Annual Report of the Independent Monitoring Board at HMP/YOI Bedford

For reporting year
1 July 2025 to 30 June 2026

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Contents

Introductory sections 1 – 3 **Page**

1. Statutory role of the IMB 3
2. Description of the establishment 4
3. Key Points 6

Evidence sections 4 – 7

4. Safety 12
5. Fair and humane treatment 19
6. Health and wellbeing 28
7. Progression and resettlement 32

The work of the IMB

Board statistics 36

Applications to IMB 37

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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 see 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 IMB is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

2.1 Purpose

HMP Bedford is a category B reception and resettlement prison for adult and young men, which has the following functions:

- to receive prisoners from court, on remand and following sentencing;
- to keep remand prisoners until the outcome of their court case;
- to risk assess, categorise and allocate sentenced prisoners to a suitable prison to serve their sentence;
- to manage and keep safe prisoners serving their sentence in HMP Bedford and to prepare them for release; and
- to receive prisoners from other prisons to prepare them for release into the local community.

2.2 Accommodation and facilities

Normal operating capacity

Between July 2025 and May 2026, HMP Bedford had an operational capacity (the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the planned regime) of 421 (273 being the certified normal accommodation, which is the number of prisoners a prison can hold without being overcrowded)[1].

It is important to acknowledge that the prison, in its current guise, was designed for a capacity of 310. It is, therefore, overcrowded and has been for many years.

Fire Safety Improvement (FSI) project

In June 2026, the FSI project commenced in HMP Bedford. The purpose of the work is to reduce both the likelihood of fire and the impact on prisoners and staff should a fire break out. The project is primarily focused on improved venting to remove smoke. The prison has told the Board that the project is expected to last between three and five years.

It is necessary to close wings whilst the work is taking place, starting with E wing (which was the first-night centre). This has resulted in the capacity of the prison being reduced to 378.

2.3 Prisoner characteristics and lengths of stay

HMP Bedford is classified as a category B reception and resettlement prison. This means that it receives category B prisoners who have been sentenced at the St Albans and area courts for a sentence of less than a year. Prisoners are also remanded to HMP Bedford mainly from St Albans Crown Court. Most of the prisoners in HMP Bedford (between 60% and 90%) are on remand or otherwise

[1] Figures included in this report are local management information. They reflect the prison's position at the time of reporting, but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice.

unsentenced. Although the prison's key functions of safety, humane treatment, health and wellbeing apply to all prisoners, remand prisoners have different rights (such as, for example, unlimited social visits) and different needs (for example, court and trial information rather than sentence planning) from sentenced prisoners. This creates challenges for the prison and the prison system - we reflect on the issues in this report.

Recalled prisoners (those who have been recalled to prison for a breach of their release licence) make up a significant proportion of sentenced prisoners. In addition, prisoners will often come to HMP Bedford for a short period after sentencing before transfer to a non-reception prison. What this means is that HMP Bedford rarely carries out what might be considered the 'normal' function of a prison – that is, holding a prisoner for the length of their sentence.

Turnover is high, with the average length of stay being 90 days. In the 12 months to June 2026, there were 2,400 new admissions, of which 1300 were transferred out and 885 released. This included 500 released on licence. In addition, the proportion of prisoners convicted of sexual offences (PCoSOs), as well as those on remand for alleged sexual offences or requiring segregation for their safety, has increased significantly. D wing, with a capacity of 82, is now fully allocated to these prisoners, which represents 20% of the prison population.

3. Key points

3.1 Context to this report

Launchpad

As part of the digital prisons project, Launchpad was made operational in May 2026. What this means is:

- each prisoner has a laptop, which is connected to the intranet within the prison but cannot connect to the internet outside the prison;
- prisoners can make applications to the prison for a range of things (such as social visits and getting phone numbers approved) and so this largely replaces the previous system of a huge number of forms, which was cumbersome and slow;
- prisoners are kept informed about what is happening within the prison and opportunities that are available through updates on Launchpad; and
- as well as laptops, there is a kiosk on each wing that can be used if there is a problem with the laptop.

It is too early for the Board to assess the success of the project although, generally, the initial results do appear encouraging.

IMB survey

During June 2026, the Board carried out a survey of prisoners using Launchpad and received 233 responses. Where relevant, we will refer to the findings of the survey throughout this report.

Care and separation unit: note on terminology

The prison (correctly) uses the acronym CaSU for this unit. However, across the prison estate the term CSU is more commonly used. In this report, we have used the term CSU to be consistent with other IMB reports.

3.2 Main findings

Safety

- The reception environment has improved considerably and feels bright, welcoming and well-organised while maintaining a professional atmosphere. Staff appear calm and respectful, but we are concerned that a doctor is not present in all reception sessions.
- HMP Bedford has the highest rates of prisoner-on-prisoner and prisoner-on-staff assaults across all reception prisons and, although the majority of prisoners tell us that they feel safe, this is clearly an area of ongoing concern.
- Assaults on staff are predominantly carried out by younger prisoners, with gang membership being a significant factor.
- Whilst levels of self-harm remain high, they are around the average for all reception prisons.

- The prison does appear to have made progress in reducing the use of illicit substances. However, there are still nearly 100 insecure windows, which makes it easier for items to enter the prison by throwovers.

Fair and humane treatment

- As noted in our previous reports, the prison remains overcrowded with, in the majority of instances, two men sharing a small cell and toilet, which could be considered as inhumane. There are some single cells.
- There has been an improvement in the general living conditions over the reporting period, with a generally cleaner environment, more time out of cell and the introduction of Launchpad.
- We are concerned that those in the wing that accommodates prisoners convicted of, or on remand for, sexual offences appear to have reduced access to facilities and opportunities.
- Whilst the prisoners' views appear to be mixed, we have received a considerable number of negative comments about the quality and quantity of the food, with 64% of prisoners in our survey saying that the food was not 'suitable and adequate'.
- From our observations, staff and prisoner interactions have generally improved, but data shows that there was a significant reduction in key worker sessions during the reporting year.
- Although there is a wide range of ethnicities and faiths amongst prisoners, we have received few representations about discrimination, and the prison's data do not indicate disproportionality in the way prisoners are treated.
- Whilst the number of complaints to the prison has shown a steady decline and response times have improved, HMP Bedford continues to have the second-highest rate of complaints per 1,000 prisoners among reception prisons.

Health and wellbeing

- We have seen great improvements in the delivery of healthcare during the reporting period, with better governance and collaboration.
- There have also been improvements in the way prisoners are informed about healthcare appointments, which reduce, significantly, the likelihood of prisoners missing appointments.
- The introduction of outreach clinics is a particularly positive development that brings healthcare staff closer to prisoners, encourages earlier identification of concerns and helps remove barriers to accessing care.
- The mental health team is now fully staffed, and prison officers have been trained to make mental health referrals.
- There has been a significant improvement in drug and rehabilitation services, with the introduction of trained recovery champions and regular fellowship meetings, including Alcoholics Anonymous and Cocaine Anonymous.

Progression and resettlement

- The prison has cut the provision of functional skills courses in Levels 1 and 2 English and maths. As courses now take ten weeks to complete instead of five, many prisoners are not in the prison long enough to complete them.

- The prison offers a limited variety of courses, which does not encourage prisoners into education or facilitate them to spend their time well.
- Although there are a number of issues around cancelled classes, late transfers and the availability of officers to escort prisoners, attendance at education has improved and unauthorised absences have reduced.
- The library is a bright and welcoming space with well-organised bookshelves and comfortable seating areas and is used by around half the prisoners.
- One workshop closed during the reporting year and, whilst there has been some increase in capacity in the others, it is the Board's view that training opportunities for prisoners are too limited.
- Although the visits experience is generally positive for prisoners and families, there are frustrations concerning the booking system, including unexpected cancellations.

3.3 Main areas for development

TO THE MINISTER

- Approximately a quarter of the prison's population comprises prisoners convicted of, or on remand accused of, sexual offences, which represents a doubling over the last decade. Many of these prisoners cannot be moved to more suitable prisons because of a lack of places across the prison estate. Given the scale and continuing growth of this group of prisoners, how will the Minister ensure that both prison capacity and commissioning arrangements keep pace with demand and provide sufficient accommodation to meet their needs?

TO THE PRISON SERVICE

- What action will HMPPS take to ensure that there is strategic guidance for the allocation of PCoSOs across the prison estate and clear guidelines about the equality of their facilities and opportunities within a mixed prison environment?
- The reduction in Level 1 and 2 functional skills courses means that courses now take 10 weeks to complete instead of five. Many prisoners leave the prison before they can finish their course, missing the opportunity to gain qualifications that could help them on release. How will HMPPS ensure that sufficient education provision is available to meet the needs of prisoners at HMP Bedford?
- Prisoners have told us of recurring problems with the external booking system for social visits, including visits being cancelled at short notice and with no explanation to visitors. What steps will HMPPS take to improve the reliability of the booking system and the service provided to prisoners and their visitors?

