

Report on a scrutiny visit to

HMP Bristol

by HM Chief Inspector of Prisons

14 and 22-23 September 2020

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Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary, available on our website at: <http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Certified normal accommodation (CNA) and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

End of custody temporary release scheme

A national scheme through which risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody. This scheme was paused in August 2020. See: <https://www.gov.uk/government/publications/covid-19-prison-releases>

Key worker

The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers will have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Personal protective equipment (PPE)

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Purple Visits

A secure video calling system commissioned by HM Prison and Probation Service (HMPPS). This system requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

Recovery plan

Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime (4) to the least (1) as they ease COVID-19 restrictions.

Reverse cohort unit (RCU)

Unit where newly-arrived prisoners are held in quarantine for 14 days.

Shielding

Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

Social care package

A level of personal care to address needs identified following a social needs assessment under taken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

Social/physical distancing

The practice of staying two metres apart from other individuals, recommended by Public Health England as a measure to reduce the transmission of COVID-19.

Introduction

This report presents the findings from our scrutiny visit to HMP Bristol and reports on the conditions and treatment of prisoners during the COVID-19 pandemic. Bristol is a category B local and resettlement prison holding approximately 500 young and adult male prisoners.

Following our most recent inspection of Bristol, in May – June 2019, I was so concerned at the outcomes we observed that I wrote to the Secretary of State on 11 June 2019 invoking the Urgent Notification (UN) process. That inspection was, at the time, the latest in a series of visits to Bristol where we had reported on declining standards and either poor or insufficiently good outcomes across all our tests of a healthy prison. At the time, and following our protocol with the Ministry of Justice, the Secretary of State responded publicly to the UN, explaining how outcomes for those detained would be improved. A scrutiny visit does not have the scope or capacity to fully follow up a situation such as this one, but I am pleased to report that we saw enough to be confident that, in our view, Bristol was a much-improved institution.

We found a now well-led establishment that had taken a more thoughtful approach to regime restrictions than we have seen in other prisons. Given the high levels of suicide and self-harm in the prison, appropriate care had been taken to balance the risk of the virus against the impact on prisoners' mental well-being of a very restricted regime. Within the limitations of the national restrictions, the governor had used some local initiative to keep activities open and maximise time unlocked, which had reduced prisoners' frustration. Although the time prisoners could spend outside their cells was limited for some to a minimum of one hour 45 minutes a day, almost half the prisoners were out for considerably longer, engaging in a variety of purposeful activities.

All workshops had remained open during the pandemic, albeit with reduced numbers to enable safe social distancing. A proactive group of PE staff had provided frequent access to structured outside physical activity throughout the period. The new and impressive education facility had very recently reopened to allow small groups of prisoners to access direct learning. Good use was made of peer mentors to provide support, and prisoner work parties had continued to improve living conditions and the cleanliness of the environment.

These efforts to maximise the time that prisoners could be unlocked and engaged in activity were underpinned by a robust approach to cleanliness and social distancing. We saw effective social distancing by prisoners and staff, despite staff reporting in our survey that it was difficult to do so. Communal areas were cleaned frequently by trained 'COVID cleaners' and there were hand sanitising stations at the entrance to buildings to minimise the risk of transmission of the virus.

There had been no confirmed COVID-19 cases among prisoners since the start of the pandemic. The management team had applied appropriate restrictions to manage the risks associated with the COVID-19 virus and had implemented quarantine and shielding arrangements in accordance with national directives.

Strategic and partnership meetings and various initiatives had not been suspended at the start of regime restrictions as we have found in some other prisons. On the contrary, a dynamic and motivated management team had maintained good oversight and taken the opportunity to innovate during this period. There was evidence of recent improvements in important areas of safety, respect and purposeful activity.

Managerial oversight and governance of safety were very good. A significant effort had been made to understand the causal factors of violence and self-harm which took into consideration the impact of the restricted regime. There were encouraging trends in the level of violence but use of force was at a similar level to the period before March. High levels of suicide and self-harm, however, remained a concern, with two self-inflicted deaths in 2020 and one further very recent unexplained death which

was under investigation. Recorded self-harm incidents were three times higher than at comparator prisons. Considerable effort had been made to reduce self-harm, and there were very early indications that these initiatives might be having an impact.

We witnessed many positive interactions between staff and prisoners. These observations were reflected in our survey where 72% of prisoners said that staff treated them with respect. Key work was limited to the most vulnerable prisoners, but weekly welfare checks were in place for all. In our survey, the majority of prisoners said they had been treated fairly under the new incentives scheme, and we were impressed by the focus on positive behaviour that it provided. The recent introduction of a prison shop supplying snack items, and another for prisoners to purchase smart and casual clothes at affordable prices, was also positive.

Communication had been good, with 81% of prisoners in our survey saying that the restrictions had been explained to them. An elected prisoner council had continued to meet senior managers throughout the pandemic. Several surveys had been conducted for prisoners with protected characteristics to understand their needs and concerns during the pandemic. The support for prisoners with disabilities and those requiring social care had improved significantly since our previous inspection in 2019. However, our survey found some concerning perceptions among prisoners from a black, Asian, mixed or minority ethnic background, which needed to be addressed.

