

Report on an unannounced inspection of

HMP Bristol

by HM Chief Inspector of Prisons

6–17 March 2017

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Glossary of terms

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

Introduction

HMP Bristol is a category B local prison holding, at the time of this inspection, 543 male prisoners. The prison is a mixture of Victorian and later 20th-century buildings, situated in a residential area of the city. The last inspection of Bristol was carried out between September and October 2014, and was an announced inspection in response to serious concerns about the prison that had been raised by the previous inspection in May 2013. The 2014 inspection found that some progress had been made, but that further improvement was required. That inspection found that outcomes for prisoners were not sufficiently good across all four of our healthy prison tests. This latest inspection found that standards had declined, that the prison was now less safe than two years before, and that the purposeful activity assessment had sunk to the lowest possible. In the areas of respect and resettlement, the prison's performance remained not sufficiently good. Despite these very disturbing findings, and the fact that many aspects of the treatment and conditions of prisoners were totally unacceptable, there were some grounds for cautious optimism.

Prisoners at Bristol were transient and had multifarious needs. In our survey, more than half reported having problems with emotional well-being or their mental health. Although 70% of the population were aged under 40, 62% of them were on some form of medication. Over 30% entered the prison with a drug problem, and 20% with an alcohol problem. To make matters worse, far too many prisoners said that they felt unsafe in the prison. A third of the prisoners we surveyed said that they felt unsafe at the time of the inspection, which was double the figure in 2014 and much higher than at similar prisons. Fifty-nine per cent reported feeling unsafe at some point during their stay in Bristol, up from 41% at the last inspection.

In the area of safety, the sad fact was that prisoners' perceptions were matched by reality. Violence towards staff and between prisoners was very high. Levels of self-harm had risen quite dramatically, and there had been seven self-inflicted deaths since the last inspection, with five in the past 12 months alone. The use of force by staff was much higher than at the last inspection, but we were satisfied that it was proportionate to the levels of violence. As in many prisons, much of the violence was related to drugs and debt. The mandatory drug testing positive rate of 30% was extraordinarily high, and showed that the 53% of prisoners who told us that it was easy to get illicit drugs in the prison were not wrong. Until the prison becomes a safer place in which either to live or work, it is hard to see how progress can be made in other areas, and this must be the first priority for the prison's leadership.

The physical environment at Bristol, from an external perspective, looked reasonable. However, a different picture emerged once one entered the residential wings. Most were dirty and dilapidated. It was common to see broken glass, peeling ceilings, broken fittings, graffiti and damaged floors. Showers were in poor condition. The infestation of cockroaches noted at the time of the last inspection was still present. One prisoner showed me several large cockroaches in his cell. He explained that at night he did not use his in-cell toilet cubicle because he was fed up with inadvertently crunching the insects under his bare feet in the dark. Instead, he urinated in his sink, which was closer to his bed. The lack of investment in the buildings was plain to see, and was the major cause of the disrespectful living conditions to which too many prisoners were subjected. Despite all this, it is notable that relationships between staff and prisoners were reasonably good. In our survey, over two-thirds of prisoners said that staff treated them respectfully, although this was a significant decrease from the time of the last inspection.

HMP Bristol had been understaffed for far too long, and this was the main reason why the regime for prisoners had been heavily restricted for much of the past two years. Regime restrictions had reduced the amount of time that prisoners had been unlocked, and had, on occasion, meant that education, training and work had been cancelled. However, staff shortages alone did not account for prisoners' woeful attendance at activities. The importance of education, training and work was just not given a high enough priority across the prison and few prisoners attended. On average, 30–40%

of prisoners attended their sessions. Most of those who did not attend were locked in their cells, and we found that 50% of prisoners were locked in their cells during the day.

Staff shortages had also contributed to insufficiently good performance by the prison in preparing prisoners for release. Offender supervisor contact with prisoners was limited because of staff being drawn away to other duties. The high turnover of prisoners meant that there were around 100 releases each month, and much good work was being done to support prisoners. However, even with the credible efforts that were being made, a third of prisoners were being released homeless or to temporary accommodation.

Despite the poor outcomes for prisoners that are set out in this report, it should not be assumed that HMP Bristol is an institution on the brink of collapse. An HM Inspectorate of Prisons inspection is inevitably something of a snapshot in time, describing what we found at the time of the inspection. However, it is important to consider the wider context in which a prison underperforms, and to make a judgement about whether it is moving in the right direction.

At Bristol, it became very clear to us that many of the poor outcomes were directly related to chronic staff shortages and a history of underinvestment in the prison. This had coincided with a deluge of illicit drugs, fuelling violence, debt, self-harm and physical and mental illness among prisoners. The lack of staff and the poor physical environment on the wings had merely added to the problems.

Despite these enormous challenges, there were grounds for thinking that improvement would soon be seen. More staff were due to arrive at Bristol, and there were plans to improve conditions in some of the units. In fact, there were credible plans for improvement in many areas of prison life. There were early indications that these plans were having an impact. For instance, violence had reduced in the past few months, and there were some signs that new psychoactive substances (NPS) were becoming less prevalent in the prison.

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

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

May 2017

Fact page

Task of the establishment

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

Prison status (public or private, with name of contractor if private)

Public

Region/Department

South-West

Number held

543

Certified normal accommodation

424

Operational capacity

614

Date of last full inspection

29 September – 3 October 2014

Brief history

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

Short description of residential units

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

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

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

D wing (including the F wing annex) is a 116-bed wing and contains the induction centre. This wing also holds Listeners and Insiders.

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

G wing is a 125-bed wing.

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

Name of governor/director

Steve Cross

Escort contractor

GEOAmey

Health service provider

Physical health providers: Bristol Community Health and Hanham Health

Mental health provider: Avon and Wiltshire NHS Partnership Trust

Dental services: Time for Teeth

Learning and skills providers

Weston College

Independent Monitoring Board chair

Eleanor Ager

Community rehabilitation company (CRC)

Working Links owns Bristol, Gloucestershire, Somerset and Wiltshire CRC, which contracts Catch 22.

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

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

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by 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.

- A5 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
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of 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.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V 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 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

- S1 *Reception processes were efficient and welcoming but risk issues were not always identified. Prisoners had too little support and information during their early days. Too many prisoners felt unsafe. There was a comprehensive plan to make the prison safer, and violence had reduced in recent months. However, levels of violence against staff and prisoners remained high and were often linked to drugs and debt. Levels of self-harm were very high and the quality of care for prisoners at risk was not good enough. Security arrangements were good. Despite a comprehensive supply reduction plan, drugs were easily available. Levels of use of force were high but managerial oversight was good. The use of segregation had reduced. Good substance misuse services were undermined by staff shortages and a poor environment. **Outcomes for prisoners were poor against this healthy prison test.***
- S2 *At the last inspection in 2014 we found that outcomes for prisoners in Bristol were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of safety. At this follow-up inspection we found that seven of the recommendations had been achieved, one had been partially achieved and nine had not been achieved.*
- S3 The reception searching area lacked privacy and holding rooms were in a poor state, but new arrivals were welcomed by helpful orderlies. The reception process was generally efficient but there was no opportunity for a private first night interview and we were not confident that risk factors were always identified.
- S4 There was no dedicated accommodation for new arrivals. Cells allocated to prisoners on their first night were bleak, lacking basic items such as furniture and pillows. In our survey, prisoners indicated a lack of support and advice during their early days in custody. We found that induction was disorganised, delayed and inconsistent. Enthusiastic first night orderlies were unable to deliver a useful presentation to most new arrivals. A dedicated induction area was barely used. Prisoners waited several days to see different agencies, delaying access to work and education.
- S5 More than half of the prisoners in our survey said that they had felt unsafe during their time at Bristol and over a third that they currently felt unsafe, both of which were higher than at comparator prisons and than at the time of the previous inspection. Violence towards staff and between prisoners was very high, although levels had recently begun to fall. Much of the violence was linked to drugs and debt. The recording and analysis of violence information were good. In-depth analysis had identified weaknesses and there was a comprehensive action plan to address them. There was little challenge of the perpetrators of violence or support for victims, other than being located on the vulnerable prisoner wing. As at the previous two inspections, there was no consideration given to the risks to young adults on the vulnerable prisoner wing.
- S6 At the time of the inspection, there had been seven self-inflicted deaths since the previous inspection. The number of recorded self-harm incidents had risen dramatically and was high, while the number of assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm had nearly doubled since the previous inspection. The safer custody team understood the challenges they faced, had identified key priorities and had taken some innovative actions to educate staff about risks and improve support. However, despite some good examples of individual good practice,

overall outcomes for prisoners had not yet improved. The quality of ACCT management was extremely variable and in too many cases was very poor. The level of observations often did not match the risk posed, and many care maps did not address the prisoner's issues. A new first night assessment process to identify risk factors showed promise but was not sufficiently embedded or reliable. None of the Samaritans telephones were working.

- S7 Safeguarding procedures were well managed and there were good links with the local safeguarding adults board.
- S8 Security processes were proportionate to the risks posed and the establishment responded well to the ongoing threat of drugs, organised crime and mobile phones. A large amount of intelligence was analysed swiftly and a high proportion of intelligence-led searches had yielded significant finds of weapons, drugs and mobile phones. Collaborative working with the police and other agencies was impressive.
- S9 The prison had a proactive and coordinated approach to drug supply reduction but this had yet to lead to reduced availability. In our survey, more than half of the prisoner population said that drugs were readily available, which was far higher than in similar prisons and than at the time of the previous inspection. One in seven prisoners said that they had developed a drug problem while at the prison, and the use of 'spice' (one of the new psychoactive substances; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) was problematic.
- S10 The incentives and earned privileges scheme was not used effectively to encourage good behaviour or manage poor behaviour. A new system was being implemented but it was too early to assess its effectiveness.
- S11 The number of adjudications had increased and was high; many were in relation to drugs, violence and threatening behaviour. Managerial oversight was good.
- S12 Levels of use of force had increased and were much higher than elsewhere and than at the time of the previous inspection. Managerial oversight of use of force was good, although too many records were incomplete. We were satisfied that the use of force was proportionate and that there was a focus on de-escalation.
- S13 Owing to some considerable damage, the segregation unit had closed and a small temporary facility had been established. Levels of segregation had reduced and were similar to those at comparator prisons. For most, lengths of stay were relatively short. Efforts were made to reintegrate segregated prisoners.
- S14 For prisoners with substance misuse issues, the range and quality of psychosocial interventions offered were good but they were often unable to attend groups owing to the lack of officer escorts. Prisoners also received good clinical care. However, the therapeutic focus was undermined by the dreadful living conditions on the treatment unit.

Respect

- S15 *Outside areas were clean. Living conditions were poor for most prisoners. Wings were run down and often dirty. Many cells were crowded and poorly equipped. Staff–prisoner relationships were mostly respectful. Consultation with prisoners was too limited. Equality and diversity arrangements were weak, and the needs of some minority groups were not being met. Faith provision was good. Complaints were well managed. Most health services were reasonably good but some key areas were badly affected by staff shortages. The food provided was reasonable. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S16 *At the last inspection in 2014 we found that outcomes for prisoners in Bristol were not sufficiently good against this healthy prison test. We made 26 recommendations in the area of respect. At this follow-up inspection we found that 10 of the recommendations had been achieved, one had been partially achieved and 15 had not been achieved.*
- S17 External areas were clean. Most residential wings, including communal areas, were dirty and in poor condition due to the deteriorating fabric of the buildings and floors. Many cells were overcrowded, holding more prisoners than they were designed for, and had broken or missing furniture and poorly screened toilets. Substantial efforts had been made to repair broken windows and address the vermin problem but there was still a significant cockroach infestation. Access to showers was good but many were poorly maintained or broken, and lacked privacy. Prisoners were provided with sufficient clean clothing and bedding, but access to clean bedding and cell cleaning materials was problematic. The applications process was poorly managed and ineffective, with inadequate responses.
- S18 In our survey, most prisoners, although considerably fewer than at the time of the previous inspection, said that staff treated them respectfully. Staff–prisoner interactions were mostly friendly and appropriate. We observed some incidents where staff managed poor prisoner behaviour skilfully and effectively, and activated their body-worn cameras to de-escalate challenging situations. However, we also saw situations where staff appeared dismissive or lacked confidence in dealing with prisoners. There was no effective personal officer scheme, and the records we reviewed reflected little personal knowledge about prisoners or their behaviour. There was insufficient consultation with prisoners to enable them to influence their daily prison life.
- S19 Equality and diversity arrangements were weak. The quarterly equality and diversity action team meeting was not well attended. A range of information about equality was collected but it was not sufficiently well analysed to identify disadvantage. Discrimination incident report forms were not well publicised or widely available, so they were hardly used by prisoners. There was no structured process for regular consultation with prisoners from minority groups.
- S20 Black and minority ethnic and Muslim prisoners in our groups and our survey were more negative than comparator groups about important issues such as safety and relationships with staff. Consultation with them had not been regular or effective.
- S21 There was good liaison with the immigration service on behalf of foreign national prisoners, and detainees were moved on quickly to immigration removal centres. Professional telephone interpreting services had been used appropriately but there was a limited range of written information in languages other than English.
- S22 The needs of most prisoners with disabilities, particularly those with mobility issues, were not being met. There was no formalised prisoner carer system, and prisoners with

disabilities struggled with daily activities such as showering and were unable to access all areas of the prison. There were no care plans in residential areas, and social care arrangements were still being developed. On the vulnerable prisoner wing, a prisoner provided help to older prisoners and those with disabilities but this was not replicated across the prison. There was also a club run for older prisoners on this wing.

- S23 There was no strategy to meet the needs of younger prisoners, and attempts to consult with them had not been successful.
- S24 Faith facilities had improved and were suitable for all faiths. The chaplaincy was well integrated into the prison regime and religious needs were met. Faith-based mentoring projects provided good support, both in the prison and on release.
- S25 Complaints were well managed. Complaint forms were readily available on the wings. Most responses were timely, informative and respectful, and were analysed to identify required improvements.
- S26 Most prisoners were negative about the access to and quality of health services. Prison and health services staffing shortages had severely restricted some service delivery, particularly secondary health screens for new arrivals, chronic disease management and therapeutic input into the Brunel unit. Waiting times for most primary care clinics were satisfactory, although many appointments were lost because of prisoners not being escorted to the health centre. Some of the wing-based clinical rooms, particularly on C wing, were unacceptably poor. Medications management was generally satisfactory, although officer supervision of medicines administration was inconsistent, which provided opportunities for bullying and diversion. Dental services were good, with short waiting times. The mental health support for prisoners with more significant mental health problems was generally effective. However, despite the introduction of psychological interventions, support for those with lower-level needs was too limited.
- S27 The food we tasted was reasonable but meals were served too early. Some prisoners could wait too long to receive their first shop order, which increased the potential for debt.

Purposeful activity

S28 *Chronic staff shortages had curtailed the regime and reduced prisoners' time unlocked over the previous two years, although this was improving. Around half the prison population was locked up during the working day. The leadership of learning and skills and work activities was weak. English, mathematics and vocational training provision did not meet need. Attendance at activities was very poor. Learners behaved well. The quality of teaching and learning and assessment required improvement. Most prisoners achieved well but English and mathematics achievements needed to improve. Library services were limited. Recreational PE was reasonably good but interrupted the working day. **Outcomes for prisoners were poor against this healthy prison test.***

S29 *At the last inspection in 2014 we found that outcomes for prisoners in Bristol were not sufficiently good against this healthy prison test. We made 19 recommendations in the area of purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, one had been partially achieved, 15 had not been achieved and one was no longer relevant.*

S30 As a result of staff shortages, prisoners had experienced a reduced regime, with cancellations and curtailments for over two years. With the recruitment of new staff, the situation was gradually improving. When the regime was running fully, the amount of time out of cell for

prisoners who were engaged in activities was reasonable, at about nine hours a day, but for the many prisoners who were not engaged it was poor, at around four hours a day. During our spot checks, we found 50% of prisoners locked up during the day, and prisoners were locked up for the night at 5.30pm.

- S31 The leadership and management of learning and skills and work were weak. The relationship between the prison and Weston College, the education and training provider, was ineffective; as a consequence, poor progress had been made in developing the provision of activities further. Education, training and work were not well supported by other parts of the prison. There were sufficient activity places for the population, but induction was often delayed, waiting lists were long and too few prisoners attended regularly. Managers had not implemented a well-informed strategy to reverse the decline in attendance, and attendance rates were very low, averaging 30–40%. Many sessions were cancelled owing to prison or provider staff shortages.
- S32 There was insufficient use of data by managers to help them to identify areas for improvement or the performance of different groups of learners. English and mathematics provision did not meet the needs of the population and the range of vocational training was too narrow.
- S33 The quality of teaching, learning and assessment required improvement overall. In education classes, teachers used their subject knowledge well to support learners in gaining further knowledge but learning plans were not used effectively to monitor progress. In vocational training, learners benefited from a good balance of theory and practical training. The very small class sizes limited interaction between learners. Tutors provided a good induction into each workshop, focusing well on safe working practices.
- S34 Prisoners' behaviour was good; they interacted well with staff and peers and were polite and respectful. The very few learners attending lessons developed their confidence and self-esteem. Poor attendance and punctuality were hindering the development of prisoners' personal skills and work ethic.
- S35 The achievement of functional skills English and mathematics had improved for many levels but was not yet sufficiently high. Achievement rates in business and information technology were good. The achievement of qualifications in vocational training was good.
- S36 After a long period of closure in the previous year, the library was now open to prisoners and run by a member of prison staff. The stock of materials was adequate but library usage was not analysed to identify which groups did not use its services.
- S37 The gym facilities were reasonably good but PE interrupted work and learning for many. Data on participation rates were not analysed. Links with the health care department were effective. Accredited qualifications were not being delivered.

Resettlement

- S38 *The reducing reoffending strategy was not informed by a comprehensive needs analysis. Offender management was weak. Too many prisoners were transferred without an offender assessment system (OASys) assessment or sentence plan being completed to inform their move. Offender supervisor contact was very limited, even in higher-risk cases. Too many prisoners were released late on home detention curfew. Basic public protection measures were sound but risk management and planning for high-risk cases due for release were limited. The demand for resettlement services was very high. A wide range of mentoring support was provided, and prisoners were assisted in finding accommodation and addressing debt, but they needed more help with maintaining family contact and with finding employment on release. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S39 *At the last inspection in 2014 we found that outcomes for prisoners in Bristol were not sufficiently good against this healthy prison test. We made 10 recommendations in the area of resettlement. At this follow-up inspection we found that one of the recommendations had been achieved, two had been partially achieved and seven had not been achieved.*
- S40 The reducing reoffending strategy was still not based on a comprehensive needs analysis. A committee met regularly to update the action plan and share information between partner agencies. The community rehabilitation company provision was well established but offender management did not hold a high enough profile across the prison.
- S41 Most prisoners were transferred on without an offender assessment system (OASys) assessment or sentence plan to inform the suitability of their move. OASys reviews for those staying at the prison were rarely completed. Offender management was weak. Offender supervisor time was reduced through cross-deployment and was far too reactive, responding to events rather than providing ongoing support to promote engagement and progression. Information exchange with offender managers was poor, even in some of the high risk of harm cases who were due for release. Too many prisoners were released after their home detention curfew eligibility date and in some cases the assessment had been started late by the offender management unit owing to the shortage of case administrators.
- S42 The application of contact restrictions for those who presented a risk to the public was managed appropriately. The interdepartmental risk management team meeting was limited in both scope and membership, and did not provide risk management planning for all the high-risk cases due for release. Multi-agency public protection arrangements (MAPPA) management levels were rarely reviewed before release, which potentially hindered joint risk management planning.
- S43 Categorisation reviews were generally up to date but some prisoners were assessed for open conditions without an OASys assessment, which was not good practice. Category C prisoners generally moved on promptly but some category B prisoners remained at the establishment for too long, mainly because of a lack of spaces nationally.
- S44 The throughput of prisoners was high, with around 100 releases each month and some very short stays, which placed huge pressure on resettlement services. Resettlement planning and reviewing had improved and was now reasonably good, and 'through-the-gate' mentoring support was particularly well developed.
- S45 Good efforts were made to address accommodation needs on arrival and before release. Despite this, available data showed that a third of prisoners were released either homeless or into temporary accommodation.

- S46 Support for prisoners needing help in finding employment, training or education on release required improvement. The National Careers Service had a good understanding of the local employment market but this was undermined by the limited range of vocational training available. The number of prisoners securing further education, training or employment on release was not monitored.
- S47 Arrangements to ensure continuity of health care before release or transfer were generally adequate. A dedicated throughcare worker supported prisoners with mental health and/or substance misuse needs. The substance misuse team had excellent links with a wide range of Bristol-based community support agencies.
- S48 In our survey, almost a quarter of prisoners said that they had had money worries on arrival. A specialist Money Advice Service worker visited the prison monthly, providing helpful advice and support with debt problems. A facility for opening bank accounts had been introduced and was well used.
- S49 Visits booking practices had improved and were now reliable. Visitors were very positive about their treatment by staff but refreshments and children's facilities in the visits hall were more limited than we see elsewhere. Some family engagement work was offered but wider provision to help prisoners to build relationships with their families was underdeveloped.
- S50 There were some opportunities to promote changes in attitudes, thinking and behaviour but the lack of a domestic violence intervention continued. The introduction of psychological support looked promising, albeit still small scale.