TO THE GOVERNOR

- We are concerned that a doctor is not available in person for all reception sessions. Can the Governor confirm that this will be reviewed?
- Violence within the prison remains far too high and is the worst for all reception prisons. What action is the prison taking to address this?
- Can the Governor confirm when the work to make 100 windows secure will be commenced?

- Can the Governor ensure that there is an equality of service provision for PCoSOs, particularly in the areas of work and education opportunities?
- In our survey, 64% of prisoners said that the food was not suitable and adequate, whilst 74% of respondents to the prison's survey said that they felt hungry after meals. What steps will the Governor take to improve the quality and quantity of food provided to prisoners?
- There has been a significant downward trend in key worker sessions over the period of the report. How will the prison going to address this?
- Opportunities for the development of skills have reduced over the last 12 months, whilst time out of cell has increased. Can the Governor clarify the plan to increase the variety and quantity of skills workshops available to prisoners?
- The variety of education courses on offer is very limited, and functional skills courses are mainly focused on entry level standard. What actions will the prison take to address this?
- We have seen repeated complaints about how seating is allocated within the visits area. Can the Governor ensure a more consistent or transparent approach to how seating plans are decided?
- Prisoners tell us that social visits can be cancelled at short notice but that they are not informed. How will the Governor ensure better communication between the visits booking process and prisoners?

3.4 Response to the last report

From the Minister

Issue raised	Progress
Whilst the prison is currently fully staffed, the Board is concerned that many of the officers (including operational support grades) are on overseas work visas and changes to the rules could mean that they do earn the minimum salary threshold and the visas are, therefore, withdrawn. This would have a significant impact on the regime provided and the stability of the prison. Will the Minister influence Government policy so that staff on overseas visas are not lost to the prison service?	The threshold level was increased for a temporary period until 2027. However, around a third of staff at HMP Bedford are on right-to-work visas. If changes in the criteria mean that these visas are no longer available, it will cause significant issues for the operation of the prison.

From the HMPPS

Issue raised	Progress
In view of the critical inspection by the CQC [Care Quality Commission] and our own findings from monitoring visits and from	There does appear to a have a been an improvement in the management of healthcare, with fewer apps to the

Issue raised	Progress
talking to prisoners, we would question if the current healthcare service is fit for purpose. What action will HMPPS take to ensure that the healthcare contract is properly managed?	IMB on this topic. A monthly local delivery board is now held, and data is now available. Transparency appears better.
The prison has over 100 unsecured windows and a significant investment will be needed if the influx of drugs and other illicit items is to be reduced. Will money be made available to address this problem?	We were informed that 62 new high-risk windows, which are more robust and intended for use in high-risk locations, have been purchased. However, as of June 2026, they had not been installed.
It is surprising that the prison service is still recommending glass in inspection panels, which can be broken into shards that can be used as weapons or for self-harm, and that research has not been carried out to find an alternative solution. Will HMPPS undertake research or other initiatives to find a more appropriate inspection panel material?	We are not aware of any progress on this.
Prisoners suffer hugely from an antiquated paper-based process for interactions with the prison and we hope that the promised digital Launchpad system is introduced as soon as possible. Can HMPPS confirm when Launchpad will be introduced?	Launchpad was implemented in May 2026 and, although we are aware of some intranet connection issues, at this early stage it appears to be successful.
It would be very helpful if there was a consistent approach across all prisons in respect of clothing guidance for visitors and in respect of the amount of money that visitors can spend during visits. Will HMPPS confirm that this will be reviewed?	We have had no response to this point
The prison has no policies or protocols when it comes to dealing with deaf and hard-of-hearing prisoners. Neither does there appear to be any specific guidance available from HMPPS. Since most commands and information is by voice, and there are unlikely to be signers in the prison, communicating with and managing deaf prisoners is a particular challenge. Will HMPPS produce clear guidelines on communication with deaf prisoners and equipment that is available?	We are not aware of any progress on this, although a hearing loop [a system that sends sound directly to hearing aids] is available in the prison.

From the prison

Issue raised	Progress
In our view, it would be helpful if the induction was supported by a simple leaflet with the key messages in the form of bullet points for future reference. Can the Governor confirm that this will be delivered?	There has been a significant improvement in the induction process.
Despite progress in underlying factors, assaults on staff remain far too high. What action is the prison taking to address this?	Levels of violence remain too high.
The drug and alcohol rehabilitation strategy of restrict supply, reduce demand and build recovery appears to have had limited success in all areas. What actions will be taken to make the strategy more effective?	There appear to be fewer drugs in the prison with a significant decline in those reported as being under the influence and a reduction in positive results from the mandatory drugs tests.
Feedback from the HMPPS prisoner survey suggests that the high number of complaints that the prison receives could be reduced significantly if officers could address problems and queries at an earlier stage. How will the prison enable this to happen?	There has been a reduction in the number of complaints.
Whilst the wing moves appear to have worked well for young adults, we are concerned that the prisoners moved to D-4 do not have access to all education courses, that there have been problems getting to the library and that the wing generally feels less well managed (for example, very few application forms are available). Will the prison review the management of the D-4 wing and access of D-4 prisoners to education and the library?	Access to the library has improved but options for education are still limited by rooms available within the wings.
Although attendance at education has improved, the limited curriculum is discouraging further engagement by prisoners. How will the prison increase the attractiveness of the curriculum?	This has remained the case during the reporting period.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

Reception: general environment

The reception environment has improved considerably. Extensive painting and decorating has taken place throughout the area, including a geometric mural at the top of the stairs and a matching design in what is known as the 'holding room', which is now furnished with comfortable sofas. All the artwork, including the murals, was done by a prisoner working as a reception orderly (a trusted prisoner who takes on work to provide services that contribute to the running of the prison). Although the physical space remains unchanged, it feels much brighter and more spacious. There are display boards showing photos and names of the senior leadership team and reception staff.
Staff were consulted on the layout of the area, as well as the displays and posters. This consultation has resulted in a genuine sense of pride and ownership in the working environment. Overall, the reception area feels bright, welcoming and well organised, while maintaining a professional atmosphere. During our monitoring visits, staff were consistently calm and respectful towards prisoners and demonstrated sensitivity to their individual needs.

Reception: processing of new arrivals

The reception process is that all new arrivals should receive a body scan and full search. Prisoners returning from external appointments should receive a full body search. Orderlies on duty are expected to provide hot meals, breakfast packs, clothing and hygiene packs for new arrivals. In addition, they should speak with new prisoners, answer queries and concerns and help to create a reassuring atmosphere.

Nurses on duty should check medical histories and medication and carry out mental health assessments, opening assessment, care in custody and teamwork (ACCT) plans (used to support prisoners who are at risk of self-harm and suicide), where appropriate. Prisoners requiring further assessment should be referred to the mental health team for triage within 24 hours.

However, we are concerned about the withdrawal of the attendance of a doctor in reception. A doctor is now available only by phone and only until 9pm. This is unsatisfactory, as many reception sessions do not finish until after 10pm, leaving a period when face-to-face medical support is unavailable.
One example of the difficulties this can cause is when a prisoner arriving at the establishment requires a methadone prescription after 9pm. In such circumstances, the prisoner must be escorted to Bedford hospital to obtain the required medication. This creates an additional demand on resources and may result in a hospital escort that could potentially be avoided if appropriate professional medical expertise was available in reception. We would like to see consideration given to reinstating the presence of a doctor through all reception sessions.
Whilst there is no target time for progressing new arrivals, our observations suggest that it typically takes less than two hours. For most of the reporting period, new

prisoners were accommodated in E wing, but since June 2026 they have been placed on the top floor of A wing.

Induction

From what we have observed, the induction process is comprehensive, although there have been issues getting prisoners to the right place at the right time. It covers the following key areas:

- Visits: how to arrange them and what family need to know.
- Behaviour expectations: violence and inappropriate behaviour are not tolerated; the three levels of privileges (basic, standard and enhanced) are explained.
- Financial arrangements, phone PINs (personal identification numbers necessary for external calls) and identification cards.
- The application process.
- Neurodiversity support.
- Health and safety.
- Other prison functions including chaplaincy, complaints and responding to discrimination.

The sessions are presented by an officer, but prisoner orderlies are also present to answer questions and offer advice. When we have observed these sessions, there has been good engagement by prisoners, even though for most it was not their first time in jail.

However, sometimes they can feel a bit chaotic, with prisoners arriving at different times. In addition, if there has been a large intake the day before (on one occasion we observed, there were 24 new prisoners), the room is simply not big enough. There was insufficient seating so those arriving late stood around in small groups, often talking among themselves. Despite this, many prisoners appeared to share information with one another and remained largely engaged. Although the delivery was less structured than intended, prisoners appeared to have gained a reasonable grasp of the key information.

4.2 Suicide and self-harm, deaths in custody

Self-harm

Although there were variations across the year to June 2026, the average number of self-harm incidents remained broadly similar. The prison is near the median for self-harm incidents per 1,000 prisoners for reception prisons. Prisoners of all ages and backgrounds may deliberately harm themselves and it is difficult to be precise about where the highest risks occur. However, the following statistics are worth noting:

- Overall, during the reporting period, the most common location for self-harm was in the CSU. However, the three months to June 2026 has seen reduced self-harm in this area and an increase in self-harm on D wing (the PCoSO wing). This was due to the presence of several individuals on D wing with complex needs and history of self-harm both in custodial and community settings.