Significant improvements, which included new showers and serveries, had been made to the living conditions in some areas. A local decency team of staff and prisoners was involved in the ongoing refurbishment of residential accommodation. Although mostly clean, tidy and free of graffiti, some accommodation remained poor in areas that had not yet been refurbished.

Good partnership work had ensured that emergency health care and an increasing level of routine care had remained available. However, dental needs were not being fully met due to national restrictions and local access issues. At the time of our visit, 99 prisoners were on the waiting list for treatment, and some had been waiting for more than six months. As a result, outcomes were deteriorating. We were told, for example, that teeth were being extracted that might otherwise have been treatable.

Social visits had resumed earlier than in many prisons. Visits were managed with sensitivity and suitable exercise of discretion, while reflecting Public Health England advice. The introduction of video calling (Purple Visits, see Glossary of terms) to family and friends was appreciated by prisoners.

Sentence planning and risk assessment processes were up to date, but we found deficiencies in some public protection work which was a concern. An increase in the use of in-cell telephones during the pandemic had led to a substantial backlog of phone monitoring which the prison urgently needed to address.

Release planning by the community rehabilitation company was mostly conducted through written correspondence with the prisoner, but face-to-face work was expected to increase with the opening of the new resettlement centre. The percentage of prisoners released without settled accommodation had reduced since our last inspection (when it was 47%) but, at 25% during the pandemic, was still far too high.

It was evident during this visit that at long last there had been important changes at Bristol. Not only had the response to the pandemic been very well managed with the support of the prison group director, but strong and energetic leadership had kept work going during this period to improve the prison. We found a more purposeful, safe and decent establishment than at the time of our previous inspection, despite the regime restrictions. The prison now needs the opportunity to embed and sustain this progress with continued additional support from HM Prison and Probation Service.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons
September 2020

Fact page

Task of the establishment

HMP Bristol is a category B local and resettlement prison holding adult and young adult males

Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of this visit: 489

Baseline certified normal capacity: 406

In-use certified normal capacity: 406

Operational capacity: 505

Prison status (public or private) and key providers

Public

Physical health provider: Bristol Community Health and Hanham Secure Health

Mental health provider: Avon and Wiltshire NHS Partnership Trust (Prime Contract holder)

Substance use treatment provider: Avon and Wiltshire NHS Partnership Trust

Prison education framework provider: Weston College

Community rehabilitation company (CRC): Bristol, Gloucestershire, Somerset and Wiltshire CRC which contracts Catch 22

Escort contractor: Serco

Prison group/Department

South-west

Brief history

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

Short description of residential units

A wing: 126-bed wing, general population.

B wing: 99 single cells, mainly enhanced or super-enhanced prisoners. No in-cell sanitation.

C wing: 148-bed wing, incorporating the first night centre, integrated drug treatment system/drug recovery and a dedicated detoxification unit on C3. Reverse cohort unit and PIU are also located on C wing.

D wing and F wing annex: 116-bed wing containing the induction centre. D wing is for vulnerable prisoners.

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

G wing: 125-bed wing, general population.

Brunel unit: reintegration unit holding prisoners with complex mental and physical health needs

Name of governor and date in post

James Lucas, July 2019

Independent Monitoring Board chair

Eleanor Agar

Date of last inspection

May/June 2019

About this visit and report

- A1 Her Majesty's Inspectorate of Prisons (HMI 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 visits 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 During a standard, full inspection HMI Prisons reports against *Expectations*, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.
- A4 HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.
- A5 HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge, and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: <http://www.justiceinspectors.gov.uk/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>.
- A6 As restrictions in the community are eased, and establishments become more stable, we have expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) which focus on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.
- A7 SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in

response to COVID-19, and the impact they are having on the treatment of and conditions for prisoners during the recovery phase. SVs look at key areas based on a selection of our existing *Expectations*, which were chosen following a further human rights scoping exercise and consultation.

- A8 Each SV report includes an introduction, which will provide an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. Reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings will be set out under each of our four healthy prison assessments.
- A9 SVs are carried out over two weeks, but will entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: <http://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prisons/covid-19/scrutiny-visits/>