Main concerns and recommendations

- S51 Concern: Prisoners' risks were not always identified on arrival, first night cells were poorly prepared and new prisoners received very little support and information.

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

- S52 Concern: Too many prisoners felt unsafe and levels of violence, often related to drugs and associated debt, were high. Monitoring of perpetrators and support for victims were both inadequate. Good violence reduction and drug supply reduction plans were in place but were not yet making the prison safe enough or reducing drug availability.

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

- S53 Concern: The number of self-inflicted deaths and levels of self-harm were high and the quality of care given to those at risk of harm was not always good enough.

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

S54 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 limited data were collected to monitor the quality of their treatment or 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. (Repeated recommendation S56)

S55 Concern: There were sufficient education, training and work places for the population but attendance was extremely poor, averaging 30–40%.

Recommendation: Poor attendance at education, training and work should be addressed and all prisoners allocated should attend.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 Most prisoners came from local courts and journey times were generally short. The vans we checked were clean and well equipped, and most prisoners were disembarked swiftly, without being handcuffed.
- I.2 Prisoners brought to reception for release or transfer sometimes waited in holding rooms for long periods. Those due to be released were picked up from their wings very early, sometimes missing the chance to shower and have breakfast, but were then not processed for up to three hours. Those transferring were only notified of this on the same morning and also had waits of about three hours. Once in holding rooms, prisoners were not offered a drink. These long waits caused prisoners considerable frustration, which they vented at staff.

Recommendation

- I.3 **Prisoners due for release or transfer should be processed promptly once in reception.**

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.4 The reception area was ill-suited, in both size and design, for a busy local prison. The holding rooms were in a poor state, with some banks of seating missing. The area used for full searches was inappropriately located in a small, busy corridor, with only a curtain to maintain privacy.
- I.5 New arrivals were welcomed by three helpful reception orderlies, who provided a hot meal from the small servery. However, prisoners were not offered a hot drink and were only given water if they asked for it. Well-informed first night orderlies also attended reception, identifying those new to prison and explaining various compacts and agreements, which prisoners were required to sign.
- I.6 The reception process was generally quick and efficient. A nurse saw each new arrival in a private room. However, there was no opportunity for a private first night interview with an officer. Instead, prisoners were asked important, sometimes sensitive questions in a noisy, open area with orderlies, staff and other prisoners walking past. Despite the introduction of a risk assessment form for new arrivals, we were not confident that this process was sufficiently robust or that risk factors were always identified (see also paragraph 1.23 and main recommendation S51).

- I.7** There was no dedicated first night accommodation. There were a few spaces on F wing, notionally for new arrivals, but this was far too small for the number of prisoners arriving each day. Only the most vulnerable prisoners or some of those new to prison were moved there. Otherwise, they were located wherever there was space, and cells were often dirty and ill prepared. Many required treatment for drug and alcohol use, and went directly to the detoxification unit on C3 landing. Cells allocated to the prisoners on this landing were bleak and dilapidated, and lacked basic items such as furniture and pillows (see main recommendation S51).
- I.8** In our survey, prisoners' responses indicated a lack of support and advice during their early days in custody. We found that induction was disorganised, delayed and inconsistent. Enthusiastic first night orderlies located on F wing were unable to deliver a useful electronic presentation about prison life to most new arrivals, as they could not move freely around the prison and staff did not routinely bring all new prisoners to them. Only prisoners on neighbouring D wing were likely to access this information. Vulnerable prisoners on A wing had no clear induction process, and the room on the C3 landing that had been identified for induction looked abandoned (see main recommendation S51).
- I.9** A dedicated centre on D wing, which was clean, comfortable and brightly painted, was intended as a hub for new prisoners, where they could receive their induction and register for work and education. However, it was rarely used owing to staff shortages. The prisoners who we saw being taken there had already been at the establishment for a week or more. Most new arrivals were instead either taken over to the Oak Centre to be inducted for work and education, whenever staff were available to escort them, or seen by various agencies on the wings. This process was piecemeal and haphazard, and considerably delayed prisoners' access to work and education (see main recommendation S51).

Recommendation

- I.10** The reception searching area should afford sufficient privacy.

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.11** In our survey, 59% of respondents said that they had felt unsafe at some time while at the establishment, 33% that they currently felt unsafe and 41% that they were being victimised by other prisoners (mostly because of medication, drugs, race or being new to the prison) – all of which were higher than the comparator and than at the time of the previous inspection (see main recommendation S52).
- I.12** Levels of violence against prisoners and staff were very high. There had been a spike during 2016 and, although the number of incidents had recently begun to fall, levels remained proportionately higher than at almost all other local prisons and were far higher than at the time of the previous inspection. Much of the violence was linked to drug misuse and associated debt issues (see main recommendation S52).
- I.13** The severe problems with violence at the prison had been acknowledged and additional resources had been allocated to help to address them. A comprehensive, well-considered

and wide-reaching action plan had been drawn up but at the time of the inspection few of the identified actions had been implemented (see main recommendation S52).

- I.14 Body-worn cameras had been introduced as a means of de-escalating violence. Early indications suggested that they were effective, and we saw some good examples of staff using them skilfully.
- I.15 The monitoring and analysis of information on violence were much improved and were good. However, despite publicising a zero-tolerance approach, there was too little challenge of perpetrators. Very few of the many violent incidents had been investigated and only a couple of perpetrators were on any form of monitoring (see main recommendation S52). Staff we spoke to were largely unaware of the current anti-bullying process, beyond placing prisoners on report.
- I.16 Similarly, support for victims of violence was poor and amounted to being placed on the vulnerable prisoner wing for protection.
- I.17 As at the previous two inspections, there was no consideration of the potential risk to young adult prisoners located on the vulnerable prisoner wing or elsewhere. This meant that some young people were potentially put at risk exploitation, including sexual exploitation, from adult prisoners. There were no documented risk assessments or individual risk management plans.

Recommendation

- I.18 **A formal strategy for the management of all young adults should be developed, including an assessment of their vulnerabilities and risks from other prisoners.**

Self-harm and suicide prevention

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.19 At the time of the inspection, there had been seven self-inflicted deaths since the previous inspection, five of which had occurred in 2016. The number of recorded self-harm incidents had risen dramatically, from 58 in the six months before the previous inspection to 230 in the same period before the present one, and was now far higher than the average figure at similar prisons. The number of assessment, care in custody and teamwork (ACCT) case management documents opened had nearly doubled, from 266 in the six months before the previous inspection to 486 in the same period before the current one (see main recommendation S53).
- I.20 The safer custody team understood the serious challenges they faced and recognised existing deficiencies in risk management. They had identified a set of key priorities, drawn up a comprehensive action plan and taken some innovative steps to educate staff and improve support. Key messages about managing the risk of suicide and self-harm had been delivered through briefings, training sessions and newsletters. However, despite these efforts and some examples of individual good practice, overall outcomes for prisoners had not yet improved.

- I.21** The quality of ACCT case management was extremely variable and many documents were of very poor quality. We saw several examples where the level of observations set had been inadequate for managing the immediate risk. Decision making was too often poorly recorded. Too many care maps did not set out meaningful goals or address the prisoner's issues. Although mental health staff had agreed to come to every initial case review, attendance was inconsistent. Managers had begun to challenge examples of inadequate case management but poor practice persisted (see main recommendation S53).
- I.22** Although key lessons from investigations by the Prisons and Probation Ombudsman (PPO) had been incorporated into the safer custody action plan, local investigations into near-fatal acts of self-harm were not sufficiently robust to learn lessons.
- I.23** A new first night assessment process to identify risk factors in reception had been devised in response to the PPO investigations. This showed promise but was not sufficiently embedded. Staff did not interview the prisoner privately and we were not satisfied that the process was yet reliable (see also paragraph 1.6 and main recommendation S51).
- I.24** For several months, there had been problems with providing Samaritans telephones on all wings, and during the inspection none were working owing to a lack of signal. During the day, prisoners could use the wing telephone boxes but they had no easy way of contacting a Samaritan at night. This was a particular concern because not enough Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were currently in post, although several prisoners had nearly completed this training. Of the three Listener suites, one was adequate, another was unfit for purpose and a third was usually co-opted for other activities.

Recommendation

- I.25 Prisoners should have access to a working Samaritans telephone.**

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.26** Safeguarding procedures were well managed. There was an up-to-date policy and referral form, developed with the local council, the health care provider and other nearby prisons. There were good links with the local safeguarding adults board (LSAB), and the safeguarding manager represented the prison at external meetings. There was a clearly identified point of contact at the LSAB for advice and referrals. The safeguarding manager discussed any prisoners of concern with both the LSAB and a member of the prison's health services staff who had expertise in learning difficulties. Several prisoners had been considered for referral but so far none had met the threshold. Staff had not yet received any safeguarding training.

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).

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.27 Security processes and procedures were proportionate to the risks posed. The establishment responded well to the ongoing and serious threats of drugs, organised crime, mobile phones and violence.
- I.28 Staff from key areas such as reducing reoffending and the offender management unit often failed to attend the security meeting. Information from the meeting was collated well and disseminated appropriately but we were not confident that links between the security department and safer custody group were strong enough. We saw examples of important security information not being acted on by the safer custody team.
- I.29 A large and consistent amount of intelligence was received, providing a clear picture of prisoner behaviour and areas of concern. There was regular monitoring to ensure and promote contributions from all areas of the prison.
- I.30 Robust analysis of data identified emerging risks and trends effectively. This informed operations to address emerging and ongoing threats to the stability and safety of the establishment. The quality of intelligence was often very good and had resulted in some substantial finds of weapons, drugs and mobile phones. A large number of searches had been commissioned in the previous six months and the completion rate was good.
- I.31 There was a proactive and coordinated approach to drug supply reduction but this had yet to lead to reduced availability (see main recommendation S52). In our survey, more prisoners than at comparator establishments and than at the time of the previous inspection said that it was easy to get illegal drugs in the prison (53% versus 42% and 29%, respectively). One in seven prisoners in our survey said that they had developed a drug problem while at the prison and this was far higher than at the time of the previous inspection. The use of 'spice' (one of the new psychoactive substances; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) was particularly problematic. The average positive random mandatory drug testing rate was exceptionally high, and much higher than we usually see, at 30%, with a peak of 43% in September 2016. Given these very high results, the prison's suspicion testing programme was insufficiently resourced. Of the 114 tests requested by the security department in the six months to February 2017, only 17 had been conducted, with 10 positive results.
- I.32 Links to the police and other external agencies were very good and we saw some excellent examples of joint working, especially in relation to organised crime groups that operated around and within the prison. Attention to professional standards was good and had led to some significant actions being taken against a small number of staff.

Recommendation

- I.33 **All requested suspicion drug tests should be completed within set guidelines.**

Incentives and earned privileges

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.34** The IEP scheme was not being used effectively to encourage good behaviour or manage poor behaviour. There were no individual behaviour improvement plans. In our survey, only about a third of prisoners said that the scheme encouraged them to change their behaviour and the same proportion said that they had been treated fairly under the scheme.
- I.35** Reviews were not always conducted for the small number of prisoners who were on the basic level.
- I.36** The prison recognised the deficiencies of the IEP scheme and had implemented new measures but it was too early to assess their effectiveness.

Recommendation

- I.37** **Behavioural improvement plans should be in place and the incentives and earned privileges (IEP) scheme should be used more effectively to manage poor behaviour and reward good behaviour.** (Repeated recommendation I.53)

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.

Disciplinary procedures

- I.38** The number of adjudications had increased and was high. Most related to threatening behaviour, violence or drugs, which was in line with the risks that the establishment faced (see also sections on bullying and violence reduction, and security).
- I.39** Managerial oversight was good and a system of peer audits helped to assure the quality of adjudication paperwork and procedures. An adjudications standardisation meeting met quarterly to review a wide range of data and consider guidelines for adjudicators. Despite these measures, many adjudications were dismissed because too much time had passed, particularly after an incident had been referred to the police.

The use of force

- I.40** Levels of use of force had increased dramatically and were far higher than at comparator prisons and than at the time of the previous inspection. Our survey results also reflected this, with more prisoners than elsewhere and than at the time of the previous inspection saying that they had been restrained in the last six months.

- I.41** Managerial oversight was mostly good and a regular use of force committee met to analyse data and to review incidents, but far too much use of force paperwork was not completed, particularly the F213 injury to prisoner form. Records and video footage that we examined demonstrated a proportionate response to incidents and we were satisfied that there was an appropriate focus on de-escalation.
- I.42** Use of special accommodation was high and reflected some serious behavioural problems that the prison had recently encountered. Most of these uses had been for short periods, with prisoners removed at the earliest opportunity. Recording and managerial oversight of special accommodation use were good.

Recommendation

- I.43 All of the required use of force paperwork should be completed promptly by all staff members involved.**

Segregation

- I.44** Owing to considerable damage from prisoners, the segregation unit had closed and was undergoing major refurbishment. A small temporary facility had been opened on the ground floor of F wing. The environment was reasonable and the regime was subject to ongoing risk assessment, and we were satisfied that, where appropriate, segregated prisoners could access a reasonable level of activities.
- I.45** Overall, levels of segregation had reduced and were now similar to those at comparator prisons. Some extremely challenging prisoners had been held for long periods but most prisoners stayed for a relatively short time before being returned to normal location. Managerial oversight was good and a regular segregation monitoring group reviewed segregation data and the prisoners located on the unit.
- I.46** Relationships between staff and prisoners located on the unit were good and we saw some impressive examples of staff managing very challenging behaviour with care and authority without being overbearing. Prisoners on the unit were mostly positive about the staff who worked there.
- I.47** Daily recording of prisoners' behaviour had improved and Rule 45 (segregation for good order and/or discipline or for prisoners' own protection) paperwork was used effectively to demonstrate decisions to segregate, promote better behaviour and provide an avenue for reintegration back into the prison.

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.48** Clinical services were provided by Bristol Community Health, and psychosocial services by Avon and Wiltshire Partnership, operating under the name InspireBetterHealth.
- I.49** Twenty-nine per cent of the population was on the psychosocial caseload but access to these interventions was poor. In the six months to the end of February 2017, 20 group sessions had been cancelled, mainly because officers had not been available to escort prisoners to

group rooms. These cancellations included the sessions for the main recovery programme, 'Inside Recovery', and had so affected sessions run by external facilitators, such as Alcoholics Anonymous, that the facilitators had stopped attending. However, two 'Self-Management And Recovery Training' (SMART) groups were still held weekly, one for vulnerable prisoners and one for those on general location.

- I.50** A total of 78 prisoners (14.3% of the population) were receiving opiate substitution therapy. Of these, 69 (88%) were on maintenance doses, which was the safest approach for most remand prisoners and those serving very short sentences.
- I.51** Prisoners with substance use issues expressed high levels of satisfaction with their clinical care. Joint working between the clinical nurses, psychosocial workers and the regular GP prescriber was impressive. This was particularly important, given the high incidence of prisoners presenting with acute complications resulting from their substance misuse.
- I.52** C wing was the dedicated stabilisation and detoxification unit. In accordance with our previous recommendation, the number of prisoners on this unit who were not receiving drug treatment had been reduced considerably and was closely monitored.
- I.53** However, the accommodation on C wing was squalid and degrading, and was unfit to house prisoners, particularly those with acute health care needs (see also section on residential units).
- I.54** The management of controlled drugs administration was mixed. On the stabilisation unit (C3), administration involved two officers supervising and a good level of privacy at the hatch. However, on C1, which housed already stabilised prisoners, both the organisation and supervision of the medication queue were poor, and overcrowding around the hatch area resulted in a loss of privacy and an increased risk of diversion (see recommendation 2.90).

Recommendations

- I.55** **Sufficient resources should be available to ensure that prisoners are able to attend their substance misuse interventions without delays or cancellations.**
- I.56** **C wing should undergo comprehensive refurbishment to improve the environment as a substance use treatment facility.** (Repeated recommendation I.78)

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** External areas of the prison were clean and litter free. However, most residential wings, including communal areas, were dirty and in poor condition due to the deteriorating fabric of the buildings and floors. C and G wings were in the worst condition. Despite considerable efforts by the prison to tackle the vermin problem, there was a significant cockroach infestation.
- 2.2** Many cells were cramped, with two men often living in a cell designed for one. Cell furniture was mostly either missing or broken. Some new lockable cabinets had recently arrived, but most prisoners had nowhere to secure items safely (see recommendation 2.89). Damaged or broken cell windows were repaired promptly. There was insufficient screening of toilets and prisoners were using their bed sheets as privacy screens. There was graffiti in some cells. We encountered only a few cells with displays of offensive material.
- 2.3** Many shower blocks were not fit for purpose. Some showers were broken; leaks were fixed by tying cloths around them. Others had no doors and therefore lacked privacy, or had broken tiles and damaged ceilings. B wing cells had no in-cell sanitation but had a night sanitation system, whereby prisoners had to use their cell call bell to be let out of their cell to use the communal toilets during periods of lock-up. When this was working properly, prisoners were satisfied with the arrangements but the system was old and regularly faulty, leaving prisoners waiting far too long to access facilities.
- 2.4** In our survey, 85% of prisoners said that they could have a shower every day, which was better than the 72% in similar prisons. Only 45% prisoners said that they received enough suitable, clean clothes each week and fewer prisoners than elsewhere and than at the time of the previous inspection said that they normally received clean sheets (56% versus 62% and 74%, respectively) and cell cleaning materials (30% versus 50% and 45%, respectively) every week. We found an adequate supply and distribution of clean clothing and bedding but access to cleaning materials was problematic.
- 2.5** Only 14% of prisoners surveyed said that their cell call bell was normally answered within five minutes, which was far lower than at comparator prisons but similar to the figure at the time of the previous inspection. This was supported by the prison's own data, which showed some long delays.
- 2.6** The applications process was ineffective. Application forms were not always available on the wings, applications were not tracked and there was no effective management oversight. In our survey, far fewer prisoners than elsewhere and than at the time of the previous inspection said that applications were dealt with fairly (15% versus 27% and 27%, respectively) or quickly (21% versus 31% and 34%, respectively).
- 2.7** Only 11% of respondents to our survey said that they could access their property easily. The prison had recently appointed new staff to respond to property issues, as a result of which there was no backlog at the time of the inspection.

- 2.8** There was reasonable provision of telephones on each wing, with appropriate privacy, but prisoners told us that they did not have enough time to use them because of the restricted regime (see section on time out of cell). There were also delays in the activation of prisoners' PIN telephone accounts. Only one member of staff undertook this job, and in her absence a backlog was allowed to develop. This meant that some new prisoners had to wait a for several days, occasionally weeks, to be able to telephone their family or friends.

Recommendations

- 2.9 All cells should be clean and free of graffiti, and contain suitable furniture.**
(Repeated recommendation S54)
- 2.10 Showers should be appropriately screened.**
- 2.11 Prisoners on B wing should have timely access to toilet facilities during periods of lock-up.**
- 2.12 The application system should be reviewed and improved to ensure that it is easy to make an application and that prisoners receive a timely response.**
(Repeated recommendation 2.8)
- 2.13 The delays in accessing PIN telephone numbers should be addressed as a matter of urgency.** (Repeated recommendation 2.9)

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.

- 2.14** In our survey, most prisoners (67%), although considerably fewer than at the time of the previous inspection (81%), said that staff treated them respectfully. Black and minority ethnic and Muslim prisoners responded more negatively than white prisoners to this survey question (see paragraph 2.27).
- 2.15** In general, staff–prisoner relationships were friendly and appropriate. We saw some staff skilfully and professionally manage challenging prisoners. Staff had begun to use body-worn cameras, which they activated appropriately to de-escalate situations (see paragraph 1.14). However, we also saw situations where staff appeared dismissive or lacked confidence in dealing with prisoners.
- 2.16** Although there was no effective personal officer scheme, in our survey most prisoners said that they had a member of staff to turn to if they needed help, and 33% that a member of staff had checked on them in the last week.
- 2.17** We saw few regular entries from staff in prisoner case notes. Most related to incentives and earned privileges sanctions and few reflected personal knowledge of prisoners or their behaviour. There was no quality assurance of case notes.
- 2.18** Consultation with prisoners had deteriorated sharply and was too infrequent and irregular to enable them to influence their daily prison life.

Recommendations

- 2.19** 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. (Repeated recommendation 2.15)
- 2.20** There should be effective prisoner consultation which allows prisoners to influence and invest in prison life.

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 characteristic³ 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.

