Report on an unannounced inspection of

HMP Bristol

by HM Chief Inspector of Prisons

10–20 July 2023

Contents

Introduction

HMP Bristol is a category B reception prison holding up to 580 adult men, although the roll was slightly reduced at the time of our inspection. Situated in an inner-city location, the prison serves the local courts, receiving prisoners from the community, and many returned repeatedly to the institution. Many of those we met were unconvicted or unsentenced prisoners, with nearly a third presenting with substance misuse issues and a fifth in need of mental health assessments.

Following this inspection of the prison, I wrote to the Secretary of State invoking the Urgent Notification (UN) process on 28 July 2023. In that letter, and in the inspection debriefing paper that accompanied it (both published with this report at www.justiceinspectorates.gov.uk/hmiprisons), I set out my concerns and the judgements that had caused me to follow that course of action. Under the UN protocol, the Secretary of State commits to respond publicly to my letter within 28 days, explaining how outcomes for those detained will be improved. His response, for which I am grateful, is also published on our website.

As I indicated in my UN letter, it was very concerning that this was the second time in consecutive inspections of prisons since 2019 that I had needed to invoke this process. This was our fifth inspection of Bristol since 2013 and it continued to be a prison with chronic and seemingly intractable problems. In our three most recent inspections it attracted our lowest healthy prison test scores for both safety and purposeful activity.

Healthy prison assessments for HMP Bristol since 2013

1 - outcomes for prisoners are poor
2 - outcomes for prisoners are not sufficiently good
3 - outcomes for prisoners are reasonably good
4 - outcomes for prisoners are good

	Safety	Respect	Purposeful activity	RRP
2023	1	2	1	2
2019	1	2	1	2
2017	1	2	1	2
2014	2	2	2	2
2013	2	1	1	3

Our findings confirmed what HMPPS data already showed: Bristol remained one of the most unsafe prisons in the country, with levels of recorded violence – including serious assaults on both staff and prisoners – higher than in most other adult prisons. Shockingly, there had been eight self-inflicted deaths since our last inspection, with another immediately after it. Of these deaths, six had occurred in recent months. In addition, one man had also recently been charged with murdering his cellmate.

The physical effects of long-term drug misuse in the population were evident. In our survey, 46% of prisoners said it was easy to get drugs in the prison, and this was consistent with a mandatory testing rate of over 25%. Despite this, the strategies employed to address the drug problem, the violence, and the self-harm challenges had not worked. Leaders and staff failed to set high enough standards, poor behaviour went unchallenged, and sanctions or consequences for delinquency were inadequate. Busy officers struggled to forge good relationships with prisoners or motivate them to make progress, not helped by the fact that most prisoners were locked up for almost 22 hours a day. Underpinning many of these failings was the inadequacy of the daily regime, with too few prisoners allocated to education, skills and work, compounded by low attendance among the minority who were.

The prison was overcrowded, with almost half of the prisoners living in double cells designed for one. The capacity of the prison had been increased on several occasions since the last inspection. There was insufficient health provision, particularly for prisoners who were mentally unwell; they faced long delays in transferring to secure hospitals, with too many left to languish in segregated conditions. Work to reduce reoffending and planning for future release were both neglected. For example, the limited support offered to help maintain family contact had deteriorated, and a quarter of prisoners were routinely discharged as homeless on their day of release.

Many of the senior team were new to their roles and this continued a pattern of leadership instability. Their intentions and aspirations were often laudable but leaders at all levels had consistently overestimated the prison's performance and did not have a firm grip on the many challenges that it faced. The safety of individual prisoners, addressing their evident vulnerabilities while providing a meaningful and active regime, seemed to us to be central priorities. To achieve this, the prison needs more effective leadership in many critical areas, and higher expectations and standards that are delivered predictably and consistently.

Charlie Taylor
HM Chief Inspector of Prisons
August 2023

What needs to improve at HMP Bristol

During this inspection we identified 15 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **Staffing across the prison was insufficient to ensure the delivery of a safe and purposeful regime.** Staff shortages, in particular at officer level and in health care, had restricted significantly the daily regime and other outcomes for prisoners.

2. **Levels of violence were too high**. The strategy to make the prison safer was too narrow and failed to address significant underlying causes. This included the absence of clear boundaries for behaviour, ineffective staff-prisoner engagement, and the impact of such a poor regime.

3. **The number of self-inflicted deaths and the rate of reported self-harm were much too high.** The poor regime, ineffective relationships with wing staff and a lack of support – for example, a lack of help to support and rebuild family ties – contributed to a sense of hopelessness and despondency among many prisoners.

4. **Most prisoners spent almost 22 hours a day locked up, with half of them sharing cramped cells designed for one.** This affected prisoner well-being and frustrated attempts to rehabilitate them.

5. **Leaders and managers did not allocate sufficient prisoners to education, skills and work, but even when they were allocated, too few attended.**

6. **Work to prepare prisoners for release was poorly coordinated and under-resourced.** Prisoners' needs and risks were not reliably identified, reviewed or addressed, and a quarter of prisoners were released homeless.

Key concerns

7. **Illicit drugs were readily available to prisoners.** Although security measures had improved, not enough had been done to prevent the supply and address the demand for drugs.

8. **Wing staff did not develop effective relationships with prisoners.** The prison was not delivering key work (see Glossary), wing staff had

little time to advocate for prisoners who needed their help and they lacked the capability and confidence to manage behaviour more effectively.

9. **Prisoners with physical disabilities did not have fair access to services in the prison.** They were unable to attend health care or the dentist and regularly struggled to attend activities off the wing due to broken lifts and a lack of staff to escort them.

10. **Acutely mentally unwell patients faced unacceptable delays waiting for transfer to secure inpatient facilities under the Mental Health Act.** Several of the 12 waiting at the time of the inspection were being held in segregated conditions, which was wholly inappropriate.

11. **Leaders did not ensure that prisoners had access to a sufficient range of accredited courses, including in English and mathematics, that would help them gain employment in prison or on release.**

12. **Leaders did not make sure that all prisoners with additional learning needs had the support they needed.**

13. **Workshop instructors did not identify with prisoners the essential people and social skills that they needed to develop to help them to be successful at work, and the steps they needed to take to achieve these.**

14. **Work to help prisoners rebuild ties with their families and significant others was too limited and poorly resourced.**

15. **There was not enough support for remanded and unsentenced prisoners.** This cohort now made up the majority of the population. Their needs were not always assessed on arrival, they had, for example, no regular key work or equivalent, were excluded from most housing support, and could not even easily access the library for legal materials.

About HMP Bristol

Task of the prison
Category B reception and resettlement prison holding adult and young adult male prisoners.

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 544
Baseline certified normal capacity: 421
In-use certified normal capacity: 408
Operational capacity: 580

Population of the prison
- 38% of prisoners held were on remand.
- 238 prisoners receiving support for substance misuse.
- An average of 107 prisoners referred for mental health assessment each month over the previous six months.
- 22% of prisoners from black and minority ethnic backgrounds.
- 11% foreign national prisoners.
- Over 100 prisoners released each month.

Prison status (public or private) and key providers
Public

Physical health provider: Oxleas NHS Foundation Trust
Mental health provider: Oxleas NHS Foundation Trust
Substance misuse treatment provider: Change Grow Live
Dental health provider: Time for Teeth
Prison education framework provider: Weston College
Escort contractor: Serco

Prison group
Avon, South Dorset and Wiltshire

Prison Group Director
Paul Woods

Brief history
HMP Bristol was first opened in 1883. It is a Victorian jail, with cells designed for one occupant. Two new wings were constructed in the late 1960s.

Short description of residential units
A wing – general population, capacity 120
B wing – general population, capacity 99
C wing – first night wing, capacity 127 (C3 is for prisoners who are detoxing and two spurs of C2 house vulnerable prisoners)
D wing – vulnerable prisoners, capacity 83
F wing – for prisoners on the super enhanced level of the incentives scheme, capacity 10
G wing – general population, capacity 125

Segregation unit – capacity 10
Brunel unit – primarily for those with mobility and physical health issues, capacity 18

Name of governor and date in post
Vanessa Prendergast, interim from August 2022, substantive from April 2023.

Changes of governor since the last inspection
Steve Cross, in post until August 2019.
James Lucas, August 2019 until August 2022.

Independent Monitoring Board chair
Emma Firman

Date of last inspection
June 2019; scrutiny visit, September 2020

Section 1 Summary of key findings

Outcomes for prisoners

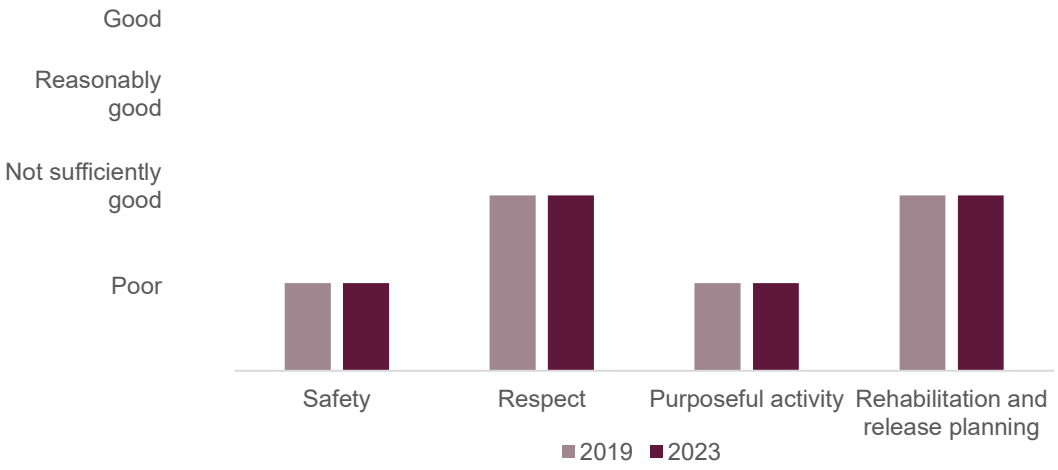
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of HMP Bristol, we found that outcomes for prisoners were:

- poor for safety
- not sufficiently good for respect
- poor for purposeful activity
- not sufficiently good for rehabilitation and release planning.

1.3 We last inspected Bristol in 2019. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Bristol prisoner outcomes by healthy prison area, 2019 and 2023



Progress on key concerns and recommendations from the full inspection

1.4 At our last inspection in 2019 we made 34 recommendations, 15 of which were about areas of key concern. The prison fully accepted 29 of the recommendations and partially (or subject to resources) accepted four. It rejected one of the recommendations.

1.5 At this inspection we found that five of our recommendations about areas of key concern had been achieved, one had been partially achieved and nine had not been achieved. Three of the six recommendations made in the area of safety had been achieved and three had not. In the area of respect, two recommendations had been achieved and two were not achieved. None of the recommendations

made in purposeful activity had been achieved. In rehabilitation and release planning, one recommendation had been partially achieved and one had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

1.6 In September 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/.

1.7 At the SV we made four recommendations about areas of key concern. At this inspection we found that none of these recommendations had been achieved.