Summary of key findings

Key concerns and recommendations

- S1 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.
- S2 **Key concern:** There had been two confirmed self-inflicted deaths during 2020 with a third very recent unexplained death still under investigation. Despite a coordinated and well considered approach to improving safety and to understanding why prisoners self-harmed, levels of self-harm remained much higher than at most other local prisons.
- Recommendation: Levels of suicide and self-harm must be reduced with a high-priority and dynamic approach and this should be continued, sustained and developed further.**
(To the Governor)
- S3 **Key concern:** Restricted access to routine care and long waiting lists prevented dental health needs from being fully met. The wait for routine care was as long as six months and increasing because there was no national prison policy on aerosol-generating procedures. Some prisoners waiting for dental treatment experienced a decline in their dental health which for some resulted in additional pain and at times tooth loss. In addition, about a third of emergency appointments were lost because not enough prison officers were available to escort prisoners at the due time. This created further delays.
- Recommendation: Prisoners requiring dental treatment to preserve dental health should have timely access to dental care equivalent to that available in the community.**
(To HMPPS and the Governor)
- S4 **Key concern:** There were weaknesses in the management of public protection. Since March, monthly interdepartmental risk management team meetings had not always taken place and most were poorly attended. Not all high-risk prisoners' cases were discussed at the meeting in good time before they were released. The prison had been too slow to address the increasing number of telephone calls needing to be monitored, which resulted in a substantial backlog of calls that had still not been listened to.
- Recommendation: There should be good, multidisciplinary attendance at monthly interdepartmental risk management team (IRMT) meetings and all high-risk prisoners' cases should be discussed as appropriate and in good time before they are released. The backlog in telephone monitoring should be eliminated as a matter of urgency.**
(To the Governor)
- S5 **Key concern:** Catch 22 (the Community Rehabilitation Company provider responsible for resettlement services) had started to develop innovative provision with community partners, such as Bristol City Council, to meet prisoners' accommodation needs. The percentage of prisoners (47%) released without settled accommodation had reduced since our last inspection but, at 25% during the pandemic, was still far too high.

Recommendation: The prison should continue to work with community partners, with appropriate support from HMPPS, to ensure that no prisoners are released without settled accommodation.

(To HMPPS and the Governor)

Notable positive practice

S6 We define notable positive practice as innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

S7 Inspectors found the following examples of notable positive practice during this visit.

- A range of data from the previous week was scrutinised at the weekly safety action meeting, including incidents, near misses, use of force and security intelligence, and immediate actions were formulated (see paragraph 1.16).
- The weekly use of force learning panel reviewed all incidents of use of force to identify good practice and areas of concern so that immediate action could be taken, practice improved and learning shared with all front-line staff (see paragraph 1.18).
- Prisoners were able to select from a choice of hot food at breakfast each weekday. This option was positive, particularly during a restricted regime, and an improvement on the often meagre breakfast packs that we see elsewhere (see paragraph 2.12).
- The introduction of internal prison shops enabled prisoners to buy additional food and smart and casual clothes at affordable prices. This created a sense of normality and was an innovative approach to motivating positive behaviour (see paragraph 2.14).
- Purposeful activity that was safe and appropriately socially distanced had been maintained for about 44% of the population throughout the restricted regime (see paragraph 3.2).
- The prison recognised that prisoners and their families had had limited contact during the pandemic. Visits were managed with sensitivity and suitable exercise of discretion, while reflecting the advice of Public Health England. For example, a father was allowed to hold his new-born baby for a short period. No disproportionate sanctions were imposed on the rare occasions when visits restrictions were breached (see paragraph 4.3).

Section 1. Safety

In this section, we report mainly on leadership and management; arrival and early days; managing prisoner behaviour; and support for the most vulnerable prisoners, including those at risk of self-harm.

Leadership and management

- I.1** Strategic and partnership meetings had not been suspended at the start of COVID-19 regime restrictions as we have found in some prisons. A dynamic and motivated management team had maintained good governance and oversight and used the opportunity to innovate. There was some evidence of recent improvements in safety, decency and purposeful activity.
- I.2** The prison had taken a measured and thoughtful approach to introducing restrictions. Given the high levels of suicide and self-harm in the prison, appropriate care had been taken to balance the risk of the virus against the impact of restrictions on prisoners' mental health and well-being. The governor had taken the local initiative of keeping activities open which had reduced prisoners' frustration. This was underpinned by a robust approach to cleanliness and social distancing (see Glossary of terms). While the requirement for national approval of regime recovery plans set limitations (see Glossary of terms), Bristol had been one of the first prisons to re-introduce social visits. These were managed with sensitivity and an appropriate exercise of discretion, while reflecting the advice of Public Health England.
- I.3** The management team had applied appropriate restrictions to the management of risks associated with COVID-19 and had implemented quarantine and shielding arrangements (see Glossary of terms) in accordance with national directives. There had been no confirmed COVID-19 cases among prisoners since the start of the pandemic.
- I.4** Clear signage and procedures to promote social distancing were in place around the prison and there were hand sanitising stations at the entrance to buildings. We saw clear efforts by prisoners and staff to socially distance, despite 61% of staff (85% of frontline operational staff) saying in our survey that it was difficult to keep a social distance. Communal areas were cleaned frequently by trained 'COVID cleaners' to minimise the risk of transmission of the virus.
- I.5** Communication had been good and 81% of prisoners in our survey said that the restrictions had been explained to them. The same percentage felt that the restrictions were necessary. Two-thirds of prisoners said they had been kept safe from the virus.
- I.6** Managerial oversight and governance of safety were very good. Significant effort had been made to understand the causal factors of violence and self-harm including the impact of the restricted regime. We found encouraging trends in the level of violence, although use of force was at a similar level to the period before the pandemic. However, the high levels of suicide and self-harm remained a concern. Considerable effort had been made to reduce self-harm, and there were early indications that this was beginning to take effect.
- I.7** The prison had received additional support from HM Prison and Probation Service (HMPPS) following our urgent notification in 2019. This had been used to good effect and a planned programme of improvements to living conditions had continued since the start of the pandemic. Local teams of staff and prisoners had undertaken a 'clean and decent' project and refurbishment of residential accommodation.

