Report on an unannounced inspection of

HMP Bedford

by HM Chief Inspector of Prisons

10 January and 21 – 24 February 2022

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Introduction

In 2018, the introduction to the HMP Bedford inspection report described a prison on a “seemingly inexorable decline that is evident through the results of the four inspections carried out since 2009.” At that time, the healthy prison tests scores were amongst the lowest ever awarded by the Inspectorate and my predecessor invoked the Urgent Notification process.

We returned to inspect the prison in February 2022 and I am pleased to report that the decline had been arrested and real progress had been made against our tests, with a one-point increase in each.

Huge credit for this transformation must go to the governor, who took over a prison that was dangerous, understaffed and dilapidated. Over the last three years he had developed a vision for the prison, alongside clear plans for improvement that he and his team had pursued relentlessly.

The prison’s self-assessment report showed that leaders maintained an accurate understanding of the state of the prison and that they had priorities in place supported by refreshingly clear plans, targets, and measures of progress. These priorities were communicated and understood by staff on the wing and by prisoners.

The culture of the prison had considerably improved even since the scrutiny visit we conducted in March 2021. There was a focus on consistency in the way officers interacted with prisoners and we saw many skilled officers doing an excellent job. There remained a small minority of staff members whose attitude to prisoners brought down standards in the prison. Recruitment and retention were an ongoing challenge and leaders were actively seeking ways to support officers in their first year in post. Staff shortages continued to affect the running of the jail and the situation had become acute during a recent COVID-19 outbreak.

The under-25 population was overrepresented in statistics concerning negative behaviour and violence. As a result, leaders decided to create a specific wing with a bespoke regime aimed at settling and supporting younger prisoners. It will be interesting to see the effect of this initiative during future visits.

Leaders had also sought to improve the experience of treatment for the large minority of black, Asian and minority ethnic prisoners, including by being more transparent about the way that work is allocated and making a concerted effort to deal more sensitively with discrimination incident reporting forms.

Conditions in the jail continued to be unacceptable, particularly on A and B wings where most prisoners shared shabby, cramped cells designed for one person, although improvements to showers were welcomed by prisoners.

Despite the considerable progress we saw at Bedford, the levels of violence in the jail remained some of the highest in the country and, although there were welcome signs in our survey to suggest that prisoners felt safer than in 2018, these were not yet reflected in the data on assaults on prisoners or staff. A

determined attempt to reduce the use of force had been successful, but it was unacceptable that many officers still did not routinely turn on their body-worn cameras.

The governor and his team should be proud of their achievements at HMP Bedford. There had been excellent progress, although outcomes for prisoners were not yet good enough in any of our healthy prison tests. Provided that the prison can retain the many effective staff members and the strong leadership team, there is good reason to believe that further, substantial improvements can be made, particularly in reducing violence and improving living conditions.

Charlie Taylor
HM Chief Inspector of Prisons
April 2022

About HMP Bedford

Task of the prison/establishment
Category B male local with a reception and resettlement function

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 359
Baseline certified normal capacity: 268
In-use certified normal capacity: 257
Operational capacity: 377

Population of the prison
- 17% of prisoners were foreign nationals.
- Just over 40% of prisoners were from black and minority ethnic backgrounds.
- 40% of prisoners were under the age of 30.
- The substance misuse psychosocial team was supporting about a third of the population.

Prison status (public or private) and key providers
Public

Physical health provider: Northamptonshire Healthcare NHS Foundation Trust
Mental health provider: Northamptonshire Healthcare NHS Foundation Trust
Substance misuse treatment provider: Westminster Drug Project
Prison education framework provider: People Plus
Escort contractor: Government Facility Services Ltd (GFSL)

Prison group/Department
Bedfordshire, Cambridgeshire and Norfolk

Brief history
HMP Bedford is a category B reception and resettlement prison for young adult and adult men. It has stood on its current site in the centre of Bedford since the early 19th century. It was enlarged in 1849 and in the early 1990s a new gate lodge, house block and health care centre were added. It mainly accepts prisoners from the local crown and magistrates' courts.

Short description of residential units
A, B and C wings are gallery-style Victorian three-storey landings.
B1 is the segregation unit.
C1 has some segregation cells and accommodation for vulnerable prisoners.
D wing is a more modern house block, on three storeys which is used as the first night unit and for induction.
F wing is a Victorian two-storey wing, with gallery landings accommodating vulnerable prisoners.
The health centre is on a single landing of a new purpose-built building.

Name of governor/director and date in post
Patrick J Butler, January 2019

Leadership changes since the last inspection
Helen Clayton-Hoar, Governor to January 2019

Prison Group Director
Gary Monaghan

Independent Monitoring Board chair
Vicky Stevenson and Anne McDonald

Date of last inspections

March 2021:	Scrutiny visit
August 2019:	Independent review of progress
August/September 2018:	Full inspection

Section 1 Summary of key findings

1.1 We last inspected HMP Bedford in 2018 and made 61 recommendations, seven of which were about areas of key concern. The prison fully accepted 50 of the recommendations and partially (or subject to resources) accepted seven. It rejected four of the recommendations.

1.2 In February and March 2021 during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. We made six recommendations about areas of key concern.

1.3 Section 8 contains a full list of recommendations made at the last full inspection and scrutiny visit and the progress against them.

Progress on key concerns and recommendations from the full inspection

1.4 Our last inspection of HMP Bedford took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to report on progress in areas of key concern to help leaders to continue to drive improvement.

1.5 At our last full inspection, we made five recommendations about key concerns in the area of safety. At this inspection we found that four of those recommendations had been achieved and one had been partially achieved.

1.6 We made one recommendation about a key concern in the area of respect. At this inspection we found that this recommendation had not been achieved.

1.7 We made one recommendation about a key concern in the area of purposeful activity. At this inspection we found that this recommendation had been partially achieved.

Progress on recommendations from the scrutiny visit

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

1.9 At the SV we made some recommendations about areas of key concern. As part of this inspection we have followed up those

recommendations to help assess the continued necessity and proportionality of measures taken in response to COVID-19, how well the prison is returning to a constructive rehabilitative regime, and to provide transparency about the prison's recovery from COVID-19.

1.10 We made six recommendations about areas of key concern. At this inspection we found that four of the recommendations had been achieved and two had been partially achieved.

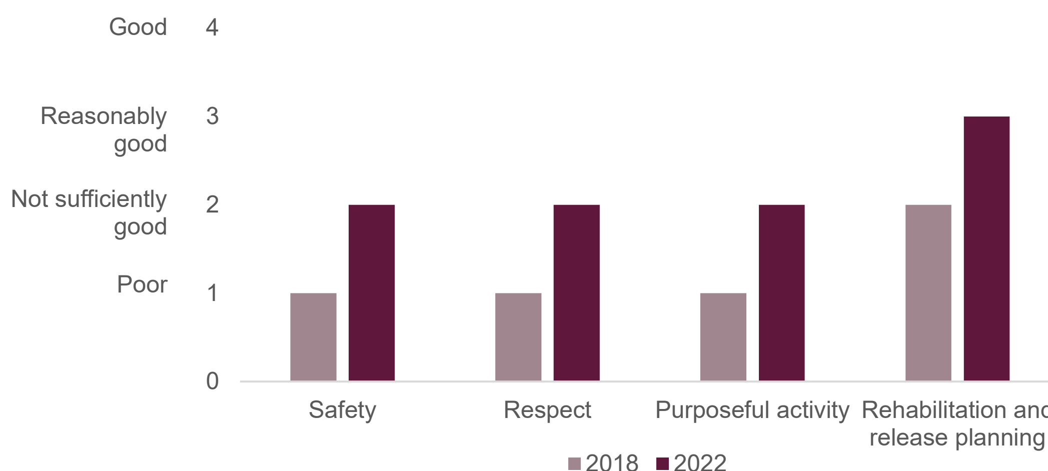
Outcomes for prisoners

1.11 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.12 At this inspection of HMP Bedford, we found that outcomes for prisoners had improved in all four healthy prison areas.

1.13 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP Bedford healthy prison outcomes 2018 and 2022



Safety

At the last inspection of Bedford in 2018 we found that outcomes for prisoners were poor against this healthy prison test.

At this inspection we found that outcomes for prisoners were now not sufficiently good.

1.14 All arriving prisoners received private interviews to identify vulnerability and health concerns, and reception staff and prisoner peer supporters - known as welfare partners - provided useful information. The rate of self-harm was lower than at the last full inspection. The support given

to prisoners at risk had improved and there had been good progress on implementing Prison and Probation Ombudsman recommendations.

1.15 While fewer prisoners than at the last inspection told us they felt unsafe, recorded violence was still very high and violent incidents were not fully investigated. The active citizenship scheme was a promising initiative to encourage positive behaviour and a number of prisoners spoke positively of the scheme.

1.16 Technology had been used well to disrupt the supply of illicit items and the availability of illicit drugs had reduced. Prison managers worked effectively with the police when staff wrongdoing was suspected, and this had yielded some positive results.

1.17 Use of force was lower than at the last inspection but still high compared to similar prisons. Reviews of baton use lacked detail and did not give assurance of proportionality. Not all use of special accommodation had been recorded or was justified. There had been some concerning examples of staff violence towards prisoners, which were dealt with robustly when discovered. However, body-worn cameras were not routinely worn or turned on by staff and not all planned incidents were recorded.

1.18 Despite efforts to improve the segregation environment, it remained run down and unsuitable for use. Segregation staff were friendly, capable and compassionate in their management of some challenging individuals.

Respect

At the last inspection of Bedford in 2018 we found that outcomes for prisoners were poor against this healthy prison test.

At this inspection we found that outcomes for prisoners were now not sufficiently good.