- Self-harm among the 30 to 35-year-old age group was disproportionately high between July 2025 and June 2026, with this cohort including several of the prison's most complex prisoners.
- Fridays were the most common day for self-harm among this group, with placement in the CSU and debt, usually related to vapes, identified as the main triggers. This may be linked to Friday being 'canteen' day, when debts are often expected to be repaid.
- When compared with the prison population as a whole, white prisoners were disproportionately represented among those who self-harmed. White prisoners accounted for 72% of self-harm incidents, despite comprising 45% of the prison population.
- The most commonly reported reasons for self-harm were feeling unsupported, debt and being in segregation. In addition, nearly half of those who self-harmed did not receive any visits.
- Between July 2025 and June 2026, 53% of prisoners who self-harmed identified as neurodiverse.

ACCT is used to support people in prison or young people in the care of the Prison Service who are at risk of self-harm or suicide. Those seen to be most at risk are identified at reception, by the mental health team, through conversations with staff or via a key worker session. When an ACCT is 'opened,' a case coordinator is allocated, meetings held with the prisoner and a care plan developed. Typically, there would be between 10 and 20 open ACCTs at the prison at any one time.

Deaths in custody

The Board is sad to report that there were two deaths in custody in HMP Bedford between July 2025 and June 2026. Both died whilst in hospital, apparently of natural causes. We await the Prisons and Probation Ombudsman's report to find out more details of what lessons, if any, can be learnt.

4.3 Violence and violence reduction

Violence

HMP Bedford has the highest rate of both prisoner-on-prisoner and prisoner-on-staff assaults of all reception prisons. However, the prison does not feel a dangerous place to be when we make our regular monitoring visits. In addition, in our survey, 65% of prisoners said that they felt safe in the prison. Despite this, and some mitigating factors, such as the high turnover and the extended regime with longer hours out of cell, the levels of violence in the prison remain far too high.

Prisoner-on-prisoner assaults

Around 57% of these assaults are carried out by young people (18-25), although they represent only approximately 22% of the population. Those with known gang affiliations are disproportionately represented. Bullying, retaliation, arguments that escalated, and outside custody debt/offence related issues are common triggers.

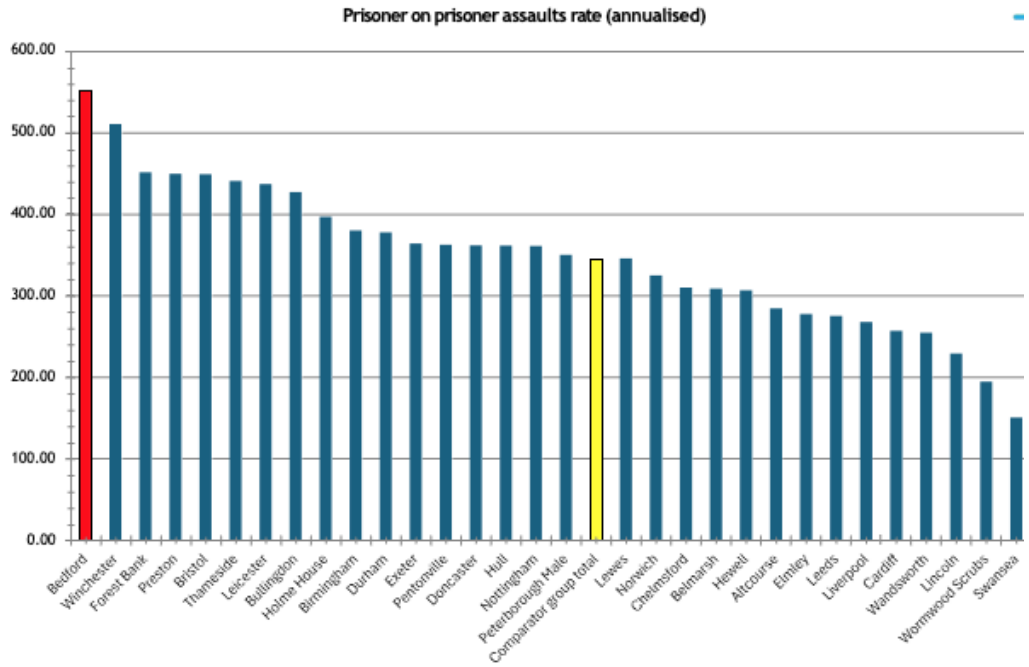
The most common type of assault is punching. Predominantly, assaults are classified as non-serious and weapons are not commonly used (for example, between April and June 2026, there were 49 prisoner-on-prisoner assaults but only

one was classified as serious). The data shows some over-representation of prisoners from minority ethnic backgrounds and of the Muslim faith, although over half the assaults are carried out by those identifying as white. A quarter of prisoner-on-prisoner assaults are carried out within a prisoner's first month at HMP Bedford.

Historically, wings that accommodate prisoners convicted of, or on remand for, sexual offences (PCoSOs) have been more stable and less violent, with fewer gang affiliations and debt-related issues associated with drugs. D wing, with its 82 spaces, is now wholly allocated to PCoSOs and represents the highest proportion of this type of prisoner that HMP Bedford has accommodated.

Although not yet disproportionate in relation to population numbers, D wing has shown rising levels of prisoner-on-prisoner violence, with a 60% increase between the January-March and April-June periods. Unusually, common times for violence are in the early morning or later afternoon, rather than at servery times, as seen elsewhere in the establishment.

The graph below shows HMP Bedford has the highest level of prisoner-on-prisoner violence of all reception prisons and represents a deterioration from what we reported in last year's report.



Assaults on staff

On average, according to prison data reviewed by the Board, there have been between 10 and 15 assaults on staff every month – one every two or three days. Most of the incidents are low level: for example, between April and June 2026, there were 35 assaults on staff but only three were classified as serious.

Most assaults are carried out by younger prisoners: in the three months to June 2026, 65% of assaults were committed by those aged 18 to 29, although they made up only 36% of the population. Gang affiliation is also a factor, with nearly half of assaults committed by members of local gangs or organised crime groups (OCGs). Black and mixed-ethnicity prisoners are also over-represented, being involved in 46% of assaults despite accounting for 18% of the population.

The area where assaults are most likely to occur is in the care and segregation unit (CSU). This is not surprising given that it houses high-risk prisoners who are there because they have had to be removed from the main wings or as a cellular confinement punishment for an offence following an adjudication (a disciplinary hearing held when a prisoner is alleged to have broken prison rules). The most common forms of staff assault in the CSU were throwing liquid and spitting (50%), usually from behind a locked door.

A picture emerges of younger people coming into prison who are often members of local gangs or OCGs. They are often unhappy and angry and do not respond well to the requirements of the prison and the instruction of officers. This is particularly so when moved from the young adult's wing (F wing) to the main wings. The result can be a physical resistance to staff and a spell in segregation, which leads to more frustration and, sometimes, more violence.

It should be emphasised that most assaults on staff are not serious (although spitting is extremely unpleasant) and are often in managed situations. Unprovoked assaults on staff are rare.

In comparison with other reception prisons, HMP Bedford has by some margin the highest level of assaults on staff, as shown in the graph below. This represents a deterioration from a year ago, when it had the second-highest rate. While there are local factors, including the high level of churn, the prison's role in serving a Hertfordshire court that sentences men from north London (a considerable distance from Bedford), and the impact of 'lodgers' (prisoners from outside the area or region who are placed in HMP Bedford because other prisons cannot accommodate them), the number of assaults on staff remains unacceptably high.

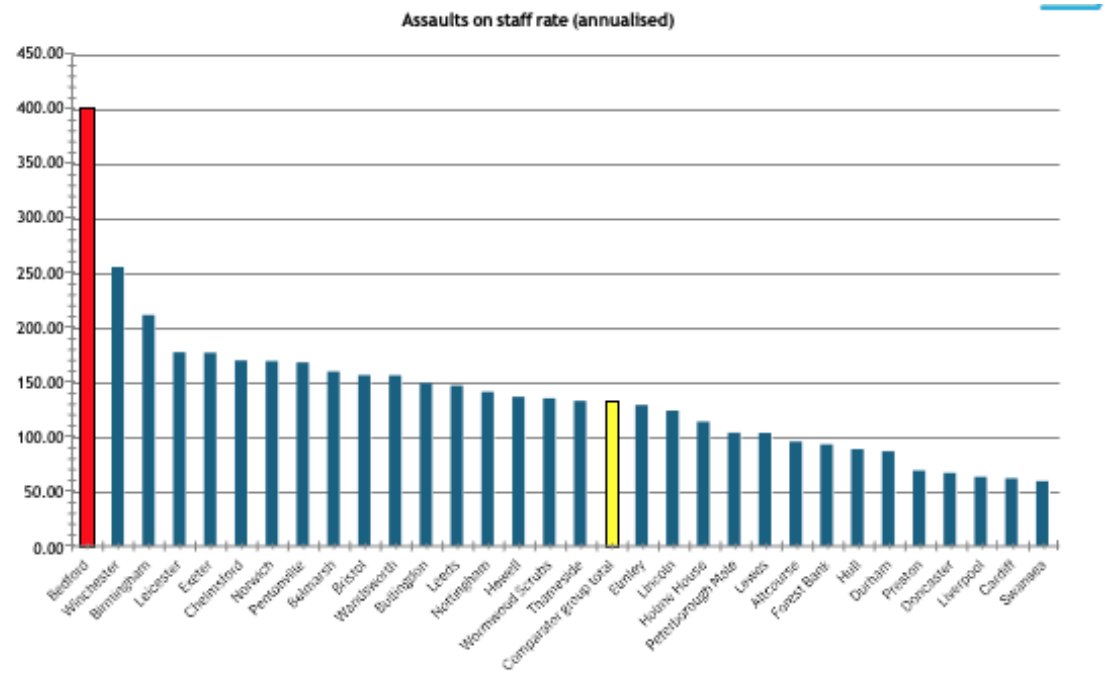


Figure 2: average rate of assaults on staff, 12 months to June 2026

4.4 Reducing violence

SIMs (safety intervention meetings)

Despite the high levels of violence set out above, we do acknowledge that the prison does put a lot of effort into trying to reduce the likelihood of assaults.