- I.8** The management team had made every effort to maximise opportunities for time out of cell for prisoners. Although this was restricted for some to a minimum of one hour 45 minutes, almost half the prisoners were out of their cells for considerably longer for various forms of purposeful activity. Workshops had continued to operate safely, albeit with reduced capacity. Good use was made of peer mentors to provide support, and prisoner work parties had continued to improve living conditions and the cleanliness of the environment. Prisoners had frequent access to PE outside. Direct learning for small groups of prisoners was also re-starting in the new education facility.

Arrival and early days

- I.9** Transport arrangements to the prison from courts and nearby police stations were appropriately focused on the management of the risks posed by COVID-19. Escort vans that we observed were clean and sanitised between use.
- I.10** Movements through reception had reduced during the year to about 50 prisoners a week. Most of these prisoners had been newly remanded into custody or were attending court hearings.
- I.11** The reception area was clean and the need for social distancing was carefully managed in the limited space. Few prisoners remained in reception for more than two hours and new arrivals were gathered together in small groups in holding rooms before being taken to the first night centre on D wing. Prisoners we spoke to were positive about their experience on arrival. We saw peer workers helping to put new prisoners at ease, reassuring them and serving hot food and drinks when required.
- I.12** Personal safety interviews were conducted in private on the first night centre. New prisoners were then taken to the reverse cohort unit (RCU, see Glossary of terms) on C wing where they were kept separate from the rest of the population for 14 days. Cells were clean and in good order and the recently installed in-cell telephones enabled prisoners to contact friends and family to let them know of their arrival and wellbeing. Prisoners we spoke to appreciated the supportive interactions they had with staff on the unit and understood the reasons for being isolated for 14 days. They all had access to daily exercise in the open air and a domestic period equal to the minimum available elsewhere in the prison.
- I.13** Induction usually started the following day in the first night centre. We were satisfied that prisoners were given sufficient information to gain an understanding of the regime and facilities available.

Managing behaviour

- I.14** In our survey, 28% of prisoners said they felt unsafe and almost a quarter reported victimisation or bullying behaviour from other prisoners.
- I.15** Levels of assaults had fallen since the start of the pandemic and few assaults were serious. Levels of violence were slightly higher than the average for similar prisons and had peaked just before regime restrictions were introduced. Violence patterns among prisoners had changed with greater restrictions on the wings meaning more were being observed on exercise yards. Assaults on staff were frequent: it was evident that many were in response to staff challenging non-compliance and often involved prisoners spitting at staff or throwing liquids at them, often including excrement and urine.

- I.16** The prison was very proactive in trying to drive down violence. All incidents were, for example, quickly investigated to identify early lessons. The impressive weekly safety action meeting analysed a wide range of data and made dynamic changes to the operation of the prison to mitigate emerging risks.
- I.17** The number of local security intelligence reports submitted by staff had reduced considerably at the start of regime restrictions but had since returned to previous levels. Violence and drug related activity featured regularly. Effective intelligence assessment had contributed to the capture of a drone resulting in arrests in the community. The prison was well supported by the area search team of specially trained prison officers and the number of contraband finds was impressive.
- I.18** Levels of use of force had remained consistent across the previous 12 months at a rate slightly higher than the average for similar prisons. Only about half the incidents involved the use of physical restraint and the remainder featured guiding holds and the occasional use of handcuffs. There was an excellent level of managerial oversight and governance of the use of force. Use of force documentation was completed to a good standard, and the 100% completion rate was particularly impressive. All incidents were reviewed by a weekly use of force learning panel to identify good practice and areas of concern so that immediate changes could be made to procedures and future training influenced.
- I.19** The incentives scheme had been relaunched at the start of the pandemic with a focus on good behaviour. The benefits of being on the enhanced and 'super' enhanced levels provided a real incentive to behave well (see paragraph 2.14). Use of the basic level had been all but eradicated, and most prisoners said in our survey that they had been treated fairly under the scheme.
- I.20** The refurbished segregation unit was clean, well decorated and calm. Occupancy was consistently at a relatively low level. At the time of our visit, the four prisoners held there were subject to management plans. It was evident that staff/prisoner relationships were good and focused on encouraging prisoners back to normal location.
- I.21** The adjudications process was well managed and effective managerial oversight ensured that the system was used appropriately. Due consideration was given to the use of less formal procedures while ensuring that the most serious offences were appropriately referred to the Police or the independent adjudicator. There were very few outstanding adjudications which further demonstrated the effectiveness of oversight.

Support for the most vulnerable, including those at risk of self-harm

- I.22** Prisoners who wished to continue shielding remained on the designated shielding unit. Welfare checks were conducted routinely and prisoners were positive about the support they received.
- I.23** There had been two self-inflicted deaths during 2020 and one further very recent unexplained death which was under investigation. Initial learning points from the Prisons and Probation Ombudsman (PPO) enquiries had been adopted. The PPO action plan was reviewed and updated regularly, including consideration of historical recommendations to monitor continued compliance, which was good practice.
- I.24** Levels of self-harm were proportionately three times higher than at similar prisons. Considerable efforts had been made to understand the reasons for the high levels and to

reduce self-harm. Recent data suggested that these initiatives were beginning to take effect which was encouraging (see key concern and recommendation S2).

