



# Annual Report of the Independent Monitoring Board at HMP Bristol

**For reporting year  
1 August 2019 – 31<sup>st</sup> July 2020**

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## **Introductory sections 1 – 3**

### **1. Statutory role of the IMB**

The Prison Act 1952 requires every prison to be monitored by an independent Board, appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison, and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison, and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that States designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The Independent Monitoring Board (IMB) is part of the United Kingdom's National Preventive Mechanism.

### **2. Description of the establishment**

HMP Bristol is a category B public sector local prison with an operational capacity of approximately 614 adult males but with an actual population for much of the reporting year of approximately 550, and sometimes as low as 406 (this reduction due mainly to having cells out of action for ongoing refurbishment during the year).

The daily profile of the prison population varies as many come from the local courts, awaiting trial locally, or are transferred to Bristol in readiness for local release. There is a large proportion of unsentenced remand prisoners and those on licence recall. About half of the sentenced prison population is category C, despite being housed in a category B prison.

Given the population type, the turnover rate of prisoners is high, with a churn of over 10 times the entire population each year and with an average length of stay of around three months. This means a lot of 'processing' of prisoners in reception and

less emphasis on longer-term needs. However, there are also a number of lifers at the prison, others who are serving an indeterminate sentence, and some with complex needs who find themselves stuck in the system at this local prison and unable to move on to more appropriate placements.

Bristol was first opened in 1883 and, as such, many of its buildings and residential areas fall short of modern standards. It is a Victorian prison, built for Victorian prisoners, with cells designed for one occupant. Originally housing both male and female prisoners, the prison spent many years as a category A establishment, housing the most dangerous prisoners, before changing to category B. Further wings were added in the 1960s and 1970s, as well as several portacabins incorporated on the site. It is situated on a compact site in the densely populated area of Horfield within the city of Bristol, where prison walls located close to exercise areas enable banned substances to be thrown over the walls, and drones easily to access windows on the residential blocks.

Primary healthcare services are provided on the wings in the first instance, but there are clinics available in a separate healthcare centre. The Brunel unit manages prisoners with mental health needs and those with exceptional healthcare needs, providing 24-hour care, seven days a week.

D wing is designated for vulnerable prisoners, including the D wing spur for older prisoners and those with disabilities.

Newly admitted drug/alcohol-dependent prisoners are housed on the designated C3 wing, and a recently refurbished first night suite now exists on C2 wing.

General maintenance of the prison fabric is outsourced to Gov Facility Services Limited (GFSL), which has a local office on site.

There are various workshops, a large gym and a multi-faith centre. There is also a large sports hall and some spin bikes available for use. A newly built education block, the Phoenix Centre, opened in September 2019.

### **3. Executive summary**

#### **3.1 Background to the report**

This report is produced during the period of COVID-19, when the regular regime and practises at the prison have been impacted by the various delivery models put in place to manage the risks associated with COVID-19 (these exceptional delivery models are generically referred to in this report as EDM's). The EDM's have restricted time out of cell, reduced many of the activities available to prisoners, limiting access to the workshops and closing the education centre. Many of the mechanisms through which order and safety are maintained have also been reduced or removed – for example, the cessation of all drug testing, and fabric and accommodation checks. While COVID-19 has run rife throughout most of society, in HMP Bristol there were no confirmed cases during the reporting year.

The Board's overriding observation is how settled and quiet the prison has been given the implications of the EDM's for prisoners with far fewer complaints than usual and only a handful of calls to the new 0800 number set up to enable direct access to the IMB. This may be because prisoners have had access to a television, in-cell telephone and increased telephone credit as part of their increased confinement during COVID-19 and HMP Bristol has worked hard to facilitate 2-3 hours a day time out of cell (compared to other prisons that have been more restrictive). This, combined with better staffing profiles, less association with others and no need to attend work/education has been generally well received by prisoners (although the Board is also mindful of the increase in numbers of self harm incidents that occurred during lock down). The smaller number of prisoners let out at one time led to some prisoners stating in prisoner forums that they felt safer as a result. They also reported in prisoner forums that they were satisfied with the communications received to keep them constantly appraised of the changing situation. Similarly, staff have been happier and better supported through working in more consistent teams. Whilst it is important that prisoners should have a far less restrictive, more positive regime outside the constraints of an EDM, there is some good practise which could be learned from the EDM's that could be carried forward into a post-EDM regime.

## **3.2 Main judgements**

### **How safe is the prison?**

Since the Her Majesty's Inspectorate of Prisons (HMIP) inspection of June 2019, safety has remained rated at the lowest level of 1, which has been consistent since the HMIP inspection of 2017. At the inspection in June 2019, 62% of prisoners said that they had felt unsafe at some time in the prison. In this reporting year, HMP Bristol has continued to see high levels of self-harm compared with other category B local prison establishments, despite many initiatives to try to bring levels down.

From March to July (during the COVID-19 lockdown period), the number of self-harm incidents increased to 460, from 321 for the same period in 2019. This is despite a reduction in prisoner numbers, and regular safety incident meetings (SIMs) and safety action meetings (SAMs), where extra support is identified and given to prisoners at risk of self-harm. Most self-harm has been fairly low-level cutting, with many incidents being attributable to a small number of prisoners who have continued to self-harm over sustained periods.

Violence reduced for the period March 2020 to July 2020. There were 131 reported incidents in this period, compared with 158 for the same period last year. Debt appeared to be one of the major reasons for prisoner-on-prisoner violence. Debt issues have continued to arise and are thought to be linked to drugs.

### **How fairly and humanely are prisoners treated?**

As noted in section 2, the Victorian prison conditions of HMP Bristol do not meet modern standards. That said, the Board has finally seen investment being made to

materially improve the standards of accommodation and facilities available, which are now as good as they can be.

Unfortunately, owing to the physical constraints of the building, it is not ideal for those with physical disabilities, who lack access to all areas as a result.

The EDM has led to fewer complaints and a generally more settled environment. Changes to the staffing regimes (due to staffing 'bubbles' and different job profiling), in particular, have had a big impact on staff morale and effectiveness, and enabled more consistency and relationship building among staff and prisoners, as well as more time to see to prisoner needs. New staff were able to take time to talk to the prisoners in smaller groups, with the support of a consistent team behind them, building confidence and making them more likely to engage in meaningful conversation. It is suspected that these opportunities for more meaningful interactions contributed to the reduction in the number of applications to the Board during the pandemic and created a better environment for new and existing staff to build relationships. Overall, the general staff culture and ambiance on the wings feels very much improved; for example, there is less shouting on the wings and wing offices look cleaner, better organised and are less chaotic than pre-COVID-19.