Notable positive practice

1.8 We define notable positive practice as innovative work 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.

1.9 Inspectors found three examples of notable positive practice during this inspection.

1.10 Each wing had a ‘decency’ box stocked with toiletry items, such as deodorant and toilet rolls, which prisoners could collect whenever they were out of their cell. (See paragraph 4.11.)

1.11 There was a shop for prisoners accessible to those on the highest level of the incentive scheme. Prisoners could visit, browse and buy clothing, footwear, music and games, and gifts to be sent out to family and friends. (See paragraph 4.20.)

1.12 A Department for Work and Pensions pilot scheme allowed prisoners to activate their benefits claim on the day of their release and receive the money in their bank account within a couple of hours. (See paragraph 6.24.)

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners. (For definition of leaders, see Glossary.)

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The continued high turnover of leaders at Bristol meant that several leadership positions had to be filled by temporary promotions, while other leaders had moved functions, a churn that meant that many were relatively new to their posts and lacked experience. We acknowledge that many wanted to do a good job, were passionate and motivated, and keen to learn in their new roles. We also acknowledge the improvements we observed in important areas, including work on early days, prisoner consultation, and in the promotion of fairness and equality.

2.3 However, Bristol remained one of the most unsafe prisons in the country. There had been eight self-inflicted deaths since our last full inspection and a ninth shortly after we concluded this inspection. Six of these deaths had occurred since November 2022, which was very concerning. Another prisoner had been charged with the murder of his cellmate the month before inspectors arrived. Making this prison safer needed to be the overriding priority for leaders, but the various strategies employed to reduce high levels of violence, self-harm and drug misuse were clearly not working.

2.4 The senior team told us they were trying to foster a new ethos in the prison, one which they said promoted and emphasised kindness in its approach to managing prisoners. While laudable the outcomes we observed did not reflect this aspiration. Leaders were not sufficiently focused on improvements that would motivate prisoners to behave, engage and progress. They had not set appropriate boundaries for behaviour or insisted on the consistent delivery of basic standards. They had not made sure staff had the capability and confidence to build effective relationships with prisoners, that prisoners were out of their cells engaging in purposeful activities, or provided prisoners with the support they needed to prepare for release. As a result, outcomes remained poor in too many critical areas.

2.5 Despite efforts to recruit and retain staff, the prison suffered from staffing shortfalls. On most days, only around 80% of the profiled staff were available to be deployed to operational duties, which meant that important tasks, such as escorting prisoners to work and education, and the delivery of key work (see Glossary), were routinely dropped. Leaders relied on detached duty staff and overtime to maintain a basic

regime. Vacancies in partner agencies, particularly in health, also contributed to the inability to deliver some core work.

2.6 The prison was severely overcrowded, with almost half of prisoners sharing cramped cells that had been designed for one person. A significant minority were in single cells with no internal sanitation. There had been an investment in reception and living conditions, including refurbished showers, but the prison remained run down in too many areas.

2.7 Although partnership arrangements were well established, they were not always effective. This was particularly evident in the provision of learning and skills, and health services.

2.8 Leaders had improved the collection and collation of prison data, although their interpretation of what it was telling them was over-optimistic. The prison's self-assessment was detailed, but some of the targets set were unrealistic, and some positive assertions were not borne out in the evidence we found during the inspection. Too many of the promising plans we were told about were yet to be implemented or not yet embedded. Given that four years had passed since our last inspection, when we issued the prison's first urgent notification (see Glossary), the apparent inability to address many of this prison's deep-seated problems has to be seen as a significant failure at local and national level.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

3.1 The reception area was a very busy environment, with around 55 new arrivals a week and a similar number processed through to attend court. Around one-third of those arriving at Bristol had been released from custody in the last year, and 80% had been in custody at some point in the past. Many had high levels of need (see paragraph 3.36).

3.2 Some very recent improvements to the reception area had addressed many of the concerns we raised at our last inspection. There were now private interview rooms where staff could assess prisoners' risks and vulnerabilities. Trained prisoner peer workers welcomed new arrivals, explaining the process and answering their questions. These improvements were reflected in our survey, where more prisoners than at the previous inspection were positive about aspects of their reception and first few days in the prison.

3.3 Once they had been searched, most prisoners could wait in a comfortable waiting room, where they could chat, have a hot meal or take a shower. In addition to the advice provided by peer workers, new prisoners were given useful induction and mental health support booklets, which helped them understand what daily life was like at Bristol.

3.4 Vulnerable prisoners – who were kept apart from other prisoners for their own safety – did not receive the same level of support. While peer workers and officers checked in new arrivals, for much of the time vulnerable prisoners were left alone in a dedicated holding room that was grubby and lacked comfortable furniture or much material to inform or engage them.

3.5 General reception processes were completed reasonably quickly, but population pressures led to a constant churn of prisoners, who too often spent long periods waiting in reception while staff scrambled to free up bed space on the induction wing, often late into the night.

3.6 First night cells were generally clean but were bleak and the least welcoming in the prison. Many contained graffiti, and some were without working telephone lines and had loose or missing

windowpanes. Staff conducted hourly well-being checks on new arrivals on their first night.

3.7 To prevent debt accruing, new arrivals could buy some basic items on arrival and again after one week, before they had full access to the prison shop. Those without money could borrow some from the prison, paid back in instalments.

3.8 The prison offered three types of induction: a full induction, a refresher induction for those who had been in the prison relatively recently, and an in-cell induction pack for a minority who did not wish to engage. Most prisoners received an in-person induction which was multidisciplinary, peer-led and effective; in our survey, 61% of prisoners who had had an induction, compared with 44% at similar establishments, said it covered everything they needed to know.

3.9 Despite these offers, there was insufficient early days support for those who did not speak English (see paragraph 4.33). Telephone interpreting was not always used when needed, and there were not enough up-to-date translated written materials to meet the needs of foreign prisoners and help them understand the regime.

Managing behaviour

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

Encouraging positive behaviour

3.10 Bristol remained an unsafe prison. The level of recorded violence remained very high, with the rate of assaults on both staff and prisoners higher than at most other adult prisons in England and Wales. It was particularly concerning that HMPPS data indicated that violence over the previous 12 months was increasing. In the previous month, a prisoner had been charged with murdering his cellmate and seriously wounding another prisoner in a separate attack.

3.11 The prison had a safety strategy that claimed to address issues specific to Bristol. It incorporated a range of measures intended to reduce violence, including a debt management strategy, weapons amnesties, and individualised interventions to manage and support prisoners. The prison also used challenge, support and intervention plans (CSIPs, see Glossary) to manage behaviour, and locally devised behaviour support monitoring (BSM), designed to help prisoners with poor behaviour to make decisions.

3.12 Despite this, there was a considerable gap between intentions and the reality. Leaders did not have a sufficient grip on the work that was needed to understand and address the causes of violence and poor behaviour. The measures set out in the strategy to improve safety were

not applied consistently on the wings, undermining their effectiveness. Investigations into violent incidents were delayed. Initial screenings to determine the use of CSIP and BSM were predominantly the responsibility of one member of an already stretched safer custody team. In the CSIPs that we reviewed, there were often delays of several weeks between initial referral and completion of an investigation. We also found cases where the use of CSIP was deemed necessary, but no individualised plan had been created or agreed targets to improve behaviour were never reviewed. BSM plans were frequently closed without evidence of any support provided to those in need.

3.13 Leaders had redesigned the local incentives scheme to focus on reward rather than punishment, including removal of a basic regime for those who repeatedly breached rules. Prisoners were instead placed on another three-tier scheme, where a regime called standard was now the lowest level. Prisoners on the highest level of the scheme benefited from access to the internal prison shop where they could buy items such as clothing (see paragraph 4.20). They could also access association on three evenings a week, although this was regularly cancelled (see paragraph 5.3).

3.14 This scheme was not working effectively. The governor's aim of focusing on positive behaviour and reward was not delivered in practice, and over 80% of all behaviour case note entries in the previous month were about negative conduct. We also found many prisoners who remained on enhanced levels despite poor behaviour, including possession of mobile phones or involvement in violence.

3.15 Rule breaking was often overlooked, and leaders had failed to set and reinforce high standards of behaviour. Indeed, they had made a conscious decision, for example, that staff should not challenge prisoners for vaping in communal areas and swearing on the wings until staffing levels had improved. We also saw some staff openly vaping indoors in the presence of prisoners. There was poor discipline during the service of meals, which ultimately led to some prisoners getting less to eat (see paragraph 4.16). Cleaners were not well supervised and we frequently found them sitting around in communal areas. We routinely saw low-level poor behaviour going unchallenged by staff.

3.16 Prisoners were not motivated to behave and engage. Despite very great levels of need, most were locked up for too long (see paragraph 5.1), often in cramped conditions (see paragraph 4.6), with poor access to any purposeful activity (see paragraph 5.13), and too little was done to help them rebuild family relationships (see paragraph 6.1) or prepare for release (see paragraph 6.28). This created a culture of indolence and hopelessness that undoubtedly also contributed to a significant amount of drug misuse (see paragraph 3.33), as well as violence (see paragraph 3.10) and self-harm (see paragraph 3.36).

3.17 D wing was used to house the most vulnerable prisoners who were assessed as needing greater support, often due to their offence. The

unit was serving its purpose by keeping vulnerable prisoners separated from the main population but did not provide a fair regime (see paragraph 5.14).

3.18 A series of well-attended safety meetings considered a range of data produced by a dedicated analyst in the safety team. However, leaders often interpreted the data too positively, looking at narrow ranges that suggested improvement rather than assessing the data more critically by, for example, considering more accurate trends over time. As a result, some of the targets were too limited or unrealistic. Leaders did not put enough weight behind measures to address the wider issues impacting on safety, such as improving the regime (see paragraph 5.3), building more productive staff-prisoner relationships (see paragraph 4.2), and enforcing boundaries to improve behaviour and perceptions of safety (see paragraph 4.3).

Adjudications

3.19 Leaders had improved their oversight of the adjudication process. The deputy governor now conducted regular quality assurance. Electronic recording systems limited clerical errors, fewer charges were outstanding, and leaders had introduced measures to limit the dismissal of charges due to poorly collated evidence.

3.20 Some referrals to the police for serious allegations took too long to reach a conclusion, which undermined the process as a deterrent to prisoners involved in the most serious incidents.

Use of force

3.21 The recorded use of force had increased; it was now far higher than at the last inspection and among the highest for this type of prison. Most incidents were spontaneous with around half involving the application of physical restraint techniques. We were satisfied that the use of force was in direct proportion to the high levels of violence at the prison. It was notable, however, that there had been no use of special accommodation, batons or PAVA incapacitant spray for over 12 months.