- I.25** The ACCT process (assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm) had been transformed since our last inspection in 2019 when the number of open ACCT documents had been extraordinarily high and unmanageable. Regular and routine management oversight ensured that ACCTs were now used more appropriately and few prisoners remained on open ACCTs for long periods. Prisoners we spoke to who were on an ACCT told us that they were well supported and knew how to access Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and the Samaritans. Listeners told us that they were well supported by the safer custody team and that the in-cell telephones provided the opportunity for regular supervision sessions with the Samaritans.
- I.26** The quality of ACCT documentation had improved since our inspection in 2019, but some was still below standard. We found poor care maps, reviews that were not sufficiently multidisciplinary and entries that were predictable and repetitive. The prison was aware of this and actions were being implemented to improve the quality of entries.
- I.27** The dynamic weekly safety interventions meeting was a key forum in which to consider the needs of prisoners and implement support measures across a range of safeguarding issues. The actions from these meetings contributed to the monthly strategic safety meeting and were added to the overarching safety action plan where appropriate. The safer custody helpline for families and friends, which we had previously criticised, was now routinely monitored.

Section 2. Respect

In this section, we report mainly on staff-prisoner relationships; living conditions; complaints, legal services, prisoner consultation, food and canteen; equality, diversity and faith; and health care.

Staff-prisoner relationships

- 2.1** The atmosphere throughout the prison was calm and staff were visible on residential units. Throughout our visit, we witnessed many positive and friendly interactions between staff and prisoners. These observations were reflected in our discussions with prisoners and in our survey where 72% of prisoners said that staff treated them with respect.
- 2.2** Contact between staff and prisoners related to their daily living needs and most prisoners said that there was a member of staff they could turn to if they had a problem. Despite this, less than half (47%) said that a member of staff had talked to them in the last week to see how they were getting on. This was in the context of key work sessions (see Glossary of terms) being limited to prisoners considered to be the most vulnerable such as younger prisoners, those on assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm (ACCT) reviews or with the potential to engage in violence. Efforts had been made to mitigate this and all prisoners were now receiving a weekly welfare check which was recorded in electronic case notes.
- 2.3** In our staff survey, more than three-quarters of staff said that they had felt supported during the COVID-19 crisis while a quarter said that morale had declined.

Living conditions

- 2.4** Significant improvements had been made to the living conditions in some areas since our urgent notification in 2019. A 'clean and decent' project included a local decency team (consisting of staff and prisoners) and a refurbishment project team. Both were instrumental in the ongoing refurbishment of residential accommodation (see paragraph 1.7).
- 2.5** A planned programme of improvement had also seen the refurbishment of some communal areas including replacement of food serveries, flooring and upgrades to showers to improve privacy. There had also been improvements to daily maintenance and there was no backlog at the time of our visit.
- 2.6** Much work remained to be done and many prisoners, including many new arrivals, remained in accommodation that was not decent and respectful. The external sanitation system was still in place in some units which lacked cell toilets and sinks, which was concerning. Prisoners using this system expressed frustration at the lack of access to running water to maintain their personal hygiene.
- 2.7** Trained prisoner cleaning parties ensured that communal areas, showers and dining facilities were well maintained and they were responsible for adhering to an advanced cleaning schedule that included the use of sanitising and disinfecting tablets. Janitor trollies had been purchased to store items safely and minimise the risk of cross contamination. Senior managers carried out regular decency checks of all areas.
- 2.8** Most cells were well equipped, and prisoners were afforded daily access to showers and time to clean their own accommodation. Processes for prisoners to access clean clothing

and toiletries had been reviewed and decency boxes had been placed on each unit for prisoners to obtain toiletries as required. The system worked well after initial teething problems and demonstrated the level of respect that staff had for prisoners.

Complaints, legal services, prisoner consultation and food and shop

- 2.9** The number of complaints had reduced since March and was lower than most similar prisons. However, in our survey, only 54% of prisoners said it was easy to make a written complaint. There were empty complaint boxes on some wings where prisoners had to request a form from staff or peer orderlies. Complaints were analysed and discussed at a regular performance meeting. Some improvements had ensued, such as guidance to staff to improve the quality and timeliness of responses to complaints.
- 2.10** Consultation with prisoners was good. A prisoner council had been implemented in January and progress had been sustained during the regime restrictions. Monthly meetings were chaired by elected prisoner representatives and a few senior managers attended regularly to ensure that actions were tracked through to completion.
- 2.11** The provision of food and items in the shop had not been affected by the restrictions. In our survey, 56% of prisoners said the food was good or reasonable. We found the food to be of good quality, although some prisoners told us that portion sizes were not always adequate. All prisoners received a weekly decency pack that included additional snacks and drinks.
- 2.12** Prisoners could select one of several choices for a hot breakfast each weekday and these were served fresh. This was a positive initiative, particularly during a restricted regime, and an improvement on the often meagre breakfast packs that we often see in other prisons.
- 2.13** The prison shop continued to operate effectively. A secondary check had been introduced to ensure that items ordered from the weekly DHL shop were accurate and sent to the correct location. This mitigated the risk of missing items and contributed to a safer environment.
- 2.14** Following discussions at the prisoner council, internal prison shops had been introduced for enhanced prisoners which supplied a range of snack items and smart casual clothes at affordable prices. This was an innovative method of motivating good behaviour.