Strategic management

- 2.21** Although some aspects of equality management were improving, it was still weak overall. Staff understanding about the disadvantage experienced by some minority groups, and the support for prisoners with protected characteristics were poor (see main recommendation S54).
- 2.22** There was an action plan to develop equality management, and the objectives within it were appropriate. Progress on achieving some important targets was slow, and poorly supported by other departments and staff outside the equality team.
- 2.23** The equality and diversity action team (EDAT) met quarterly, which was too infrequent. Although representatives from appropriate departments were invited, attendance was poor, and the governor and deputy governor did not always attend. Meetings considered mostly descriptive information about the population, and data about the representation of minority groups were incomplete and not fully analysed to identify disadvantage (see main recommendation S54).
- 2.24** Some consultation with prisoners from minority groups had taken place on a piecemeal basis through ad hoc forums. Consultation was not structured or recorded, to demonstrate a clear pathway from identifying concerns to taking remedial action, and did not include a broad enough range of methods, such as prisoner surveys or prisoner representatives (see main recommendation S54).
- 2.25** The process for reporting incidents of discrimination was in disarray, and in the previous six months only one discrimination incident report form (DIRF) had been submitted. There were specific boxes for submitting DIRFs on the wings but forms were not freely available, and prisoners we spoke to were not aware of the system. Complaints about discrimination that had been submitted through the regular complaints system had not been investigated as DIRFs.

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Recommendation

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

Protected characteristics

- 2.27** A substantial percentage of the population (25%) were from a black and minority ethnic background. In our survey, they reported much more negatively than white prisoners in some important respects, which was a notable change from the time of the previous inspection. For example, only 5% said that staff spoke to them during association, compared with 28% of white prisoners, and only 52% said that staff treated them respectfully, against 73% of white prisoners. More black and minority ethnic than white prisoners said that they felt unsafe at the time of the inspection (48% versus 27%). Black and minority ethnic prisoners told us that they were regarded with suspicion by staff, and that they were much more likely than their white counterparts to be disciplined or have force used on them. In our survey, 41% said that they had been victimised by staff, compared with 27% of white prisoners.
- 2.28** There was no promotion of black or Asian culture around the prison, and only sporadic consultation meetings had been held with a small number of prisoners.
- 2.29** Muslim prisoners were much more negative in our survey than other prisoners. Only 37% said that they were treated respectfully by staff, compared with 70% of non-Muslims, and 72% said that they currently felt unsafe, compared with 27% of non-Muslims. No Muslim prisoners in our survey said that staff spoke to them during association, which was very concerning. In a focus group, Muslim prisoners told us that staff treated them with suspicion and had not addressed their concerns about getting to prayers and the integrity of halal food (see main recommendation S54).
- 2.30** There were 15 prisoners who identified as Gypsy, Romany or Traveller. An officer held monthly meetings with them, which allowed them to socialise together and plan events to celebrate their culture.
- 2.31** There were 66 foreign national prisoners. In our survey, 99% of respondents said that they understood spoken English. Professional telephone interpreting services were available, and we found examples where they had been used appropriately, but we were not provided with information on overall use. There was a list of prisoners and staff who could interpret on prisoners' behalf. There was a limited range of written information in languages other than English.
- 2.32** An offender supervisor organised regular surgeries with the immigration service for prisoners at risk of deportation, and helped them to prepare their representations to challenge this. He had a good relationship with a nearby immigration removal centre, and this facilitated the swift onward transfer of immigration detainees once their sentence had expired. At the time of the inspection, there were two prisoners whose sentences had expired within the previous three months.
- 2.33** In our survey, 44% of prisoners declared a disability, which was far more than at comparator prisons (27%) and than at the time of the previous inspection (25%). They reported more negatively than other prisoners on some important issues. More said that they currently felt unsafe (41% versus 27%), and that they had been victimised by other prisoners (49% versus 34%) and by staff (44% versus 22%).

- 2.34** We met several prisoners with significant physical disabilities and injuries who were not well cared for. There was only one adapted cell suitable for a prisoner using a wheelchair, which meant that other such prisoners, including amputees, had standard cells without wheelchair access or other mobility aids. The prisoners with physical disabilities that we met had experienced falls, did not have adequate showering facilities and could not access some parts of the prison, including the health centre, education department and library. In our survey, only 5% of such prisoners said that they were involved in training and only 8% that they were accessing education.
- 2.35** There was no formalised process for providing peer support for older prisoners and those with disabilities, although most told us that other prisoners provided assistance informally. On the vulnerable prisoner wing, a prisoner had been designated by staff to support older prisoners and those with disabilities. However, this arrangement was fairly new and had not been formalised to ensure that he received appropriate training and a clear job description.
- 2.36** Emergency evacuation plans for older prisoners and those with disabilities had been drawn up by health services equality staff, although we found that some had not moved with prisoners when they changed wings. Care plans for some such prisoners were developed by health services staff but there was no planning to meet their everyday needs on the residential wings.
- 2.37** A dedicated learning disability nurse provided good support for identified prisoners in the health centre and across the prison.
- 2.38** Seventy-two prisoners (13% of the population) were aged over 50, and in our survey they reported more positively than younger prisoners. There were few specific facilities for them, apart from a promising daily club on the vulnerable prisoner wing where many of them lived. In our spot checks during the working day, we found too many retired prisoners and those with disabilities locked in their cells. Social care provision was inadequate and did not meet the needs of all prisoners (see paragraph 2.102).
- 2.39** There were 23 prisoners under the age of 21 years. There was no specific strategy to meet their needs, and attempts to consult with them had not been successful (see also paragraph 1.17).
- 2.40** In our survey, 3% of prisoners identified as gay or bisexual. There was no support provided for them.
- 2.41** At the time of the inspection, there were no transgender prisoners but there were appropriate processes to support them. A recent such prisoner who had lived as a woman in the community for a number of years had received appropriate care during her stay, and a transfer to the female estate had been secured for her.

Recommendations

- 2.42** **Care plans for older prisoners and those with disabilities should include social care needs and should be shared with staff on residential wings who have responsibility for the prisoner.** (Repeated recommendation 2.31)
- 2.43** **There should be a formal system of peer support for older prisoners and those with disabilities requiring assistance. Prisoners should be trained in providing care, have a clear job description and be well supervised.**

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.

- 2.44** Members of the chaplaincy catered for all the faiths in the prison. There was also chaplaincy support for prisoners of no faith, through the 'eco chaplaincy' and 'sports chaplaincy'.
- 2.45** Only 38% of prisoners in our survey said that it was easy to attend religious services, which was worse than in similar prisons. The managing chaplain was satisfied with arrangements for corporate worship but told us that there had been problems in ensuring that all prisoners wishing to attend worship were unlocked for it. Muslim prisoners told us that they were often unlocked too late.
- 2.46** In our survey, fewer prisoners than at comparator establishments said that they could speak to a chaplain of their faith in private. This was the result of deficits in the application procedures and the often restricted regime, rather than arrangements for responding to applications in the chaplaincy, which were sound.
- 2.47** The chaplaincy was well integrated into the life of the prison. Chaplains made daily visits to segregated prisoners and the health centre, as well as visiting those subject to assessment, care in custody and teamwork (ACCT) procedures. They also attended relevant meetings, such as those for equality and safety, and the managing chaplain was a member of the senior management team.
- 2.48** The multi-faith centre had been refurbished since the previous inspection and provided an appropriate environment for all faiths. A range of religious instruction and discussion classes was provided.
- 2.49** Links with the community were good and developing. Two mentoring programmes had been established with Muslim and Christian organisations, representatives of which met prisoners before and upon release. The chaplaincy also organised the official prison visitor scheme.

Recommendation

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

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.

- 2.51** In our survey and throughout the inspection, prisoners expressed dissatisfaction with the complaints system and had little confidence in its effectiveness. Only 27% said that it was easy to make a complaint, 15% that complaints were dealt with fairly and 9% that they were dealt with quickly, all of which were worse than in similar prisons and than at the time of the previous inspection.

- 2.52** However, we found the complaints procedure to be sound. Posting boxes were easily accessible and supplies of complaints forms were replenished daily. The sample of complaints responses that we examined dealt with the relevant issues and were mostly polite and respectful. There was a quality assurance process and, where appropriate, staff were encouraged to provide a further, more helpful response.
- 2.53** More than 90% of complaints received a timely response. However, the time it took for the response to get from the complaints clerk to the prisoner was not monitored, which might have accounted for some poor prisoner perceptions.
- 2.54** The nature and incidence of complaints were scrutinised. Data were analysed to identify trends, and action had been taken to improve systems and processes in response to this information.
- 2.55** Investigations of complaints against staff were taken seriously and were thorough. The responses to such complaints that we saw were not defensive and were impressively honest.

Recommendation

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

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.

- 2.57** There were no staff dedicated to provide support for prisoners with legal issues. The library had a reasonable stock of legal reference books and provided copies of Prison Service Orders and Instructions on request. Prisoners representing themselves were allowed to use computers in the education department to prepare their cases.
- 2.58** In our survey, only 27% of prisoners said that it was easy to communicate with their legal representative, compared with 35% at other local prisons and 41% at the time of the previous inspection. Prisoners we spoke to told us that this was mainly because of poor access to telephones during working hours (see also paragraph 3.4).
- 2.59** Legal visits facilities were good, with sufficient private interview rooms and video-link facilities. However, in our survey only 31% of prisoners said that it was easy to attend legal visits, compared with 50% elsewhere and 61% at the time of the previous inspection. There were new restrictions on booking legal visits, and on one day during the inspection we found that a legal visitor had been turned away because of poor communication between staff.
- 2.60** There was no structured bail support service but bail accommodation applications could be facilitated through the offender management unit.

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.

2.61 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁴ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement, with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.

Governance arrangements

2.62 InspireBetterHealth, a partnership of eight health providers led by Bristol Community Health CIC, had provided all health and substance misuse treatment services since April 2016. The well-integrated health providers worked effectively with the prison and commissioners. An array of local and regional meetings supported effective governance. The 2015 health needs assessment was being refreshed at the time of the inspection. Learning from adverse incidents and audits informed service delivery. Prisoner consultation to improve health services was underdeveloped but was being addressed.

2.63 A senior nurse provided strong clinical leadership, supported by mostly new clinical team leaders. Chronic staff recruitment and retention issues across all teams, including administration, had restricted service improvement, particularly chronic disease management. The appointment of paramedics and pharmacy technicians had improved the skill mix and helped to reduce recruitment issues. Regular locum staff filled some gaps.

2.64 Health services staff had good access to pertinent policies, mandatory training, appraisals and supervision. Training was planned to support skill development. Clinical record keeping was generally good but formal care planning for those with complex health needs was underdeveloped.

2.65 Most prisoners were negative about the access to and quality of health services. Hanham Health GP practice provided clinics from Monday to Saturday; this had improved consistency, particularly in prescribing, although many prisoners were dissatisfied with prescribing decisions.

2.66 Many health care rooms were not compliant with infection control standards, although most were clean. The quality of wing-based clinical rooms was mixed but those on A, B and C wings were poor, including excess clutter, poor decor and non-compliant fixtures and fittings. The refurbishment of the induction centre clinical rooms and a minor injury facility was almost complete.

2.67 Most services were provided from the main health centre, which was a mostly good clinical environment, although prisoners with significant mobility issues could not access it. In January and February 2017, 41% of the 3,202 health care appointments made had not been attended because there had been insufficient officers to escort prisoners there. This wasted

⁴ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

clinician time, extended waiting times and contributed to prisoner dissatisfaction with health services.

- 2.68** Some key prison staff were first-aid trained but they had no direct access to an automated external defibrillator. Health services staff had access to appropriate, well-checked emergency equipment across the establishment and were on site 24 hours a day, although at night they needed to be escorted around the establishment, which could delay emergency treatment. Ambulances were called promptly for medical emergencies.
- 2.69** The confidential health care complaints and compliments system was poorly advertised. Complaint forms were not freely available on the wings, and complaints and their responses were inappropriately included in clinical records. Around 15 complaints a month were received, which seemed low. The responses we sampled were respectful and addressed the issues raised, although too many were late. Learning from complaints was not discussed effectively in governance meetings.
- 2.70** There was too little written information available for prisoners about the health services provided, although some new leaflets were in preparation. There was no strategic approach to health promotion but there was an annual prisoner health fair, and individual health promotion was provided during consultations.
- 2.71** The range of immunisations offered was too limited. Delays in secondary screening resulted in immunisations and blood-borne virus screening not being offered promptly (see paragraph 2.78). Older prisoners had adequate access to community screening programmes but there was no dedicated older person clinic. Barrier protection was available but was poorly advertised and the supporting protocols had not been finalised.
- 2.72** The prison and health services were preparing to go smoke free from April 2017 and access to smoking cessation services was generally satisfactory.

Recommendations

- 2.73 All clinical rooms should meet required infection control standards, with adequate storage and space to provide effective and accessible health services.**
- 2.74 Prisoners should be able to attend all scheduled health care appointments.**
- 2.75 Sufficient custodial staff should be trained in first aid and have easy access to automated external defibrillators, to ensure a prompt response to medical emergencies at all times.**
- 2.76 Prisoners should be able to complain about health services through a well-advertised and easily accessible confidential system, and should receive timely responses. Learning from complaints should inform service improvement.**
- 2.77 Prisoners should have timely access to health service information and all relevant health promotion interventions, including barrier protection and national health awareness campaigns.**

Delivery of care (physical health)

- 2.78** Health care professionals assessed the immediate needs of all new arrivals in reception. Appropriate onward referrals were made and community liaison was good. Secondary health

assessments to identify broader health needs were often delayed or did not occur, mainly because of access issues (see paragraph 2.71) and health staffing shortages; during the inspection, managers were addressing a backlog of 156 prisoners (see Appendix III).

- 2.79** Prisoners requested health services by written application. An appropriate range of primary care clinics, including physiotherapy and podiatry, were provided. Waiting times were satisfactory, despite the chronic access issues (see above), except for the optician's, which, at up to 18 weeks, were too long. Prisoners with urgent needs could see a health care professional or GP promptly, including out of hours.
- 2.80** Due to staffing shortages and a skills deficit, there were no regular nurse-led chronic disease clinics. GPs provided input when there was an identified acute need but, overall, systems to identify and support those with complex or significant health needs proactively were inadequate. There was too little formal care planning for these patients (see Appendix III). A monthly consultant-led pain management clinic was due to start a few months after the inspection.
- 2.81** Prisoners were referred promptly for secondary health services, and the nine escorted appointments a week appeared to meet the need. Extra escorts were facilitated if possible. In the four months to January 2017, 8% of planned escorts had been cancelled because of medical emergencies, a lack of escort staff and prison operational emergencies. Cancellations were monitored and prioritised for future appointments, although overall waiting times were not tracked to confirm that prisoners were seen within required timeframes.

Recommendations

- 2.82** **Prisoners should receive a secondary health screen within their first seven days in the establishment.**
- 2.83** **Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan from appropriately trained and supervised staff.**

Pharmacy

- 2.84** An audit process had been introduced to address reported delays in the supply of medicines from the in-house pharmacy. Effective in-possession risk assessments were completed and regularly reviewed. Just over 25% of patients received medication in possession, although most shared cells lacked secure storage (see also paragraph 2.2). The prescribing of tradable medicines was closely monitored and followed current guidance. Prisoners could access pharmacist clinics, although these services were poorly advertised and non-attendance rates were high (see paragraph 2.67).
- 2.85** Prescribing and administration were completed on SystmOne (the electronic clinical record) following pertinent prescribing guidance. Medicine administration occurred four times daily, at appropriate times, but some prisoners regularly could not receive lunchtime medication because of the prison's restricted regime (see section on time out of cell). Nurses checked photographic identification before administration, and the interactions we observed were good. Officer supervision of medication administration was inconsistent and generally not sufficiently robust to ensure adequate prisoner privacy and reduce opportunities for bullying and diversion.
- 2.86** Medicines management procedures were reasonably good, although we found an unlabelled, used insulin pen in the drug refrigerator on B wing, with no date of opening recorded.

Insufficient storage space in some wing-based clinical rooms meant that in-possession medicines were not stored securely and that stock and named-patient medicines were inappropriately stored together. A medicines hatch on CI that had previously been broken by prisoners had not been securely repaired. The monitoring of drug refrigerator temperatures was inconsistent in most clinical rooms. Controlled drug management was generally good, although, contrary to legal requirements, not all named-patient controlled drugs were stored in controlled drugs cabinets.

- 2.87** Health care professionals could administer an adequate range of medicines without a GP prescription and could access an appropriate range of medicines out of hours.
- 2.88** Protocols and procedures were up to date. A well-attended drugs and therapeutics committee met quarterly; it discussed prescribing data and ratified policies.

Recommendations

- 2.89** Prisoners in shared cells should have secure in-cell storage for in-possession medicines.
- 2.90** All medicines should be administered at the required time and officers should manage and supervise all medicine queues adequately, to protect patient confidentiality and prevent bullying and diversion.
- 2.91** All medicines, including controlled drugs, should be stored securely and appropriately, in line with current guidance and regulations.

Dentistry

- 2.92** Four dentists and two dental therapist sessions each week offered a community-equivalent range of treatment. Waiting times for routine appointments were short, at around four weeks, despite the high non-attendance rates (see paragraph 2.67). Appointments were prioritised according to clinical need. Oral health promotion was provided during consultations. Prisoners with reduced mobility who could not access the dental suite were referred to the local dental hospital for treatment, which delayed their treatment.
- 2.93** Governance processes were generally good. The dental suite was very good and infection control standards were adhered to, although a torn nurse chair required replacement. Equipment was maintained appropriately. Recommendations from a radiation safety survey in July 2016 regarding the local rules had not been fully implemented but we were told that this would be addressed.

Delivery of care (mental health)

- 2.94** Avon and Wiltshire Partnership NHS Trust provided integrated mental health services, from psycho-educational groups through to intense therapy and management. The team had a rich skill mix, including psychology and learning disability.
- 2.95** In our survey, 53% of prisoners said that they had current mental health problems, although only 21% of these said that they were being helped or supported by anyone in the prison. Joint working between prison, health services and mental health staff was good, although custody staff still did not receive regular mental health awareness training. Segregation staff valued the weekly support meetings provided by the clinical psychologist. Since December

2016, the team had attempted to attend all first ACCT case reviews (see also section on self-harm and suicide prevention), which sometimes restricted the other services provided.

- 2.96** During the inspection, the team was supporting 56 patients. Around 70 referrals a month were received and were promptly reviewed by a duty worker. Prisoners with moderate to severe mental health needs received a timely assessment and good levels of support. However, we were not confident that the needs of those with lower-level mental health problems were being met, which was particularly concerning considering the high levels of self-harm at the prison (see section on self-harm and suicide prevention). Since September 2016, those with lower-level needs had been referred either to the GP or to group work, without a formal mental health assessment. Groups were often cancelled owing to low attendance or because of insufficient escort officers, and during the inspection 47 patients were waiting to attend groups. There was no access to counselling services.
- 2.97** The Brunel unit offered residential support for up to 16 residents with complex mental health, physical health and social care needs. The unit was profiled for two officers plus a mental health nurse and a support worker between 7am and 8.30pm daily, and an officer overnight. However, the mental health nurse was also the duty mental health practitioner for the prison each evening and at weekends; in addition, there was often no support worker and the officers were often redeployed. This meant that most residents experienced an impoverished regime, with little time out of cell or therapeutic input. Additionally, the unit regularly held prisoners who were not there for clinical reasons, which further diluted its purpose. During the inspection, most residents did not have formal care plans.
- 2.98** Six patients had been transferred to mental health facilities under the Mental Health Act in the previous six months. Most transfers were prompt, mainly due to effective working relationships with local secure units. However, external factors, including delays in assessment and bed availability, had delayed transfer for some patients.

Recommendations

- 2.99** **A rolling programme of mental health awareness training should be provided for all custody staff.** (Repeated recommendation, 2.91)
- 2.100** **Prisoners with mild to moderate mental health problems should have timely access to a full range of care-planned support that meets their assessed needs.**
- 2.101** **The Brunel unit should only accommodate patients with an identified clinical need and should offer a consistent therapeutic regime, supported by regularly reviewed clinical admission assessments and care plans.**

Social care

- 2.102** Systems to identify prisoners with social care needs and refer them to the local authority for assessment were appropriate. However, the local authority did not have an identified care provider for prisoners, despite the introduction of The Care Act in April 2015. We were told that carers were still being security cleared. InspireBetterHealth provided some social care support but they did not have the capacity to meet all identified needs, which meant that outcomes for some prisoners were unsatisfactory (see also section on equality and diversity). The CQC had serious concerns about one prisoner whose assessed social care needs were not being met under the current arrangements. However, this was promptly and appropriately addressed by InspireBetterHealth when this was highlighted during the inspection.

Recommendation

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

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.

- 2.104** The daily menu catered for vegetarian, religious and cultural diets. Prisoners were provided with a hot meal for breakfast, which was better than we see in almost all other prisons.
- 2.105** In our survey, 18% of prisoners said that the food was good or very good, which was in line with the comparator. However, black and minority ethnic and Muslim prisoners were more negative than their white counterparts (see also section on equality and diversity). The food we tasted was reasonable but meals were served too early, with lunch served at 11am and the evening meal at 4pm. Serveries were supervised well at mealtimes, to ensure fair and consistent portion sizes.
- 2.106** Servery areas had ingrained dirt and were in a poor condition, with deteriorating flooring. In some serveries, we found uncovered food left in the trolleys. Some wing trolleys were dirty. The main kitchen was generally clean and kitchen workers were well supervised.
- 2.107** Most prisoners did not have kettles in their cells because of restrictions brought about by electrical loading. They had to rely on flasks of hot water to make themselves a drink after lock-up, and complained that the water in the flasks soon went cold.

