

Report on an unannounced inspection of

HMP Bristol

by HM Chief Inspector of Prisons

6–17 May 2013

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Introduction

Bristol is a medium-sized local prison, much of it dating from the 19th century, receiving remand and convicted prisoners, often straight from the streets. Holding mainly adult male prisoners, and some young adults, at our last inspection in early 2010 we noted improvements and described a prison that was well led and had a clear sense of direction. That progress has not been sustained. The prison had recently undergone a major reorganisation of management and staffing, and at this inspection we evidenced several significant concerns. It is usual for local prisons to have a high turnover of prisoners, but it was extreme at Bristol (and made worse by the recent closure of Gloucester prison) with over 70% of prisoners staying for less than three months. This made the job of managers and staff very difficult, and they were struggling.

Ensuring safety and managing risk is a priority and yet outcomes in this important test were weak. The quality and rigour of vital first night procedures were not good enough, and very few prisoners were located on the dedicated first night unit, therefore missing out on vital support and information. Although levels of violence were similar to comparable prisons, too many prisoners felt unsafe or victimised. Recorded bullying was a concern, and procedures to tackle violence and delinquency were lacking. Support for those at risk of suicide or self-harm was better, and encouragingly the prison had been proactive in trying to develop work to promote adult safeguarding for those who were clearly vulnerable.

Security procedures were broadly proportionate but the quality of staff supervision on the wings was not always adequate. It was also concerning that, at 13.8% over the previous six months, the positive mandatory drug testing rate was higher than that seen in similar prisons. It was also troubling that significant numbers of prisoners reported that it was easy to get drugs in the prison or that they had developed a problem while there.

Levels of respect in the prison were poor. The reality for many prisoners was that they could not get things done - even the basics. They could not get enough clean clothes or clothes that fitted, adequate bedding or cleaning materials. Applications were not answered and complaints were not listened to. Some were living in unacceptable conditions. Despite many cleaners, much of the prison was dirty and/or poorly equipped. Prisoners complained of cockroach infestation, and some were living in unacceptable conditions in cells without windows. Fewer prisoners than at similar establishments felt staff treated them with respect, and we observed some disturbing and dismissive attitudes from some staff. The promotion of equality had been neglected and had only recently begun to receive appropriate attention. Strategy continued to lack direction and minority groups were negative across a number of indicators in our prisoner survey. Outcomes for prisoners with protected characteristics were mixed although some, such as foreign nationals, received some helpful support.

Prisoners had little confidence that their legitimate complaints were dealt with fairly or quickly, in our view with some justification. Of particular concern, we evidenced complaints against staff that had not been investigated at all. Prisoner perceptions of the quality of health care were similarly negative. With the exception of mental health care and medicines management, we observed a number of gaps and inadequacies that needed to be improved. Prisoners also had very negative opinions about food quality, although our own observations were more positive.

During the working day it was normal to find about half the prison's population locked in cell. There was only enough work, training or activity for about two-thirds of the population, but even this was not used efficiently with much unoccupied. The range of education and vocational training offered was broadly appropriate, but much of the work on offer was menial or mundane, causing underemployment as well as unemployment. The quality of learning and skills provision was judged to be either inadequate or requiring improvement.

In our healthy prison test of resettlement, the prison was largely meeting the challenges and needs presented by a very short-term population. Both offender management and resettlement services were reasonable and addressing a range of demands.

This is a concerning report. Bristol is an important institution serving the South West. A sense of drift had returned to the prison. Some useful work was being done to help manage offending risk and reintegrate prisoners at the conclusion of their sentences. But the experience of prisoners was poor. The priorities we identified included improving the environment, improving staff culture, and ensuring prisoners have something useful to do that will equip them for the future.

Nick Hardwick
HM Chief Inspector of Prisons

July 2013

Fact page

Task of the establishment

HMP Bristol is a category B local prison.

Prison status

Public

Region

South West

Number held

577

Certified normal accommodation

424

Operational capacity

614

Date of last full inspection

4–8 January 2010

Brief history

The prison was built in 1883, and B and C wings were added in the 1960s. Recent years have seen a programme of extensive refurbishment and renovation.

Short description of residential units

A wing: 126-bed unit, holding remand and sentenced prisoners.

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

C wing: 148-bed unit, incorporating IDTS/drug recovery and a dedicated detoxification unit on C3.

D wing: 105-bed unit; the unit offers additional support for vulnerable prisoners.

E wing: 11-bed dedicated segregation unit, with two additional unfurnished cells and one cell with a fitted camera.

F wing: Designated as a first night centre, with 11 places in a mixture of cellular accommodation. The unit also holds prison Listeners.

G wing: 125-bed unit, holding a full range of sentenced and remand prisoners.

The prison no longer has a health care centre unit; it has a 17-bed reintegration unit, named the Brunel unit, holding prisoners with complex mental and physical needs.

Name of governor

Andrea Albutt

Escort contractor

GEOAmey

Health service commissioner and providers

Commissioner: NHS England Justice Health Commissioner

Physical health: Bristol Community Health and MedCo Secure Health Services

Mental health: Avon and Wiltshire Health Trust

Learning and skills providers

Weston College and N-ergy

Independent Monitoring Board chair

Mike Flannery

About this inspection and report

Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

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

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

Safety	prisoners, particularly the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

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

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

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

Since April 2013, the majority of our inspections have been full follow-ups of previous inspections, with most unannounced. Previously, inspections were either full (a new inspection of the establishment), full follow-ups (a new inspection of the establishment with an assessment of whether recommendations at the previous inspection had been achieved and investigation of any areas of serious concern previously identified) or short follow-ups (where there were comparatively fewer concerns and establishments were assessed as making either sufficient or insufficient progress against the previous recommendations).

This report

This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

S1 *The reception environment had improved but it remained very busy and cramped at times, and prisoners waited too long there. First night safety and risk assessments were poor. First night accommodation and support was very good but too few prisoners benefited from it. Induction was inconsistently delivered. More prisoners than at similar prisons felt unsafe. Supervision by staff in some areas was poor and levels of bullying and intimidation were high. Arrangements to identify and analyse violent incidents and improve safety had deteriorated. Suicide and self-harm procedures were reasonable and prisoners generally felt well cared for. Security arrangements were generally proportionate to the risks posed. Use of force was not high and governance was good. Segregation was well managed. Drug availability and use were relatively high. Drug treatment arrangements were reasonably good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S2 *At the last inspection in 2010 we found that outcomes for prisoners in Bristol were reasonably good against this healthy prison test. We made 53 recommendations about safety. At this follow-up inspection we found that 29 of the recommendations had been achieved, nine had been partially achieved, 14 had not been achieved and one was no longer relevant.*

S3 Journey times to the prison were reasonably short. Most prisoners said that they had been treated well by escort staff. Prisoners were not given sufficient notice of transfers to enable them to inform family and friends.

S4 The reception environment had improved. It was clean and bright but too small and cramped for the high number of prisoners moving through it. During busy times, many prisoners experienced long waits.

S5 First night assessments paid insufficient attention to vulnerability or first night risk factors, and prisoners did not receive a private interview with a member of staff. The dedicated first night centre was clean and welcoming and delivered good first night and induction services, but important support and information were not given to the two-thirds of prisoners who went directly to other wings.

S6 Too many prisoners said that they felt unsafe. The recorded levels of physical violence were similar to those at other local prisons, but prisoners reported high levels of victimisation by staff and other prisoners. The number of recorded bullying incidents was more than double that at comparator prisons. The anti-bullying and violence reduction strategy was out of date and there had been no data collection to evidence the extent of the problem throughout 2012. Formal recording and management of bullying and victimisation on the wings were poor. Only a quarter of recent investigations had been completed and no prisoners had been subject to antisocial behaviour measures in the previous six months. Too many prisoners sought protection on the safer custody wing.

S7 There was still no up-to-date strategy directing the management of young adult prisoners and no formal assessment and planning to manage the risks posed to them by others, including sex offenders.

S8 The number of self-harm incidents was relatively low. The quality of most self-harm monitoring documents was reasonable and prisoners we spoke to were positive about the

- level of support they received. There were too few Listeners (prisoners trained by the Samaritans to support those at risk of self-harm) but those in post were well used and supported.
- S9 Security arrangements were generally proportionate to the risks posed. Overall, dynamic security arrangements were reasonable, but the level of supervision of prisoners on some residential units was not always adequate. More prisoners than at similar prisons told us that drugs were easily available, and the random mandatory drug testing positive rate was relatively high, with very high levels recorded recently. Supply reduction measures were appropriate and the prison was actively addressing the problem.
- S10 There was sufficient difference between levels of the incentives and earned privileges scheme to encourage improved behaviour but many prisoners were not clear about the criteria for promotion and did not perceive processes to be fair. The regime for the small number of prisoners on the basic level of the scheme was over-restrictive and not consistently applied across the residential units.
- S11 The number of adjudications was relatively low. Levels of use of force had reduced and were in line with those at similar prisons. Governance arrangements and the collection and analysis of data to identify patterns or trends had improved. Levels of segregation were not high and lengths of stay were short. Relationships between staff and prisoners on the segregation unit were very good, and staff were knowledgeable and skilled at managing the prisoners in their care. Planning to return prisoners to normal location was effective and most prisoners were reintegrated back to normal location. The use of the Brunel unit to help reintegrate more complex cases was a good initiative.
- S12 The treatment of drug- and alcohol-dependent prisoners started immediately and the designated stabilisation unit on C wing provided a safe environment. The number of prisoners receiving treatment was not recorded accurately. Not all were located on C wing, where substance misuse support teams were based.
- S13 Clinical and psychosocial teams were not yet fully integrated but the multi-agency relapse intervention service offered prisoners a comprehensive care package. Prisoners, including those with alcohol problems, could readily access psychosocial support.

Respect

- S14** *The quality and cleanliness of accommodation was variable but too often unacceptable. Access to suitable and clean bedding, clothing and cleaning materials was problematic. Too few prisoners said that staff treated them with respect and we saw some poor staff behaviour. Applications were not tracked. Insufficient attention was given to diversity issues, and provision had deteriorated. Faith provision was adequate. Many complaints, including complaints against staff, were not addressed. There were some significant gaps in physical health service provision. Mental health services were good. The food provided was reasonable. **Outcomes for prisoners were poor against this healthy prison test.***
- S15** *At the last inspection in 2010 we found that outcomes for prisoners in Bristol were reasonably good against this healthy prison test. We made 85 recommendations about respect. At this follow-up inspection we found that 32 of the recommendations had been achieved, 11 had been partially achieved, 32 had not been achieved and 10 were no longer relevant.*

- S16 External areas of the prison were generally clean. The quality of accommodation was mixed, but some was unacceptable, with dirty, poorly equipped cells containing offensive graffiti. Some prisoners were living in cells with missing windows. On most wings, access to cleaning materials, suitable bedding and clothing was poor. Access to showers was generally reasonable but some were in poor condition and lacked privacy. The opportunity to use telephones was hampered by the very limited association periods. There was no method to track applications and many prisoners lacked faith in the system.
- S17 Too few prisoners said that staff treated them with respect. We saw some delinquent staff behaviour. Engagement with prisoners was variable but too much of it was distant and dismissive. The quality and quantity of electronic case notes were inadequate.
- S18 Equality provision had deteriorated and had only recently been given some attention, having previously been neglected. The strategy lacked direction, was out of date, did not cover all protected characteristics, was focused on staff and was not supported by an adequate action plan. In our survey, prisoners from minority groups reported more negatively than the respective comparators about their treatment across many areas. There was no monitoring of equality of access or treatment of prisoners from any minority groups other than race. Formal forums for most minority groups had started at the beginning of 2013 and were well received by prisoners, with identified issues being followed up.
- S19 Support for prisoners from a Traveller/Gypsy background was good. Foreign national prisoners had good access to the UK Border Agency and to independent immigration advice. There was little translated information available and prisoners were used inappropriately to interpret for others, sometimes for confidential matters.
- S20 Not all prisoners with disabilities were identified. The needs of some prisoners with disabilities were not being met. There were no care plans available on the wings and no identified formal carers. Personal emergency evacuation plans were generally up to date. The needs of older prisoners were generally well met, although retired prisoners and those with disabilities had little to occupy them while unlocked during the core day.
- S21 Faith facilities were adequate but prisoners were negative about their access to services and had to apply to attend religious services. Chaplaincy staff and volunteers were well integrated into the prison regime but links with local faith representatives had not yet been established.
- S22 Prisoners expressed little confidence in the formal complaints system. The quality of responses was often poor and replies did not address the subject at hand. Some complaints about staff misconduct had not been investigated at all.
- S23 Fewer prisoners than at comparator prisons said that the quality of health care was good, and we observed some significant gaps in care. Prisoners were seen routinely on arrival but secondary health assessments were often delayed for several days. Prisoners were able to see a doctor quickly but waited too long to see the dentist. Chronic disease management was poor. Care planning for prisoners on residential wings with complex care needs was weak and lacked coordination between prison and health services staff. Medicines management was reasonable, with safe prescribing and risk assessments for in-possession medicines. External hospital appointments were frequently cancelled because of a lack of escorts. The Brunel unit provided a safe and therapeutic environment for prisoners with acute mental health needs and learning disabilities. Mental health services were well integrated with overall health care provision, and prisoners' needs were well met. There was a good range of primary mental health interventions and group work.

- S24 Prisoners in our survey were very negative about the quality of the food provided but we found it to be reasonable, although meals were served too early. Consultation arrangements had improved and were regular.
- S25 Prisoners could purchase a reasonable range of goods to meet their diverse needs but some prisoners had to wait too long for their first shop order, which increased their risk of debt.

Purposeful activity

S26 *Time out of cell for much of the population was poor. Too many prisoners were locked up during the day and opportunities for association were very limited. Learning and skills and work were suitably aimed at the needs of the short-term population but management was inadequate. There were too few activity places and not all of these were utilised. Not enough teaching and learning was of good quality. Achievements in education were inadequate, although vocational training was good. Opportunities to accredit work skills were missed. Library facilities were poor. PE provision was good but there was too little access for unemployed prisoners. **Outcomes for prisoners were poor against this healthy prison test.***

S27 *At the last inspection in 2010 we found that outcomes for prisoners in HMP Bristol were not sufficiently good against this healthy prison test. We made 15 recommendations about purposeful activity. At this follow-up inspection we found that six of the recommendations had been achieved, one had been partially achieved and eight had not been achieved.*

- S28 The amount of time out of cell for some employed prisoners was reasonable, at around nine hours a day, but for most prisoners it was a lot less, and could be less than two hours for the many unemployed. We found half of all prisoners locked up in their cells at any one time during the day. Association opportunities were far too limited, with some prisoners having only two sessions a week. Outdoor exercise was regular and available to all prisoners.
- S29 Strategic planning to develop learning and skills and work activity was based on a needs assessment and appropriately focused on the short-term population. However, there was insufficient specialist expertise to implement and monitor progress. The use of data to manage the quality of provision was unproductive and self-assessment processes were not effective. There were too few activity places for the population and even these were not fully utilised, with less than 40% of prisoners actively engaged in learning and skills and work at any one time. Prisoners were allocated fairly to activities.
- S30 The number of vocational training places had increased and the range of vocational and education provision was broadly appropriate. Too much of the work available was mundane. Teaching and coaching in workshops and vocational training areas were good. However, the quality of teaching and learning in education classes was too variable. Workshop and vocational facilities were adequate but education classrooms were shabby and poorly kept.
- S31 Attendance rates remained too low. Achievements in education were inadequate and too many literacy and numeracy learners repeated levels that they had already achieved. Most learners on vocational programmes who remained long enough at the prison achieved their qualifications but many left before they could complete them. Too many jobs did not offer qualifications or transferable skills.
- S32 Library accommodation was poor. Library services were only adequate in meeting the needs of prisoners wishing to borrow books or consult reference volumes, and did not provide

study space or computer facilities. Opening times were limited and did not include evenings or weekends.

- S33 Gym provision was adequate. The range of vocational PE programmes and the facilities available had increased. Unemployed prisoners could not go to the gym often enough.

Resettlement

S34 *The resettlement strategy was supported by a good needs analysis but lacked sufficient oversight. Offender management provision largely met the needs of the short-term population but plans were disrupted for some by overcrowding drafts. The timeliness and quality of sentence plans was good. Home detention curfew, categorisation and public protection arrangements were sound. Too few prisoners knew where to go for support with resettlement during their sentence. Resettlement pathway provision was generally effective. Accommodation, debt and drugs advice were particularly good but provision for family contact was not good enough. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S35 *At the last inspection in 2010 we found that outcomes for prisoners in HMP Bristol were reasonably good against this healthy prison test. We made 32 recommendations about resettlement. At this follow-up inspection we found that 19 of the recommendations had been achieved, two had been partially achieved, eight had not been achieved and three were no longer relevant.*

S36 The prison had developed a clear resettlement strategy, based on a good needs analysis, with an action plan containing relevant targets. However, there was no strategic group to monitor progress and share knowledge.

S37 Offender management was well structured to meet the challenges presented by an exceptionally high turnover of prisoners and a very short-term population. The risks and needs of all newly arrived prisoners were assessed. Relevant targets were set for most sentenced prisoners and suitable onward training establishments were identified. Regular overcrowding drafts disrupted these plans for some prisoners. Most offender assessment system (OASys) assessments were completed on time and the quality was good. Home detention curfew arrangements were sound and decisions were reasonable. Categorisation reviews were completed on time and prisoners were consulted and informed of the reasons for the decisions.

S38 Procedures for identifying and monitoring prisoners who presented a risk to the public were effective and proportionate. The IMPACT and IRIS projects provided effective case management of high-risk offenders.

S39 The management of indeterminate-sentenced prisoners was focused on prompt allocation to an appropriate establishment. Advice and support were given to those potentially facing an indeterminate sentence.

S40 All prisoners had their needs assessed on arrival and appropriate referrals were made to resettlement services. However, these services were poorly advertised and prisoners needing support during their stay did not know where to go. A useful pre-discharge workshop was held a few weeks before release.

S41 A range of accommodation support was available. Some effective work had greatly reduced the number of prisoners released without accommodation over the previous six months. Employment, training and education provision on release was developing and a range of

employability courses was provided. There were two useful through-the-gate projects and there were some established links with employers.

- S42 Pre-release arrangements for health care and substance misuse were good. There were links with local community mental health teams to ensure follow-through of prisoners with severe and enduring mental health needs. Liaison with community drug and alcohol services and criminal justice intervention teams was impressive and facilitated good throughcare for prisoners with substance use problems.
- S43 Debt advice services were good, and included advice given to prisoners' families. The facility to open bank accounts was being revived.
- S44 Provision for children and families, and visits had deteriorated and some family support services, including extended family visits and Storybook Dads (in which prisoners record stories for their children), had lapsed. There were too few social visits available to meet demand, particularly at the weekend. Visitors found it difficult to book visits; the telephone booking line was often busy and many were not aware of the email facility. The visits room was large and well decorated, and a supervised play area and a refreshments bar were available. Visitors had access to a family support worker and children's support worker.
- S45 The range of offending behaviour-related interventions available was suitable for the population. An innovative restorative justice project was in the early stages of development.

Main concerns and recommendations

- S46 Concern: Too many prisoners felt unsafe. There were high levels of bullying and victimisation. Not all incidents of bullying and intimidation were investigated or actioned. There was no proper analysis of violence and bullying to identify trends and improve safety.

Recommendation: All incidents of violence and victimisation should be investigated and actioned. All data relating to violence should be collated and analysed to identify trends and action should be taken to improve safety.

- S47 Concern: Some prisoners were living in cells with damaged or missing windows. Too many cells were dirty, and had damaged or missing furniture and offensive graffiti. Prisoners had too few opportunities to clean their cells and we found an infestation of cockroaches on residential units.

Recommendation: Sub-standard cells should not be occupied. All cells should have complete windows, be clean and free of graffiti, and contain suitable furniture.

- S48 Concern: Fewer prisoners than at similar prisons said that staff treated them with respect. We observed some disrespectful and delinquent staff behaviour, and some formal complaints from prisoners about staff were not responded to.

Recommendation: The reasons for prisoners' poor perception of staff should be explored and formal complaints about poor behaviour should be investigated and acted on.

- S49 Concern: Equality and diversity provision was underdeveloped. There was evidence that the needs of prisoners from some minority groups were not being identified or met, and, with the exception of race, no data were collected to monitor the equality of their treatment or their access to the regime.

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

- S50 Concern: Too many prisoners were locked up for too long. Most prisoners had only two periods of association a week. We found, on average, 50% of prisoners locked up during the day, and many were locked up for 22 hours.

Recommendation: The core day should be reviewed to reduce long periods of lock-up. All prisoners should be able have daily association.

- S51 Concern: There were too few learning and skills and work places available, and even these were not fully utilised, resulting in less than half of all prisoners being purposefully engaged in activity during the day. Opportunities to recognise work and employment-related skills were missed and the number of prisoners gaining qualifications was low.

Recommendation: The amount of learning and skills and work activity should be increased and its use optimised. Work and employment skills should be recognised and recorded and the number of prisoners gaining qualifications increased.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

I.1 *Prisoners were treated well by escort staff and most had short journey times to the prison. Inadequate notice was given of transfers out.*

I.2 Journey times to the prison were reasonably short, and prisoners generally felt safe. Vans were clean and appropriately equipped, and prisoners on long journeys were given refreshments. In our survey, more prisoners than at comparator prisons said that they were treated well by escort staff and that they had been given a toilet break.

I.3 Prisoners were not given sufficient notice of transfer out to enable them to inform family and friends, and were not offered a free telephone call. Most of those we spoke to had been given only a couple of hours' notice of their move.

Recommendations

I.4 **Prisoners should be given adequate notice of transfers out.**

I.5 **Prisoners should be allowed a free telephone call to inform their families of impending transfers, subject to a security assessment.** (Repeated recommendation I.12)

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

I.6 *Reception was clean but unfit for the large number of prisoners passing through it. Some processes were not carried out with sufficient confidentiality or privacy but prisoners were treated with respect. The first night interview was poor and too many prisoners did not access first night support and information. Induction to the prison's rules and regime was inconsistent, and poor on the main wings. Responses to our survey were negative across nearly all the indicators about first night and induction.*

I.7 Redecoration of the reception area had vastly improved its appearance, and it was now clean and bright. However, it remained too small for the number of prisoners passing through it, and during busy times many prisoners experienced long waits. Access to this area for those with mobility problems was via A wing; some vulnerable prisoners we spoke to were

unwilling to use this route, preferring to climb or be carried up the several stairs at the front of the reception area.