It holds weekly SIMs, which brings together operational staff, security, mental health and other key staff to review complex safety and self-harm cases. From our observations, the staff attending are very knowledgeable about individual prisoners and are very focused on trying to find ways of reducing the impact of high-risk prisoners.

CSIPs (challenge, support and intervention plans)

CSIPs are case management models used in prisons across England and Wales to manage and support prisoners who pose a raised or increased risk of being violent. They aim to reduce violence by identifying triggers, setting clear targets and providing help, rather than acting as a punishment.

In HMP Bedford, there are usually between five and 10 prisoners being supported through the CSIP process at any one time. The prison's policy is that all prisoners who commit an act of violence are referred to the CSIP process, although we are aware that this has not happened in every case.

Whilst the CSIP process is certainly good in principle, it is unclear to the Board what the impact has been in reducing violent incidents at HMP Bedford.

Assertive outreach service (AOS)

The AOS has been based at HMP Bedford since August 2024. The team comprises a mental health nurse, a prison officer and a forensic psychologist. It is jointly funded by HMPPS, NHS England and the Bedfordshire Police and Crime Commissioner.

The service works with prisoners who may require further support and guidance in addition to what the prison are providing. These are identified through the weekly SIMs, daily briefings sheets, CSIPs, ACCTs and the CSU. In addition, officers suggest referral of high-risk prisoners. The AOS is there to support the 'critical few', which means those at most risk of self-harm or of causing serious violence.

The unit has a maximum caseload of nine at any one time. Success can be difficult to measure, as it often relates to violence that does not occur, but there are examples of positive changes in individuals. In the Board's view, the service makes a valuable contribution to prison life and plays an important role in integrating mental health services with mainstream prison activity.

Use of force (UoF)

UoF is the term used to describe incidents where officers must use force on prisoners to resolve a situation. This is difficult and can be unpleasant for both officers and prisoners and something that, ideally, should rarely happen.

Over the 12 months to June 2026 there were, on average, 42 UoF incidents per month. Primarily, these related to dealing with prisoner-on-prisoner issues and refusal to return to cell. Most commonly, UoF involved the use of guiding holds (which is a low level of restraint) although full restraint was used when necessary.

From our review of prison data and our observations, the use of batons and PAVA (an incapacitant pepper spray) is relatively rare within the establishment. Batons were drawn just three times during the reporting period. PAVA was drawn 14 times and used on nine of those occasions, seven of which were during February. The drawing of PAVA is often enough to defuse a situation, without it actually having to be used.

4.5 Preventing illicit items

There is some evidence that the prison has made progress in this area. In June 2026, 22% of prisoners subject to random mandatory drug testing (MDT) tested positive, compared with 36% in June 2025. This represents a significant improvement.

We analysed the prison's daily briefing sheets for June 2025 and June 2026. In June 2025, there were 42 incidents of prisoners being under the influence (UTI); by June 2026, this had fallen to four. Similarly, there were 49 occasions in June 2025 when illicit items were found in cells, compared with 12 in June 2026. In addition, our own observations during monitoring visits support the view that the prevalence of drugs within the prison has reduced.

At its monthly drug strategy meeting, the prison reports increased patrol activity, enhanced dog deployments, improved parcel and mail searching, ongoing X-ray body scanner assurance and significant interceptions across known ingress routes.

There is still a problem with nearly 100 windows not being secure enough to prevent the entry of illicit items through 'throwovers'. The prison has told us that new windows for the most high-risk cells have been purchased, along with grills for the remaining insecure windows. We have not been advised when these will be fitted.

Despite these encouraging signs, it is not possible to be precise about how many drugs or other illicit substances are in prison. It may be that prisoners are getting better at avoiding detection. A prisoner comment in our survey said: '*In my humble opinion, biggest issues in prison is drugs, mostly spice. It looks like nobody even try to stop it coming inside prison.'*

5. Fair and humane treatment

5.1 Accommodation, clothing, food

Accommodation

Although we have said it many times in previous reports, HMP Bedford remains over-crowded, with two men sharing a small cell and toilet with minimal privacy. That could be regarded as inhumane.

However, overall, our view is that things have improved in the year to June 2026, with a generally cleaner environment, more time out of cell for prisoners and the introduction of Launchpad. But there are emerging issues about the quality of the food, broken washing machines are still a problem and there continues to be an infestation of cockroaches. In addition, whilst we have observed that the level of cleanliness has improved, there are frequent lapses, and prisoners have commented that some specific areas, such as the showers, for example, are 'filthy'.

In our prisoners survey, there were a significant number of positive comments in the optional free-text section. Some examples are given below:

- *'The association time is good, with a decent time being allowed outside of the cell.'*
- *'I have been here a year and it has really improved, the food, the apps, the regime, the laptops, everything, but it all could be better.'*
- *'2 things that stand out to me is prison 5 times a week for enhanced prisoners amazing and very good to keep people away from negative habits and build a healthy and positive structure and routine. Also, the quality of the staff is good overall.'*

There were also some less enthusiastic responses. For example: *'There is nothing good about this prison the hygiene levels are extremely poor*,' and '*The only good thing about Bedford prison is seeing it in the mirror as you leave, the actual prison needs updating and improving'.*

Whilst cells are not without their issues, our observations are that they are mostly in a reasonable condition. Prisoner life has been difficult in the very hot conditions of summer 2026, especially on the top landings, which have extensive skylights. The prison has provided fans for the worst affected cells and other prisoners can purchase them. The thick walls of the building do help in mitigating, to some extent, the worst impact of the high temperatures.

The vermin problem has still not been eradicated, with prisoners often complaining of cockroaches. For example, one prisoner commented: '*I like HMP Bedford as its easy for my partner to get and it's the better prison then others I have been to but the prison needs to improve on the cockroach infestation.'* We do recognise that it is a very old establishment and that the prison has placed considerable focus on trying to eliminate vermin. It has been successful in significantly reducing the number of pigeons flying around. Nonetheless, cockroaches remain a big issue for prisoners.

For the last five years, we have reported that prisoners have spent too long locked in their cells, sometimes for up to 22 hours a day. We are pleased to report a marked

improvement, with ‘bang-up’ now taking place at 7.30pm. Many prisoners commented positively on this aspect in our survey, although some felt there was still not enough to do while out of their cells. One comment summed up this view: ‘To be fair we have a good regime and we also have suitable staff on a wing, we could do with more exercise on the weekend also we need more practical courses.’

The wings have generally been orderly, with prisoners involved in supervised on-wing activities, including crafts (such as pipe-cleaner modelling), hair cutting, chess, pool, card games and conversation. The improved physical environment and better general atmosphere on the wings have generally been maintained, although some prisoners have commented that certain groups are allowed to dominate the seating areas and pool table.

Clothing

The clothing store is well-organised with, generally, lots of items in stock. There is high demand from the induction wing, as new prisoners ‘can wait for ages’ for a clothing parcel to be sent in. The initial kit bag that prisoners get comprises three boxers, three pairs of socks, two tracksuits and three T-shirts. Sometimes, prisoners get three sets in a week: one at reception, one on the induction wing and another set when they are moved to a main wing.

Prisoners use the washing machines and dryers on the wings to clean their own clothes, but these frequently malfunction. Where prisoners use issued clothing and towels, the prison sends these to another establishment for laundering. However, some items are ripped or considered a biohazard, meaning that only 70% to 80% are returned.

Prisoners convicted of, or on remand for, sexual offences (PCoSOs)

PCoSOs now make up around a quarter of the prison population and occupy the 82-space D wing in its entirety. Owing to the risk of violence, these prisoners are unable to mix with those on the main wings. For example, they are not permitted to work in the kitchen.