Recommendation

- 2.108 Serveries and trolleys should be clean and hygienic.**

Purchases

Expected outcomes:

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

- 2.109** New arrivals could buy emergency reception packs (a grocery pack which usually contains basic food and drink items such as tea, milk, sugar and tobacco or sweets) on their first night. However, depending on their day of arrival, they could then wait up to 10 days to receive their full prison shop order, which potentially increased the risk of accruing debt in the first few days.
- 2.110** In our survey, fewer prisoners than at the time of the previous inspection said that the shop sold a wide enough range of goods to meet their needs (41% versus 57%). Black and minority ethnic and Muslim prisoners were more negative than their white and non-Muslim counterparts about the range of goods available (see also section on equality and diversity). Safer custody representatives had provided details of products requested by black and

minority ethnic prisoners but these had not yet been added to the shop list. There was no formal prisoner consultation about changes to the shop list (see paragraph 2.18 and recommendation 2.20).

2.111 Prisoners could order items from a catalogue and there was no administration charge.

Recommendation

2.112 Arrangements should be made for new prisoners to access the full range of shop goods within 24 hours of arrival. (Repeated recommendation 2.105)

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 As a result of chronic staff shortages, prisoners had experienced a reduced regime, with cancellations and curtailments, for over two years. With the recruitment of new staff, the situation was gradually improving.
- 3.2 Prisoners involved in purposeful activity had a reasonable amount of time out of cell, at about nine hours per day. The large number of prisoners not engaged in activity had around four hours each day out of their cell, which was poor and less than at the time of the previous inspection (see main recommendation S55).
- 3.3 During our spot checks, we found around 50% of prisoners locked in their cell during the working day, which was far more than at the time of the previous inspection.
- 3.4 In our survey, 38% of prisoners said that they went on association more than five times per week, an improvement since the previous inspection. However, prisoners complained that the hour afforded was not enough time to eat meals, telephone family and friends, and have a shower. Prisoners were locked up by 5.30pm, which was far too early and prevented any evening association.
- 3.5 Outdoor exercise was sometimes curtailed because of staff shortages. In our survey, only 25% of prisoners said that they had outdoor exercise three or more times a week, which was considerably worse than at comparator prisons (40%) and than at the time of the previous inspection (50%).

Recommendations

- 3.6 **Prisoners should have access to evening association periods.** (Repeated recommendation 3.5)
- 3.7 **Prisoners should have regular access to outside exercise.**

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 Ofsted⁶ made the following assessments about the learning and skills and work provision:

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

Management of learning and skills and work

3.9 The leadership and management of purposeful activity were weak. The instability and absences among managers, compounded by frequent prison staff shortages, had diverted senior managers' efforts to resolving operational issues affecting purposeful activity rather than improving the provision. Therefore, most of the areas for improvement identified at the previous inspection remained the same or had deteriorated further.

3.10 The prison's leaders and managers had not implemented an agreed and well-informed strategy to reverse the decline in attendance at activities. The various prison partners held differing views as to the key reasons for poor attendance. Actions to eradicate this were not sufficiently well coordinated, and attendance rates were very low, averaging 30–40% (see main recommendation S55). Many sessions were cancelled owing to prison or provider staff shortages.

3.11 The evaluation of the key areas for improvement by the prison's leaders was sufficiently critical. However, there was insufficient use of data by managers across all purposeful activity areas to help them to identify areas for improvement concerning the participation and achievement of different groups of learners.

3.12 The relationship between the prison and Weston College (the education and training (OLASS) provider) was ineffective; as a result, poor progress had been made in developing the provision of activities further since the previous inspection. For example, the planned painting and decorating provision had not begun and the library had remained closed for several months in the previous year, after failing to reach an agreement on how to support

⁶ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

this service. Purposeful activity was not supported adequately by other parts of the prison, such as staff on the residential wings.

- 3.13** The education and vocational training provision required improvement. Managers had effectively developed newly appointed teaching staff but managers' evaluations of the quality of the teaching, learning and assessment delivered were not sufficiently rigorous.

Recommendations

- 3.14** **The joint and constructive work between the prison and its learning and skills and work partners should be increased and lead to improvements in purposeful activity.**
- 3.15** **Data concerning participation and learners' achievements should be routinely collated, analysed and evaluated to enable accurate and realistic targets for improvements to be set.** (Repeated recommendation 3.16)

Provision of activities

- 3.16** The number of work spaces had been increased since the previous inspection and, as a result, there were now enough activity spaces to occupy the entire prison population, at least on a part-time basis. Despite this, many prisoners were still not engaged in purposeful activity. According to the prison's own records, only 64% of the population was engaged in purposeful activity at the time of the inspection. Of these, very few prisoners were attending education classes.
- 3.17** The provision of purposeful activity did not meet the needs of the population – particularly with regard to English and mathematics. The turnover of prisoners was high but education was not provided in a way that facilitated prisoners joining classes at the time of arrival. Classes were often run with unacceptably low numbers of learners.
- 3.18** Progression opportunities for longer-stay prisoners were very limited, and those with a level 2 qualification could not access further studies. Only a handful of prisoners were undertaking distance learning courses. Vulnerable prisoners did not have access to sufficient learning opportunities. The range of vocational training, comprising merely hospitality, cleaning, horticulture and food safety, was too narrow to meet the employability needs of prisoners on release. Accredited qualifications were not available in the waste management area.
- 3.19** Induction cancellations were still frequent (see also section on early days in custody). The allocations process, although improved, was rendered less effective by the lack of flexibility in courses and the long waiting lists.

Recommendations

- 3.20** The number of prisoners gaining qualifications should be increased.
- 3.21** Leaders and managers should conduct an urgent review of the provision of activities, to ensure that the needs of prisoners are met.
- 3.22** Education courses should be structured in a way that meets the dynamics of a local prison, accounting for the high turnover of prisoners.
- 3.23** The amount and range of vocational training provision should be increased to ensure that more prisoners are engaged in purposeful activity that addresses their resettlement needs. (Repeated recommendation 3.22)

Quality of provision

- 3.24** In education classes, teachers used their subject knowledge well to support learners in gaining further understanding and skills. Teachers had access to detailed information about prisoners' needs but this was not always used effectively to plan learning activities that met the needs and interests of different learners.
- 3.25** Learning resources were limited to mostly photocopied worksheets, and prevented prisoners from enjoying learning in varied ways. Prisoners were not developing information and communications technology skills as part of their learning across different subjects. Their work was assessed routinely but errors in English were not always corrected. Feedback from tutors did not consistently support the improvement and development of learners' skills and knowledge. In some subject areas, learning plans were not used well to monitor the progress that prisoners made.
- 3.26** Experienced and well-qualified instructors shared their knowledge of vocational areas well with learners, who benefited from a good balance of theory and practical training, which they demonstrated in areas such as hospitality, cleaning and horticulture.
- 3.27** Learners received good verbal feedback but written feedback on their work was not always detailed enough to allow them to know how they could improve. Many vocational courses had small class sizes, and this restricted the effectiveness of some activities, where learners were meant to share information and experiences with their peers. Instructors provided a good induction into each workshop, which focused well on promoting safe working practices and the industry standards required.

Recommendation

- 3.28** The standard of teaching and learning in education and vocational training should be raised through effective and more extensive use of the observation of teaching and learning processes and planned staff development. (Repeated recommendation 3.27)

Personal development and behaviour

- 3.29** Attendance rates at many activities were poor, particularly in the afternoons, when the number of absences authorised by the prison was unacceptably high (see main recommendation S55), and punctuality was poor in many cases. This was hindering the

development of prisoners' personal skills and work ethic. While some learners arrived at activities on time and ready for work, other sessions were disrupted by late arrivals.

- 3.30** The relatively small number of prisoners who attended purposeful activity behaved well. They interacted constructively with staff and peers, and were polite and courteous. They were also respectful and tolerant, allowing others to speak and answer questions without interruption. This was preparing them well for working with others once released. They developed their confidence and self-esteem through the praise they received from teachers and instructors, who often highlighted the skills being acquired and improved by individual learners.
- 3.31** In the workshops providing relatively challenging work, learners were well motivated and became confident in their abilities and more optimistic about their employment prospects on release. In other workshops, where work was repetitive, such as packaging, attendance rates were often low and prisoners became lethargic and demotivated.

Recommendation

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

Education and vocational achievements

- 3.33** The achievement of functional skills English and mathematics, although improved for many levels since the previous inspection, was not yet sufficiently high and showed a downward trend in mathematics in the first half of the current year. The number of qualifications achieved in English and mathematics in the previous year was low.
- 3.34** Achievement rates in business and information technology were high. Most learners completing their vocational training courses achieved their qualification well. The number of vocational qualifications achieved in the previous year was considerably higher than in English and mathematics.
- 3.35** Since the previous inspection, the prison had introduced national vocational qualifications in performing manufacturing operations delivered by N-ergy across the workshop areas, and achievement rates in this qualification had begun to improve. However, the take-up of these qualifications was not high.
- 3.36** The small number of learners attending education classes regularly developed their English communication skills, both oral and written, well. In mathematics, some learners acquired an adequate range of arithmetical skills.
- 3.37** Although some work was mundane, there were a few areas where learners were developing useful employability skills. In the printer cartridge refurbishment workshop, they demonstrated good levels of technical knowledge and manual dexterity. In the bicycle recycling workshop, they worked to a high technical standard, refurbishing donated bicycles which were then sold to the public.

Recommendation

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

Library

- 3.39** After a long period of closure in the previous year, the library was now open to prisoners. It was run by a member of staff who, although not trained or qualified, was making a good effort to develop its services. Library orderlies did not receive any accredited training or qualifications. Access data were not analysed to identify which groups did not use its services. The extent and range of the materials stocked were adequate, including books in languages other than English, audio books and all the prescribed legal texts, but the range of texts to support vocational training was limited.
- 3.40** Prisoners undertook craftwork in the library and engaged in reading initiatives such as Turning Pages. The library did not offer appropriate access for prisoners using a wheelchair and those with restricted mobility (see also paragraph 2.34 and main recommendation S54).

Recommendations

- 3.41 Library staff and orderlies should be trained and equipped to support the further development of the library services.**
- 3.42 The analysis of data with regard to access to the library should be improved, to promote and encourage the use of the library services by all groups of prisoners.**

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.

- 3.43** The gym was open seven days a week, offering slightly reduced hours at the weekend. It was run by three instructors, supported by three orderlies. The facilities were adequate, with a range of aerobic and weight apparatus available. The gym was small and at times could become overcrowded, particularly when inductions for new prisoners were under way. An artificial grass sports pitch, situated near one of the residential wings, was not being used.
- 3.44** Despite limited staffing, almost no gym sessions had been cancelled in the previous year, and staff planned an allocation timetable that allowed all prisoners to have a minimum amount of access to the gym. However, because of prison operational issues such as staff shortages, learners from industry workshops and education classes were often scheduled to use the gym during work time, which disrupted their productivity in learning and skills. There were dedicated sessions for the over-50s, vulnerable prisoners and those with health issues or disabilities. Instructors worked closely with medical staff in the prison, to ensure that the needs of prisoners with specific health issues were met through individually tailored exercise and fitness programmes.
- 3.45** The data on gym usage by groups of learners were not detailed enough, as they did not enable staff to evaluate the effectiveness of scheduling in attracting a good representation of

different groups of prisoners from across the prison. For example, in our survey, fewer prisoners who considered themselves to have a disability said that they accessed the gym regularly, compared with their able-bodied counterparts.

- 3.46** Instructors were competent and experienced, and motivated prisoners well, acting as good role models. However, owing to low staffing levels, no gym or fitness qualifications were offered at the time of the inspection.

Recommendations

- 3.47** Prisoners should be able to access the gym without disrupting their learning and working day.
- 3.48** Data on gym usage should be analysed more effectively, to increase staff awareness of which groups of prisoners use these facilities and ensure that they promote them to those who do not attend.
- 3.49** Recognised qualifications should be introduced for prisoners attending the gym.

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** The reducing reoffending strategy was up to date and supported by a reasonably good action plan. While the strategy contained some fairly basic information about the population held at the establishment, a comprehensive needs analysis, including a range of evidence such as prisoner survey results, offender assessment system (OASys) and P-NOMIS (electronic case notes) data, alongside evidence gathered from other available systems and databases, had still not been undertaken.
- 4.2** A wide range of partner agencies were involved in reducing reoffending. They met regularly at the reducing reoffending committee, which gave them an opportunity to update the action plan and share information. However, attendance from prison-based staff was inadequate.
- 4.3** Working Links owned Bristol, Gloucestershire, Somerset and Wiltshire (BGSW) community rehabilitation company (CRC), which contracted Catch 22 to deliver resettlement support in the prison. Catch 22 staff were well established there, and wing staff were aware of their role and positive about the resettlement support they provided. However, offender management did not hold a high enough profile across the prison and was not at the centre of the reducing reoffending work. Some staff lacked an awareness of what the offender management unit (OMU) did or the importance of their work and, as a result, information exchange with them was very limited.

Recommendations

- 4.4** **The resettlement needs analysis should be completed and the reducing reoffending strategy should reflect the findings.** (Repeated recommendation, 4.5)
- 4.5** **Offender management should have a higher profile across the prison and be at the centre of reducing reoffending work, with good information exchange with all departments.**

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.

- 4.6** Most prisoners stayed at the prison for less than three months. However, almost a quarter of sentenced prisoners stayed at the establishment for over six months, with a small proportion being there for over a year; in the context of a local prison, this presented challenges in how to manage their offending behaviour and reduce their risk of harm.

- 4.7** About a third of all prisoners should have had an OASys assessment. However, owing to population pressures nationally, most of them were transferred to another prison without an assessment or sentence plan in place to inform the suitability of their move. In addition, the OMU did not carry out reviews of OASys assessments and sentence plans following significant changes, which further limited prisoners' engagement with their own progression and risk management. This was reflected in our survey, in which only 18% of prisoners, against the 32% comparator, said that they had a sentence plan.
- 4.8** The OMU consisted of three probation staff and six uniformed offender supervisors, with two vacant posts at the time of the inspection. The quality of offender management had deteriorated and was now weak. Uniformed offender supervisor time had been reduced through cross-deployment to other duties, although this had improved in recent months. Offender supervisors were allocated to prisoners on arrival but did not always have contact with them at this stage, and in our survey only 24% of prisoners knew that they had one.
- 4.9** We looked at some high risk of harm cases that had been at the prison for several months. In a couple of cases, there was evidence of good contact and engagement with the offender supervisor but in most cases, ongoing contact was poor. The approach was mainly reactive; offender supervisors responded promptly to events in a prisoner's sentence, such as recategorisation or a parole hearing, but did not provide enough ongoing support to promote engagement and progression with the plan. This was evidenced in our survey, with 59% of prisoners saying that no one was helping them to achieve their sentence plan targets, and only 35% that their offender supervisor was helping them.
- 4.10** Information exchange with community-based offender managers was too often poor (see recommendation 4.20), even for some high risk of harm cases who were due for release. There was too little understanding of the prisoner's risks or the need to communicate effectively with the offender manager. For example, in one case, information evidencing an increase in the risk of harm to others had not been communicated to the offender manager. In two other high-risk cases, the prisoners had been at the establishment for three years without an OASys assessment and with far too little contact with their offender supervisor and offender manager. Both of these prisoners had become disengaged as a result.
- 4.11** The quality of home detention curfew (HDC) assessments was variable. Too many prisoners were released on HDC after their earliest eligibility date. While this was partly due to issues beyond the control of the OMU, such as the lack of time left to serve in prison and late reports from community-based staff, some had been processed late owing to the shortage of case administrators. The recent introduction of a case administrator to monitor and oversee the timeliness of HDC processes was a good initiative and was beginning to produce some improvements.

Recommendations

- 4.12** The transfer of all prisoners should be informed by an up-to-date, high-quality offender assessment system (OASys) assessment and sentence plan.
- 4.13** The effectiveness of offender management should be improved. In high risk of harm cases, contact with offender supervisors should be regular and meaningful, aimed at promoting progression and engagement.
- 4.14** The quality of home detention curfew assessments should be improved and the processes should be applied in a timely manner, to promote release on the earliest eligibility date.

Public protection

- 4.15** The application of contact restrictions for those who presented a risk to the public was managed appropriately. Applications for contact with children were rare but were managed correctly. Mail and telephone monitoring was used in relevant cases but the lack of provision of services to translate recordings of the few telephone calls made in a language other than English undermined its effectiveness. We were told that there was no longer a system in place through Her Majesty's Prison and Probation Service to ensure that this could be done.
- 4.16** The interdepartmental risk management team (IRMT) meeting was limited in both scope and membership. It was held monthly but was not fully effective as some key departments did not attend. It reviewed mail and telephone monitoring restrictions but did not review all high risk of harm cases nearing release, to develop a risk management plan or promote information exchange across departments, or with the offender manager.
- 4.17** Multi-agency public protection arrangements (MAPPA) alerts on electronic case notes were not always up to date. The National Probation Service (NPS) rarely reviewed MAPPA management levels far enough ahead of release, which potentially limited joint risk management planning. The lack of information exchange between offender supervisors and offender managers (see also paragraph 4.10) resulted in some risks not being identified or managed in a timely manner.

Recommendations

- 4.18** **A system to enable the translation of telephone calls made in languages other than English should be implemented.**
- 4.19** **The effectiveness of the interdepartmental risk management team should be improved, to ensure that all high risk of harm cases due for release are reviewed regularly and that this results in a high-quality risk management plan.**
- 4.20** **Information exchange between offender management unit (OMU) staff and community-based offender managers should be improved, to promote a review of the multi-agency public protection arrangements (MAPPA) management level and the development of a robust release plan.**

Categorisation

- 4.21** OMU staff worked hard to ensure that categorisation work was up to date. However, the quality of recategorisation reviews was variable, and in one high risk of harm case the prisoner had been awarded category D status without consultation with the community-based offender manager or an up-to-date OASys assessment, which was not good practice. Prisoners were not invited to contribute to their recategorisation review and were not always told about the outcome.
- 4.22** At least 100 prisoners a month were moved on from the establishment. Most category C prisoners were moved on promptly but some category B prisoners stayed at the establishment for too long, mainly because of a lack of spaces nationally and the requirement for prisoners to have over two years left to serve in order to be accepted at training prisons.
- 4.23** A small number of sex offenders, particularly those in denial of their offending, stayed at the establishment for too long, with inadequate support and poor access to interventions aimed at changing their attitudes, thinking and behaviour.

- 4.24** Most transfer holds were appropriate and lasted for only a limited period.

Recommendations

- 4.25** Prisoners should be able to contribute to their recategorisation review and be told in person about the outcome, in order to understand how they can progress.
- 4.26** More places should be made available for category B prisoners, to ensure that they do not stay for too long at a local prison and are able to progress in their sentence.

Indeterminate sentence prisoners

- 4.27** The establishment held 47 indeterminate-sentenced prisoners (ISPs) at the time of the inspection, which was far more than at the time of the previous inspection.
- 4.28** All prisoners serving an indeterminate sentence for public protection (were over tariff, and some considerably so. Many had failed in open conditions. Some psychological support was being developed for them, in order to help them to re-engage and progress.
- 4.29** Offender supervisors did not see potential ISPs during their remand period and there was no specific support for those who had been sentenced. Some ISPs had become disengaged and were frustrated at the lack of support from offender supervisors (see section on offender management and planning and recommendation 4.13).

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.

- 4.30** The throughput of prisoners was high, with around 100 releases each month, and the average length of stay for well over half of the sentenced population was less than three months. This population turnover presented significant challenges for the delivery of resettlement.
- 4.31** Resettlement planning and reviewing had improved and was now reasonably good. Basic custody screening tools (BCSTs) 1 and 2 were mostly completed within the required timescales and the plan was reviewed 12 weeks before release. However, in some cases we could not see evidence of the targets set in BCST 2 being completed.
- 4.32** Communication with community-based offender managers was good but links between Catch 22 and OMU staff were less well developed. Even in high-risk cases, it was not unusual for the offender supervisor to be unaware of action being taken by Catch 22 staff to prepare for a prisoner's release. Catch 22 staff did not attend the IRMT meeting, which was also a gap.
- 4.33** Catch 22 staff did not have access to N-Delius (the electronic case management system used in the community), which limited their access to up-to-date information.

- 4.34** 'Through-the-gate' support was good and mentoring support was particularly well developed. A BGSW CRC officer was based just outside the prison and met Bristol-based prisoners before and on release, which was a good idea aimed at improving compliance.
- 4.35** The Making a Change modular resettlement programme was being delivered but attendance was poor, with almost half of those invited failing to turn up.