- I.8** The cell sharing risk assessment interview was not sufficiently confidential, despite the installation of dividing boards between interview spaces. The searching area also lacked privacy, although searching was undertaken respectfully. The first night officer conducted a routine interview in reception but this paid insufficient attention to vulnerability or first night risk factors, and prisoners did not receive a private interview with a member of staff. Those who had either previously been held at the establishment or had been there within the last two years bypassed the first night centre; however, these criteria were not applied consistently and we met some newly arrived prisoners who had not been at the establishment for over two years but had been located on the main wings.
- I.9** In our survey, more prisoners than at the time of the previous inspection said that they had been treated with respect in reception, and this was now in line with other local prisons. The holding room for vulnerable prisoners was small but clean. It did not have a television but contained some basic reading material. Prisoners were able to access PIN telephone money while in reception and to call their family or friends.
- I.10** Only a third of new arrivals were located on the dedicated first night centre (F wing), and their experience was positive. It was clean and welcoming and delivered good first night and induction services, making good use of peer mentors and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). However, for the two-thirds of prisoners going straight to the C3 landing (the detoxification unit) or one of the other main wings, their experience was negative and unhelpful. In our survey, responses about first night experiences were more negative than at other local prisons across all the indicators. Prisoners we spoke to on the main wings and C3 landing were very negative about the lack of help, information and support on their first night. Some who had arrived late in the evening told us that they had not been able to shower on the wing on their first night.
- I.11** Induction was delivered inconsistently across the prison. The programme delivered on the first night centre was a well structured presentation which informed prisoners about the rules and regime of the prison. The use of peer mentors in this presentation was good. Those on the main wings received a far less structured presentation and had to rely on other prisoners to find out about rules and regimes. In our survey, fewer prisoners than at other local prisons said that they had been on an induction course and that this had covered everything they needed to know about the prison. We saw little induction information in languages other than English.

Recommendations

- I.12 Cell sharing risk assessment interviews should be conducted sensitively and in private.** (Repeated recommendation I.41)
- I.13 All prisoners, irrespective of having spent time at the establishment before, should receive first night support, including access to Listeners, and information.**
- I.14 All prisoners should be offered a shower on their first night.** (Repeated recommendation I.49)
- I.15 All prisoners should undergo an induction programme and it should be of sufficient quality to ensure they have the key information.** (Repeated recommendation I.51)

- I.16 Translated induction information should be equivalent to that available in English.** (Repeated recommendation I.52)

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

I.17 *More prisoners than at comparator prisons felt unsafe and reported victimisation by staff and prisoners. The level of bullying incidents was double that found elsewhere but work to manage perpetrators and victims formally was poor, with three-quarters of investigations not being carried out in the previous year. No data collection throughout 2012 meant that analysis of trends and issues was not possible, leaving the prison unsighted on the issues. There was no strategy for the management of young adult prisoners, who were located on wings without a formal risk assessment or plan to manage the risks this posed.*

- I.18** In our survey, more prisoners than at similar prisons said that they had felt unsafe while at the establishment (44% versus 39%), and more felt unsafe at the time of the inspection (21% versus 16%). This was worse for those with disabilities, with 58% saying that they had felt unsafe and 32% feeling unsafe at the time of the inspection.
- I.19** The level of assaults on prisoners was similar to that at comparator prisons. The number of bullying incidents was more than double that at other local prisons and we were not convinced that all such incidents were reported. In our survey, 30% of prisoners, against the 22% comparator and 20% at the time of the previous inspection, said that they had been victimised by other prisoners. The nature of the victimisation was varied and included stealing of shop goods, bullying for medication, race and ethnicity, nationality and disability. More prisoners than at comparator prisons and than at the time of the previous inspection (43% versus 27% and 24%, respectively) said that they had been victimised by staff, for reasons that included race, religion and nationality (see main recommendation S46).
- I.20** The management of bullying and violence reduction had deteriorated since the previous inspection. Resources dedicated to this work had reduced and the remaining staff were too often redeployed to other work.
- I.21** The violence reduction strategy was out of date and there had been no data collection to show evidence of the extent of the problem throughout 2012. Data recording had resumed in January 2013 but it was too early to determine trends and themes. The safer custody meeting had been poorly attended until recently, and there was still poor attendance by wing managers. The meetings in the previous year had not focused adequately on bullying and violence reduction owing to the lack of data collected. Although there was a system for informing the safer custody team of unexplained injuries, we were not convinced that it was sufficiently robust as we saw no evidence of these being discussed and acted on. A safety survey had been completed in November 2102 but the number of forms returned had been very low. It had not yet informed the violence reduction strategy and did not adequately cover all the protected characteristics.
- I.22** The profile of anti-bullying and violence reduction was not high enough across the prison. Not all bullying or violent incidents resulted in the immediate opening of an investigation

form; this was too often delayed until a security information report (SIR) had been sent by security staff to the safer custody unit, and the safer custody staff had prompted the wing staff. Wing staff did not take the anti-bullying and violence reduction processes seriously enough and had failed to complete antisocial behaviour investigations in three-quarters of cases in the previous year (see main recommendation S46). Despite the high levels of bullying and victimisation, no prisoners had been subject to antisocial behaviour measures, and no formal victim support plans had been drawn up in the previous six months, although we saw evidence of some victims being moved to D wing (the safer custody wing) for their own protection. A high number of prisoners (one in six) had sought protection on this wing in the previous six months. This may have been a reflection of the high levels of victimisation experienced on the main wings; however, we were not convinced that the assessment for placement on D wing was thorough enough and few prisoners were reintegrated back onto the main wings.

- I.23** There was no up-to-date strategy directing the management of young adult prisoners. The vulnerabilities of these prisoners were not assessed during reception or their early days in custody. This meant that some young people with specific vulnerabilities such as learning disabilities were placed on wings with adult prisoners who could take advantage of or victimise them; some had been placed with convicted sexual offenders without a formal, documented assessment of the risks this posed or a management plan.

Recommendations

- I.24** The safer custody team meeting should explore and analyse unexplained injuries to identify trends and issues.
- I.25** Placement of prisoners on D wing should be subject to a thorough assessment and plans made for reintegration where possible.
- I.26** A formal strategy for the management of young adults should be developed, including an assessment of their vulnerabilities and risks from other prisoners.

Housekeeping points

- I.27** Wing managers should attend safer custody meetings.
- I.28** The safety survey should cover all protected characteristics and the return rate should be improved. The results should inform the violence reduction strategy.

Self-harm and suicide

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- I.29** *Good attention was given to preventing self-harm and suicide but there was no specific policy for the establishment. Assessment, care in custody and teamwork (ACCT) documents were generally of reasonable quality and prisoners found the support helpful, but case managers had little contact*

between reviews, which limited their role. Too few Listeners were in post and prisoners in the segregation unit were not able to access one. Two of the Listener suites were not fit for use.

- I.30** There had been five self-inflicted deaths over the previous three years. Each had given rise to an action plan, and the Prisons and Probation Ombudsman recommendations were being taken forward in a continuous improvement plan. However, the head of safer custody was reviewing this at the time of the inspection, as progress against it had been neglected over the previous year.
- I.31** The number of self-harm incidents over the previous six months was very low. There were eight assessment, care in custody and teamwork (ACCT) self-harm monitoring documents open at the time of the inspection, all of which had been opened for clear and specific reasons. Prisoners on open ACCT documents that we spoke to were positive about the support they received. We were told that other prisoners were occasionally used to interpret for prisoners on open ACCT documents whose first language was not English; however, we also saw evidence of the use of a telephone interpreting service, which provided greater confidentiality.
- I.32** ACCT documents were generally of a reasonable quality but some were less well completed, being too basic, omitting triggers or with care maps missing some important steps. Post-closure reviews were carried out but most we saw were inadequate. Case managers were allocated to an ACCT and retained it but sometimes they had no contact with the prisoner between reviews, which limited their knowledge. Reviews were multidisciplinary but often with different members of staff.
- I.33** A small percentage (15%) of staff had not received ACCT training. However, those in direct operational roles had been prioritised for attendance and most had completed it. There was no establishment-specific policy for the management of self-harm and suicide but incidents were thoroughly recorded and analysed at the safer custody meeting.
- I.34** There were too few Listeners (prisoners trained by the Samaritans to support those in crisis) in post but steps were being taken to recruit more. They were well used and supported by the prison and the Samaritans. They worked on a rota basis to cover all the wings. However, prisoners on the segregation unit could not access a Listener. A Samaritans telephone was available and was used regularly. Two out of the three Listener suites were of poor quality and not fit for purpose. Our survey showed that Listener support was not offered often enough to prisoners on arrival but access thereafter was in line with the comparator (see recommendation I.13).

Recommendation

- I.35** **A safer custody policy, specific to the establishment, should be developed which includes steps to ensure that all assessment, care in custody and teamwork (ACCT) processes are thorough and comprehensively applied.**
- I.36** **Prisoners in the segregation unit should be able to access a Listener.**

Housekeeping points

- I.37** Formal interpreting services should be used when reviewing ACCT procedures with prisoners who do not have a good command of English.

- I.38 All Listener suites should be fit for purpose.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

I.39 *A new safeguarding adults policy was in place and had already resulted in two referrals. Staff training had started, in order to raise awareness about safeguarding responsibilities across the prison. Joint working with the community team was developing well.*

I.40 A prison-wide safeguarding adults policy had been written and introduced a few weeks before the inspection. It was still new to staff and not all of those we spoke to were familiar with the terminology or the processes. As a result, staff awareness training had started in February 2013 and was delivered by staff based in the community safeguarding adults team in Bristol.

I.41 Partnership working was developing and the head of safer custody had begun to attend safeguarding meetings in the community to try to develop procedures for the prison. Three meetings had been held in the prison to begin to promote the responsibilities involved in this area.

I.42 Two prisoners had been referred under safeguarding adults procedures and their health needs were being supported by the adult safeguarding team from the community (see section on health services).

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

I.43 *Physical and dynamic security were mostly reasonable but we were not assured that staff supervision of prisoners was sufficiently rigorous. The number of security information reports submitted was low and management of intelligence was effective. Risk assessments were of good quality and timely. Closed visits were applied inappropriately. The use of illicit drugs was high although supply reduction measures were being taken.*

I.44 Security arrangements, including the movement of prisoners, were mainly appropriate. However, staff supervision was not always adequate and we were not assured that residential officers patrolled the landings often enough when prisoners were unlocked.

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- I.45** Security committee meetings were well attended, and the agenda was comprehensive and included a thorough analysis of SIRs. The security department received an average of 235 SIRs each month, which was fewer than at comparable prisons. Intelligence was communicated effectively to other areas of the prison. There were good links with other departments such as the safer custody team, drug strategy committee and residential wings.
- I.46** Risk assessments and subsequent management systems were effective and included the use of information about the prisoner's recent custodial behaviour as well as historical data to inform assessments. There was a register to identify the risks associated with education areas and workshops. We saw no evidence to show that the prison was risk averse in terms of allocating activity spaces to prisoners, although some appropriate restrictions had been implemented.
- I.47** Excellent links had been established with local and regional police forces and there were impressive joint working arrangements, particularly in terms of drug supply reduction.
- I.48** Closed visits were imposed, if required, for an initial period of three months. Although reviews took place monthly during this period, prisoners tended to remain on closed visits regardless of any changes to the risks they posed. We also saw examples of closed visits being used as punishment following minor infringements to visiting rules. At the time of the inspection there were 18 prisoners on closed visits.
- I.49** The average random mandatory drug testing (MDT) rate for the previous six months was 13.8%, which was higher than that at similar prisons. Drug use had been particularly high recently, with random MDT results of 26.6% in February and 29% in April 2013. This was reflected in our survey, where 43% of respondents (against the 29% comparator) said that it was easy to get illegal drugs at the prison, 15% (against the 8% comparator) reported developing a drug problem while at the establishment and 14% (against the 8% comparator) said that they had developed a problem with diverted medication while at the prison.
- I.50** The establishment conducted a high number of target tests (123 over the previous six months), mostly within the required timeframe, with an average positive rate of 32%. A frequent testing programme was also in operation. Intelligence, drug finds and test results pointed to subutex and cannabis as the main drugs of use, followed by opiates. Intelligence about diverted medication was shared with the health services team.
- I.51** MDT came under the remit of the drug strategy group but a designated supply reduction officer was based in the security department to enable good information sharing, and there was good collaboration between departments. A detailed supply reduction action plan had been developed; trends and measures were discussed at both security and drug strategy meetings and the prison was actively addressing the problem.

Recommendations

- I.52** **Staff supervision of residential units should be improved.**
- I.53** **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.** (Repeated recommendation 7.10)

Incentives and earned privileges³

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- I.54** *There was sufficient difference between levels of the scheme but many prisoners were not clear about the criteria for promotion and prisoner perceptions about its fairness were poor. The regime for the small number of prisoners on basic was over-restrictive and not consistently applied across the residential units.*
- I.55** The incentives and earned privileges (IEP) scheme had been reviewed and a policy document published in January 2013. This described the usual three incentive levels (basic, standard and enhanced), and at the time of the inspection 22% of prisoners were on the enhanced level and less than 1% (three prisoners) were on basic.
- I.56** The scheme offered reasonable differentiations in access to private cash, computer games and visits to encourage improved behaviour. Only prisoners on remand and the enhanced level were able to wear their own clothing.
- I.57** In our survey, only 42% of respondents said that they were treated fairly by the IEP scheme. Warnings issued to prisoners were often inconsistent and we saw examples where they were petty.
- I.58** The regime for prisoners on basic was over-restrictive; they were unlocked for only one hour a day to take exercise, could take three showers a week and were allowed one telephone call a week following an application. We were told that prisoners on basic on D wing, but not on A or G wings, could attend work, education and corporate worship. Prisoners located on A wing were not permitted to collect their own meals; staff delivered these to their cells.
- I.59** Prisoners did not always attend review boards when they were being considered for the enhanced level of the IEP scheme, and the review documentation was unclear about whether or not the prisoner had attended. Many prisoners we spoke to said that they were unsure about what they needed to do to gain enhanced status. Reviews for prisoners on the basic level were timely but often consisted of a short meeting between the wing manager and the prisoner. Behaviour improvement plans were not always completed and those we saw were poor, with meaningless targets. Reviews for prisoners on D wing were reasonable and also included staff who knew the prisoner.

Recommendations

- I.60** **The incentives and earned privileges (IEP) scheme should be applied consistently across the prison and the monitoring of its fairness should be improved.**

³ In the last report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

- I.61 The regime for prisoners on the basic level of the IEP scheme should be improved.**
- I.62 IEP boards should set individual improvement targets and prisoners should be invited to attend.** (Repeated recommendations 7.49 and 7.50).

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.

I.63 *The number of formal adjudications was reasonably low. The number of incidents of use of force was not excessive. The paperwork we examined was generally correct and written accounts from officers gave assurances that force was used as a last resort. The governance of segregation had improved and was good. Planning to return prisoners to normal location was effective and the regime, particularly for longer-stay residents, had improved. Relationships between staff and prisoners on the unit were very good. Brunel unit was used to help to reintegrate more complex cases.*

- I.64** The number of formal adjudications had reduced since the previous inspection and was reasonably low, at about 87 per month.
- I.65** The records of all the adjudications we reviewed showed that hearings were conducted fairly and that full investigations of charges took place.
- I.66** Monthly statistics about the number and nature of adjudications were presented to the senior management team. The results of proven offences were noted, categorised and communicated to managers. Adjudication standardisation meetings monitored the standard of hearings and analysed information to help to identify trends and patterns.

The use of force

- I.67** The number of incidents involving the use of force was not excessive, at about 71 in the previous six months, which was slightly lower than at the time of the previous inspection and similar to that at comparator prisons. Of these, nearly half had not involved full control and restraint techniques. About 85% of all incidents were spontaneous.
- I.68** Governance of use of force had improved. Monitoring arrangements were rigorous, with links to violence reduction, the security committee and the senior management team. Incidents were discussed at the monthly security committee meeting and at the monthly use of force committee meeting. Information, including the nature of the incident, its location, and the ethnicity and age of the prisoner, was collated each month and presented to the senior management team for analysis to identify and deal with any emerging patterns and trends.
- I.69** Interventions were well organised and carried out appropriately, and documentation was generally completed correctly. Proper authority was recorded and senior staff supervised most incidents. There was no evidence that force was used unnecessarily or as a first resort when dealing with difficult and violent behaviour. The documentation showed that all uses of force had been reasonable and proportionate.

- I.70** The use of special accommodation had greatly reduced. It had been used only once in the previous six months, for a few hours. The associated documentation indicated that this use had been justified and properly authorised.

Segregation

- I.71** The segregation unit was cramped and corridors were narrow, but communal areas and cells were generally clean and well decorated. The exercise yard was clean and furnished with some fitness equipment.
- I.72** Approximately 20 prisoners were held on the unit per month, and there were eight at the time of the inspection. We calculated the average length of segregation to be only about five days. About 80% of the total use of segregation was due to reasons of good order or discipline.
- I.73** Governance of segregation was very good. A distinct strategy document had been published, setting out the staff selection policy, the management arrangements and expected working practices of the unit. Issues about segregation were discussed at quarterly segregation management group meetings, and minutes reflected in-depth analysis of information in order to identify trends and patterns.
- I.74** Relationships between staff and prisoners on the unit were very good. Officers dealt with difficult individuals with patience, demonstrating high levels of care. Entries in unit files showed that levels of engagement were high and that officers had an in-depth knowledge of the personal circumstances of their residents. There was extensive use of preferred names and titles.
- I.75** Reviews of longer-stay prisoners were timely and well attended. Planning to return them to normal location was well developed and care plans had been raised for all of them. In the previous six months, only nine prisoners had been transferred from the segregation unit to other prisons. The Brunel unit, adjacent to the segregation unit, had been used to good effect as a place for progression for more complex cases, to enable them gradually to be returned to mainstream accommodation (see also section on health services).
- I.76** The daily activity programme was basic, including a daily shower, exercise and telephone call. We were told that staff from the education department visited every weekday but saw little evidence of this. However, segregation unit staff issued prisoners with education packs that included word games and puzzle books. In some cases prisoners were able to attend the Brunel unit for group activities and some association, following an assessment of risk.

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- I.77** *Drug- and/or alcohol-dependent prisoners received prompt treatment and a good level of care on a designated stabilisation unit. A relapse intervention and a dual diagnosis service were well established and psychosocial support was easily accessible, but there was little evidence of C-wing functioning as the prison's recovery unit.*

- I.78** The designated integrated drug treatment system (IDTS) reception area provided a relaxed environment for drug- and/or alcohol-dependent prisoners. Following a thorough screening, a GP started their treatment immediately. New arrivals were located on the stabilisation unit, C3, which could accommodate 38 prisoners and was not full at the time of the inspection. The unit had 24-hour nurse cover, there were good monitoring and observation arrangements, and controlled drug administration was appropriately supervised.
- I.79** The number of prisoners receiving opiate substitute treatment was not monitored accurately and an audit during the inspection revealed that 80, a lower number than originally reported (and considerable lower than at the time of the previous inspection), were being prescribed either methadone (48) or subutex (32). Forty-three per cent were reducing their dosage. A dedicated relapse intervention team, consisting of a designated officer, a substance misuse nurse, a substance misuse worker and a GP, responded rapidly to prisoners presenting in crisis. The service had received 32 referrals in the previous three months and offered prisoners a comprehensive care package. There was also evidence of well-coordinated working between substance misuse and mental health teams, and dual diagnosis leads in both the clinical and the psychosocial service held weekly clinics with the mental health lead to coordinate care. Treatment for prisoners with less complex needs was less well integrated. Clinical and psychosocial support teams did not conduct five-day reviews jointly and did not co-deliver IDTS groups.
- I.80** During the inspection, only 57 of the 80 prisoners receiving methadone or Subutex were located on C wing, the 144-space designated substance misuse unit. Substance misuse services were based here, but the wing had too many prisoners (60%) who did not require substance misuse interventions, and there was little evidence of C1 and C2 functioning as the prison's recovery unit. There had been some work to improve the unit's facilities. The outside area had new Astroturf and there had been efforts to paint the communal area, but the group room was unusable and the facilities were generally poor.
- I.81** The drug and alcohol strategy policy had recently been reviewed and contained an action plan, informed by a comprehensive needs analysis. The strategy committee met monthly and was chaired by the head of IDTS, and strong links with commissioners and community stakeholders had been developed.
- I.82** All prisoners could easily access psychosocial support, which was also provided in the evenings and on Saturdays. In May 2013, 261 prisoners were actively engaging with the service, which included alcohol. A new modular programme, 'Inside Recovery', had just been introduced to replace and expand on existing IDTS modules. Service users could participate in a two-week group work course and/or complete the work on a one-to-one basis.
- I.83** Other interventions included a one-week alcohol awareness course, 'Health Through Sport', and a number of substance-specific groups were delivered by local community groups. Alcoholics Anonymous and Narcotics Anonymous self-help groups met weekly and prisoners who had completed treatment could move to B wing, the prison's drug-free unit, where regular compact-based drug testing was in operation.

Recommendations

- I.84** **The prison should closely monitor the number and location of prisoners receiving opiate substitute treatment and review the role and function of C-wing.**
- I.85** **Clinical and psychosocial substance misuse services should improve joint work and provide fully integrated care.**

Housekeeping point

- 1.86** The integrated drug treatment system unit communal area and group room should be clean and in good decorative order.