Education has also been an issue, as it needs to be carried out on the wing (rather than in the education building) where there have been limited suitable rooms. The proportion of PCoSOs has changed significantly over the last five years or so and this presents challenges to the prison, both in terms of providing services that meet the needs of this group and the reduced flexibility it implies for managing the whole prison population. In our view, the prison should have a clear strategy for managing PCoSOs, recognising their specific needs and ensuring clear responsibility for delivery.

Young adults (YAs) on F wing

Young adults (18-25 years old) represent around 25% of the population of the prison, (so around 80-100 prisoners at any one time) and are accommodated throughout the prison. Those who meet certain criteria (such as, for example, it is their first time in prison, or they are considered vulnerable) are accommodated on F wing.

Young adults are initially given enhanced status (this is the highest level of the prison's incentives scheme) on entry (which includes extra gym, Saturday gym and communal eating). However, to maintain this level, YAs must comply with the prison regime, including getting up for structured activities or work/education. The aim is to prepare the YA for integrating into the main wings after about three months. There is a strategic lead and an allocated POM (prisoner offender manager) for the YAs on F wing.

The prison runs a programme on wing called STRIDE, which aims to help change the thinking, attitudes and behaviors that lead to reoffending. Structured activities are programmed from 9.30am to 11am, Monday to Thursday. The STRIDE course runs in the afternoon and includes sessions on mental health. We are pleased to hear of two new initiatives planned for the evenings: team building and healthy eating/cooking.

Applications

The prison relies heavily on application forms: prisoners must submit a request to access a wide range of services, including work, social visits, education and property. Until June 2026, all of these forms were paper based, which led to a number of frustrations. Forms were not always readily available on every wing, it was difficult for prisoners to keep a record of requests, and response times varied. The system also placed a significant administrative burden on the prison in tracking applications and monitoring the quality and timeliness of responses.

All these forms are now on the electronic system Launchpad, which should make life a lot easier for both prisoners and the prison. At the end of the reporting period (June 2026), Launchpad had only been operational for a month or so. Although the initial indications are encouraging, it is too early to assess fully its impact.

Food

Whilst the view of prisoners is mixed, we have had a lot of dissatisfied comments about the quality and amount of the food. In our survey, 64% of the 233 prisoners who responded did not think the food was 'suitable and adequate'.

In the free text responses, 34 prisoners specifically commented on what they considered to be poor or unsuitable food. Examples included:

- *'Food could be better suited to everyones preferences. Some days everything has cheese or mayo which some people cant eat either or dont like either'.*
- *'Nothing is good. Food is rubbish its not clean & staff dont listen half the time but mainly the food is way below basic! everything is slow. Told them to sort out the food at least many times but no has changed & nothing will i guess.'*

The prison conducted a food survey in January 2026 to gauge prisoners' satisfaction levels. There were 31 questions, which covered areas such as portion size, perceived nutritional value, variety, flavour and temperature. Two key learning points for the prison were that 74% said that they felt hungry after meals and 76% said that the same food was served too often. Only prisoners in the CSU and the healthcare unit said that the portion size was adequate for their needs.

However, not everybody views the food in the same way, and we have had positive comments, such as, for example ‘the food is good and on time’. The kitchen also had a five-star (very good) rating from an environmental health inspection by Bedford Borough Council. One area for improvement identified was the need for more consistent use of protective clothing (PPE). This is something that has also been raised by prisoner representatives at the prisoner council. We have noted that servery workers have not always consistently been wearing their PPE (whites and hair/beard nets) for lunch and dinner servings.

A new catering manager was appointed, initially on a temporary basis, soon after the survey, and he has overseen an increase in portion sizes and the introduction of new menus. Since the introduction of Launchpad at the beginning of June 2026, prisoners make their daily meal choices on their laptop or via the kiosk.

The food budget remains the same, at about £3.29 per prisoner, per day. There is a four-week menu plan, with different dishes each day, and five main meal choices for both lunch and dinner. The menus have not been given calorie ratings yet, as the kitchen manager is waiting for the software to do this. There is portion control information shown in a notice in the servery. However, some officers are better than others in checking whether prisoners take their chosen dish. Prisoners who return late (from education, for example) have sometimes found that their menu choice has been taken by someone else.

There is an ongoing problem with low allocation of prisoners to work in the kitchen. There should be 10-12 prisoners working alongside a prison kitchen worker staff of four, but the average number allocated is usually four or five prisoners. This means that kitchen staff have to do most of the food preparation work in place of kitchen orderlies (trusted prisoners who take on work to provide services that contribute to the running of the prison).

With the induction wing now housed in upper floor of A wing, and D wing now designated for PCoSO prisoners, there are around 130 fewer potential prisoners to recruit from. Most kitchen workers come from A and C wings. However, releases and transfers often shorten the length of time for which allocated workers are available. Sometimes, a prisoner will attend for only one shift before they are transferred. Prisoners working in the kitchen should attend the food hygiene course in education. It only runs every few weeks, so new starters are often only given a basic introduction in the kitchen hygiene requirements.

Prisoners have told us that they would like to be able to cook food purchased through the canteen (a facility where prisoners can buy snacks, toiletries, stationery and other essentials using their allocated funds), as is possible in some other prisons. At HMP Bedford, the only cooking facilities available to prisoners are the microwaves on the enhanced F and D wings. Prisoners continue to modify kettles for cooking purposes, but these are confiscated if discovered. The electrical infrastructure on the main wings cannot support additional appliances, making it unlikely that cooking facilities will be introduced there in the foreseeable future.

Gym

The gym continues to be a popular and well-used facility. It is operating five sessions a day and weekend sessions. Officers are getting prisoners to the gym. There are Friday football sessions of staff against prisoners on the artificial grass. A gym orderly told us he felt that staff in the gym had done a very good job in offering fun sessions and different challenges in the gym over the Christmas/new year period.

5.2 Care and segregation unit (CSU)

The CSU has nine normal cells, one 'special cell' (which is only be used for the shortest necessary time to manage an individual, to maintain good order and to prevent injury to self, others or property), which comprises an unbreakable chair and bed fixed to the floor, and one 'dirty protest' cell. We carry out observations in the CSU on at least a weekly basis and from what we have seen, there are generally between five and eight prisoners in there at any one time.

Some prisoners are located in the CSU following an incident on the main wings and, depending on their behaviour, are usually reintegrated within a week. This is the most common outcome. However, a small number of prisoners display particularly challenging behaviour, including persistent violence, and may require up to four officers in protective equipment to supervise their unlock. On occasion, prisoners engage in a 'dirty protest' by smearing faeces on cell walls.

Some prisoners have severe mental health issues and, indeed, on occasion, the mental health team have said that they are not fit, from a mental health perspective, to be held in segregation. However, the prison may have no other option but to keep them in segregation for their own safety. If there is a high risk of severe self-harm, then a prisoner may need to be constantly watched by an officer.

Within the parameters of segregation, the environment of the unit is, in the Board's view, acceptable. However, the room that is available for both segregation reviews and adjudications is an old cell and is not big enough for the purpose, particularly if the prisoner has to be accompanied by three or four officers in full protective gear. It can be hot and uncomfortable.

Overall, we would repeat what we have said in many previous reports: from our observations, officers deal remarkably well with some very difficult and challenging prisoners in the CSU. We have found the reviews (which assess whether a prisoner's continued segregation is justified based on their behaviour and the potential impact on the prison environment) of individual prisoners to be fair and reasonable.

5.3 Staff and prisoner relationships, key workers

Staff relationships

There is a mixed picture here. We have witnessed good staff interactions on many occasions and in the free text section of our survey, 25 prisoners wished to share positive feelings about staff, including*: 'Staff are nice and follow up on applications rather than just getting one word replies'*, '*CMs at Bedford are very kind and listen to me'* and '*To be fair we have a good regime and we also have suitable staff on a wing.'* (CMs are custodial managers).

However, we are aware that, to some extent, this can depend on the individual officers and the particular location. Issues with staff represented the highest proportion of complains to the prison and the second highest proportion of applications (prisoners' written representations) to the IMB. We received 14 such applications from nine different prisoners. The concerns expressed were predominantly about what the prisoners saw as unfair treatment.