1.19 While there had been improvements in staff-prisoner relationships, too many officers were dismissive of prisoners' concerns and lacked a focus on prisoner care. In our survey, many staff reported poor morale and said they did not feel that they had the time or skills to perform their roles effectively.

1.20 Despite refurbishment of some cells, accommodation on A and C wings provided a poor living environment, particularly in overcrowded cells. Toilets were inadequately screened and cell furniture was often in poor repair. Cleanliness in communal areas had improved and there were new shower rooms and laundries on all wings. About a third of emergency cell bells were not answered promptly.

1.21 Prisoners appreciated the installation of telephones in all cells, which relieved isolation during long periods of lock-up. The quality of food

was better than we usually see and canteen arrangements were effective.

1.22 Managers had introduced robust systems to monitor the timeliness and quality of responses to complaints, but too many remained unhelpful and did not answer the underlying concerns. Responses to applications could be slow and they often appeared to be delayed in wing offices. There was a good focus on consultation with prisoners which had been sustained throughout the pandemic. The appointment of a bail officer had been very beneficial in improving the risk information available to courts considering bail applications.

1.23 Discrimination incident investigations and responses were extremely thorough and were supported by external scrutiny from the Zahid Mubarek Trust. There had been a good leadership focus on equality work, particularly on improving outcomes for black and minority ethnic prisoners and young adults. However, support for prisoners with disabilities was weak, professional interpreting was underused and gay and bisexual prisoners were under-identified.

1.24 Chaplains were highly visible and had provided good support to prisoners throughout the pandemic. The chaplaincy had strong links with the community, which were used to support prisoners on release. The ongoing suspension of corporate worship was a concern for prisoners and the chaplaincy, but there were plans to reinstate this imminently.

1.25 There was a suitable range of primary care health services with reasonable waiting times. The inpatient unit delivered good patient-centred care but, while it was clean, it was tired, run down and in need of decoration and refurbishment. Social care needs were met well. There was a high level of mental health need. Although the integrated mental health team delivered a range of services and responded promptly to referrals once received, only a few prisoners said they had received prompt support. Medicines and pharmacy services were generally well managed, but officer support for medicines administration could be poor, which increased the risk of diversion.

Purposeful activity

At the last inspection of Bedford in 2018 we found that outcomes for prisoners were poor against this healthy prison test.

At this inspection we found that outcomes for prisoners were now not sufficiently good.

1.26 Ofsted carried out a progress monitoring visit of the prison alongside our full inspection and the purposeful activity judgement incorporates their assessment of progress. Ofsted’s full findings and the recommendations arising from their visit are set out in Section 5.

1.27 Time out of cell remained limited. Prisoners who were in education, training or work activity usually had just under six hours out of their cell each day. About 40% of prisoners were not occupied in any purposeful activity and spent nearly 22 hours locked in their cell.

1.28 Very few prisoners said they were able to exercise outside or associate together for at least five days a week. Prisoners could attend the gym at least twice weekly, but until recently their ability to use the gym had been severely affected by regular closures and redeployment of PE staff. The library was readily accessible and provided a good service.

1.29 There were enough activity places for the whole population, but most were part time and fewer than a third were available in education and training activities. The majority of prisoners were in work roles that did not occupy or challenge them sufficiently. Vulnerable prisoners had very limited access to any form of education, skills and work activity.

1.30 Attendance at education and training sessions remained too low and punctuality was variable. The majority of tutors and instructors knew the prisoners well and were able to set clear expectations for behaviour. Pay was incentivised for prisoners to encourage self-improvement and engagement in education and training. Careers advice and guidance were well planned, with a range of useful resources available to prisoners.

Rehabilitation and release planning

At the last inspection of Bedford in 2018 we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now reasonably good.

1.31 The visits room was reasonably welcoming, but the children's play area was still closed. A few family courses were being delivered and in-cell telephones helped prisoners to stay in contact with their families and friends. There were regular delays with sending and receiving mail.

1.32 Work to reduce the risk of reoffending was underpinned by a well-organised strategy and action plan and an unusually thorough needs analysis. Although the offender management unit (OMU) was not yet at full strength, the number of staff had increased and they worked well together to deliver core work on time. The level of contact between OMU staff and prisoners had been good throughout the pandemic. OASys assessments were completed within timescales and to a good quality. Some useful non-accredited courses were running, especially in support of young adults. Key workers were also being trained to deliver a one-to-one intervention.

1.33 Home detention curfew (HDC) was managed well. About a third of approved HDC applications were past the eligibility date, usually

because too short a time remained to complete the HDC process after sentencing.

1.34 The monthly public protection meeting covered all relevant areas of risk. The high number of calls made on in-cell phones made it difficult to keep up to date with phone monitoring with existing staff levels. Although individuals posing the highest risk were prioritised, there had been some long gaps and no calls had been translated.

1.35 Accommodation outcomes were not good enough: 57% of those released in the previous 12 months had gone to sustainable accommodation on the first night. Outcomes had been improving in recent months because OMU staff had recognised some gaps in provision following changes in probation contracts and were working hard to fill them. A number of local community and voluntary sector groups had also given valuable help in terms of housing provision and mentoring in the Bedford area. Resettlement plans were being completed and the reintroduced 'departure lounge' provided a useful service.

Key concerns and recommendations

1.36 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

1.37 During this inspection we identified some areas of key concern and have made a small number of recommendations for the prison to address those concerns.

1.38 Key concern: The incidence of violence was still too high. Incidents were not routinely investigated, which meant that leaders were unable to understand fully the drivers of violence. Challenge, support and intervention plans (CSIPs, see Glossary) were not used widely or effectively enough to manage perpetrators and victims of antisocial behaviour.

Recommendation: All violent incidents should be investigated and findings should inform the strategy to reduce violence. CSIPs should be used to address violence and antisocial behaviour, and to support victims.
(To the governor)

1.39 Key concern: Use of force documentation was not always fully completed and, although body-worn video cameras were readily available, many staff failed to activate them during an incident to provide evidence and support de-escalation.

Recommendation: Body-worn cameras should be routinely switched on during incidents, and both footage and written records should demonstrate the use of de-escalation before and during use of force.
(To the governor)

1.40 Key concern: The environment in the segregation unit rendered it unfit for purpose. The unit was dark and confined and many cells had damaged furniture.

Recommendation: Prisoners on the segregation unit should be held in decent conditions.
(To the governor and HMPPS)

1.41 Key concern: While staff-prisoner relationships had improved, some officers remained dismissive and lacked focus on prisoner care. In our survey, many staff reported poor morale and some said they did not feel they had the time or skills to perform their roles effectively.

Recommendation: Managers should investigate the causes of poor morale and the lack of focus on prisoner care among some staff and should ensure that staff development initiatives address these concerns.
(To the governor)

1.42 Key concern: Many of the cells on A and C wings were not fit for occupation. Conditions were particularly poor in cells designed for one prisoner, which were holding two. There was not enough space for two people, the screening of toilets was inadequate and bunk beds were too small and in poor condition. Many cells had continuing problems with cockroaches.

Recommendation: Managers should implement a programme of renovation to improve the quality and decency of cells designed for single occupancy and these cells should be used to accommodate one prisoner only.
(To the governor and HMPPS)

1.43 Key concern: Despite good monitoring information, about a third of emergency cell bell calls were not answered within the target time. Many prisoners told us that cell bells could ring for very long periods before they were answered.

Recommendation: Managers should investigate the reasons for the failure to respond to emergency cell bells and implement measures to make sure that they are answered within the target time.
(To the governor)

1.44 Key concern: Despite some good work on equality, not all protected characteristics had been given priority during the previous 12 months. Notably, the basic needs of prisoners with physical disabilities were not being met and the management of personal emergency evacuation

plans was poor. Professional interpreting was underused and staff and prisoners were used to interpret for confidential matters. The specific needs of prisoners of all sexual orientations were not being met.

Recommendation: Leaders should ensure that prisoners with protected characteristics are systematically identified and given consistent and good quality support.
(To the governor)

1.45 Key concern: Too many prisoners were locked in their cells for nearly 22 hours a day with little to keep them occupied, and there was evidence that this was having a detrimental effect on their well-being. The ability to expand the regime was limited, partly by staff shortages, and it was unclear when a fuller regime could be delivered.

Recommendation: Leaders should ensure that during the working day all prisoners are able to spend a substantial period out of their cells and in purposeful activity.
(To the governor and HMPPS)

1.46 Key concern: Many prisoners were waiting too long to attend education where they could gain valuable skills and qualifications to help them progress into further education, skills and work in another prison or in the community.

Recommendation: Leaders should make sure that more prisoners can access the education they need promptly and that waiting lists are reduced significantly.
(To the governor)

1.47 Key concern: In-cell telephones had inevitably led to greater need for monitoring of calls where public protection risks had been identified. Even among prisoners who had been prioritised, no monitoring had taken place for several months. No translation had been carried out of calls in different languages, even though this included a prisoner on the priority list.

Recommendation: Monitoring of telephone calls for public protection purposes should be carried out regularly, with translation where the call is not in English.
(To the governor)

1.48 Key concern: Accommodation was the most pressing issue for prisoners approaching release. Only 57% had gone to sustainable accommodation during 2021 and the housing outcomes for many prisoners were not known. The support available had reduced sharply with the changes to resettlement services in mid-2021.

