparison within the 2009 survey between those who were British nationals and those who were foreign nationals.
- A comparison within the 2009 survey between the responses of prisoners who considered themselves to have a disability and those who did not consider themselves to have a disability.
- A comparison within the 2009 survey between the responses of young adults under 21 and those 21 and over.

In addition to the main prison survey, an offender management survey was distributed to a small sample of prisoners, randomly selected from the total population of prisoners who fell in scope under offender management. The following analyses were conducted:

- The current survey responses against comparator figures for all (in scope) prisoners surveyed in local prisons. This comparator was based on all responses from offender management surveys carried out in 10 local prisons.
- The current survey responses against comparator figures for all (in scope) prisoners surveyed across all prisons. This comparator was based on all responses from surveys carried out in 30 prisons of varying functional type.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary, so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary – for example, 'Not sentenced' options across questions – may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from those shown in the comparison data, as the comparator data have been weighted for comparison purposes.

Section 1: About you

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.1 **What wing or houseblock are you currently living on?**

See front cover sheet

Q1.2 **How old are you?**

Under 21.....	12%
21 - 29.....	35%
30 - 39.....	29%
40 - 49.....	17%
50 - 59.....	6%
60 - 69.....	1%
70 and over.....	0%

Q1.3 **Are you sentenced?**

Yes.....	49%
Yes - on recall.....	7%
No - awaiting trial.....	28%
No - awaiting sentence.....	15%
No - awaiting deportation.....	0%

Q1.4 **How long is your sentence?**

Not sentenced	44%
Less than 6 months.....	9%
6 months to less than 1 year.....	6%
1 year to less than 2 years.....	9%
2 years to less than 4 years.....	18%
4 years to less than 10 years.....	11%
10 years or more.....	0%
IPP (Indeterminate Sentence for Public Protection).....	1%
Life.....	2%

Q1.5 **Approximately, how long do you have left to serve? (If you are serving life or IPP, please use the date of your next board.)**

Not sentenced	48%
6 months or less.....	29%
More than 6 months.....	23%

Q1.6	How long have you been in this prison?		
	<i>Less than 1 month</i>	20%	
	<i>1 to less than 3 months</i>	26%	
	<i>3 to less than 6 months</i>	27%	
	<i>6 to less than 12 months</i>	17%	
	<i>12 months to less than 2 years</i>	6%	
	<i>2 to less than 4 years</i>	4%	
	<i>4 years or more</i>	1%	
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)		
	<i>Yes</i>	12%	
	<i>No</i>	88%	
Q1.8	Is English your first language?		
	<i>Yes</i>	93%	
	<i>No</i>	7%	
Q1.9	What is your ethnic origin?		
	<i>White - British</i>	72%	<i>Asian or Asian British - Bangladeshi</i>
	<i>White - Irish</i>	5%	<i>Asian or Asian British - other</i>
	<i>White - other</i>	5%	<i>Mixed race - white and black Caribbean</i>
	<i>Black or black British - Caribbean</i>	4%	<i>Mixed race - white and black African</i>
	<i>Black or black British - African</i>	2%	<i>Mixed race - white and Asian</i>
	<i>Black or black British - other</i>	2%	<i>Mixed race - other</i>
	<i>Asian or Asian British - Indian</i>	2%	<i>Chinese</i>
	<i>Asian or Asian British - Pakistani</i>	2%	<i>Other ethnic group</i>
			2%
			1%
			3%
			1%
			1%
			1%
			0%
			0%
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?		
	<i>Yes</i>	3%	
	<i>No</i>	97%	
Q1.11	What is your religion?		
	<i>None</i>	47 (42%)	<i>Hindu</i>
	<i>Church of England</i>	34 (31%)	<i>Jewish</i>
	<i>Catholic</i>	17 (15%)	<i>Muslim</i>
	<i>Protestant</i>	1 (1%)	<i>Sikh</i>
	<i>Other Christian denomination</i>	3 (3%)	<i>Other</i>
	<i>Buddhist</i>	0 (0%)	
			0%
			0%
			6%
			1%
			1%
Q1.12	How would you describe your sexual orientation?		
	<i>Heterosexual/straight</i>	96%	
	<i>Homosexual/gay</i>	2%	
	<i>Bisexual</i>	0%	
	<i>Other</i>	2%	

Q1.13 Do you consider yourself to have a disability?
 Yes20%
 No.....80%

Q1.14 How many times have you been in prison before?

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
33%	9%	26%	32%

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
66%	27%	7%

Q1.16 Do you have any children under the age of 18?
 Yes43%
 No.....57%

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons. How was:

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	7%	34%	21%	22%	15%	0%	1%
Your personal safety during the journey?	12%	48%	17%	11%	9%	2%	2%
The comfort of the van?	0%	8%	8%	30%	52%	1%	1%
The attention paid to your health needs?	1%	27%	25%	20%	16%	1%	9%
The frequency of toilet breaks?	1%	21%	21%	13%	23%	1%	20%

Q2.2 How long did you spend in the van?

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
46%	36%	13%	3%	3%

Q2.3 How did you feel you were treated by the escort staff?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
16%	52%	18%	9%	4%	1%

Q2.4 Please answer the following questions about when you first arrived here:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	71%	29%	0%
Before you arrived here did you receive any written information about what would happen to you?	13%	85%	3%
When you first arrived here did your property arrive at the same time as you?	86%	11%	3%

Section 3: Reception, first night and induction

- Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)**
- | | | | |
|--|-----|--|-----|
| <i>Didn't ask about any of these</i> | 24% | <i>Money worries</i> | 10% |
| <i>Loss of property</i> | 13% | <i>Feeling depressed or suicidal..</i> | 45% |
| <i>Housing problems</i> | 13% | <i>Health problems</i> | 54% |
| <i>Contacting employers</i> | 9% | <i>Needing protection from other prisoners</i> | 15% |
| <i>Contacting family</i> | 30% | <i>Accessing phone numbers</i> | 33% |
| <i>Ensuring dependants were being looked after</i> | 12% | <i>Other</i> | 3% |
- Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- | | | | |
|--|-----|--|-----|
| <i>Didn't have any problems</i> | 20% | <i>Money worries</i> | 26% |
| <i>Loss of property</i> | 13% | <i>Feeling depressed or suicidal..</i> | 25% |
| <i>Housing problems</i> | 26% | <i>Health problems</i> | 38% |
| <i>Contacting employers</i> | 7% | <i>Needing protection from other prisoners</i> | 13% |
| <i>Contacting family</i> | 43% | <i>Accessing phone numbers</i> | 30% |
| <i>Ensuring dependants were looked after</i> | 6% | <i>Other</i> | 4% |
- Q3.3 Please answer the following questions about reception:**
- | | Yes | No | Don't remember |
|---|-----|-----|----------------|
| Were you seen by a member of health services? | 87% | 8% | 5% |
| When you were searched, was this carried out in a respectful way? | 72% | 21% | 6% |
- Q3.4 Overall, how well did you feel you were treated in reception?**
- | | Very well | Well | Neither | Badly | Very badly | Don't remember |
|--|-----------|------|---------|-------|------------|----------------|
| | 11% | 40% | 23% | 19% | 5% | 3% |
- Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)**
- | | |
|--|------------|
| <i>Information about what was going to happen to you</i> | 44% |
| <i>Information about what support was available for people feeling depressed or suicidal</i> | 43% |
| <i>Information about how to make routine requests</i> | 41% |
| <i>Information about your entitlement to visits</i> | 40% |
| <i>Information about health services</i> | 44% |
| <i>Information about the chaplaincy</i> | 50% |
| <i>Not offered anything</i> | 35% |

Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)	
	<i>A smokers/non-smokers pack</i>	74%
	<i>The opportunity to have a shower</i>	10%
	<i>The opportunity to make a free telephone call</i>	33%
	<i>Something to eat</i>	79%
	<i>Did not receive anything</i>	8%
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)	
	<i>Chaplain or religious leader</i>	42%
	<i>Someone from health services</i>	69%
	<i>A Listener/Samaritans</i>	8%
	<i>Did not meet any of these people</i>	21%
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	<i>Yes</i>	8%
	<i>No</i>	92%
Q3.9	Did you feel safe on your first night here?	
	<i>Yes</i>	72%
	<i>No</i>	21%
	<i>Don't remember</i>	7%
Q3.10	How soon after your arrival did you go on an induction course?	
	<i>Have not been on an induction course</i>	56%
	<i>Within the first week</i>	30%
	<i>More than a week</i>	9%
	<i>Don't remember</i>	5%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	57%
	<i>Yes</i>	24%
	<i>No</i>	15%
	<i>Don't remember</i>	5%

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
						<i>N/A</i>
	Communicate with your solicitor or legal representative?	9%	27%	14%	27%	17%
	Attend legal visits?	14%	47%	12%	12%	3%
	Obtain bail information?	5%	21%	16%	21%	15%
						5%
						12%
						23%

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

Not had any letters 12%
 Yes 45%
 No 44%

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	33%	59%	3%	6%
Are you normally able to have a shower every day?	80%	18%	1%	1%
Do you normally receive clean sheets every week?	73%	23%	3%	1%
Do you normally get cell cleaning materials every week?	52%	45%	3%	0%
Is your cell call bell normally answered within five minutes?	23%	68%	7%	2%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65%	32%	3%	0%
Can you normally get your stored property, if you need to?	22%	51%	19%	8%

Q4.4 What is the food like here?