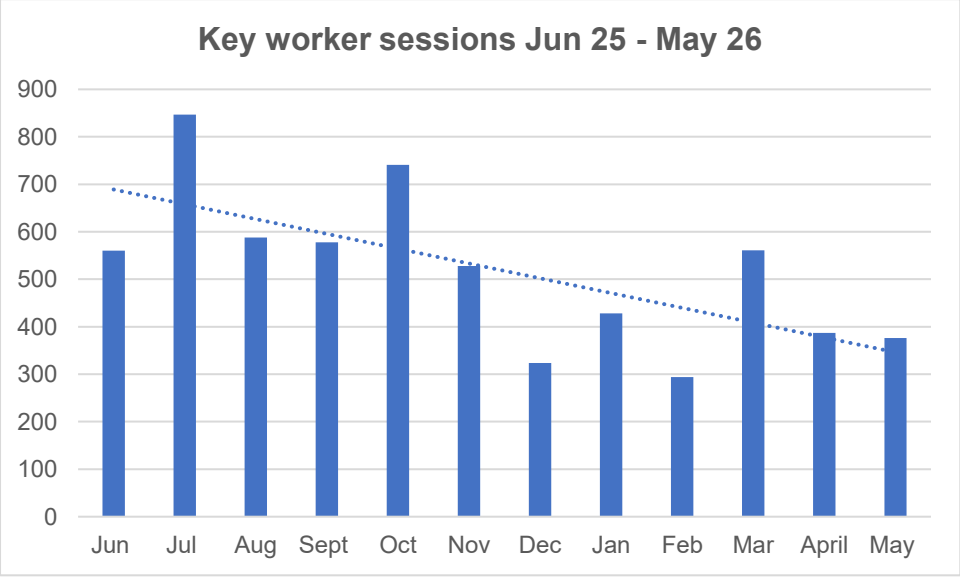
In our survey, 14 prisoners used the free text response to express dissatisfaction with staff, including: '*Nothing is good. Food is rubbish its not clean & staff dont listen'* and '*The regime in the prison is good, the gym is good, the thing that is terrible in the prison is the wing staff are lazy and its very hard to get visits.'*

Staff resignation rates have increased slightly, from 5% to 7%, but overall the workforce has remained reasonably stable. The Board's view is that the quality and experience of staff have improved over recent years, although there continue to be instances of inconsistency and perceived unfairness.

Key workers

There has been a reduction in the number of key worker sessions in the 12 months to May 2026 and HMP Bedford is not reaching its target.

HMP Bedford was an early adopter of the key worker scheme when it was introduced a few years ago. The intention is that each prisoner has a named key worker who spends 45 minutes with them each week as part of the offender management programme. This should enable the prison to develop a better understanding of individual prisoners and provide more targeted support. As a high-turnover prison, HMP Bedford's target is for 40% of prisoners to receive a weekly session and 60% to receive a session every two weeks. This equates to around 1,000 sessions per month. There has been a clear downward trend, as shown in the graph below:



The average number of sessions per month is just under 520. In our survey, 53% of prisoners said that they did not have a key worker.

We are aware of some mitigating factors: the high churn rate (the turnover of prisoners) and short stay of many prisoners means that they are simply not there long enough to engage with a key worker. In addition, the prison focuses key worker sessions on those assessed to be at highest risk or in greatest need.

Nevertheless, it is disappointing to see the number of sessions dropping so significantly and, in our view, this is something that needs to be urgently addressed.

5.4 Equality and diversity

The prison population is broadly evenly split between white and minority ethnic (ME) prisoners. For example, in May 2026, 51% of the 342 prisoners were recorded as white and 49% as ME. In the same month, 21% were young adults, while those aged 30 to 39 represented the largest age group at 34%. In terms of religion, 55% identified as Christian, 24% as Muslim and 19% reported having no religion.

Whilst these figures are typical of the general mix of prisoners, the high rate of turnover means that it can change almost daily.

There is some ethnic disproportionality in terms of adjudications (assessments of alleged wrongdoing by prisoners). In May 2026, for example, 47% were for white prisoners and 53% ME prisoners, but this is not a huge variation. However, young adults were twice as likely to have an adjudication in relation to their proportion of the prison population.

One issue of concern to prisoners is their labour band status, as this determines the jobs for which they are eligible. An analysis by the prison of age and religion identified no significant disparities. The largest age group was prisoners aged 30-39, which reflects the largest population group within the establishment. Christian and Muslim prisoners were represented broadly in line with their respective population profiles.

The prison holds a range of diversity and inclusion activities that recognise different faiths and traditions. These include Ramadan, Black History Month, Easter celebration, PRIDE month and Fat Thursday (which involves sharing doughnuts as a Polish pre-Lent tradition).

The Board also acknowledges the WINGS project, which involved 60 participants in the 15 months to April 2026. Across three phases, the project supported prisoners to move through a structured journey of expression, reflection, healing and personal growth. It showed that men in custody can engage deeply with emotional reflection when the space is safe, respectful and creative. Participants expressed themselves, formed friendships, explored trauma, reflected on family and fatherhood, and considered new patterns for the future.

5.5 Faith and pastoral support

Faith provision is delivered through a multifaith chaplaincy service, supporting both Christian and non-Christian prisoners, as well as staff. The chaplaincy accommodates a broad range of faiths, including Islam, Judaism, Sikhism, Paganism and Humanism, among others, and appears to provide fair access to worship and

religious observance. Chaplains also provide pastoral and spiritual care across the population, irrespective of religion or belief.

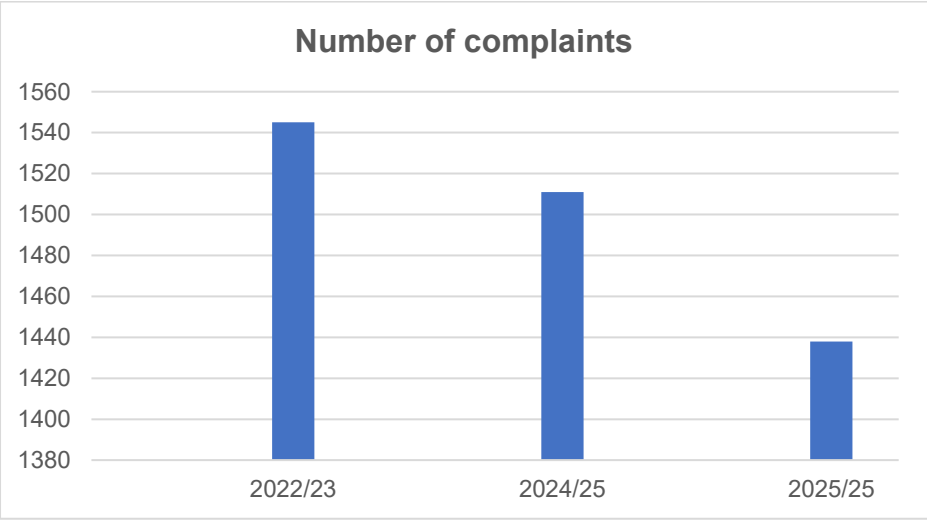
All newly received prisoners are provided with written information in reception, in the form of a booklet outlining the faith and pastoral support. Every new prisoner is seen by a member of the chaplaincy team within 24 hours and is given a diary, together with information about the services and facilities available through the chaplaincy. A member of the team visits the CSU every day and talks to all prisoners there.

The chaplaincy team provides a wide range of courses and activities aimed at supporting prisoners' personal development and wellbeing. These include a music course, courses in parenting, anger management and 'Facing up to conflict' a six-session programme, and a six-week one-to-one dyslexia support programme,

5.6 Complaints to the prison and applications to the IMB

Complaints

The number of complaints by prisoners has shown a steady, if unspectacular, decline in the last four years, as shown on the graph below:



Despite this positive trend, HMP Bedford continues to have the second-highest rate of complaints per 1,000 prisoners among reception prisons. The top three areas of complaints were:

- Property: lost property on transfer, clothing parcels not received and missing items after cell moves/court.
- Residential: access to showers, towels, hygiene items, regime not being followed and perceived inconsistency between wings.
- Staff: allegations of unfair treatment and bullying/attitude/behaviour concerns.

It should be noted that these figures do not include complaints about health issues, as these are made directly to the healthcare service and is the national approach. Whilst we understand the need for patient confidentiality, we believe that the number of complaints the prison receives should encompass all the services that it delivers, including healthcare.

We are pleased to note that the average response time for complaints has fallen from 13 days in March 2025 to seven days in March 2026. In addition, the prison's own internal quality checks show that the standard of answer is gradually getting better. Despite this, prisoners have expressed to us frustration at the response times and, on occasion, the clarity of the response.

It will be interesting to see the impact of the introduction of Launchpad. Although the complaints system remains paper-based, the ease of access to applications, canteen orders and other information through the digital system may lead to a reduction in the number of complaints made to the prison.

Applications to the IMB

The number of applications to the IMB has fallen significantly over the last three years: from 255 in 2024, to 129 in 2025, and 91 in the year to June 2026, a reduction of 64%. There is no clear explanation for this trend, although the prison's short-stay population and high turnover may be contributing factors. It may also reflect improvements in prison services and responsiveness, reducing the need for prisoners to raise issues with IMB members.

Of the applications received, the largest proportion related to healthcare (16%), followed by staff-prisoner issues (15%). Property-related concerns, which for many years generated by far the highest number of applications to the IMB, ranked fourth at 8%.

5.7 Prisoners' property

Although the number of applications to the IMB about prisoner property has fallen significantly over the last two years, it is still the issue that generates the highest number of complaints to the prison.

Like most prisons, HMP Bedford is trying to manage a system that is paper-based and not fit for purpose. Currently there seems little prospect of this changing. Our experience over the last ten years or so is that HMP Bedford has gradually become better at managing prisoners' property and IMB members at the prison spend less time dealing with property issues.

However, issues remain. In our survey, 35% said that their property had not arrived with them when they arrived in HMP Bedford and, of those, 63% had still not received it within a month.