Recommendations

- 4.36** **Joint working between the community rehabilitation company and the OMU should be improved, to ensure good information exchange and the effective delivery of resettlement plans.**
- 4.37** **Catch 22 staff should have direct access to N-Delius.**

Accommodation

- 4.38** Catch 22 staff provided a wide range of accommodation help and support, including maintaining tenancies on arrival in custody and making referrals for housing on release.
- 4.39** However, homelessness was a huge problem in the local area. Data collected by the BGSW CRC over recent months showed that 33% of sentenced prisoners released into the community were either homeless or had been offered only temporary accommodation. Evidence of outcomes had to be treated with caution, however, as data on NPS cases and those being released to CRCs outside of the BGSW area had not been validated.

Recommendation

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

Education, training and employment

- 4.41** The quality of the National Careers Service, provided by Prospects, required improvement. Staff had a good knowledge of local employment trends and had developed effective partnerships with the prison. However, the range of vocational training available was too narrow to meet the needs of prisoners on release (see paragraph 3.18 and recommendation 3.23).
- 4.42** Initiatives to provide learners with information on employment opportunities had improved, but in some cases the prisoners' skills action plans, developed on reception into prison, did not highlight the necessary targets in English and mathematics. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used sufficiently well.
- 4.43** Ineffective data collection prevented staff from gathering accurate information on those who secured employment, education or training on release.

Recommendations

- 4.44** Targets to address the needs of prisoners with low levels of English and mathematics should be recorded on their action plans, and the availability of English and Mathematics courses should be promoted effectively.
- 4.45** Methods for gathering data on prisoners' employability, training and further education destinations on release should be developed.

Health care

- 4.46** Prisoners were seen in reception by health services staff before release. Systems to ensure the effective continuity of health care, including medications, were being reviewed, to make them more robust. Mental health staff liaised effectively with community mental health services and the prison CRC. The Addiction Recovery Agency (ARA) provided additional throughcare support for Bristol residents with mental health and/or substance misuse issues.

Drugs and alcohol

- 4.47** The InspireBetterHealth psychosocial team had excellent links with a wide range of Bristol-based community support agencies. Local partnership working included attendance by a part-time prison-link worker from the Bristol Drugs Project to assist with release plans. The Drugs and Homelessness Initiative and the ARA also sent workers into the prison to meet prisoners before release and to arrange gate pick-ups and mentoring schemes post-release.

Finance, benefit and debt

- 4.48** In our survey, 22% of prisoners said that they had had money worries on arrival at the prison. Some initial financial issues, such as contact with creditors and banks, were facilitated by Catch 22 staff and a range of support was provided by Money Advice Service staff, who visited monthly. The services offered included debt relief orders, remission of court fines and council tax arrears, as well as advice about money management and financial rights.
- 4.49** There was no dedicated financial education but modules of the generic Making a Change programme offered financial advice.
- 4.50** Prisoners could open bank accounts with Barclays Bank. In the eight months that the scheme had been operating, 29 accounts had been opened.

Children, families and contact with the outside world

- 4.51** Since the previous inspection, the visits booking system had been outsourced to a call centre, and the system worked well when we tried it. However, the prison's website continued to advertise the previous visiting arrangements. The visits manager monitored attendance and assured us that demand was met. When we called on a Wednesday, a slot was available on the following Monday.
- 4.52** The Prison Advice and Care Trust (PACT) ran the visitors centre but provision had deteriorated slightly. Currently, the only permanent member of staff was the manager. There was a vacancy for a play worker in the visits hall. A part-time, permanent family engagement

worker was due in post imminently, and a temporary worker had already been covering some of this work. They received referrals via Catch 22 or the PACT telephone line.

- 4.53** Visitors were very positive about their treatment by staff, and the visits process was generally well organised and swift. Once seated, visitors waited five to 10 minutes for prisoners to arrive. Facilities in the visits hall were more limited than we see elsewhere. The café sold no healthy options, sandwiches or hot food, focusing instead on crisps, chocolate and fizzy drinks, and the play area had been closed for some time due to the lack of a play worker.
- 4.54** PACT had run seven family days in 2016 and one so far in 2017. However, these were only available to prisoners on the enhanced level of the incentives and earned privileges scheme, which unfairly penalised prisoners on the basic or standard levels whose behaviour might benefit from family contact.
- 4.55** Wider provision to help prisoners to build relationships with their families was underdeveloped, although there were some encouraging plans. The prison had piloted the Positive Parenting Programme a few months earlier, which sought to involve a prisoner's partner and children through community links with Barnardo's and Bristol City Council. Further courses were planned but so far only five prisoners had benefitted from the programme. Storybook Dads (in which prisoners record stories for their children) had stopped running, and there was no provision to address the role of domestic violence in family breakdown (see also paragraph 4.61 and recommendation 4.62). The 'letter getter' scheme, small scale but worthwhile, offered visiting children a pack to use for writing a letter to their father.

Recommendations

- 4.56** **The prison's website should be updated, to ensure that visits information is correct.**
- 4.57** **Provision to help and encourage prisoners to build relationships and maintain family ties should be expanded.**
- 4.58** **Family visits should be available to all prisoners.** (Repeated recommendation, 4.51)

Attitudes, thinking and behaviour

- 4.59** The establishment did not provide accredited offending behaviour programmes, which was appropriate to its role as a local prison and the focus on transferring prisoners to other prisons.
- 4.60** There were some opportunities to promote changes in attitudes, thinking and behaviour. For example, the recent introduction of psychologists was a promising initiative, albeit small scale at the time of the inspection. They were able to provide one-to-one work aimed at engagement and motivation, alongside some health-related groups such as anxiety management and relaxation.
- 4.61** There was very little one-to-one work with offender supervisors to explore offending behaviour (see section on offender management and planning) and there was still no domestic violence intervention, despite evidence of a high level of need. In addition, sex offenders not suitable for sex offender treatment programmes had little opportunity to explore their attitudes, thinking and behaviour.

Recommendation

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

Additional resettlement services

- 4.63** An officer had been identified as the lead for the veterans in custody resettlement pathway but did not have any time available to dedicate to the work. As a result, provision was underdeveloped, despite the officer's enthusiasm. CRC staff identified veterans on arrival but this information was not always passed to the lead officer.

Section 5. Summary of recommendations and good practice

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

Main recommendations

To the governor

- 5.1** All new prisoners should have their risks assessed on arrival. First night cells should be fully furnished and equipped. Prisoners should be supported during their first night and early days, and should be provided with a reliable induction programme. (S51)
- 5.2** The focus on violence and drug supply reduction should continue and current violence and drug reduction plans should be applied swiftly and robustly. Outcomes should be reviewed and evaluated and, where necessary, actions should be adapted to ensure maximum impact. (S52)
- 5.3** Staff should understand how to identify, assess and manage the risk of suicide and self-harm effectively. Prisoners at risk of suicide and self-harm should be supported using the full range of assessment, care in custody and teamwork (ACCT) measures. In particular, care maps should be used meaningfully and reviewed regularly. (S53)
- 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. (S54, repeated recommendation S56)
- 5.5** Poor attendance at education, training and work should be addressed and all prisoners allocated should attend. (S55)

Recommendations

To HM Prison and Probation Service

Offender management and planning

- 5.6** The transfer of all prisoners should be informed by an up-to-date, high-quality offender assessment system (OASys) assessment and sentence plan. (4.12)
- 5.7** A system to enable the translation of telephone calls made in languages other than English should be implemented. (4.18)
- 5.8** More places should be made available for category B prisoners, to ensure that they do not stay for too long at a local prison and are able to progress in their sentence. (4.26)

Reintegration planning

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

Recommendations

To the governor

Courts, escort and transfers

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

Early days in custody

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

Bullying and violence reduction

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

Self-harm and suicide

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

Security

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

Incentives and earned privileges

5.15 Behavioural improvement plans should be in place and the incentives and earned privileges (IEP) scheme should be used more effectively to manage poor behaviour and reward good behaviour. (1.37, repeated recommendation 1.53)

Discipline

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

Substance misuse

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

5.18 C wing should undergo comprehensive refurbishment to improve the environment as a substance use treatment facility. (1.56, repeated recommendation 1.78)

Residential units

5.19 All cells should be clean and free of graffiti, and contain suitable furniture. (2.9, repeated recommendation S54)

5.20 Showers should be appropriately screened. (2.10)

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

- 5.22** The application system should be reviewed and improved to ensure that it is easy to make an application and that prisoners receive a timely response. (2.12, repeated recommendation 2.8)
- 5.23** The delays in accessing PIN telephone numbers should be addressed as a matter of urgency. (2.13, repeated recommendation 2.9)

Staff-prisoner relationships

- 5.24** Personal officers should have regular contact with their prisoners (including an initial introduction), and case note entries should be made weekly and give details of prisoners' progress. (2.19, repeated recommendation 2.15)
- 5.25** There should be effective prisoner consultation which allows prisoners to influence and invest in prison life. (2.20)

Equality and diversity

- 5.26** Prisoners should have free access to, and be informed about, a discrimination incident reporting process which is subject to internal and external quality control. (2.26)
- 5.27** Care plans for older prisoners and those with disabilities should include social care needs and should be shared with staff on residential wings who have responsibility for the prisoner. (2.42, repeated recommendation 2.31)
- 5.28** There should be a formal system of peer support for older prisoners and those with disabilities requiring assistance. Prisoners should be trained in providing care, have a clear job description and be well supervised. (2.43)

Faith and religious activity

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

Complaints

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

Health services

- 5.31** All clinical rooms should meet required infection control standards, with adequate storage and space to provide effective and accessible health services. (2.73)
- 5.32** Prisoners should be able to attend all scheduled health care appointments. (2.74)
- 5.33** Sufficient custodial staff should be trained in first aid and have easy access to automated external defibrillators, to ensure a prompt response to medical emergencies at all times. (2.75)
- 5.34** Prisoners should be able to complain about health services through a well-advertised and easily accessible confidential system, and should receive timely responses. Learning from complaints should inform service improvement. (2.76)

- 5.35** Prisoners should have timely access to health service information and all relevant health promotion interventions, including barrier protection and national health awareness campaigns. (2.77)
- 5.36** Prisoners should receive a secondary health screen within their first seven days in the establishment. (2.82)
- 5.37** Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan from appropriately trained and supervised staff. (2.83)
- 5.38** Prisoners in shared cells should have secure in-cell storage for in-possession medicines. (2.89)
- 5.39** All medicines should be administered at the required time and officers should manage and supervise all medicine queues adequately, to protect patient confidentiality and prevent bullying and diversion. (2.90)
- 5.40** All medicines, including controlled drugs, should be stored securely and appropriately, in line with current guidance and regulations. (2.91)
- 5.41** A rolling programme of mental health awareness training should be provided for all custody staff. (2.99, repeated recommendation, 2.91)
- 5.42** Prisoners with mild to moderate mental health problems should have timely access to a full range of care-planned support that meets their assessed needs. (2.100)
- 5.43** The Brunel unit should only accommodate patients with an identified clinical need and should offer a consistent therapeutic regime, supported by regularly reviewed clinical admission assessments and care plans. (2.101)
- 5.44** The local authority should ensure that all prisoners with identified social care needs receive all required care within an individual, regularly reviewed care plan from trained staff. (2.103)

Catering

- 5.45** Serveries and trolleys should be clean and hygienic. (2.108)

Purchases

- 5.46** Arrangements should be made for new prisoners to access the full range of shop goods within 24 hours of arrival. (2.112, repeated recommendation 2.105)

Time out of cell

- 5.47** Prisoners should have access to evening association periods. (3.6, repeated recommendation 3.5)
- 5.48** Prisoners should have regular access to outside exercise. (3.7)

Learning and skills and work activities

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

- 5.50** Data concerning participation and learners' achievements should be routinely collated, analysed and evaluated to enable accurate and realistic targets for improvements to be set. (3.15, recommendation repeated, 3.16)
- 5.51** The number of prisoners gaining qualifications should be increased. (3.20)
- 5.52** Leaders and managers should conduct an urgent review of the provision of activities, to ensure that the needs of prisoners are met. (3.21)
- 5.53** Education courses should be structured in a way that meets the dynamics of a local prison, accounting for the high turnover of prisoners. (3.22)
- 5.54** The amount and range of vocational training provision should be increased to ensure that more prisoners are engaged in purposeful activity that addresses their resettlement needs. (3.23, recommendation repeated, 3.22)
- 5.55** The standard of teaching and learning in education and vocational training should be raised through effective and more extensive use of the observation of teaching and learning processes and planned staff development. (3.28, recommendation repeated, 3.27)
- 5.56** Prisoners' engagement in all learning and skills and work activities should be drastically improved, to ensure that they take part in tasks that further develop their personal and employability skills (3.32).
- 5.57** The number of prisoners engaged in education, including those taking national vocational qualifications, should be increased and their achievement rates, particularly in mathematics, raised (3.38).
- 5.58** Library staff and orderlies should be trained and equipped to support the further development of the library services. (3.41)
- 5.59** The analysis of data with regard to access to the library should be improved, to promote and encourage the use of the library services by all groups of prisoners. (3.42)

Physical education and healthy living

- 5.60** Prisoners should be able to access the gym without disrupting their learning and working day (3.47).
- 5.61** Data on gym usage should be analysed more effectively, to increase staff awareness of which groups of prisoners use these facilities and ensure that they promote them to those who do not attend. (3.48)
- 5.62** Recognised qualifications should be introduced for prisoners attending the gym. (3.49)

Strategic management of resettlement

- 5.63** The resettlement needs analysis should be completed and the reducing reoffending strategy should reflect the findings. (4.4, repeated recommendation, 4.5)
- 5.64** Offender management should have a higher profile across the prison and be at the centre of reducing reoffending work, with good information exchange with all departments. (4.5)

Offender management and planning

- 5.65** The effectiveness of offender management should be improved. In high risk of harm cases, contact with offender supervisors should be regular and meaningful, aimed at promoting progression and engagement. (4.13)
- 5.66** The quality of home detention curfew assessments should be improved and the processes should be applied in a timely manner, to promote release on the earliest eligibility date. (4.14)
- 5.67** The effectiveness of the interdepartmental risk management team should be improved, to ensure that all high risk of harm cases due for release are reviewed regularly and that this results in a high-quality risk management plan. (4.19)
- 5.68** Information exchange between offender management unit (OMU) staff and community-based offender managers should be improved, to promote a review of the multi-agency public protection arrangements (MAPPAs) management level and the development of a robust release plan. (4.20)

Reintegration planning

- 5.69** Joint working between the community rehabilitation company and the OMU should be improved, to ensure good information exchange and the effective delivery of resettlement plans. (4.36)
- 5.70** The total number of prisoners being released homeless or to temporary accommodation should be monitored, validated and reduced. (4.40)
- 5.71** Targets to address the needs of prisoners with low levels of English and mathematics should be recorded on their action plans, and the availability of English and Mathematics courses should be promoted effectively. (4.44)
- 5.72** Methods for gathering data on prisoners' employability, training and further education destinations on release should be developed. (4.45)
- 5.73** The prison's website should be updated, to ensure that visits information is correct. (4.56)
- 5.74** Provision to help and encourage prisoners to build relationships and maintain family ties should be expanded. (4.57)
- 5.75** Family visits should be available to all prisoners. (4.58, repeated recommendation, 4.51)
- 5.76** The range of offence-focused interventions should be improved, to ensure that it is sufficient to meet the needs of the population, including those convicted of domestic violence and sexual offending. (4.62)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief Inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Maneer Afsar	Inspector
Jonathan Tickner	Inspector
Sandra Fieldhouse	Inspector
Anna Fenton	Researcher
Laura Green	Researcher
Joe Simmonds	Researcher
Paul Roberts	Substance misuse inspector
Majella Pearce	Health services inspector
Helen Boniface	Pharmacist
Caroline Williams	Care Quality Commission inspector
Maria Navarro	Ofsted inspector
Keith Hughes	Ofsted inspector
David Baber	Ofsted inspector
Paddy Doyle	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2014, reception procedures were streamlined and swift. First night processes, including risk assessments, had improved considerably. Recorded levels of violence were relatively high. The delivery of safer custody was poor, with little response to violent incidents and inadequate collation and analysis of data. Too little was done to keep vulnerable prisoners and some young adults safe. Prisoners at risk of suicide and self-harm felt well cared for but care planning was weak. Security arrangements had improved and were proportionate. Drug availability had reduced and good supply reduction processes were in place but the use of 'spice' was a concern. Levels of use of force were similar to those at comparator prisons. The number of prisoners segregated was high but they were well managed and the Brunel unit was an effective resource for more problematic prisoners. Substance misuse services were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main 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. (S53)

Not achieved

Recommendations

Prisoners should be given adequate notice of transfers out. (1.6)

Not achieved

Living conditions for prisoners on their first night should be improved. (1.16)

Not achieved

All prisoners should receive a full induction. (1.17)

Not achieved

Placement of prisoners on A wing should be subject to a thorough assessment and plans made for reintegration where possible. (1.26)

Achieved

Young adults located on A wing should be thoroughly protected from the risks posed by adult sex offenders. (1.27)

Not achieved

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.34)

Not achieved

Prisoners in the segregation unit should be able to access a Listener. (I.35)

Achieved

Prisons and Probation Ombudsman recommendations requiring ongoing review should be incorporated into the safer custody continuous improvement plan. (I.36)

Achieved

Behavioural improvement plans should be in place and the incentives and earned privileges scheme should be used more effectively to manage poor behaviour and reward good behaviour. (I.53)

Not achieved (recommendation repeated, I.37)

The monitoring and analysis of information about the use of force should be improved. (I.60)

Achieved

The regime on the segregation unit should be improved so that prisoners are adequately engaged and motivated. (I.67)

Achieved

Management oversight of segregation should be improved. (I.68)

Achieved

Vulnerable prisoners should have access to the 'Inside Recovery' and self-help fellowship groups. (I.76)

Partially achieved

The number of prisoners not receiving treatment on C wing should be closely monitored. (I.77)

Achieved

C wing should undergo comprehensive refurbishment to improve the environment as a substance use treatment facility. (I.78)

Not achieved (recommendation repeated, I.56)

The administration of controlled drugs should be better organised and supervised to improve privacy and minimise the risk of diversion. (I.79)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, the living conditions for prisoners had not improved sufficiently and access to basic items such as sufficient clean clothes, bedding and furniture remained unacceptable. Prisoners did not always receive replies to applications and too many complaints were late. Delays in enabling telephone contact caused considerable distress. Staff-prisoner relationships had improved considerably. Managerial oversight of equality and diversity was weak and the needs of some minority groups were not being met. Faith provision was satisfactory. Health services had improved and were very good. The food provided was reasonably good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

All cells should be clean and free of graffiti, and contain suitable furniture. (S54)

Not achieved (recommendation repeated, 2.9)

All prisoners should have sufficient clothes, bedding and towels and these should be clean and in good condition. (S55)

Achieved

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. (S56)

Not achieved (recommendation repeated, S54)

Recommendations

Showers should be appropriately screened and maintained, with sufficient hot water. (2.7)

Partially achieved

The application system should be reviewed and improved to ensure that it is easy to make an application and that prisoners receive a timely response. (2.8)

Not achieved (recommendation repeated, 2.12)

The delays in accessing PIN telephone numbers should be addressed as a matter of urgency. (2.9)

Not achieved (recommendation repeated, 2.13)

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. (2.15)

Not achieved (recommendation repeated, 2.19)

Care plans for elderly prisoners and those with disabilities should include social care needs and should be shared with staff on residential units who have responsibility for the prisoner. (2.31)

Not achieved (recommendation repeated, 2.42)

Retired prisoners and those with disabilities should be left unlocked during the core day. (2.32)

Not achieved

A formal strategy for the management of young adults should be developed. (2.33)

Not achieved

All complaints should be responded to promptly. (2.42)

Achieved

Prisoners should have access to trained staff who can support them with a full range of legal matters. (2.47)

Not achieved

The head of health care should be a member of the senior management team. (2.59)

Achieved

Access to the health centre for prisoners with disabilities should be improved. (2.60)

Not achieved

The health needs assessment should provide robust analysis that informs services. (2.61)

Achieved

Escorting opportunities for outside hospital appointments should be increased to meet demand. (2.66)

Achieved

All medicine queues should be adequately managed and supervised to prevent the diversion of tradable medicines and allow patient confidentiality to be maintained. (2.72)

Not achieved

All controlled drugs should be stored according to regulations. (2.73)

Not achieved

The dual labelling of medicines should stop and these should be supplied either by a company with the necessary assembly licence or as stock. The out-of-hours policy should be amended accordingly. (2.74)

Achieved

Prisoners should have access to professional counselling services. (2.90)

Not achieved

A rolling programme of mental health awareness training should be provided for all custody staff. (2.91)

Not achieved (recommendation repeated, 2.99)

Prisoners should be provided with an adequate breakfast on the day it is to be eaten. (2.98)

Achieved

Serveries should be closely supervised at mealtimes, to ensure consistent portion control. (2.99)

Achieved

Servery workers should be trained in food hygiene. (2.100)

Achieved

Arrangements should be made for new prisoners to access the full range of shop goods within 24 hours of arrival. (2.105)