## **How well are prisoners' health and wellbeing needs met?**

Healthcare provision is generally good. Healthcare staff have reported good cooperation between prison managers and themselves regarding social distancing and supporting healthcare service delivery during the COVID-19 pandemic.

Personal protective equipment supplies and testing capacity have been reported as adequate, although there was some confusion in the early days about what was being advised from above.

Escorts for hospital appointments and admissions have been easier during lockdown, probably due to better staffing in the prison and fewer routine hospital appointments being offered.

The prisoners seemed to be reasonably accepting of the cessation of routine healthcare provision, and even participated in the 'clap for carers'. However, there were more complaints about healthcare than for most other areas via the Board 0800 applications telephone line, mostly originating from a small number of prisoners with repeated applications on the same issues of delayed hospital appointments and medication changes.

It is estimated that approximately 40% of the prison population have some form of disability (physical or mental). The HMIP survey in 2019 asked: 'do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day to day life?)'. Forty-nine per cent of respondents said 'yes' and 67% reported that they had a self-declared mental health issue.

Against this background, and together with the impact of COVID-19, it is essential that prisoners are well supported. However, the lack of sufficient resources, together with the constraints caused by the EDM, mean that anxiety and self-harm levels have remained high, and that key work targets have not been fully met. There are also a large number of prisoners who find themselves in HMP Bristol, sent by local

courts as there is nowhere else to send them, for whom prison is not the right environment, and whose mental health and rehabilitation needs would be better provided for in the community.

### **How well are prisoners progressed towards successful resettlement?**

Bristol receives a large number of transfers, including those remanded into custody by local courts, of prisoners who are wholly unsuited to a local category B prison and whose needs would be better addressed elsewhere. For example, a local disabled man was remanded into custody for playing a penny whistle on the street, in breach of his antisocial behaviour order, as there was nowhere else for him to go.

For those already in Bristol, transfers out have been delayed, and hence prisoners' ability to progress and/or meet probationary requirements has been restricted during the period of the EDM.

The Board is advised that there has been a big reduction in the number of prisoners released to no fixed abode. We understand that Bristol City Council made hotel accommodation available to those in need of temporary accommodation.

### **3.3 Main areas for development**

#### ***TO THE MINISTER***

The Ministry of Justice should review the cases of certain prisoners coming into prison for minor offences because there is nowhere else in the community for them to go, and where their outcomes may be better if they are supported in the community or through more specialist placements.

For those with more complex needs, the minister should encourage and support much faster transfer times to specialist mental health units, given the disruption and drain on prison resources of housing these prisoners in a local prison.

#### ***TO THE PRISON SERVICE***

Her Majesty's Prison and Probation Service (HMPPS) needs to ensure sufficient resource job profiling to allow key work to take place. As soon as there is a resource shortage, key work is the first thing to suffer, and the Board is already seeing evidence of this as the EDM level is reduced. Given the benefits seen of improved staff/prisoner relationships during the EDM COVID-19 lockdown, HMPPS should not lose sight of its stated aim to ensure that every prisoner has a dedicated key worker assigned during their time in custody, who will spend at least 45 minutes per week with that prisoner.

Improved prison-led support is required for those with anxiety, stress, depression, autism and/or personality disorder in order to supplement the input from the mental

health and healthcare teams, and hence better mirror the opportunities available in the community.

Work is required to improve delays to the transfer of prisoners to specialist mental health placements where this is required.

## ***TO THE GOVERNOR***

When the Governor has been able to attend Board meetings, this has been well received, and useful for Board members, although the levels of communication were ad hoc at times and the Board has felt that its statutory role has been compromised on occasion during such a critical period.

### **3.4 Progress since the last report**

#### **Safety**

Unfortunately, safety figures demonstrate that there has been no improvement in the data since last year. However, this disguises the very substantial efforts that the Board has seen from the safer custody team, led by the Governor. The team has set up some excellent processes, displayed full transparency and taken clearly documented actions in their constantly evolving drive to improve safety outcomes for all. The Governor is clearly an individual who cares passionately about making a difference, and is commended by the Board for his efforts.

The Board has also observed that the smaller number of prisoners let out at one time has had a positive impact, with prisoners stating in prisoner forums that they felt safer as a result.

#### **Fair and humane treatment**

Accommodation and cleanliness have improved substantially since the last reporting year, as can be seen from the following photographs.

BEFORE:



AFTER:



Improvements have also been made in the provision of prison kit and supplies, which has led to a reduction in stockpiling, and in the introduction of a new incentives policy focused on positive behaviour rather than punishing non-compliant behaviour.

Provision for those with disabilities has not improved.

## **Health and wellbeing**

The new contract and a new head of healthcare have provided an opportunity for improved communication and cooperation with the prison, alongside the support of continued input from existing providers. There are already signs of working together to highlight and address the concerns around mental health unit transfers and improving access to escorts to ensure attendance at appointments. The mental health team is also working collaboratively with safer custody staff to look at the drivers and opportunities to improve the rates of self-harm.

Staffing to enable delivery on health screening, blood-borne viruses and long-term conditions remains a concern, although recruitment is ongoing.

## **Progression and release**

Fewer prisoners were released to temporary accommodation or no fixed abode. This will be due, at least in part, to Bristol City Council provision for released prisoners to be accommodated in hotels during the COVID-19 lockdown which improved their accommodation outcomes, if only on a temporary basis.

Other prisoners have found themselves stuck in the system at HMP Bristol, and unable to progress in terms of earned incentives or access to rehabilitation training programmes for parole, or transfer to more appropriate establishments to meet their needs.

## **Evidence sections 4 – 7**

### **4. Safety**

Since the HMIP Inspection of June 2019, safety has remained rated at 1, and this level had not improved since the HMIP inspection of 2017. At the inspection of June 2019, 62% of prisoners said that they had felt unsafe at some time at the prison. In this reporting year, levels of self-harm have remained high compared with other category B local prisons, despite many initiatives to try to bring the levels down.

Many of the safety issues are thought to arise as a result of the local Bristol catchment area, with rival gang members and/or prisoners with mental health, drug and/or debt issues being housed at HMP Bristol.

#### **4.1 Reception and induction**

All prisoners are seen by a member of the healthcare team at reception, and it is here that most assessment, care in custody and teamwork (ACCT) documents are opened. The processes for induction into custody appear to operate smoothly, with all prisoners now spending their first days of custody in the first night custody suite with direct access to prisoner orderlies, who are on hand to assist new receptions.