3.22 Governance arrangements remained good with a weekly scrutiny panel reviewing all incidents to highlight good practice and any concerns. Data were well used to identify trends and themes, and were reviewed in detail at a quarterly strategic meeting.

3.23 Most use of force documentation was completed in good time. The records we reviewed gave a good account of incidents and demonstrated a focus on de-escalation at the earliest opportunity, also confirmed in most videos of incidents that we reviewed. It was encouraging that the few examples of poor practice we identified had already been picked up by the scrutiny panel. Leaders' plans for training sessions to share learning from this were frustrated by frequent cancellations of use of force training.

Segregation

3.24 Lengths of stay in the segregation unit were relatively short for most prisoners due to the transient nature of the population. However, the unit was consistently full, which led to prisoners being segregated in other areas of the prison. This then impacted on staff's ability to meet the needs of other prisoners on those units. Of most concern was the high number of acutely mentally unwell prisoners who were in segregated conditions awaiting assessment and transfer to secure hospitals (see paragraph 4.69).

3.25 Living conditions on the segregation unit were bleak. Cells were stark, some had graffiti and the exercise yard was bare. The regime was inadequate, and prisoners were locked up for most of the day. In our survey, only 21% of prisoners said they could shower every day, against 62% in comparable prisons. The prison's self-assessment reported a consistent regime in the unit. In reality, staff were frequently redeployed, especially at weekends, which restricted time out of cell to shower, exercise and phone home.

3.26 Only 36% of our survey respondents who had been in segregation in the last six months said that staff treated them well. The segregated prisoners we spoke to were more positive about their interactions with staff, although it was hard to forge meaningful relationships with so little time out of cell.

3.27 Leaders had introduced one-page plans to inform staff about issues relevant to the prisoners in segregation. The aim was to improve the care of prisoners and support their reintegration back on to normal location. However, most plans lacked quality and did little to address the needs of complex prisoners and, in reality, they did not support a structured return to residential units.

3.28 There were weaknesses in the governance of segregation, including poor documentation, which in some cases meant that prisoners had been segregated without correct authority. Review boards, which should have been multidisciplinary to ensure a meaningful assessment of risk, were poorly attended. Quarterly segregation review meetings had not identified these significant shortfalls.

Security

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

3.29 Security arrangements across the prison were proportionate. Prison staff managed intelligence well and understood the key threats. The monthly tactical assessment was used well to identify gaps in intelligence and to communicate the current risks to other departments.

The main risks were associated with the entry of illicit items, serious organised crime and the challenges of county lines criminality.

3.30 Action to address the issues identified in intelligence reports was not always responsive. In the first six months of 2023 for example, only half of the commissioned intelligence-led searching had been completed. Leaders attributed this to a shortage of staff and had introduced some measures to mitigate the impact, such as triaging intelligence reports to identify the most critical issues. They also made appropriate use of regional resources when they were available, such as search teams with trained drug dogs.

3.31 The supply of illicit items, including drugs and mobile phones, was a major threat to the safety and security of the prison. In our survey, 46% of prisoners said that they had a problem with drugs on arrival, against the comparator of 34%, and the same proportion said it was easy to get drugs into the prison, against 28% in comparable prisons. This was reflected in the mandatory drug testing results which had shown a positive rate of 25.9% in the previous year.

3.32 The prison benefited from a seconded senior police officer, who was responsible for the strategy to reduce the supply of and demand for illicit drugs. The drug strategy, while too new to have made a discernible impact, had led to improvements in joint working and there was a credible action plan to address some of the key issues. The drug strategy lead worked closely with security to introduce new methods to reduce supply, such as a weekly meeting to discuss current threats. A range of physical security enhancements had been introduced, including gate entry equipment, a body scanner, and equipment to deter drone attacks and build detailed intelligence data.

3.33 During the inspection, the physical impact of long-term drug misuse in the population was clear to see, with some prisoners suffering with drug-related disabilities. Despite this, the prison did not test everyone who staff suspected had been taking drugs. When suspicion testing did take place, it evidenced good quality intelligence with positive suspicion rates reported at around 60%.

3.34 Staff did not always enforce rules on the wings to prevent the entry of drugs. For example, drones were used to deliver illicit items directly to cell windows. Although this had been identified as a significant security risk, staff did not routinely challenge prisoners for removing the windowpanes in their cells. We observed inappropriate contact during visits that went unchallenged, despite the obvious risk of illicit items being passed from the visitor to the prisoner (see paragraph 6.4). Supervision of medicine queues was of variable quality, which also created the opportunity for diversion of prescribed medication (see paragraph 4.77).

3.35 Despite the drug strategy and good work of the security leads, too many other factors at Bristol impacted on supply and demand. A failure to set high standards of behaviour (see paragraph 4.3), an inadequate regime (see paragraph 5.3), ineffective staff-prisoner relationships (see

paragraph 4.2) and uncertainty about release (see paragraph 6.28) led to a sense of hopelessness, frustration and boredom. Until the prison addressed these issues, the demand for drugs would inevitably prevail.

Safeguarding

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

Suicide and self-harm prevention

3.36 The prison reported a higher rate of self-inflicted deaths and recorded self-harm than most other adult male prisons in England and Wales. There were high levels of need in the population; most had been in prison before and returned to prison time and time again, and prison data showed that around half of new arrivals had a history of self-harm and/or substance misuse. In our survey, 76% of prisoners said they had mental health problems and 46% that they had a drug problem when they came into the prison. Staff shortages and a lack of purposeful activity and key work undermined leaders' strategies to reduce self-harm among this vulnerable and complex population.

3.37 There had been eight self-inflicted deaths since our last full inspection, and a ninth shortly after this visit; six of these deaths had occurred since November 2022. Recorded self-harm was around 16% higher than at our last inspection, and among the highest of all adult male prisons in England and Wales. The rate of self-harm had been on an upward trajectory over the past year.

3.38 Leaders had used consultation and data to understand the patterns and root causes of self-harm at Bristol. From this, they had drawn up actions to address some of the issues identified, for example to reduce self-harm linked to drugs, debt and vapes. However, the overall strategy to reduce self-harm was limited and focused on responding to acute emerging issues, rather than on the bigger issues that increased the risks. High levels of violence (see paragraph 3.10), a poor regime (see paragraph 5.3), and little opportunity to build productive relationships with staff (see paragraph 4.1) led to a sense of hopelessness among prisoners, and frustrated leaders' attempts to create an environment that promoted well-being.

3.39 PPO reports were available for four self-inflicted deaths, and there had been local early learning reviews into the most recent deaths. The PPO recommendations relating to health had been implemented (see paragraph 4.43). However, some of the local early learning reviews generated only minor actions such as issuing notices to staff to remind them of relevant policies or processes, or the need to undergo training.

3.40 Leaders understood that frustration, especially linked to an inconsistent regime, was one of the main drivers of self-harm. Despite this, we found prisoners who spent too long locked in their cells, with their education and work sessions often cancelled at short notice because of a shortage of officers to escort them there (see paragraph 5.17).

3.41 An ineffective applications system (see paragraph 4.22) and too few opportunities to speak to officers to resolve low-level issues further frustrated prisoners. There was no key work scheme running, which was yet another missed opportunity to address the concerns of prisoners or to build meaningful staff-prisoner relationships. Prisoners told us that self-harming was an effective way to get attention and get things done; it might lead to a job on the wing (which, unlike activity spaces off the wings, were not cancelled), or help them to resolve their daily issues.

3.42 More positively, some basic safeguards absent at the last inspection had now been reinstated. The safer custody hotline (allowing prisoners' families and friends to inform the prison if they had concerns about them) was now checked several times a day, and concerns were documented appropriately and acted upon. Prisoners now had much better access to Listeners (prisoners trained by the Samaritans to provide emotional support to those struggling to cope), and they were able to ring the Samaritans direct from in-cell phones.

3.43 A high number of prisoners at risk of self-harm were supported by assessment, care in custody and teamwork (ACCT) case management, reflecting the high levels of self-harm and reported mental health issues in the population. Care plans for these prisoners were reasonably good and informed by sufficient exploration of the risks and triggers for each individual. Each individual at risk of self-harm was discussed in the weekly safety interventions meeting (SIM). Staff made efforts to engage them in purposeful activity, and some had involved their families where appropriate. They also sought input from the mental health team, substance misuse service or other relevant departments. Oversight of ACCT case management had improved since the last inspection, and robust quality assurance and a programme of staff training were driving improvement.

3.44 The demands on residential staff risked compromising the quality of care for those most at risk. The reality of daily life on the wings undermined some good early work that went into care plans. For example, while the prison was in patrol state – at night and over lunch – there was often only one member of staff on wings, and where there were multiple prisoners supported by ACCTs, staff struggled to conduct all the required well-being observations on them. Similarly emergency cell bells were often left unanswered for long periods (see paragraph 4.14). We found at least three prisoners on ACCTs who were in cells without working telephones, a key source of support for many; this highlighted a lack of attentiveness to the needs of prisoners at risk.

3.45 Constant supervision was used frequently for those deemed at high risk of suicide, with 79 uses for 58 individuals in the past year.

Supervising staff did not engage constructively with these prisoners to help them through their period of crisis. The prison had two gated cells but when these were full, prisoners were placed in cells that were not designed for constant supervision. In these cases, staff were expected to observe prisoners through the observation panel. This was inappropriate and introduced too much risk; in one case, we found a member of staff sitting on a chair, clearly unable to see through the high observation panel.

Protection of adults at risk (see Glossary)

3.46 There was an up-to-date safeguarding policy and a named manager responsible for safeguarding. Staff at all levels were aware of indicators that a prisoner could be vulnerable, and their duty to protect them from abuse or neglect. Many prisoners had been referred appropriately to the safer custody team because of staff concerns about their vulnerability, for example where staff suspected they were being coerced into holding illicit items or where prisoners appeared to struggle with self-care.

3.47 The safer custody department was quick to respond to safeguarding referrals. Minutes from weekly meetings show good multidisciplinary input into their care, and appropriate onward referrals to the local authority, particularly when a prisoner was nearing release.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

4.1 Most staff had a friendly and approachable manner, and we saw examples of positive and caring interactions between some staff and prisoners. However, the quality of relationships was affected by staff shortfalls and a restricted regime (see paragraph 5.3). Almost no key work (see Glossary) was taking place, and staff had limited opportunities to develop more effective relationships to guide and support the prisoners in their care.

4.2 Prisoners told us that staff were unreliable and often unable to help them resolve day-to-day issues, frequently failing to deliver on promises they had made, such as speaking to other departments on their behalf. This led to frustration and despondency, particularly as many prisoners also had little faith in the formal application process (see paragraph 4.22).