Not achieved (recommendation repeated, 2.112)

There should be no administration charge for catalogue orders. (2.106)

Achieved

Purposeful activity

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

At the last inspection, in 2014, the amount of time out of cell had improved and was relatively good. The management of learning and skills and work required further improvement. There were sufficient activity places for all prisoners to work part time but they were not effectively utilised, and allocation and attendance were poor. There was too little vocational training. The quality of teaching and learning had improved but was too variable. The achievement of those prisoners who took qualifications was good. Library provision was adequate and recreational PE provision was good but access to both was compromised by staff shortages. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The use of learning and skills and work activity should be optimised. Work and employment skills should be recognised and recorded and the number of prisoners gaining qualifications increased. (S57)

Not achieved

Recommendations

Prisoners should have access to evening association periods. (3.5)

Not achieved (recommendation repeated, 3.6)

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

Achieved

A succinct and evaluative self-assessment, including all learning, skills and work, should be developed. It should provide a clear overview of fully evidenced key strengths and areas for improvement and be clearly linked to improvement targets. (3.14)

Not achieved

Allocation to activities should be better managed to ensure that prisoners participate fully in purposeful activities. (3.15)

Not achieved

Data concerning participation and learners' achievements should be routinely collated, analysed and evaluated to enable accurate and realistic targets for improvement to be set. (3.16)

Not achieved (recommendation repeated, 3.15)

The amount and range of vocational training provision should be increased to ensure that more prisoners are engaged in purposeful activity that addresses their resettlement needs. (3.22)

Not achieved (recommendation repeated, 3.23)

The standard of teaching and learning in education and vocational training should be raised through effective and more extensive use of the observation of teaching and learning processes and planned staff development. (3.27)

Not achieved (recommendation repeated, 3.28)

The number of peer mentors should be increased and they should be used throughout the learning, skills and work provision, to support teaching and learning. (3.28)

Achieved

The use of individual learning plans in formal education sessions should be improved so that they provide clear, incremental and individualised targets which are monitored closely for achievement and which reflect fully individual learners' identified goals and aspirations. (3.29)

Not achieved

Prisoners' achievements on all education and vocational training programmes should be maintained and raised further. (3.33)

Partially achieved

Prisoners' attendance at activities should be improved. (3.34)

Not achieved

Prison managers should ensure that prisoners are able to make use of their scheduled periods in the library by providing escorting staff. (3.39)

Not achieved

Library staff should collect, analyse and monitor data about prisoners' access to and use of the facilities, to ensure that opening times and resources are meeting prisoners' needs. (3.40)

Not achieved

Prisoners working in the library should be given the opportunity to gain an accredited qualification. (3.41)

Not achieved

Suitable means of access to the library for wheelchair users should be provided. (3.42)

Not achieved

The published PE timetable should be adhered to (3.48)

No longer relevant

Accurate data should be collated, analysed and monitored to ensure equality of access and participation. (3.49)

Not achieved

A range of accredited vocational training qualifications aimed at meeting prisoners' resettlement needs should be provided. (3.50)

Not achieved

Resettlement

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

At the last inspection, in 2014, early strategic planning was in place for the establishment's new role as a resettlement prison. Offender management unit staff were struggling to meet the significant challenges of an ever-increasing throughput of short-term prisoners. Many prisoners who were eligible for home detention curfew were not considered for it. Most public protection measures were sound but multiagency public protection arrangements (MAPPA) procedures were poor. The demand for resettlement services was high and needs were assessed regularly. Pathway provision was mostly effective. Some children and families services had improved, although visits booking was very poor. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Prisoners should have their needs assessed before they are transferred and this should inform their allocation. All unsentenced prisoners and those serving less than 12 months should have a basic custody screen which identifies their needs and how they will be addressed. (S58)

Not achieved

Recommendations

The resettlement needs analysis should be completed and the reducing reoffending strategy should reflect the findings. (4.5)

Not achieved (recommendation repeated, 4.4)

All prisoners eligible for home detention curfew should be offered the opportunity to apply for it, and decisions on applications should be made before their eligibility date. (4.14)

Not achieved

Multi-agency public protection arrangements (MAPPA) information should be kept up to date and offender supervisors should ensure that they are apprised of all relevant information, especially regarding risk levels, and that they contribute to release arrangements. (4.19)

Not achieved

Accommodation outcomes data should be provided in a report to the reducing reoffending management group for analysis and appropriate action taken to address any identified issues. (4.31)

Partially achieved

Valid data about prisoners entering education, training or employment following release should be collected, analysed and used to inform a needs analysis and resettlement strategy. (4.36)

Not achieved

Financial education and support with opening bank accounts should be developed to meet the needs of the short-term population. (4.43)

Partially achieved

Visitors should be able to book visits without delays. (4.50)

Achieved

Family visits should be available to all prisoners. (4.51)

Not achieved (recommendation repeated, 4.58)

A range of interventions to address offending behaviour should be developed which is suitable for the prison's short-term population. (4.54)

Not achieved

Appendix III: Care Quality Commission Requirement Notices



Requirement Notices

Provider: Bristol Community Health CIC

Location: HMP Bristol

Location ID: 1-304883881

Regulated activities: Personal care, Diagnostic and screening procedures, treatment of disease, disorder or injury.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 9: Person Centred-care

9.—(1) The care and treatment of service users must—
 (a) be appropriate,
 (b) meet their needs, and
 (c) reflect their preferences.

How the regulation was not being met:

The intention of this regulation is to make sure that people using a service have care or treatment that is personalised specifically for them. This regulation describes the action that providers must take to make sure that each person receives appropriate person-centred care and treatment that is based on an assessment of their needs and preferences.

There were significant risks that patients' physical health needs were not properly identified and met.

Secondary health screens were not routinely completed posing a risk that some patients' health needs were not identified or addressed.

There were excessive clinic waiting lists for prisoners with long term conditions and no assurances were provided that prisoners were monitored or reviewed once placed on these lists. Electronic records indicated 15 prisoners had been on the waiting list for up to 41 weeks and 6 days at the time of inspection. We were not assured their conditions had been monitored or reviewed since arriving at the prison by a health professional. This included cardiac and respiratory conditions, as well as diabetes.

There was an absence of care planning which took account of patients' wishes and directed the care to be delivered by health professionals. There were no plans in place for patients with chronic physical health conditions or complex needs.

We found the provider did not have established systems in place to ensure compliance with requirements of the regulation. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requirement Notices

Provider: Avon and Wiltshire Mental Health Partnership NHS Trust

Location: HMP Bristol

Location ID: 1-304883881

Regulated activities: Diagnostic and screening procedures, treatment of disease, disorder or injury.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 9: Person Centred-care

9.—(1) The care and treatment of service users must—
 (a) be appropriate,
 (b) meet their needs, and
 (c) reflect their preferences.

How the regulation was not being met:

The intention of this regulation is to make sure that people using a service have care or treatment that is personalised specifically for them. This regulation describes the action that providers must take to make sure that each person receives appropriate person-centred care and treatment that is based on an assessment of their needs and preferences.

Primary mental health care was not sufficiently promoted or accessible to promptly meet the prison population's needs. Patients could self-refer for assessment if needed, but this was poorly advertised. The usual method was referral from the GP via a desk top triage and this did not include a mental health assessment. Referrals were made to the mental health team for assessment or for group work. However, due to access issues, group work often did not take place, was ad hoc or inconsistent. This meant patient's care and treatment could be delayed or impacted due to the lack of prompt assessment and access to therapy. This was particularly concerning considering the high levels of self-harm at the prison. During the inspection, 47 patients were waiting to attend groups, which meant there was a delay in them accessing support when the need was identified.

The in-patient unit held patients with complex mental health, physical health and social care needs. However, reduced healthcare staffing levels meant patients had

less time out of their cell than required, with minimal therapeutic input. Patients on the inpatient unit did not routinely have a formal care plan in place. Some patients had a reduced level of detail and some had no care plans at all, which meant their individualised care and treatment needs were not identified to healthcare staff. This posed a risk for patient care.

Appendix IV: 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	5	281	52.7
Recall	0	58	10.7
Convicted unsentenced	4	54	10.7
Remand	13	122	24.9
Civil prisoners	0	0	0
Detainees	0	1	0.1
Other	1	4	0.9
Total	23	520	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	20	201	40.7
Less than six months	0	45	8.3
six months to less than 12 months	1	35	6.6
12 months to less than 2 years	0	26	4.8
2 years to less than 4 years	1	57	10.7
4 years to less than 10 years	1	70	13.1
10 years and over (not life)	0	39	7.2
ISPP (indeterminate sentence for public protection)	0	19	3.5
Life	0	28	5.1
Total	23	520	100

Age	Number of prisoners	%
Please state minimum age here:		
Under 21 years	23	4.2
21 years to 29 years	188	34.6
30 years to 39 years	171	31.6
40 years to 49 years	89	16.4
50 years to 59 years	48	8.8
60 years to 69 years	10	1.8
70 plus years	14	2.6
Please state maximum age here:		
Total	543	100

Nationality	18–20-year-olds	21 and over	%
British	18	457	87.5
Foreign nationals	5	61	12.1
Not stated	0	2	0.4
Total	23	520	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	17	171	34.6
Uncategorised sentenced	3	32	6.4
Category A	0	0	0
Category B	0	76	14
Category C	0	227	41.8
Category D	0	13	2.4
Other	3	1	0.8
Total	23	520	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	10	349	66
Irish	0	8	1.5
Gypsy/Irish Traveller	0	15	2.8
Other white	0	25	4.6
Mixed			
White and black Caribbean	3	13	2.9
White and black African	0	2	0.4
White and Asian	0	1	0.2
Other mixed	3	5	1.6
Asian or Asian British			
Indian	0	4	0.7
Pakistani	1	4	0.9
Bangladeshi	0	4	0.7
Chinese	0	0	0
Other Asian	0	11	2
Black or black British			
Caribbean	1	44	8.3
African	2	15	3.2
Other black	1	11	2.2
Other ethnic group			
Arab	0	0	0
Other ethnic group	1	3	0.7
Not stated	1	6	1.3
Total	23	520	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	1	0.2
Church of England	1	69	12.9
Roman Catholic	1	65	12.2
Other Christian denominations	5	74	14.5
Muslim	8	55	11.6
Sikh	0	1	0.2
Hindu	0	2	0.4
Buddhist	0	6	1.1
Jewish	0	6	1.1
Other	1	7	1.5
No religion	7	224	42.5
Not stated	0	10	1.8
Total	23	520	100

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

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	99	18.2
1 month to 3 months	1	0.2	92	16.9
3 months to six months	2	0.4	54	9.9
six months to 1 year	0	0	53	9.8
1 year to 2 years	0	0	15	2.8
2 years to 4 years	0	0	6	1.1
4 years or more	0	0	0	0
Total	3	0.6	319	58.7

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).			
Total			

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	9	1.7	67	12.3
1 month to 3 months	6	1.1	80	14.7
3 months to six months	4	0.7	36	6.6
six months to 1 year	1	0.2	16	2.9
1 year to 2 years	0	0	2	0.5
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	20	3.7	201	37

Main offence	18–20-year-olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded /holding warrant			
Total			

Appendix V: 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 entire population of the establishment⁷. 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 6 March 2017 the prisoner population at HMP Bristol was 547. Using the method described above, questionnaires were distributed to a sample of 197 prisoners.

We received a total of 161 completed questionnaires, a response rate of 82%. This included two questionnaires completed via interview. Nine respondents refused to complete a questionnaire and 27 questionnaires were not returned.

⁷ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	34
B	28
C	30
D	26
G	37
F	2
Brunel	3
Segregation unit	1

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 significant differences⁸ 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 2017 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2013.
- The current survey responses from HMP Bristol in 2017 compared with the responses of prisoners surveyed at HMP Bristol in 2014.
- A comparison within the 2017 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2017 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2017 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 2017 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2017 survey between the responses of prisoners on A wing (vulnerable prisoner unit) and the rest of the establishment.

⁸ 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 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.2	How old are you?		
	Under 21	6 (4%)	
	21 - 29.....	57 (36%)	
	30 - 39.....	40 (25%)	
	40 - 49.....	31 (19%)	
	50 - 59.....	18 (11%)	
	60 - 69.....	4 (3%)	
	70 and over	4 (3%)	
Q1.3	Are you sentenced?		
	Yes	88 (55%)	
	Yes - on recall.....	18 (11%)	
	No - awaiting trial.....	30 (19%)	
	No - awaiting sentence	25 (16%)	
	No - awaiting deportation.....	0 (0%)	
Q1.4	How long is your sentence?		
	Not sentenced	55 (35%)	
	Less than 6 months	23 (15%)	
	6 months to less than 1 year	12 (8%)	
	1 year to less than 2 years	8 (5%)	
	2 years to less than 4 years	12 (8%)	
	4 years to less than 10 years	21 (13%)	
	10 years or more	10 (6%)	
	IPP (indeterminate sentence for public protection)	8 (5%)	
	Life.....	8 (5%)	
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?		
	Yes	15 (10%)	
	No.....	142 (90%)	
Q1.6	Do you understand spoken English?		
	Yes	158 (99%)	
	No.....	1 (1%)	
Q1.7	Do you understand written English?		
	Yes	155 (97%)	
	No.....	4 (3%)	
Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	96 (61%)	Asian or Asian British - Chinese
	White - Irish	5 (3%)	Asian or Asian British - other
	White - other.....	12 (8%)	Mixed race - white and black Caribbean ..
	Black or black British - Caribbean.....	13 (8%)	Mixed race - white and black African.....
	Black or black British - African	6 (4%)	Mixed race - white and Asian.....
	Black or black British - other	2 (1%)	Mixed race - other
	Asian or Asian British - Indian	1 (1%)	Arab
	Asian or Asian British - Pakistani.....	2 (1%)	Other ethnic group.....
	Asian or Asian British - Bangladeshi.....	2 (1%)	

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes	7 (5%)	
	No.....	148 (95%)	
Q1.10	What is your religion?		
	None.....	54 (36%)	Hindu..... 1 (1%)
	Church of England	37 (25%)	Jewish..... 1 (1%)
	Catholic	20 (13%)	Muslim..... 18 (12%)
	Protestant.....	1 (1%)	Sikh
	Other Christian denomination	5 (3%)	Other
	Buddhist	2 (1%)	11 (7%)
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight	151 (97%)	
	Homosexual/Gay.....	1 (1%)	
	Bisexual.....	4 (3%)	
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	70 (44%)	
	No.....	89 (56%)	
Q1.13	Are you a veteran (ex- armed services)?		
	Yes	6 (4%)	
	No.....	148 (96%)	
Q1.14	Is this your first time in prison?		
	Yes	47 (30%)	
	No.....	112 (70%)	
Q1.15	Do you have children under the age of 18?		
	Yes	83 (52%)	
	No.....	76 (48%)	

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours	102 (64%)	
	2 hours or longer	45 (28%)	
	Don't remember	12 (8%)	
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	My journey was less than two hours	102 (65%)	
	Yes	27 (17%)	
	No.....	26 (17%)	
	Don't remember	2 (1%)	
Q2.3	On your most recent journey here, were you offered a toilet break?		
	My journey was less than two hours	102 (64%)	
	Yes	6 (4%)	
	No.....	50 (31%)	
	Don't remember	1 (1%)	

Q2.4	On your most recent journey here, was the van clean?	
	Yes	83 (53%)
	No.....	62 (39%)
	Don't remember	12 (8%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	107 (68%)
	No.....	46 (29%)
	Don't remember	4 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	49 (31%)
	Well.....	62 (39%)
	Neither.....	28 (18%)
	Badly.....	11 (7%)
	Very badly	7 (4%)
	Don't remember	2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	101 (64%)
	Yes, I received written information	8 (5%)
	No, I was not told anything	47 (30%)
	Don't remember	4 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	99 (65%)
	No.....	49 (32%)
	Don't remember	4 (3%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	74 (46%)
	2 hours or longer	78 (49%)
	Don't remember	8 (5%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	116 (74%)
	No	34 (22%)
	Don't remember	7 (4%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	30 (19%)
	Well.....	72 (47%)
	Neither.....	27 (18%)
	Badly.....	15 (10%)
	Very badly	9 (6%)
	Don't remember.....	1 (1%)

Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	Loss of property	47 (31%)	Physical health
	Housing problems.....	32 (21%)	Mental health
	Contacting employers.....	8 (5%)	Needing protection from other prisoners
	Contacting family.....	72 (47%)	Getting phone numbers.....
	Childcare.....	6 (4%)	Other.....
	Money worries.....	34 (22%)	Did not have any problems.....
	Feeling depressed or suicidal.....	45 (29%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	Yes.....	26 (17%)	
	No.....	99 (66%)	
	Did not have any problems	24 (16%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply)		
	Tobacco.....	121 (77%)	
	A shower	29 (18%)	
	A free telephone call.....	39 (25%)	
	Something to eat.....	101 (64%)	
	PIN phone credit.....	56 (35%)	
	Toiletries/ basic items	83 (53%)	
	Did not receive anything.....	11 (7%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	Chaplain	58 (38%)	
	Someone from health services.....	102 (67%)	
	A Listener/Samaritans	37 (24%)	
	Prison shop/ canteen	19 (12%)	
	Did not have access to any of these.....	32 (21%)	
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	What was going to happen to you	41 (29%)	
	What support was available for people feeling depressed or suicidal.....	31 (22%)	
	How to make routine requests (applications).....	23 (16%)	
	Your entitlement to visits.....	21 (15%)	
	Health services	48 (34%)	
	Chaplaincy.....	41 (29%)	
	Not offered any information	62 (44%)	
Q3.9	Did you feel safe on your first night here?		
	Yes.....	92 (59%)	
	No.....	57 (37%)	
	Don't remember	6 (4%)	
Q3.10	How soon after you arrived here did you go on an induction course?		
	Have not been on an induction course	43 (28%)	
	Within the first week.....	26 (17%)	
	More than a week.....	85 (55%)	
	Don't remember	1 (1%)	

Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	43 (30%)
	<i>Yes</i>	38 (26%)
	<i>No</i>	51 (35%)
	<i>Don't remember</i>	13 (9%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	57 (38%)
	<i>Within the first week</i>	14 (9%)
	<i>More than a week</i>	72 (48%)
	<i>Don't remember</i>	8 (5%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	10 (7%)	31 (21%)	26 (17%)	30 (20%)	37 (25%)	16 (11%)
	<i>Attend legal visits?</i>	7 (5%)	35 (25%)	27 (20%)	15 (11%)	23 (17%)	31 (22%)
	<i>Get bail information?</i>	2 (2%)	6 (5%)	14 (12%)	17 (14%)	42 (35%)	40 (33%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>						25 (16%)
	<i>Yes</i>						69 (45%)
	<i>No</i>						59 (39%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						35 (23%)
	<i>No</i>						24 (16%)
	<i>Don't know</i>						91 (61%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	70 (45%)	82 (53%)	2 (1%)			
	<i>Are you normally able to have a shower every day?</i>	132 (85%)	23 (15%)	1 (1%)			
	<i>Do you normally receive clean sheets every week?</i>	86 (56%)	63 (41%)	4 (3%)			
	<i>Do you normally get cell cleaning materials every week?</i>	46 (30%)	99 (66%)	6 (4%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	21 (14%)	124 (81%)	9 (6%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	85 (57%)	64 (43%)	1 (1%)			
	<i>If you need to, can you normally get your stored property?</i>	16 (11%)	87 (62%)	38 (27%)			
Q4.5	What is the food like here?						
	<i>Very good</i>						1 (1%)
	<i>Good</i>						27 (17%)
	<i>Neither</i>						33 (21%)
	<i>Bad</i>						45 (28%)
	<i>Very bad</i>						52 (33%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	<i>Have not bought anything yet/ don't know</i>						16 (10%)
	<i>Yes</i>						64 (41%)
	<i>No</i>						76 (49%)

Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	70 (44%)
	No.....	30 (19%)
	Don't know	58 (37%)
Q4.8	Are your religious beliefs respected?	
	Yes	52 (34%)
	No.....	29 (19%)
	Don't know/ N/A.....	73 (47%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	65 (42%)
	No.....	20 (13%)
	Don't know/ N/A.....	69 (45%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	33 (22%)
	<i>Very easy</i>	23 (15%)
	<i>Easy</i>	35 (23%)
	<i>Neither</i>	13 (8%)
	<i>Difficult</i>	15 (10%)
	<i>Very difficult</i>	5 (3%)
	<i>Don't know</i>	29 (19%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?		
	Yes	91 (58%)	
	No	53 (34%)	
	Don't know	13 (8%)	
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)		
		<i>Not made one</i>	<i>Yes</i>
		<i>No</i>	
	Are applications dealt with fairly?	21 (14%)	51 (34%)
	Are applications dealt with quickly (within seven days)?	21 (14%)	27 (18%)
		80 (53%)	99 (67%)
Q5.3	Is it easy to make a complaint?		
	Yes	42 (27%)	
	No	58 (38%)	
	Don't know	54 (35%)	
Q5.4	Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)		
		<i>Not made one</i>	<i>Yes</i>
		<i>No</i>	
	Are complaints dealt with fairly?	63 (42%)	13 (9%)
	Are complaints dealt with quickly (within seven days)?	63 (42%)	8 (5%)
		74 (49%)	78 (52%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?		
	Yes	40 (27%)	
	No.....	107 (73%)	