#### **4.2 Suicide and self-harm, deaths in custody**

A total of 1,041 ACCTs were opened during the reporting year, which is an increase from last year, when 960 were opened. Since March 2020, progress has been made to reduce the number of ACCTs opened, although it remains a concern that the ACCT process has been used by prisoners who think that triggering this process may gain them access to better support or resources. Prisoners on long-term ACCTs are discussed at safer custody meetings, along with trends and spikes. The Board, as part of its rota duties, has, on occasion, had need to flag examples of poor practice arising from a review of the ACCT paperwork.

Self-harm levels remain high, with 1,026 reported incidents in this reporting year. Most incidents involved low-level cutting. Triggers are mainly documented as mental health issues, regime and family. A SAM takes place weekly now, and is well attended with representatives from all prison departments. It continues to be a valuable resource for identifying risk and moving resource. Prisoners with a self-harm or suicide alert are tracked through the SAM to offer support when needed.

The Board is concerned by the example of one prisoner serving an indeterminate sentence for public protection, who does not fit the criteria for the offender flow for HMP Bristol, who came to the prison in February 2019, prolifically self-harms and regularly has to attend hospital because of cutting. This has an impact on the number of self-harm incidents reported and has necessitated a high level of support and staffing resource.

There have been three deaths in custody during this reporting year, two of which appear to have been self-inflicted, although inquests have not yet taken place (see also section 6.1).

#### **4.3 Violence, violence reduction and self-isolation**

Levels of violence have reduced, from 343 incidents in 2018/19 to 333 during the reporting year, although this still remains high against comparison data for other local category B prisons. The challenge, support and intervention plan (CSIP) process has been introduced as part of a violence reduction strategy. The CSIP supports both the perpetrators and victims of violence, and key workers should be assigned to support this process. The most violent and vulnerable prisoners are managed via the weekly SIM, and trends or spikes in violence are monitored. The Board has noted a number of incidents of fighting among prisoners during lockdown,

some leading to hospitalisation, but this risk arising from prisoner association has to be balanced with allowing sufficient time out of cell for all.

The number of assaults on staff also remains high against the comparison data for local category B prisons. Since the implementation of the COVID-19 lockdown restrictions, there has been an increase in the number of assaults on staff due to spitting.

#### **4.4 Vulnerable prisoners, safeguarding**

Vulnerable prisoners who need support are generally housed on the designated D wing. Where required, they are also monitored at SAM and SIM meetings, and at the monthly safety strategy meeting.

#### **4.5 Use of force**

The number of use of force incidents has increased significantly in this reporting year, to 559, compared with the 486 incidents recorded in our 2018/19 report. Figures show a large increase between January and July 2020 from the previous six months' data, which was due to large spike in March 2020; otherwise, the figures are comparable to those in 2019. Non-compliance is the main reason stated for use of force, with prisoners refusing to return to their cell or comply with lawful orders. Fifty per cent of recorded incidents are 'guiding holds', which is the lowest-level use of force.

The Board has been invited to the quality assurance meetings for use of force, where incidents are reviewed for good practice. Owing to the COVID-19 restrictions, we have not attended since February 2020, but the quality assurance committee still meets. As highlighted in our 2018/19 report, quality assurance has evidenced both good and bad practice concerning use of force; for example, force was used on a prisoner with autism, and in another case prison officers elected to carry a very heavy prisoner downstairs rather than take time to use de-escalation tactics first. There were also incidents of planned removals where the correct camera was not used, and incidents where body-worn video cameras were not worn. It is a concern that, in view of Bristol's reduced operational capacity, the level of use of force was higher during this reporting year, and there has been a significant rise since January, with a spike in March.

#### **4.6 Substance misuse**

In 2019, the drug strategy lead implemented a complete revision of the approach to addressing drug availability and substance misuse, culminating in the new strategy, *Supporting Change*, in January 2020. The new approach focuses on supporting prisoners to address their drug use and thereby reduce demand, in place of punitive measures which punish relapse and addictive behaviour. The prison has adopted a

whole-prison approach to tackling substance misuse which looks at the motivators behind drug use:

‘This approach would oppose, to a large extent, a traditional punitive approach which seeks to remove the temptations, as opposed to the motivations, and punish harshly any deviations. It is because of these complexities and challenges that a drug strategy needs to centre itself on helping the prisoners in our care turn away from drugs and giving them confidence and self-belief’.  
(Supporting Change – Drug Strategy, HMP Bristol)

To deliver this approach, the drug action group is split across the three key objectives:

1. reduce supply – security team
2. reduce demand – drug strategy lead and the prison as a whole
3. build recovery – substance misuse team.

It is unfortunate that the pandemic has delayed the implementation of this approach, especially in the crucial element of staff training. However, it is encouraging that progress has been made, despite the limitations imposed by COVID-19. Highlights include:

- Peer mentors have been recruited and trained on some wings.
- All prisoners now receive naloxone on release and are trained to use it.
- In-cell safes have been provided, to enable review of in-possession medication.

### ***Detoxification arrangements for problem drug/alcohol users on arrival***

Avon and Wiltshire Mental Health Partnership (AWP) provides the substance misuse team, working with Hanham Secure Health in a new contract from April 2020, both being part of Inspire Better Health Partnership (‘Inspire’) contract providers from 2016.

All new receptions are screened for substance misuse issues by a nurse on arrival, through self-reporting, assessment tools, drug screens and confirmation of opiate substitution therapy (OST) by prescriptions from a community pharmacy. All those requiring either detoxification or stabilisation are transferred to a dedicated detoxification landing for continuous monitoring. Here, they are seen by a GP for further assessment and prescribing either that night or the next morning, and by the substance misuse psychosocial team within 24 hours of arrival. Prisoners are monitored daily and assessed using withdrawal scale scoring tools, spending at least three days on the detoxification landing for OST and five days for alcohol detoxification.

### ***Availability and trends in drug/alcohol misuse in prison***

Spice, a new psychoactive substance, remains the most prevalent illicit substance within the prison, with alcohol continuing to be less of an issue than other substances. Drug misuse within the prison is detected through mandatory drug testing, intelligence-led testing and information from the substance misuse team. All forms of testing were paused from February 2020 owing to COVID-19, along with

accommodation and fabric checks, removing key mechanisms for detecting drug availability and use within the prison.

At any one time, surveys, both local and via inspection, have suggested that 25–30% of the HMP Bristol population have either an existing substance abuse problem or have had one in the past. Of most concern to the prison and the Board is a finding from the 2019 HMIP inspection survey that 19% of prisoners stated that they had developed a drug problem *while in* HMP Bristol. Over half of all respondents to the survey (which had a 77% response rate) stated that drugs were readily available, which supports a previous HMP Bristol drug needs analysis, conducted and published in November 2018. In this study, 11% of the population responded to the survey, with 42% stating that it was ‘fairly easy’ to get drugs at HMP Bristol.