Very good 1% *Good* 24% *Neither* 21% *Bad* 27% *Very bad* 28%

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

Have not bought anything yet 4%
 Yes 43%
 No 54%

Q4.6 Is it easy or difficult to get:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form?	36%	47%	6%	5%	1%	6%
An application form?	38%	48%	6%	4%	1%	3%

Q4.7 Have you made an application?

Yes 93%
 No 7%

Q4.8 Please answer the following questions concerning applications:

(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	8%	50%	43%
Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	8%	50%	43%

Q4.9	Have you made a complaint?					
	Yes					39%
	No					61%
Q4.10	Please answer the following questions concerning complaints:					
	<i>(If you have not made a complaint please tick the 'not made one' option.)</i>					
		Not made one	Yes	No		
	Do you feel <i>complaints</i> are dealt with fairly?	63%	11%	26%		
	Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	62%	16%	22%		
	Were you given information about how to make an appeal?	66%	17%	17%		
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	Not made a complaint					61%
	Yes					10%
	No					29%
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	30%	5%	20%	21%	14%	10%
Q4.13	What level of the IEP scheme are you on now?					
	Don't know what the IEP scheme is					10%
	<i>Enhanced</i>					30%
	<i>Standard</i>					54%
	<i>Basic</i>					1%
	<i>Don't know</i>					5%
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	Don't know what the IEP scheme is					11%
	Yes					49%
	No					28%
	<i>Don't know</i>					13%
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?					
	Don't know what the IEP scheme is					11%
	Yes					39%
	No					33%
	<i>Don't know</i>					17%
Q4.16	Please answer the following questions about this prison?					
		Yes	No			
	In the last six months have any members of staff physically restrained you (C&R)?	9%	91%			
	In the last six months have you spent a night in the segregation/care and separation unit?	12%	88%			

Q4.17	Please answer the following questions about your religious beliefs?	Yes	No	<i>Don't know/N/A</i>
	Do you feel your religious beliefs are respected?	44%	13%	43%
	Are you able to speak to a religious leader of your faith in private if you want to?	51%	5%	45%

Q4.18	Can you speak to a Listener at any time, if you want to?	Yes	No	<i>Don't know</i>
		59%	10%	32%

Q4.19	Please answer the following questions about staff in this prison?	Yes	No
	Is there a member of staff you can turn to for help if you have a problem?	76%)	24%
	Do most staff treat you with respect?	76%	24%

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?

Yes 41%
 No 59%

Q5.2 Do you feel unsafe in this prison at the moment?

Yes 15%
 No 85%

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i> 61%	<i>At meal times</i> 8%
<i>Everywhere</i> 6%	<i>At health services</i> 4%
<i>Segregation unit</i> 6%	<i>Visit's area</i> 8%
<i>Association areas</i> 6%	<i>In wing showers</i> 9%
<i>Reception area</i> 6%	<i>In gym showers</i> 6%
<i>At the gym</i> 7%	<i>In corridors/stairwells</i> 4%
<i>In an exercise yard</i> 11%	<i>On your landing/wing</i> 7%
<i>At work</i> 5%	<i>In your cell</i> 8%
<i>During movement</i> 8%	<i>At religious services</i> 1%
<i>At education</i> 2%	

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes 20%
 No 80%

**Q5.5 If yes, what did the incident(s) involve/what was it about?
(Please tick all that apply to you.)**

<i>Insulting remarks (about you or your family or friends).....</i>	9%	<i>Because of your sexuality.....</i>	1%
<i>Physical abuse (being hit, kicked or assaulted).....</i>	2%	<i>Because you have a disability....</i>	6%
<i>Sexual abuse.....</i>	3%	<i>Because of your religion/religious beliefs.....</i>	4%
<i>Because of your race or ethnic origin.....</i>	5%	<i>Because of your age.....</i>	3%
<i>Because of drugs.....</i>	3%	<i>Being from a different part of the country than others.....</i>	3%
<i>Having your canteen/property taken.....</i>	6%	<i>Because of your offence/crime...</i>	3%
<i>Because you were new here.....</i>	5%	<i>Because of gang related issues.</i>	2%

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes.....	24%
No.....	77%

**Q5.7 If yes, what did the incident(s) involve/what was it about?
(Please tick all that apply to you.)**

<i>Insulting remarks (about you or your family or friends).....</i>	10%	<i>Because you have a disability....</i>	4%
<i>Physical abuse (being hit, kicked or assaulted).....</i>	4%	<i>Because of your religion/religious beliefs.....</i>	1%
<i>Sexual abuse.....</i>	1%	<i>Because if your age.....</i>	2%
<i>Because of your race or ethnic origin.....</i>	4%	<i>Being from a different part of the country than others.....</i>	3%
<i>Because of drugs.....</i>	7%	<i>Because of your offence/crime...</i>	4%
<i>Because you were new here.....</i>	8%	<i>Because of gang related issues.</i>	0%
<i>Because of your sexuality.....</i>	2%		

Q5.8 If you have been victimised by prisoners or staff, did you report it?

<i>Not been victimised</i>	67%
Yes.....	12%
No.....	21%

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes.....	20%
No.....	80%

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes.....	22%
No.....	78%

Q5.11	Is it easy or difficult to get illegal drugs in this prison?					
	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	16%	18%	5%	4%	6%	50%

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people:					
	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor?	14%	7%	21%	8%	33%	17%
The nurse?	10%	19%	49%	6%	12%	4%
The dentist?	23%	2%	9%	7%	25%	33%
The optician?	35%	1%	8%	13%	20%	23%
Q6.2	Are you able to see a pharmacist?					
	Yes					43%
	No					57%
Q6.3	What do you think of the quality of the health service from the following people:					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor?	12%	8%	21%	18%	24%	16%
The nurse?	7%	31%	34%	14%	10%	4%
The dentist?	40%	6%	11%	18%	10%	16%
The optician?	48%	4%	6%	23%	8%	11%
Q6.4	What do you think of the overall quality of the health services here?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	6%	7%	28%	24%	20%	15%
Q6.5	Are you currently taking medication?					
	Yes					55%
	No					45%
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?					
	<i>Not taking medication</i>					45%
	Yes					23%
	No					32%
Q6.7	Do you feel you have any emotional well-being/mental health issues?					
	Yes					35%
	No					65%

- Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)**
- | | |
|--|-----|
| <i>Do not have any issues/not receiving any help</i> | 80% |
| <i>Doctor</i> | 8% |
| <i>Nurse</i> | 4% |
| <i>Psychiatrist</i> | 7% |
| <i>Mental health in-reach team</i> | 11% |
| <i>Counsellor</i> | 7% |
| <i>Other</i> | 6% |
- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 41% | 59% |
| Alcohol | 29% | 71% |
- Q6.10 Have you developed a problem with drugs since you have been in this prison?**
- | | |
|-----------|-----|
| Yes | 8% |
| No..... | 92% |
- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**
- | | |
|--|-----|
| Yes | 45% |
| No..... | 6% |
| <i>Did not/do not have a drug or alcohol problem</i> | 49% |
- Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?**
- | | |
|--|-----|
| Yes | 40% |
| No..... | 10% |
| <i>Did not/do not have a drug or alcohol problem</i> | 50% |
- Q6.13 Was the intervention or help you received while in this prison helpful?**
- | | |
|--|-----|
| Yes | 29% |
| No..... | 11% |
| <i>Did not have a problem/have not received help</i> | 60% |
- Q6.14 Do you think you will have a problem with either of the following when you leave this prison?**
- | | Yes | No | Don't know |
|---------|-----|-----|------------|
| Drugs | 14% | 68% | 19% |
| Alcohol | 8% | 71% | 21% |
- Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?**
- | | |
|-----------|-----|
| Yes | 27% |
| No..... | 15% |
| N/A..... | 58% |