6. Health and wellbeing

6.1 Physical healthcare

Services provided

Healthcare is delivered by Northamptonshire Healthcare NHS Foundation Trust (NHFT) and is commissioned to provide the following services:

- primary healthcare, including medical, nursing and pharmacy services
- primary and secondary mental health services
- clinical and psychosocial substance misuse support
- physiotherapy, podiatry and optometry
- an inpatient unit with 24-hour nursing care
- pain management delivered through a multidisciplinary approach led by a GP and physiotherapist
- health promotion activities, including literacy-adjusted materials, information boards and health promotion events
- the RECONNECT service, which supports vulnerable individuals to access and re-engage with healthcare on release or transfer

Dental services are provided separately under contract by Time for Teeth.

In our previous annual report, we expressed grave concerns about healthcare. However, we are pleased to report that there has been a significant improvement since then.

Concerns in our previous report

These were the issues that we raised in our report to July 2025:

- On occasion, there were no nurses in attendance in the inpatient unit. In addition, we were very concerned about the unacceptably low staffing levels.
- Prisoners were not routinely informed in advance of doctor and nurse appointments, meaning that they could miss appointments through no fault of their own.
- The healthcare service was not maintaining a record of applications and complaints made by prisoners.
- The scale of prisoners' concerns was further demonstrated by the fact that 26% of applications received by the IMB during the previous reporting period related to healthcare, making health services by far the largest single category of application.

These concerns were further reinforced by an inspection undertaken by the Care Quality Commission (CQC), the independent regulator of health and social care services in England, in April 2025. The inspection identified breaches of regulations in four of the five assessment areas: safe, effective, responsive, caring and well-led. The only area in which the provider was found to be meeting the relevant regulations was 'caring'.

Significant improvements

We have seen great improvements in the delivery of healthcare during the current reporting period. A new acting head of healthcare is now in post, and the service appears to have improved enormously under the new leadership.

Addressing our first major concern from the previous reporting period, regarding the number of nurses in attendance in the inpatient unit, there is now almost a full complement of staff. This improvement has been achieved comparatively recently and will require regular monitoring to ensure that staffing levels remain adequate and sustainable. Nevertheless, it represents a very welcome change.

There have also been significant improvements in the way prisoners are informed about healthcare appointments. Prisoners now submit their applications through the new Launchpad system. Following triage, details of appointments are sent directly to the prisoner, meaning that they know in advance when they are due to see a doctor or nurse. This should substantially reduce the likelihood of prisoners missing appointments because they were unaware that one had been arranged.

The healthcare service is now also maintaining a record of applications and complaints. In addition, weekly multidisciplinary staff meetings are held at which individual complaints are considered and allocated to a named member of staff for resolution. This provides a much clearer system of accountability and should enable the service to identify recurring issues, learn from complaints and use this information to improve the service. Another welcome improvement is the response time to healthcare applications and complaints. Although healthcare technically has a 28-day response period, they have made considerable progress in reducing the response time to 14 days, bringing it closer to the prison target of seven days.

We have also seen a reduction in the number of healthcare-related applications received by the IMB, falling from 26% of all applications to 11% during the current reporting period. This represents a substantial decrease in the number of healthcare concerns being raised with the IMB and is consistent with the improvements we have observed in the healthcare service.

Healthcare governance and collaboration

A significant driver for change and improvement has been the regular monthly local healthcare delivery board meetings. These meetings had not taken place consistently in the past, and collaboration between the prison and healthcare teams had previously been unsatisfactory.

In contrast, these meetings now take place monthly and are chaired by the Governor or Deputy Governor. They are well attended, including by the healthcare manager and members of the healthcare team.

A detailed performance report, setting out statistics for the current month and the preceding two months, is circulated in advance of each meeting. This provides comprehensive information on clinical activity and access to healthcare services, including waiting times for all outpatient clinics, the number of DNAs (did not attend), cancellations and the reasons for them. The data is reviewed and scrutinised, areas of concern are identified, and opportunities to improve performance are discussed.

These meetings have resulted in much better collaboration between the prison and healthcare services. They demonstrate a more constructive relationship between the two teams, with a shared willingness to identify and resolve problems, meet recommendations and improve the care provided to prisoners.

The meetings also provide an opportunity for both services to share challenges openly and work together towards practical solutions. This joint approach represents a significant change from the position described in our previous annual report and has been an important factor in the improvements we have seen.

Introduction of outreach clinics

The healthcare department has introduced outreach clinics, where nurses go directly onto the wings to engage with prisoners and speak to them face-to-face. This provides an opportunity for prisoners to raise health concerns, seek advice and discuss difficulties in accessing healthcare. Staff can explain how to apply for treatment and, where possible, resolve issues directly.

They also provide a health education and health promotion function. Nurses distribute relevant health information leaflets and ensure that appropriate health promotion material is displayed on wing notice boards.

The introduction of outreach clinics is a particularly positive development, as it brings healthcare staff closer to prisoners, encourages earlier identification of concerns and can help to remove barriers to accessing care. It also provides a more proactive approach to healthcare, rather than relying solely on prisoners to identify a problem and make an application for assistance.

Conclusions

Going forward, we see our role in the IMB as being to monitor the sustainability of all these improvements. We welcome the considerable progress that has been made during the reporting period and acknowledge the positive impact of the changes introduced.

In particular, we will continue to monitor staffing levels, the effectiveness of the Launchpad appointment system, the recording and management of applications and complaints, response times, incident reporting and learning, and the effectiveness of collaboration between the prison and healthcare teams.

Overall, the improvements seen during the current reporting period are substantial and very welcome.

6.2 Mental illness

The improvements in the delivery of physical healthcare are also reflected in the mental health service. The mental health team is currently fully staffed.

All prison staff are now trained in how to make a mental health referral. This has improved their ability to identify mental health concerns at an early stage and ensure that prisoners are referred appropriately.

In addition, the psychologist is developing a mental health awareness programme, which is intended to be incorporated into the prisoner induction process in the future. This should help new prisoners understand the mental health support available to them and how they can access it.

The mental health team also works closely with the substance misuse team, with a coordinated approach being taken where prisoners have both mental health and substance misuse needs. This collaborative approach helps to ensure that these often-interrelated needs are considered together rather than being addressed in isolation.

Detailed data relating to the delivery of mental health care is presented in the monthly performance report and discussed in detail at the monthly local healthcare delivery meetings. This provides regular oversight of the service and includes caseload numbers, the number of prisoners waiting to be seen, referrals received, initial mental health assessments undertaken, and details of DNAs (did not attend), including the reasons for non-attendance.

Importantly, the waiting time for prisoners to access the mental health team has consistently remained below the five-day target**.** This provides evidence of timely access to mental health support and demonstrates the value of the improved staffing, referral processes and ongoing performance monitoring.

The mental health service shows positive progress in staffing, early identification, partnership working, governance and timely access to care.

6.3 Drug and alcohol rehabilitation

We have seen significant improvements in this area during the period covered in the reporting period.

Supporting Change (the drug rehabilitation service provided as part of the healthcare contract) now facilitates six ‘fellowship’ meetings per month and has supported the introduction of recovery champions and a bi-weekly recovery café. The ‘fellowship’ meetings include Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous.

A recovery champion is an individual who has had previous issues with drugs and/or alcohol use and has overcome their dependency. They are intended to be role models and an inspiration to others. There is a four-module training programme for prisoners to complete in order to become a recovery champion.

Although drugs (and alcohol) are a common currency within the prison and are the source of many debt- and violence-related issues, fewer than 15% of prisoners are on the caseload of the drug rehabilitation service. The proportion with an opioid dependency is only around 10%. This suggests that much of the drug use within the prison may be recreational or linked to coping with boredom, rather than driven by addiction. This highlights the need for a good range of purposeful activity to be available, especially as more time out of cell is available. As one prisoner put it: *‘Lack of things to do, its so boring here I’ve literally sat on my arse doing nothing for months and its led me to drugs.’*

Supporting Change also arranges follow-up appointments on release for those participating in the recovery programme. However, attendance at these appointments is very low. In May and June 2026, 21 appointments were arranged, but only one was attended.

7. Progression and resettlement

7.1 Education

Classrooms are in a separate block above the gym, along with the prison library, which education prisoners can also visit during their education classes. Access to the education classrooms is only via the stairs as the lift has not worked for several years. There is a classroom in D wing for PCoSO prisoners.

Courses offered in education include functional skills in English and maths (entry level up to level 2), ESOL (English for speakers of other languages), employability pathway courses (health and safety in the workplace, food hygiene and CSCS/construction skills certificate card), and personal and social development.

Prisoners should undertake an MEA (maths and English assessment) as part of their induction, which determines the level that they are working at and enables them to be matched to the correct course or job. The assessment now also includes digital skills and IT profiling to identify potential special educational needs. However, there have been issues with prisoners not turning up for assessment because they want to attend another activity.

Level 1 and 2 maths and English courses now run for 10 weeks instead of five weeks due, we have been told, to reductions in provision. Prisoners allocated to these courses attend on only two days a week, with the result that many are not in the prison long enough to complete the course and obtain the accreditation. We understand that a modular delivery model will be introduced in July 2026, which will enable prisoners to continue with their qualification when they transfer to another establishment.