Good practice

- 1.87** *The prison's multidisciplinary relapse intervention team responded promptly to prisoners in crisis and provided comprehensive support.*

Section 2. Respect

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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1** *The quality and cleanliness of accommodation was variable but too often poor. Access to cleaning materials was problematic but access to showers was reasonable. Cell call bells were generally answered expediently. Prisoners had little faith in the applications system.*
- 2.2** External areas of the prison were generally clean and tidy, and work parties responded quickly to deal with any litter thrown out of windows. Despite there being as many as 20 cleaners on some of the wings, internal areas were often grubby; cleaning was superficial and undertaken for fairly short periods of time. Many of the cells we saw were dirty, with long-standing, often offensive graffiti scrawled over the walls and doors (see main recommendation S47 and Appendix V).
- 2.3** Cells designed for one continued to hold two prisoners and many cells had damaged lockers, damaged and scaled toilets and broken and/or missing windows (see main recommendation S47 and Appendix V). Prisoners repeatedly complained of an infestation of cockroaches and we saw many cells in which prisoners had used toothpaste and paper as a makeshift sealant for gaps around sanitary units and airbricks to prevent the ingress of cockroaches (see Appendix V). The offensive display policy was not always enforced and we found some inappropriate displays in cells across the prison.
- 2.4** Our survey results in relation to the quality of bedding, prison-issue kit and access to cleaning materials were poor, and these were supported by our observations. Staff told us that they could not get hold of 'decent' bedding, especially pillows. On one wing we saw many cells with no pillows and old and ripped mattresses. Prisoners on the older wings had difficulty in obtaining cleaning materials (see main recommendation S47). The quality of prison-issue clothing varied; we saw some very old and damaged garments being issued and were told by prisoners and staff that there was often a shortage of kit. Only remand prisoners and those on the enhanced level of the incentives and earned privileges (IEP) scheme were allowed to wear their own clothes (see also section on incentives and earned privileges). Each wing had a small laundry, where personal clothes and underwear could be submitted for washing once a week.
- 2.5** All cells had integral sanitation, with the exception of B wing, which operated a night sanitation system – in which cells could be unlocked electronically and remotely to allow prisoners to use toilets and washing facilities. Prisoners could leave their cell for a timed period of up to eight minutes during lock-up times. Many prisoners told us that they preferred this system to having a toilet in their cell. We were satisfied that the system was maintained to a standard that enabled swift and adequate access to sanitation.
- 2.6** In our survey, only 14% of prisoners said that they could access stored property. We found some property applications in reception dating back over a month, which, given the short length of stay of prisoners at the establishment, was far too long.

- 2.7** Access to showers was reasonable, mainly as a result of the domestic period each morning. The hot water supply was inadequate to meet demand on some wings and some of the shower rooms were in a poor condition, with inadequate drainage and ventilation. Few of the showers afforded privacy and many prisoners elected to shower in boxer shorts.
- 2.8** In our survey, prisoners were more negative than those at comparator prisons about the ease of making an application, the fairness of the system and the speed of responses. All submitted applications were logged in a wing record book but there was no tracking system or record of outcomes.
- 2.9** There were sufficient telephones on each wing but the opportunity to use them was severely restricted for prisoners who were not on the enhanced level of the IEP scheme due to their minimal access to association periods (see section on time out of cell).

Recommendations

- 2.10** **Sufficient good quality prison-issue bedding and clothing should be issued to meet the needs of prisoners.**
- 2.11** **Prisoners should be able to access stored property within seven days of application.**
- 2.12** **The hot water system should be upgraded to provide sufficient hot water.** (Repeated recommendation 2.27)
- 2.13** **Showers should be appropriately maintained and screened.**
- 2.14** **The application system should be able to track replies to applications.** (Repeated recommendation 3.43)
- 2.15** **All prisoners should have equitable access to telephones.** (Repeated recommendation 2.30)

Housekeeping point

- 2.16** The offensive display policy should be enforced.

Staff–prisoner relationships

Expected outcomes:

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

- 2.17** *Survey results about respectful treatment were poor. Staff engagement with prisoners was variable but too often dismissive. We observed some delinquent staff behaviour. The quality and quantity of case note entries was inadequate.*

- 2.18** In our survey, fewer prisoners than at similar prisons and than at the time of the previous inspection said that staff treated them with respect, and this was even worse for black and minority ethnic and foreign national prisoners (see main recommendation S48). Only 31% of

prisoners, against the 44% comparator and 60% at the time of the previous inspection, said that they had a personal officer. Engagement with prisoners on some of the wings was reasonable but on others was distant and dismissive. Only 13% of prisoners said that staff spoke to them during association. Less than a quarter of prisoners surveyed said that a member of staff had checked on them personally in the previous week to see how they were getting on. Surnames were routinely used across all wings.

- 2.19** From discussions with personal officers, it was clear that they saw their role as being to respond to prisoners' immediate practical issues rather than as being supportive and motivational. This was also reflected in the quality and quantity of electronic case notes, which were poor. With the exception of the drug detoxification wing and the segregation unit, there were almost no regular or useful entries on the P-Nomis (electronic case notes) system in the 30 randomly selected records we checked. We saw repeated requests from managers for entries but these remained unheeded.
- 2.20** We saw some delinquent staff behaviour, including the use of derogatory and abusive language directed towards a prisoner. We also witnessed the arbitrary punishment of a prisoner outside of formal disciplinary arrangements, in which a member of staff decided to prevent a prisoner (who was on the basic regime and locked up all day) from having his full meals. The prison was swift to take action to discipline the staff concerned once notified.
- 2.21** Consultation arrangements had lapsed and there had been no prisoner council since 2012.

Recommendation

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

Housekeeping point

- 2.23** Staff should address prisoners by their preferred name.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁴ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.24** *Equality provision had recently been given attention, having previously been neglected. The strategy lacked direction, was out of date and was focused on staff, and it was not supported by a detailed action plan. Attendance at the equality meeting was good but not all protected characteristics were*

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

discussed or monitored. Prisoners from minority groups reported negatively across a range of issues in our survey, although formal forums for minority groups had been started. Not all prisoners with disabilities were identified and not all received the full support they needed. The needs of Gypsy/Romany/Traveller, older and foreign national prisoners were generally well met.

- 2.25** Provision for equality had only recently been given some attention, having been seriously neglected since the previous inspection. The strategy lacked direction, was out of date, did not cover all protected characteristics and was focused on staff. Attendance by senior managers at equality and diversity action team (EDAT) meetings was good but prisoner representatives did not attend. The range of data analysed at the meetings focused on race and there was no analysis relating to other protected characteristics. There was little investigation of issues arising from ethnic monitoring, with just a cursory consideration of identified problems. A prison-wide survey had been carried out to ascertain prisoner views on equality but the results had yet to be fully analysed and used to inform the strategy (see main recommendation S49). The equality officer was too often diverted to other duties in the prison.
- 2.26** The seven prisoner equality representatives, who had received some training and advice, attended regular meetings with the equality officer. Prisoner support forums for all minority groups, except black and minority ethnic prisoners, had started at the beginning of 2013 and were seen as a welcome initiative by prisoners (see main recommendation S49). A basic action plan had been drawn up to address the concerns raised by prisoners in these forums and showed that most had been addressed. However, the action plan lacked a strategic focus to ensure that the needs of all minority groups were met.
- 2.27** Discrimination incident report forms (DIRFs) were freely available. Few (28) had been received in 2012; the equality officer had made efforts to ensure that all prisoners were aware of the system, and an increased number (20 so far in 2013) had been received. Investigations of DIRFs received in previous years had been poor, but these had improved in the current year and were now adequate. Internal quality assurance was poor and there was no external scrutiny.
- 2.28** Some equality impact assessments had been completed to address key regime areas but there was no evidence that the issues raised had been followed up or acted on (see main recommendation S49).

Recommendation

- 2.29** **The quality of responses to discrimination incident report forms should be assured through internal and independent external monitoring.**

Housekeeping point

- 2.30** The equality action plan should be further developed to ensure that the needs of all minority groups are met.

Protected characteristics

- 2.31** New receptions were not able to report protected characteristics in confidence. Little information was given about equality during the induction process and little was available in languages other than English.

- 2.32** Approximately 25% of prisoners were from black and minority ethnic backgrounds. In our survey, this group reported more negatively across a range of areas. For example, 37% said that they had been victimised by other prisoners, compared with 28% of white prisoners. Black and minority ethnic prisoners in our groups were generally negative about relationships with staff (see main recommendation S48). Ethnic monitoring had identified some concerns but these had been given only cursory attention, with no investigation carried out.
- 2.33** In our survey, 8% of prisoners said that they were Gypsy, Romany or Travellers. The equality officer provided a monthly support forum for this group, which was well attended by prisoners and a representative from an external agency. The support group had helped the equality officer to identify further prisoners from a Gypsy/Romany/Traveller background, and during the inspection this group reported positively about the help they received through the forum.
- 2.34** Foreign nationals represented just over 10% of the population. In our survey, foreign national prisoners were more negative than British nationals about their treatment by staff. At the time of the inspection, two prisoners were being held solely under immigration powers (IS91 forms) beyond their sentence expiry date. The equality officer maintained contact with the UK Border Agency, whose staff visited the prison weekly to meet these prisoners. Foreign national prisoners had access to independent immigration advice. They could apply for a free international telephone call but only if they had not received a visit, and not all those we spoke to were aware of or had been given this option. Fellow prisoners were often used to provide interpreting services for foreign nationals, sometimes for confidential matters. Professional telephone interpreting services were used rarely by staff to communicate with prisoners whose first language was not English.
- 2.35** The prison had identified 261 prisoners who had declared some form of disability on reception but we were not confident that all prisoners with a disability had been identified. In our survey, prisoners who identified themselves as having a disability reported more negatively than other prisoners about victimisation and feeling safe. With the exception of those on the Brunel unit, prisoners with disabilities requiring social support did not have care plans, although those who required help in an emergency had been identified and personal emergency evacuation plans developed. There were no formal prisoner carers. Adaptations had been made to some cells and some prisoners had been provided with aids but we found a number whose assessment was uncoordinated and whose needs were not being met.
- 2.36** There were 43 prisoners over the age of 50, the oldest being 87. There was no formal provision of activities for older prisoners or those with a disability, and those we spoke to who were unlocked during the core day and not working complained of boredom.
- 2.37** In our survey, 2% of prisoners identified themselves as gay or bisexual, although none had formally identified themselves to prison staff on reception. A support group had been held twice, with some external support, with attendance from a few prisoners who had come forward when the group was advertised.
- 2.38** There was a case conference and care plan process for managing transgender prisoners, and two such prisoners had successfully lived on the residential wings in recent months. This system of care had not been formalised in the equality policy.
- 2.39** There were 44 young adult prisoners at the time of the inspection. Although they did not share cells with adult prisoners, they were mixed in on the same wings around the establishment. They could access the same activities, work, education and services, although this was not monitored (see main recommendation S49). However, there had been no work to identify the particular needs of this group and no strategy to ensure these were met (see recommendation 1.26).

Recommendations

- 2.40 Foreign national prisoners should be reliably provided with free monthly telephone calls.**
- 2.41 Interpreting services should be used in all instances where prisoners require information in their own language and written information should be provided in the most needed languages.**
- 2.42 Prisoners who require support to access the regime and activities should have a care plan devised and regularly reviewed, with formal peer supporters assigned where required. (Repeated recommendations 4.58 and 4.59)**
- 2.43 Older prisoners and those with disabilities who do not work should have access to a range of regime activities.**

Housekeeping point

- 2.44** The system of care for managing transgender prisoners should be formalised in the equality policy.

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.

2.45 *Faith facilities were adequate for all faiths and the chaplaincy was well integrated into the regime.*

- 2.46** Prisoners in our survey were negative about their religious beliefs being respected and being able to attend religious services and speak to a faith leader. Faith facilities and access to them were adequate. The chaplaincy met all new arrivals and was able to provide for all faiths in the prison. However, prisoners were required to make an application in advance to attend religious services.
- 2.47** Those who were unable to attend corporate worship, either through illness or because they were segregated, were visited by a member of the team in their residential location. Chaplaincy staff and volunteers were well integrated into the regime, attended key meetings and provided a number of additional faith activities, including study classes. They had arranged faith awareness training for staff and prisoners. The team provided support to prisoners who were subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures, and we saw evidence of good pastoral support being given to prisoners and their families at times of bereavement. Links with the local faith community had not yet been developed.

Recommendations

- 2.48 Prisoners should not have to apply in advance to attend services or other religious activities.**

- 2.49** Links should be made with faith communities outside the prison to meet prisoners' individual needs. (Repeated recommendation 3.65)

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

2.50 *Responses to complaints from prisoners were sometimes disrespectful and did not address the issues raised. Some complaints against staff had not been investigated at all. Prisoners expressed little confidence in the system.*

2.51 The number of formal complaints was fairly low, at about 75 per month. In our survey, only 23% of respondents said that complaints were dealt with fairly, 23% that they were responded to quickly and 30% that they had been prevented from making a complaint, against the comparators of 33%, 36% and 16%, respectively. We found that the quality of responses to complaints was often poor and replies did not always address the subject at hand.

2.52 Many complaints were about low-level domestic issues that should have been dealt with informally by residential officers on the wings. Some replies we saw promised a full investigation of a complaint without this being followed through, and some concerning allegations against staff had not been investigated at all (see main recommendation S48).

Recommendation

- 2.53** Replies to complaints should be courteous and deal with the issue raised.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

2.54 *There was no dedicated legal rights service but bail information services were good. Access to legal representatives by telephone and visits was good.*

2.55 Since the previous inspection, the dedicated legal rights officer post had been removed and responsibility for advising on legal matters had been delegated to wing staff. In practice, this meant that there was no legal rights service available from trained staff.

2.56 The offender management unit took responsibility for key issues of bail information and advising recalled prisoners. Processes were effective.

- 2.57** Facilities for legal visits were good. They were available every weekday and included private interview rooms, virtual courts and video-link interview rooms. In our survey, more prisoners than at the time of the previous inspection said that it was easy to communicate with their legal representative (42% versus 36%). Several prisoners told us that they were unlocked during the day if they needed to telephone their legal representative.

Recommendation

- 2.58** Prisoners should have access to trained staff who can support them with a full range of legal matters.

Health services

Expected outcomes:

Prisoners are 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 elsewhere in the community.

- 2.59** *Health care provision met most basic needs but there were some significant gaps. Reception screening was reasonable but secondary health assessments were often delayed. Access to the nurse and GP was good but waits for the dentist were too long. Chronic disease management was weak. There was a lack of formal care planning for prisoners on residential wings, and little coordination between prison and health services staff. Some aspects of medicines management were inadequate. External hospital appointments were frequently cancelled. Mental health provision was good, with effective primary interventions, group work and joint work with the wider prison.*

Governance arrangements

- 2.60** Health services were commissioned by NHS England. Primary care services were provided by Bristol Community Health (BCH) and MedCo Secure Health Services, and Avon and Wiltshire Partnership Trust provided mental health services. A health needs assessment had been completed in 2011 but it lacked a robust analysis of identified population needs; a new assessment was due to be published.
- 2.61** The prison partnership board was active and effective, and a range of internal meetings facilitated effective decision-making between providers and the prison. Good primary care leadership was provided jointly by two managers.
- 2.62** The nursing skill mix was reasonable and there was good access to and uptake of a range of staff training, which was largely aligned to service needs. Arrangements for management and clinical supervision were robust.
- 2.63** Clinical incidents and serious untoward incidents were reported appropriately but the serious incident review group had not met for several months. Prisoners could make complaints through the general prison system or directly to BCH; we noted some inadequate responses to complaints (see recommendation 2.53).
- 2.64** There was a suitable range of policies but no prison-specific palliative or end-of-life care policy. There was little evidence of formal care planning or joint work with prison staff for

prisoners with complex needs on residential wings, and no proactive management of chronic diseases.

- 2.65** There had been some good health promotion initiatives and there was a regular smoking cessation clinic; a reasonable range of literature was available but most was in English only. Good attention was paid to the care of prisoners with blood-borne viruses, including a weekly consultant-led sexual health clinic and a nurse-led blood-borne virus clinic, although there was a long waiting list for the Chlamydia and sexual health clinic.
- 2.66** There was a dedicated prisoners forum for mental health service users only.

Recommendations

- 2.67 The health needs assessment should provide robust analysis that informs services.**
- 2.68 A palliative care policy identifying links with specialist community services should inform the care of prisoners with life-limiting conditions, and the management of such conditions should reflect best community practice.**
- 2.69 Health care information should be made available in a range of languages appropriate for the prison population.** (Repeated recommendation 5.67)
- 2.70 All prisoners should have access to a dedicated health care forum.** (Repeated recommendation 5.65)

Housekeeping points

- 2.71** The serious incident review group should meet regularly.
- 2.72** There should be designated complaints boxes on the wings to enable confidential complaints to be submitted.

Delivery of care (physical health)

- 2.73** Most health services were provided on the residential wings, in rooms that did not meet infection control standards, lacked appropriate privacy and had poor access to some clinical equipment. The main health care department was used for some specialist clinics but appointments were frequently lost because of a lack of escorts. The two holding rooms were bare and uninviting. In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection (32% versus 38% and 38%, respectively) said that the quality of health care was good.
- 2.74** On arrival, prisoners were given a health screening and referred to mental health or substance use services where appropriate. Disability was identified but there were insufficient links made to the wider prison systems including diversity staff. Secondary health assessments were often delayed, sometimes by several weeks.
- 2.75** Prisoners were able to see a nurse every day on their wings for medication collection and triage for minor illness or injury. Triage protocols were not used and nursing staff received no specific training in this area. Prisoners could see a GP on the same day for urgent needs

and within two days for a routine appointment. We saw examples of clinically thorough and mostly respectful consultations with nurses and doctors.

- 2.76** There was a fortnightly optician clinic and the longest wait for this service was five weeks. A podiatrist visited monthly and prisoners with specific needs (for example, diabetes) were prioritised appropriately.
- 2.77** Safeguarding mechanisms were well used and had been invoked in respect of two prisoners with complex physical needs and vulnerability. The two men had predominantly social and functional needs and were located on the Brunel unit (see paragraph 2.107).
- 2.78** Hospital and other external health appointments were frequently cancelled and often because of a lack of prison escort staff and we were not confident that prisoners had always been seen within a clinically appropriate timescale.

Recommendations

- 2.79** **GP clinics should have appropriate privacy and access to equipment.**
- 2.80** **Escorts for internal appointments and booked external hospital appointments should be provided to ensure that clinical care is not compromised.**
- 2.81** **The holding rooms in the health care centre should be refurbished to provide a satisfactory environment for patients waiting for appointments.** (Repeated recommendation 5.60)
- 2.82** **Secondary health assessments should be completed within 72 hours of arrival.**

Housekeeping points

- 2.83** Health services staff should work with other prison departments, including diversity staff, to share early identification of all disability needs.
- 2.84** Nurses should have triage training in minor illness and injury.

Good practice

- 2.85** *Health services staff had appropriately invoked safeguarding concerns and took a proactive approach to ensure the safety of prisoners with 'vulnerable adult' needs.*

Pharmacy

- 2.86** The pharmacy service was provided by BCH but had not been registered with the General Pharmaceutical Council. There were no medicine- use reviews led by pharmacy staff and prisoners could not access a pharmacy clinic.
- 2.87** Approximately half of prisoners had their medicines in possession but the risk assessment and the medicines compact were not routinely accessible on SystemOne (the electronic clinical record) and not all prisoners had a lockable cabinet in their cell.

- 2.88** Nurses administered all medicines on the wings but did not always have a second checker for the issue of controlled drugs. Supervision by discipline staff was variable across the wings. Patient group directions had been drafted for immunisations only and were not yet being used.
- 2.89** Not all the medicines listed in the minor ailments policy were available in all the treatment rooms. The main out-of-hours stock was held on the Brunel unit, with limited medicines available on the wings, and nursing staff told us that other prisoners' named medication was sometimes used out of hours. The minor ailment and out-of-hours medicines were not clearly labelled and there were no procedures for stock reconciliation.
- 2.90** A medicine trolley in the Brunel unit was not secured and the controlled drugs cabinets in the pharmacy and in the Brunel unit were not secured according to the regulations. The controlled drugs cabinet in the Brunel unit contained medicines that did not require safe custody and the one on CI wing was too small. Requisitions for controlled drugs for the wings were not countersigned and there was no audit trail for the controlled drug cabinet keys.

Recommendations

- 2.91** **The pharmacy should be registered with the General Pharmaceutical Council.**
- 2.92** **There should be pharmacy-led medicines use reviews and clinics.**
- 2.93** **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.**
(Repeated recommendation 5.69)
- 2.94** **Controlled drugs should be administered, stored and secured separately and properly in line with legislation, regulations and professional guidance, and access should be subject to a clear audit trail.**

Housekeeping points

- 2.95** In-possession risk assessments and compacts should be easily visible on SystemOne.
- 2.96** All prisoners should have lockable cabinets.
- 2.97** Discipline staff should supervise the dispensing of medicines on residential units effectively.
- 2.98** Medicines for named patients should only be used for those patients, and the out-of-hours and minor ailments policies should be consistently implemented across all wings.

Dentistry

- 2.99** In our survey, fewer respondents than at comparator prisons and than at the time of the previous inspection said that access to the dentist was good (7% versus 10% and 11%, respectively). Patients were able to have the full range of NHS treatment but too many dental appointments were lost, mainly because of a lack of escorts (see recommendation 2.80), and the waiting list was long. Due to the very high turnover of prisoners, usually only the most urgent treatment was completed. There was no cover for the dentist's leave.

- 2.100** In our survey, only 23% of prisoners said that dental services were good, compared with 31% at comparator prisons.
- 2.101** The dental surgery provided a safe and clinically suitable environment. However, arrangements for the regular servicing and maintenance of equipment were unclear and the X-ray developer was not working.

Recommendation

- 2.102** **The reasons for failures to attend dental appointments should be investigated and remedial action taken.** (Repeated recommendation 5.76)

Housekeeping points

- 2.103** Provision should be made to cover the dentist's annual and sick leave. (Recommendation 5.74 repeated as a housekeeping point)
- 2.104** The dentist should be able to review X-rays during the consultation, and arrangements for the servicing and maintenance of dental equipment should incorporate clearly designated responsibilities for all items.