Equality, diversity and faith

- 2.15** The strategic oversight of equality work had been suspended at the start of the restricted regime and had not started again until July. Since our inspection in 2019, senior managers had been appointed as equality leads and a designated senior lead had continued to interrogate local data to ensure that outcomes for prisoners were monitored. We saw the impact of this across several key areas such as use of force, adjudications and the allocation of activities. The learning and skills equality lead reviewed data for all protected characteristic groups for prisoners engaged in in-cell learning.
- 2.16** Several focus groups and surveys for prisoners with protected characteristics had been conducted since March with specific attention given to the restricted regime and how prisoners felt during that time. The cultural awareness of staff and prisoners had been raised in response to local and national events such as Black Lives Matter. Despite this, prisoners

from a black or minority ethnic background responded more negatively than their white peer group across several areas in our survey. This required further investigation.

- 2.17** Support for prisoners with disabilities and those requiring social care (see Glossary of terms) had improved significantly since 2019. A prisoner peer support ‘buddy’ scheme provided useful non-intrusive support for prisoners who needed additional assistance. Buddies were trained and supervised and had a clear understanding of their roles and responsibilities. An annexe had been developed for older prisoners and those with mobility impairments which afforded a safe environment for prisoners to live and shield with no unnecessary restrictions. More formal social care support was delivered by Agincare (see paragraph 2.28).
- 2.18** Despite the suspension of corporate worship, the chaplaincy remained active and supportive of prisoners including face-to-face pastoral support. Engagement had continued in core statutory duties such as ACCT reviews and segregation visits.
- 2.19** The chaplaincy had used alternatives to group worship such as Wayout TV (an in-cell communication tool for prisoners) to promote faith activity. There were plans to increase group study and worship gradually in smaller groups from October, although this had yet to be approved by HM Prison and Probation Service (HMPPS). Tablets were available for bereaved prisoners to watch funerals (see paragraph 4.6).

Health care

- 2.20** There was evidence of good partnership working between the prison, health care providers and commissioners and Public Health England. Regular local delivery and quality board meetings had continued to deliver robust oversight and risk management and the progression of improvement plans.
- 2.21** Outbreak control plans were in place and the oversight of COVID-19 risks was managed at regular outbreak control meetings with partners. There had been no positive cases among the prisoner group which was commendable for a local prison with a high throughput. Those presenting with symptoms were managed well, and there were clear pathways for prisoners requiring quarantine and those still choosing to shield.
- 2.22** The health care contribution during early days in custody had been reviewed and improved. This included an initial health screening, a more consistent approach to secondary screening and additional face-to-face contact with substance misuse and mental health staff. A mental health induction pack gave signposting advice, suggestions for exercise and coping strategies, which was a positive initiative.
- 2.23** GP and primary nursing care were delivered by Hanham Secure Health, and 50% of prisoners told us it was easy to see a nurse which was good during the current restrictions. Emergency care had continued, and an increasing amount of routine care was available through GP and primary care nurses. Other services such as the optician, which had only just recommenced, and the physiotherapist and chiropodist had yet to be restarted which was problematic, for example, prisoners who had broken their glasses had not been able to replace them. This meant that these men had been unable to read or see the television over a period of several months which was particularly frustrating for those who were locked in their cells for most of the day. This needed to be resolved as a matter of urgency. The oversight of long-term conditions was undertaken by the GPs, but not all prisoners had an individual care plan and some care remained outstanding, such as diabetic foot care and timely asthma reviews.
- 2.24** Avon and Wiltshire Mental Health Trust (AWP) delivered mental health and substance misuse services. Mental health needs were high. In our survey, 62% of prisoners said they

had a mental health problem. Five were awaiting a mental health transfer and were experiencing delays beyond the national guidance. Two of these patients were highly complex and challenging and had been placed in the Brunel reintegration unit where a diverse and skilled group of wing staff managed them sensitively while they awaited a bed in a secure unit. The mental health team was effectively led. They had a good skill mix and delivered comprehensive care. Waiting times were good except for the clinical psychologist where resources did not meet demand adequately. A psychiatrist had oversight of prisoners with severe and enduring mental health problems and AWP provided additional specialist input for prisoners with autism or ADHD (attention deficit hyperactivity disorder) when required. This was positive.