Section 7: Purposeful activity

**Q7.1 Are you currently involved in any of the following activities?
(Please tick all that apply to you.)**

Prison job	44%
Vocational or skills training.....	8%
Education (including basic skills).....	23%
Offending behaviour programmes.....	6%
Not involved in any of these	35%

Q7.2 If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	58%	18%	15%	9%
Vocational or skills training	93%	5%	3%	0%
Education (including basic skills)	77%	19%	3%	2%
Offending behaviour programmes	95%	4%	0%	1%

Q7.3 How often do you go to the library?

Don't want to go	11%
<i>Never</i>	10%
<i>Less than once a week</i>	18%
<i>About once a week</i>	53%
<i>More than once a week</i>	3%
<i>Don't know</i>	6%

Q7.4 On average how many times do you go to the gym each week?

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
22%	19%	4%	24%	22%	4%	7%

Q7.5 On average how many times do you go outside for exercise each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
21%	18%	14%	23%	17%	7%

**Q7.6 On average how many hours do you spend out of your cell on a weekday?
(Please include hours at education, at work etc.)**

<i>Less than 2 hours</i>	37%
<i>2 to less than 4 hours</i>	15%
<i>4 to less than 6 hours</i>	21%
<i>6 to less than 8 hours</i>	10%
<i>8 to less than 10 hours</i>	5%
<i>10 hours or more</i>	7%
<i>Don't know</i>	5%

Q7.7 On average, how many times do you have association each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
4%	0%	34%	32%	23%	7%

Q7.8	How often do staff normally speak to you during association time?	
	<i>Do not go on association</i>	9%
	<i>Never</i>	22%
	<i>Rarely</i>	26%
	<i>Some of the time</i>	28%
	<i>Most of the time</i>	9%
	<i>All of the time</i>	5%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	40%
	<i>In the first week</i>	28%
	<i>More than a week</i>	14%
	<i>Don't remember</i>	17%
Q8.2	How helpful do you think your personal officer is?	
	<i>Do not have a personal officer/ still have not met him/her</i>	
	<i>Very helpful</i>	
	<i>Helpful</i>	
	<i>Neither</i>	
	<i>Not very helpful</i>	
	<i>Not at all helpful</i>	
	42%	14%
	21%	16%
	6%	2%
Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	48%
	<i>Yes</i>	18%
	<i>No</i>	35%
Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	83%
	<i>Very involved</i>	4%
	<i>Involved</i>	6%
	<i>Neither</i>	3%
	<i>Not very involved</i>	2%
	<i>Not at all involved</i>	2%
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/OASys</i>	86%
	<i>Yes</i>	10%
	<i>No</i>	4%
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/OASys</i>	84%
	<i>Yes</i>	9%
	<i>No</i>	7%

- Q8.7 Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?**
Not sentenced..... 47%
 Yes 13%
 No 41%
- Q8.8 Do you feel that any member of staff has helped you to prepare for your release?**
 Yes 7%
 No 93%
- Q8.9 Have you had any problems with sending or receiving mail?**
 Yes 57%
 No 29%
 Don't know..... 14%
- Q8.10 Have you had any problems getting access to the telephones?**
 Yes 36%
 No 60%
 Don't know..... 4%
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 7%
 Yes 20%
 No 69%
 Don't remember..... 3%
- Q8.12 How many visits did you receive in the last week?**
- | <i>Not been in a week</i> | 0 | 1 to 2 | 3 to 4 | 5 or more |
|---------------------------|-----|--------|--------|-----------|
| 8% | 58% | 32% | 2% | 1% |
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits..... 30%
 Very well..... 14%
 Well 22%
 Neither 13%
 Badly 10%
 Very badly 3%
 Don't know..... 8%
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
 Yes 40%
 No 60%

Q8.15 Do you know who to contact to get help with the following within this prison: (Please tick all that apply to you.)

<i>Don't know who to contact ..</i>	65%	<i>Help with your finances in preparation for release</i>	12%
<i>Maintaining good relationships</i>	13%	<i>Claiming benefits on release ...</i>	22%
<i>Avoiding bad relationships</i>	9%	<i>Arranging a place at college/continuing education on release.....</i>	11%
<i>Finding a job on release</i>	11%	<i>Continuity of health services on release.....</i>	15%)
<i>Finding accommodation on release</i>	17%	<i>Opening a bank account.....</i>	7%

Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)

<i>No problems.....</i>	30%	<i>Help with your finances in preparation for release</i>	30%
<i>Maintaining good relationships</i>	18%	<i>Claiming benefits on release ...</i>	39%
<i>Avoiding bad relationships</i>	16%	<i>Arranging a place at college/continuing education on release.....</i>	19%
<i>Finding a job on release</i>	53%	<i>Continuity of health services on release.....</i>	20%
<i>Finding accommodation on release</i>	49%	<i>Opening a bank account.....</i>	25%

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<i>Not sentenced.....</i>	45%
<i>Yes</i>	29%
<i>No.....</i>	25%



Prisoner survey responses HMP Bristol 2009

Prisoner survey responses (missing data has been excluded for each question). Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

Any percent highlighted in green is significantly better.		HMP Bristol 2009	Local prisons comparator	HMP Bristol 2009	HMP Bristol 2004
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Percentages which are not highlighted show there is no significant difference.					
Number of completed questionnaires returned		111	4080	111	85
SECTION 1: General information					
2	Are you under 21 years of age?	12%	5%	12%	10%
3a	Are you sentenced?	56%	66%	56%	60%
3b	Are you on recall?	7%	11%	7%	0%
4a	Is your sentence less than 12 months?	15%	17%	15%	16%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	4%	1%	0%
5	Do you have six months or less to serve?	29%	32%	29%	29%
6	Have you been in this prison less than a month?	20%	21%	20%	
7	Are you a foreign national?	12%	14%	12%	7%
8	Is English your first language?	93%	88%	93%	96%
9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	19%	27%	19%	18%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	5%	3%	
11	Are you Muslim?	6%	12%	6%	
12	Are you homosexual/gay or bisexual?	4%	3%	4%	
13	Do you consider yourself to have a disability?	20%	20%	20%	
14	Is this your first time in prison?	33%	28%	33%	27%
15	Have you been in more than five prisons this time?	7%	10%	7%	
16	Do you have any children under the age of 18?	43%	56%	43%	57%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	41%	50%	41%	55%
1b	Was your personal safety during the journey good/very good?	60%	59%	60%	55%
1c	Was the comfort of the van good/very good?	8%	13%	8%	17%
1d	Was the attention paid to your health needs good/very good?	28%	29%	28%	25%
1e	Was the frequency of toilet breaks good/very good?	22%	15%	22%	12%
2	Did you spend more than four hours in the van?	3%	4%	3%	4%
3	Were you treated well/very well by the escort staff?	68%	66%	68%	70%
4a	Did you know where you were going when you left court or when transferred from another prison?	71%	72%	71%	81%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	15%	13%	21%
4c	When you first arrived here did your property arrive at the same time as you?	86%	82%	86%	86%