Delivery of care (mental health)

- 2.105** There was good integration between mental health, primary care and substance misuse services, and mental health practitioners attended ACCT reviews when a prisoner was on their caseload. Referrals, including self-referrals, were screened through a single point of entry and were then considered for appropriate interventions through a weekly multi-professional meeting, which included representation from wider prison services. There was a regular service user forum.
- 2.106** The team of community psychiatric nurses included dedicated primary mental health nurses, a learning disability nurse and two clinical sessions from a consultant clinical psychiatrist, with regular support from trainee psychiatrists. The initiative of a 'one-stop shop' by the consultant psychiatrist and independent nurse prescriber to review prisoners facilitated safe prescribing and follow-through of physical health needs.
- 2.107** The Brunel unit was used effectively to care for prisoners with significant mental health needs and reintegrate prisoners with vulnerability and challenging behaviour onto the residential wings. There was good joint working and care planning between prison and mental health staff. There was effective use of therapeutic group work, which enabled prisoners on the wings to join activities.
- 2.108** There were links with local secure units, and all 20 patients relocated under the Mental Health Act in the previous year had been transferred within two weeks of their first assessment. The team had provided most prison staff with some well-focused mental health awareness training in the previous year.

Good practice

- 2.109** *The 'one stop shop' to review prisoners supported national guidance on the care of mental and physical health needs and safe prescribing practice.*

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.

2.110 *Survey results about the food provided were poor. The food we tasted and saw being served was reasonable. Meals were served too early. Consultation arrangements had improved. Basic food hygiene training for servery workers was inadequate.*

2.111 In our survey, only 13% of respondents, against a comparator of 24% and 25% at the time of the previous inspection, said that the food provided was good or very good. Most prisoners we spoke to were generally satisfied with the food but did not like having a cold lunch. Lunch choices usually consisted of a sandwich, pizza or pasta meal, supplemented with fruit, crisps and a chocolate bar. Breakfast packs were substantial and were issued on the day of consumption. The food we tasted and saw being served was reasonable and portion sizes were adequate. There were no facilities to dine in association and meals were served too early, often before 11.30am at lunchtime and 4.30pm for the evening meal.

2.112 Consultation arrangements had improved and monthly consultation/food awareness events provided a discussion forum that was further supported by catering staff attendance on the wings at mealtimes. The prison was also engaged in the 'Bristol Food Group', which, along with the local public health department, reviewed food provision at the prison and advised on nutritional content.

2.113 The kitchen was shabby and in a poor state of decoration, with some broken floor tiles and wall fittings. Equipment was in good order, and food trolleys and serveries were generally clean.

2.114 Around 30 prisoners worked in the kitchen but changing/washing facilities were inadequate, with only a tiny room being available for use. There was limited training and, although kitchen workers had undergone a food hygiene course, this was not the case for wing servery workers.

Recommendations

2.115 **Mealtimes should be reviewed to reduce the time between the evening meal and breakfast, and lunch should be served later and from the serveries.** (Repeated recommendation 8.12)

2.116 **The prisoner changing area in the kitchen should be expanded to provide adequate washing, changing and toilet facilities.** (Repeated recommendation 8.10)

2.117 **Servery workers should be trained in food hygiene.** (Repeated recommendation 8.17)

Housekeeping point

2.118 Broken tiles and wall fittings should be replaced and the kitchen repainted.

Purchases

Expected outcomes:

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

2.119 *Prisoners could purchase a reasonable number of items from the prison shop but order delivery times restricted periods of association.*

2.120 Prisoners could purchase a reasonable range of goods to meet their diverse needs. However, orders were delivered during the evening, which restricted association (see section on time out of cell).

2.121 Depending on their day of arrival, some prisoners could wait over a week to access the full range of shop goods, which increased their risk of debt. However, they were offered reception packs and could buy more if the delay was likely to be significant.

2.122 Prisoners could order goods from a reasonable range of catalogues.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁵

3.1 *Too many prisoners spent far too long locked up. Access to association was too limited for many. Access to exercise in the open air was good.*

3.2 For the small percentage of full-time workers, time out of cell was reasonable, at a maximum of around nine hours. However, this was not the case for the majority of prisoners, and those who were unemployed could be unlocked for as little as one hour and 40 minutes a day; the few on the basic level of the incentives and earned privileges scheme often had even less time unlocked (see main recommendation S50 and section on incentives and earned privileges).

3.3 During our spot checks, an average of 50% of the population was locked up at any given time, with only 26% of prisoners engaged in off-wing activity. There were up to 20 wing cleaners on some wings, often underemployed in menial tasks (see section on residential units).

3.4 In our survey, only 12% of respondents, against a comparator of 47%, said that they had association more than five times a week; planned association periods for many were limited to only two sessions a week. The evening sessions ended at around 6.30pm, giving little opportunity to contact family and friends. In addition, association periods were restricted by the delivery of shop orders during the evening. There was a reasonable amount of recreational equipment but some had been broken and out of action for several months.

3.5 Exercise was regular and available to all prisoners. Exercise yards were clean, tidy and reasonably equipped with fitness equipment and benches, and access was good.

Recommendations

3.6 Association should be available when shop orders are delivered. (Repeated recommendation 6.45)

3.7 Association equipment should be replaced where necessary. (Repeated recommendation 6.46)

⁵ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

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

3.8 *There were too few activity places for the prison population and these were not used efficiently. Strategic planning of provision was based on a needs assessment and appropriately focused on the short-term population, but the management of learning and skills and work was inadequate. Although the range and levels of vocational and education provision were broadly appropriate, too much of the work available was mundane. Teaching and coaching in workshops and vocational training areas were good, but teaching in education classes needed improvement. Attendance rates in education classes and vocational training were too low. Not enough prisoners in education classes achieved qualifications, and too many on literacy and numeracy courses repeated levels they had already achieved. Too many jobs offered no qualifications or transferable skills. Library accommodation was poor, services were inadequate and opening times were limited.*

3.9 *Ofsted made the following assessments about the learning and skills and work provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Inadequate</i>
<i>Quality of learning and skills and work provision:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Inadequate</i>

Management of learning and skills and work

3.10 The management of learning and skills and work was inadequate. A new provider, Weston College, had taken over offender learning and skills service (OLASS) provision in August 2012. Subsequent changes to the curriculum and staff restructuring had led to several months of uncertainty about the courses on offer, accompanied by a decline in attendance at activities. By the time of the inspection, the provider had addressed some of the initial problems. However, despite concerted action between the provider and the prison's senior managers, attendance at education and vocational training remained too low (see main recommendation S51).

3.11 Strategic planning of learning and skills and work activity had been informed by a recent needs analysis. This had accurately identified the importance of offering short programmes which could be completed during a brief stay at the prison. However, the strategy had not resulted in enough provision to meet prisoners' needs. Productive partnerships between Weston College and other learning and skills providers in the prison, such as the Restore Trust, the National Careers Service (NCS) and N-ergy, were developing.

3.12 There was insufficient specialist expertise in the prison to implement and monitor progress towards strategic objectives. Prison managers did not have the necessary knowledge of learning and skills to hold providers to account consistently, or to judge accurately the quality of what was offered. The prison-wide quality improvement group rarely met.

3.13 The prison made ineffective use of data to manage the quality of provision. Data produced by a previous OLASS contractor had not focused sufficiently on learners' achievements. The

current contractor had yet to provide consistently timely and accurate data on more recent learners' performance. Since August 2012 there had been no monitoring to identify any gaps in achievement between the majority of prisoners and minorities such as young adults.

- 3.14** Self-assessment and quality improvement processes were ineffective. The prison's self-assessment report was not sufficiently critical or accurate. Measures in the accompanying quality improvement plan were not sufficiently specific. The OLASS provider had recently introduced a suitable scheme to observe teaching and training, but this had yet to extend across all areas of learning and skills.

Recommendations

- 3.15** **There should be sufficient specialist expertise to manage learning and skills and work effectively.**
- 3.16** **Managers and staff at all levels should monitor learners' achievements regularly to identify any gaps in performance between particular groups.**
- 3.17** **Managers and staff at all levels should ensure that timely and accurate data on learners' achievements are routinely available and used effectively.**
- 3.18** **Self-assessment should be suitably critical and lead to effective actions which improve learning and skills and work activity.**

Provision of activities

- 3.19** The prison offered around 350 full-time-equivalent places, which was sufficient for only two-thirds of the population, and these were not used efficiently. Some workshops were closed at the time of the inspection. In our survey, fewer prisoners than at similar prisons said that they were in a job or education (see main recommendation S51).
- 3.20** The range of education and vocational training and the levels of courses were broadly appropriate. The number of vocational training places had increased, although this had been accompanied by a reduction in the number of education classes. Vocational training was offered in appropriate areas, including computer technology, horticulture, catering, bicycle maintenance and manufacturing. Education suitably included courses to develop functional skills in English and mathematics from entry level to level 2, as well as employability and money management programmes. However, there were no facilities to support learning at higher levels, such as Open University courses (see main recommendation S51).
- 3.21** Prison jobs accounted for around 40% of activity places, catering for up to 150 prisoners. Too many of these were in mundane occupations such as cleaning and did not lead to the achievement of skills or qualifications (see main recommendation S51).
- 3.22** Prisoners routinely received an individual interview with a member of the NCS as part of their induction to the prison. This identified their main needs and resulted in a basic action plan to meet them. Allocation to activities was fair and equitable, making effective use of the outcomes from induction interviews and information from the offender management unit.

Quality of provision

- 3.23** Newly arrived prisoners routinely completed an appropriate computer-based initial assessment to establish their literacy and numeracy levels. The results contributed appropriately to the advice they received from NCS staff on the activities they should undertake.
- 3.24** Teaching and coaching in vocational training were good. The best sessions included a wide range of learning activities which clearly linked the development of practical skills to an understanding of theory. Tutors checked learners' understanding frequently, catering well for the needs of mixed ability groups. Instruction in workshops was good. Resources for learning, including the workshops, were adequate overall.
- 3.25** The quality of teaching and learning in education classes was too variable. In the best sessions, well-chosen, varied activities maintained learners' concentration and interest and met their individual needs effectively. In less successful sessions, ineffective planning led to learners working for extended periods on the same tasks and becoming bored and disengaged. A poorly structured timetable resulted in learners studying literacy or numeracy for a whole day at a time, which was too long for effective learning. Tutors paid insufficient attention to developing learners' English and mathematics in programmes such as business skills and victim awareness. However, those following the Toe by Toe programme (a mentoring scheme to help prisoners learn to read) were well integrated and supported within literacy sessions.
- 3.26** Resources for education classes were not good enough. Classrooms were shabby, in poor decorative order and some were too cramped. Tutors did not have up-to-date information technology, such as interactive whiteboards, to enrich learning sessions, although laptop computers were readily available.
- 3.27** In both vocational training and education, there was poor recording of learners' progress. Tutors rarely used individual learning plans well to set specific detailed goals, or helped learners to identify how they could improve their skills.
- 3.28** Dyslexia support for the small number of learners who received it was very effective. It was provided by well-trained volunteers from the community, who visited the prison weekly. Screening to identify such needs was thorough.

Recommendations

- 3.29** The quality of teaching and learning in education classes should be improved.
- 3.30** The timetabling of literacy and numeracy sessions should be changed, to improve the effectiveness of learning.
- 3.31** The quality of education classrooms should be improved and the quality and availability of teaching and learning resources should be increased.
- 3.32** Goals in individual learning plans should be sufficiently specific to help learners to improve and understand their progress.

Housekeeping point

- 3.33** Guidelines on ability levels required to undertake vocational training should be clear and consistent.

Education and vocational achievements

- 3.34** Few prisoners in jobs were able to achieve qualifications or recognition of any transferable skills they had acquired (see main recommendation S51).
- 3.35** Attendance at education and training was poor, with rates of attendance at only around 70% of those expected. Learners who attended were generally involved and respectful.
- 3.36** Learners following vocational programmes who stayed at the prison long enough were generally successful in achieving a qualification. However, many were released or transferred out of the prison before completing their courses. The standard of most learners' work was good.
- 3.37** Too few learners in education classes completed qualifications successfully. In the first five months of the current OLASS contract, only around 40% of those who started a qualification achieved it. However, on very short courses, such as a newly introduced half-day induction programme, achievement rates were high.
- 3.38** Progress by many learners following literacy and numeracy programmes was poor in relation to their starting points. Many repeated levels they had already achieved on entry to the prison and were not sufficiently challenged. The standard of work in education learners' portfolios was basic and unimaginative.

Recommendation

- 3.39 All literacy and numeracy learners should work at levels which are higher than those they have already attained and be sufficiently challenged to develop their skills further.**

Library

- 3.40** The library was conveniently located in the education building but was cramped and poorly lit. Staffing was adequate and the book stock was extensive, with a satisfactory range of fiction, non-fiction and large-print books, easy-readers and books in languages other than English. An appropriate range of legal books and Prison Service Orders was readily available.
- 3.41** Prisoners from each residential wing had a 30-minute planned library session once a week. However, although just over 40% of prisoners borrowed books, only a quarter of those responding to our survey said that they visited it at least once a week, which was well below the comparator. Opening times were limited and did not include evenings or weekends. Most wings had their own library book stock.
- 3.42** Books and other media were displayed well but the services were adequate only for prisoners wishing to borrow books or consult reference volumes. The library did not provide computer facilities or sufficient space for private study. There was no ramp to enable access to prisoners using a wheelchair. Activities such as the Six-Book Challenge and

Storybook Dads (in which prisoners record stories for their children) had not taken place for some time.

Recommendations

- 3.43** Library accommodation should be improved and its facilities extended to provide computers and suitable study space.
- 3.44** The proportion of prisoners who visit the library regularly should be increased.
- 3.45** Suitable means of access to the library for wheelchair users should be provided.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

3.46 *The range of vocational PE and facilities available had increased. Unemployed prisoners could not go to the gym often enough. There were good links with community organisations.*

- 3.47** There was reasonable provision of recreational PE in the gym, including the use of an adequate cardiovascular and weights area. Since the previous inspection, facilities had extended to include a bicycle spinning room and a classroom for vocational training.
- 3.48** The number of accredited vocational training programmes had increased. The gym now offered a useful fitness and exercise qualification in conjunction with Weston College. Achievement of the level 1 National Vocational Qualification in sports and recreation was inadequate, with only six prisoners in total completing the course successfully.
- 3.49** Induction to the gym was timely and appropriate. Prisoners routinely received a health care assessment before taking part in PE activity. Communication between health services and PE staff about prisoners' health and fitness had improved and was now satisfactory. A comprehensive programme of activities supported prisoners with specific health needs.
- 3.50** Far fewer respondents to our survey than at comparator establishments and than at the time of the previous inspection said that they went to the gym at least three times a week (14% versus 31% and 27%, respectively). Although up to five sessions a week were provided for those in work or learning, the number of sessions offered to unemployed prisoners was inadequate, but this was rectified during the inspection. There was poor access to the first floor sports hall for prisoners with restricted mobility. There was inadequate provision of clean kit and towels.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

4.1 *There was a good reducing reoffending strategy, based on a prisoner needs analysis, with a practical action plan. Management and oversight of delivery of the strategy were inadequate. Outcomes were not measured with sufficient rigour.*

4.2 Strategic planning of resettlement had improved considerably. There was a reducing reoffending strategy, which included a thorough needs analysis of the population. It reflected the characteristics of the prison population, especially the growth in the proportion of unsentenced prisoners to almost 50% of the population (see section on offender management and planning) and the fact that more than two-thirds stayed at the prison less than three months. The needs analysis identified issues such as an increase in the number of prisoners reporting debt problems, more mental health needs and a greater incidence of domestic violence. There was an action plan, which was appropriately aligned with the needs analysis. This was updated with the status of each objective, and at the time of the inspection progress was mixed. Although some important measures, such as the introduction of alcohol treatment, a debt advice service and restorative justice, had been achieved, progress on others, including domestic violence and family support, had been slow.

4.3 The strategy was overseen and monitored through line-management processes rather than a strategic meeting. Although this provided scrutiny of progress, there was insufficient sharing of responsibility or involvement of providers in planning delivery of the strategy, which could have been achieved through a management group.

4.4 There was some measurement of the volume of work undertaken by resettlement services but no identification of outcomes. With a population often released without a licence, it was difficult to obtain longer-term information on outcomes but there was no collation of exit data or reporting arrangements with external providers.

Recommendations

4.5 **Oversight and monitoring of delivery of the reducing reoffending strategy should be through a body which encourages sharing of information and approaches between all managers and providers.**

4.6 **Evidence of the outcomes of the reducing reoffending strategy, including prisoners' views, should be obtained and used to guide developments.** (Repeated recommendation 9.14)

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

4.7 *The offender management unit was aligned to meet the demands of a complex prison population, which included a large number of unsentenced prisoners, most of whom were transferred soon after sentence. All prisoners underwent a basic risk and needs assessment. Most full assessments were completed on time. The quality of assessments and plans was mostly good and prisoners were clear about targets to be completed in other establishments. Home detention curfew arrangements were sound and decisions were reasonable. Although public protection arrangements were good and proportionate, some prisoners waited too long for their telephone numbers to be approved. There were good working arrangements with the police, Probation Services and other community organisations to manage high-risk and prolific offenders. Categorisation assessments were reasonable and prisoners' views were taken into account in reviews. The small number of indeterminate-sentenced prisoners were not retained at the prison longer than necessary.*

4.8 The offender management unit (OMU) was reasonably resourced and had to meet a wide range of demands from a complex prison population. The proportion of unsentenced prisoners had grown to almost 47% with the closure of HMP Gloucester, a nearby local prison, and there was a constant demand to make space for newly remanded prisoners by quickly allocating those who had been sentenced to training prisons. At the time of the inspection, 67% of prisoners had been at the prison for three months or less and the number of prisoner moves so far in 2013 had been 230 a month, compared with 144 a month in 2012. The prison also held a large population of prisoners recalled from the community and a small number of indeterminate-sentenced prisoners..

4.9 An offender supervisor carried out a tier 1 offender assessment system (OASys) assessment (an assessment of risk used in offender management, ranging from tier 1, lowest risk, to tier 4, highest risk) for all newly arrived prisoners, which identified resettlement needs and some risk factors. All prisoners had the tier 1 assessment before transfer and those with lower-risk index offences were prioritised for transfer without a full assessment. We were told that most prisoners who required a full assessment had this completed within four weeks (in time for their transfer), but the prison did not record how many such prisoners were transferred without one.

4.10 The quality of assessments completed by offender supervisors was good and managers conducted quality checks which were fed back to staff to inform practice. Offender supervisors did not have subsequent planned contact with most prisoners allocated to them because they did not remain in the prison. In our survey, 52% of prisoners with a sentence plan told us that there were plans to achieve their targets in other prisons, which was considerably higher than the 26% comparator. Links between the OMU and the observation, categorisation and allocation department were good and moves were aligned appropriately, although these were disrupted for some prisoners by regular overcrowding drafts.

4.11 Assessments for home detention curfew were started on time when the length of sentence permitted it, but in the previous six months 91 prisoners had been transferred before the process was complete. Receiving prisons were provided with information about progress made with the assessment. Decisions were reasonable but a large proportion was released after their eligibility date because of factors outside the prison's control.

Public protection

- 4.12** Designated public protection offender supervisors identified prisoners who presented a risk of harm to the public from criminal records which were accessible in the department. They also had access to the Violent and Sex Offender Register, which shared information about high-risk individuals between criminal justice organisations.
- 4.13** Appropriate restrictions were placed on identified individuals and they were informed of how to apply for telephone or visits contact with named individuals. There was a long delay, of up to six weeks, in approving telephone contacts, which disrupted prisoners' contact with family and friends.
- 4.14** At the time of the inspection, there were 61 prisoners subject to monitoring and they were reviewed at the monthly public protection meeting. Minutes of the meetings showed that decisions to end or continue monitoring were reasonable and based on good information. The involvement of offender supervisors in public protection was achieved through their attendance at risk management meetings and good communication within the OMU.
- 4.15** Two innovative projects had been established at the prison and made a significant contribution to public protection and reducing reoffending. The IMPACT project was a partnership with local police, Probation Services and substance misuse agencies which managed prolific offenders, and research had shown that it had contributed to a 52% reduction in offending. The more recently established IRIS project was a partnership with police and Probation Services to manage high-risk sex offenders returning to the community. For both projects, prisoners were returned to Bristol so that effective planning could take place for local release.

Recommendation

- 4.16 Applications for contact with the public should be dealt with promptly.**

Categorisation

- 4.17** Initial categorisation decisions were reasonable and most prisoners were transferred before a review was required.
- 4.18** Prisoners were able to make representations during reviews, and feedback was given about the decision. When a prisoner's category was not changed positively, he was told the reasons and how he could improve his chances at his next review.

Indeterminate sentence prisoners

- 4.19** There was a small population of indeterminate-sentenced prisoners (ISPs), with 19 life-sentenced prisoners and 17 serving indeterminate sentences for public protection. They comprised a mixture of prisoners recalled from the community, returned from open conditions and recently sentenced. They were moved on quickly to appropriate establishments. As ISPs were not retained, the prison had not developed specialist provision for them.
- 4.20** Prisoners remanded for a potential indeterminate sentence were allocated to an offender supervisor, who contacted them soon after remand to explain the potential sentence and to

act as a point of contact. Once sentenced to a life term, a prisoner was retained for sentence planning and moved within a few weeks to progress their sentence.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

4.21 *All prisoners were assessed for resettlement needs but not all received the first night initial needs assessment. A dedicated resettlement team worked effectively but was not well known by prisoners. Accommodation support had improved. Employability advice was good and there were some links with external employers. Pre-release arrangements for health care and substance misuse were good, with some useful community links. Debt advice was good and in some cases provided assistance to prisoners' families. Some family support services had lapsed and there was no action plan to support future provision. There remained insufficient provision for social visits, particularly at weekends. It was difficult to book visits. Prisoners requiring accredited offending behaviour programmes were transferred to training prisons. A restorative justice project worked with a small number of prolific offenders.*

4.22 There were three assessments which informed the delivery of resettlement services. An initial needs assessment was completed in the first night centre but not all prisoners went there (see section on early days in custody), so many of these assessments were missed. During induction, all prisoners attending were seen for a National Careers Service (NCS) assessment, which covered resettlement needs. The third assessment took place during the first week, when all new prisoners were seen by offender supervisors, who completed a brief risk and needs assessment. In our survey, more prisoners than at comparator prisons said that they had a needs-based custody plan.