Over-prescribing in the community results in issues within the prison, as not only are many externally prescribed medications ceased, but some medications which are tradeable or sellable are also swapped for others. When explaining to prisoners that they will not receive their full list of medications, Inspire is clear with the prisoners that this is because they could become seriously ill or die if all the medications were taken.

‘Palming’ of prescription medication to sell or trade is an issue, and action is being taken to train staff in effectively monitoring medication queues. When palming is suspected or detected, individuals will have their prescriptions reviewed and further action taken. The Board is aware of one incident where changes in the behaviour of two prisoners were noted as indications of medication being palmed, which demonstrated the importance of wing staff knowing the prisoners well, and monitoring them through ACCTs.

Paper impregnated with new psychoactive substances has emerged as a new route into the prison, and an effective trial was launched in January to combat this by photocopying all paper sent both into and from prisoners. Rule 39 mail is an exception, but work is ongoing to assess the risk, as incidences where the Rule 39 privilege was abused by outside groups have been detected by sniffer dogs. This trial is thought to have contributed to the return of drone activity and throwovers.

Disappointingly, It was noted from the drug action group minutes that over the last six years the involvement of officers and staff in trafficking drugs and contraband had risen however the prison continues to work closely with police colleagues and regional intelligence to fight the ingress of drugs. An airport-style scanner and additional security measures are planned for reception areas in the second half of 2020.

### ***The impact of drug debts and links to self-harm and violence.***

The prison has recognised that many prisoners who self-harm share a common set of characteristics; the key risk group is white, 18–29 years old and have/have had a drug or alcohol problem. This group is becoming a key focus, with plans to introduce mandatory maturity screening for all prisoners aged between 21 and 25 years, to see if the prison can further enhance its understanding of this group’s issues. Sessions

have also been held with black and minority ethnic prisoners to discuss the coping mechanisms they utilise and include this learning in future initiatives.

Through the lockdown period, the Board has found that the opportunities to build up debt appear to have decreased, owing to fewer prisoners being out of their cell at any one time and also higher staff levels, enabling increased contact between staff and prisoners. Violence has occurred on the exercise yard, as this is where the number of prisoners mixing is higher, although this has a number of causes and motivations beyond drug debt.

## **5. Fair and humane treatment**

### **5.1 Accommodation, clothing, food**

As a Victorian prison, the accommodation will never be able to meet modern standards and expectations. Cells are small and inadequate for two persons sharing, in-cell toilets are undesirable and there is only a modest plastic curtain for privacy. During the very cold weather, the heating was often inadequate (or broken down), and during hot weather the cells are difficult to cool. This has been particularly distressing for prisoners locked in very hot cells during the lockdown.

Despite the challenges, a cell refurbishment programme has been ongoing during the reporting year, including:

- The C2, A1 and G1 landings were completely renovated by the prisoner maintenance party. This work includes the removal of old-style steel bunks and replacement with white wood furniture.
- All other residential units have completed painting programmes, including some excellent work on the C3 landing, despite the significant challenges posed by the COVID-19 restrictions.
- Renovated serveries, with brand new equipment, were installed on A and G wings, with new equipment (dishwasher/hotplates) on B and C wings. The D wing servery was also completed as part of the wing overhaul.
- There was a complete overhaul of showers on the A1 and G1 landings, with funding agreed for landings 2, 3 and 4 on both wings during the remainder of the financial year.
- The prison maintenance party is, at the time of writing, engaged in a complete refurbishment of the A2 landing.

Pre-occupancy compacts are in place to ensure that staff check all cell conditions before prisoners are located, to ensure that all furniture/comfort items are present.

Monthly decency checks by the senior management team ensure that it is sighted on cell conditions and invested in the ongoing effort to deliver the highest standards possible. Daily accommodation and fabric checks were suspended during lockdown but replaced with the decency checks. As a result, in-cell vandalism could not always be picked up.

A prisoner works party was set up in September 2019. In addition to the works listed above, the party has successfully refreshed A, B, C and G wing staff areas and reconfigured the visits area in line with COVID-19 restrictions. It will continue to focus on the refurbishment of the remaining landings on A and G wings, including installation of new flooring, cell mirrors, pictures and privacy curtains. There are also ongoing works to redecorate the Oak Centre.

The party is also used for general maintenance – for example, to repair damaged cells, install new cell cards and signage, carry out deep cleaning during the COVID-restrictions, and carry out other minor repairs. The prison also has other large-scale projects planned, to refresh areas such as the multi-faith room and the healthcare centre/clinics area.

There has been some excellent feedback on the success of the prisoner works party. The prisoners themselves have enjoyed being able to use some of their previous skills/trades to help improve living conditions within the establishment, and the prison is establishing links with Weston College to deliver a non-accredited course/learning plan alongside this project.

The assistance from the prisoner works party has also had an impact on the number of tasks assigned to the in-house GFSL maintenance team, which was 5,184 during this reporting year compared with 6,127 in the previous year.

There has been an improvement in the turnaround time to complete reported maintenance tasks, as follows:

***GFSL targets (based upon a Service Level Agreement or “SLA”)***

SLA A	24 hours
SLA B	48 hours
SLA C	72 hours
SLA D	7 days

***2018/19 average resolve turnaround time***

SLA A	2 hours and 28 minutes
SLA B	7 days, 8 hours and 58 minutes
SLA C	6 days and 12 hours
SLA D	14 days, 22 hours and 21 minutes

***2019/20 average resolve turnaround time***

SLA A	55 minutes
SLA B	4 days, 13 hours and 13 minutes
SLA C	1 day, 18 hours and 30 minutes

SLA D	5 days, 16 hours and 26 minutes
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The most common tasks that GFSL are asked to deal with are toilet seats, electrical resets, new observation panels and minor plumbing works.

### **Access**

For those with physical disabilities, the accommodation remains unsuitable, with no disabled access to the healthcare clinics located upstairs, limited personal washing facilities and other access challenges. The prison is not required under the public sector equality duty (part of the Equality Act 2010) to make any retrospective changes to its buildings. However, it is required to make reasonable adjustments, which are planned in the workshops to allow more severely disabled people to have access. Issues will still remain for workshop toilet facilities, which are not appropriate for individuals with serious mobility issues. Access to healthcare clinics, including dental services, remains a difficult area as there is no other location for those services. The prison is liaising with commissioners to jointly fund a stairlift. The wheelchair access through doors is also difficult in a Victorian prison, so access has to be via movement to a folding chair.