Recommendation: Managers should design and implement a comprehensive system of practical support to make sure that all prisoners go to the most suitable accommodation possible on release, with clear measures of success or failure.
(To the governor and HMPPS)

Notable positive practice

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

1.50 Inspectors found 16 examples of notable positive practice during this inspection.

1.51 The Active Citizenship scheme was a promising initiative which encouraged prisoners to make positive contributions to prison life and the wider community. (See paragraph 3.15)

1.52 The installation of CCTV around the prison and the working relationship with the local police and council were very effective in tackling the ingress of illicit items. (See paragraph 3.43)

1.53 Bedford had appointed three members of staff to act as single case managers for all ACCTs. These officers had a comprehensive knowledge of their cases and this made it more likely that they could provide consistent and good quality care to vulnerable prisoners. (See paragraph 3.52)

1.54 Managers had recognised that the large number of relatively inexperienced staff sometimes had difficulty in answering prisoners' questions. They consulted prisoners to identify the most common areas of enquiry and produced a very helpful pocket-sized 'FAQ' booklet of these questions and suitable answers. (See paragraph 4.1)

1.55 The governor had led the development of a range of measures for consulting prisoners, which allowed managers to understand better their concerns and frustrations. These included an annual survey, monthly wing councils chaired by prisoners and a fortnightly meeting between the governor, senior managers and the council chairs. (See paragraph 4.16)

1.56 The external scrutiny from the Zahid Mubarek Trust of investigations into allegations of discrimination had been taken seriously by prison leaders and had significantly improved the process and outcomes for prisoners. (See paragraph 4.22)

1.57 There was a strong focus on supporting young adults in custody. Several programmes were being delivered to young people and there were plans to provide more age-specific activities and tailored support for them. Staff were being given trauma-informed training to help them work more effectively with this group and young adult ambassadors had been appointed. (See paragraph 4.25)

1.58 Chaplains had been highly visible and accessible throughout the pandemic and had continued their support for prisoners due for

release. The chaplaincy made good use of tablet computers to enable prisoners to attend funerals virtually. (See paragraph 4.35)

1.59 The multidisciplinary approach to pain management was impressive and patients received a comprehensive service to help manage their pain in the most effective way. (See paragraph 4.57)

1.60 Through-the-gate social care arrangements into nursing/residential homes and packages of domiciliary care were very well organised, leading to effective continuity of social care. (See paragraph 4.63)

1.61 Support plans drawn up by custody staff enabled the recipients of social care to be more in touch with reality by use of displayed reminders, including place, time and family connections. Regular conversations about the reminders demonstrably benefited the patients. (See paragraph 4.66)

1.62 The location in the dental surgery of equipment and supplies for use in a medical emergency increased the potential for survival of a collapsed patient. (See paragraph 4.96)

1.63 Promising work with prisoners who had been in care had been launched, with a named offender manager working with this group and with young adults. Working relationships with four local authorities had become stronger, and managers were improving contact between prisoners who had been in care and their statutory personal advisers. (See paragraph 6.20)

1.64 Weekly discharge boards had been reintroduced for prisoners due for release in the next four weeks. A DWP work coach, a Jobcentre Plus worker, Westminster Drug Project and other professionals attended regularly to speak to individual prisoners and offer tangible help. (See paragraph 6.28)

1.65 The probation resettlement team gave an individualised ‘discharge pack’ to each sentenced prisoner on release with a suggested release day itinerary and travel options. (See paragraph 6.29)

1.66 The ‘departure lounge’ had been reintroduced in reception or the visits area. A range of donated supplies was available, including sets of basic domestic items for those being released homeless or to temporary accommodation. (See paragraph 6.30)

Section 2 Leadership

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

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

2.2 Visible, rigorous and empathetic senior leadership had supported the prison's ongoing recovery from the low point of the previous full inspection. The governor had improved the capability of his leadership team and encouraged collaborative working. The prison's self-assessment report was realistic, focused on appropriate priorities and made use of data to understand concerns and measure progress. It was notable that a high proportion of staff in our survey said that they understood and supported the prison's key priorities. Prisoners and staff told us that they appreciated the approachability of the governor and other senior leaders, especially residential managers.

2.3 There had been a strong leadership focus on reducing violence and self-harm, and there were better outcomes in both areas, especially in the support given to prisoners at risk of self-harm. However, the level of violence remained very high and the leadership of safer custody work had been inconsistent until recently.

2.4 There had been some success in embedding a more positive culture in the prison, but progress remained fragile. Many staff told us they were worn down by the challenges of the pandemic, including persistent staff shortfalls, and that they had variable support from wing managers. The capability of staff remained a problem that had slowed progress in achieving better outcomes for prisoners. This problem had not yet been satisfactorily resolved by leaders, but it was being actively addressed through measures such as the setting and enforcing of clear expectations through the 'Compliance Project', extra resources provided through the prison group director (PGD), and innovations such as an informative 'frequently asked questions' booklet for staff.

2.5 Leaders had sustained a generally strong focus on many areas of equality and diversity work by committing dedicated resources and ensuring oversight through well-attended diversity and inclusion meetings. Leaders had also made good use of external support to support prisoners and improve staff practices, for example through the Zahid Mubarek Trust's highly effective oversight of discrimination incident reports. Equality and diversity work and, to some extent, outcomes were better than we usually see, but the good work with black and minority ethnic and young adult prisoners had not been matched by support for prisoners with disabilities, for whom provision was weak.

2.6 There had been some much-needed investment to improve the environment from a low base and HMPPS had prioritised Bedford for the installation of in-cell telephones. However, despite the efforts of prison leaders and the PGD, a property X-ray scanner had only just been secured and would not be in place until September 2022, while no funding had been provided for self-service kiosks. Although the inadequate segregation unit was about to be moved to a more suitable area, it should not have remained in use since the previous full inspection.

2.7 There had been good joint working between prison leaders and health partners to manage COVID-19 outbreaks. Health care leadership was strong and we saw a rigorous response to identified weaknesses in the management of health care complaints.

2.8 Leaders acted quickly to re-establish face-to-face activities in education, work and skills and had maximised opportunities for prisoners to engage in education or work roles. However, the vast majority of roles were part time and prisoners were generally under-employed in work that was not sufficiently meaningful. Leaders had realistic and well-progressed plans to improve the quality of education, work and skills, which included increased space for workshops and education.

2.9 Strong leadership of the offender management unit and reducing reoffending functions had resulted in productive collaborative working and improved outcomes. Prison leaders had resourced the resettlement team to fill the gap in provision left by the exclusion of unsentenced prisoners from new contracts for accommodation and finance, benefit and debt. Given that around two-thirds of the population were remand prisoners, this was an important mitigation.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

3.1 Escort vehicles were clean and spacious and we observed a well-organised arrival process. Prisoners were not handcuffed as they walked into the reception area.

3.2 The reception area was small and cramped and some parts were run down. Efforts had been made to make the space more welcoming, including new furniture and improved information displays, but there was still little to occupy prisoners as they waited in the holding room.

3.3 Two small cellular rooms were being used to hold prisoners who were disruptive or could not associate with others for their own safety. These rooms were unfurnished and austere and did not have immediate access to a toilet. Records were not kept of how many prisoners had been held in these cells and for how long. During our inspection, some efforts were made to improve the cells, including the addition of sofas and reading materials.

3.4 All prisoners received private interviews to identify vulnerability and health concerns, and these were thorough. We observed friendly reception staff who explained procedures well to prisoners. Prisoner welfare partners (peer supporters) gave helpful information and support to new arrivals, and prisoners told us it was helpful to have a peer available to explain prison processes and to answer questions. A Listener (trained by the Samaritans to provide emotional support to fellow prisoners) was also present in the reception area.

3.5 New prisoners were given a rub-down search and a body scanner was used. Until very recently, prisoners returning from court had been routinely strip-searched. It was positive that this process had been changed, and that prisoners were now only strip-searched if a risk assessment suggested that it was necessary.

3.6 Problems with the supply of basic prisoner supplies had been resolved, and all prisoners now received bedding, clothing and a decency pack containing basic toiletries and cleaning supplies on arrival (see paragraph 4.12).

3.7 Leaders had developed a new 'Early Days in Custody' booklet, which was completed thoroughly by reception staff but less so by wing staff, whose entries were of varying quality or sometimes absent.

3.8 New prisoners were located on D or E wing. In our survey, 73% of prisoners said they felt safe on their first night compared with 49% at our last inspection. Night staff carried out good quality welfare checks on new prisoners.

3.9 An appropriate induction was carried out individually in line with COVID-19 restrictions and electronic records confirmed that it was routinely delivered to new arrivals.

3.10 The procedure for moving prisoners off the induction wings and on to residential wings was efficient. However, there was a backlog of vulnerable prisoners awaiting a bed on F wing, some of whom had been waiting for several weeks.

3.11 There were continuing delays with adding phone numbers to PIN phone accounts and just 14% of prisoners in our survey said that phone numbers were added to their accounts within 24 hours. A process was in place to add two numbers as a priority on the day after arrival, but many prisoners had been waiting several days to phone their families (see paragraph 4.11).

Recommendations

3.12 **Staff on the induction wing should demonstrate that they are supporting prisoners through their first days in custody through properly completed Early Days in Custody documents.**

3.13 **Prisoners' PIN phone numbers should be added to their accounts within 24 hours of arrival, to enable them to contact their families**.

Managing behaviour

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

Encouraging positive behaviour

3.14 Records showed that violence against staff and prisoners had decreased since the last inspection, although the number of violent incidents was still too high and among the highest of all local prisons. There had been 155 assaults against prisoners in the previous 12 months and 148 against staff, compared with 269 and 193 respectively at the previous inspection. Prisoners felt safer than at our 2018 inspection; in our survey, 20% said they felt unsafe at the time of the inspection compared with 37% at the previous inspection.