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are.....</i>	52 (35%)
	<i>Very easy.....</i>	9 (6%)
	<i>Easy.....</i>	11 (7%)
	<i>Neither.....</i>	32 (21%)
	<i>Difficult.....</i>	25 (17%)
	<i>Very difficult.....</i>	20 (13%)

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>	26 (17%)
	<i>Yes.....</i>	52 (34%)
	<i>No.....</i>	52 (34%)
	<i>Don't know.....</i>	22 (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>	26 (17%)
	<i>Yes.....</i>	51 (34%)
	<i>No.....</i>	60 (40%)
	<i>Don't know.....</i>	13 (9%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes.....</i>	26 (17%)
	<i>No.....</i>	124 (83%)
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>	113 (78%)
	<i>Very well.....</i>	4 (3%)
	<i>Well.....</i>	6 (4%)
	<i>Neither.....</i>	5 (3%)
	<i>Badly.....</i>	9 (6%)
	<i>Very badly.....</i>	8 (6%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes.....</i>	102 (67%)
	<i>No.....</i>	50 (33%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes.....</i>	96 (66%)
	<i>No.....</i>	49 (34%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes.....</i>	51 (32%)
	<i>No.....</i>	106 (68%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	13 (8%)
	<i>Never</i>	28 (18%)
	<i>Rarely</i>	42 (27%)
	<i>Some of the time</i>	39 (25%)
	<i>Most of the time</i>	19 (12%)
	<i>All of the time</i>	12 (8%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	134 (86%)
	<i>In the first week</i>	11 (7%)
	<i>More than a week</i>	3 (2%)
	<i>Don't remember</i>	7 (5%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	134 (87%)
	<i>Very helpful</i>	8 (5%)
	<i>Helpful</i>	5 (3%)
	<i>Neither</i>	2 (1%)
	<i>Not very helpful</i>	2 (1%)
	<i>Not at all helpful</i>	3 (2%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	92 (59%)
	<i>No</i>	63 (41%)
Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	49 (33%)
	<i>No</i>	101 (67%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	63 (44%)
	<i>Everywhere</i>	27 (19%)
	<i>Segregation unit</i>	10 (7%)
	<i>Association areas</i>	33 (23%)
	<i>Reception area</i>	16 (11%)
	<i>At the gym</i>	17 (12%)
	<i>In an exercise yard</i>	17 (12%)
	<i>At work</i>	15 (10%)
	<i>During movement</i>	21 (15%)
	<i>At education</i>	10 (7%)
	<i>At meal times</i>	25 (17%)
	<i>At health services</i>	14 (10%)
	<i>Visits area</i>	17 (12%)
	<i>In wing showers</i>	25 (17%)
	<i>In gym showers</i>	11 (8%)
	<i>In corridors/stairwells</i>	30 (21%)
	<i>On your landing/wing</i>	33 (23%)
	<i>In your cell</i>	24 (17%)
	<i>At religious services</i>	9 (6%)
Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	63 (41%)
	<i>No</i>	91 (59%)

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	28 (18%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	27 (18%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	43 (28%)
	<i>Having your canteen/property taken.....</i>	25 (16%)
	<i>Medication.....</i>	16 (10%)
	<i>Debt</i>	9 (6%)
	<i>Drugs.....</i>	14 (9%)
	<i>Your race or ethnic origin.....</i>	11 (7%)
	<i>Your religion/religious beliefs</i>	9 (6%)
	<i>Your nationality</i>	6 (4%)
	<i>You are from a different part of the country than others.....</i>	9 (6%)
	<i>You are from a traveller community</i>	5 (3%)
	<i>Your sexual orientation</i>	6 (4%)
	<i>Your age.....</i>	7 (5%)
	<i>You have a disability.....</i>	11 (7%)
	<i>You were new here.....</i>	27 (18%)
	<i>Your offence/ crime</i>	14 (9%)
	<i>Gang related issues.....</i>	10 (6%)
Q8.6	Have you been victimised by staff here?	
	Yes	48 (31%)
	No.....	107 (69%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	19 (12%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	12 (8%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	25 (16%)
	<i>Medication.....</i>	11 (7%)
	<i>Debt</i>	3 (2%)
	<i>Drugs.....</i>	5 (3%)
	<i>Your race or ethnic origin.....</i>	7 (5%)
	<i>Your religion/religious beliefs</i>	5 (3%)
	<i>Your nationality</i>	5 (3%)
	<i>You are from a different part of the country than others.....</i>	8 (5%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age.....</i>	4 (3%)
	<i>You have a disability.....</i>	13 (8%)
	<i>You were new here.....</i>	8 (5%)
	<i>Your offence/ crime</i>	7 (5%)
	<i>Gang related issues.....</i>	4 (3%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised.....	71 (51%)
	Yes	21 (15%)
	No.....	47 (34%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	22 (14%)	6 (4%)	21 (14%)	12 (8%)	51 (34%)	40 (26%)
	The nurse	18 (12%)	20 (14%)	45 (31%)	20 (14%)	19 (13%)	25 (17%)
	The dentist	34 (23%)	4 (3%)	10 (7%)	14 (9%)	32 (21%)	57 (38%)

Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	31 (20%)	12 (8%)	24 (16%)	24 (16%)	30 (20%)	32 (21%)
	The nurse	20 (13%)	20 (13%)	45 (30%)	27 (18%)	21 (14%)	18 (12%)
	The dentist	51 (36%)	9 (6%)	15 (10%)	19 (13%)	10 (7%)	39 (27%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						15 (10%)
	<i>Very good</i>						8 (5%)
	<i>Good</i>						34 (23%)
	<i>Neither</i>						29 (20%)
	<i>Bad</i>						34 (23%)
	<i>Very bad</i>						28 (19%)
Q9.4	Are you currently taking medication?						
	<i>Yes</i>						95 (62%)
	<i>No</i>						58 (38%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						58 (38%)
	<i>Yes, all my meds</i>						7 (5%)
	<i>Yes, some of my meds</i>						20 (13%)
	<i>No</i>						66 (44%)
Q9.6	Do you have any emotional or mental health problems?						
	<i>Yes</i>						78 (53%)
	<i>No</i>						69 (47%)
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)?						
	<i>Do not have any emotional or mental health problems</i>						69 (46%)
	<i>Yes</i>						17 (11%)
	<i>No</i>						63 (42%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?		
	<i>Yes</i>		47 (31%)
	<i>No</i>		105 (69%)
Q10.2	Did you have a problem with alcohol when you came into this prison?		
	<i>Yes</i>		30 (20%)
	<i>No</i>		122 (80%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?		
	<i>Very easy</i>		62 (42%)
	<i>Easy</i>		16 (11%)
	<i>Neither</i>		9 (6%)
	<i>Difficult</i>		4 (3%)
	<i>Very difficult</i>		7 (5%)
	<i>Don't know</i>		50 (34%)

Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	18 (12%)
	Easy.....	14 (9%)
	Neither.....	19 (13%)
	Difficult.....	11 (7%)
	Very difficult.....	12 (8%)
	Don't know.....	77 (51%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	21 (14%)
	No.....	130 (86%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	16 (11%)
	No.....	136 (89%)
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 (66%)
	Yes.....	29 (20%)
	No.....	19 (13%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem.....	122 (81%)
	Yes.....	11 (7%)
	No.....	17 (11%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	107 (76%)
	Yes.....	22 (16%)
	No.....	12 (9%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	19 (13%)	10 (7%)	34 (23%)	29 (19%)	32 (21%)	26 (17%)
	Vocational or skills training	30 (22%)	8 (6%)	25 (18%)	27 (19%)	23 (17%)	26 (19%)
	Education (including basic skills)	26 (19%)	7 (5%)	29 (21%)	31 (22%)	20 (14%)	25 (18%)
	Offending behaviour programmes	45 (33%)	3 (2%)	8 (6%)	21 (15%)	25 (18%)	36 (26%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	Not involved in any of these.....					50 (36%)	
	Prison job.....					76 (55%)	
	Vocational or skills training.....					13 (9%)	
	Education (including basic skills).....					20 (14%)	
	Offending behaviour programmes.....					4 (3%)	

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>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	30 (22%)	46 (33%)	50 (36%)	12 (9%)
	Vocational or skills training	50 (42%)	23 (19%)	27 (23%)	18 (15%)
	Education (including basic skills)	49 (41%)	24 (20%)	29 (24%)	17 (14%)
	Offending behaviour programmes	55 (47%)	19 (16%)	28 (24%)	15 (13%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				27 (18%)
	<i>Never</i>				56 (38%)
	<i>Less than once a week</i>				25 (17%)
	<i>About once a week</i>				38 (26%)
	<i>More than once a week</i>				2 (1%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				66 (46%)
	<i>Yes</i>				27 (19%)
	<i>No</i>				50 (35%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				42 (29%)
	<i>0</i>				34 (24%)
	<i>1 to 2</i>				32 (22%)
	<i>3 to 5</i>				33 (23%)
	<i>More than 5</i>				3 (2%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				38 (26%)
	<i>0</i>				25 (17%)
	<i>1 to 2</i>				49 (33%)
	<i>3 to 5</i>				21 (14%)
	<i>More than 5</i>				16 (11%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				11 (8%)
	<i>0</i>				8 (6%)
	<i>1 to 2</i>				27 (19%)
	<i>3 to 5</i>				42 (30%)
	<i>More than 5</i>				53 (38%)
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>				41 (28%)
	<i>2 to less than 4 hours</i>				34 (23%)
	<i>4 to less than 6 hours</i>				32 (22%)
	<i>6 to less than 8 hours</i>				16 (11%)
	<i>8 to less than 10 hours</i>				6 (4%)
	<i>10 hours or more</i>				8 (5%)
	<i>Don't know</i>				9 (6%)

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	35 (24%)
	No	108 (76%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	81 (54%)
	No	68 (46%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	66 (45%)
	No	82 (55%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	31 (21%)
	<i>Very easy</i>	11 (7%)
	<i>Easy</i>	31 (21%)
	<i>Neither</i>	13 (9%)
	<i>Difficult</i>	24 (16%)
	<i>Very difficult</i>	34 (23%)
	<i>Don't know</i>	4 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	55 (36%)
	Yes	56 (37%)
	No	42 (27%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	97 (63%)
	<i>No contact</i>	27 (18%)
	<i>Letter</i>	15 (10%)
	<i>Phone</i>	10 (7%)
	<i>Visit</i>	15 (10%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	35 (24%)
	No	110 (76%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	55 (36%)
	Yes	17 (11%)
	No	79 (52%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	134 (89%)
	<i>Very involved</i>	7 (5%)
	<i>Involved</i>	4 (3%)
	<i>Neither</i>	4 (3%)
	<i>Not very involved</i>	1 (1%)
	<i>Not at all involved</i>	1 (1%)

Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>	134	(89%)	
	<i>Nobody</i>	10	(7%)	
	<i>Offender supervisor</i>	6	(4%)	
	<i>Offender manager</i>	5	(3%)	
	<i>Named/ personal officer</i>	2	(1%)	
	<i>Staff from other departments</i>	1	(1%)	
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	134	(89%)	
	<i>Yes</i>	4	(3%)	
	<i>No</i>	10	(7%)	
	<i>Don't know</i>	3	(2%)	
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	134	(88%)	
	<i>Yes</i>	10	(7%)	
	<i>No</i>	4	(3%)	
	<i>Don't know</i>	5	(3%)	
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>	134	(88%)	
	<i>Yes</i>	6	(4%)	
	<i>No</i>	7	(5%)	
	<i>Don't know</i>	5	(3%)	
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>	11	(8%)	
	<i>No</i>	64	(46%)	
	<i>Don't know</i>	64	(46%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>	14	(10%)	
	<i>No</i>	123	(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 to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	33 (25%)	25 (19%)	75 (56%)
	Accommodation	26 (20%)	34 (26%)	73 (55%)
	Benefits	26 (20%)	27 (21%)	78 (60%)
	Finances	29 (24%)	13 (11%)	81 (66%)
	Education	32 (24%)	24 (18%)	75 (57%)
	Drugs and alcohol	36 (27%)	34 (26%)	63 (47%)
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?			
	<i>Not sentenced</i>	55	(38%)	
	<i>Yes</i>	29	(20%)	
	<i>No</i>	60	(42%)	

Main comparator and comparator to last time



Prisoner survey responses HMP Bristol 2017

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		161	6,094	161	162
SECTION 1: General information					
1.2	Are you under 21 years of age?	4%	6%	4%	6%
1.3	Are you sentenced?	66%	69%	66%	49%
1.3	Are you on recall?	11%	10%	11%	15%
1.4	Is your sentence less than 12 months?	22%	20%	22%	21%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	3%	5%	1%
1.5	Are you a foreign national?	10%	13%	10%	12%
1.6	Do you understand spoken English?	99%	98%	99%	99%
1.7	Do you understand written English?	97%	96%	97%	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.)	28%	25%	28%	23%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	5%	5%	5%
1.1	Are you Muslim?	12%	13%	12%	10%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	1%
1.12	Do you consider yourself to have a disability?	44%	27%	44%	25%
1.13	Are you a veteran (ex-armed services)?	4%	6%	4%	5%
1.14	Is this your first time in prison?	30%	33%	30%	32%
1.15	Do you have any children under the age of 18?	52%	53%	52%	54%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	28%	23%	28%	21%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	49%	41%	49%	46%
2.3	Were you offered a toilet break?	10%	8%	10%	10%
2.4	Was the van clean?	53%	58%	53%	65%
2.5	Did you feel safe?	68%	74%	68%	82%
2.6	Were you treated well/very well by the escort staff?	70%	67%	70%	76%
2.7	Before you arrived here were you told that you were coming here?	64%	63%	64%	73%
2.7	Before you arrived here did you receive any written information about coming here?	5%	3%	5%	2%
2.8	When you first arrived here did your property arrive at the same time as you?	65%	78%	65%	80%

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?	46%	40%	46%	39%
3.2	When you were searched in reception, was this carried out in a respectful way?	74%	77%	74%	78%
3.3	Were you treated well/very well in reception?	66%	62%	66%	70%
When you first arrived:					
3.4	Did you have any problems?	84%	78%	84%	78%
3.4	Did you have any problems with loss of property?	31%	16%	31%	24%
3.4	Did you have any housing problems?	21%	23%	21%	20%
3.4	Did you have any problems contacting employers?	5%	6%	5%	4%
3.4	Did you have any problems contacting family?	47%	35%	47%	44%
3.4	Did you have any problems ensuring dependants were being looked after?	4%	3%	4%	4%
3.4	Did you have any money worries?	22%	24%	22%	27%
3.4	Did you have any problems with feeling depressed or suicidal?	29%	25%	29%	22%
3.4	Did you have any physical health problems?	28%	18%	28%	16%
3.4	Did you have any mental health problems?	33%	28%	33%	26%
3.4	Did you have any problems with needing protection from other prisoners?	10%	9%	10%	5%
3.4	Did you have problems accessing phone numbers?	44%	32%	44%	32%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	21%	31%	21%	30%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	77%	74%	77%	71%
3.6	A shower?	18%	28%	18%	16%
3.6	A free telephone call?	25%	54%	25%	29%
3.6	Something to eat?	64%	71%	64%	69%
3.6	PIN phone credit?	35%	49%	35%	42%
3.6	Toiletries/ basic items?	53%	58%	53%	60%

Key to tables

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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?	38%	45%	38%	33%
3.7	Someone from health services?	67%	66%	67%	60%
3.7	A Listener/Samaritans?	24%	30%	24%	33%
3.7	Prison shop/ canteen?	13%	22%	13%	18%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	29%	41%	29%	43%
3.8	Support was available for people feeling depressed or suicidal?	22%	35%	22%	35%
3.8	How to make routine requests?	16%	34%	16%	34%
3.8	Your entitlement to visits?	15%	33%	15%	32%
3.8	Health services?	34%	43%	34%	43%
3.8	The chaplaincy?	29%	39%	29%	34%
3.9	Did you feel safe on your first night here?	59%	67%	59%	83%
3.10	Have you been on an induction course?	72%	75%	72%	72%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	37%	49%	37%	53%
3.12	Did you receive an education (skills for life) assessment?	62%	75%	62%	67%
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?	27%	35%	27%	41%
4.1	Attend legal visits?	31%	50%	31%	61%
4.1	Get bail information?	7%	16%	7%	23%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	40%	45%	34%
4.3	Can you get legal books in the library?	23%	34%	23%	26%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	45%	48%	45%	42%
4.4	Are you normally able to have a shower every day?	85%	72%	85%	85%
4.4	Do you normally receive clean sheets every week?	56%	62%	56%	74%
4.4	Do you normally get cell cleaning materials every week?	30%	50%	30%	45%
4.4	Is your cell call bell normally answered within five minutes?	14%	23%	14%	16%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	57%	55%	57%	55%
4.4	Can you normally get your stored property, if you need to?	11%	19%	11%	17%
4.5	Is the food in this prison good/very good?	18%	21%	18%	22%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	47%	41%	57%
4.7	Are you able to speak to a Listener at any time, if you want to?	44%	53%	44%	49%
4.8	Are your religious beliefs respected?	34%	48%	34%	37%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	42%	50%	42%	41%
4.10	Is it easy/very easy to attend religious services?	38%	44%	38%	39%

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	58%	71%	58%	69%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	39%	46%	39%	50%
5.2	Do you feel applications are dealt with quickly (within seven days)?	21%	31%	21%	34%
5.3	Is it easy to make a complaint?	27%	48%	27%	45%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	15%	27%	15%	27%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	9%	22%	9%	19%
5.5	Have you ever been prevented from making a complaint when you wanted to?	27%	22%	27%	15%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	13%	18%	13%	19%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	40%	34%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	34%	38%	34%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	17%	11%	17%	10%
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?	31%	34%	31%	35%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	67%	72%	67%	81%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	66%	67%	66%	69%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	33%	27%	33%	33%
7.4	Do staff normally speak to you most of the time/all of the time during association?	20%	17%	20%	22%
7.5	Do you have a personal officer?	14%	33%	14%	43%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	65%	65%	65%	79%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	59%	51%	59%	41%
8.2	Do you feel unsafe now?	33%	23%	33%	17%
8.4	Have you been victimised by other prisoners here?	41%	32%	41%	31%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	18%	13%	18%	11%
8.5	Hit, kicked or assaulted you?	18%	10%	18%	7%
8.5	Sexually abused you?	2%	2%	2%	1%
8.5	Threatened or intimidated you?	28%	18%	28%	14%
8.5	Taken your canteen/property?	16%	8%	16%	9%
8.5	Victimised you because of medication?	10%	5%	10%	5%
8.5	Victimised you because of debt?	6%	5%	6%	3%
8.5	Victimised you because of drugs?	9%	5%	9%	3%
8.5	Victimised you because of your race or ethnic origin?	7%	4%	7%	4%
8.5	Victimised you because of your religion/religious beliefs?	6%	4%	6%	3%
8.5	Victimised you because of your nationality?	4%	3%	4%	3%
8.5	Victimised you because you were from a different part of the country?	6%	4%	6%	5%
8.5	Victimised you because you are from a Traveller community?	3%	1%	3%	3%
8.5	Victimised you because of your sexual orientation?	4%	2%	4%	0%
8.5	Victimised you because of your age?	5%	3%	5%	4%
8.5	Victimised you because you have a disability?	7%	4%	7%	6%
8.5	Victimised you because you were new here?	18%	7%	18%	8%
8.5	Victimised you because of your offence/crime?	9%	7%	9%	6%
8.5	Victimised you because of gang related issues?	7%	6%	7%	7%

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SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	31%	33%	31%	28%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	12%	13%	12%	12%
8.7	Hit, kicked or assaulted you?	8%	7%	8%	4%
8.7	Sexually abused you?	1%	1%	1%	2%
8.7	Threatened or intimidated you?	16%	14%	16%	6%
8.7	Victimised you because of medication?	7%	6%	7%	5%
8.7	Victimised you because of debt?	2%	2%	2%	2%
8.7	Victimised you because of drugs?	3%	3%	3%	3%
8.7	Victimised you because of your race or ethnic origin?	5%	4%	5%	3%
8.7	Victimised you because of your religion/religious beliefs?	3%	4%	3%	2%
8.7	Victimised you because of your nationality?	3%	3%	3%	2%
8.7	Victimised you because you were from a different part of the country?	5%	3%	5%	6%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.7	Victimised you because of your age?	3%	2%	3%	4%
8.7	Victimised you because you have a disability?	8%	4%	8%	4%
8.7	Victimised you because you were new here?	5%	5%	5%	6%
8.7	Victimised you because of your offence/crime?	5%	5%	5%	5%
8.7	Victimised you because of gang related issues?	3%	3%	3%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	31%	35%	31%	21%