### **Cleanliness**

Standards of cleanliness have been variable, depending on the wing and the levels of staff supervision given. Staff areas have also been found to be dirty and untidy but this has improved over the year. Prisoners have complained that cleaning materials are often not available, although we understand that these materials are present in the prison stores but are not made available on the wings and/or staff do not know how to obtain them. This has improved with the senior management team-led decency checks and with members of this team having responsibility for a specific wing and conducting cell checks at least one a month.

Mobile 'decency trucks' are now taken around the wings, holding a stock of key items that the prison has historically run short of, including kettles, flasks, television and in-cell telephones. 'Clean and decent' cleaning schedules have been put in place, with quality assurance and inventory checks on required cleaning products, as well as ensuring COVID-19 cleaning schedules are in place so that all high-traffic areas are bleach-cleaned at least three times per day. Wing office spaces and staff areas have also been improved, supported by the new 'clean and decent' team.

Issues continued with the provision of prison clothing and kit – often no spares were available or the clothing was in poor condition, which led prisoners to stockpile kit. This exacerbated the problem and led to the need for prisoners to wash their clothes in buckets for fear of it going missing. Hand-washed pants and socks are often seen hanging out of cell windows to dry. The Board has witnessed various examples on the first night suite where basic kit (including pillows and blankets) was not available.

The prison has now implemented a new clothing exchange process, which, where possible, is done on a face-to-face basis and allows prisoners to ensure that the kit they receive meets their need. We are also informed that there has been significant investment in clothing, to allow for at least three sets of clothing per prisoner – one on the shelf, one with the prisoner and one in the wash. Excess kit recoveries are ongoing, but the impression is that improved prisoner confidence regarding access to clothing is reducing the inclination to stockpile. There is also unrestricted access to decency essentials, such as toilet rolls, cloths and toiletries on each wing. This, again, is intended to reduce the need for stockpiling and give confidence that all items will be freely accessible.

All prisoners are now issued with a duvet on arrival, as opposed to the traditional orange blankets, and plans are in place to replace all of the washing machines across the estate, to ensure that prisoners who wear their own clothing (including all those on remand) can take responsibility for their own laundry arrangements.

### ***Food and catering spaces***

Kitchen and food standards are generally good. However, a constant and ongoing lack of supervision at the serveries has seen prisoners complain of portion size, tampering and unhygienic handling. The Board has also seen food being served by prisoners while vaping, and has reported on this issue multiple times. There is often a low take-up of pre-ordered meals as there is little supervision to ensure that prisoners actually get what they order. This is unfortunate, as prisoners coming to the servery late often complain that there is no longer their choice of food left for them.

Special meals are provided for those with special dietary requirements, but these are brought in and are often repetitive, with little choice or variety. Older prisoners in particular have complained many times about the lack of some of the basics, such as butter portions or tea bags, and the lack of softer food – for example, mashed potato as an alternative to chips.

## **5.2 Segregation, special accommodation**

Until March 2020, the segregation unit was nearly always full and prisoners were being segregated on the wings because of this.

With a new Governor in charge, there has been a major change in the regime and use of segregation. Whereas the traditional response to breaches of good order and/or discipline was to be sent to segregation, this is no longer the case. The CSIP scheme has been introduced to manage the most complex, vulnerable and potentially violent prisoners. This enables officers to reduce risk and manage prisoners within the residential units.

Looking at the segregation monitoring and review group reports, these changes have greatly improved the use of segregation. Paperwork is up to date and easy to locate, and cells are generally clean. The changes are to be commended and are very welcome.

During the COVID-19 lockdown, the Board only had access via weekly telephone calls, which have been successfully conducted and worked well.

Unfortunately, four members of segregation staff were suspended for unprofessional conduct at the end of this reporting year; three have resigned and the outcome for the other was due by the end of October 2020. The Board has not been privy to the charges and awaits details.

There is one prisoner who has been on the unit for some 350 days on a 'dirty protest'. He is being managed on a CSIP by a multidisciplinary team. This includes psychology staff and the mental health team. Progress is slow but he has not committed any acts of violence since 10 June 2020 (four months to date).

### **5.3 Staff/prisoner relationships, key workers**

Despite the intention that key workers would be fully trained and ready to start key work with effect from May 2019, the Board has seen little evidence of any meaningful key work. During lockdown and introduction of the EDM, key work was paused and support focused on vulnerable priority prisoners. For others, the lack of key worker interaction was mitigated, 10 weeks after the initial lockdown, with a welfare check once a week. Welfare checks were completed for 100% of prisoners from June 2020.

Following the pausing of key work and introduction of welfare checks, key worker sessions started to be delivered under a different model, where wing staff would attempt to complete a number of key work sessions with prisoners each week, prioritising those with additional needs. As most other activities were paused or restricted, this freed up an additional member of staff on each wing and provided sufficient resource to engage in meaningful interactions with prisoners.

This temporary model has worked well and has been popular with staff, keen to build good relationships on the wings, and allowed more sessions to take place compared with waiting for a nominated key worker located on another wing. While this method does not always allow for one consistent person to see each prisoner, it has allowed the prison to deliver some key work.

### **5.4 Equality and diversity**

The Board has not been aware of any equality or diversity issues arising. We have requested information regarding the number of complaints submitted regarding equality and diversity but have been unable to obtain any data at the time of writing.

Approximately 75% of the prison population are white, and 25% are from black and minority ethnic groups.

### **5.5 Faith and pastoral support**

The chaplaincy has a new strategy called *Vision 2020*. The team is revamping its multifaith centre with a complete refurbishment, inclusive of a new chaplaincy logo,

painting, carpet and curtains. The managing chaplain's office will also be moved to the new centre.

Preparations for corporate worship and the submission of a full EDM risk assessment (for level 2 status) have been made and are awaiting clearance.

The prison is also in the process of implementing the Harmony Project, an approach inspired by HRH Prince Charles, and the chaplaincy team is liaising with the senior management team to assist implementation. This will involve the chaplaincy assisting eco-therapy support with prisoners, and a full range of group and discussion work.

## **5.6 Incentives and earned privileges (IEP)**

A new incentives policy (IP) was rolled out with effect from May 2020 to allow, among other things, for prisons to work towards a super-enhanced status. It has been difficult to fully operate the new IP scheme during lockdown as the behaviour expected for enhanced status (for example, attendance at work/education) has not always been possible. However, what has changed is the decision not to use the policy to penalise prisoners (for example, during lockdown, access to television was considered a basic need for all and not linked to the IP), but instead to place emphasis on using the 'carrot' rather than 'stick' approach, and this has generally been well received and not led behaviour to deteriorate.