3.15 Violent incidents were not routinely investigated and leaders did not fully understand the causes of violence. Challenge, support and intervention plans (CSIPs, see Glossary) were not used to full effect (see key concern and recommendation 1.38). There was an over-reliance on the incentives policy and adjudications for perpetrators of violence or antisocial behaviour. However, the 'Active Citizenship' scheme was a promising initiative which motivated positive behaviour and encouraged prisoners to contribute to prison life and the wider community. It was too early to see the full impact of this initiative on prisoners' attitudes and behaviour, and many prisoners did not know the value of rewards or what they needed to do to be recognised. However, we spoke to a number of prisoners who were proud of their involvement in the scheme (see paragraph 5.35).

3.16 Monthly safety meetings were generally well attended and a useful range of data were gathered, including the locations and times of violent incidents and the demographic of those involved. However, the data were not analysed in any detail and were not used effectively to inform a violence reduction strategy. There were few records of action to address the issues identified. A weekly safety intervention meeting was intended to discuss prisoners who were identified as high risk of concern, but it focused principally on those who were at risk of suicide or self-harm. There was no formal support for victims of violence.

Recommendation

3.17 **Formal support should be provided for victims of antisocial behaviour or violence.**

Adjudications

3.18 The management of the adjudication process was much improved overall since our last inspection in 2018. The number of adjourned adjudications stood at 84 at the time of the inspection, more than half of which were for police referrals or intended court prosecutions. We were, however, concerned that some cases related to incidents that had occurred more than two years previously, limiting the likelihood of successful prosecution or an adjudication award.

3.19 Records indicated that during 2021 more than half the adjudications had been proven, 12% were not proceeded with and 6% had been dismissed. The main charges continued to be for violence and possession of unauthorised items, often mobile phones.

3.20 Most decisions to adjudicate and awards given were appropriate, although some of the adjudication records that we examined did not demonstrate adequate enquiry and conduct reports were frequently absent. More prisoners than we usually see were refusing to attend their adjudications, which were then held in their absence. This expedited the adjudication process but an adjournment would have allowed prisoners the opportunity to reflect on their decision.

3.21 The deputy governor continued to review a sample of adjudications each month and gave feedback to individual managers. Adjudication standardisation meetings continued to take place at which data were analysed and tariff reviews carried out, although, in spite of the attendance of the governor and deputy governor, meetings were not well attended by the managers who conducted adjudications.

Recommendation

3.22 **Leaders should investigate why so many prisoners refused to attend their adjudications.**

Use of force

3.23 During the previous 12 months, there had been 515 incidents involving use of force, compared with 571 at the previous inspection. This figure was still higher than at similar prisons.

3.24 The drawing and use of batons had reduced significantly; they had been drawn on 11 occasions in the previous 12 months compared with 36 at the previous inspection and had been used twice compared to five times at the last inspection. PAVA (an incapacitant spray) had been drawn on four occasions and used twice.

3.25 Records did not always describe fully the circumstances in which a baton was used and in one case the body-worn cameras had not been activated (see key concern and recommendation 1.39). All incidents involving batons and PAVA were reviewed but managerial oversight of the investigations was not adequate. Serious incidents in which staff had used force inappropriately against prisoners had been dealt with robustly by leaders.

3.26 Records showed that special accommodation had only been used once during the previous 12 months compared with 14 times at the previous inspection. The stay had lasted for one hour 20 minutes, but the record did not sufficiently justify its use stating merely that it was ‘for a period of compliance’. The deputy governor reviewed records of use of special accommodation and had identified some of the same weaknesses. However, we were concerned to find two further occasions when special accommodation had been used but not recorded or picked up by managers.

Special accommodation

3.27 Footage that we reviewed indicated that the use of force was proportionate and in most incidents there was evidence of de-escalation. However, records were not always fully completed and too many lacked detail.

3.28 Body-worn cameras were not always turned on during incidents and not all planned incidents were recorded. Managers were unable to provide information on how widespread this was.

3.29 The monthly use of force committee meeting did not analyse the available data adequately or identify appropriate actions. For example, the underuse of body-worn cameras rolled over from one month to the next with no further discussion. In contrast, the weekly use of force meeting identified lessons learned, which was useful.

Recommendations

3.30 **Every use of batons and PAVA spray should be fully investigated and reviewed by a senior prison manager.**

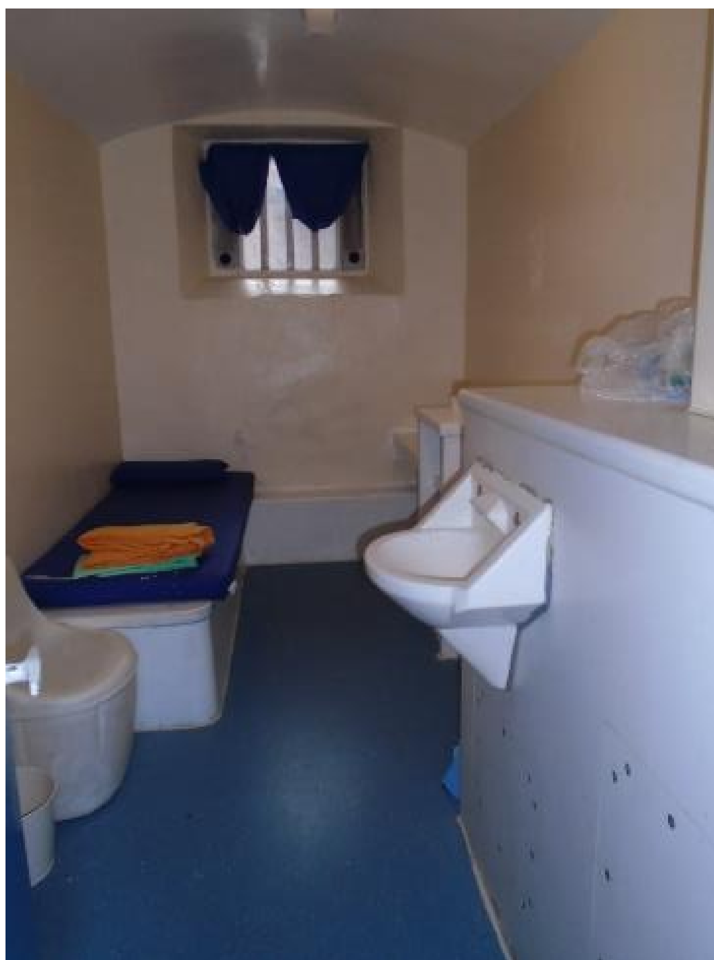
3.31 **Special accommodation should be used in the most exceptional circumstances and should not be used as a punishment. Thorough records should be kept of its use.**

3.32 **All unplanned incidents should be recorded and footage retained.**

Segregation

3.33 During the previous year, 241 prisoners had spent time on the segregation unit for an average of just under 12 days.

3.34 The environment on the segregation unit remained unsuitable. Despite efforts to improve it, including new furniture, better lighting and decoration in the exercise yard, the unit was dark and some cells were in a poor state of repair (see key concern and recommendation 1.40). A new unit was in the later stages of planning, which was positive but belated.



Segregation cell

Segregation exercise yard

3.35 A group of staff now worked consistently on the segregation unit. They were friendly, familiar with prisoners' needs, and capable and compassionate in their management of challenging prisoners. Most segregated prisoners spoke positively of their treatment.

3.36 The regime on the unit was basic but consistent and all prisoners were offered outdoor exercise and a shower each day. Segregated prisoners were allowed to exercise in pairs subject to a risk assessment, which was positive.

3.37 The quality of record-keeping had improved since our last inspection. Initial segregation paperwork was now properly completed and authorised and reviews were timely. Handwritten and electronic records of prisoners' behaviour were now completed each day. Records reflected prisoners' individual circumstances, although some lacked detail.

3.38 Staff completed daily defensible decision logs for prisoners who were segregated while on an ACCT (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm). We saw evidence of good care for vulnerable prisoners who had been segregated for longer periods and staff were familiar with their behaviour, risks and triggers.

3.39 Segregated prisoners were now given a reintegration plan. Some of the plans that we reviewed contained useful information and targets, but others were brief or vague and unhelpful. The plans for prisoners who had been segregated for longer periods were of a higher quality and contained logical actions to support prisoners back to the general wings.

3.40 There were now clear records of prisoners who were self-segregating on the wings and a policy to support them, which was an improvement since our last inspection. Managers and wing staff were aware of prisoners who were self-segregating and their reasons for doing so.

3.41 The quarterly segregation, monitoring and review group meeting was now taking place regularly and segregation staff produced a report of trends and developments on the unit. Staff made good use of data to improve their understanding of prisoners who were segregated and had taken appropriate action, particularly in relation to equality issues.

Recommendation

3.42 **Reintegration plans should be developed for prisoners held on the segregation unit with individual action plans and targets to help them move back into the general population.**

Security

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

3.43 Technology had been used effectively to reduce the supply of illicit items into the prison. An effective working relationship had been established with the local police and council and CCTV had been installed around the prison to identify the illicit items being thrown over. This had been very successful and had led to 58 arrests since its inception. Enhanced gate security had been introduced to raise the level of searching on entry, but Bedford had not received an X-ray machine to search effectively all staff and visitors arriving. During the previous 12 months, target searches had found large quantities of illicit items. There had been 168 drug and 36 alcohol finds, 226 mobile phones and 116 weapons.

3.44 In our survey, 27% of prisoners said that it was easy to get illicit drugs against 46% at our 2018 inspection. However, mandatory drug testing (MDT) had not taken place in the previous 12 months. This undermined MDT as a deterrent to illicit substance misuse and reduced the level of data on drug use in the establishment.

3.45 Physical security arrangements were proportionate and aligned to risks. The body scanner was used on new arrivals (see paragraph 3.5), which was positive. Restraints used with prisoners being escorted to hospital were justified by a detailed and individual risk assessment.

3.46 Leaders were aware of the key threats. The monthly local tactical assessment provided a good overview of key security concerns from the previous month. However, minutes of monthly security meetings that we examined were brief and did not indicate enough analysis of

available data or identification of appropriate actions. For example, the potential impact of the suspension of MDT had not been discussed.