With the focus now on entry-level English and maths, fewer places are available on higher-level courses. On average, 34% of prisoners achieve an Entry Level 3 pass in their MEA each year. Whilst this may enable them to be considered for employment at HMP Bedford, a Level 2 qualification is often the minimum requirement in other prisons, such as category C establishments, and for many jobs on release. Teaching staff have commented that Levels 1 and 2 functional skills courses are not promoted as strongly as they could be and that achieving these qualifications while at HMP Bedford would better prepare prisoners for progression at their next establishment or on release.

Prisoners have commented in the prisoner survey that they would like a greater variety of courses. A prisoner attending the entry level English course said he would be interested in attending courses that would help him in the job market on release, such as IT skills. The CSCS course is popular, and prisoners have told the Board that they are very happy with the tuition on that course.

We have observed that those prisoners who engage in education benefit from skilled and dedicated teaching staff who understand their varying needs and offer substantial one-to-one support. One prisoner in an entry-level English class recently said, ‘She’s a brilliant teacher.’

Attendance has improved throughout the year, with the number of unauthorised absences falling. Attendance for the last six months has averaged at around 65%. Prisoners receive payment for attending and engaging in their allocated session, and

the level of payment has been increased to encourage attendance. Maintaining levels of afternoon attendance is always more of a challenge. Prison staff have been urged to become more efficient with the afternoon moves to education to ensure that learners can have access to the full 2.5 hours of afternoon lessons.

From our observations, communication between the main wings of the prison and the education department remains poor. Prisoners have complained to the Board that classes are cancelled at short notice, which they only discover when they arrive in education.

Overall, we suggest that the education resources (staff and classrooms) are not used as much as they could be. For the last six months of the reporting period, the average attendance was under half of the average capacity. The number of prisoners attending the functional skills, maths and English classes is often low: we have regularly observed classes of only two or three in classrooms that could easily accommodate 10, and teaching staff have noted a drop in overall allocations for these courses. Although some of this may be due to authorised absences, it means that few prisoners are benefitting from the specialist teachers on site. On Fridays, there are no education classes, and the space has been used for an art project.

Library

The library is situated near the classrooms on the top floor in the gym/education building. It is a bright and welcoming space with well-organised bookshelves and comfortable seating areas.

From our observations, the librarian and assistant librarian are enthusiastic advocates for the service who work hard to ensure that prisoners can attend at allocated times. They also provide an outreach service for those who cannot visit the library in person, including prisoners in the CSU. Around half of prisoners borrow items from the library each month. The library also supplies prisoners with materials, including paper, pens and craft resources, for a poetry and short story competition and the Koestler Awards (the national prison arts awards).

The library and education services have worked together on initiatives to support reading such as one-to-one reading sessions and reading groups ‘Storybook Dads, which helps parents in prison to record bedtime stories and messages for their children, has been a successful initiative (around four per month) and is well-promoted. Raising Readers is an initiative that took place in January. Sets of two books are purchased, with one given to a prisoner and the other given to their child. The dad reads the story to the child over the phone. The Shannon Trust literacy and numeracy charity has operated intermittently in the prison during the reporting year.

Library staff use outreach work to encourage knowledge and use of the library. For example, prisoners who are unable to attend their designated library slot can still get the books they would like. There are bookshelves on the wings, which carry stock donated from charity or from staff. There is no prison budget allocated for this initiative. In more recent months, designated reading areas on the wings have appeared to be better established and stocked, helped by money received through charitable donations.

The library has a good range of foreign language books, and books written in Albanian and Eastern European languages are popular with prisoners. Foreign

language books are expensive to purchase in this country and staff going on a foreign holiday often offer to bring them back.

The two main issues for the library remain: (i) the availability of staff to escort prisoners from the wings to their allocated library sessions, and (ii) the recovery of loaned books when prisoners are released or transferred. Prisoners value their time in the library, and the Board has heard from prisoners on D wing and in the healthcare unit that staff have not always been available to escort them to their allocated sessions. Other prisoners have reported that their library sessions have sometimes been shortened.

7.2 Vocational training, work

Workshops

Workshop training provision and available spaces have diminished over the course of the year. The prison has needed to reclaim and reorganise space to provide a better working environment for staff in the offender management unit (OMU), leading to some workshops being moved or closed. This has included the closure of the bicycle repair workshop, which we commented on very positively in our previous report.

While new employment-focused workshops are planned for the former OMU space, including an industrial cleaning workshop, workshop opportunities for prisoners at HMP Bedford remained limited as of June 2026. This is disappointing, particularly given the increased time available out of cell. As one prisoner commented: ‘Gym and enhanced process is really good and they need to add more education and course as the courses offered here is very limited and they need to improve opportunity for job and a lot of people on the wing are bored and which leads them to trouble.’

7.3 Family contact

Social visits are held in a positive environment and family contact continues to be valued by prisoners. Family days are particularly well received, providing a longer visiting period and a range of activities for prisoners and their families. In the Board's view, Invisible Walls, the charity that runs the visits facility on behalf of the prison, continues to provide a good service, including wellbeing sessions that are well attended, particularly by young adults.

During periods when there is known or anticipated conflict, staff have generally managed this well. There has been evidence of good preparation, including the use of additional staff and increased attention to particular prisoners. However, seating arrangements can present challenges for both staff managing the visits and for prisoners, particularly where prisoners from conflicting wings can sometimes be seated near one another.

A recurring issue is the external booking system. There have been occasions when visits have been cancelled through the system without visitors understanding why, or without prisoners being informed that the visit has been cancelled. In our survey, 67% of respondents said that arranging social visits had not been easy. One prisoner commented: *‘Its very hard to get visits I’ve been here a couple months now and still haven’t seen my kids because visits get cancelled last min.’*

The prison has told us that it has not cancelled any visits and that cancellation may be made by the national booking system as a result of block bookings. We do not know the reasons for cancellation but the end result is clearly an issue for prisoners and needs resolving.

Visitors continue to occasionally arrive in clothing that does not comply with the prison's restrictions, particularly during the summer months when some visitors attend wearing clothing that leaves their shoulders uncovered. However, from our observations, this has not necessarily prevented the visit from taking place.

From observations, some prisoners are dissatisfied with where they are seated during visits. Complaints typically relate to being seated beneath cameras, close to staff, or in other locations they regard as less suitable.

Overall, family contact appears to be working well and is a positive experience for most prisoners and families. The main areas of concern remain the booking system and seating arrangements, both of which can cause frustration for prisoners and visitors. The repeated complaints about seating arrangements may warrant further exploration to determine whether a more consistent and transparent approach could be adopted.

7.4 Resettlement planning

This activity area relates to the prison trying to ensure, mostly through other providers, that prisoners have support on release to facilitate their resettlement in the community. This includes accommodation for at least the first night, job interviews, drug management support, if necessary, and access to welfare benefits.

This is done through a multidisciplinary team that meets on a fortnightly basis. Around 70 prisoners per month are supported by the team, compared with an average of 185 prisoners who leave the prison each month.

Resettlement planning applies only to sentenced prisoners. Those held on remand can spend many months in prison and, as a result, may lose their jobs, homes and relationships. Many are then released directly from court because they are acquitted, have already served sufficient time on remand, or receive a non-custodial sentence. In these circumstances, they do not benefit from support provided by the resettlement team.

There is only one metric in this area that is measured by the Prison Service: the percentage of sentenced prisoners who have accommodation arranged for their first night after release. Performance against this measure has improved, with 75% of prisoners having accommodation on release, compared with 60% a year ago. This is just below the target of 80%.

The prison provides a dedicated PoM (prison offender manager) to answer queries and concerns from remand prisoners - typically this might be understanding what being on licence looks like, queries about court dates and signposting to further support. In addition, the prison provides, on a prisoner's request, behaviour reports about his time on remand which can be used during a court hearing.

8. The work of the IMB

Board statistics

Recommended complement of Board members	12
Number of Board members at the start of the reporting period	6
Number of Board members at the end of the reporting period	6
Total number of visits to the establishment	We visited 2-3 times every week.

Applications to the IMB

Code	Subject	Previous reporting year	%	Current reporting year	%
A	Accommodation, including laundry, clothing, ablutions	14	11%	9	10%
B	Discipline, including adjudications, incentives scheme, sanctions	1	<1%	4	4%
C	Equality	4	3%	5	5%
D	Purposeful activity, including education, work, training, time out of cell	2	2%	6	7%
E1	Letters, visits, telephones, public protection, restrictions	9	7%	4	4%
E2	Finance, including pay, private monies, spends	4	3%	4	4%
F	Food and kitchens	1	<1%	2	2%
G	Health, including physical, mental, social care	33	26%	15	16%
H1	Property within the establishment	13	10%	7	8%
H2	Property during transfer or in another facility	8	6%	3	3%
H3	Canteen, facility list, catalogues	7	5%	4	4%
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	7	5%	8	9%
J	Staff/prisoner concerns, including bullying	11	9%	14	15%
K	Transfers	0	0%	2	2%
L	Miscellaneous	15	12%	4	4%
	Total number of applications	**129**		**91**	



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