The IP allows progression to enhanced status via automatic review within two weeks of entering custody for the prisoners who wish to engage. A tuck shop has been created for super-enhanced prisoners, to allow them to access popular canteen items more frequently. There is a risk assessment plan in place to allow C wing enhanced orderlies to remain out during the lunchtime patrol, unlocked behind their spur, as recognition for their effort in delivering the required standards of cleanliness.

A process is in place which will make use of CSIP behaviour and support monitoring, to ensure that all prisoners who are regressed to the basic regime have a tailored behaviour improvement plan.

## **5.7 Complaints**

During the year, a total of 1,275 complaints were received, compared with 1,240 in the previous year. Of these, 1,271 were responded to within the required response period, compared with only 749 last year. However, it is not clear within this figure how many of the complaints received one or a series of interim responses, and for how long they remained unresolved. The Board has heard various concerns from prisoners that their complaints have never been responded to and/or that complaints that originated in another prison were not followed up. The Board has itself had great difficulty in chasing complaints from other prisons, and likewise received requests from prisoners who transfer to other prisons to chase up complaints that were never resolved while at Bristol.

The Board has also been concerned that the process for managing a 'Comp 2' (a confidential complaint to the Governor) has not been made clear, and is aware of instances where the complaint was returned to the prisoner, in open

correspondence, requesting that it is resubmitted by the prisoner 'on a different form'.

Most complaints during the year related to property (263) or canteen (151).

## **5.8 Property**

Issues around property have improved slightly with more storage space having been made available. However, it is still the case that property goes missing upon transfer, and property cards are not completed concisely or signed by prisoners to ensure that there is a clear record of the whereabouts of property. Often, those transferring in from other prisons have issues because the rules and storage space at HMP Bristol do not match those of the transferring establishment, contributing to excess property (including boxes of legal paperwork) going missing.

Lost personal property is a particular grievance, as this often includes expensive branded clothing or personal photographs. Similarly to property cards, cell clearance forms are often not completed or signed, removing the evidence trail and making these issues difficult to resolve. Cells have also been left unsecured by prison staff during transfer and removal, leading to thefts of personal property. Prisoners should, except in the case of a Gold-commanded Tornado move, be given the opportunity to move their own belongings from their accommodation. The Board has received several complaints that this is not always the case.

In response, the prison has implemented a new process for deliveries received by the establishment that ensures that all are signed for and logged in the gatehouse, providing greater accountability for the location of property. The operational support grade who manages the reception stores attends the gatehouse every day at 2pm to collect any property, mitigating the previous delays in prisoners' property reaching the stores.

## **6. Health and wellbeing**

### **6.1 Physical healthcare**

This year has seen significant changes for healthcare provision. The prime provider, Bristol Community Health Community Interest Company, ceased to exist as an organisation in April 2020. AWP took over the role, with physical health services subcontracted to Hanham Secure Health, both having been in the previous partnership.

The head of healthcare left in November 2019 and the post was covered from HMP Erlestoke until the new head took up her role in April 2020, at a time of significant challenge. She has made herself available for regular telephone conversations with Board members while we have been unable to visit the prison. She and others have commended the Governor on the strong position he took in relation to social distancing and working flexibly with healthcare providers. The fact that there were no cases of COVID-19 among prisoners at Bristol is a credit to all staff and prisoners.

The HMIP inspection in 2019 noted that clinical rooms needed to upgrade to meet infection prevention and control standards, the need to improve disability access to the healthcare department, and the high level of self-harm. The provision of compliant sinks and flooring is now under way, but the fact that the main healthcare department is only accessible via a flight of stairs, with no lift or ramp, and that the urgent care room on ground level does not have a wheelchair-accessible door, means that anyone with significant mobility difficulties is disadvantaged. There are no plans to address this inequality and it would need significant investment in physical infrastructure due to the age and layout of the buildings.

As in the community, healthcare practice changed significantly from March 2020, with no face-to-face appointments other than for emergency care. Urgent care and medication administration were able to continue on the wings, and behaviour management by officers at the hatches was reported as improved. This is now monitored at joint meetings. As many routine hospital and GP appointments were not able to take place during the COVID-19 restrictions, there is a backlog of appointments.

There are several staff vacancies (14.5 full-time-equivalent nurses) in physical healthcare, which presents a risk of the service being unable fully to deliver routine activity, such as chronic disease management and secondary screening. While routine clinics were cancelled, the backlog for secondary screening was cleared, and it would be a shame if this important initiative is not maintained. This is a valuable opportunity for proactive health support as prisoners enter the prison, including blood-borne virus screening and treatment. Recruitment is actively being pursued but may be difficult due to national shortages.

The availability of escorts for hospital admissions and external appointments continued to be problematic; for example, in September, 13 hospital appointments needed to be rebooked owing to an escort cap. During the COVID-19 restrictions, this was reported as being easier because of higher staffing levels and a more consistent regime. There are already reports of routine hospital appointments being cancelled on the day as emergencies are prioritised. As many appointments were not able to take place during the COVID-19 restrictions, there is a backlog that needs to be facilitated.

Routine clinics in the prison have restarted with provision for social distancing, and the healthcare department is being redecorated to provide a better environment. There is a continuing problem with non-attendance at routine clinics due to a variety of issues, such as prisoners not receiving appointment slips, but also a lack of runners to escort prisoners to clinic. The clinic numbers were significantly reduced prior to the pandemic to help with this, and have decreased again since COVID-19, to help address social distancing, which makes it even more important that these appointments are not missed owing to a lack of available prison staff. Recently, 12 appointments were missed in just one week.

Healthcare-specific complaint boxes on the wings were not available for much of the year, but were reported as being installed in May. A total of 251 such complaints were received and responded to, mostly regarding medication changes. Better

communication of the reasons for this is needed, and proposals to improve patient engagement have been developed, including posters on the wings and face-to-face meetings, when medication is changed. Encouragingly, 91 compliments were received, mostly for the substance misuse team and several for the mental health sleep support groups.

There have been three deaths during the reporting year: one from a bleeding ulcer in September 2019 and two apparently self-inflicted deaths during 2020. The Prisons and Probation Ombudsman report on the first case concluded that his care was equivalent to that he would have received in the community. However, it noted the impact of operational issues on the ability to deliver care, in terms of officer availability to allow healthcare workers to access prisoners, and the lack of equipment and facilities in a wing clinical room. The head of healthcare reports that these issues have been addressed and that emergency bag checking is now part of an audited process.