3.47 During the previous 12 months, 6,357 intelligence reports had been submitted. They were analysed promptly, but actions were often progressed slowly, with a backlog of 235 at the time of the inspection.

3.48 Links with the police were good and police intelligence officers worked well with the security team, including in the management of identified extremists. Work to tackle staff corruption was very good. Prison managers worked effectively with the police when staff corruption was suspected and this had yielded positive results.

Recommendation

3.49 **Intelligence reports should be analysed and processed quickly.**

Safeguarding

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

Suicide and self-harm prevention

3.50 The rate of self-harm had been decreasing until the middle of 2021. Spikes in the second half of the year had produced a slight rise in the rate, although it remained lower than at the last full inspection. A comprehensive safer custody policy and continuous improvement plan helped to promote progress in this area.

3.51 There had been three self-inflicted deaths since our previous inspection. Progress against some Prisons and Probation Ombudsman recommendations had initially been slow and inconsistent, but in recent months oversight had improved and good progress had been made on most recommendations (see paragraph 4.46). The head of safer custody was now monitoring an action plan to make sure that progress was consistent, which was positive.

3.52 Great efforts had been made since our last inspection to improve the ACCT process. All cases were now overseen by a single case manager, who was familiar with vulnerable prisoners and their needs. Reviews were timely and almost always multidisciplinary, including health care staff and the chaplaincy. The reviews that we observed were supportive and set realistic goals. Family involvement in ACCTs was consistently encouraged where appropriate, which was positive. ACCT documentation had similarly improved. In the files that we reviewed, care maps and risks and triggers had been completed, although in some cases quite briefly, and there was evidence that reviews had taken place promptly after a change in risk. The

introduction of improved quality assurance and 'live coaching' during ACCT reviews was reflected in a noticeable improvement in the quality of documentation in recent months.

3.53 Most prisoners on ACCTs were positive about the support provided by reviews, but a number felt that wing staff did not engage meaningfully with them. This was reflected in our survey where only 39% of prisoners who had been on an ACCT said they had felt cared for. Daily handwritten and electronic records for these prisoners were of variable quality, and some lacked evidence of meaningful interaction with prisoners. The safer custody department had organised training for staff on the ACCT process and the needs of vulnerable prisoners to try to resolve this.

3.54 Comprehensive data on self-harm and vulnerability were collected and useful analysis of trends was produced, although this was not yet used consistently to identify emerging issues or support the strategic management of safety.

3.55 The weekly safety intervention meeting demonstrated detailed and multidisciplinary discussion of individual cases, in particular several vulnerable prisoners who were prolific self-harmers and demonstrated challenging behaviour. We saw staff implementing comprehensive and realistic plans to support them and attempting various strategies to manage them effectively. Wing staff had a good knowledge of these prisoners and provided good care and effective management.

3.56 There was consultation with prisoners on safety and self-harm prevention. A quarterly safety survey enabled prisoners' perceptions of safety to be monitored, and consultation with prisoners on ACCT documents had led to an improvement in processes (see paragraph 4.16). A new referral scheme allowed prisoners to alert staff in confidence to other prisoners they had concerns about, which was positive.

3.57 Constant supervision had been used 25 times during the previous year and anti-ligature clothing had been used four times. We were confident that their use was justified in these cases. We observed one prisoner on constant supervision being given good support. However, there were weaknesses in the records of these processes.

3.58 Access to Listeners had been a problem during the COVID lockdown and the Listener scheme had not been promoted across the prison. Safer custody staff had worked with the Samaritans to resolve this through staff training, promotion of the scheme and training a new cohort of Listeners. Listeners told us that the scheme was now functioning effectively.

Recommendations

3.59 **Leaders should make sure that there are consistent and detailed records of the number of prisoners who have been subject to constant watch and anti-ligature clothing, and for how long.**

3.60 **Wing staff should routinely engage in meaningful conversations with prisoners on ACCTs, and these should be recorded on ACCT documents and electronic records.**

3.61 **Data analysis should be developed to support the identification and delivery of strategic priorities for the reduction of self-harm.**

Protection of adults at risk (see Glossary)

3.62 A comprehensive adult safeguarding policy and processes supported vulnerable prisoners, but not all wing staff were confident in identifying these prisoners.

3.63 There were good links between the prison and the local authority. The head of safer custody sat on the local adult safeguarding board and several prisoners were receiving, or being assessed for, social care.

3.64 Vulnerable prisoners were placed on F wing. The wing was quiet and in good order and prisoners living there told us that they felt safe and appreciated the calm environment on the wing.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

4.1 Managers had given high priority to the improvement of staff-prisoner relationships and had recognised the relative inexperience of many officers, about 60% of whom had been in post for less than two years. They were implementing measures to develop the skills of the staff group and encourage a more positive and respectful culture, principally through a 'compliance programme'. This consisted of various governor's orders to staff, each of which contained detailed performance expectations for a specific task, such as the procedures to follow at morning unlock. Following consultation with prisoners, a very useful Frequently Asked Questions booklet had been produced to provide staff with answers to prisoners' most common questions.

4.2 There were signs that these measures were having an effect. Staff maintained compliance with basic prison rules more effectively than at our last inspection. Many prisoners said that staff were fair and helpful and officers told us that prisoners were more likely to approach them with concerns than a few years previously. In our survey, 70% of prisoners said that staff treated them with respect and 41% said that staff had spoken to them about their wellbeing in the past week against 22% at the 2018 inspection.

4.3 Despite these improvements, there was evidence that some officers remained dismissive and lacked focus on prisoner care. In our survey, many said they did not feel they had the time or skills to perform their roles effectively and some said they had seen other staff behaving inappropriately towards prisoners (see key concern and recommendation 1.41).

4.4 Key work had been suspended during the COVID pandemic and had not restarted because of staff shortages. Staff had continued to carry out regular welfare checks with prisoners and those with greater need for support were appropriately prioritised. Records of welfare check meetings were monitored by managers: while some indicated a meaningful discussion of the prisoner's needs and concerns, many contained little useful information.

Daily life

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

Living conditions

4.5 Despite the refurbishment of some cells, accommodation on A and C wings provided a poor living environment. Most cells were designed for one prisoner, but about half were holding two. Conditions were particularly cramped in these cells, with bunk beds directly abutting the inadequately screened toilet. In many cells there were no toilet seats. Much of the cell furniture was in poor condition and there were no lockable cupboards or adequate table space for prisoners to eat their meals. Some window vents could not be closed, and the heating in some cells was not working (see key concern and recommendation 1.42).

Bunk beds – unoccupied cell

Cell on B wing

Window on B wing

4.6 Managers had introduced a procedure for addressing small repairs to cells swiftly, but we saw one toilet which had been blocked for several days. Prisoners had good access to cleaning tools and materials, but the old cells were very difficult to keep clean. Many had continuing problems with cockroaches and needed complete renovation.

Toilet in cell

4.7 Conditions were better in the newer D wing cells and on B wing, where cells were larger and some had been refurbished with new floor coverings. Cells in these areas were reasonably clean. Cleanliness in communal areas had improved and was reasonably good on all wings. In our survey, 70% of prisoners said that communal areas were usually clean compared with 36% at the last inspection. Prisoner orderlies regularly re-touched the paintwork and most areas were free of graffiti. Prisoners were given the time and materials to keep their cells clean and managers were introducing incentives to encourage this. The new shower rooms and laundries on all wings were of good quality.

Showers

D wing

4.8 In our survey, only 19% of prisoners said that emergency cell bells were answered within five minutes and some complained of long waits before staff responded. Data from the automated recording system indicated that about a third of alarms were not answered promptly (see key concern and recommendation 1.43). Managers had recently developed a very good monitoring and reporting system to tackle this and there was early evidence of improvement.

Residential services

4.9 The quality of the food was reasonably good. The main hot meal was served at lunchtime, with a cold meal and a piece of fruit served at 4.30pm. Managers had recognised that most prisoners would prefer the hot meal to be served at the end of the day and were carrying out alterations to the servery areas so that this could be achieved. In our survey, 55% of prisoners said the food was good, which was better than we usually see and compared with 37% in 2018. Breakfast packs were very small and were handed out the evening before. Managers had recently doubled the milk allocation in response to prisoners' requests.

4.10 The kitchen was well managed and hygiene in the kitchen and serveries was reasonably good. Prisoners were able to choose from four menu options each day, including options to suit dietary and

religious requirements. The regular menu cycle was enhanced by monthly themed meals, for example for Chinese New Year, Guy Fawkes or the 4th of July, which were popular with prisoners. Kitchen staff attended prisoner consultation meetings, provided comments books at serveries and circulated a questionnaire to prisoners twice a year to seek their comments and suggestions.

4.11 Since the previous inspection, all cells had been equipped with telephones, including those in the segregation unit. This had relieved isolation during long periods of lockup and was appreciated by prisoners, although some said that it took several weeks for the numbers they were allowed to call to be added to the system (see paragraph 3.11).

TV and phone in cell

4.12 The prison clothing exchange had been reorganised and functioned well. Prisoners could obtain clean clothes and bedding easily. They could all wear their own clothes and have clothes parcels sent in. In consultation with prisoners, managers had extended the period for sending in clothes from four weeks to three months after arrival. Prisoners welcomed this change, but some were frustrated by long delays in parcels being delivered to them. The canteen worked well, with an extensive list of products, and 65% of prisoners in our survey said it sold the things they needed.

Prisoner consultation, applications and redress

4.13 The number of complaints had declined considerably since the last inspection but was still high compared to similar prisons. Managers had introduced robust systems to manage the complaints process. Complaint forms were collected from the wings each day, logged and

passed to the appropriate function with a date for return. Monitoring indicated that 89% of complaints were returned to the wings within five days, but few respondents to our survey said they received a response so promptly.