- 2.25** Substance misuse services delivered a good range of face-to-face interventions and in-cell packs. Eighty-five prisoners were receiving opiate substitution medication at the time of our visit. All GPs were Royal College of General Practitioners trained and remained responsible for clinical reviews.
- 2.26** Dental teams had remained on site throughout the regime restrictions, but only 9% of prisoners in our survey said it was easy to see a dentist. Staff were triaging and providing emergency care as outlined in the NHS national guidance and were now keen to deliver more routine care in line with the community. The national prison policy restricting aerosol procedures had created even longer waiting times for routine care and these delays were affecting dental health outcomes for prisoners. Dental staff described the lack of permitted routine care as escalating tooth damage and, in some cases, teeth that might have been saved had had to be extracted (see key concern and recommendation S3).
- 2.27** At the time of our visit, 99 prisoners were on the dental waiting list, some of whom had been waiting since April. Many of these had started but not completed treatment before the pandemic, others had cracked teeth. Emergency clinics were running at a reduced capacity because there were additional COVID-19 requirements in the surgery. This was compounded by about a third of appointments being missed because of a lack of prison officers to escort prisoners. A local escalation process had been put in place to resolve this, but we observed contact with the orderly officer who was unable to provide a second officer so that the clinic could run to capacity.
- 2.28** Social care pathways were managed through a single point of contact in the safer custody team. Referrals were tracked and assessments undertaken by the local authority in a timely manner. Domiciliary care was provided by Agincare community care services who attended each day to see prisoners requiring a care package. Each of these prisoners had a comprehensive care plan available on the wing. Buddies who delivered non-intimate care were visible on the wings (see paragraph 2.17).
- 2.29** Medicines provision and administration were effective and managed well by the pharmacy and medicines management team. Some medication was delivered at cell doors and this needed review. Most of these medicines were supplied by the pharmacy with individual patient labels, although some methadone was dispensed into bottles by nurses for transporting and the labels were handwritten. This was not good practice.
- 2.30** Prisoners being released were reviewed and given medicines and naloxone (used to manage substance misuse overdose) if required. More robust community arrangements were made where necessary for those with mental health and substance misuse needs.

Section 3. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise.

- 3.1** A consistent regime had been delivered since the start of the pandemic, although time out of cell for some prisoners was restricted to 45 minutes with an additional hour of exercise in the open air. The 45 minutes were limited to activities such as cell cleaning and showers. The installation of in-cell telephones enabled prisoners to conduct these domestic activities without having to choose between family contact or hygiene as we have seen elsewhere.
- 3.2** The prison had adapted quickly at the beginning of national restrictions to review workshop capacity and the function of each area. It was positive that all work activity areas had remained open during the pandemic with reduced numbers to enable safe social distancing. A significant number of prisoners engaged in workplace activity (44%) had much longer time out of cell and in some cases more than 10 hours on weekdays.
- 3.3** Teaching staff had remained off site until June, but prison and education leads had continued regular dialogue and consultation. This contributed to the production of constructive in-cell educational activity packs which were promoted by specially designed applications during induction and by prisoner peer workers. More recently, managers had made sensible use of prison staff to visit each week all prisoners engaged in in-cell activity to provide support and guidance.
- 3.4** New arrivals continued to receive initial assessments to ensure that learning could be appropriately targeted to need. The new and impressive education facility had very recently reopened to allow small groups of prisoners to access direct learning.
- 3.5** At the beginning of restrictions, a supply of more than 200 books had been provided to all wings to support prisoner activity. New arrivals continued to have access to the library during induction and, following the return of trained librarians in June, a weekly out-reach programme was introduced with support from officers.
- 3.6** Following the closure of the gym in March, a proactive group of PE staff had produced a timetable to give all prisoners regular access to structured outside physical activity throughout the period of regime restrictions. PE staff had also reinstated a weekly run for prisoners in the open air. This was organised in small groups to ensure that social distancing and contact were managed in line with the guidance of Public Health England.
- 3.7** The timetable included regular early morning and evening sessions to give equal access to prisoners at work. Many prisoners we spoke to said that they appreciated the facilities which supported their mental and physical well-being.

Section 4. Rehabilitation and release planning

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

Contact with children and families

- 4.1** In our survey, 89% of prisoners said they were able to use the phone every day if they had credit. Prisoners appreciated access to in-cell telephones, which enabled them to maintain contact with families during the suspension of social visits.
- 4.2** Social visits had resumed on 14 July, earlier than in many prisons. Provision had recently been increased and prisoners could now have two one-hour visits a month.
- 4.3** The prison recognised that prisoners and their families had had limited contact during the pandemic. Visits were managed with sensitivity and suitable exercise of discretion, while observing Public Health England advice, for example a father was allowed to hold his newborn baby for a short period. However, social distancing requirements resulted in little privacy. No inappropriate sanctions were imposed on the rare occasions when visits restrictions were breached.
- 4.4** HM Prison and Probation Service (HMPPS) had taken too long to deliver Purple Visits (see Glossary of terms) video call equipment. When it arrived, it was installed promptly, but this was still three weeks after social visits had resumed.
- 4.5** Most prisoners understood the restrictions on visits and recognised the prison's efforts to resume visits safely. They welcomed the introduction of Purple Visits video conferencing. Since visits had been reintroduced, take-up had been increasing but was still low: only 35% of visits slots had been used in September. Use of Purple Visits was also increasing and stood at 58% of capacity in September.
- 4.6** Tablet computers were available to stream funerals for bereaved prisoners, although they had only been used on three occasions. The email-a-prisoner scheme for families to send and receive emails from prisoners was well used. Almost 900 emails had been sent to prisoners in August, with 370 replies.
- 4.7** PACT (Prison Advice and Care Trust) staff were available to support visitors, many of whom were anxious about COVID-19 restrictions. It provided a family engagement service, but this was still only delivered remotely.