4.3 There were no clear boundaries regarding the expected behaviour of prisoners, and we routinely saw low-level poor behaviour going unchallenged by staff (see paragraph 3.15). We observed some staff openly vaping indoors in the presence of prisoners, and there was little discipline around serveries and cleaning parties. This had led to a general indolence among some prisoners, and a lack of confidence in others that staff would tackle rule-breaking, delinquency, and poor conduct, which inevitably influenced perceptions of their own safety.

4.4 In our staff survey, 40% of respondents said they had witnessed their colleagues behaving inappropriately towards prisoners, and 49% said they had witnessed staff behaving inappropriately to each other. There was a clear need to review and regularly reinforce expected standards of behaviour for prisoners and staff at Bristol.

4.5 Peer support was used well in several areas. Early days peer workers were enthusiastic, helpful and greatly valued by new arrivals. The Buddies who were trained to provide day-to-day living support to their more vulnerable peers were invaluable (see paragraph 4.62). Ten peer supporters had been security cleared to move unescorted around the prison to support prisoners with a range of issues.

Daily life

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

Living conditions

4.6 Almost half the prisoners still lived in overcrowded conditions, with two prisoners sharing a small cell originally designed for one. The proximity of the toilet to the beds in some of these cells further compromised the decency of these living conditions.

4.7 HMPPS investment in residential areas since the previous inspection had led to improvements in some parts of the prison. External areas had seen the introduction of flowerbeds and shrubbery, with a brightly coloured 'coronation (vegetable) garden en route to the education block and the recently completed 'harmony garden' offering a comfortable, private outdoor space. Prisoners, however, did not have general access to the gardens, and we did not see them in use during the inspection. However, some staff told us that they had taken prisoners in crisis to these spaces to have conversations without the distractions on the wing.

Flower bed to the rear of G wing

Coronation (vegetable) garden

Harmony garden

4.8 The refurbishment programme had included new showers on the older wings (A, G and D). However, at the time of the inspection some privacy doors were missing, and prisoners and staff said that they had been like this for several weeks. Cells on A and G wings had been refurbished with new flooring, plastering on the walls and wooden beds to replace the old metal-framed beds.

Double cell on D wing

4.9 The increase in population at the prison meant there were few cells that were not in use, so the refurbishment programme had significantly slowed. Many of the cells on the newer wings (B and C) had not yet been refurbished and some of those used to house prisoners during their early days (C wing) were the worst in the prison, with broken or missing furniture and damaged flooring.

Cell on C3 Detox unit

4.10 Cells on B wing had no internal sanitation and, under the 'night sanitation' system (see Glossary), when the wing was locked up prisoners had to call staff to unlock their doors centrally to access a communal toilet. Some of the communal facilities had no soap or hand dryer, and they were not kept clean; the smell of urine in the landing was overpowering. Prisoners on some of these landings complained of long waits to use the toilet during the night. They reported having to resort to using buckets and then throwing the waste out of the window, which then splashed into the cells below.

Stains beneath window grills on B wing

4.11 There had been some good efforts to maintain living conditions. An enthusiastic prisoner work party carried out day-to-day repairs and decoration. Leaders had also developed better working relationship with the facilities management team, with a weekly meeting to keep on top of reported repairs. The introduction of 'decency boxes' on all wings allowed prisoners to collect toilet rolls, toiletries and other essential items when they needed them.

Decency box on A wing

4.12 However, there were still too many cells with missing and broken items, some of which affected safety and security as well as decency. Many cells had no lockable cabinets to enable prisoners to keep their medication safe, and others had missing windows and broken telephone lines. Staff were required to make regular checks on cell conditions, but records were incomplete and did not provide leaders with the assurance needed to maintain good standards in cells.

Ripped mattress in first night cell

4.13 Communal areas were generally clean. The main landings were polished and gave a positive first impression. However, other areas, including stairwells, serveries and showers, were grubby on some wings. Cleaners were not adequately supervised by staff, and we often observed them sitting in groups on the landing vaping.

Dirt on radiator in the stairwell of C wing

4.14 In our survey, far fewer prisoners than at similar prisons said their emergency cell bell was answered within five minutes. The prison had recently introduced a system to monitor and improve response times, although it was too early to show an improvement. The data collected by the prison for June 2023 indicated that only 60% of calls were answered within five minutes and over 400 calls were not answered for over 60 minutes; this was a grave concern given the levels of harm and self-inflicted deaths at the prison (see paragraph 3.44).

Residential services

4.15 The prison had responded positively to prisoner feedback about food and many prisoners told us that the quality had improved. Freshly baked rolls at lunchtime and a hot brunch at the weekend were particularly well received.

Freshly baked rolls for lunch

4.16 In our survey, only 22% of prisoners, against the comparator of 33%, said they got enough to eat at mealtimes. A lack of adequate supervision at the servery, particularly during the evening meal, resulted in poor portion control, which left some prisoners with less food.

4.17 There were several concerns about food service cleanliness and hygiene. Servery workers did not always wear appropriate protective clothing, in particular hair coverings. Records indicated that checks were not completed to ensure that food was served at the correct temperature, and we saw dirty trolleys used to store and transport food.

Dirty food trolley

4.18 A kitchenette was available for 10 trusted prisoners on F wing, but there were very limited self-catering facilities (toasters and microwaves) for prisoners in the rest of the establishment.

4.19 Prisoners could order food and other items from the prison shop. New prisoners could buy items as soon as they arrived, with a financial advance to help them avoid getting into debt (see paragraph 3.7). However, the prices charged by DHL, the shop contractor, had become unaffordable for many prisoners as the prison wages were very low.

4.20 Prisoners on the highest level of the incentives scheme could visit a special on-site shop and buy items of clothing, games and DVDs, as well as gifts for family and friends.

Prison shop

Prisoner consultation, applications and redress

4.21 Prisoner consultation arrangements were good. A monthly prisoner council meeting, alongside wing and protected characteristics forums, provided prisoners with a good opportunity to share their views. A recent 'you said, we did' poster demonstrated to prisoners that their views had been listened to. Disappointingly, the council meeting often had poor attendance from leaders, which was a missed opportunity for them to understand the experiences of prisoners.

4.22 Despite efforts to improve the paper-based application system, it was still not effective and remained frustrating for staff and prisoners. This was compounded by the fact that staff were too busy or unable to help prisoners sort out day-to-day issues (see paragraph 4.2). The prison had been funded to buy an electronic kiosk system to make the application process more effective. However, they were not provided with the additional funding needed to actually install the kiosks. This meant that over £200,000 worth of equipment was sitting in a storeroom and could not be used.

4.23 The number of complaints had increased since our last inspection and was higher than at most similar prisons. The prison had improved its quality assurance, and the responses we reviewed demonstrated adequate investigation, were polite and on time; many were also upheld. However, too many complaints were sent back to prisoners for unhelpful reasons, such as using the wrong form, which added to prisoners' concerns that staff did not care about their issues.

4.24 A high proportion of the population were on remand, resulting in a significant need for legal assistance, but the prison had not done

enough to support this. There were reasonable arrangements for prisoners to speak in private with their legal representative, but some difficulties remained for prisoners with physical disabilities (see paragraph 4.34). We spoke to one prisoner who missed his parole hearing because the lift was broken and the prison could not find another wheelchair-accessible video-link room. Wing staff we spoke to had a poor understanding of the legal rights of remand prisoners, and although the library held a basic range of legal textbooks, poor access hampered the ability to use them (see paragraph 5.7).

Equality, diversity and faith

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

Strategic management

4.25 Work to improve equality and foster an inclusive community had improved since our last inspection, although there were still some significant gaps.

4.26 The prison screened all new arrivals to identify those with protected characteristics, which gave them good oversight of their population. They gathered some good data on prisoners with protected characteristics, which were analysed at a monthly equality meeting and shared with relevant departments for action if needed.

4.27 Consultation forums for most protected groups took place monthly and any issues raised fed into a monthly strategic meeting. Equality representatives were not invited to attend the main strategic meeting, which was unusual and a missed opportunity to be fully transparent and engage with prisoners representing protected groups.

4.28 There was only limited additional support for prisoners from external organisations, such as Age UK, and the prison needed to do more to foster links with organisations working in the local community.

4.29 Discrimination incident reporting forms (DIRFs) were readily available on all wings. The prison had received 37 DIRFs in the last six months compared with 55 in the same period in 2019. Most DIRFs demonstrated reasonable investigation and responses were polite and on time. Every response was quality assured internally, and the Zahid Mubarak Trust completed an annual external quality assurance.

Protected characteristics

4.30 In our survey, foreign national, black and minority ethnic, and Muslim prisoners were more negative than others about respectful treatment by staff, with only 45% of Muslim respondents, against 76% of non-Muslims, saying that most staff treated them with respect.

4.31 The prison held monthly forums for prisoners who were black and regularly explored ethnicity data, which showed some disproportionate safety outcomes such as likelihood of being involved in a fight or being placed in segregation. Although this information was shared with the safety team, it was not clear what action was taken to address the issues, which could explain our more negative survey findings. In recent prisoner forums, Somalian prisoners reported discrimination and racism, which echoed what we were also told by prisoners we spoke to. The prison was working with affected prisoners and the Muslim chaplain to understand their concerns.

4.32 Many of the complaints from black and minority ethnic prisoners focused on the quality and quantity of food. This was more acute among Muslim prisoners who expressed concerns about the lack of microwaves for halal food and poorly supervised meal services that sometimes left them without halal food options. Leaders had also failed to manage Ramadan respectfully, which the prison accepted.

4.33 At the time of the inspection, around 10% of the population were foreign nationals and there was reasonable support for those who could speak English. Home Office immigration staff attended once a month, and foreign nationals had access to extra phone credit. However, the use of translation and interpreting services was sometimes inadequate, especially for new arrivals (see paragraph 3.9). We were not confident that prisoners with little or no English fully understood the prison regime or had been given an opportunity to share any of their concerns.

4.34 In our survey, prisoners with disabilities were more negative than those without across a range of issues, including perceptions of safety and being able to lead a healthy lifestyle. There was evidence that treatment of prisoners with disabilities had improved since our last inspection and social care was much better than at the last inspection. Leaders had, for example, improved links with care services in the community and introduced a well-run Buddy scheme to support prisoners with day-to-day tasks (see paragraph 4.62). Most of the prisoners with physical disabilities were located on Brunel unit. Those we spoke to were happy with their care but were frustrated that they were often locked in their cell due to regime pressures. They also struggled to access many facilities off the wing, including health care, video-link appointments, education and the library, because of accessibility issues (see paragraphs 4.24, 4.63, 4.82). The prison had a garden specifically designed for prisoners with mobility issues, but it was rarely used (see paragraph 4.7). Staff we spoke to said they would not push prisoners in wheelchairs because, they claimed, of health and safety issues, which was unacceptable.

4.35 Support for prisoners with poor mental health was not good enough, and health providers could only prioritise those who were in crisis. Support for prisoners with poor mental health was not good enough. Staff shortages meant that the service was struggling to meet increased demand and only those with the significant needs were prioritised (see section on mental health care).