4.14 Managers checked a sample of the staff responses to complaints but, despite this, the quality was variable. Nearly all were polite and some provided a clear explanation of the decision taken, with apologies where appropriate. However, too many gave brief answers that did not adequately address the complaint and some were dismissive.

4.15 Most prisoners said it was easy to make an application, but only 37% said that applications were dealt with fairly and only 15% that they received a response within seven days compared to 39% in similar prisons. A new system had improved the tracking and monitoring of staff responses to applications, but this did not include the high proportion of applications concerning residential issues. These were dealt with informally on the wing, with no monitoring of quality or timeliness.

4.16 Consultation with prisoners had greatly increased and was good. The governor had held regular consultation meetings throughout the pandemic, allowing prisoners to voice their concerns and make suggestions. An quarterly survey to collect prisoners' views achieved a good response rate of 30%. More recently, wing councils had been introduced on all wings, chaired by prisoners and attended by senior managers. Several changes had been made following discussion at these meetings. Staff were encouraged, for example, to record positive as well as negative behaviour by prisoners, and the time had been extended for prisoners to use their in-cell telephones.

4.17 The appointment of a bail officer to inform prisoners about bail arrangements and help with applications had been very beneficial. It had also greatly improved the risk information available to courts considering bail applications.

Equality, diversity and faith

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

Strategic management

4.18 Equality and diversity work had been a priority during the previous 12 months. The governor had appointed a dedicated lead and there was evidence of some positive outcomes. Each member of the senior leadership team was responsible for championing a protected

characteristic group (see Glossary), but not all had given this task sufficient time and focus.

4.19 The diversity and inclusion meetings were well attended and included prisoner representatives who were able to contribute new ideas and concerns from their wings. Local policies were up to date and action plans were reviewed regularly. A variety of prisoner information booklets had been designed in an easy-read format.

4.20 Several community agencies worked with prisoners from protected characteristic groups. Detention Action, an NGO that supports foreign national prisoners and immigration detainees, attended the prison once a month; prisoners could also use a freephone number to contact them from their cells. Ipswich and Suffolk Council for Racial Equality had provided positive feedback on the implementation of the recommendations from the Lammy review in the prison (this review explored discrimination within the criminal justice system in the UK).

4.21 Prisoner forums for protected characteristic groups had been running intermittently throughout the pandemic, although some focused too much on general complaints rather than equality and diversity issues. There were 10 prisoner equality and diversity representatives who were passionate about their roles, but only two had received formal training. There were plans to deliver a mentoring qualification shortly after our inspection.

4.22 There had been substantial improvements in investigations into allegations of discrimination, and these initiatives had been supported by external scrutiny from the Zahid Mubarek Trust (ZMT). Those we reviewed were thorough and respectful. There were examples of mediation being offered and agencies, including mental health services, provided support following completion. Investigations were completed even if the prisoner was released and follow-up actions included feedback in staff and wing forums.

Protected characteristics

4.23 In our survey, 77% of black and ethnic minority prisoners said they had a member of staff they could turn to if they had a problem, which was similar to the reporting from white prisoners. This contrasted with the finding at our 2018 inspection, when black and minority ethnic prisoners had been significantly less likely than white prisoners to report that they could turn to staff. Many black and ethnic minority prisoners spoke positively of the efforts being made to promote equality of treatment. Noticeboards around the prison displayed information, including prisoner representatives and data analysis on employment, to help address concerns about unequal treatment.

4.24 At the time of our inspection, 40% of prisoners were under the age of 30. Prison leaders had identified some disproportionate outcomes in relation to this age group, for example higher levels of violence and more use of force. They had taken a proactive approach to understanding the perspectives of this age group. Young adult

ambassadors had been appointed to advocate for the needs of their peers and they had regular meetings with staff. The ambassadors were not yet visible on every wing, but the initiative was progressing well.

4.25 Young adults we spoke to were usually positive about their experiences at Bedford. They were aware of the prison's strategy and action plan, which included identifying a dedicated area of the prison for young adults to provide more age-specific activities and tailored support. Staff were being selected to work on this wing and had started the trauma-informed training delivered by the Wave Trust to improve preparation for work with this age group.

4.26 At the time of our inspection, several programmes were being delivered to young adults, which was positive. These included the eight-week Stride programme, Reactiv8 and the Salam project (see paragraphs 6.18 and 6.19). At the time of our inspection, 45 prisoners had successfully completed the Salam project and a further five courses were planned.

Disabled shower

Disabled toilet

4.27 Support for prisoners with physical disabilities was weak. In our survey, 62% of prisoners with disabilities said they had felt unsafe compared with 34% of prisoners with no disability. Personal emergency evacuation plans (PEEPs) to support those with additional needs had previously been well embedded, but the management of PEEPs was now poor. Staff were not always aware of who required support or where they would find information on this, and prisoners similarly did not always know the relevance of a PEEP for them. Leaders had identified prisoner buddies to support those on a PEEP, but the buddies had not been informed of this role nor had they received training (see key concern and recommendation 1.44).

4.28 The condition of some cells for prisoners with a disability was poor and Bedford remained an unsuitable environment for those with mobility difficulties. For example, we found a shared cell with a broken drain and heating. A portable heater had been provided which had not been risk assessed until we raised it with leaders. There was still no access to the chapel for those with mobility difficulties (see paragraph 4.33).

4.29 Managers had identified 36 prisoners who required interpreting services, but professional interpreting was underused. At the time of our inspection, it had only been used 15 times in the previous six months. Staff and prisoners who were able to speak other languages were often used to interpret, but sometimes this was inappropriate

because confidentiality could be compromised for private or sensitive matters. The range of translated written material was good, including a foreign national corner with information booklets on the induction wing for new prisoners. The governor's weekly newsletter was translated into more than 20 languages.

4.30 Two prisoner veterans had been identified at the time of our inspection. SSAFA, an Armed Forces charity, had good links with the equality lead and attended the prison to support prisoners.

4.31 Two prisoners had identified themselves as bisexual at the time of our inspection, although our survey indicated a higher number who were gay, bisexual or of other sexual orientation (5%). Some staff felt that prisoners did not feel comfortable identifying themselves, but this perception had not been explored. Shortly before the inspection, the equality team had conducted a survey with all prisoners to raise the profile of this work and to determine what support was needed. However, the resulting data had not been analysed.

4.32 At the time of our inspection, no prisoners had identified themselves as transgender or intersex to the prison, although 2% of those in our survey indicated they were transgender or transsexual. We reviewed the record of the one prisoner who had identified as trans during the previous year and found that support had been good, including multi-agency meetings.

Faith and religion

4.33 In our survey, 36% of prisoners said they were able to attend religious services if they wanted to, compared with 78% at the previous inspection. Attendance had been affected by the pandemic restrictions and prisoners and the chaplaincy were keen for corporate worship to restart. We were told this would resume shortly after our inspection. Many prisoners told us that it had been difficult to get to the chapel on time when services had been available. The time for Friday prayers had been changed which had been an improvement for Muslim prisoners, but those attending other services too often had less than their allocated time for worship. There was still no access to the chapel for prisoners with mobility problems who could never attend corporate worship. Chaplains had to use rooms on the wings for these prisoners to worship.

4.34 The chaplaincy had continued to provide good support to prisoners of all faiths throughout the pandemic and were highly visible on the wings. A chaplaincy survey asked prisoners for feedback on provision, for example during Ramadan, and the results were reviewed at the diversity and inclusion meetings.

4.35 Prison visitors were supported by the chaplaincy and, at the time of inspection, seven prisoners were being seen by visitors, including two foreign national prisoners who had no family support.

4.36 The chaplaincy visited the segregation unit and reception each day and regularly attended ACCT reviews (see paragraph 3.52). Tablet computers had been used well for prisoners to 'attend' funerals and helped foreign national prisoners to keep in touch with families overseas, which was positive.

4.37 There were strong links with the community and prisoners were given good support before release. The chaplaincy was in regular contact with Oak Housing and the Kings Arms project which offered support with accommodation. Bereavement counselling was delivered by a community provider.

Health, well-being and social care

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

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

Strategy, clinical governance and partnerships

4.38 Northamptonshire Healthcare NHS Foundation Trust (NHFT) was the lead health care provider. They subcontracted substance misuse psychosocial services to Westminster Drug Project (WDP) and dental services to Time for Teeth.

4.39 Partnership working among the health teams, the prison and key stakeholders was a strength. A proactive approach had been taken to managing the COVID-19 outbreaks at the establishment. However, the location of the reverse cohort unit (RCU, see Glossary) on the upper landings of D wing was unsuitable from an infection control perspective.

4.40 A wide range of strategic and local governance meetings provided effective monitoring and oversight of the service. Health commissioners monitored the contract through quarterly review meetings. NHFT submitted their audit schedule as part of their contractual requirements and many regular audits informed service delivery and governance of the service.

4.41 Health services were well led by a strong clinical management team supported by a skilled and conscientious staff group. During the pandemic, the maintenance of adequate staffing levels had been challenging at times but mitigated by use of regular bank and agency staff.

4.42 The health centre consisted of several rooms where most clinical care and consultations took place. They were clean and met infection prevention and control standards.

4.43 Health staff had access to clinical and managerial supervision. Compliance with mandatory training was reasonable and professional development opportunities were encouraged with good uptake.

4.44 Clinical records were stored electronically on SystmOne to which all health teams had access. Standards of record keeping varied from reasonable to very detailed. The interactions that we observed between staff and patients were caring, polite and professional.

4.45 The health forums introduced since the last inspection helped to make sure that suggestions and issues raised were implemented into practice.