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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	13%	12%	13%	
1c	Housing problems?	13%	30%	13%	
1d	Problems contacting employers?	9%	13%	9%	
1e	Problems contacting family?	30%	49%	30%	
1f	Problems ensuring dependants were looked after?	12%	14%	12%	
1g	Money problems?	10%	18%	10%	
1h	Problems of feeling depressed/suicidal?	45%	53%	45%	
1i	Health problems?	54%	62%	54%	
1j	Problems in needing protection from other prisoners?	15%	21%	15%	
1k	Problems accessing phone numbers?	33%	40%	33%	
2	When you first arrived:				
2a	Did you have any problems?	80%	77%	80%	80%
2b	Did you have any problems with loss of property?	13%	12%	13%	7%
2c	Did you have any housing problems?	26%	23%	26%	26%
2d	Did you have any problems contacting employers?	7%	7%	7%	9%
2e	Did you have any problems contacting family?	43%	33%	43%	40%
2f	Did you have any problems ensuring dependants were being looked after?	6%	8%	6%	7%
2g	Did you have any money worries?	26%	24%	26%	24%
2h	Did you have any problems with feeling depressed or suicidal?	25%	22%	25%	40%
2i	Did you have any health problems?	38%	27%	38%	34%
2j	Did you have any problems with needing protection from other prisoners?	13%	9%	13%	5%
2k	Did you have problems accessing phone numbers?	30%	32%	30%	
3a	Were you seen by a member of health services in reception?	87%	87%	87%	87%
3b	When you were searched in reception, was this carried out in a respectful way?	72%	71%	72%	75%
4	Were you treated well/very well in reception?	50%	59%	50%	54%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	44%	43%	44%	31%
5b	Information about what support was available for people feeling depressed or suicidal?	43%	43%	43%	42%
5c	Information about how to make routine requests?	41%	34%	41%	17%
5d	Information about your entitlement to visits?	40%	42%	40%	32%
5e	Information about health services?	45%	46%	45%	
5f	Information about the chaplaincy?	50%	43%	50%	

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SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	74%	83%	74%	50%
6b	The opportunity to have a shower?	10%	35%	10%	13%
6c	The opportunity to make a free telephone call?	33%	56%	33%	43%
6d	Something to eat?	79%	81%	79%	77%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	42%	48%	42%	49%
7b	Someone from health services?	69%	72%	69%	68%
7c	A Listener/Samaritans?	8%	26%	8%	24%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	18%	8%	31%
9	Did you feel safe on your first night here?	72%	71%	72%	69%
10	Have you been on an induction course?	44%	76%	44%	45%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	55%	57%	55%	50%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	36%	41%	36%	
1b	Attend legal visits?	61%	60%	61%	
1c	Obtain bail information?	26%	24%	26%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	40%	45%	41%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	33%	49%	33%	49%
3b	Are you normally able to have a shower every day?	80%	78%	80%	73%
3c	Do you normally receive clean sheets every week?	73%	80%	73%	86%
3d	Do you normally get cell cleaning materials every week?	52%	62%	52%	64%
3e	Is your cell call bell normally answered within five minutes?	23%	37%	23%	34%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65%	64%	65%	67%
3g	Can you normally get your stored property if you need to?	22%	28%	22%	39%
4	Is the food in this prison good/very good?	25%	24%	25%	11%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	43%	43%	30%
6a	Is it easy/very easy to get a complaints form?	83%	79%	83%	74%
6b	Is it easy/very easy to get an application form?	86%	86%	86%	87%
7	Have you made an application?	93%	83%	93%	78%

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	54%	55%	54%	42%
8b	Do you feel applications are dealt with promptly? (Within seven days)	54%	48%	54%	46%
9	Have you made a complaint?	39%	45%	39%	46%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	31%	32%	31%	25%
10b	Do you feel complaints are dealt with promptly? (Within seven days)	42%	35%	42%	30%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	26%	26%	26%	26%
10c	Were you given information about how to make an appeal?	17%	25%	17%	27%
12	Is it easy/very easy to see the Independent Monitoring Board?	25%	26%	25%	38%
13	Are you on the enhanced (top) level of the IEP scheme?	30%	27%	30%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	49%	53%	49%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	45%	39%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	9%	8%	9%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	12%	11%	12%	
13a	Do you feel your religious beliefs are respected?	44%	54%	44%	45%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	51%	57%	51%	46%
14	Are you able to speak to a Listener at any time if you want to?	59%	59%	59%	64%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	76%	68%	76%	73%
15b	Do most staff in this prison treat you with respect?	76%	68%	76%	63%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	41%	40%	41%	39%
2	Do you feel unsafe in this prison at the moment?	16%	19%	16%	
4	Have you been victimised by another prisoner?	20%	23%	20%	21%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	9%	11%	9%	17%
5b	Hit, kicked or assaulted you?	2%	8%	2%	9%
5c	Sexually abused you?	3%	1%	3%	0%
5d	Victimised you because of your race or ethnic origin?	5%	4%	5%	4%
5e	Victimised you because of drugs?	3%	4%	3%	5%
5f	Taken your canteen/property?	5%	5%	5%	6%
5g	Victimised you because you were new here?	5%	6%	5%	3%
5h	Victimised you because of your sexuality?	1%	1%	1%	
5i	Victimised you because you have a disability?	5%	3%	5%	
5j	Victimised you because of your religion/religious beliefs?	4%	3%	4%	
5k	Victimised you because of your age?	3%	2%	3%	
5l	Victimised you because you were from a different part of the country?	3%	5%	3%	8%
5m	Victimised you because of your offence/crime?	3%	5%	3%	
5n	Victimised you because of gang related issues?	2%	4%	2%	

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		HMP Bristol 2009	Local prisons comparator	HMP Bristol 2009	HMP Bristol 2004
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	24%	26%	24%	23%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	10%	12%	10%	14%
7b	Hit, kicked or assaulted you?	4%	5%	4%	3%
7c	Sexually abused you?	1%	1%	1%	0%
7d	Victimised you because of your race or ethnic origin?	4%	5%	4%	5%
7e	Victimised you because of drugs?	7%	4%	7%	5%
7f	Victimised you because you were new here?	8%	6%	8%	3%
7g	Victimised you because of your sexuality?	2%	1%	2%	
7h	Victimised you because you have a disability?	4%	3%	4%	
7i	Victimised you because of your religion/religious beliefs?	1%	3%	1%	
7j	Victimised you because of your age?	2%	2%	2%	
7k	Victimised you because you were from a different part of the country?	3%	4%	3%	9%
7l	Victimised you because of your offence/crime?	4%	5%	4%	
7m	Victimised you because of gang related issues?	0%	3%	0%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	35%	33%	35%	22%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	20%	25%	20%	
10	Have you ever felt threatened or intimidated by a member of staff in here?	22%	24%	22%	
11	Is it easy/very easy to get illegal drugs in this prison?	35%	32%	35%	29%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	28%	25%	28%	
1b	Is it easy/very easy to see the nurse?	69%	46%	69%	
1c	Is it easy/very easy to see the dentist?	11%	9%	11%	
1d	Is it easy/very easy to see the optician?	9%	11%	9%	
2	Are you able to see a pharmacist?	43%	44%	43%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	34%	47%	34%	42%
3b	The nurse?	70%	59%	70%	73%
3c	The dentist?	28%	34%	28%	39%
3d	The optician?	19%	36%	19%	36%
4	The overall quality of health services?	38%	41%	38%	51%

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Healthcare continued					
5	Are you currently taking medication?	55%	47%	55%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	42%	59%	42%	
7	Do you feel you have any emotional well-being/mental health issues?	35%	34%	35%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	36%	43%	36%	
8b	A doctor?	21%	31%	21%	
8c	A nurse?	12%	14%	12%	
8d	A psychiatrist?	21%	18%	21%	
8e	The mental health in-reach team?	34%	27%	34%	
8f	A counsellor?	21%	9%	21%	
9a	Did you have a drug problem when you came into this prison?	41%	32%	41%	28%
9b	Did you have an alcohol problem when you came into this prison?	29%	21%	29%	14%
10a	Have you developed a drug problem since you have been in this prison?	8%	9%	8%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	87%	82%	87%	
12	Have you received any help or intervention whilst in this prison?	80%	70%	80%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	72%	77%	72%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	32%	31%	32%	34%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	29%	26%	29%	28%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	64%	58%	64%	56%