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SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	18%	21%	18%	38%
9.1	Is it easy/very easy to see the nurse?	44%	41%	44%	67%
9.1	Is it easy/very easy to see the dentist?	9%	9%	9%	12%
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?	30%	40%	30%	52%
9.2	The nurse?	50%	49%	50%	71%
9.2	The dentist?	26%	30%	26%	29%
9.3	The overall quality of health services?	32%	34%	32%	49%
9.4	Are you currently taking medication?	62%	53%	62%	57%
For those currently taking medication:					
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	29%	57%	29%	35%
9.6	Do you have any emotional well being or mental health problems?	53%	44%	53%	43%
For those who have problems:					
9.7	Are you being helped or supported by anyone in this prison?	21%	40%	21%	25%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	31%	33%	31%	31%
10.2	Did you have a problem with alcohol when you came into this prison?	20%	21%	20%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	53%	42%	53%	29%
10.4	Is it easy/very easy to get alcohol in this prison?	21%	20%	21%	12%
10.5	Have you developed a problem with drugs since you have been in this prison?	14%	10%	14%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	11%	9%	11%	6%
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%	56%	60%	63%
10.8	Have you received any support or help with your alcohol problem while in this prison?	39%	52%	39%	63%
For those who have received help or support with their drug or alcohol problem:					
10.9	Was the support helpful?	65%	74%	65%	81%

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SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	29%	33%	29%	40%
11.1	Vocational or skills training?	24%	30%	24%	27%
11.1	Education (including basic skills)?	26%	46%	26%	42%
11.1	Offending behaviour programmes?	8%	18%	8%	17%
Are you currently involved in any of the following activities:					
11.2	A prison job?	55%	45%	55%	51%
11.2	Vocational or skills training?	9%	8%	9%	6%
11.2	Education (including basic skills)?	14%	24%	14%	18%
11.2	Offending behaviour programmes?	3%	7%	3%	4%
11.3	Have you had a job while in this prison?	78%	70%	78%	66%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	43%	38%	43%	39%
11.3	Have you been involved in vocational or skills training while in this prison?	58%	56%	58%	45%
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?	34%	41%	34%	43%
11.3	Have you been involved in education while in this prison?	59%	67%	59%	53%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	35%	48%	35%	55%
11.3	Have you been involved in offending behaviour programmes while in this prison?	53%	54%	53%	42%
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?	31%	39%	31%	35%
11.4	Do you go to the library at least once a week?	27%	28%	27%	26%
11.5	Does the library have a wide enough range of materials to meet your needs?	19%	33%	19%	33%
11.6	Do you go to the gym three or more times a week?	25%	24%	25%	31%
11.7	Do you go outside for exercise three or more times a week?	25%	40%	25%	50%
11.8	Do you go on association more than five times each week?	38%	43%	38%	25%
11.9	Do you spend ten or more hours out of your cell on a weekday?	5%	9%	5%	9%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	25%	31%	25%	33%
12.2	Have you had any problems with sending or receiving mail?	54%	48%	54%	57%
12.3	Have you had any problems getting access to the telephones?	45%	35%	45%	35%
12.4	Is it easy/ very easy for your friends and family to get here?	28%	35%	28%	39%

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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?	57%	62%	57%	52%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	48%	45%	48%	44%
13.2	Contact by letter?	27%	27%	27%	28%
13.2	Contact by phone?	18%	13%	18%	13%
13.2	Contact by visit?	27%	34%	27%	33%
13.3	Do you have a named offender supervisor in this prison?	24%	31%	24%	21%
For those who are sentenced:					
13.4	Do you have a sentence plan?	18%	32%	18%	20%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	65%	54%	65%	53%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	59%	48%	59%	25%
13.6	Offender supervisor?	35%	33%	35%	32%
13.6	Offender manager?	29%	25%	29%	25%
13.6	Named/ personal officer?	12%	11%	12%	7%
13.6	Staff from other departments?	5%	17%	5%	25%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	24%	50%	24%	33%
13.8	Are there plans for you to achieve any of your targets in another prison?	52%	28%	52%	23%
13.9	Are there plans for you to achieve any of your targets in the community?	33%	31%	33%	18%
13.10	Do you have a needs based custody plan?	8%	7%	8%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	10%	11%	10%	10%
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?	25%	26%	25%	25%
13.12	Accommodation?	32%	32%	32%	34%
13.12	Benefits?	26%	34%	26%	34%
13.12	Finances?	14%	21%	14%	15%
13.12	Education?	24%	27%	24%	20%
13.12	Drugs and alcohol?	35%	40%	35%	46%
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?	33%	45%	33%	44%

Diversity analysis



Key question responses (ethnicity and religion) HMP Bristol 2017

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	Muslim prisoners	Non-Muslim 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		44	113	18	133
1.3	Are you sentenced?	57%	70%	44%	70%
1.5	Are you a foreign national?	10%	10%	12%	10%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	95%	98%	100%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			95%	19%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%	0%	6%
1.1	Are you Muslim?	41%	1%		
1.12	Do you consider yourself to have a disability?	30%	49%	23%	45%
1.13	Are you a veteran (ex-armed services)?	0%	5%	0%	4%
1.14	Is this your first time in prison?	34%	29%	28%	30%
2.6	Were you treated well/very well by the escort staff?	59%	74%	39%	73%
2.7	Before you arrived here were you told that you were coming here?	50%	69%	39%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	60%	79%	41%	77%
3.3	Were you treated well/very well in reception?	57%	71%	39%	72%
3.4	Did you have any problems when you first arrived?	88%	82%	89%	83%
3.7	Did you have access to someone from health care when you first arrived here?	56%	71%	41%	68%
3.9	Did you feel safe on your first night here?	47%	65%	39%	62%
3.10	Have you been on an induction course?	66%	73%	72%	70%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	25%	29%	26%	27%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim 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?	28%	52%	17%	50%
4.4	Are you normally able to have a shower every day?	82%	85%	95%	85%
4.4	Is your cell call bell normally answered within five minutes?	7%	16%	0%	16%
4.5	Is the food in this prison good/very good?	5%	24%	0%	20%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	19%	50%	23%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	23%	54%	5%	49%
4.8	Do you feel your religious beliefs are respected?	43%	31%	32%	33%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	40%	45%	29%	45%
5.1	Is it easy to make an application?	47%	62%	41%	59%
5.3	Is it easy to make a complaint?	25%	28%	28%	25%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	25%	39%	13%	37%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	34%	36%	37%	34%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	21%	17%	24%	17%
7.1	Do most staff, in this prison, treat you with respect?	52%	73%	37%	70%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	57%	70%	50%	67%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	5%	28%	0%	22%
7.4	Do you have a personal officer?	11%	15%	5%	15%
8.1	Have you ever felt unsafe here?	73%	53%	84%	56%
8.2	Do you feel unsafe now?	48%	27%	72%	27%
8.3	Have you been victimised by other prisoners?	40%	42%	44%	40%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	30%	28%	39%	26%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	14%	5%	33%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	10%	5%	16%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	4%	5%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	9%	5%	8%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim 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				
8.6	Have you been victimised by a member of staff?	41%	27%	44%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	23%	14%	28%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	3%	12%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	3%	12%	2%
8.7	Have you been victimised because of your nationality? (By staff)	7%	2%	12%	2%
8.7	Have you been victimised because you have a disability? (By staff)	7%	9%	5%	9%
9.1	Is it easy/very easy to see the doctor?	12%	21%	16%	18%
9.1	Is it easy/ very easy to see the nurse?	35%	48%	41%	45%
9.4	Are you currently taking medication?	57%	63%	41%	64%
9.6	Do you feel you have any emotional well being/mental health issues?	47%	55%	47%	52%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	54%	29%	55%
11.2	Are you currently working in the prison?	47%	56%	43%	53%
11.2	Are you currently undertaking vocational or skills training?	19%	6%	15%	9%
11.2	Are you currently in education (including basic skills)?	32%	8%	29%	14%
11.2	Are you currently taking part in an offending behaviour programme?	8%	1%	6%	3%
11.4	Do you go to the library at least once a week?	37%	22%	33%	25%
11.6	Do you go to the gym three or more times a week?	29%	22%	20%	24%
11.7	Do you go outside for exercise three or more times a week?	25%	25%	33%	25%
11.8	On average, do you go on association more than five times each week?	45%	35%	39%	39%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	6%	6%	6%
12.2	Have you had any problems sending or receiving mail?	68%	49%	75%	55%
12.3	Have you had any problems getting access to the telephones?	50%	43%	69%	42%

Diversity Analysis



Key question responses (disability and age over 50) HMP Bristol 2017

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

Key to tables

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
	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		70	89	26	134
1.3	Are you sentenced?	70%	62%	84%	62%
1.5	Are you a foreign national?	7%	11%	0%	12%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	96%	99%	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.)	19%	35%	20%	30%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%	0%	5%
1.1	Are you Muslim?	6%	16%	0%	14%
1.12	Do you consider yourself to have a disability?			40%	45%
1.13	Are you a veteran (ex-armed services)?	6%	2%	9%	3%
1.14	Is this your first time in prison?	29%	29%	28%	29%
2.6	Were you treated well/very well by the escort staff?	68%	72%	84%	67%
2.7	Before you arrived here were you told that you were coming here?	70%	59%	72%	62%
3.2	When you were searched in reception, was this carried out in a respectful way?	69%	77%	92%	70%
3.3	Were you treated well/very well in reception?	65%	68%	82%	63%
3.4	Did you have any problems when you first arrived?	86%	83%	79%	86%
3.7	Did you have access to someone from health care when you first arrived here?	66%	67%	67%	67%
3.9	Did you feel safe on your first night here?	59%	60%	77%	56%
3.10	Have you been on an induction course?	72%	72%	75%	72%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	20%	34%	42%	25%

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	Prisoners aged 50 and over	Prisoners under the age of 50
	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?	39%	49%	65%	42%
4.4	Are you normally able to have a shower every day?	81%	88%	74%	86%
4.4	Is your cell call bell normally answered within five minutes?	5%	20%	26%	11%
4.5	Is the food in this prison good/very good?	12%	22%	21%	17%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	44%	38%	50%	39%
4.7	Are you able to speak to a Listener at any time, if you want to?	56%	36%	46%	44%
4.8	Do you feel your religious beliefs are respected?	31%	35%	47%	31%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	47%	39%	42%	42%
5.1	Is it easy to make an application?	62%	55%	67%	56%
5.3	Is it easy to make a complaint?	29%	26%	47%	24%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	32%	47%	32%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	34%	34%	26%	35%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	21%	15%	13%	18%
7.1	Do most staff, in this prison, treat you with respect?	63%	70%	78%	65%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	68%	64%	77%	64%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of @time)	20%	21%	25%	19%
7.4	Do you have a personal officer?	16%	12%	17%	13%
8.1	Have you ever felt unsafe here?	67%	53%	42%	63%
8.2	Do you feel unsafe now?	41%	27%	9%	38%
8.3	Have you been victimised by other prisoners?	49%	34%	29%	43%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	34%	23%	12%	31%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	6%	0%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	2%	0%	7%
8.5	Have you been victimised because of your nationality? (By prisoners)	9%	0%	0%	5%
8.5	Have you been victimised because of your age? (By prisoners)	9%	1%	4%	5%
8.5	Have you been victimised because you have a disability? (By prisoners)	16%	0%	4%	8%

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	Prisoners aged 50 and over	Prisoners under the age of 50
	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?	44%	22%	26%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	21%	13%	9%	18%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (staff)	8%	2%	0%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	0%	0%	4%
8.7	Have you been victimised because of your nationality? (By staff)	8%	0%	0%	4%
8.7	Have you been victimised because of your age? (By staff)	3%	2%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	18%	1%	9%	8%
9.1	Is it easy/very easy to see the doctor?	15%	20%	12%	19%
9.1	Is it easy/ very easy to see the nurse?	44%	43%	45%	44%
9.4	Are you currently taking medication?	74%	52%	92%	57%
9.6	Do you feel you have any emotional well being/mental health issues?	76%	36%	40%	56%
10.3	Is it easy/very easy to get illegal drugs in this prison?	61%	48%	50%	54%
11.2	Are you currently working in the prison?	53%	55%	55%	55%
11.2	Are you currently undertaking vocational or skills training?	5%	13%	13%	9%
11.2	Are you currently in education (including basic skills)?	8%	19%	13%	15%
11.2	Are you currently taking part in an offending behaviour programme?	2%	4%	4%	3%
11.4	Do you go to the library at least once a week?	17%	34%	19%	28%
11.6	Do you go to the gym three or more times a week?	19%	30%	23%	25%
11.7	Do you go outside for exercise three or more times a week?	22%	27%	25%	25%
11.8	On average, do you go on association more than five times each week?	28%	46%	59%	33%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	1%	9%	13%	4%
12.2	Have you had any problems sending or receiving mail?	53%	56%	29%	60%
12.3	Have you had any problems getting access to the telephones?	48%	43%	25%	49%



Prisoner survey responses HMP Bristol 2017 Vulnerable Prisoner Comparator

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

		A Wing (vulnerable prisoner unit)	B, C, D, F and G Wings
	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		34	123
SECTION 1: General information			
1.2	Are you under 21 years of age?	3%	4%
1.3	Are you sentenced?	73%	63%
1.3	Are you on recall?	3%	13%
1.4	Is your sentence less than 12 months?	17%	24%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	9%	4%
1.5	Are you a foreign national?	6%	10%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	17%	32%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	6%
1.1	Are you Muslim?	6%	14%
1.11	Are you homosexual/gay or bisexual?	12%	1%
1.12	Do you consider yourself to have a disability?	38%	44%
1.13	Are you a veteran (ex-armed services)?	12%	2%
1.14	Is this your first time in prison?	50%	23%
1.15	Do you have any children under the age of 18?	47%	55%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	24%	30%
2.5	Did you feel safe?	68%	68%
2.6	Were you treated well/very well by the escort staff?	65%	71%
2.7	Before you arrived here were you told that you were coming here?	50%	69%
2.8	When you first arrived here did your property arrive at the same time as you?	68%	64%

Key to tables

	Any percentage highlighted in green is significantly better	A Wing (vulnerable prisoner unit)	B, C, D, F and G 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		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	27%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	68%	76%
3.3	Were you treated well/very well in reception?	58%	70%
	When you first arrived:		
3.4	Did you have any problems?	81%	85%
3.4	Did you have any problems with loss of property?	35%	30%
3.4	Did you have any housing problems?	13%	24%
3.4	Did you have any problems contacting employers?	3%	6%
3.4	Did you have any problems contacting family?	42%	49%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	4%
3.4	Did you have any money worries?	16%	24%
3.4	Did you have any problems with feeling depressed or suicidal?	29%	28%
3.4	Did you have any physical health problems?	19%	29%
3.4	Did you have any mental health problems?	16%	36%
3.4	Did you have any problems with needing protection from other prisoners?	19%	7%
3.4	Did you have problems accessing phone numbers?	35%	45%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	56%	84%
3.6	A shower?	15%	20%
3.6	A free telephone call?	9%	30%
3.6	Something to eat?	65%	65%
3.6	PIN phone credit?	21%	41%
3.6	Toiletries/ basic items?	50%	54%

Key to tables

	Any percentage highlighted in green is significantly better	A Wing (vulnerable prisoner unit)	B, C, D, F and G 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		
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?	38%	38%
3.7	Someone from health services?	71%	67%
3.7	A Listener/Samaritans?	35%	21%
3.7	Prison shop/ canteen?	21%	10%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	21%	31%
3.8	Support was available for people feeling depressed or suicidal?	21%	23%
3.8	How to make routine requests?	12%	18%
3.8	Your entitlement to visits?	17%	14%
3.8	Health services?	32%	35%
3.8	The chaplaincy?	27%	31%
3.9	Did you feel safe on your first night here?	44%	64%
3.10	Have you been on an induction course?	79%	71%
3.12	Did you receive an education (skills for life) assessment?	73%	60%
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?	28%	28%
4.1	Attend legal visits?	25%	33%
4.1	Get bail information?	10%	6%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44%	45%
4.3	Can you get legal books in the library?	33%	21%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	43%	45%
4.4	Are you normally able to have a shower every day?	94%	83%
4.4	Do you normally receive clean sheets every week?	72%	53%
4.4	Do you normally get cell cleaning materials every week?	28%	31%
4.4	Is your cell call bell normally answered within five minutes?	13%	15%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	66%	54%
4.4	Can you normally get your stored property, if you need to?	24%	8%
4.5	Is the food in this prison good/very good?	24%	17%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	39%
4.7	Are you able to speak to a Listener at any time, if you want to?	59%	40%
4.8	Are your religious beliefs are respected?	41%	32%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	47%	41%
4.10	Is it easy/very easy to attend religious services?	41%	38%

Key to tables

	Any percentage highlighted in green is significantly better	A Wing (vulnerable prisoner unit)	B, C, D, F and G 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		
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	55%	60%
5.3	Is it easy to make a complaint?	33%	26%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	28%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	18%	13%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	39%	32%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	27%	35%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	17%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	73%	65%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	87%	60%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	50%	27%
7.4	Do staff normally speak to you most of the time/all of the time during association?	35%	17%
7.5	Do you have a personal officer?	21%	12%

Key to tables

	Any percentage highlighted in green is significantly better	A Wing (vulnerable prisoner unit)	B, C, D, F and G 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		
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	59%	59%
8.2	Do you feel unsafe now?	31%	32%
8.4	Have you been victimised by other prisoners here?	53%	35%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	27%	15%
8.5	Hit, kicked or assaulted you?	21%	17%
8.5	Sexually abused you?	6%	1%
8.5	Threatened or intimidated you?	32%	24%
8.5	Taken your canteen/property?	15%	17%
8.5	Victimised you because of medication?	12%	9%
8.5	Victimised you because of debt?	6%	6%
8.5	Victimised you because of drugs?	12%	8%
8.5	Victimised you because of your race or ethnic origin?	6%	8%
8.5	Victimised you because of your religion/religious beliefs?	9%	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?	9%	5%
8.5	Victimised you because you are from a traveller community?	3%	4%
8.5	Victimised you because of your sexual orientation?	9%	3%
8.5	Victimised you because of your age?	3%	5%
8.5	Victimised you because you have a disability?	6%	6%
8.5	Victimised you because you were new here?	24%	15%
8.5	Victimised you because of your offence/crime?	27%	4%
8.5	Victimised you because of gang related issues?	9%	6%

Key to tables

	Any percentage highlighted in green is significantly better	A Wing (vulnerable prisoner unit)	B, C, D, F and G 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		
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	33%	30%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	12%	12%
8.7	Hit, kicked or assaulted you?	9%	7%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	21%	14%
8.7	Victimised you because of medication?	0%	9%
8.7	Victimised you because of debt?	3%	2%
8.7	Victimised you because of drugs?	3%	3%
8.7	Victimised you because of your race or ethnic origin?	6%	4%
8.7	Victimised you because of your religion/religious beliefs?	3%	3%
8.7	Victimised you because of your nationality?	3%	4%
8.7	Victimised you because you were from a different part of the country?	0%	7%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	3%	2%
8.7	Victimised you because of your age?	0%	4%
8.7	Victimised you because you have a disability?	6%	9%
8.7	Victimised you because you were new here?	3%	6%
8.7	Victimised you because of your offence/crime?	9%	4%
8.7	Victimised you because of gang related issues?	0%	4%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	22%	17%
9.1	Is it easy/very easy to see the nurse?	61%	41%
9.1	Is it easy/very easy to see the dentist?	15%	8%
9.4	Are you currently taking medication?	52%	64%
9.6	Do you have any emotional well being or mental health problems?	51%	52%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	15%	35%
10.2	Did you have a problem with alcohol when you came into this prison?	12%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	60%	51%
10.4	Is it easy/very easy to get alcohol in this prison?	27%	19%
10.5	Have you developed a problem with drugs since you have been in this prison?	6%	17%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	10%

Key to tables

	Any percentage highlighted in green is significantly better	A Wing (vulnerable prisoner unit)	B, C, D, F and G 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		
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	43%	27%
11.1	Vocational or skills training?	26%	24%
11.1	Education (including basic skills)?	26%	27%
11.1	Offending Behaviour Programmes?	13%	7%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	72%	50%
11.2	Vocational or skills training?	9%	10%
11.2	Education (including basic skills)?	13%	15%
11.2	Offending Behaviour Programmes?	0%	4%
11.4	Do you go to the library at least once a week?	44%	22%
11.5	Does the library have a wide enough range of materials to meet your needs?	24%	17%
11.6	Do you go to the gym three or more times a week?	27%	25%
11.7	Do you go outside for exercise three or more times a week?	18%	27%
11.8	Do you go on association more than five times each week?	49%	35%
11.9	Do you spend ten or more hours out of your cell on a weekday?	9%	5%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	32%	22%
12.2	Have you had any problems with sending or receiving mail?	48%	55%
12.3	Have you had any problems getting access to the telephones?	43%	46%
12.4	Is it easy/ very easy for your friends and family to get here?	18%	32%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	34%	21%
13.10	Do you have a needs based custody plan?	7%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	10%	11%