4.46 Good progress had been made on the health recommendations from the Prisons and Probation Ombudsman death in custody reports. Lessons learned from these reports and from investigations into clinical incidents were shared with staff to improve the service. Datix, the on-line clinical incident system, was monitored effectively, but a few staff had not reported incidents which was a missed opportunity to analyse and monitor trends.

4.47 Emergency equipment, including automated external defibrillators (AEDs), was placed strategically across the prison. The equipment and emergency drugs were all in date but there were a few gaps in the weekly checking. All health staff had appropriate life-support training.

4.48 Responses to patient complaints that we looked at were of poor quality, often failing to address the concerns raised or taking responsibility for them. When we raised this, it was immediately and comprehensively addressed, a new procedure was implemented and training for staff was looked into. An assurance framework was established to assess the quality of responses.

4.49 The Reconnect service, a pilot project commissioned by NHSE&I to improve health outcomes for vulnerable individuals released from prison, was a promising initiative. The aim was to help individuals to access all the health services they needed after release and to make sure that transfer to community services was effective.

Recommendation

4.50 **All staff should complete reports on Datix, the on-line clinical incident system, so that they can be fully investigated and trends can be monitored and addressed.**

Promoting health and well-being

4.51 A joint health promotion strategy which took a prison-wide approach to promoting health and well-being was now in place. A structured programme of health promotion activity was linked to national

campaigns and health promotion information was displayed across the prison. A wide range of leaflets in several languages was available in the health centre. Staff could access telephone interpreting services for health appointments.

4.52 There were no peer health workers at the time of the inspection, but COVID-19 champions had been identified to help promote the importance of vaccinations. Despite regular clinics, encouragement and education, the uptake of the COVID-19 vaccination programme had been lower than expected.

4.53 A range of prevention screening programmes was available. Smoking cessation support and access to immunisations and screening for sexual health and blood-borne viruses were good, including treatment for hepatitis C and effective links with the Hepatitis C Trust. Barrier protection was available from health staff and was well advertised.

Primary care and inpatient services

4.54 All new arrivals received an initial health screening in reception by registered nurses from the primary care team, and by the substance use service and the GP when needed. This included a COVID-19 risk assessment and testing on arrival and on day 5. Health care needs were identified promptly, relevant information including the person escort record was checked for external health communications and appropriate onward referrals were made. A secondary health screen was completed within the seven-day guidelines of the National Institute for Health and Care Excellence.

4.55 Patients requested health appointments via paper applications which were collected from the wings each day and triaged by a registered nurse. Several nurses were non-medical prescribers and patients had good access to a range of skilled professionals who could prescribe appropriate medicines. Routine appointments to see a GP were made within a week and urgent appointments were also available on the day.

4.56 Daily handover meetings attended by all health teams were a useful forum for sharing information about patients. A range of multidisciplinary meetings were held each week to discuss patients with complex needs.

4.57 The multidisciplinary approach to pain management, including the GP and physiotherapist, was now embedded practice and continued to be a strength.

4.58 Patients with long-term conditions received a good standard of care overseen by GPs. The development of more nurse-led clinics was in progress, together with a focus on creating more detailed and personalised care plans.

4.59 Non-attendance rates were still high for some clinics including the GP and dentist (see paragraph 4.98). Non-attendance was followed up and

spaces were filled by others on the waiting list to make good use of clinical time.

4.60 Administrative and clinical oversight of external hospital appointments was effective and 10 slots were available each week for external officer escorts. Urgent appointments were met but some routine appointments had been cancelled, including by the hospital. In December 2021, 39% of all external appointments had been cancelled because no officer escorts were available, which was too many.

4.61 The 10-bed inpatient unit had a well-managed agreed pathway for admissions and inappropriate admissions were now less common. Bed occupancy averaged about 80%. At the time of the inspection, all beds were occupied by patients with physical health or social care needs. A regular group of prison officers worked on the unit to provide consistency. Nurses delivered good, personalised health and social care and they were supported by detailed care planning. Risk assessments were shared appropriately. A registered nurse was on duty 24 hours a day. The unit was clean but shabby and a refurbishment plan was in progress.

Recommendation

4.62 **Custody escort arrangements should be strengthened to meet the health care needs of all prisoners.**

Social care

4.63 Bedford Borough Council, NHFT and the prison worked within a memorandum of understanding and information sharing to deliver good social care to those who met the threshold. Working relationships among partners were effective and the care pathway was efficient. Continuity of care on release into nursing or residential homes and setting up packages of domiciliary care were very well organised.

4.64 Prisoners with potential social care needs were identified by NHFT during health screening, by officers on the wings or by self-referral. One or two referrals were made each month. Bedford Borough Council assessments were completed within the target time and care was started promptly.

4.65 At the time of the inspection, two prisoners were in receipt of social care and they expressed satisfaction with their care. Suitable living aids such as wheelchairs were available promptly as required. Independent advocacy equivalent to that in the community was available via the Council, to support those who required it.

4.66 Care and support plans were available on SystmOne and delivery of care by the NHFT team was sensitive and supportive. The custody manager on the inpatient unit and her team had introduced new support plans for each patient, including those receiving social care, which contained elements of reality therapy. This had encouraged one withdrawn patient with dementia to seek company and communicate

more readily. Two orderlies appropriately supported their peers with non-intimate self-care.

Mental health care

4.67 The flexible and skilled multidisciplinary team worked collaboratively with the prison to improve the mental health and well-being of prisoners. The average caseload was about 37 and, despite constraints caused by the pandemic, patients were appropriately supported face to face. The service operated seven days a week.

4.68 There was a high level of mental health need but, in our survey, only 17% of prisoners who said they needed mental health support said they had received it. The pandemic restrictions and staff vacancies had prevented group work from taking place, but plans to provide a drop-in clinic on the wings were advanced and ready to start once the vacancies were filled. Tailored, psychologically informed evidence-based provision and community-equivalent interventions were delivered through one-to-one support.

4.69 Good communication enabled prisoners with mental health needs to be identified promptly, although in some cases use of the prison rather than the health application process had led to delays in assessing need. Urgent referrals were seen immediately, while routine referrals were seen within the five-day target and discussed at weekly caseload meetings. Cases were allocated to the most appropriate member of the team based on clinical need and risk.

4.70 Services were delivered using a stepped care model, and primary and secondary services were delivered with no undue delay. Prisoners with severe and enduring mental illness were well supported through the care programme approach (mental health services for individuals diagnosed with a mental illness) and all reviews were up to date. Prescribing reviews were appropriately carried out in line with national guidelines.

4.71 Prisoners had good access to clinical psychology and psychiatric support. Patients on prescribed medication who required regular physical health checks had their needs met.

4.72 Attendance at ACCT reviews (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) had been variable but the team was now contributing regularly to initial ACCT meetings and reviews if required. Patients we spoke to were generally positive about the care provided.

4.73 Patients were involved in their care plans which were personalised, comprehensive and regularly reviewed. Good quality case notes demonstrated clinical analysis of the decisions made.

4.74 About half the prison staff had received mental health awareness training. The mental health team also offered trauma-informed training to prison staff, although uptake for this was low.

4.75 The team worked closely with other agencies to make sure continuity of care was maintained on release. At the time of the inspection, no patients were requiring transfer to hospital under the Mental Health Act. Most recent transfers of patients had exceeded the national transfer guidance of 28 days.

Recommendation

4.76 **Patients requiring treatment in hospital under the Mental Health Act should be transferred within the current guidelines.**

Substance misuse treatment

4.77 WDP services were well led and met the needs of the population. WDP appropriately contributed to NHFT governance structures and to prison security, drugs strategy and reducing reoffending and resettlement meetings and processes.

4.78 A sizeable team of well-trained and supervised WDP health and well-being workers were easily accessible five days a week. At weekends two peer recovery workers offered support to prisoners requiring it. During the COVID restrictions, some staff had worked from home and produced good quality revised recovery workbooks and in-cell packs.

4.79 All new arrivals were screened for drug and alcohol problems in reception and saw clinical prescribers as necessary. Health and well-being workers saw all prisoners on induction and there was an open referral system. About one-third of prisoners were receiving appropriate care at any one time, many experiencing acute and complex problems.

4.80 WDP offered an extensive recovery programme of in-cell, one-to-one and group therapeutic approaches throughout the prison, but principally on D wing. NHFT managed the clinical needs of patients underpinned by evidence-based prescribing.

4.81 Fifty to 60 patients at a time were receiving opiate substitution therapy (OST), of whom about 10% were appropriately on reducing doses. About seven patients a month were being suitably managed with alcohol withdrawal therapy. Most OST medication was administered on D wing, where we observed safe and well-supervised practices. NHFT and WDP practitioners coordinated the care of individual patients at key points in their treatment such as five days, 28 days and 13 weeks.

4.82 WDP had continued to assure service user satisfaction during the pandemic and had undertaken a needs analysis of their clients to make sure that support needs were met during the COVID restrictions, which was good practice. One-to-one sessions and in-cell workbooks were valued by clients.

4.83 NHFT and WDP prepared patients for release in good time. They coordinated care with community services and pharmacists to ensure continuity of OST, gave harm minimisation advice and provided

naloxone (to reverse the effects of opiate overdose) to take home, as required.

4.84 Valued mutual aid groups such as Alcoholics Anonymous and Narcotics Anonymous had continued their meetings at the prison throughout the pandemic, which was commendable.

Medicines optimisation and pharmacy services

4.85 A national group of pharmacies supplied medicines from an on-site registered pharmacy and were involved in administering medicines on the main wings. Pharmacy technicians employed by NHFT administered medicines on D, E and F wings. If a prisoner required it, a pharmacist was available for consultation.