4.23 Although a recently reinstated dedicated resettlement team was in place and assessed all prisoners on arrival, we were not confident that prisoners could easily access resettlement services later on during their time at the prison. In our survey, fewer prisoners than at comparator prisons knew where to go to for help with employment, accommodation, benefits, finances, education or drugs and alcohol. There was no publicity about services around the prison and they were located in a building away from residential areas.

4.24 Five weeks before release, prisoners were directed to attend a pre-release workshop, where their needs were checked in good time for them to be addressed.

Recommendations

4.25 **The initial needs assessment should be completed on all prisoners on their first night in the prison.**

4.26 **Information about resettlement services and how to access them should be well publicised in the prison.**

Accommodation

- 4.27** Accommodation advice was provided by a resettlement officer who had been in post for four months. He was able to deal with maintaining tenancies for remand and short-term prisoners, and practical matters such as recovering property. There were good links with the local council, where a single point of contact dealt with homeless prisoners, and with homelessness centres. The resettlement officer made efforts to develop links with providers in other areas of the country.
- 4.28** The reinstatement of resettlement officers had improved the recorded level of prisoners released without accommodation, although they did not provide a regular report of the number of prisoners accessing their service. In the year to date, 10% of prisoners had been released without an address, compared with an average of 37% a month in the final six months of the previous year.

Recommendation

- 4.29 Resettlement staff should monitor the use of their service, and outcomes.**

Education, training and employment

- 4.30** Prisoners due for release received suitable advice and guidance on further education, training and employment. They routinely attended an appropriately timed pre-release workshop, where they took part in group sessions and individual interviews with advisers from the NCS, Jobcentre Plus and other organisations. The offender learning and skills service (OLASS) provider regularly offered a course in employability and budget management, and another in employability which successfully targeted those due for release. Two small vocational training projects offered training in the prison and links to post-release opportunities for further training and referrals to employers in appropriate occupational areas. Occasional job fair events brought major employers into the prison, but such links were not yet well developed.

Health care

- 4.31** All prisoners were seen by health services staff in reception on the day of their release or transfer. Those whose release was planned also saw a nurse at the discharge board a week beforehand. A brief summary of their clinical record was sent to their registered GP or given to prisoners who were not registered with a GP.
- 4.32** Prisoners on prescribed medication for physical health needs were given seven days' supply.
- 4.33** Discharge arrangements for prisoners with identified significant mental health needs were effective, with good pre-release engagement with community mental health teams.

Drugs and alcohol

- 4.34** Drug strategy officers and substance misuse workers provided a well-integrated service. There was good information sharing with other departments, including the OMU, and one officer was specialised in providing housing support. Substance misuse teams had built strong links with community services, the drug intervention programme and criminal justice integrated teams (CJITs) to facilitate prisoners' throughcare. The local CJIT, which included a

GP, assessed prisoners before release to ensure rapid access to treatment in the community. The prison was also participating in a national naloxone pilot scheme, training prisoners to treat opiate overdose on release.

Finance, benefit and debt

- 4.35** Debt advice services were good, and representatives from Citizens Advice and North Bristol Debt Advice Agency attended the prison weekly. Their work with debt problems included prisoners' families and could be continued after release.
- 4.36** The National Work Programme had been introduced into the prison through Jobcentre Plus to ensure that prisoners approaching release complied with new regulations about benefits claims.
- 4.37** The facility to open bank accounts had lapsed at the end of 2012. Resettlement staff had recently reintroduced the facility but no accounts had been opened in 2013 to date. An arrangement was also being negotiated with Bristol Credit Union to open accounts for prisoners.

Children, families and contact with the outside world

- 4.38** In our survey, prisoners were negative about the support they had received in maintaining contact with their friends and family. Provision under this pathway had deteriorated and some key services such as family visits, the Family Man course and Storybook Dads (in which prisoners record stories for their children) had lapsed. There was no action plan to direct future provision. A parenting skills course was provided through the education department.
- 4.39** Domestic visits were provided every afternoon. Visitors could book future visits to remand prisoners on site, and all visits could be booked by telephone and email. However, many visitors we spoke to were unaware of the email facility and all complained of difficulties in booking by telephone. Visitors sometimes had to wait up to two weeks for a weekend visit, as they became booked up quickly. Although additional spaces had been provided in the visits hall, and previous restrictions on the use of tables lifted, there remained insufficient provision for social and domestic visits, particularly at weekends.
- 4.40** The visitors centre, operated by the Prison Advice and Care Trust (PACT), opened before the start of visits. Staff there were friendly and helpful, and a wide range of information was displayed. A children's support worker attended visits sessions twice a week to offer advice to parents about local children's services. A family support worker from PACT met all new prisoners who were located in the first night centre, but he reported difficulty in reaching prisoners who spent their early days in other parts of the prison. He offered support and advice to prisoners and their families about the establishment, made referrals and signposted prisoners and their families to local family services.
- 4.41** On the day we observed visits, they started on time, with prisoners and visitors accessing the visits hall with minimal delays. Gate and visits hall staff were polite and respectful. Vulnerable prisoners were held separately in the waiting area but were admitted to the hall discreetly and were not required to sit at designated tables. Public and child protection issues were communicated to visits staff and appropriate measures were taken when required. Prisoners were required to wear high-visibility vests, which was unnecessary.
- 4.42** The large visits hall was reasonably well furnished. The children's play area, supervised by staff from the visitors centre, opened daily but prisoners were not permitted to enter the

area to play with their children. A refreshments bar was open for every visits session. Closed visits booths were adequate and out of the sight and hearing of the main visits hall.

Recommendations

- 4.43 Support for prisoners to maintain contact with their family members and friends should be prioritised and better family pathway provision developed, including family visits.**
- 4.44 The number of visits available should be increased to meet demand.**
- 4.45 Prisoners should not be required to wear high-visibility vests during visits.**
(Repeated recommendation 9.97)

Housekeeping point

- 4.46** Subject to risk assessment, prisoners should be permitted to enter the children's play area.

Attitudes, thinking and behaviour

- 4.47** No accredited programmes were run at the prison because prisoners requiring them were transferred to training establishments which provided them. There were some specialist interventions for substance misusers.
- 4.48** A restorative justice project for the management of prolific offenders, linked to the IMPACT partnership and organised by a local police officer, had been running for just over a year. This put sentenced prisoners in contact with their victims, subject to mutual consent. In the previous year, 19 restorative conferences had been held, from 100 referrals.

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points 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, or in the previous report where recommendations have been repeated.

Main recommendations

To the governor

- 5.1** All incidents of violence and victimisation should be investigated and actioned. All data relating to violence should be collated and analysed to identify trends and action should be taken to improve safety. (S46)
- 5.2** Sub-standard cells should not be occupied. All cells should have complete windows, be clean and free of graffiti, and contain suitable furniture. (S47)
- 5.3** The reasons for prisoners' poor perception of staff should be explored and formal complaints about poor behaviour should be investigated and acted on. (S48)
- 5.4** Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met and that any negative perceptions of particular groups are understood. (S49)
- 5.5** The core day should be reviewed to reduce long periods of lock-up. All prisoners should be able have daily association. (S50)
- 5.6** The amount of learning and skills and work activity should be increased and its use optimised. Work and employment skills should be recognised and recorded and the number of prisoners gaining qualifications increased. (S51)

Recommendations

To the governor

Courts, escort and transfers

- 5.7** Prisoners should be given adequate notice of transfers out. (1.4)
- 5.8** Prisoners should be allowed a free telephone call to inform their families of impending transfers, subject to a security assessment. (1.5)

Early days in custody

- 5.9** Cell sharing risk assessment interviews should be conducted sensitively and in private. (1.12, repeated recommendation 1.41)
- 5.10** All prisoners, irrespective of having spent time at the establishment before, should receive first night support, including access to Listeners, and information. (1.13)

- 5.11** All prisoners should be offered a shower on their first night. (1.14, repeated recommendation 1.49)
- 5.12** All prisoners should undergo an induction programme and it should be of sufficient quality to ensure they have the key information. (1.15, repeated recommendation 1.51)
- 5.13** Translated induction information should be equivalent to that available in English. (1.16, repeated recommendation 1.52)

Bullying and violence reduction

- 5.14** The safer custody team meeting should explore and analyse unexplained injuries to identify trends and issues. (1.24)
- 5.15** Placement of prisoners on D wing should be subject to a thorough assessment and plans made for reintegration where possible. (1.25)
- 5.16** A formal strategy for the management of young adults should be developed, including an assessment of their vulnerabilities and risks from other prisoners. (1.26)

Self-harm and suicide

- 5.17** A safer custody policy, specific to the establishment, should be developed which includes steps to ensure that all assessment, care in custody and teamwork (ACCT) processes are thorough and comprehensively applied. (1.35)
- 5.18** Prisoners in the segregation unit should be able to access a Listener. (1.36)

Security

- 5.19** Staff supervision of residential units should be improved. (1.52)
- 5.20** 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. (1.53, repeated recommendation 7.10)

Incentives and earned privileges

- 5.21** The incentives and earned privileges (IEP) scheme should be applied consistently across the prison and the monitoring of its fairness should be improved. (1.60)
- 5.22** The regime for prisoners on the basic level of the IEP scheme should be improved. (1.61)
- 5.23** IEP boards should set individual improvement targets and prisoners should be invited to attend. (1.62, repeated recommendations 7.49 and 7.50).

Substance misuse

- 5.24** The prison should closely monitor the number and location of prisoners receiving opiate substitute treatment and review the role and function of C-wing. (1.84)
- 5.25** Clinical and psychosocial substance misuse services should improve joint work and provide fully integrated care. (1.85)

Residential units

- 5.26** Sufficient good quality prison-issue bedding and clothing should be issued to meet the needs of prisoners. (2.10)
- 5.27** Prisoners should be able to access stored property within seven days of application. (2.11)
- 5.28** The hot water system should be upgraded to provide sufficient hot water. (2.12, repeated recommendation 2.27)
- 5.29** Showers should be appropriately maintained and screened. (2.13)
- 5.30** The application system should be able to track replies to applications. (2.14, repeated recommendation 3.43)
- 5.31** All prisoners should have equitable access to telephones. (2.15, repeated recommendation 2.30)

Staff–prisoner relationships

- 5.32** Personal officers should have regular contact with their prisoners (including an initial introduction), and case note entries should be made weekly and give details of prisoners' progress. (2.22)

Equality and diversity

- 5.33** The quality of responses to discrimination incident report forms should be assured through internal and independent external monitoring. (2.29)
- 5.34** Foreign national prisoners should be reliably provided with free monthly telephone calls. (2.40)
- 5.35** Interpreting services should be used in all instances where prisoners require information in their own language and written information should be provided in the most needed languages. (2.41)
- 5.36** Prisoners who require support to access the regime and activities should have a care plan devised and regularly reviewed, with formal peer supporters assigned where required. (2.42, repeated recommendations 4.58 and 4.59)
- 5.37** Older prisoners and those with disabilities who do not work should have access to a range of regime activities. (2.43)

Faith and religious activity

- 5.38** Prisoners should not have to apply in advance to attend services or other religious activities. (2.48)
- 5.39** Links should be made with faith communities outside the prison to meet prisoners' individual needs. (2.49, repeated recommendation 3.65)

Complaints

- 5.40** Replies to complaints should be courteous and deal with the issue raised. (2.53)

Legal rights

- 5.41** Prisoners should have access to trained staff who can support them with a full range of legal matters. (2.58)

Health services

- 5.42** The health needs assessment should provide robust analysis that informs services. (2.67)
- 5.43** A palliative care policy identifying links with specialist community services should inform the care of prisoners with life-limiting conditions, and the management of such conditions should reflect best community practice. (2.68)
- 5.44** Health care information should be made available in a range of languages appropriate for the prison population. (2.68, repeated recommendation 5.67)
- 5.45** All prisoners should have access to a dedicated health care forum. (2.70, repeated recommendation 5.65)
- 5.46** GP clinics should have appropriate privacy and access to equipment. (2.79)
- 5.47** Escorts for internal appointments and booked external hospital appointments should be provided to ensure that clinical care is not compromised. (2.80)
- 5.48** The holding rooms in the health care centre should be refurbished to provide a satisfactory environment for patients waiting for appointments. (2.81, repeated recommendation 5.60)
- 5.49** Secondary health assessments should be completed within 72 hours of arrival. (2.82)
- 5.50** The pharmacy should be registered with the General Pharmaceutical Council. (2.91)
- 5.51** There should be pharmacy-led medicines use reviews and clinics. (2.92)
- 5.52** 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. (2.93, repeated recommendation 5.70)
- 5.53** Controlled drugs should be administered, stored and secured separately and properly in line with legislation, regulations and professional guidance, and access should be subject to a clear audit trail. (2.94)
- 5.54** The reasons for failures to attend dental appointments should be investigated and remedial action taken. (2.102, repeated recommendation 5.76)

Catering

- 5.55** Mealtimes should be reviewed to reduce the time between the evening meal and breakfast, and lunch should be served later and from the serveries. (2.115, repeated recommendation 8.12)
- 5.56** The prisoner changing area in the kitchen should be expanded to provide adequate washing, changing and toilet facilities. (2.116, repeated recommendation 8.10)
- 5.57** Servery workers should be trained in food hygiene. (2.117, repeated recommendation 8.17)

Time out of cell

- 5.58** Association should be available when shop orders are delivered. (3.6, repeated recommendation 6.45)
- 5.59** Association equipment should be replaced where necessary. (3.7, repeated recommendation 6.46)

Learning and skills and work activities

- 5.60** There should be sufficient specialist expertise to manage learning and skills and work effectively. (3.15)
- 5.61** Managers and staff at all levels should monitor learners' achievements regularly to identify any gaps in performance between particular groups. (3.16)
- 5.62** Managers and staff at all levels should ensure that timely and accurate data on learners' achievements are routinely available and used effectively. (3.17)
- 5.63** Self-assessment should be suitably critical and lead to effective actions which improve learning and skills and work activity. (3.18)
- 5.64** The quality of teaching and learning in education classes should be improved. (3.29)
- 5.65** The timetabling of literacy and numeracy sessions should be changed, to improve the effectiveness of learning. (3.30)
- 5.66** The quality of education classrooms should be improved and the quality and availability of teaching and learning resources should be increased. (3.31)
- 5.67** Goals in individual learning plans should be sufficiently specific to help learners to improve and understand their progress. (3.32)
- 5.68** All literacy and numeracy learners should work at levels which are higher than those they have already attained and be sufficiently challenged to develop their skills further. (3.39)
- 5.69** Library accommodation should be improved and its facilities extended to provide computers and suitable study space. (3.43)
- 5.70** The proportion of prisoners who visit the library regularly should be increased. (3.44)
- 5.71** Suitable means of access to the library for wheelchair users should be provided. (3.45)

Strategic management of resettlement

- 5.72** Oversight and monitoring of delivery of the reducing reoffending strategy should be through a body which encourages sharing of information and approaches between all managers and providers. (4.5)
- 5.73** Evidence of the outcomes of the reducing reoffending strategy, including prisoners' views, should be obtained and used to guide developments. (4.6, repeated recommendation 9.14)

Offender management and planning

5.74 Applications for contact with the public should be dealt with promptly. (4.16)

Reintegration planning

5.75 The initial needs assessment should be completed on all prisoners on their first night in the prison. (4.25)

5.76 Information about resettlement services and how to access them should be well publicised in the prison. (4.26)

5.77 Resettlement staff should monitor the use of their service, and outcomes. (4.29)

5.78 Support for prisoners to maintain contact with their family members and friends should be prioritised and better family pathway provision developed, including family visits. (4.43)

5.79 The number of visits available should be increased to meet demand. (4.44)

5.80 Prisoners should not be required to wear high-visibility vests during visits. (4.45, repeated recommendation 9.97)

Housekeeping points

Bullying and violence reduction

5.81 Wing managers should attend safer custody meetings. (1.27)

5.82 The safety survey should cover all protected characteristics and the return rate should be improved. The results should inform the violence reduction strategy. (1.28)

Self-harm and suicide

5.83 Formal interpreting services should be used when reviewing ACCT procedures with prisoners who do not have a good command of English. (1.37)

5.84 All Listener suites should be fit for purpose. (1.38)

Substance misuse

5.85 The integrated drug treatment system unit communal area and group room should be clean and in good decorative order. (1.86)

Residential units

5.86 The offensive display policy should be enforced. (2.16)

Staff–prisoner relationships

5.87 Staff should address prisoners by their preferred name. (2.23)

Equality and diversity

- 5.88** The equality action plan should be further developed to ensure that the needs of all minority groups are met. (2.30)
- 5.89** The system of care for managing transgender prisoners should be formalised in the equality policy. (2.44)

Health services

- 5.90** The serious incident review group should meet regularly. (2.71)
- 5.91** There should be designated complaints boxes on the wings to enable confidential complaints to be submitted. (2.72)
- 5.92** Health services staff should work with other prison departments, including diversity staff, to share early identification of all disability needs. (2.83)
- 5.93** Nurses should have triage training in minor illness and injury. (2.84)
- 5.94** In-possession risk assessments and compacts should be easily visible on SystemOne. (2.95)
- 5.95** All prisoners should have lockable cabinets. (2.96)
- 5.96** Discipline staff should supervise the dispensing of medicines on residential units effectively. (2.97)
- 5.97** Medicines for named patients should only be used for those patients, and the out-of-hours and minor ailments policies should be consistently implemented across all wings. (2.98)
- 5.98** Provision should be made to cover the dentist's annual and sick leave. (2.103, repeated recommendation 5.74)
- 5.99** The dentist should be able to review X-rays during the consultation, and the arrangements for servicing and maintenance of dental equipment should incorporate clearly designated responsibilities for all items. (2.104)

Catering

- 5.100** Broken tiles and wall fittings should be replaced and the kitchen repainted. (2.118)

Learning and skills and work activities

- 5.101** Guidelines on ability levels required to undertake vocational training should be clear and consistent. (3.33)

Reintegration planning

- 5.102** Subject to risk assessment, prisoners should be permitted to enter the children's play area. (4.46)

Examples of good practice

Substance misuse

5.103 The prison's multidisciplinary relapse intervention team responded promptly to prisoners in crisis and provided comprehensive support. (1.87)

Health services

5.104 Health services staff had appropriately invoked safeguarding concerns and took a proactive approach to ensure the safety of prisoners with 'vulnerable adult' needs. (2.85)

5.105 The 'one stop shop' to review prisoners supported national guidance on the care of mental and physical health needs and safe prescribing practice. (2.109)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Karen Dillon	Inspector
Gordon Riach	Inspector
Helen Ranns	Researcher
Danielle Pearson	Researcher
Amy Radford	Research Trainee

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Janet Poole	CQC Inspector
Deborah Hyland	Pharmacist
Alastair Pearson	Ofsted inspector
Charles Clarke	Ofsted inspector
Maria Navarro	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is provided here.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2010, 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. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

All prisoners should spend their first days in the first night centre, which should not be used for difficult to manage prisoners. (HP51)

Not achieved

The quality assurance and governance arrangements for use of force and special accommodation should be strengthened. (HP52)

Achieved

Recommendations

Information about Bristol prison should be available in all courts served by the establishment. (1.9)

Not achieved

Prisoners should be moved from court to the prison at the earliest opportunity. (1.10)

Achieved

Escort staff should ensure that prisoners receive an adequate meal and drink at meal times. (1.11)

Achieved

Prisoners should be allowed a free telephone call to inform their families of impending transfers, subject to a security assessment. (1.12)

Not achieved (recommendation repeated, 1.5)

Prisoners with restricted mobility should be able to access the reception area. (1.36)

Achieved

Telephones to contact families should be made available in reception for those arriving late in the day. (1.37)

Achieved

Holding rooms should contain reading material. (1.38)

Partially achieved

Vulnerable prisoners should be held in suitable holding rooms. (1.39)

Achieved

There should be a television in all holding rooms, with information about the establishment. (1.40)

Partially achieved

Cell sharing risk assessment interviews should be conducted sensitively and in private. (1.41)

Not achieved (recommendation repeated, 1.12)

Searching should be conducted in a discrete area. (1.42)

Achieved

Staff in reception should refer to prisoners by their preferred name. (1.43)

Achieved

Listeners and Insiders should actively assist new prisoners to settle in throughout the reception and first night process. (1.44)

Partially achieved

Prisoners should spend the minimum amount of time in reception on arrival. (1.45)

Partially achieved

Vulnerable prisoners should be located on D wing with sufficient time to carry out first night procedures fully. (1.46)

Achieved

Listeners should be more actively involved in the first night process. (1.47)

Achieved

All prisoners should have access to smokers' and non-smokers' packs on arrival. (1.48)

Achieved

All prisoners should be offered a shower on their first night. (1.49)

Not achieved (recommendation repeated, 1.14)

Managers should explore the reasons for prisoners' poor perceptions of safety on their first night. (1.50)

No longer relevant

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)

Not achieved (recommendation repeated, 1.15)

Translated induction information should be equivalent to that available in English. (1.52)

Not achieved (recommendation repeated, 1.16)

The prison should carry out a safety survey, which should also focus on minority groups. This should inform the violence reduction strategy. (3.13)

Partially achieved

A system should be introduced to alert safer custody staff to any unexplained injuries as soon as they occur. (3.14)

Not achieved

All serious incidents should be investigated and any lessons learned incorporated into the management of self-harm policy. (3.35)

Achieved

Young adults should have equitable access to Listeners. (3.36)

Achieved

Assessment, care in custody and teamwork (ACCT) procedures for foreign national prisoners should offer sufficient confidentiality. (3.37)

Partially achieved

Night-time checks of prisoners on open ACCT documents should be intermittent and unpredictable. (3.38)

Partially achieved

The integrated drug treatment system (IDTS) unit should be refurbished to provide a cleaner, brighter and more therapeutic environment. (3.76)

Not achieved

The relapse intervention team should receive formal training in the relapse prevention model and motivational interviewing. (3.77)

Achieved

There should be a clear separation between compact-based drug testing and mandatory drug testing (MDT), in terms of staffing and location. (3.78)

Partially achieved

MDT facilities should be refurbished to create an adequate testing and waiting environment. (3.79)

Achieved

Safer custody staff should attend security committee meetings. (7.8)

Achieved

Target searches should be carried out within the required timescales. (7.9)

Achieved

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)

Not achieved (recommendation repeated, 1.53)

Prisoners should be informed of their right to appeal against closed visits. (7.11)

Achieved

Visitors should only be subject to closed visits when indicated by the drug dog if there is supporting intelligence. (7.12)

Not achieved

Prisoners' fitness for adjudication should be assessed before the start of proceedings and this should be in the record of the hearing. (7.30)

Achieved

Investigations into alleged misuse of force should be comprehensive and include interviews with all prisoners and personnel involved. (7.31)

Achieved

The procedures for storing recordings of use of force should be improved to ensure that evidence is correctly preserved. (7.32)

Achieved

Use of force should be certified by an appropriate manager who was not involved in the recorded incident. (7.33)

Partially achieved

Use of special accommodation should be reviewed regularly by the use of force committee and quality checks carried out on all documentation. (7.34)

Achieved

The toilets and sinks in the segregation unit should be deep cleaned. (7.35)

Achieved

Segregated prisoners should be set individually assessed targets and care plans. (7.36)

Achieved

Individual prisoner history sheets should reflect interaction and discussion between staff and prisoners on the segregation unit. (7.37)

Achieved

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)

Achieved

Prisoners held in special accommodation should be visible to staff at all times. (7.39)

Achieved

The temperature of the segregation unit should be maintained at an acceptable level. (7.40)

Achieved

The incentives and earned privileges (IEP) policy should be consistently applied. (7.48)

Not achieved

Prisoners should be set individual improvement targets and objectives. (7.49)

Not achieved (recommendation repeated, 1.62)

Prisoners should be given the opportunity to attend IEP review boards, and their attendance or non-attendance recorded. (7.50)

Not achieved (recommendation repeated, 1.62)

The facilities list should be reviewed, in consultation with prisoners, to include greater differentials between the different levels of the scheme. (7.51)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2010, 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.