Brunel unit offers 16 cells for prisoners with mental health and physical care needs, although the cells are not fully wheelchair adapted. Beds are allocated by a multidisciplinary board, headed by the duty governor, and are usually full. Over the year, around 72 prisoners were admitted, suggesting that they spend a long time there. Delayed transfer to specialist secure mental health units is an ongoing issue, with prisoners often waiting many weeks. It was reported that, out of 27 recent referrals, only one prisoner was transferred within the recommended 14-day timeframe.

Brunel unit is also used to care for bariatric patients. However, where the prisoner is in otherwise good health, his location on a mental health wing is challenging and not appropriate for someone for whom mobility is the pressing need. This level of intervention for such prisoners is not necessary, and also means that, on occasion, the prison is required to locate on normal wings prisoners who are unwell but who do not have mobility issues. This appears to be an unhappy but pragmatic solution to these issues, but reflects the difficulty for people with physical disabilities within the prison environment in Bristol.

## **6.2 Mental healthcare**

The mental health team is staffed by 30 full-time-equivalent nurses, two nurse prescribers and a part-time clinical psychologist. The caseload is high, with around 60 referrals in per day. Mindfulness, sleep hygiene, low mood and anxiety groups are available but non-attendance is high and more one-to-one sessions are planned, to see if this helps. This is an important area, as a lack of access to treatment for mental health issues is one of the main reasons given for self-harm. Prisoners also report medication changes without explanation as a reason for self-harm. Mental health team members attend 'prisoner voice' meetings, safety meetings and the majority of ACCT and segregation reviews (an average of six per day).

There is a visiting psychiatrist, who sees around 23 patients each month. There is no dementia or autism specialist in the department, but a learning disability nurse and a non-medical prescriber who has knowledge in this area can signpost to community

services. There is also no specific training for officers on autism, but AWP staff work with the prison to develop adaptive ways of working where needed.

Self-harm remains a concern and is addressed elsewhere in this report (see section 4.2). Seventy-five per cent of prisoners who self-harm were found to have been diagnosed, or had self-diagnosed, with a mental health condition. A large percentage had additional factors, such as drug and alcohol dependence and homelessness. Safer custody and AWP staff are working with external agencies to explore and address this. Low-level support, including early days practitioners seeing prisoners at reception, on the first night and at induction, is being introduced and should be monitored and assessed. Other initiatives, such as a mental health crisis line, was proposed but has not materialised. There does, however, seem to be a genuine will to identify and support the prisoners affected by these issues.

### **6.3 Social care**

The new social care provider, Agincare, is reported to work well, supporting an average of six prisoners at any one time. D wing, which reopened during this reporting period, has a spur on the ground floor that houses some of the prisoners needing this support.

### **6.4 Exercise, time out of cell, gym**

The pre-COVID, core weekday timetable (in addition to mealtimes) can be summarised as:

**Exercise:** Each wing has a 30-minute slot, morning or afternoon, when they can exercise without coming into contact with prisoners from the other wings.

**Cleaning and showering:** In addition to the planned exercise slot, each wing also has one hour allocated per day for cleaning and showering.

**Evenings:** There is association time for those prisoners who attend activities during the day, or who are retired/enhanced.

**Weekends:** There is additional time allocated for association for all prisoners.

Attendance at activities was an improving picture during January and February, and the prison saw figures within learning and skills increasing steadily to above 60% of the working roll. .

During the pandemic, there have been significant restrictions on the core day. However, prisoners were offered time in the open air and for domestics every day, and the prison continued to run a number of workshop and wellbeing activities. As a result, some prisoners were able to have up to three hours out of cell per day

### **6.5 Drug rehabilitation**

Please refer to section 4.6.

### **6.6 Soft skills**

## ***Face-to-face courses***

The following face-to-face courses were run:

**Prison Education Framework - Art:** Unaccredited engagement of learning courses, run regularly throughout the year to cohorts of eight on a roll-on, roll-off basis, with 28 learners engaged in one year. The college ran an art exhibition in the community, featuring the work of five learners, in February, which was very well received. Several learners then entered the Koestler Arts competition.

**Prison Education Framework - level 1 qualification in personal social development:** Run at regular intervals across the year to cohorts of eight. Thirty learners engaged and 22 achieved qualifications.

**DPS Rise Up and Change:** Uses creative arts to develop mindfulness and improve thinking skills and strategies. It is delivered regularly over a period of nine months to cohorts of eight. Fifty prisoners enrolled and 37 completed, with very high positive learner voice feedback. Progression to further courses was also captured, which showed good motivation and development.

## ***Support***

Substance misuse staff worked with an average of 119 prisoners per month who had all had an initial substance misuse face-to-face assessment and a key worker allocated to them.

Between November 2019 and January 2020, there were 266 one-to-one key working sessions completed per month.

The fellowship came in for Alcoholics Anonymous groups weekly for D wing. B wing had self-management and recovery training (SMART) recovery every other week, alternating with the fellowship Narcotics Anonymous group every other week. G wing had weekly SMART recovery meetings but unfortunately there was no room available for A wing to access groups.

There was a six-week Inside Recovery course running daily in the Phoenix Centre from Monday to Thursday, with eight prisoners from multiple wings.

Peer support is provided by Listeners (trained by the Samaritans), Insiders for prisoners on their first night and in their early days at the prison, and, more recently, wellbeing mentors have been appointed.

## **7. Progression and resettlement**

### **7.1 Education, library**

A new education building, the Phoenix Centre, started operation in September 2019. It houses a number of classrooms, equipped with electronic whiteboards, and a comprehensive library. It provides a modern, open and spacious environment for training and learning. Outside tutors are provided by Weston College.

All new prisoners are encouraged, as part of their induction, to attend the centre for assessment by prison staff and outside partners. It is estimated that 50% of entrants cannot read or write, and of that number many are unwilling to subject themselves to assessment or do not want to engage in any of the education or training provided.

The initial assessment concentrates on the individual's needs in mathematics and English, with the aim of improving the general level in those subjects as a priority. Individuals who score entry level 2 and under are allocated to an outreach tutor for further assessment of needs and to begin outreach classes. Scores of entry level 3 and above are referred to classes where they can progress.

Unfortunately, owing to the pandemic, the levels 3 and 4 EDM are considered too high risk to deliver socially distanced education. However, during the initial period of the pandemic, in-cell packs were distributed to all prisoners which provided them with games as well as in-cell learning. Take-up of these packs was hugely successful, to the extent that a programme of part classroom and part in-cell learning is now being introduced.

### ***In-cell learning***

The in-cell learning data shows that, since 23 March, a total of 265 prisoners have attended courses to suit their individual learning needs. A total of 1,686 learning packs were issued, broken down by month as: 130 in March, 284 in April, 275 in May, 274 in June and 723 in July.