4.36 Around a fifth of the population were under 25 and support for this group of young adults was reasonably good. The offender management unit (OMU) completed maturity screenings on all eligible new arrivals and those suitable received one-to-one work from a prison offender manager (POM). The prison also ran a well-received Duke of Edinburgh's Award scheme where prisoners developed their skills and confidence through volunteering and physical activities, and some young prisoners had completed the Choices and Changes course. (See paragraph 6.22.).

Faith and religion

4.37 Most prisoners had good access to corporate worship, which took place in a large multi-faith room. In our survey, 71% of prisoners said they could access corporate worship if they wanted to, compared with 57% at similar prisons.

4.38 Due to staffing difficulties, the chaplaincy had supplemented the team with sessional and volunteer chaplains to make sure that prisoners could access religious services. The prison had struggled to recruit an Anglican chaplain, which had resulted in a lack of Christian services for two months. Despite the staffing difficulties, the chaplaincy still supported the most vulnerable prisoners on arrival, in segregation and while on an ACCT. It also offered bereavement counselling, which prisoners valued. The chaplaincy was keen to improve well-being at Bristol and had introduced a 'harmony garden' and bees to the prison, although at the time of the inspection, these facilities were largely underused by prisoners (see paragraph 4.7).

Health, well-being and social care

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

4.39 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

4.40 Since October 2022, NHS England had commissioned Oxleas NHS Foundation Trust to deliver health services, and a range of subcontracted providers were delivering specialist services.

4.41 Health services had been affected by staff vacancies, most notably in primary care, mental health and medicines management. At the time of the inspection, there were over 20 whole-time-equivalent clinical vacancies. This had led to a fragile staffing position. The provider had acknowledged and recognised this concern and was working to complete the new staffing model and begin recruitment, with a new recruitment and retention strategy under way to prioritise the current deficits.

4.42 Partnership working was underpinned by regular local delivery board meetings, but had failed to address the persistent high numbers of patients not attending health appointments. Prison and health care leaders had only recently begun collecting data on the reasons for this.

4.43 Clinical governance arrangements were well established. Areas of patient risk were identified, with actions to address the issues implemented and monitored through a health care development plan. We saw evidence that the Prisons and Probation Ombudsman (PPO) recommendations from the deaths of prisoners in custody that related specifically to health had been addressed (see paragraph 3.40). These were also subject to ongoing monitoring and quality assurance. There was a schedule of clinical audits and learning from incidents that was disseminated to the staff effectively.

4.44 Despite the fragile staffing, there was strong clinical leadership at all levels and all staff we spoke to felt well supported. Mandatory training compliance had dropped below the required level in mental health services, and recorded levels of clinical supervision had also fallen; health leaders assured us that they were addressing these.

4.45 There were information-sharing protocols and patient consent was obtained during prisoner reception. Health care staff used the electronic clinical records; those we reviewed fulfilled the expected professional requirements and described patient care and treatment well.

4.46 Health care staff were polite and professional in the dealings with patients that we observed. Health care complaints processes were in place and the provider sought face-to-face resolution where appropriate. The complaint responses we sampled were courteous, addressed the issue and informed the patient what to do if they remained dissatisfied. Health care leaders regularly attended the monthly prisoner council meeting.

4.47 Clinical areas across the site were clean, although small and cluttered. Infection control was reasonable, although a few issues needed to be

addressed, including poor wall and floor conditions, which were awaiting attention. Clinical equipment was calibrated annually.

4.48 Sufficient, well-maintained resuscitation equipment was secured in key locations, and health care staff had the necessary training and competencies to respond to medical emergencies through well-established protocols.

Promoting health and well-being

4.49 There was no published strategy for the well-being of prisoners, although a staff well-being committee considered some aspects of this. A garden area, planting and murals had been used to soften the austere external environments. The library held some well-being and self-help texts, although the range was limited.

4.50 Oxleas had an impressive national calendar of health promotion events, enhanced with other events, such as Pride week. This provided a template for all departments to follow, supplemented by local pop-up events, such as a blood pressure check 'drop-in' day. Health-promoting materials were available in reception and clinical rooms, but sparse in the waiting rooms and absent from the wings. 'Buddy' support workers (see paragraphs 4.5 and 4.62) were trained in health and social care and ably assisted health promotion.

4.51 Screening for infections such hepatitis B and chlamydia was available to new prisoners, as was national NHS screening such as for abdominal aortic aneurysm and bowel cancer.

4.52 There were suitable contingency plans to prevent and manage outbreaks of infection. There were campaigns to minimise epidemic infections, with a current emphasis on measles reduction using the MMR vaccine.

Primary care and inpatient services

4.53 The primary care service was well led, with a committed and caring staff team. It operated a seven-day, 24-hour nursing service. GP sessions were provided five days a week with weekend cover. The use of a remote GP at the weekend had been reduced and additional physical weekend cover on site had improved.

4.54 A range of primary care services was available and health care applications were triaged by a nurse. Waiting lists to see the GP were minimal and urgent referrals were seen quickly.

4.55 New arrivals were seen promptly, with initial screens to identify any key care needs and to manage medication. However, in June 2023, 22 new arrivals missed their initial health screen, and there were also instances where prisoners had waited too long in reception to be processed by prison staff and refused their initial health screen. Where this did happen, health staff saw the individuals the following day.

4.56 Waiting times to see the GP and other specialities were in line with those in the community or better. During the inspection, 66 patients were waiting on the list with an average wait of two weeks, with none waiting longer than six weeks for an appointment.

4.57 The low health staffing numbers had meant a less than optimal skill mix, and additional pressure on staff to maintain safe cover. Staff were exhausted and frustrated with the delay in an agreed staffing model by the new provider, which contributed to poor recruitment and retention. Some areas of service delivery were slipping, for example some long-term conditions reviews were overdue because of a lack of health staff.

4.58 Long-term conditions were managed by nurses with support from the GPs, with annual reviews and care plans for each patient. However, the shortfalls in prison staff meant that patients could not always be escorted to health appointments, which also lost valuable clinical time.

4.59 There was administrative and clinical oversight of external hospital appointments to make sure that patients gained appropriate treatment. However, too many hospital appointments were rescheduled in the absence of prison officer escorts. For example, in June 2023, only 34 of 65 planned appointments took place. Health care staff continued to monitor patients who missed their appointments and rebooked them as soon as possible. Hospital appointments were further hindered by the limited number of slots allocated by the local hospital.

Social care

4.60 Social care had been transformed since the last inspection, with a memorandum of understanding underpinning strong partnership working between the prison and Bristol City Council.

4.61 The prison had made 22 referrals for social care assessment since January 2023. Assessments were completed within the target times, with 36% meeting the threshold for care. The council could also provide access to independent advocacy, if required. Ten prisoners had packages of social care, and others had received suitable equipment to support them.

4.62 The council contracted Agincare to deliver social care and, crucially, it ensured that urgent social care needs would be met before completion of an assessment. Agincare staff were on site for several hours each day, and at night, if necessary. We observed five staff who were caring, good humoured and patient. Care planning and journal notes were exemplary. Well-trained and supervised Buddy support workers assisted prisoners at mealtimes or with mobility (see paragraph 4.5). Prisoners we spoke to appreciated the care they received.

4.63 Wheelchair users were not able to attend essential health appointments as these took place on the first-floor health centre. There had been extensive delays in finding a solution to this, but the prison told us that this was imminent with training and a wheelchair riser about to arrive.

Mental health care

4.64 Oxleas NHS Foundation Trust, who delivered mental health services at Bristol, had yet to complete agreements on the mental health staffing model, and, along with staff shortages, the service was struggling to meet increased demand; this required prompt resolution. Referrals to the team had doubled in the previous six months with patients in crisis prioritised. The position was further compounded because mental health staff were regularly cross-deployed to cover medicines administration. Staff were hard-working and frequently finished their shift late to ensure patients received care and treatment.

4.65 Prisoners' immediate mental health needs were assessed on arrival, and they could refer themselves or be referred by staff at any time. Disappointingly, the 'early days in custody' enhanced mental health input had recently been withdrawn due to staff shortages. A weekly multidisciplinary meeting was held for the teams to discuss new referrals, patients' ongoing needs and discharges.

4.66 The integrated multidisciplinary mental health team worked seven days a week and worked hard to deliver a stepped care model, but had inevitably focused on keeping patients safe and managing acute clinical need. The team had a duty worker system and attempted to support immediate risk, including through attendance at all initial ACCT reviews. Access to a consultant psychiatrist was prompt. The care plans we sampled were reasonable but lacked patient involvement.

4.67 Psychology staff delivered individual and group talking therapies, but the lack of officers meant patients were not always escorted to the education department where the groups took place. Neurodevelopmental services had also been affected by staff shortages, with the practitioner now devoting half of their clinical time to crisis mental health work. Valuable diagnostic autism assessments had also been stopped due to a lack of clarity about commissioning, and this required resolution. A cognitive/dementia nurse specialist had started to see patients with suspected cognitive decline, which was a promising development.

4.68 Other than mental health training provided to new officers, the mental health team did not offer any training or awareness sessions for prison staff; this was clearly required given the complex needs of the population at Bristol.

4.69 In the previous six months, most of the 16 patients transferred to secure inpatient mental health hospital under the Mental Health Act were not moved within the NHS guideline of 28 days. At the time of the inspection, a further 12 patients were waiting for transfer with several of these acutely mentally unwell patients held in the segregation unit or in segregated conditions, which was wholly inappropriate (see paragraph 3.24). Staff and leaders consistently told us that a lack of beds and a seclusion facility at the local medium-secure provider and protracted assessment procedures were barriers to transferring patients swiftly. We continued to be appalled at the systems and processes designed to

effect prompt transfer of severely unwell patients to hospital for treatment, which failed time and time again.

Substance misuse treatment

4.70 The substance misuse service provided good treatment for those referred to it or who chose to engage. However, it was evident that the demand for illicit drugs was high (see paragraph 3.31).

4.71 The service delivered person-centred care for prisoners with multiple or complex substance misuse needs. New arrivals were screened, and a recovery worker assigned for an assessment within 24 hours. The 111 patients receiving opiate substitute therapy at the time of the inspection had been reassessed promptly after the reception screening, and continued to be supported and reviewed at appropriate intervals.

4.72 Prisoners had access to a range of group or individually tailored therapies and interventions. Both psychosocial and clinical prisoners were reviewed regularly, and prescribing was responsive to need. We observed examples of multidisciplinary collaboration and documented inter-agency input for complex cases, including patients with a dual diagnosis of mental health and substance misuse needs.

4.73 The substance misuse team was involved with the delivery of the recent prison drug strategy, and was responsive to emerging risks. When intelligence was received about drugs affecting wings, the team would set up pop-up wing clinics to advise prisoners on risks, offering harm reduction and appropriate interventions to inform and educate them.