Main recommendations

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)

Achieved

Recommendations

Methods for deterring pigeons from perching on the buildings should be improved and their droppings cleared. (2.19)

Achieved

Cells designed for one prisoner should not be used to accommodate two. (2.20)

Not achieved

Age-appropriate risk assessments should be carried out to ensure the safety of young adults. (2.21)

Not achieved

Prisoners' perceptions of poor response times to cell call bells should be investigated through night as well as day management checks. (2.22)

Achieved

Television shelves should be sited to enable both prisoners in a shared cell safely to watch the television. (2.23)

Achieved

Prisoners should be able to wear their own clothes. (2.24)

Partially achieved

Sufficient prison-issue clothing should be issued to meet the needs of prisoners. (2.25)

Partially achieved

Sufficient equipment should be provided for wing laundries. (2.26)

Achieved

The hot water system should be upgraded to provide sufficient hot water. (2.27)

Not achieved (recommendation repeated, 2.12)

Outgoing mail should be posted out and incoming mail distributed on the same day it is received. (2.28)

Achieved

The cost of prisoners' telephone calls should be reduced. (2.29)

Not achieved

All prisoners should have equitable access to telephones. (2.30)

Not achieved (recommendation repeated, 2.15)

Key notices should be provided in a format suitable for prisoners unable to read through eyesight, literacy or language problems. (2.31)

Achieved

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)

Not achieved

Staff should be fully aware of the resettlement services available for prisoners and be able to refer them to relevant agencies. (2.48)

No longer relevant

All personal officers should introduce themselves to those on their caseload as soon after arrival as possible. (2.55)

Not achieved

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)

Not achieved

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

Not achieved (recommendation repeated, 2.14)

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

Achieved

Prisoners should not have to apply to attend weekend services. (3.62)

Not achieved

Regime activities should be scheduled to enable prisoners to attend corporate worship. (3.63)

Achieved

Prisoners who wish to attend weekend services should be unlocked in time to attend, and this should be monitored. (3.64)

Achieved

Links should be made with faith communities outside the prison to meet prisoners' individual needs. (3.65)

Not achieved (recommendation repeated, 2.49)

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)

Partially achieved

Each of the diversity strands should be discussed and monitored at the equality and diversity action team meeting. (4.9)

Not achieved

All prisoner representatives should receive adequate training in order to fulfil their role. (4.10)

Achieved

The wider prisoner population should be consulted regularly about diversity issues. (4.11)

Partially achieved

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)

Not achieved

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)

Not achieved

The race equality officer should receive specific training for the role, including simple investigation training. (4.27)

No longer relevant

The needs of Gypsies and Travellers should be monitored and responded to, in particular equality of access to the regime and activities. (4.28)

Partially achieved

Black and minority ethnic prisoners should be consulted in groups and the results of consultation communicated to them. (4.29)

Not achieved

There should be monitoring of access to key regime activities by religion. (4.32)

Not achieved

Staff should receive religious diversity training. (4.33)

Partially achieved

The foreign national prisoner policy document should be available to all foreign national prisoners, and in their first language. (4.43)

Not achieved

There should be regular consultation forums with all foreign national prisoners. (4.44)

Achieved

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)

Not achieved

Foreign national prisoners should be supported to secure legal representatives and to maintain contact with them. (4.46)

Partially achieved

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

Achieved

The disability liaison officer (DLO) should have sufficient time to undertake his work effectively. (4.55)

No longer relevant

Prisoners with a disability who require assistance should have a personal emergency evacuation plan and staff should be aware of this. (4.56)

Achieved

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)

Partially achieved

The peer supporters scheme should be formalised to ensure that prisoners who need assistance receive the planned support. (4.58)

Not achieved (recommendation repeated, 2.41)

Prisoners who require support to access the regime and activities should have a care plan devised and regularly reviewed. (4.59)

Not achieved (recommendation repeated, 2.41)

Prisoners located on F wing (the community unit) should have named personal officers. (4.65)

No longer relevant

Services for older prisoners should be further developed on F wing. (4.66)

No longer relevant

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)

No longer relevant

Prisoners who have reached retirement age should not be required to pay for their television. (4.68)

Achieved

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)

Not achieved

The EDAT action plan should outline how gay and transgender work will be developed. (4.73)

Not achieved

There should be specific support schemes for gay and transgender prisoners in the establishment and through referral to external support networks. (4.74)

Partially achieved

Strategies for preventing and dealing with discrimination on the basis of sexual orientation should be implemented. (4.75)

Not achieved

Permanent discipline staff should be employed in the health care centre. (5.57)

No longer relevant

Disabled access to the primary care/day care unit should be installed. (5.58)

Achieved

Priority should be given to the recruitment of primary care mental health nurses. (5.59)

Achieved

The holding rooms in the health care centre should be refurbished to provide a satisfactory environment for patients waiting for appointments. (5.60)

Not achieved (recommendation repeated, 2.81)

All inpatient cells should be removed from the list of certified normal accommodation. (5.61)

No longer relevant

Inpatients should be given the resources and opportunity to eat communally. (5.62)

No longer relevant

Regular provision of three dental sessions a week should be provided as planned. (5.63)

Achieved

Defibrillators should be checked daily and all resuscitation equipment check records should remain where the equipment is sited. (5.64)

Achieved

Prisoners should have access to a dedicated health care forum. (5.65)

Not achieved (recommendation repeated, 2.70)

Health care information should be provided at reception and nursing staff should be involved in the induction process. (5.66)

Achieved

Health care information should be made available in a range of languages appropriate for the prison population. (5.67)

Partially achieved (recommendation repeated, 2.69)

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)

Achieved

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)

Not achieved (recommendation repeated, 2.93)

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)

Achieved

A replacement washer/disinfector should be provided in the dental surgery without delay. (5.71)

Achieved

Clinical, hazardous and non-clinical waste should be appropriately stored and disposed of, with relevant documentation available. (5.72)

Achieved

Refurbishment of the dental surgery should be undertaken as planned and an amalgam separator incorporated. (5.73)

Achieved

Provision should be made to cover the dentist's annual and sick leave. (5.74)

Not achieved (recommendation repeated as housekeeping point 2.103)

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)

Achieved

The reasons for failures to attend dental appointments should be investigated and remedial action taken. (5.76)

Not achieved (recommendation repeated, 2.102)

Security gates in the inpatient unit should be relocated to facilitate ease of movement of patients. (5.77)

No longer relevant

The inpatient exercise yard should be cleaned and fitted to provide a therapeutic environment for patients. (5.78)

Achieved

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)

Achieved

Broken kitchen equipment should be repaired promptly. (8.9)

Achieved

The prisoner changing area in the kitchen should be expanded to provide adequate washing, changing and toilet facilities. (8.10)

Not achieved (recommendation repeated, 2.116)

The prisoner menu cycle should be reviewed to reduce repetition and increase hot choices at lunchtimes. (8.11)

Partially achieved

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)

Not achieved (recommendation repeated, 2.115)

The lunchtime meal should be more substantial. (8.13)

Achieved

Prisoners should be able to dine in association. (8.14)

Not achieved

Food should be defrosted in defrosting refrigerators. (8.15)

Achieved

Halal implements should be used on all serveries. (8.16)

Achieved

Servery workers should be trained in food hygiene and wear appropriate clothing to serve and prepare food. (8.17)

Not achieved (recommendation repeated, 2.117)

Purposeful activity

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

At the last inspection, in 2010, 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. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

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)

Not achieved

All prisoners should have access to purposeful activity. (HP56)

Not achieved

The amount of vocational training should be increased.(HP57)

Achieved

Recommendations

Allocation to work should make use of all available information and allow equal access for all prisoners. (6.23)

Achieved

The pass rates on literacy courses should be improved. (6.24)

Not achieved

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)

Partially achieved

More effective use should be made of data to inform decision making and development. (6.26)

Not achieved

Quality improvement arrangements should be fully implemented across the training provision. (6.27)

Not achieved

There should be more vocational PE programmes. (6.34)

Achieved

Information about changes to prisoners' health and fitness should be shared with PE staff. (6.35)

Achieved

All prisoners should spend at least 10 hours out of their cells on weekdays. (6.44)

Not achieved

Association should be available when shop orders are delivered. (6.45)

Not achieved (recommendation repeated, 3.6)

Association equipment should be replaced where necessary. (6.46)

Not achieved (recommendation repeated, 3.7)

All prisoners should have access to adequate association areas. (6.47)

Achieved

All exercise yards should be cleaned, cleared of graffiti, provided with seating and made more pleasant environments. (6.48)

Achieved

Resettlement

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

At the last inspection, in 2010, 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. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

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)

Not achieved

The prison should develop a strategy for the management of young adult prisoners. (HP58)

Not achieved

Recommendations

A new resettlement strategy should be written which provides appropriate interventions. (9.9)

Achieved

A needs assessment should be undertaken which identifies the distinct needs of specific groups of prisoners. (9.10)

Achieved

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)

Achieved

Prisoners should be given the opportunity for release on temporary licence linked to specific resettlement needs. (9.12)

Not achieved

The reducing reoffending meeting should be strategic and should oversee the delivery of the reducing reoffending strategy. (9.13)

Not achieved

Evidence of the outcomes of the reducing reoffending strategy, including prisoners' views, should be obtained and used to guide developments. (9.14)

Not achieved (recommendation repeated, 4.6)

Assessments and reviews should be completed on time and relevant to the current sentence. (9.38)

Partially achieved

The quality and timeliness of risk of harm analyses should be monitored and improved. (9.39)

Achieved

All interactions with prisoners should be recorded in offender management files. (9.40)

Achieved

All unsentenced and short-sentence prisoners should have a custody plan. (9.41)

Achieved

A pre-discharge board for every prisoner should be held six weeks before release. (9.42)

Achieved

Prisoners assessed as suitable for home detention curfew should be released on their eligibility date unless there are unavoidable delays. (9.43)

Achieved

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)

Achieved

The prison should increase the number of prisoners able to return to Bristol before release to meet resettlement needs. (9.45)

Achieved

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

No longer relevant

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)

Achieved

There should be succession planning so that the expertise and positive relationships developed by the accommodation officer can be sustained. (9.62)

Achieved

Nursing staff should attend pre-discharge planning boards. (9.63)

Achieved

The financial needs of all prisoners should be fully assessed. (9.64)

Achieved

A full debt advice service should be available. (9.65)

Achieved

Prisoners should be given help to open a bank account. (9.66)

Achieved

The establishment should ensure that the required level of compact-based drug testing takes place. (9.76)

No longer relevant

Specific intervention should be available for prisoners with alcohol problems. (9.77)

Achieved

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)

Achieved

The visits hall should be extended to cater for the number of prisoners wanting visits. (9.93)

Partially achieved

Visiting orders should be issued far enough in advance for all visitors to take advantage of the on-site booking facility. (9.94)

Not achieved

The biometric system should be used according to the visits policy. (9.95)

No longer relevant

Visits for vulnerable prisoners should be arranged so as not to make them easily identifiable to other prisoners and visitors. (9.96)

Achieved

Prisoners should not be required to wear high-visibility vests during visits. (9.97)

Not achieved (recommendation repeated, 4.45)

All prisoners should be able to have family visits. (9.98)

Not achieved

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)

Not achieved

Appendix III: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	12	259	47
Recall	2	34	6.2
Convicted unsentenced	7	85	15.9
Remand	22	149	29.6
Civil prisoners			
Detainees	1	6	1.2
Total	44	533	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	29	242	47
Less than 6 months	6	47	9.2
6 months to less than 12 months	1	14	2.6
12 months to less than 2 years	3	44	8.1
2 years to less than 4 years	3	52	9.5
4 years to less than 10 years		34	5.9
10 years and over (not life)	1	65	11.4
ISPP (indeterminate sentence for public protection)		17	2.9
Life	1	18	3.3
Total	44	533	100

Age	Number of prisoners	%
Please state minimum age here:	-	-
Under 21 years	44	7.6
21 years to 29 years	219	38.0
30 years to 39 years	171	29.6
40 years to 49 years	100	17.3
50 years to 59 years	33	5.7
60 years to 69 years	5	0.9
70 plus years	5	0.9
Please state maximum age here: 87	-	-
Total	577	100

Nationality	18–20-year-olds	21 and over	%
British	36	481	89.6
Foreign nationals	8	52	10.4
Total	44	533	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	30	235	45.9
Uncategorised sentenced	3	25	4.9
Category A			
Category B		39	6.8
Category C		229	39.7

Category D		5	0.9
Other	11		1.9
Total	44	533	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British		3	0.5
Irish		19	3.3
Gypsy/Irish Traveller	28	372	69.3
Other white		6	1
Mixed			
White and black Caribbean	1	8	1.6
White and black African		1	0.2
White and Asian	1	1	0.3
Other mixed	1	18	3.3
	3	28	5.4
Asian or Asian British			
Indian		5	0.9
Pakistani		4	0.7
Bangladeshi		3	0.5
Chinese		3	0.5
Other Asian	1	4	0.9
	1	19	3.5
Black or black British			
Caribbean	6	20	4.5
African	2	15	2.9
Other black	4	48	9
	12	83	16.5
Other ethnic group			
Arab		1	0.2
Other ethnic group			
		1	0.2
Not stated		2	0.3
Total	44	533	100

Religion	18–20-year-olds	21 and over	%
Baptist		1	0.2
Church of England	1	69	12.1
Roman Catholic	3	57	10.4
Other Christian denominations	6	55	10.6
Muslim	8	49	9.9
Sikh		1	0.2
Hindu	1	3	0.7
Buddhist		6	1
Jewish			
Other		9	1.6
No religion	25	283	53.4
Total	44	533	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)		3	0.5
Total		3	0.5

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	7	1.2	98	17
1 month to 3 months	3	0.5	94	16.3
3 months to 6 months	3	0.5	61	10.6
6 months to 1 year	2	0.3	26	4.5
1 year to 2 years			9	1.6
2 years to 4 years			2	0.3
4 years or more			1	0.2
Total	15	2.6%	291	50.4

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	2	0.4
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	11	152	30.6
Total	11	154	31

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	5	0.9	78	13.5
1 month to 3 months	16	2.8	86	14.9
3 months to 6 months	7	1.2	43	7.5
6 months to 1 year	1	0.2	24	4.2
1 year to 2 years			11	1.9
2 years to 4 years				
4 years or more				
Total	29	5	242	41.9

Main offence	18–20-year-olds	21 and over	%
Violence against the person	13	129	25.8
Sexual offences	2	53	10
Burglary	9	67	13.8
Robbery	4	45	8.8
Theft and handling	2	25	4.8
Fraud and forgery	1	9	1.8
Drugs offences	5	106	20.2
Other offences	5	57	11.3
Civil offences		2	0.4
Offence not recorded / holding warrant		17	3.1
Total	41	510	100

Appendix IV: Summary of prisoner questionnaires and interviews

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.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the establishment.⁶ Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 7 May 2013 the prisoner population at HMP Bristol was 614. Using the method described above, questionnaires were distributed to a sample of 205 prisoners.

We received a total of 177 completed questionnaires, a response rate of 86%. This included four questionnaires completed via interview. Twelve respondents refused to complete a questionnaire, eight questionnaires were not returned and eight were returned blank.

Wing/Unit	Number of completed survey returns
A	35
B	26

⁶ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

C	42
D	30
F	3
G	38
Health care	1
Segregation unit	2

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Bristol.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁷ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Bristol in 2013 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since March 2008.
- The current survey responses from HMP Bristol in 2013 compared with the responses of prisoners surveyed at HMP Bristol in 2009.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between respondents on D wing and those on all other wings.

⁷ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1.1	What wing or houseblock are you currently living on? See Shortened Methodology		
Q1.2	How old are you?		
	<i>Under 21</i>		13 (7%)
	<i>21 - 29</i>		67 (38%)
	<i>30 - 39</i>		55 (31%)
	<i>40 - 49</i>		27 (15%)
	<i>50 - 59</i>		11 (6%)
	<i>60 - 69</i>		1 (1%)
	<i>70 and over</i>		1 (1%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		79 (46%)
	<i>Yes - on recall</i>		19 (11%)
	<i>No - awaiting trial</i>		32 (19%)
	<i>No - awaiting sentence</i>		41 (24%)
	<i>No - awaiting deportation</i>		0 (0%)
Q1.4	How long is your sentence?		
	Not sentenced		73 (43%)
	<i>Less than 6 months</i>		22 (13%)
	<i>6 months to less than 1 year</i>		14 (8%)
	<i>1 year to less than 2 years</i>		13 (8%)
	<i>2 years to less than 4 years</i>		21 (13%)
	<i>4 years to less than 10 years</i>		16 (10%)
	<i>10 years or more</i>		4 (2%)
	<i>IPP (indeterminate sentence for public protection)</i>		4 (2%)
	<i>Life</i>		1 (1%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>		19 (11%)
	<i>No</i>		155 (89%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		172 (99%)
	<i>No</i>		2 (1%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		171 (98%)
	<i>No</i>		4 (2%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	114 (66%)	<i>Asian or Asian British - Chinese</i> 2 (1%)
	<i>White - Irish</i>	2 (1%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	15 (9%)	<i>Mixed race - white and black Caribbean</i> 7 (4%)
	<i>Black or black British - Caribbean</i>	18 (10%)	<i>Mixed race - white and black African</i> 1 (1%)

<i>Black or black British - African</i>	5 (3%)	<i>Mixed race - white and Asian</i>	0 (0%)
<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i>	2 (1%)
<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Arab</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	5 (3%)	<i>Other ethnic group</i>	0 (0%)
<i>Asian or Asian British - Bangladeshi</i>	1 (1%)		

Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?

Yes	14 (8%)
No	157 (92%)

Q1.10 What is your religion?

<i>None</i>	72 (42%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	43 (25%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	23 (13%)	<i>Muslim</i>	14 (8%)
<i>Protestant</i>	1 (1%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i>	9 (5%)	<i>Other</i>	10 (6%)
<i>Buddhist</i>	1 (1%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	167 (98%)
<i>Homosexual/Gay</i>	1 (1%)
<i>Bisexual</i>	2 (1%)

Q1.12 Do you consider yourself to have a disability? (i.e do you need help with any long term physical, mental or learning needs)

Yes	49 (28%)
No	125 (72%)

Q1.13 Are you a veteran (ex- armed services)?

Yes	11 (6%)
No	162 (94%)

Q1.14 Is this your first time in prison?

Yes	54 (31%)
No	119 (69%)

Q1.15 Do you have children under the age of 18?

Yes	92 (52%)
No	84 (48%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	136 (78%)
<i>2 hours or longer</i>	33 (19%)
<i>Don't remember</i>	5 (3%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	136 (79%)
Yes	15 (9%)
No	18 (10%)
<i>Don't remember</i>	3 (2%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	136 (78%)
Yes	6 (3%)

	No	31 (18%)
	Don't remember	1 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	113 (65%)
	No	48 (28%)
	Don't remember	12 (7%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	138 (80%)
	No	32 (18%)
	Don't remember	3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	43 (25%)
	Well	86 (49%)
	Neither	30 (17%)
	Badly	9 (5%)
	Very badly	1 (1%)
	Don't remember	5 (3%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply)	
	Yes, someone told me	101 (58%)
	Yes, I received written information	10 (6%)
	No, I was not told anything	50 (29%)
	Don't remember	15 (9%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	135 (77%)
	No	29 (17%)
	Don't remember	11 (6%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	64 (36%)
	2 hours or longer	104 (59%)
	Don't remember	8 (5%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	133 (77%)
	No	36 (21%)
	Don't remember	4 (2%)
Q3.3	Overall, how were you treated in reception?	
	Very well	27 (15%)
	Well	79 (45%)
	Neither	34 (19%)
	Badly	19 (11%)
	Very badly	13 (7%)
	Don't remember	4 (2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply)	
	Loss of property	36 (21%)
	Physical health	30 (18%)

<i>Housing problems</i>	38 (22%)	<i>Mental health</i>	40 (23%)
<i>Contacting employers</i>	9 (5%)	<i>Needing protection from other prisoners</i>	15 (9%)
<i>Contacting family</i>	69 (40%)	<i>Getting phone numbers</i>	61 (36%)
<i>Childcare</i>	6 (4%)	<i>Other</i>	13 (8%)
<i>Money worries</i>	49 (29%)	Did not have any problems	28 (16%)
<i>Feeling depressed or suicidal</i>	38 (22%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

Yes	44 (26%)
No	97 (57%)
Did not have any problems	28 (17%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply)

<i>Tobacco</i>	123 (71%)
<i>A shower</i>	35 (20%)
<i>A free telephone call</i>	51 (29%)
<i>Something to eat</i>	113 (65%)
<i>PIN phone credit</i>	81 (47%)
<i>Toiletries/ basic items</i>	104 (60%)
Did not receive anything	13 (7%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply)

<i>Chaplain</i>	47 (28%)
<i>Someone from health services</i>	108 (65%)
<i>A Listener/Samaritans</i>	50 (30%)
<i>Prison shop/ canteen</i>	29 (18%)
Did not have access to any of these	33 (20%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply)

<i>What was going to happen to you</i>	57 (35%)
<i>What support was available for people feeling depressed or suicidal</i>	56 (34%)
<i>How to make routine requests (applications)</i>	56 (34%)
<i>Your entitlement to visits</i>	48 (29%)
<i>Health services</i>	74 (45%)
<i>Chaplaincy</i>	56 (34%)
Not offered any information	53 (32%)

Q3.9 Did you feel safe on your first night here?