Key to tables

Key to tables		HMP Bristol 2009	Local prisons comparator	HMP Bristol 2009	HMP Bristol 2004
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	44%	43%	44%	
1b	Vocational or skills training?	8%	12%	8%	
1c	Education (including basic skills)?	23%	26%	23%	
1d	Offending behaviour programmes?	6%	8%	6%	
2ai	Have you had a job whilst in this prison?	42%	67%	42%	65%
For those who have had a prison job whilst in this prison:					
2aii	Do you feel the job will help you on release?	43%	39%	43%	27%
2bi	Have you been involved in vocational or skills training whilst in this prison?	8%	55%	8%	53%
For those who have had vocational or skills training whilst in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	62%	50%	62%	40%
2ci	Have you been involved in education whilst in this prison?	23%	65%	23%	53%
For those who have been involved in education whilst in this prison:					
2cii	Do you feel the education will help you on release?	80%	59%	80%	45%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	5%	51%	5%	47%
For those who have been involved in offending behaviour programmes whilst in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	81%	49%	81%	44%
3	Do you go to the library at least once a week?	56%	36%	56%	60%
4	On average, do you go to the gym at least twice a week?	49%	41%	49%	36%
5	On average, do you go outside for exercise three or more times a week?	40%	39%	40%	46%
6	On average, do you spend ten or more hours out of your cell on a weekday?	8%	9%	8%	3%
7	On average, do you go on association more than five times each week?	23%	49%	23%	17%
8	Do staff normally speak to you most of the time/all of the time during association?	14%	17%	14%	12%
SECTION 8: Resettlement					
1	Do you have a personal officer?	60%	42%	60%	46%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	60%	63%	60%	52%
For those who are sentenced:					
3	Do you have a sentence plan?	34%	38%	34%	27%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	58%	59%	58%	54%
5	Can you achieve some/all of your sentence plan targets in this prison?	71%	58%	71%	
6	Are there plans for you to achieve some/all your targets in another prison?	56%	47%	56%	
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	24%	26%	24%	
8	Do you feel that any member of staff has helped you to prepare for release?	7%	14%	7%	
9	Have you had any problems with sending or receiving mail?	57%	43%	57%	57%
10	Have you had any problems getting access to the telephones?	36%	32%	36%	48%
11	Did you have a visit in the first week that you were here?	20%	35%	20%	8%
12	Did you receive one or more visits in the last week?	35%	40%	35%	

Key to tables

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Any percent highlighted in blue is significantly worse.					
Any percent highlighted in orange shows a significant difference in prisoners' background details.					
Percentages which are not highlighted show there is no significant difference.					
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	51%	47%	51%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	40%	36%	40%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	13%	14%	13%	
15c	Avoiding bad relationships?	9%	10%	9%	
15d	Finding a job on release?	11%	33%	11%	33%
15e	Finding accommodation on release?	17%	35%	17%	34%
15f	With money/finances on release?	12%	23%	12%	22%
15g	Claiming benefits on release?	22%	37%	22%	42%
15h	Arranging a place at college/continuing education on release?	11%	22%	11%	20%
15i	Accessing health services on release?	15%	27%	15%	25%
15j	Opening a bank account on release?	7%	21%	7%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	19%	13%	19%	
16c	Avoiding bad relationships?	16%	14%	16%	
16d	Finding a job?	53%	51%	53%	
16e	Finding accommodation?	49%	44%	49%	
16f	Money/finances?	30%	42%	30%	
16g	Claiming benefits?	39%	35%	39%	
16h	Arranging a place at college/continuing education?	19%	26%	19%	
16i	Accessing health services?	20%	20%	20%	
16j	Opening a bank account?	25%	34%	25%	
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	54%	48%	54%	44%



Prisoner survey responses HMP Bristol 2010

Prisoner survey responses (missing data has been excluded for each question). Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		D Wing (VP's)	All other wings
	Any percent highlighted in green is significantly better.		
	Any percent highlighted in blue is significantly worse.		
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	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		18	93
SECTION 1: General information			
2	Are you under 21 years of age?	0%	14%
3a	Are you sentenced?	50%	58%
3b	Are you on recall?	0%	9%
4a	Is your sentence less than 12 months?	11%	16%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	0%
5	Do you have six months or less to serve?	24%	30%
6	Have you been in this prison less than a month?	0%	24%
7	Are you a foreign national?	24%	10%
8	Is English your first language?	89%	95%
9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	11%	21%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	4%
11	Are you Muslim?	5%	6%
12	Are you homosexual/gay or bisexual?	17%	1%
13	Do you consider yourself to have a disability?	50%	14%
14	Is this your first time in prison?	45%	31%
15	Have you been in more than five prisons this time?	0%	8%
16	Do you have any children under the age of 18?	28%	46%
SECTION 2: Transfers and escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	24%	45%
1b	Was your personal safety during the journey good/very good?	56%	60%
1c	Was the comfort of the van good/very good?	0%	10%
1d	Was the attention paid to your health needs good/very good?	6%	33%
1e	Was the frequency of toilet breaks good/very good?	0%	25%
2	Did you spend more than four hours in the van?	0%	3%
3	Were you treated well/very well by the escort staff?	58%	70%
4a	Did you know where you were going when you left court or when transferred from another prison?	61%	73%
4b	Before you arrived here did you receive any written information about what would happen to you?	5%	14%
4c	When you first arrived here did your property arrive at the same time as you?	89%	86%

Key to tables

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SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	11%	14%
1c	Housing problems?	0%	16%
1d	Problems contacting employers?	0%	10%
1e	Problems contacting family?	24%	31%
1f	Problems ensuring dependants were looked after?	0%	15%
1g	Money problems?	6%	10%
1h	Problems of feeling depressed/suicidal?	29%	48%
1i	Health problems?	35%	58%
1j	Problems in needing protection from other prisoners?	29%	13%
1k	Problems accessing phone numbers?	29%	34%
2	When you first arrived:		
2a	Did you have any problems?	94%	77%
2b	Did you have any problems with loss of property?	18%	12%
2c	Did you have any housing problems?	35%	24%
2d	Did you have any problems contacting employers?	11%	6%
2e	Did you have any problems contacting family?	53%	41%
2f	Did you have any problems ensuring dependants were being looked after?	0%	7%
2g	Did you have any money worries?	29%	25%
2h	Did you have any problems with feeling depressed or suicidal?	29%	24%
2i	Did you have any health problems?	47%	36%
2j	Did you have any problems with needing protection from other prisoners?	18%	12%
2k	Did you have problems accessing phone numbers?	29%	30%
3a	Were you seen by a member of health services in reception?	67%	91%
3b	When you were searched in reception, was this carried out in a respectful way?	67%	73%
4	Were you treated well/very well in reception?	55%	50%
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	39%	45%
5b	Information about what support was available for people feeling depressed or suicidal?	45%	42%
5c	Information about how to make routine requests?	39%	41%
5d	Information about your entitlement to visits?	39%	40%
5e	Information about health services?	39%	46%
5f	Information about the chaplaincy?	45%	51%

Key to tables

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	Percentages which are not highlighted show there is no significant difference.	D Wing (VP's)	All other wings
SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	78%	73%
6b	The opportunity to have a shower?	17%	9%
6c	The opportunity to make a free telephone call?	28%	34%
6d	Something to eat?	72%	81%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	31%	44%
7b	Someone from health services?	56%	72%
7c	A Listener/Samaritans?	12%	8%
8	Did you have access to the prison shop/canteen within the first 24 hours?	17%	6%
9	Did you feel safe on your first night here?	67%	73%
10	Have you been on an induction course?	50%	42%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	55%	55%
SECTION 4: Legal rights and respectful custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	29%	38%
1b	Attend legal visits?	71%	59%
1c	Obtain bail information?	12%	29%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	46%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	58%	28%
3b	Are you normally able to have a shower every day?	65%	83%
3c	Do you normally receive clean sheets every week?	89%	70%
3d	Do you normally get cell cleaning materials every week?	89%	46%
3e	Is your cell call bell normally answered within five minutes?	39%	20%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	72%	64%
3g	Can you normally get your stored property, if you need to?	25%	21%
4	Is the food in this prison good/very good?	39%	22%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	43%
6a	Is it easy/very easy to get a complaints form?	89%	82%
6b	Is it easy/very easy to get an application form?	95%	85%
7	Have you made an application?	100%	91%