4.74 The service leadership and staff team were motivated and forward thinking, with prisoners at the centre of a well-performing, safe service. Prisoners were active partners in the delivery, review and development of the service.

Medicines optimisation and pharmacy services

4.75 Although staff demonstrated a patient-focused approach, the lack of staff affected the service they could provide. Medicines were supplied by an in-house pharmacy promptly. A formulary (a list of medications used to inform prescribing) was used and medicines use was recorded on SystmOne (the electronic clinical record).

4.76 Medicines administration was led by pharmacy technicians with support by nurses three times a day, with provision for night-time medicine. Patients were given simple advice about their medicines by the pharmacy technicians when attending the hatch. The interactions we observed were good and systems to follow up non-attendance were robust. There were not enough staff to administer at all the wings at the same time, so some patients received their morning medicines later. For some medicines, this meant the intervals between doses might not be suitable for the most effective therapeutic benefit. We observed unsafe administration in the segregation unit, which we brought to the

providers attention immediately. Some not in-possession medications were administered from stock, which did not allow the additional checks possible when medicines are selected and administered from individually labelled patient packs.

4.77 Officer supervision of medicine queues was of variable quality, with the potential for diversion and bullying. Patients were asked for their name and ID number but did not have ID cards; this increased the risk of an administration error. The number of prisoners receiving medicines in possession was low, which increased the number of medicines administered. Not all cells had lockable storage facilities for in-possession medicines, and there were no regular cell checks to confirm compliance.

4.78 There was an in-possession policy, and risk assessments undertaken were recorded on SystmOne appropriately. Data showed that 37% of patients were prescribed medicines in possession, of whom 16% were supplied it monthly. This increased workload and reduced the time to provide other services. Not all new arrivals had their medicines reconciliation within the required timescale, which meant that some patients might not get the medicines they needed promptly.

4.79 A pharmacist clinically reviewed all medicines, but patients did not have access to them for medication reviews. There was provision for medicines to be supplied to patients without the need for them to see a doctor. There was appropriate provision of medicines for patients being transferred or released.

4.80 There was reasonable medicines management, but stock lists needed to be reviewed and there were no audits for stock medicines. The witness signed the controlled drug registers at the end of the session rather than at the time of administration. Errors were recorded and reviewed. Written procedures and protocols were in place, and there were regular medicines management meetings. The prescribing of abusable and high-cost medicines was monitored. The prescribing of tradeable medicines was well controlled, and only small numbers of patients were on these.

Dental services and oral health

4.81 Patients received NHS-standard dental care. Time for Teeth provided four sessions of dentistry a week delivered by a dentist, nurse and therapist.

4.82 Fifty prisoners were currently waiting an average of three weeks for non-urgent care, which was reasonable. Urgent slots were available at each clinic. Attendance rates were high and had improved notably in the last six months. Oral health advice was given to all as clinically indicated. Officers were located outside the dental surgery to ensure that patients were in place for their appointments. However, patients with restricted mobility could not access the dental suite, which was upstairs; those needing treatment were escorted to HMP Leyhill to receive it.

4.83 Governance was effective and the dental surgery and equipment were modern, with separate decontamination facilities.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in activities which support their rehabilitation.

5.1 During our random roll checks we found over 40% of prisoners locked in their cells during the core day, and only 27% in education or work off the wing. Time out of cell was limited by an inefficient allocation to education, skills and work, and a regular shortage of staff to escort them to their allotted activity. Only two-thirds of prisoners were allocated to an activity, and only half of those actually attended. As a result, most prisoners were locked up for around 21.5 hours a day.

5.2 Prisoners attending a full-time activity – around a third of the population – could be out of their cell for seven hours a day on weekdays. Those on the highest levels of the incentive scheme were usually unlocked for an hour longer, and a very small number of trusted prisoners could be unlocked all day.

5.3 Staff shortages not only curtailed prisoners' attendance at work and education, but also resulted in missed medical appointments and cancellations to other aspects of the regime, including library sessions. Prisoners on the enhanced level of the incentives scheme were entitled to three evenings of association, but this was also frequently cancelled. Leaders did not routinely collate data on cancellations to inform any plans to improve this situation.

5.4 The prison had very recently introduced a revised core day with the aim of improving staff availability to escort prisoners to activities. Prison data showed that this had led to marginal improvements in attendance at education and work over the previous couple of months.

5.5 Prisoners were offered a period in the open air each day. Yards were fitted with static workout equipment. The majority of prisoners were not permitted to use wing recreation equipment, such as table tennis and pool tables, and nobody was able to provide an explanation for this.

5.6 The library was bright and welcoming, but very few prisoners could access it. The facility required two staff to run it, but there had only been one part-time worker for some time, which meant a librarian was only available three days a week. Prisoners could still attend at other times and borrow books by signing a log. Prisoners were often unable

to attend the library on their allotted session as there were insufficient staff to escort them from the wing.

5.7 Prison data indicated that only 60 prisoners a month visited the library, most of whom attended from education classes in the same building. A similar number of prisoners each month benefited from an outreach service, with items delivered to the wings, and there was a small satellite library for the vulnerable prisoners on D wing.

Main library (top) and satellite library on D wing

5.8 The reading strategy was underdeveloped and was not being driven by prison leaders (see paragraph 5.26). The library did little to promote improvement in literacy. The prison had very recently appointed a Shannon Trust literacy programme coordinator and had trained six mentors to help their peers learn to read. However, their work was not valued or facilitated, and only one learner was being formally supported.

5.9 In our survey, 45% of prisoners, compared with 21% at similar prisons, said they could go to the gym twice a week or more. The gym timetable was designed to offer more sessions to those attending activities, who in theory could attend up to five times a week. However, numbers were limited to 25 at a session and gym records showed that they were regularly cancelled due to a shortage of PE instructors. The prison recorded details of prisoners who attended gym sessions, but this was not analysed to identify and encourage those who did not attend.

5.10 The PE timetable included a weekly session for those on the detoxification unit (C3) and sessions for those in the segregation and Brunel (see paragraph 4.34) units. PE staff facilitated activities such as yoga and supported prisoners on the Duke of Edinburgh's Award scheme. Prisoners could not achieve any qualifications through the gym.

The gym

Education, skills and work activities

This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at https://www.gov.uk/government/publications/education-inspection-framework.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: inadequate

Quality of education: inadequate

Behaviour and attitudes: inadequate

Personal development: requires improvement

Leadership and management: inadequate.

5.12 Leaders and managers had been too slow to remedy the issues raised by inspectors at the previous inspection. As a result, most of the areas for improvement identified then had not been resolved.

5.13 Too many prisoners did not take part in education, skills or work activity. Although prison leaders had provided enough activity places for all prisoners, staff did not fully allocate them to these places. This resulted in spaces in classes and workshops not being filled. The allocation process was not effective, as staff did not consider well enough suitable alternative courses linked to the prisoner's chosen pathway.

5.14 Leaders had not ensured that vulnerable prisoners had access to a wide enough range of activities. Their only available work activity was recycling, their education was limited to English and mathematics, and they had access to far fewer activities than prisoners on other wings. As a result, they did not develop the skills they needed to help them on release from prison.

5.15 Leaders and managers had constructed a vocational and work curriculum based on employment opportunities in the local area and the needs of the prison population. A series of curriculum pathways were available to prisoners based on their interests and career aspirations. However, too many were not aware of the courses that comprised the pathway and, consequently, did not know what their next step would be.

5.16 Leaders did not provide an ambitious curriculum for English and mathematics. For prisoners who needed to gain level 1 or above in English or mathematics, functional skills courses did not run frequently enough to meet their needs. For prisoners who were below level 1, only a very small number of topics were taught, such as counting up to 100 or basic fractions. Prisoners with low levels of mathematics became more confident in their abilities as a result of attending these courses. While achievement on these topics was high, leaders and managers did not provide prisoners with a wide enough range of topics to gain a full qualification in English or mathematics. As a result, very few prisoners achieved full qualifications and almost none progressed to higher levels of study.

5.17 Too many prisoners who were allocated to education, skills or work, did not attend. This was often a result of staff shortages on their wings which prevented prisoners from accessing activities. Prisoners were turned away from some workshops because too many turned up, while in others, a chronic lack of work meant that they were not sufficiently occupied. Consequently, prisoners became disengaged and lacked motivation. Leaders and managers were aware of these issues and had recently introduced a strategy to improve attendance, which was starting to have some impact.

5.18 New arrivals were quickly provided with an introduction to the education, skills and work opportunities that were available to them. Staff supported prisoners to make informed choices about their pathway options. Prisoners also received a suitable initial advice and guidance interview to determine their career aspirations, resulting in the creation of an individual learning plan. However, in too many instances, these were too generic and did not focus enough on individual prisoners' needs and aspirations. Consequently, staff in education, skills and work did not routinely use the information in prisoner learning plans when planning classroom or workshop activities.

5.19 During their induction, prisoners were given a thorough assessment of their English and mathematics knowledge and to identify if they had any potential learning difficulties and/or disabilities. However, prisoners had to then wait too long for more in-depth assessments of their reading ability and possible learning difficulties and/or disabilities. This resulted in prisoners not receiving the support they needed quickly enough. Once tutors in education received this information, they used it well to make sure that prisoners received the support they needed during lessons. However, in workshops, staff did not use the information to assist prisoners. As a result, support for prisoners was not consistently effective.

5.20 The few prisoners who were allocated to education and vocational training developed practical skills to an appropriate standard, which supported them to gain employment on release. Prisoners in mathematics classes developed their knowledge of whole numbers and fractions well, learning skills that would help them when they were transferred or released.

5.21 Prisoners on the barbering course received training to a good standard, developing their knowledge of cuts and styles, as well as skin conditions, which helped them explain to clients how to maintain their scalp and hair. Prisoners in the staff canteen helped produce and serve food that was healthy, appetising and popular with prison staff. In the upcycling workshop, prisoners repurposed furniture to a high standard as part of a collaboration with local charities who sold the furniture. These prisoners developed practical skills to a high standard, which would help them once released. However, in most work areas, prisoners did not gain accredited qualifications that demonstrated their skills and knowledge, limiting their ability to gain employment once released or transferred to another prison.

5.22 Prison instructors in workshops did not use the information about what prisoners knew already to plan personalised training. They did not identify with prisoners' important personal development targets and the steps needed to achieve these. Despite this, most prisoners had developed a range of skills, such as team working, time management and the ability to follow instructions. However, the interpersonal skills they had developed while at Bristol were not recorded so that prisoners could understand what they had achieved or have as evidence when they moved to another prison or were released.

5.23 Most tutors in education planned lessons well. They used a range of strategies to help prisoners develop their knowledge. For example, tutors teaching peer mentoring helped prisoners to develop their mentoring skills by placing them in a range of different classes to support other prisoners; tutors observed their practice and provided them with effective feedback. This enabled the small number of peer mentors to become increasingly effective in their roles.