Yes	127 (73%)
No	40 (23%)
Don't remember	8 (5%)

Q3.10 How soon after you arrived here did you go on an induction course?

Have not been on an induction course	52 (30%)
<i>Within the first week</i>	56 (32%)
<i>More than a week</i>	63 (36%)
<i>Don't remember</i>	2 (1%)

Q3.11 Did the induction course cover everything you needed to know about the prison?

Have not been on an induction course	52 (30%)
Yes	61 (36%)

No	51 (30%)
Don't remember	7 (4%)

Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	52 (31%)
	Within the first week	39 (23%)
	More than a week	66 (39%)
	Don't remember	11 (7%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	Communicate with your solicitor or legal representative?	17 (10%)	53 (32%)	21 (13%)	32 (19%)	30 (18%) 12 (7%)
	Attend legal visits?	26 (17%)	67 (44%)	20 (13%)	8 (5%)	9 (6%) 22 (14%)
	Get bail information?	8 (5%)	21 (14%)	29 (19%)	27 (18%)	28 (19%) 36 (24%)
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					18 (10%)
	Yes					73 (42%)
	No					82 (47%)
Q4.3	Can you get legal books in the library?					
	Yes					68 (39%)
	No					19 (11%)
	Don't know					86 (50%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		Yes	No	Don't know		
	Do you normally have enough clean, suitable clothes for the week?	73 (42%)	95 (55%)	5 (3%)		
	Are you normally able to have a shower every day?	129 (77%)	39 (23%)	0 (0%)		
	Do you normally receive clean sheets every week?	137 (81%)	32 (19%)	1 (1%)		
	Do you normally get cell cleaning materials every week?	71 (42%)	96 (56%)	4 (2%)		
	Is your cell call bell normally answered within five minutes?	34 (20%)	128 (75%)	9 (5%)		
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	95 (56%)	73 (43%)	1 (1%)		
	If you need to, can you normally get your stored property?	23 (13%)	120 (70%)	28 (16%)		
Q4.5	What is the food like here?					
	Very good					3 (2%)
	Good					20 (11%)
	Neither					39 (22%)
	Bad					50 (29%)
	Very bad					62 (36%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?					
	Have not bought anything yet/ don't know					13 (8%)
	Yes					78 (45%)
	No					82 (47%)
Q4.7	Can you speak to a Listener at any time, if you want to?					
	Yes					96 (55%)
	No					27 (16%)
	Don't know					51 (29%)

Q4.8	Are your religious beliefs respected?	
	Yes	67 (39%)
	No	28 (16%)
	Don't know/ N/A	76 (44%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	70 (41%)
	No	17 (10%)
	Don't know/ N/A	84 (49%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	I don't want to attend	45 (26%)
	Very easy	17 (10%)
	Easy	43 (25%)
	Neither	13 (7%)
	Difficult	11 (6%)
	Very difficult	6 (3%)
	Don't know	39 (22%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	123 (72%)
	No	45 (26%)
	Don't know	4 (2%)
Q5.2	Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option)	
		Not made one Yes No
	Are applications dealt with fairly?	16 (10%) 50 (32%) 92 (58%)
	Are applications dealt with quickly (within seven days)?	16 (10%) 44 (28%) 96 (62%)
Q5.3	Is it easy to make a complaint?	
	Yes	81 (47%)
	No	39 (23%)
	Don't know	51 (30%)
Q5.4	Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option)	
		Not made one Yes No
	Are complaints dealt with fairly?	77 (46%) 21 (12%) 71 (42%)
	Are complaints dealt with quickly (within seven days)?	77 (48%) 20 (12%) 65 (40%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	51 (30%)
	No	117 (70%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	Don't know who they are	74 (43%)
	Very easy	6 (3%)
	Easy	24 (14%)
	Neither	27 (16%)
	Difficult	27 (16%)

Very difficult

14 (8%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	20 (11%)
	Yes	73 (42%)
	No	56 (32%)
	<i>Don't know</i>	25 (14%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	20 (12%)
	Yes	64 (38%)
	No	65 (38%)
	<i>Don't know</i>	21 (12%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	22 (13%)
	No	150 (87%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	133 (79%)
	<i>Very well</i>	6 (4%)
	<i>Well</i>	5 (3%)
	<i>Neither</i>	8 (5%)
	<i>Badly</i>	5 (3%)
	<i>Very badly</i>	12 (7%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	111 (66%)
	No	56 (34%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	108 (65%)
	No	59 (35%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	40 (23%)
	No	131 (77%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	14 (8%)
	<i>Never</i>	52 (30%)
	<i>Rarely</i>	47 (27%)
	<i>Some of the time</i>	36 (21%)
	<i>Most of the time</i>	15 (9%)
	<i>All of the time</i>	7 (4%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	118 (69%)

<i>In the first week</i>	16 (9%)
<i>More than a week</i>	26 (15%)
<i>Don't remember</i>	11 (6%)

Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	118 (70%)
	<i>Very helpful</i>	14 (8%)
	<i>Helpful</i>	19 (11%)
	<i>Neither</i>	8 (5%)
	<i>Not very helpful</i>	5 (3%)
	<i>Not at all helpful</i>	5 (3%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	76 (44%)
	<i>No</i>	96 (56%)

Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	35 (21%)
	<i>No</i>	135 (79%)

Q8.3	In which areas have you felt unsafe? (Please tick all that apply)	
	<i>Never felt unsafe</i>	96 (58%)
	<i>Everywhere</i>	20 (12%)
	<i>Segregation unit</i>	13 (8%)
	<i>Association areas</i>	24 (14%)
	<i>Reception area</i>	15 (9%)
	<i>At the gym</i>	11 (7%)
	<i>In an exercise yard</i>	22 (13%)
	<i>At work</i>	7 (4%)
	<i>During movement</i>	22 (13%)
	<i>At education</i>	8 (5%)
	<i>At meal times</i>	16 (10%)
	<i>At health services</i>	10 (6%)
	<i>Visits area</i>	15 (9%)
	<i>In wing showers</i>	21 (13%)
	<i>In gym showers</i>	8 (5%)
	<i>In corridors/stairwells</i>	14 (8%)
	<i>On your landing/wing</i>	19 (11%)
	<i>In your cell</i>	21 (13%)
	<i>At religious services</i>	7 (4%)

Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	51 (30%)
	<i>No</i>	120 (70%)

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)	
	<i>Insulting remarks (about you or your family or friends)</i>	23 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	21 (12%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	33 (19%)
	<i>Having your canteen/property taken</i>	15 (9%)
	<i>Medication</i>	11 (6%)
	<i>Debt</i>	4 (2%)
	<i>Drugs</i>	7 (4%)
	<i>Your race or ethnic origin</i>	9 (5%)
	<i>Your religion/religious beliefs</i>	8 (5%)
	<i>Your nationality</i>	7 (4%)
	<i>You are from a different part of the country than others</i>	12 (7%)
	<i>You are from a traveller community</i>	3 (2%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	3 (2%)
	<i>You have a disability</i>	9 (5%)
	<i>You were new here</i>	6 (4%)

Your offence/ crime	8 (5%)
Gang related issues	7 (4%)

Q8.6 Have you been victimised by staff here?

Yes	74 (43%)
No	97 (57%)

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)

Insulting remarks (about you or your family or friends)	21 (12%)
Physical abuse (being hit, kicked or assaulted)	9 (5%)
Sexual abuse	2 (1%)
Feeling threatened or intimidated	27 (16%)
Medication	17 (10%)
Debt	3 (2%)
Drugs	8 (5%)
Your race or ethnic origin	13 (8%)
Your religion/religious beliefs	9 (5%)
Your nationality	9 (5%)
You are from a different part of the country than others	7 (4%)
You are from a traveller community	4 (2%)
Your sexual orientation	2 (1%)
Your age	4 (2%)
You have a disability	9 (5%)
You were new here	4 (2%)
Your offence/ crime	7 (4%)
Gang related issues	4 (2%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	88 (54%)
Yes	22 (14%)
No	52 (32%)

Section 9: Health services**Q9.1 How easy or difficult is it to see the following people?:**

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	17 (10%)	10 (6%)	36 (21%)	18 (11%)	54 (32%)	34 (20%)
The nurse	11 (7%)	34 (21%)	68 (42%)	13 (8%)	27 (17%)	9 (6%)
The dentist	30 (19%)	3 (2%)	8 (5%)	12 (8%)	31 (20%)	74 (47%)

Q9.2 What do you think of the quality of the health service from the following people?:

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	32 (19%)	9 (5%)	37 (22%)	21 (13%)	35 (21%)	32 (19%)
The nurse	20 (12%)	32 (20%)	60 (37%)	21 (13%)	13 (8%)	18 (11%)
The dentist	69 (43%)	6 (4%)	15 (9%)	11 (7%)	19 (12%)	41 (25%)

Q9.3 What do you think of the overall quality of the health services here?

Not been	19 (12%)
Very good	9 (5%)
Good	37 (22%)
Neither	37 (22%)
Bad	30 (18%)
Very bad	33 (20%)

Q9.4 Are you currently taking medication?

Yes	94 (55%)
-----	----------

	No	78 (45%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	Not taking medication	78 (46%)
	Yes, all my meds	16 (9%)
	Yes, some of my meds	19 (11%)
	No	57 (34%)
Q9.6	Do you have any emotional or mental health problems?	
	Yes	69 (40%)
	No	103 (60%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)	
	Do not have any emotional or mental health problems	103 (61%)
	Yes	26 (15%)
	No	39 (23%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	63 (37%)
	No	107 (63%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	40 (24%)
	No	129 (76%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	48 (29%)
	Easy	23 (14%)
	Neither	10 (6%)
	Difficult	4 (2%)
	Very difficult	9 (5%)
	Don't know	73 (44%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	20 (12%)
	Easy	9 (5%)
	Neither	18 (11%)
	Difficult	16 (9%)
	Very difficult	16 (9%)
	Don't know	90 (53%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	25 (15%)
	No	145 (85%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	23 (14%)
	No	145 (86%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem	94 (57%)
	Yes	43 (26%)

	No	29 (17%)
Q10.8	Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in this prison?)	
	<i>Did not / do not have an alcohol problem</i>	129 (76%)
	Yes	28 (16%)
	No	13 (8%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	111 (69%)
	Yes	33 (20%)
	No	17 (11%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	Very easy	Easy	Neither	Difficult	Very difficult
	Prison job	20 (12%)	6 (4%)	29 (17%)	24 (14%)	53 (31%)	39 (23%)
	Vocational or skills training	27 (17%)	9 (6%)	25 (16%)	33 (21%)	36 (23%)	29 (18%)
	Education (including basic skills)	19 (12%)	8 (5%)	32 (21%)	29 (19%)	39 (25%)	29 (19%)
	Offending behaviour programmes	43 (27%)	5 (3%)	21 (13%)	30 (19%)	28 (18%)	31 (20%)
Q11.2	Are you currently involved in the following? (Please tick all that apply)						
	<i>Not involved in any of these</i>						85 (53%)
	Prison job						55 (34%)
	Vocational or skills training						14 (9%)
	Education (including basic skills)						22 (14%)
	Offending behaviour programmes						10 (6%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	Yes	No			<i>Don't know</i>
	Prison job	55 (36%)	45 (29%)	41 (27%)			13 (8%)
	Vocational or skills training	57 (44%)	37 (29%)	23 (18%)			12 (9%)
	Education (including basic skills)	56 (41%)	43 (31%)	24 (18%)			14 (10%)
	Offending behaviour programmes	69 (51%)	28 (21%)	26 (19%)			11 (8%)
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>						25 (15%)
	Never						52 (31%)
	Less than once a week						48 (28%)
	About once a week						41 (24%)
	More than once a week						4 (2%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>						56 (34%)
	Yes						53 (32%)
	No						57 (34%)
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>						29 (17%)
	0						58 (34%)
	1 to 2						59 (35%)
	3 to 5						21 (12%)

	<i>More than 5</i>	2 (1%)
Q11.7	How many times do you usually go outside for exercise each week?	
	Don't want to go	13 (8%)
	0	12 (7%)
	1 to 2	40 (24%)
	3 to 5	44 (26%)
	More than 5	59 (35%)
Q11.8	How many times do you usually have association each week?	
	Don't want to go	9 (5%)
	0	8 (5%)
	1 to 2	78 (46%)
	3 to 5	53 (31%)
	More than 5	21 (12%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	76 (45%)
	<i>2 to less than 4 hours</i>	30 (18%)
	<i>4 to less than 6 hours</i>	21 (12%)
	<i>6 to less than 8 hours</i>	11 (7%)
	<i>8 to less than 10 hours</i>	9 (5%)
	<i>10 hours or more</i>	14 (8%)
	<i>Don't know</i>	8 (5%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	44 (26%)
	No	124 (74%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	107 (63%)
	No	62 (37%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	74 (45%)
	No	92 (55%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	I don't get visits	22 (13%)
	Very easy	26 (15%)
	Easy	43 (25%)
	Neither	22 (13%)
	Difficult	31 (18%)
	Very difficult	22 (13%)
	Don't know	3 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	Not sentenced	73 (44%)
	Yes	54 (33%)
	No	38 (23%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply)	
	Not sentenced/ NA	111 (67%)
	No contact	29 (17%)
	Letter	12 (7%)
	Phone	4 (2%)
	Visit	14 (8%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	35 (21%)
	No	131 (79%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	73 (43%)
	Yes	22 (13%)
	No	73 (43%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced	146 (88%)
	Very involved	3 (2%)
	Involved	6 (4%)
	Neither	7 (4%)
	Not very involved	2 (1%)
	Not at all involved	2 (1%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply)	
	Do not have a sentence plan/ not sentenced	146 (87%)
	Nobody	15 (9%)
	Offender supervisor	6 (4%)
	Offender manager	3 (2%)
	Named/ personal officer	0 (0%)
	Staff from other departments	3 (2%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced	146 (87%)
	Yes	9 (5%)
	No	7 (4%)
	Don't know	5 (3%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/ not sentenced	146 (87%)
	Yes	11 (7%)
	No	5 (3%)
	Don't know	5 (3%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/ not sentenced	146 (87%)
	Yes	8 (5%)
	No	4 (2%)
	Don't know	9 (5%)
Q13.10	Do you have a needs based custody plan?	
	Yes	14 (9%)
	No	75 (47%)
	Don't know	70 (44%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes	16 (10%)
No	145 (90%)

Q13.12 Do you know of anyone in this prison who can help you with the following on release?: (please tick all that apply)

	<i>Do not need help</i>	Yes	No
Employment	29 (19%)	26 (17%)	98 (64%)
Accommodation	31 (21%)	28 (19%)	87 (60%)
Benefits	28 (19%)	32 (21%)	89 (60%)
Finances	32 (23%)	19 (13%)	90 (64%)
Education	27 (19%)	28 (20%)	88 (62%)
Drugs and alcohol	38 (26%)	45 (31%)	64 (44%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced	73 (46%)
Yes	41 (26%)
No	46 (29%)

Appendix V: Photographs

Graffiti in cell



Broken window in a cell



Toothpaste used to seal gaps to keep out insects



Main comparator and comparator to last time



Prisoner survey responses HMP Bristol 2013

Prisoner survey responses (missing data have 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

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		177	5851	177	111
SECTION 1: General information					
1.2	Are you under 21 years of age?	7%	6%	7%	12%
1.3	Are you sentenced?	57%	68%	57%	56%
1.3	Are you on recall?	11%	9%	11%	7%
1.4	Is your sentence less than 12 months?	21%	21%	21%	15%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%	2%	1%
1.5	Are you a foreign national?	11%	13%	11%	12%
1.6	Do you understand spoken English?	99%	98%	99%	
1.7	Do you understand written English?	98%	97%	98%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	24%	25%	24%	19%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	5%	8%	3%
1.1	Are you Muslim?	8%	12%	8%	6%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	2%
1.12	Do you consider yourself to have a disability?	28%	21%	28%	20%
1.13	Are you a veteran (ex-armed services)?	6%	6%	6%	
1.14	Is this your first time in prison?	31%	30%	31%	33%
1.15	Do you have any children under the age of 18?	52%	54%	52%	43%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	19%	18%	19%	16%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	42%	38%	42%	
2.3	Were you offered a toilet break?	16%	9%	16%	
2.4	Was the van clean?	65%	64%	65%	
2.5	Did you feel safe?	80%	78%	80%	
2.6	Were you treated well/very well by the escort staff?	74%	67%	74%	68%
2.7	Before you arrived here were you told that you were coming here?	58%	68%	58%	
2.7	Before you arrived here did you receive any written information about coming here?	6%	5%	6%	
2.8	When you first arrived here did your property arrive at the same time as you?	77%	82%	77%	86%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	36%	49%	36%	
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	76%	77%	72%
3.3	Were you treated well/very well in reception?	60%	61%	60%	50%
	When you first arrived:				
3.4	Did you have any problems?	84%	74%	84%	80%
3.4	Did you have any problems with loss of property?	21%	14%	21%	13%
3.4	Did you have any housing problems?	22%	24%	22%	26%
3.4	Did you have any problems contacting employers?	5%	6%	5%	7%
3.4	Did you have any problems contacting family?	40%	31%	40%	43%
3.4	Did you have any problems ensuring dependants were being looked after?	4%	6%	4%	6%
3.4	Did you have any money worries?	29%	22%	29%	26%
3.4	Did you have any problems with feeling depressed or suicidal?	22%	21%	22%	25%
3.4	Did you have any physical health problems?	18%	17%	18%	
3.4	Did you have any mental health problems?	23%	19%	23%	
3.4	Did you have any problems with needing protection from other prisoners?	9%	8%	9%	13%
3.4	Did you have problems accessing phone numbers?	36%	29%	36%	30%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	31%	40%	31%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	71%	87%	71%	74%
3.6	A shower?	20%	33%	20%	10%
3.6	A free telephone call?	29%	58%	29%	33%
3.6	Something to eat?	65%	77%	65%	79%
3.6	PIN phone credit?	47%	59%	47%	
3.6	Toiletries/ basic items?	60%	60%	60%	

Main comparator and comparator to last time

Key to tables

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Percentages which are not highlighted show there is no significant difference					
SECTION 3: Reception, first night and induction continued					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	29%	50%	29%	
3.7	Someone from health services?	65%	73%	65%	
3.7	A Listener/Samaritans?	30%	39%	30%	
3.7	Prison shop/ canteen?	18%	16%	18%	8%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	35%	48%	35%	44%
3.8	Support was available for people feeling depressed or suicidal?	34%	48%	34%	43%
3.8	How to make routine requests?	34%	41%	34%	41%
3.8	Your entitlement to visits?	29%	45%	29%	40%
3.8	Health services?	45%	52%	45%	45%
3.8	The chaplaincy?	34%	47%	34%	50%
3.9	Did you feel safe on your first night here?	73%	74%	73%	72%
3.10	Have you been on an induction course?	70%	79%	70%	44%
For those who have been on an induction course:					
3.11	Did the course cover everything you needed to know about the prison?	51%	58%	51%	55%
3.12	Did you receive an education (skills for life) assessment?	69%	72%	69%	
SECTION 4: Legal rights and respectful custody					
In terms of your legal rights, is it easy/very easy to:					
4.1	Communicate with your solicitor or legal representative?	42%	41%	42%	36%
4.1	Attend legal visits?	61%	57%	61%	61%
4.1	Get bail information?	20%	22%	20%	26%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	42%	39%	42%	45%
4.3	Can you get legal books in the library?	39%	36%	39%	
For the wing/unit you are currently on:					
4.4	Are you normally offered enough clean, suitable clothes for the week?	42%	54%	42%	35%
4.4	Are you normally able to have a shower every day?	77%	80%	77%	81%
4.4	Do you normally receive clean sheets every week?	81%	80%	81%	74%
4.4	Do you normally get cell cleaning materials every week?	42%	62%	42%	52%
4.4	Is your cell call bell normally answered within five minutes?	20%	37%	20%	23%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	56%	64%	56%	65%
4.4	Can you normally get your stored property, if you need to?	14%	26%	14%	24%
4.5	Is the food in this prison good/very good?	13%	24%	13%	25%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	47%	45%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	58%	55%	59%
4.8	Are your religious beliefs are respected?	39%	53%	39%	44%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	41%	55%	41%	51%
4.10	Is it easy/very easy to attend religious services?	34%	46%	34%	