The following courses were delivered via engagement packs:

**Essential skill mathematics, English, and information and communications technology (ICT):** English and mathematics packs were provided for complete beginners up to level 2, and English for speakers of other languages. Shannon Trust activity packs were provided for PRE learners.

**Vocational training theory and engagement packs:** barbering, catering, warehousing, customer service, forklift truck license, Construction Skills Certification Scheme card training, level 1 bicycle mechanics.

**Motivational courses:** art, music, peer mentoring, and personal and social skills. Specific HMP Bristol-designed courses: *Rise Up* and *MBA Academy*.

## **7.2 Vocational training, work**

The initial assessment also provides individuals with an information, advice and guidance session, with trained advisers who help to create skills action plans based on need. This facilitates allocation to appropriate prison activities and/or other interventions – for example, Shannon Trust, substance misuse and mental health services. Outcomes are shared with learning providers and uploaded onto the Prison National Offender Management Information System, to be shared with the wider establishment, key workers and sentence planners. Induction has been designed to include improved pathways to the various vocational training opportunities on offer.

They are designed to provide work experience and qualifications that can be achieved across all work areas and in the Phoenix Centre. They also link to training and employment opportunities on release, with employers sympathetic to the challenges facing ex-prisoners, and to local, regional and national employment needs.

As a result of the nature of HMP Bristol, courses are designed to be short, to meet the needs of a high-churn population. For higher-level learners, Weston College provides more advanced courses. The peer mentor programme is used to identify these individuals. Progression to level 2 is available for functional skills, including warehousing and storage; catering and forklift truck licences. The prison also supports a small number of distance learners enrolled in Open University courses. However, this remains limited as many prisoners are unsentenced or have short sentences, which excludes them from enrolment or funding.

### **7.3 Offender management, progression**

The Board has been unable to review and monitor offender management and progression, as this has been affected by the lockdown and the implementation of the EDM. The Board notes that transfers for prisoners to more appropriate establishments have often been delayed.

### **7.4 Family contact**

With visits being cancelled at the start of the COVID-19 lockdown, the provision of in-cell telephones and extra telephone credit for family calls has been a lifeline for prisoners. Although delayed, the rollout of Purple Visits (a video conferencing facility) has also enabled, and even enhanced, family contact for prisoners, as those family members who may previously have been unable or unwilling to attend prison can now participate in a live video link-up. When the EDM was reduced to level 3, prisoners remained reluctant to have their family members attend the prison for visits, and take-up for visits has been very slow. Prisoners have been generally accepting of the situation.

### **7.5 Resettlement planning**

At the time of the HMIP inspection in 2019, there was an average release per month of 80 prisoners. It was recorded that 47% were released as homeless or into temporary accommodation. Catch-22 is the provider of resettlement services to all prisoners. It is under a duty to refer potential homeless releases to the local housing authority 56 days pre-release, having identified and assessed needs. Since the HMIP inspection, there has been a positive impact on homeless releases, with a 12% reduction over a three-month period.

There has been an increase in 'through-the-gate' provision by community rehabilitation companies (CRCs). Since July 2019, through-the-gate staffing has increased from five to 11. As a result, interventions for accommodation increased in 2019 from 569 (April to June) to 1,329 (July to September) and 1,312 (October to December). In addition, Ara Resettlement Restart Opportunities (ARRO project), a

three-year pilot to work with up to 80 prisoners, providing support for two years post-release, has rehoused 33 prisoners on the day of release.

The Bristol City Council early intervention team pilot includes workers who attend the prison to assess needs pre-release, and who liaise with other authorities. During the COVID-19 lockdown, prisoners have been able to speak to Bristol City Council staff by telephone from their cells.

Catch-22 refers those at risk of homelessness to the monthly Under1Roof session, which brings together a range of agencies designed to reduce the number of appointments across the city with different agencies. Monthly totals of releases not settled and secured in 2020 were: January 42%, February 27%, March 28%, April 28%, May 31%, June 31% and July 17%. (see below the work of the homelessness task force during the pandemic).

The lockdown forced agencies to withdraw their staff from coming into the prison, and interventions were carried out by wing drops of paperwork. However, since May, the number of interventions has recovered. To improve accessibility, Catch-22 produced adapted versions of all eight assessment templates for those with visual impairment and learning disabilities, and had them translated into five different languages. From May, the CRC provided mobile phones to prisoners on release who did not possess one, enabling prisoners to contact their community offender manager and services which had withdrawn from face-to-face appointments. Thirty phones have been allocated at the time of writing.

A homeless prevention task force has been set up to tackle demand for emergency accommodation as a result of COVID-19. All those without identified accommodation are referred by community offender managers or Catch-22. Of those that were referred:

- 12 were placed by the homeless prevention task force
- 12 were placed by the local authority
- four were placed in families
- one went to approved premises
- two were not released (additional charges)
- one did not engage.

The exclusion criteria for the Early Conditional Temporary Release scheme are very restrictive, and to date no prisoners have met the eligibility requirements.

A project manager has been recruited to co-design and co-deliver a multi-agency resource to prepare prisoners for release from the day of their reception. The OMU is in the process of moving into the same accommodation as the other resettlement services, in order to enhance provision.

## 8. The work of the IMB

The Board has tried its best to maintain ongoing monitoring of HMP Bristol throughout the period of the COVID-19 lockdown. However, given that the majority of Board members are in high-risk groups and/or shielding, face-to-face visits have not always been practicable. In this respect, the Board has set up regular weekly calls both with functional heads and wing officers, as well as attending prisoner voice meetings. Attempts were made to facilitate direct calls to prisoner representatives but this was then superseded by the establishment of an 0800 telephone line, to enable prisoners to call the Board directly.

### Board statistics

Recommended complement of Board members	13
Number of Board members at the start of the reporting period	9
Number of Board members at the end of the reporting period	11
Total number of visits to the establishment	n/a
Total number of segregation reviews attended	n/a

## Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	12	3
B	Discipline, including adjudications, IEP, sanctions	1	3
C	Equality	2	3
D	Purposeful activity, including education, work, training, library, regime, time out of cell	2	4
E1	Letters, visits, telephones, public protection restrictions	26	19
E2	Finance, including pay, private monies, spends	6	12
F	Food and kitchens	4	4
G	Health, including physical, mental, social care	41	39
H1	Property within this establishment	30	19
H2	Property during transfer or in another establishment or location	27	25
H3	Canteen, facility list, catalogue(s)	1	9
I	Sentence management, including home detention curfew, release on temporary licence, parole, release dates, recategorisation	13	12
J	Staff/prisoner concerns, including bullying	24	16
K	Transfers	6	3
L	Miscellaneous, including complaints system	19	45
	Total number of applications	214	216



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