5.24 Leaders did not make sure that information about prisoners' additional learning needs was consistently available to all tutors. In addition, delays in learning needs assessments meant that too many prisoners who needed support did not receive it. Where tutors in education had information on prisoners' additional learning needs, they used this well to support prisoners. For example, coloured overlays were used for prisoners with dyslexia and 'fidget toys' were used for those who had trouble concentrating.

5.25 Leaders and managers did not provide sufficient support for all prisoners to develop their English and mathematics skills while in prison workshops or on the wings. Prisoners who were unable to attend lessons due to prison staff shortages or because they were vulnerable received some support from tutors in their wing. However, this benefited too few prisoners. The very small number of prisoners who

did receive English and mathematics support on the wings valued this and were proud of their achievements.

5.26 Leaders and managers had been too slow to implement their reading strategy. Too many prisoners were waiting for reading assessments to be completed. In addition, too few prisoners engaged in reading, either for pleasure or to improve literacy skills while in prison, even though there were books in every classroom and workshop area. As a result, prisoners were not helped well enough to improve their reading skills.

5.27 Leaders and managers had not ensured that the local prisoner pay policy encouraged prisoners to attend education, but prioritised work activities through higher rates of pay. They had recently recognised this and were due to introduce a new local pay policy.

5.28 The recently introduced employment hub was starting to provide effective help for sentenced prisoners as they approached their release date. Prisoners valued the support they had received in writing an up-to-date curriculum vitae, producing disclosure letters and how to apply for jobs. The employment hub advertised a range of job vacancies in the local area and staff supported prisoners well to apply for them. As a result, a few prisoners had gained sustained employment since release. However, leaders had not made sure that prisoners had access to a functioning 'virtual campus' (providing internet access to community education, training and employment opportunities) to help them search for jobs or to support their learning.

5.29 Leaders and managers did not evaluate the quality of education, skills and work effectively enough. They focused too much on describing the provision rather than evaluating it. This hindered the progress that they had been able to make in improving the quality of education, skills and work because they did not accurately identify what needed to be improved.

5.30 Most prisoners in education, skills and work understood what it meant to be a responsible citizen. They were very polite and respectful to their peers and tutors, often thanking others when they helped them. Most demonstrated the values of respect and tolerance, and could talk about democratic values. In lessons, prisoners took part in discussions and debates, often on emotive topics such as the role of social media, the culture of addiction and recovery. They learned to take turns to speak, not to interrupt, and to listen to the views of others. As a result, they demonstrated respect for each other's views and built a sound understanding of how to be responsible citizens.

5.31 Leaders and managers had developed a range of activities beyond the academic and vocational curriculum, such as the Duke of Edinburgh's Award scheme and training offered by the Clink restaurant charity. However, too few prisoners had access to these activities or were aware of them. There were plans to implement further activities such as a book club, but these had not yet been realised.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

6.1 Work to help prisoners rebuild ties with their families and significant others had deteriorated since the last inspection, was too limited and poorly resourced. The contract delivered by PACT (Prison Advice and Care Trust) only provided 1.2 full-time-equivalent (FTE) staff, who also had to oversee the visitors' centre and the visits hall. Consequently, they could do hardly any family engagement work. The Storybook Dads scheme (enabling prisoners to record a story for their children) had stopped running, and there were no parenting courses.

6.2 Inside Out was a recent innovative project run by two enthusiastic caseworkers who used the principles of restorative practice to help prisoners rebuild ties with their significant others. Prisoners told us this support was excellent. However, the project had lost its funding and was winding down.

6.3 It was much too difficult to book a social visit. The phone booking line went unanswered, and the online booking system was also problematic. On average, about half of the available spaces in the visits hall went unused each week, which was disappointing for such an accessible city-centre prison.

6.4 The visitors' centre was understaffed so it had to shut during visits and any accompanying family members had to wait outside in the car park. Visits often started and finished late. The visits hall had been improved, with better, colourful seating. However, the tea bar had been very poorly stocked and did not offer any healthy options. We also observed prolonged intimate contact between several prisoners and their partners that staff failed to challenge. This was inappropriate and presented a security risk (see paragraph 3.34).

6.5 There had been regular family days in the visits hall. There was also a promising new initiative to facilitate visits between prisoners and their neurodiverse children who found the visits hall overwhelming. One visit had so far taken place.

6.6 Too many prisoners we spoke to, some of whom were at risk of suicide and self-harm and subject to case management (ACCT) support, did not have a working in-cell phone (see paragraph 3.44). Prisoners had reasonably good access to social video calls with 93 spaces each week, enough for about a fifth of the population. Some calls took place in the evenings and weekends, which was positive, and these were extremely popular. Access was facilitated by a dedicated member of staff, so the service was not as vulnerable as some others to regime cancellations, but the video booths were very bleak.

Reducing risk, rehabilitation and progression

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

6.7 The prison held a very transient population; 60% of prisoners stayed for just three months or less and prison data told us that 80% had been in custody before. Unsentenced prisoners now made up 56% of the population, compared to 35% at the last inspection.

6.8 Work to help prisoners reduce their likelihood of reoffending had been allowed to lapse. The most recent reducing reoffending strategy dated back to 2019, there was no action plan that set out current priorities, and we were not provided with any minutes of regular multi-agency meetings to oversee the strategy. The only analysis of the population's needs focused on education, skills and work with no reference to other pathways, like housing. A new manager had recently taken over this work, but it was too early to see any impact.

6.9 In the absence of constant managerial oversight, provision across this healthy prison test was poorly coordinated. Family contact and release planning, the most important areas for successful outcomes in a busy local prison, had both deteriorated. There were not enough staff in these areas to deliver good outcomes, and funding for promising initiatives had ended, leaving significant gaps in support (see paragraph 6.2). Some partners, including the housing contractor (see paragraph 6.26) did not visit the prison often enough to make sure prisoners could access the service they needed.

6.10 There was not enough systematic and embedded help for unsentenced prisoners, even though they now made up the majority of the population. They had no regular key work (see Glossary), did not always have their needs assessed on arrival, were excluded from most housing support (see paragraph 6.26) and could not easily access the library for legal materials (see paragraph 4.24).

6.11 A minority of the population, about 240 prisoners, needed sentence planning and offender management. Most of these prisoners had an OASys (offender assessment system) assessment and sentence plan,

but the quality was far too variable. Half the plans we checked were not good enough and some, typically completed by community offender managers (COMs), were particularly poor. Offender management unit (OMU) leaders had not done enough to challenge this lack of quality.

6.12 A new OMU leadership team was beginning to build stability after a difficult period of short staffing earlier in 2023. The 1.5 FTE senior probation officers (SPOs) were impressive and driving positive change. There were 2.6 FTE probation officers in post, and six of the eight non-operational prison offender manager (POM) posts were filled. Contact between POMs and sentenced prisoners was consistent, supportive and frequent, and prisoners were generally positive about the availability and responsiveness of their POMs. However, there was hardly any key work to support these efforts.

6.13 Only 80 prisoners had been approved for release on home detention curfew (HDC) in the previous 12 months, which was low for a busy local prison with limited space. Some spent long periods on remand and then did not have enough time to complete the process once they were sentenced. Others had been transferred out with as little as three months left to serve, before they could complete the process. A shortage of administration staff in the OMU had also led to a backlog in the sentence calculations which determined HDC eligibility dates.

Public protection

6.14 Nearly 50% of the sentenced population were assessed as a high risk of serious harm to others. Public protection arrangements had some key weaknesses. Two-thirds of high-risk prisoners approaching release in July, August or September 2023 had only arrived in the jail in May or June. This rapid turnaround made oversight of their risk management plans very challenging, and too many high-risk cases were never brought to the monthly interdepartmental risk management meeting (IRMT) for a multidisciplinary discussion. The two SPOs had identified problems with the meeting and were beginning to improve it.

6.15 There was not always evidence of enough liaison between POMs and COMs or prompt escalation to leaders in the community to make sure risk management plans were completed far enough ahead of prisoners' release. However, most contributions to MAPPA (multi-agency public protection arrangements) panels were very good, analytical and well considered.

6.16 Phone monitoring was not always activated effectively; for example, cases such as the breach of a restraining order or domestic violence were not routinely considered for full scrutiny. Reviews were overdue and there was a two-week backlog in listening to calls. In one case, a MAPPA meeting about a prisoner subject to a restraining order who had already tried to breach restrictions was not provided with risk information because monitoring had not been completed.

6.17 Arrangements to impose contact restrictions on prisoners who presented an ongoing risk to children were not good enough. There

were 41 prisoners designated as a potential ongoing risk, but decisions about whether to impose a permanent restriction had been delayed, in some cases for months, which was potentially unfair to the prisoner. Mailroom staff did not use the most up-to-date information about restrictions to make sure the right correspondence was blocked.

Categorisation and transfers

6.18 Too many long-term prisoners who needed to progress were stuck at Bristol. Twenty-eight prisoners were serving life or indeterminate sentences for public protection (IPPs). It was very difficult for OMU staff to transfer them to a more suitable training prison. Those in the middle of parole processes faced waits of up to a year before they could move. The SPOs had identified the need among this group and begun holding useful monthly forums. However, these men continued to live in crowded conditions among a constantly changing population. Two prisoners serving IPP sentences had taken their own lives in 2023.

6.19 There had been more success in transferring prisoners convicted of sexual offences (PCOSOs). Though about 40 sentenced PCOSOs remained, in the previous 12 months just over 100 had transferred to prisons dedicated to holding PCOSOs. Some of those who remained had mobility issues and it was very hard to find a space for them in another establishment.

6.20 Other prisoners with as little as three months to serve were moved out to make room for new receptions, which disrupted their resettlement planning and access to release on HDC (see paragraph 6.13).

6.21 Most recategorisation reviews lacked enough evidence or analysis to support decisions. Only one we looked at was good enough.

Interventions

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

6.22 Leaders had a good focus on the needs of young adults (aged 18 to 25), and some of them could access useful interventions to address their attitudes, thinking and behaviour. The OMU completed maturity screenings on eligible new arrivals and, as a result, 20 young adults had completed Choice and Changes in the previous 12 months, and a further dozen were on the Duke of Edinburgh's Award scheme (see paragraph 4.36). A through-the-gate pilot delivered by St Giles had been running for about 18 months. Its caseworker had engaged with about 30 young men convicted of drug or gang-related offences, and worked alongside a colleague in the community to make sure this support continued on release.

6.23 There were not enough brief interventions to help other prisoners start thinking about their offending behaviour, consider their choices or

develop basic life skills that were likely to help them avoid returning to prison.