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	72%	82%	72%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	35%	58%	35%	54%
5.2	Do you feel applications are dealt with quickly (within seven days)?	32%	48%	32%	54%
5.3	Is it easy to make a complaint?	47%	53%	47%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	23%	33%	23%	31%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	23%	36%	23%	42%
5.5	Have you ever been prevented from making a complaint when you wanted to?	30%	16%	30%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	17%	21%	17%	25%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	47%	42%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	44%	38%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	7%	13%	9%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	30%	38%	30%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	67%	73%	67%	76%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	65%	73%	65%	76%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	23%	32%	23%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	13%	18%	13%	14%
7.5	Do you have a personal officer?	31%	44%	31%	60%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	65%	65%	65%	60%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	44%	39%	44%	41%
8.2	Do you feel unsafe now?	21%	16%	21%	16%
8.4	Have you been victimised by other prisoners here?	30%	22%	30%	20%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	14%	10%	14%	9%
8.5	Hit, kicked or assaulted you?	12%	7%	12%	2%
8.5	Sexually abused you?	1%	1%	1%	3%
8.5	Threatened or intimidated you?	19%	13%	19%	
8.5	Taken your canteen/property?	9%	5%	9%	5%
8.5	Victimised you because of medication?	6%	4%	6%	
8.5	Victimised you because of debt?	2%	3%	2%	
8.5	Victimised you because of drugs?	4%	4%	4%	3%
8.5	Victimised you because of your race or ethnic origin?	5%	3%	5%	5%
8.5	Victimised you because of your religion/religious beliefs?	5%	2%	5%	4%
8.5	Victimised you because of your nationality?	4%	2%	4%	
8.5	Victimised you because you were from a different part of the country?	7%	4%	7%	3%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.5	Victimised you because of your age?	2%	2%	2%	3%
8.5	Victimised you because you have a disability?	5%	3%	5%	5%
8.5	Victimised you because you were new here?	4%	5%	4%	5%
8.5	Victimised you because of your offence/crime?	5%	5%	5%	3%
8.5	Victimised you because of gang related issues?	4%	4%	4%	2%

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SECTION 8: Safety continued

		HMP Bristol 2013	Local prisons comparator	HMP Bristol 2013	HMP Bristol 2009
8.6	Have you been victimised by staff here?	43%	27%	43%	24%
Since you have been here, have staff:					
8.7	Made insulting remarks about you, your family or friends?	14%	11%	14%	10%
8.7	Hit, kicked or assaulted you?	6%	5%	6%	4%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	17%	11%	17%	
8.7	Victimised you because of medication?	11%	5%	11%	
8.7	Victimised you because of debt?	2%	2%	2%	
8.7	Victimised you because of drugs?	5%	4%	5%	7%
8.7	Victimised you because of your race or ethnic origin?	8%	5%	8%	4%
8.7	Victimised you because of your religion/religious beliefs?	6%	3%	6%	1%
8.7	Victimised you because of your nationality?	6%	3%	6%	
8.7	Victimised you because you were from a different part of the country?	4%	3%	4%	3%
8.7	Victimised you because you are from a Traveller community?	3%	2%	3%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	2%
8.7	Victimised you because of your age?	3%	2%	3%	2%
8.7	Victimised you because you have a disability?	6%	2%	6%	4%
8.7	Victimised you because you were new here?	3%	6%	3%	8%
8.7	Victimised you because of your offence/crime?	4%	5%	4%	4%
8.7	Victimised you because of gang related issues?	3%	2%	3%	0%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	30%	33%	30%	35%

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SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	27%	26%	27%	28%
9.1	Is it easy/very easy to see the nurse?	63%	51%	63%	69%
9.1	Is it easy/very easy to see the dentist?	7%	10%	7%	11%
	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:				
9.2	The doctor?	34%	44%	34%	34%
9.2	The nurse?	64%	56%	64%	70%
9.2	The dentist?	23%	31%	23%	28%
9.3	The overall quality of health services?	32%	38%	32%	38%
9.4	Are you currently taking medication?	55%	50%	55%	55%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	38%	63%	38%	
9.6	Do you have any emotional well being or mental health problems?	40%	34%	40%	35%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	40%	40%	40%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	37%	36%	37%	41%
10.2	Did you have a problem with alcohol when you came into this prison?	24%	27%	24%	29%
10.3	Is it easy/very easy to get illegal drugs in this prison?	43%	29%	43%	35%
10.4	Is it easy/very easy to get alcohol in this prison?	17%	13%	17%	
10.5	Have you developed a problem with drugs since you have been in this prison?	15%	8%	15%	8%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	14%	8%	14%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	60%	63%	60%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	68%	57%	68%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	66%	79%	66%	72%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Bristol 2013	Local prisons comparator	HMP Bristol 2013	HMP Bristol 2009
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	20%	34%	20%	
11.1 Vocational or skills training?	21%	29%	21%	
11.1 Education (including basic skills)?	26%	44%	26%	
11.1 Offending behaviour programmes?	16%	19%	16%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	34%	43%	34%	44%
11.2 Vocational or skills training?	9%	9%	9%	8%
11.2 Education (including basic skills)?	14%	27%	14%	23%
11.2 Offending behaviour programmes?	6%	8%	6%	6%
11.3 Have you had a job while in this prison?	64%	69%	64%	42%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	46%	42%	46%	43%
11.3 Have you been involved in vocational or skills training while in this prison?	56%	54%	56%	8%
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	51%	50%	51%	62%
11.3 Have you been involved in education while in this prison?	59%	66%	59%	23%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	53%	57%	53%	80%
11.3 Have you been involved in offending behaviour programmes while in this prison?	49%	52%	49%	5%
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	43%	48%	43%	81%
11.4 Do you go to the library at least once a week?	26%	35%	26%	59%
11.5 Does the library have a wide enough range of materials to meet your needs?	32%	34%	32%	
11.6 Do you go to the gym three or more times a week?	14%	31%	14%	27%
11.7 Do you go outside for exercise three or more times a week?	61%	37%	61%	43%
11.8 Do you go on association more than five times each week?	12%	47%	12%	25%
11.9 Do you spend ten or more hours out of your cell on a weekday?	8%	10%	8%	8%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	26%	35%	26%	40%
12.2 Have you had any problems with sending or receiving mail?	63%	45%	63%	66%
12.3 Have you had any problems getting access to the telephones?	45%	33%	45%	37%
12.4 Is it easy/ very easy for your friends and family to get here?	41%	37%	41%	

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Bristol 2013	Local prisons comparator	HMP Bristol 2013	HMP Bristol 2009
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	59%	60%	59%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	54%	43%	54%	
13.2	Contact by letter?	22%	28%	22%	
13.2	Contact by phone?	7%	16%	7%	
13.2	Contact by visit?	25%	33%	25%	
13.3	Do you have a named offender supervisor in this prison?	21%	31%	21%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	23%	39%	23%	34%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	45%	57%	45%	58%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	62%	44%	62%	
13.6	Offender supervisor?	23%	32%	23%	
13.6	Offender manager?	14%	28%	14%	
13.6	Named/ personal officer?	0%	14%	0%	
13.6	Staff from other departments?	14%	20%	14%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	43%	61%	43%	71%
13.8	Are there plans for you to achieve any of your targets in another prison?	52%	26%	52%	
13.9	Are there plans for you to achieve any of your targets in the community?	38%	31%	38%	
13.10	Do you have a needs based custody plan?	9%	6%	9%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	10%	15%	10%	7%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	21%	31%	21%	
13.12	Accommodation?	24%	42%	24%	
13.12	Benefits?	26%	45%	26%	
13.12	Finances?	18%	26%	18%	
13.12	Education?	24%	32%	24%	
13.12	Drugs and alcohol?	41%	47%	41%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	47%	46%	47%	54%



Prisoner survey responses (D wing vs. all other wings) HMP Bristol 2013

Prisoner survey responses (missing data have 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 percentage highlighted in green is significantly better	D wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage 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		30	144
SECTION 1: General information			
1.2	Are you under 21 years of age?	7%	8%
1.3	Are you sentenced?	64%	56%
1.3	Are you on recall?	10%	12%
1.4	Is your sentence less than 12 months?	22%	21%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	1%
1.5	Are you a foreign national?	0%	13%
1.6	Do you understand spoken English?	97%	99%
1.7	Do you understand written English?	93%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	14%	27%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	8%
1.1	Are you Muslim?	3%	9%
1.11	Are you homosexual/gay or bisexual?	3%	1%
1.12	Do you consider yourself to have a disability?	53%	23%
1.13	Are you a veteran (ex-armed services)?	20%	4%
1.14	Is this your first time in prison?	37%	30%
1.15	Do you have any children under the age of 18?	40%	56%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	23%	18%
2.5	Did you feel safe?	84%	79%
2.6	Were you treated well/very well by the escort staff?	77%	74%
2.7	Before you arrived here were you told that you were coming here?	58%	58%
2.8	When you first arrived here did your property arrive at the same time as you?	90%	74%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	35%	36%
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	75%
3.3	Were you treated well/very well in reception?	77%	57%

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
	When you first arrived:		
3.4	Did you have any problems?	93%	82%
3.4	Did you have any problems with loss of property?	15%	22%
3.4	Did you have any housing problems?	11%	24%
3.4	Did you have any problems contacting employers?	3%	5%
3.4	Did you have any problems contacting family?	45%	39%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%
3.4	Did you have any money worries?	30%	28%
3.4	Did you have any problems with feeling depressed or suicidal?	30%	21%
3.4	Did you have any physical health problems?	18%	17%
3.4	Did you have any mental health problems?	26%	22%
3.4	Did you have any problems with needing protection from other prisoners?	30%	4%
3.4	Did you have problems accessing phone numbers?	37%	35%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	63%	72%
3.6	A shower?	26%	19%
3.6	A free telephone call?	22%	31%
3.6	Something to eat?	60%	65%
3.6	PIN phone credit?	22%	50%
3.6	Toiletries/ basic items?	63%	59%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	23%	29%
3.7	Someone from health services?	58%	67%
3.7	A Listener/Samaritans?	42%	28%
3.7	Prison shop/ canteen?	16%	18%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	44%	33%
3.8	Support was available for people feeling depressed or suicidal?	36%	34%
3.8	How to make routine requests?	32%	35%
3.8	Your entitlement to visits?	24%	30%
3.8	Health services?	56%	43%
3.8	The chaplaincy?	32%	34%
3.9	Did you feel safe on your first night here?	60%	75%

Key to tables

	Any percentage highlighted in green is significantly better	D wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.10	Have you been on an induction course?	72%	70%
3.12	Did you receive an education (skills for life) assessment?	73%	68%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	48%	42%
4.1	Attend legal visits?	60%	61%
4.1	Get bail information?	13%	20%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	35%	44%
4.3	Can you get legal books in the library?	35%	49%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	45%	41%
4.4	Are you normally able to have a shower every day?	67%	79%
4.4	Do you normally receive clean sheets every week?	85%	81%
4.4	Do you normally get cell cleaning materials every week?	67%	37%
4.4	Is your cell call bell normally answered within five minutes?	18%	19%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	54%	56%
4.4	Can you normally get your stored property, if you need to?	7%	14%
4.5	Is the food in this prison good/very good?	17%	11%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	49%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	72%	52%
4.8	Are your religious beliefs are respected?	39%	39%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	45%	40%
4.10	Is it easy/very easy to attend religious services?	42%	33%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	75%	71%
5.3	Is it easy to make a complaint?	57%	46%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	32%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	28%	15%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	61%	33%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	17%	11%
SECTION 7: Relationships with staff			

Key to tables

	Any percentage highlighted in green is significantly better	D wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
7.1	Do most staff, in this prison, treat you with respect?	67%	66%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	61%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	22%	23%
7.4	Do staff normally speak to you most of the time/all of the time during association?	7%	14%
7.5	Do you have a personal officer?	54%	26%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	55%	43%
8.2	Do you feel unsafe now?	21%	21%
8.4	Have you been victimised by other prisoners here?	42%	28%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	28%	11%
8.5	Hit, kicked or assaulted you?	28%	9%
8.5	Sexually abused you?	3%	1%
8.5	Threatened or intimidated you?	31%	17%
8.5	Taken your canteen/property?	14%	8%
8.5	Victimised you because of medication?	7%	6%
8.5	Victimised you because of debt?	3%	2%
8.5	Victimised you because of drugs?	0%	5%
8.5	Victimised you because of your race or ethnic origin?	7%	5%
8.5	Victimised you because of your religion/religious beliefs?	7%	4%
8.5	Victimised you because of your nationality?	3%	4%
8.5	Victimised you because you were from a different part of the country?	7%	7%
8.5	Victimised you because you are from a traveller community?	0%	2%
8.5	Victimised you because of your sexual orientation?	7%	1%
8.5	Victimised you because of your age?	3%	2%
8.5	Victimised you because you have a disability?	17%	3%
8.5	Victimised you because you were new here?	7%	3%
8.5	Victimised you because of your offence/crime?	17%	2%
8.5	Victimised you because of gang related issues?	10%	3%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	38%	45%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	14%	14%

Key to tables

	Any percentage highlighted in green is significantly better	D wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.7	Hit, kicked or assaulted you?	3%	7%
8.7	Sexually abused you?	3%	1%
8.7	Threatened or intimidated you?	21%	17%
8.7	Victimised you because of medication?	7%	12%
8.7	Victimised you because of debt?	0%	2%
8.7	Victimised you because of drugs?	0%	7%
8.7	Victimised you because of your race or ethnic origin?	7%	9%
8.7	Victimised you because of your religion/religious beliefs?	3%	7%
8.7	Victimised you because of your nationality?	0%	7%
8.7	Victimised you because you were from a different part of the country?	0%	6%
8.7	Victimised you because you are from a traveller community?	3%	2%
8.7	Victimised you because of your sexual orientation?	3%	1%
8.7	Victimised you because of your age?	3%	2%
8.7	Victimised you because you have a disability?	10%	5%
8.7	Victimised you because you were new here?	7%	2%
8.7	Victimised you because of your offence/crime?	10%	3%
8.7	Victimised you because of gang related issues?	7%	2%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	33%	26%
9.1	Is it easy/very easy to see the nurse?	77%	60%
9.1	Is it easy/very easy to see the dentist?	23%	4%
9.4	Are you currently taking medication?	71%	51%
9.6	Do you have any emotional well being or mental health problems?	46%	38%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	39%	36%
10.2	Did you have a problem with alcohol when you came into this prison?	39%	20%
10.3	Is it easy/very easy to get illegal drugs in this prison?	39%	43%
10.4	Is it easy/very easy to get alcohol in this prison?	14%	18%
10.5	Have you developed a problem with drugs since you have been in this prison?	10%	15%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	10%	14%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	33%	18%

Key to tables

	Any percentage highlighted in green is significantly better	D wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
11.1	Vocational or skills training?	23%	21%
11.1	Education (including basic skills)?	23%	26%
11.1	Offending Behaviour Programmes?	19%	15%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	48%	32%
11.2	Vocational or skills training?	4%	9%
11.2	Education (including basic skills)?	12%	14%
11.2	Offending Behaviour Programmes?	4%	6%
11.4	Do you go to the library at least once a week?	40%	24%
11.5	Does the library have a wide enough range of materials to meet your needs?	27%	34%
11.6	Do you go to the gym three or more times a week?	11%	14%
11.7	Do you go outside for exercise three or more times a week?	45%	64%
11.8	Do you go on association more than five times each week?	11%	12%
11.9	Do you spend ten or more hours out of your cell on a weekday?	7%	8%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	33%	25%
12.2	Have you had any problems with sending or receiving mail?	55%	65%
12.3	Have you had any problems getting access to the telephones?	33%	46%
12.4	Is it easy/ very easy for your friends and family to get here?	33%	42%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	34%	19%
13.10	Do you have a needs based custody plan?	8%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	9%

Diversity analysis



Key question responses (ethnicity, foreign national) HMP Bristol 2013

Prisoner survey responses (missing data have 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

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage 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		42	131	19	155
1.3	Are you sentenced?	45%	60%	58%	57%
1.5	Are you a foreign national?	19%	8%		
1.6	Do you understand spoken English?	98%	99%	95%	100%
1.7	Do you understand written English?	95%	98%	89%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			44%	22%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	10%	11%	8%
1.1	Are you Muslim?	32%	1%	21%	7%
1.12	Do you consider yourself to have a disability?	14%	33%	15%	30%
1.13	Are you a veteran (ex-armed services)?	0%	8%	0%	6%
1.14	Is this your first time in prison?	40%	28%	58%	28%
2.6	Were you treated well/very well by the escort staff?	73%	75%	67%	75%
2.7	Before you arrived here were you told that you were coming here?	54%	59%	58%	60%
3.2	When you were searched in reception, was this carried out in a respectful way?	71%	79%	64%	78%
3.3	Were you treated well/very well in reception?	52%	62%	53%	60%
3.4	Did you have any problems when you first arrived?	85%	83%	71%	85%
3.7	Did you have access to someone from health care when you first arrived here?	56%	70%	53%	67%
3.9	Did you feel safe on your first night here?	69%	73%	79%	72%
3.10	Have you been on an induction course?	80%	66%	73%	69%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	40%	42%	33%	44%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	36%	45%	53%	41%
4.4	Are you normally able to have a shower every day?	74%	78%	83%	76%
4.4	Is your cell call bell normally answered within five minutes?	20%	21%	41%	17%
4.5	Is the food in this prison good/very good?	12%	14%	11%	14%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	29%	50%	33%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	31%	62%	26%	58%
4.8	Do you feel your religious beliefs are respected?	39%	37%	33%	41%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	43%	39%	44%	41%
5.1	Is it easy to make an application?	64%	74%	56%	73%
5.3	Is it easy to make a complaint?	37%	51%	33%	49%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	44%	26%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	35%	16%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	2%	16%	22%	11%
7.1	Do most staff, in this prison, treat you with respect?	53%	71%	50%	68%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	56%	66%	53%	66%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	5%	16%	0%	14%
7.4	Do you have a personal officer?	37%	30%	39%	31%
8.1	Have you ever felt unsafe here?	42%	45%	29%	46%
8.2	Do you feel unsafe now?	22%	19%	24%	20%
8.3	Have you been victimised by other prisoners?	37%	28%	24%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	22%	19%	12%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	12%	3%	5%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	4%	5%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	3%	5%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	7%	5%	5%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	48%	42%	29%	45%
8.7	Have you ever felt threatened or intimidated by staff here?	20%	16%	6%	18%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	24%	4%	13%	8%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	14%	3%	13%	5%
8.7	Have you been victimised because of your nationality? (By staff)	12%	4%	13%	5%
8.7	Have you been victimised because you have a disability? (By staff)	0%	8%	6%	6%
9.1	Is it easy/very easy to see the doctor?	30%	26%	29%	27%
9.1	Is it easy/ very easy to see the nurse?	38%	70%	43%	65%
9.4	Are you currently taking medication?	35%	60%	36%	57%
9.6	Do you feel you have any emotional well being/mental health issues?	30%	42%	17%	43%
10.3	Is it easy/very easy to get illegal drugs in this prison?	26%	48%	40%	43%
11.2	Are you currently working in the prison?	26%	37%	25%	35%
11.2	Are you currently undertaking vocational or skills training?	10%	9%	13%	9%
11.2	Are you currently in education (including basic skills)?	21%	12%	31%	12%
11.2	Are you currently taking part in an offending behaviour programme?	5%	7%	0%	7%
11.4	Do you go to the library at least once a week?	27%	27%	17%	28%
11.6	do you go to the gym three or more times a week?	12%	14%	12%	14%
11.7	Do you go outside for exercise three or more times a week?	58%	63%	48%	63%
11.8	On average, do you go on association more than five times each week?	22%	9%	12%	13%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	15%	7%	17%	7%
12.2	Have you had any problems sending or receiving mail?	65%	63%	48%	65%
12.3	Have you had any problems getting access to the telephones?	54%	42%	44%	45%

Diversity analysis



Key question responses (disability) HMP Bristol 2013

Prisoner survey responses (missing data have 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 percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage 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		49	125
1.3	Are you sentenced?	55%	57%
1.5	Are you a foreign national?	6%	13%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	98%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	12%	30%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	12%	7%
1.1	Are you Muslim?	4%	10%
1.12	Do you consider yourself to have a disability?	-	-
1.13	Are you a veteran (ex-armed services)?	13%	3%
1.14	Is this your first time in prison?	19%	36%
2.6	Were you treated well/very well by the escort staff?	67%	77%
2.7	Before you arrived here were you told that you were coming here?	53%	61%
3.2	When you were searched in reception, was this carried out in a respectful way?	74%	78%
3.3	Were you treated well/very well in reception?	63%	59%
3.4	Did you have any problems when you first arrived?	94%	80%
3.7	Did you have access to someone from health care when you first arrived here?	70%	63%
3.9	Did you feel safe on your first night here?	61%	77%
3.10	Have you been on an induction course?	65%	72%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	45%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	34%	46%
4.4	Are you normally able to have a shower every day?	72%	78%
4.4	Is your cell call bell normally answered within five minutes?	13%	23%
4.5	Is the food in this prison good/very good?	13%	13%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	40%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	65%	51%
4.8	Do you feel your religious beliefs are respected?	31%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	42%	41%
5.1	Is it easy to make an application?	65%	74%
5.3	Is it easy to make a complaint?	51%	45%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	34%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	23%	8%
7.1	Do most staff, in this prison, treat you with respect?	75%	63%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	65%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	13%
7.4	Do you have a personal officer?	33%	30%
8.1	Have you ever felt unsafe here?	58%	38%
8.2	Do you feel unsafe now?	32%	16%
8.3	Have you been victimised by other prisoners?	42%	25%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	27%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	3%
8.5	Have you been victimised because of your age? (By prisoners)	4%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	19%	0%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	64%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	29%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	7%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	4%
8.7	Have you been victimised because of your nationality? (By staff)	7%	6%
8.7	Have you been victimised because of your age? (By staff)	5%	2%
8.7	Have you been victimised because you have a disability? (By staff)	21%	0%
9.1	Is it easy/very easy to see the doctor?	15%	31%
9.1	Is it easy/ very easy to see the nurse?	69%	61%
9.4	Are you currently taking medication?	79%	44%
9.6	Do you feel you have any emotional well being/mental health issues?	72%	27%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	40%
11.2	Are you currently working in the prison?	28%	37%
11.2	Are you currently undertaking vocational or skills training?	11%	7%
11.2	Are you currently in education (including basic skills)?	21%	11%
11.2	Are you currently taking part in an offending behaviour programme?	5%	7%
11.4	Do you go to the library at least once a week?	24%	27%
11.6	Do you go to the gym three or more times a week?	13%	14%
11.7	Do you go outside for exercise three or more times a week?	57%	62%
11.8	On average, do you go on association more than five times each week?	11%	12%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	6%	9%
12.2	Have you had any problems sending or receiving mail?	76%	59%
12.3	Have you had any problems getting access to the telephones?	49%	42%