Key to tables

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SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	76%	49%
8b	Do you feel applications are dealt with promptly? (Within seven days)	88%	47%
9	Have you made a complaint?	55%	36%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	50%	24%
10b	Do you feel complaints are dealt with promptly? (Within seven days)	55%	39%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	21%	27%
10c	Were you given information about how to make an appeal?	31%	14%
12	Is it easy/very easy to see the Independent Monitoring Board?	39%	22%
13	Are you on the enhanced (top) level of the IEP scheme?	45%	27%
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	60%	47%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	62%	36%
16a	In the last six months have any members of staff physically restrained you (C&R)?	11%	9%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	17%	11%
13a	Do you feel your religious beliefs are respected?	55%	42%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	61%	49%
14	Are you able to speak to a Listener at any time, if you want to?	78%	55%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	77%
15b	Do most staff, in this prison, treat you with respect?	72%	76%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	45%	41%
2	Do you feel unsafe in this prison at the moment?	22%	14%
4	Have you been victimised by another prisoner?	39%	17%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	17%	8%
5b	Hit, kicked or assaulted you?	0%	2%
5c	Sexually abused you?	11%	1%
5d	Victimised you because of your race or ethnic origin?	11%	3%
5e	Victimised you because of drugs?	0%	3%
5f	Taken your canteen/property?	11%	4%
5g	Victimised you because you were new here?	11%	3%
5h	Victimised you because of your sexuality?	5%	0%
5i	Victimised you because you have a disability?	11%	4%
5j	Victimised you because of your religion/religious beliefs?	5%	3%
5k	Victimised you because of your age?	5%	2%
5l	Victimised you because you were from a different part of the country?	0%	3%
5m	Victimised you because of your offence/crime?	5%	2%
5n	Victimised you because of gang related issues?	0%	2%

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	11%	26%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	6%	11%
7b	Hit, kicked or assaulted you?	0%	4%
7c	Sexually abused you?	0%	1%
7d	Victimised you because of your race or ethnic origin?	6%	3%
7e	Victimised you because of drugs?	0%	9%
7f	Victimised you because you were new here?	0%	10%
7g	Victimised you because of your sexuality?	0%	2%
7h	Victimised you because you have a disability?	0%	4%
7i	Victimised you because of your religion/religious beliefs?	0%	1%
7j	Victimised you because of your age?	0%	2%
7k	Victimised you because you were from a different part of the country?	0%	3%
7l	Victimised you because of your offence/crime?	6%	3%
7m	Victimised you because of gang related issues?	0%	0%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	57%	30%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	45%	15%
10	Have you ever felt threatened or intimidated by a member of staff in here?	11%	14%
11	Is it easy/very easy to get illegal drugs in this prison?	17%	38%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	28%	29%
1b	Is it easy/very easy to see the nurse?	89%	64%
1c	Is it easy/very easy to see the dentist?	6%	12%
1d	Is it easy/very easy to see the optician?	11%	9%
2	Are you able to see a pharmacist?	29%	46%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	13%	38%
3b	The nurse?	75%	69%
3c	The dentist?	14%	30%
3d	The optician?	34%	16%
4	The overall quality of health services?	33%	39%

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Healthcare continued			
5	Are you currently taking medication?	67%	52%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	75%	33%
7	Do you feel you have any emotional well being/mental health issues?	39%	34%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	28%	38%
8b	A doctor?	14%	23%
8c	A nurse?	0%	15%
8d	A psychiatrist?	14%	23%
8e	The mental health in-reach team?	28%	35%
8f	A counsellor?	0%	27%
9a	Did you have a drug problem when you came into this prison?	0%	50%
9b	Did you have an alcohol problem when you came into this prison?	11%	34%
10a	Have you developed a drug problem since you have been in this prison?	0%	10%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	50%	89%
12	Have you received any help or intervention whilst in this prison?	50%	81%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	0%	74%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	11%	37%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	28%	29%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	39%	68%

Key to tables

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SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	67%	39%
1b	Vocational or skills training?	22%	6%
1c	Education (including basic skills)?	28%	22%
1d	Offending behaviour programmes?	0%	7%
2ai	Have you had a job whilst in this prison?	67%	37%
For those who have had a prison job whilst in this prison:			
2aii	Do you feel the job will help you on release?	33%	47%
2bi	Have you been involved in vocational or skills training whilst in this prison?	22%	5%
For those who have had vocational or skills training whilst in this prison:			
2bii	Do you feel the vocational or skills training will help you on release?	76%	50%
2ci	Have you been involved in education whilst in this prison?	28%	22%
For those who have been involved in education whilst in this prison:			
2cii	Do you feel the education will help you on release?	81%	80%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	0%	6%
For those who have been involved in offending behaviour programmes whilst in this prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?		81%
3	Do you go to the library at least once a week?	55%	56%
4	On average, do you go to the gym at least twice a week?	24%	54%
5	On average, do you go outside for exercise three or more times a week?	45%	39%
6	On average, do you spend ten or more hours out of your cell on a weekday?	0%	9%
7	On average, do you go on association more than five times each week?	53%	17%
8	Do staff normally speak to you most of the time/all of the time during association?	11%	15%
SECTION 8: Resettlement			
1	Do you have a personal officer?	72%	57%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	77%	55%
For those who are sentenced:			
3	Do you have a sentence plan?	38%	34%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	33%	64%
5	Can you achieve some/all of your sentence plan targets in this prison?	67%	72%
6	Are there plans for you to achieve some/all your targets in another prison?	33%	62%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	11%	26%
8	Do you feel that any member of staff has helped you to prepare for release?	17%	5%
9	Have you had any problems with sending or receiving mail?	50%	58%
10	Have you had any problems getting access to the telephones?	28%	38%
11	Did you have a visit in the first week that you were here?	5%	23%
12	Did you receive one or more visits in the last week?	44%	33%

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	Percentages which are not highlighted show there is no significant difference.	D Wing (VP's)	All other wings
Resettlement continued			
For those who have had visits:			
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	70%	49%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	45%	37%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	6%	14%
15c	Avoiding bad relationships?	6%	10%
15d	Finding a job on release?	12%	10%
15e	Finding accommodation on release?	12%	18%
15f	With money/finances on release?	6%	13%
15g	Claiming benefits on release?	37%	19%
15h	Arranging a place at college/continuing education on release?	6%	11%
15i	Accessing health services on release?	12%	15%
15j	Opening a bank account on release?	6%	8%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	33%	15%
16c	Avoiding bad relationships?	17%	15%
16d	Finding a job?	61%	52%
16e	Finding accommodation?	55%	47%
16f	Money/finances?	28%	31%
16g	Claiming benefits?	45%	38%
16h	Arranging a place at college/continuing education?	11%	21%
16i	Accessing health services?	22%	20%
16j	Opening a bank account?	22%	26%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	79%	49%



Prisoner OM survey responses HMP Bristol 2009

Prisoner survey responses (missing data has been excluded for each question). Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP Bristol	Locals comparator	HMP Bristol	Overall comparator
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
Number of completed questionnaires returned		19	199	19	567
SECTION 1: General information					
1	Are you under 21 years of age?	0%	7%	0%	12%
2	Are you a foreign national?	0%	7%	0%	9%
3	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	6%	22%	6%	25%
4	Do you consider yourself to have a disability?	26%	24%	26%	19%
5	Is this prison in your home probation area?	72%	44%	72%	24%
6	Are you on recall?	22%	26%	22%	18%
7	Were you sentenced to less than two years?	24%	18%	24%	12%
8	Do you have six months or less to serve?	41%	27%	41%	29%
SECTION 2: Reception and induction					
9	Did you have any of the following problems when you first arrived here:				
9a	Housing problems?	6%	32%	6%	28%
9b	Problems contacting employers?	6%	14%	6%	9%
9c	Problems contacting family?	22%	27%	22%	16%
9d	Problems of feeling depressed/suicidal?	33%	11%	33%	20%
9e	None of the above problems?	56%	46%	56%	52%
For those who have been on an induction course:					
10	Did you go on an induction within the first week?	79%	80%	79%	74%
11	If you have been on an induction, did it cover everything you needed to know about the prison?	57%	64%	57%	66%
For those who have received a basic skills assessment:					
12	Did you receive a 'basic skills' assessment within the first week?	14%	34%	14%	43%
13	After arrival into this prison did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed or suicidal)	67%	50%	67%	56%
SECTION 3: Sentence planning					
14	Do you have a sentence plan?	56%	57%	56%	73%
For those who have a sentence plan:					
15	Were you involved in the development of your sentence plan?	100%	73%	100%	74%
16	Has your sentence plan taken into account your individual needs?	80%	66%	80%	60%
17	Can you achieve all or some of your sentence plan targets in this prison?	60%	65%	60%	70%
18	Are there plans for you to achieve some/all your targets in another prison?	22%	40%	22%	34%
19	Are there plans for you to achieve some/all your targets whilst on licence in the community?	67%	49%	67%	43%