6.24 Prisoner access to benefits advice was better than we usually see. A successful pilot run by the Department for Work and Pensions (DWP) meant that prisoners' claims were ready to be activated in the departure lounge on the morning of their release and the money arrived in their bank accounts within a couple of hours. However, only 16 bank accounts had been opened since April 2023; the provision was unsuitable for such a transient population as it was only available to sentenced prisoners with more than six weeks left to serve, which prevented about a third of prisoners approaching release from accessing this help. There was no specialist advice to help prisoners manage their debts.

6.25 In the year to May 2023, a quarter of prisoners (184 men) had been homeless when they left the gate on their day of release. There was no data to confirm how many prisoners found sustainable accommodation that lasted for three months. About 500 prisoners had been released from court in the previous 12 months and there was no data at all to indicate what had happened to them.

6.26 Support for prisoners to secure housing on release was not good enough or well-coordinated. Prisoners who needed help with housing were not routinely identified by the pre-release team. COMs made far too few referrals to Interventions Alliance (who delivered the housing contract), with only 48 referrals between September 2022 and May 2023. Interventions Alliance only sent one worker into the prison once a week, and its contract excluded remanded prisoners, so there was nobody to help these prisoners maintain housing or manage their tenancies. This systemic failure of housing support had not been adequately addressed by senior leaders. A strategic housing specialist had tried to overcome some of these barriers, but was due to leave her role.

6.27 There was some good housing support from local organisations like Addiction Recovery Agency, but this only applied to prisoners from certain release areas and it operated outside the referral pathway, which risked prisoners being overlooked or work being duplicated.

Release planning

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

6.28 Over 100 prisoners were released each month so demand for help was high. Resettlement services were disjointed and poorly resourced, with were fewer staff than at the last inspection. A project called Ready for Release had been launched after our 2019 visit, but funding had ended and the staff had departed. The remaining pre-release team had only

3.4 FTE staff and one of them was about to leave. Their manager oversaw other prison teams and did not come on site to supervise them. The team's work was supposed to underpin good release planning: they had to identify all prisoners' resettlement needs five days after arrival and review the needs of low- and medium-risk prisoners 12 weeks before release. They were unable to reliably do this and some needs, notably housing, often went unmet (see paragraph 6.26). Only about 60% of the initial assessments were completed and hardly any reviews took place.

6.29 Managers had begun holding a weekly release board. This online meeting between agencies was a sensible way of checking on release plans for those about to leave, but it was limited on how well it could offset some significant deficiencies. Almost all the prisoners who we interviewed did not know about plans for their imminent release, and they had not had enough contact with their COMs to provide reassurance.

6.30 A minority of prisoners approaching release accessed some good help in the new employment hub (see paragraph 5.28). The prison employment lead ran five sessions a week where various workers and agencies could meet prisoners. The service was still developing and on the week we visited, only three prisoners had chosen to use it.

6.31 Upon release, prisoners could go to a departure lounge in the visitors' centre. This had been introduced under the Ready for Release project and had deteriorated since that funding ended. There was no more money for things like basic toiletries, so supplies were running out, and it was now left to the already stretched pre-release team to open and run it each morning. Nonetheless, prisoners could access some good through-the-gate support from external agencies. The DWP workers attended to activate benefit claims, and a Reconnect worker helped them to register with a GP. Additionally, prisoners were signposted to the CFO activity hub in Bristol (see Glossary).

Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, support for new arrivals was inconsistent and weak. Too many prisoners felt unsafe, and levels of violence were higher than in similar prisons, and higher than at the time of the previous inspection. A range of actions had been taken to make the prison safer but these were poorly coordinated and not measured for effectiveness. Use of segregation, adjudications and force were all high, and managerial oversight was lacking. Security arrangements were good. Actions to tackle drug use were very good and availability had reduced substantially. Levels of self-harm were very high and procedures to support those in crisis were weak. Outcomes for prisoners were poor against this healthy prison test.

Key recommendations

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

Actions and processes to reduce violence should be embedded and consistently applied throughout the prison, and their effectiveness regularly monitored.
Not achieved

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

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

Effective, well-coordinated action should be taken and sustained in order to reduce levels of self-harm.
Not achieved

Safer custody processes should effectively support prisoners at risk of suicide and self-harm.
Not achieved

Recommendations

All victims of violence and antisocial behaviour should be identified and, where appropriate, supported with comprehensive management plans.
Partially achieved

The incentives and earned privileges scheme should be used more effectively to manage poor behaviour and reward good behaviour, and should include the use of individualised behaviour improvement plans.
Not achieved

All prisoners whose vulnerability places them at risk of harm, abuse and neglect should be identified and protected.
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, staff–prisoner relationships were mostly positive. Despite some improvements, wings remained grim and depressing, and living conditions were poor for most. Prisoners disliked the food served. Prison shop arrangements were good. General consultation arrangements were effective. Applications were not well managed. Some serious complaints were not responded to adequately. Despite recent improvements, equality and diversity arrangements remained weak and the needs of some minority groups were not being met. Faith provision was good. Health provision had improved and was good overall, although social care arrangements remained inadequate. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

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

Prisoners should not be held in overcrowded conditions.
Not achieved

The prison should ensure that the needs of all prisoners identified with a disability are met.
Not achieved

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

Recommendations

Officers should have regular, meaningful contact with the prisoners in their care, and this should be reflected in case note entries.
Not achieved

All prisoners who make a complaint against staff should have their complaint investigated thoroughly and should receive a detailed and legible response.
Not achieved

All clinical rooms should meet required infection control standards, with adequate storage and space to provide effective and accessible health services. (Repeated recommendation)
Not achieved

A rolling programme of mental health awareness training should be provided for all custody staff. (Repeated recommendation)
Not achieved

All medicine queues should be supervised adequately, to protect patient confidentiality and prevent bullying and diversion.
Not achieved

Purposeful activity

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

At the last inspection, in 2019, many prisoners spent too long locked up during the working day. The regime was not reliably delivered. PE arrangements were reasonable but library provision was very poor. The leadership and management of education, skills and work activity remained inadequate. Too many prisoners were not engaged in any education, training or work. The provision did not adequately address prisoners' employability needs. Teaching and learning required improvement and too few prisoners made progress, or achieved their potential. Too many prisoners did not complete a course or gain a qualification. Outcomes for prisoners were poor against this healthy prison test.

Key recommendations

Leaders and managers should give priority to engaging prisoners in a wide and well-utilised range of purposeful activities that meets the rehabilitation needs of all groups of prisoners, and which leaders and managers scrutinise closely and regularly, to ensure that it is of a high quality.
Not achieved

Leaders and managers should ensure that prisoners attend their activities regularly, complete and achieve relevant qualifications, including in workshops, and develop effective work-related skills that prepare them effectively for their next stage of education, training or employment.
Not achieved

Leaders and managers should prioritise the improvement of the quality of the provision, ensuring that teachers and instructors plan and deliver a high-quality education and training experience that is individualised to meet prisoners' needs and motivates them to make good progress, produce work of a high standard and achieve their full potential.
Not achieved

Recommendations

The daily regime, including access to association, should be reliably delivered.
Not achieved

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

A comprehensive library service should be provided at the earliest opportunity.
Not achieved

Data should be used more effectively to monitor prisoners' progress and challenge poor performance.
Not achieved

Teachers and instructors should improve the quality of prisoners' individual learning plans, to help them to make good progress and to achieve relevant qualifications.
Partially achieved

Teachers and instructors should provide effective and regular developmental feedback to prisoners that helps them to improve the quality and standard of their work.
Partially achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, arrangements to support prisoners' contact with family and friends had improved, and were reasonably good. Too many prisoners were without an up-to-date offender assessment system (OASys) assessment, and many were transferred without an assessment informing their move. Offender supervisor contact was reasonably frequent. Some prisoners remained at the establishment for too long and were unable to progress or address their offending needs. Public protection arrangements were not sufficiently robust. Not all prisoners had their resettlement needs addressed on arrival. Despite strenuous efforts to address accommodation needs, far too many prisoners were released homeless or to temporary accommodation. Only basic finance and debt advice was available. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

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

The number of prisoners being released either homeless or into temporary accommodation should be reduced.
Not achieved

Recommendations

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

All prisoners approved for home detention curfew should be released on their earliest eligibility date.
Not achieved

The effectiveness of the interdepartmental risk management team should be improved, to ensure that the risks and needs of new arrivals and imminent releases are appropriately addressed.
Not achieved

The accurate and timely review of telephone calls and mail for prisoners subject to monitoring should be in place, ensuring that their risks are appropriately managed and that the public are protected.
Not achieved

There should be a strategy for managing or transferring prisoners staying at the prison for longer periods, to ensure that they are able to progress in their sentence.
Not achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from September 2020.

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.
Not achieved

Prisoners requiring dental treatment to preserve dental health should have timely access to dental care equivalent to that available in the community.
Not achieved

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.
Not achieved

The prison should continue to work with community partners, with appropriate support from HMPPS, to ensure that no prisoners are released without settled accommodation.
Not achieved

Appendix I About our inspections and reports

HM 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, court custody and military detention.

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

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For men's prisons 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 to benefit them.

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

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 HM Prison and Probation Service (HMPPS).

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

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

Outcomes for prisoners are not sufficiently good.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work 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.

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-

expectations/). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. 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.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Lindsay Jones	Inspector
Alice Oddy	Inspector
David Owens	Inspector
Paul Rowlands	Inspector
Jonathan Tickner	Inspector
Dionne Walker	Inspector
Sam Moses	Researcher
Sophie Riley	Researcher
Sam Rasor	Researcher
Joe Simmons	Researcher
Shaun Thomson	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Richard Chapman	Pharmacist
Mark Griffiths	Care Quality Commission inspector
Steve Lambert	Lead Ofsted inspector
Daisy Agathine-Louise	Ofsted inspector
Dave Baber	Ofsted inspector
Diane Koppit	Ofsted inspector
Saher Nijabat	Ofsted inspector
Andrew Thompson	Ofsted inspector

Appendix II Glossary

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.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Care Quality Commission (CQC)
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

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.

CFO activity hub
Funded by the HMPPS co-financing organisation (CFO), the hub supports prisoners on licence to move into education, employment or training on release.

Challenge, support and intervention plan (CSIP)
Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Key worker scheme
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 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.

Leader
In this report the term ‘leader’ refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

Night sanitation
An electronic system that allows prisoners out of their cells one at a time to use communal facilities overnight or during periods of lock-up**.** Prisoners who need to use the toilet join an electronic queue to be unlocked.

Offender management in custody (OMiC)
The Offender Management in Custody (OMiC) model, which has been rolled out in all adult prisons, entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

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

Protection of adults at risk
Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

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

Time out of cell
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.

Urgent Notification
Where an inspection identifies significant concerns about the treatment and conditions of detainees, the Chief Inspector may issue an Urgent Notification to the Secretary of State within seven calendar days stating the reasons for concerns and identifying issues that require improvement. The Secretary of State commits to respond publicly to the concerns raised within 28 calendar days.

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

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