Sentence progression and risk management

- 4.8** Staffing challenges and limited private interview space had led to a substantial reduction in face-to-face contact with offender managers, which prisoners found frustrating. Such contact was limited to more complex matters such as recalls, public protection arrangements, and parole processes.
- 4.9** Much contact with prisoners was conducted through correspondence under the applications process. Longer, more detailed assessments, for example under OASys (offender assessment

system), required a contribution from the prisoner through a self-completed questionnaire, which was unsatisfactory.

- 4.10** Forward planning had continued and a new resettlement centre was to be opened in October 2020, which would significantly increase the capacity for face-to-face prisoner contact. By the time of our visit, staffing levels had been resolved, and offender supervisors no longer carried high caseloads.
- 4.11** The completion of OASys risk assessments and sentence plans had improved considerably since the last inspection, and the prison was well placed to manage risk during the pandemic. The number of eligible prisoners with no OASys or an OASys review in the previous 12 months had reduced from 33% at the last inspection to 15% at this visit. About 3% were outstanding or late under HMPPS guidance.
- 4.12** Prisoners were frustrated that they could not easily see offender management unit staff. Electronic records that we reviewed indicated that prisoner contact with prison offender managers was sometimes very limited and not sufficiently focused on progression.
- 4.13** Nevertheless, in our survey 51% of prisoners who were aware of their custody plan objectives said that staff were supporting them to achieve the objectives. This was a higher percentage than we have seen in recent scrutiny visits.
- 4.14** Prison offender managers had experienced no difficulty in contacting their community counterparts. The number of video conferencing booths had recently been increased which would enable community offender managers to resume video conferencing with prisoners.
- 4.15** Re-categorisation was largely a file-based exercise, with limited face-to-face contact with prisoners. There were no significant delays in the transfer of prisoners to category C prisons. There had been few progressive transfers to open prisons since March, although these were now resuming.
- 4.16** Monthly interdepartmental risk management team meetings had not always taken place during regime restrictions and most meetings were poorly attended. Not all high-risk prisoners' cases were discussed at the meetings in good time before they were released.
- 4.17** At the time of our visit, 75 prisoners were subject to mail and telephone monitoring. The monitoring of prisoners' mail was timely. However, the suspension of social visits had led to a significant increase in phone use. The prison had been too slow to address the increasing number of calls that needed to be monitored, which had resulted in a substantial backlog. At the time of our visit, 3,472 calls had not been listened to.
- 4.18** A meeting to review whether monitoring should be maintained for each prisoner was held every fortnight. However, the backlog in monitoring calls had resulted in a lack of evidence to inform the reviews and, in most cases, monitoring had had to be extended (see key concern and recommendation S4).
- 4.19** Prison offender managers were attending MAPPA (multi-agency public protection arrangements) meetings remotely and this was monitored by the senior probation officer. Contact with MAPPA prisoners was poorly recorded in some electronic records (see key concern and recommendation S4).

Release planning

- 4.20** An average of 80 prisoners were released from Bristol each month.

- 4.21** Resettlement services were delivered by Catch 22, the community rehabilitation company. Catch 22 staff had withdrawn face-to-face support for prisoners at the start of regime restrictions, although they remained on site. Most resettlement planning was still carried out by correspondence with the prisoner, which some found unsatisfactory.
- 4.22** Catch 22 had resumed face-to-face work with a minority of prisoners in August, which was positive. This work was expected to increase with the opening of the new resettlement centre.
- 4.23** Electronic records that we looked at indicated that release planning was timely but basic in some cases, adding little value. In our survey, 49% of prisoners said that someone was helping them to prepare for release, which was a higher percentage than in recent surveys in other prisons.
- 4.24** Before the pandemic, Catch 22 had been developing innovative provision to meet prisoners' accommodation needs. This included an early intervention pilot, which involved a housing officer from Bristol City Council attending the prison to assess homeless prisoners for accommodation before their release. Since March, the prison had funded additional PIN credit for prisoners to enable assessments to continue by telephone. The percentage of prisoners released without settled accommodation had reduced from 47% at the last inspection to 25% during the last six months. This was still far too high (see key concern and recommendation S5).
- 4.25** Catch 22 helped prisoners to open bank accounts, but other interventions were limited. There was no debt advice and inadequate support for prisoners to make benefits applications.
- 4.26** No symptomatic prisoners had been released. Face masks were provided for those undertaking onward travel. Some prisoners were issued with a mobile phone on release to enable contact with families and professionals.
- 4.27** Despite considerable work by the prison, no prisoners had been released under the end of custody temporary release scheme (ECTR, see Glossary of terms). However, there was effective and timely management of home detention curfew.

Section 5. Appendices

Appendix I: Scrutiny visit team

Martin Lomas	Deputy Chief Inspector of Prisons
Sara Pennington	Team leader
Esra Sari	Inspector
Paul Rowlands	Inspector
Deri Hughes-Roberts	Inspector
Ian Dickens	Inspector
Scott Ellis	Inspector
Tania Osborne	Health and social care inspector
Rahul Jalil	Research officer
Becky Duffield	Research officer

Section 6. Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

Staff survey methodology and results

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.