Key to tables

		HMP Bristol	Locals comparator	HMP Bristol	Overall comparator
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
20	Have you had any meetings to discuss your sentence plan whilst in custody?	70%	87%	70%	83%
21	If you have had sentence planning meetings did any of the following attend:				
21a	Offender supervisor?	71%	42%	71%	59%
21b	Prison staff from other departments?	29%	15%	29%	28%
21c	Offender manager?	86%	41%	86%	49%
21d	Anyone from other agencies?	57%	12%	57%	19%
22	Were these meetings useful to you?	86%	71%	86%	65%
SECTION 4: Offender manager					
23	Do you have a named offender manager in the probation service?	94%	83%	94%	89%
For those who have an offender manager:					
24	Has your offender manager been in contact with you since you have been in custody?	82%	73%	82%	79%
25	If you have had contact from your offender manager, what type of contact was it:				
25a	Contact by letter?	43%	38%	43%	48%
25b	Contact by phone?	14%	12%	14%	24%
25c	A visit to the prison?	86%	65%	86%	68%
26	Has your offender manager changed since you have been in custody?	38%	22%	38%	41%
For those who have a sentence plan:					
27	Has your offender manager discussed your sentence plan with you?	50%	82%	50%	71%
28	Do you think you have been supported by your offender manager whilst in prison?	38%	41%	38%	44%
SECTION 5: Offender supervisor					
29	Do you have an offender supervisor within this prison?	67%	65%	67%	71%
For those who have an offender supervisor:					
30	Do you meet with your offender supervisor every week?	18%	16%	18%	11%
31	Do you think you have been supported by your offender supervisor whilst in prison?	42%	52%	42%	54%
SECTION 6: Your time in custody					
32	Have any of the following made it more difficult to take full part in the activities in custody:				
32a	No issues?	57%	64%	57%	66%
32b	Difficulties with religion?	7%	8%	7%	8%
32b	Difficulties with race?	7%	5%	7%	7%
32c	Difficulties with a disability?	7%	10%	7%	7%
32d	Difficulties with language?	0%	0%	0%	2%
32e	Difficulties with reading/writing skills?	7%	10%	7%	13%

Key to tables

		HMP Bristol	Locals comparator	HMP Bristol	Overall comparator
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
32f	Difficulties with other issues?	29%	5%	29%	6%
33	Whist in custody have you been helped with any of the following:				
33a	Housing?	0%	10%	0%	12%
33b	Eductaion/training/employment?	43%	47%	43%	57%
33c	Money and debt?	21%	8%	21%	8%
33d	Relationships (e.g. family/partner)?	29%	9%	29%	14%
33e	Lifestyle (e.g. friendships)?	7%	9%	7%	14%
33f	Drug use?	64%	36%	64%	37%
33g	Alcohol use?	36%	18%	36%	25%
33h	Emotional well-being?	36%	25%	36%	22%
33i	Thinking skills?	64%	29%	64%	38%
33j	Attitude to offending?	50%	25%	50%	32%
33k	Health?	36%	31%	36%	35%
33l	Not had any help?	14%	23%	14%	15%
34	Has anyone done any work with you on basic skills?	22%	38%	22%	54%
35	Has anyone done any work with you on victim awareness?	6%	20%	6%	33%
36	Has any member of staff helped you to address your offending behaviour whilst in custody?	26%	32%	26%	38%
SECTION 7: Resettlement					
37	Has any member of staff helped to prepare for your release whilst in custody?	5%	13%	5%	15%
38	Do you think you will have a problem with the following on release from custody:				
38a	Problems maintaining/avoiding good relationships?	33%	12%	33%	19%
38b	Problems finding a job?	67%	71%	67%	61%
38c	Finding accommodation?	39%	54%	39%	46%
38d	Problems with money/finances?	33%	46%	33%	37%
38e	Problems claiming benefits?	33%	42%	33%	38%
38f	Problems arranging a place at college/continuing education?	22%	12%	22%	21%
38g	Problems contacting external drug or alcohol agencies?	22%	7%	22%	11%
38h	Problems accessing healthcare services?	22%	15%	22%	14%
38i	Problems opening a bank account?	44%	29%	44%	27%
38j	None of the above problems?	17%	12%	17%	23%
39	Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in future?	82%	59%	82%	66%



Key question responses (ethnicity and nationality) HMP Bristol 2009

Prisoner survey responses (missing data has been excluded for each question). Please note: Where there are apparently differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		BME prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
Number of completed questionnaires returned		21	88	13	93
1.3	Are you sentenced?	47%	59%	46%	59%
1.7	Are you a foreign national?	28%	7%		
1.8	Is English your first language?	91%	95%	54%	100%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?			50%	16%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	2%	0%	2%
1.11	Are you Muslim?	28%	1%	24%	4%
1.12	Do you consider yourself to have a disability?	20%	20%	15%	20%
1.13	Is this your first time in prison?	40%	31%	41%	32%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	28%	29%	54%	25%
2.3	Were you treated well/very well by the escort staff?	53%	73%	39%	66%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	62%	75%	38%	77%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	16%	33%	31%	29%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	37%	48%	38%	47%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	48%	55%	69%	52%
3.2a	Did you have any problems when you first arrived?	89%	78%	72%	81%
3.3a	Were you seen by a member of healthcare staff in reception?	95%	85%	84%	88%
3.3b	When you were searched in reception, was this carried out in a respectful way?	72%	73%	67%	75%
3.4	Were you treated well/very well in reception?	28%	57%	54%	51%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	70%	68%	69%	69%
3.9	Did you feel safe on your first night here?	60%	76%	75%	71%
3.10	Have you been on an induction course?	40%	46%	38%	46%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	34%	38%	46%	36%

Key to tables

		BME prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	19%	37%	46%	31%
4.3b	Are you normally able to have a shower every day?	81%	81%	69%	82%
4.3e	Is your cell call bell normally answered within five minutes?	19%	23%	38%	21%
4.4	Is the food in this prison good/very good?	19%	27%	24%	24%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	28%	47%	46%	41%
4.6a	Is it easy/very easy to get a complaints form?	60%	89%	75%	85%
4.6b	Is it easy/very easy to get an application form?	70%	92%	77%	89%
4.9	Have you made a complaint?	24%	43%	24%	42%
4.13	Are you on the enhanced (top) level of the IEP scheme?	19%	33%	15%	33%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	28%	55%	31%	51%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	38%	67%	36%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	10%	0%	11%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	13%	24%	10%
4.17a	Do you feel your religious beliefs are respected?	38%	47%	46%	45%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	47%	53%	54%	52%
4.18	Are you able to speak to a Listener at any time, if you want to?	43%	63%	54%	60%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	62%	81%	77%	76%
4.19b	Do most staff, in this prison, treat you with respect?	62%	80%	62%	79%
5.1	Have you ever felt unsafe in this prison?	34%	42%	38%	41%
5.2	Do you feel unsafe in this prison at the moment?	15%	15%	38%	13%
5.4	Have you been victimised by another prisoner?	19%	20%	31%	18%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	2%	24%	2%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	7%	7%	4%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	2%	7%	3%
5.6	Have you been victimised by a member of staff?	15%	26%	24%	23%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	1%	15%	2%

Key to tables

		BME prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
5.7h	Have you been victimised because you have a disability? (By staff)	5%	4%	0%	3%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%	0%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	20%	19%	24%	19%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	15%	23%	7%	24%
5.11	Is it easy/very easy to get illegal drugs in this prison?	28%	37%	24%	36%
6.1a	Is it easy/very easy to see the doctor?	9%	34%	7%	29%
6.1b	Is it easy/very easy to see the nurse?	57%	73%	62%	69%
6.2	Are you able to see a pharmacist?	50%	42%	50%	41%
6.5	Are you currently taking medication?	40%	58%	46%	56%
6.7	Do you feel you have any emotional well-being/mental health issues?	28%	35%	24%	37%
7.1a	Are you currently working in the prison?	30%	48%	15%	48%
7.1b	Are you currently undertaking vocational or skills training?	0%	9%	24%	7%
7.1c	Are you currently in education (including basic skills)?	10%	26%	62%	19%
7.1d	Are you currently taking part in an offending behaviour programme?	0%	7%	7%	6%
7.3	Do you go to the library at least once a week?	60%	56%	77%	52%
7.4	On average, do you go to the gym at least twice a week?	55%	48%	67%	47%
7.5	On average, do you go outside for exercise three or more times a week?	50%	39%	54%	38%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	9%	7%	8%
7.7	On average, do you go on association more than five times each week?	15%	25%	16%	25%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	15%	14%	24%	11%
8.1	Do you have a personal officer?	57%	62%	54%	60%
8.9	Have you had any problems sending or receiving mail?	53%	58%	38%	60%
8.10	Have you had any problems getting access to the telephones?	43%	33%	31%	37%



Key questions (disability analysis) HMP Bristol 2009

Prisoner survey responses (missing data has been excluded for each question). Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		22	86
1.3	Are you sentenced?	50%	57%
1.7	Are you a foreign national?	10%	13%
1.8	Is English your first language?	96%	94%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	19%	19%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	2%
1.11	Are you Muslim?	4%	7%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	37%	31%
2.1d	Was the attention paid to your health needs good/very good?	20%	30%
2.3	Were you treated well/very well by the escort staff?	66%	69%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	73%	72%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	27%	30%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	37%	48%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	50%	54%
3.2a	Did you have any problems when you first arrived?	100%	74%
3.3a	Were you seen by a member of healthcare staff in reception?	91%	87%
3.3b	When you were searched in reception, was this carried out in a respectful way?	64%	75%
3.4	Were you treated well/very well in reception?	45%	52%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	73%	68%
3.9	Did you feel safe on your first night here?	64%	74%
3.10	Have you been on an induction course?	45%	43%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	34%	38%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	47%	30%
4.3b	Are you normally able to have a shower every day?	60%	85%
4.3e	Is your cell call bell normally answered within five minutes?	41%	19%
4.4	Is the food in this prison good/very good?	28%	23%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	34%	44%
4.6a	Is it easy/very easy to get a complaints form?	86%	83%
4.6b	Is it easy/very easy to get an application form?	73%	92%
4.9	Have you made a complaint?	57%	36%
4.13	Are you on the enhanced (top) level of the IEP scheme?	32%	30%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	42%	52%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	39%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	4%	11%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	14%	12%
4.17a	Do you feel your religious beliefs are respected?	45%	45%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	51%
4.18	Are you able to speak to a Listener at any time if you want to?	64%	58%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	76%	79%
4.19b	Do most staff, in this prison, treat you with respect?	72%	79%
5.1	Have you ever felt unsafe in this prison?	64%	35%
5.2	Do you feel unsafe in this prison at the moment?	32%	12%
5.4	Have you been victimised by another prisoner?	50%	13%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	14%	2%
5.5i	Victimised you because you have a disability?	18%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	2%
5.6	Have you been victimised by a member of staff?	24%	25%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	15%	1%
5.7h	Victimised you because you have a disability?	15%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	0%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	59%	11%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	23%	22%
5.11	Is it easy/very easy to get illegal drugs in this prison?	41%	34%
6.1a	Is it easy/very easy to see the doctor?	38%	27%
6.1b	Is it easy/very easy to see the nurse?	84%	67%
6.2	Are you able to see a pharmacist?	21%	49%
6.5	Are you currently taking medication?	68%	52%
6.7	Do you feel you have any emotional well-being/mental health issues?	64%	27%
7.1a	Are you currently working in the prison?	41%	43%
7.1b	Are you currently undertaking vocational or skills training?	18%	6%
7.1c	Are you currently in education (including basic skills)?	18%	25%
7.1d	Are you currently taking part in an offending behaviour programme?	4%	6%
7.3	Do you go to the library at least once a week?	50%	58%
7.4	On average, do you go to the gym at least twice a week?	37%	53%
7.5	On average, do you go outside for exercise three or more times a week?	34%	42%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	10%
7.7	On average, do you go on association more than five times each week?	35%	21%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	23%	12%
8.1	Do you have a personal officer?	50%	62%
8.9	Have you had any problems sending or receiving mail?	64%	57%
8.10	Have you had any problems getting access to the telephones?	41%	34%



Key question responses (age - under 21) HMP Bristol 2009

Prisoner survey responses (missing data has been excluded for each question). Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percent highlighted in green is significantly better.	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		13	97
1.3	Are you sentenced?	15%	62%
1.7	Are you a foreign national?	18%	12%
1.8	Is English your first language?	85%	95%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	15%	20%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	2%
1.11	Are you Muslim?	7%	6%
1.13	Do you consider yourself to have a disability?	15%	21%
1.14	Is this your first time in prison?	31%	33%
2.1d	Was the attention paid to your health needs good/very good?	33%	27%
2.3	Were you treated well/very well by the escort staff?	54%	70%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	69%	72%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	16%	32%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	25%	47%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	41%	56%
3.2a	Did you have any problems when you first arrived?	50%	84%
3.3a	Were you seen by a member of healthcare staff in reception?	77%	89%

Key to tables

		Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in green is significantly better.		
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
3.3b	When you were searched in reception, was this carried out in a respectful way?	69%	72%
3.4	Were you treated well/very well in reception?	31%	54%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	77%	69%
3.9	Did you feel safe on your first night here?	77%	72%
3.10	Have you been on an induction course?	31%	45%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	36%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	33%	33%
4.3b	Are you normally able to have a shower every day?	59%	82%
4.3e	Is your cell call bell normally answered within five minutes?	24%	23%
4.4	Is the food in this prison good/very good?	7%	27%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	24%	45%
4.6a	Is it easy/very easy to get a complaints form?	77%	83%
4.6b	Is it easy/very easy to get an application form?	77%	87%
4.9	Have you made a complaint?	16%	43%
4.13	Are you on the enhanced (top) level of the IEP scheme?	15%	31%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	8%	53%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	38%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	9%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	15%	12%
4.17a	Do you feel your religious beliefs are respected?	38%	45%

Key to tables

	Any percent highlighted in green is significantly better.	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	54%	51%
4.18	Are you able to speak to a Listener at any time if you want to?	38%	61%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	77%
4.15b	Do most staff, in this prison, treat you with respect?	59%	78%
5.1	Have you ever felt unsafe in this prison?	46%	40%
5.2	Do you feel unsafe in this prison at the moment?	24%	15%
5.4	Have you been victimised by another prisoner?	31%	19%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	15%	3%
5.5i	Victimised you because you have a disability?	7%	5%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	3%
5.5k	Have you been victimised because of your age? (By prisoners)	7%	2%
5.6	Have you been victimised by a member of staff?	54%	20%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	15%	2%
5.7h	Victimised you because you have a disability?	7%	3%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	0%
5.7j	Have you been victimised because of your age? (By staff)	15%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	24%	20%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	24%	22%
5.11	Is it easy/very easy to get illegal drugs in this prison?	15%	38%
6.1a	Is it easy/very easy to see the doctor?	16%	30%

Key to tables

		Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in green is significantly better.	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
6.1b	Is it easy/very easy to see the nurse?	83%	68%
6.2	Are you able to see a pharmacist?	64%	40%
6.5	Are you currently taking medication?	24%	59%
6.7	Do you feel you have any emotional well-being/mental health issues?	31%	36%
7.1a	Are you currently working in the prison?	31%	45%
7.1b	Are you currently undertaking vocational or skills training?	0%	10%
7.1c	Are you currently in education (including basic skills)?	24%	23%
7.1d	Are you currently taking part in an offending behaviour programme?	7%	5%
7.3	Do you go to the library at least once a week?	62%	54%
7.4	On average, do you go to the gym at least twice a week?	69%	47%
7.5	On average, do you go outside for exercise three or more times a week?	75%	36%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	9%
7.7	On average, do you go on association more than five times each week?	16%	23%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	15%	14%
8.1	Do you have a personal officer?	69%	58%
8.9	Have you had any problems sending or receiving mail?	62%	56%
8.10	Have you had any problems getting access to the telephones?	54%	34%