4.86 Medicines were supplied in manufacturers' boxes for all 28-day in-possession medicines and in plastic bags for seven days in possession. Medicines given on a see-to-take basis were supplied in manufacturers' boxes. They were labelled appropriately, but routine use of plastic bags was not recommended and needed to be reviewed. Prescribing and administration was done on SystmOne. The medicine formulary was adhered to.

4.87 About two-thirds of patients had their medicines in possession. Risk assessments were routinely carried out at reception and reviewed after six months if the patient was still in the prison.

4.88 Supervised medicines were administered three times a day at 7.30am, 11.30am and 4pm. There was provision for night-time medicines. Administration was undertaken by nursing staff and pharmacy technicians, who had had their competency assessed.

4.89 Suitable medicines were available to treat minor ailments without a prescription. There was an out-of-hours policy and a suitable list of common emergency medicines.

4.90 Prisoners going to court or transferring to another prison were given their methadone before leaving. Other medicines were placed in reception to be given to the transport staff for onward transfer. There was a small amount of secondary dispensing (repackaging a medicine that has already been dispensed by a pharmacist). This was poor practice and was addressed during the inspection.

4.91 The design of the treatment rooms allowed suitable patient privacy, but supervision by officers was often inadequate. Some patients reported for medicines without their ID cards and officers did not always support the health care team in insisting that they went to collect them. There were some reports of abuse of the team by prisoners, but the reporting of these incidents was not robust.

4.92 Medicines management and quality assurance meetings were held each quarter to discuss any concerns. Medicines used for pain management were discussed at a pain clinic with the prescriber, a physiotherapist and the wider health care team.

Recommendation

4.93 **Supervision by prison officers of medicine administration should enable compliance, promote confidentiality and minimise the risk of diversion.**

Dental services and oral health

4.94 A dental nurse and dentist delivered four sessions each week. A full range of NHS treatments was available including oral health promotion. The extent of treatment was sometimes limited by the short stay of some remanded prisoners. Dental care planning and record keeping were assured by regular audit and were very good.

4.95 The absence of air conditioning and separate decontamination facilities detracted from an otherwise high-quality clinical environment. When we inspected, the ambient temperature was unpleasantly hot. Steps had been taken during the pandemic to ensure circulation of clean air using an air purification unit. The surgery was clean and had high compliance (97%) with the last infection control audit.

4.96 Oxygen, an AED and medicines for use with a collapsed patient were located in the dental surgery, which was very well prepared for medical emergencies. All required certifications, maintenance of essential equipment and radiation protection were up to date.

4.97 The dentist triaged referrals and prisoners in need of urgent care were seen within five days. About 30 patients were waiting for up to four weeks for non-urgent care, which was very good. The GP and non-medical practitioners were easily accessible to prescribe analgesia for patients experiencing dental pain.

4.98 Non-attendance rates were high, for example 38% in January 2022. More than a quarter of these related to prison issues such as the regime, clash of appointments, activities and restrictions. Despite this, flexibility was shown in delivering patients from further down the waiting list and most clinics were well used.

Section 5 Purposeful activity

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

Time out of cell

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

5.1 At the time of the inspection, the prison was operating at stage three of the HMPPS regime delivery framework (see Glossary).

5.2 During our roll checks, we found 43% of the population locked up during the core day which was slightly higher than at our last full inspection. A split regime was operating, in which half the prison was locked up while the other half spent a short time out of their cells. Leaders attributed these measures to national COVID-19 restrictions and a shortage of staff needed to support a more active regime.

5.3 Fifty-seven per cent of the population were in education, training or work, mostly part time, which meant that they could access just under six hours' time out of their cells a day. The large proportion of prisoners not engaged in purposeful activity routinely spent nearly 22 hours locked in their cells. Many prisoners we spoke to told us that being regularly locked up for such long periods was having a detrimental effect on their mental well-being (see key concern and recommendation 1.45).

5.4 Regime times had changed regularly as a result of staff shortfalls during the pandemic. In our survey, only 30% of prisoners said unlocking times were adhered to, compared with 55% at similar prisons, and only 35% said they had enough time to complete their domestic tasks. With the exception of the small number of prisoners on B wing, no evening association was taking place at the time of the inspection.

5.5 Exercise yards contained exercise equipment and benches, but some yards were small and remained uninspiring. Exercise periods lasted only 30 minutes. Only 11% of prisoners in our survey said they could go outside for exercise more than five days a week against the comparator of 58% and 62% at our previous inspection.

5.6 Outside gym sessions had been introduced promptly at the start of the pandemic but had not taken place for the last 18 months for several reasons, including the use of the outdoor astro turf pitch as an exercise yard. At the time of the inspection, indoor PE delivery was severely

affected by the regular closure of the gym, redeployment of staff and vacancies and absences in the PE staff team.

5.7 Facilities included a sports hall and a cardio/weights room and showers with limited privacy screening. When the gym was open, all prisoners could attend on at least two occasions a week with some enhanced prisoners attending for up to five sessions. Before the pandemic, risk assessments had allowed 50 prisoners per session, but this had reduced to 20 at the time of the inspection which we were told was meeting demand.

5.8 No accredited programmes were taking place and there were no specific sessions for groups such as older or young prisoners or those requiring remedial gym. There were plans to introduce the Duke of Edinburgh Award Scheme in the near future.

5.9 The library had reopened in October 2021 and had remained open during the recent outbreak and stage 3 delivery regime. In our survey, 32% of prisoners said they were able to access the library compared to 15% at similar prisons.

5.10 The library was open four days a week. All prisoners were able to attend each week, although sessions were limited to a maximum of 10 prisoners. Since our last inspection, it had been arranged for prisoners to attend from education several times during the week, which was positive.

5.11 There was a good range of books and materials for prisoners to borrow including easy readers, LGBT literature, large print and foreign language books. Legal texts and Prison Service Instructions were readily available. Prisoners were also able to borrow other items such as jigsaws, music CDs and DVDs. Library staff were developing creative initiatives such as reading and film clubs, for example an author was scheduled to visit the prison to talk to prisoners in March 2022.

5.12 Every month the library supported other departments in celebrating events such as Black History Month and LGBT awareness. Reading groups were available, such as those run by the Shannon Trust and the Storybook Dads scheme, which enabled prisoners to record a story for their children to listen to at home. Useful data were collated and discussed at the local quality improvement group meetings. Data for 2021 indicated that about 30% of the population had enrolled as active library users.

Recommendations

5.13 **Exercise periods should be provided consistently and for 60 minutes' duration.**

5.14 **The gym should be open consistently and should provide a full range of activities, including the delivery of accredited courses.**

Education, skills and work activities

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

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

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

Overall effectiveness:	Requires improvement
Quality of education:	Requires improvement
Behaviour and attitudes:	Requires improvement
Personal development:	Requires improvement
Leadership and management:	Requires improvement

5.16 Leaders made sure that prisoners had access to in-cell learning throughout the pandemic and acted quickly following each period of restrictions to re-establish face-to-face activities in education, work and skills. The opportunities for prisoners to engage in education or work roles had been maximised within the space limitations of the estate and the stage 3 exceptional delivery model (see Glossary, recovery plan) that was in operation at the time of the inspection.

5.17 Leaders had a realistic and well-informed view of the progress they had made since the previous inspection, having achieved or partially achieved all the recommendations made. They recognised that many aspects of the provision were not yet meeting the needs of all prisoners or the standards required. On the whole, leaders had accurately identified the key areas that required improvement and had put a number of actions in place to redress these weaknesses. However, many actions had only recently been implemented and it was too early to see the impact on prisoners' experience and outcomes.

5.18 The governor was ambitious for future services that could be offered to prisoners and was aware of the work that was needed to achieve this. He appropriately prioritised purposeful activity and the education and training opportunities that prisoners should be taking part in. He valued the benefits that good education and training could contribute to prisoners' personal development and future work opportunities and had well-developed plans to extend the vocational training opportunities.

5.19 Since the previous inspection, leaders had established more coherent and rigorous quality improvement measures to monitor education, vocational training and work. As a result, they had a far more accurate picture of the quality of the provision and improvements that were needed. Prison leaders worked effectively with education managers to ensure a consistent approach to quality management across all activities. For example, prison leaders had undertaken learning walk and observation training with the education leaders.

5.20 There were enough purposeful activity places for the population, although a substantial majority of these were part time and consisted of low-level work roles. Fewer than a third of the places were in education and training because the facilities and classrooms were limited in size due to the small footprint of the prison. This was exacerbated by the need to socially distance the prisoners during COVID restrictions. Waiting lists for education and training places were long (see key concern and recommendation 1.46). Pay rates for prisoners attending education sessions were higher per session than for those attending industries to encourage self-improvement and engagement in education and training. Too many unsentenced prisoners were unemployed and on waiting lists.

5.21 Allocation of prisoners to all activities was undertaken fairly and effectively following completion of an English and mathematics assessment and the learning difficulties and disability quick assessment. Priority was given to prisoners who were sentenced, convicted or awaiting sentence and to young adults. Those on remand were offered the remainder of the places.

5.22 Leaders recognised that the curriculum in education and vocational training was too narrow and did not fully meet the needs of the population. Vulnerable prisoners had access to fewer education, skills and work activities than the rest of the prisoners. Prisoners had limited opportunity to gain accredited qualifications in vocational subjects. The lack of practical workshop and classroom spaces hampered the introduction of new programmes and the breadth of the curriculum was severely impeded.

5.23 Approximately three-quarters of prisoners were able to attend education, vocational training and/or work activities and often participated well. Prisoners in barbering gained skills relevant to employment opportunities on release, for example the use of clippers. They were encouraged and supported to progress into employment or further training in barbering in the local area. However, in some activities there was not enough work to occupy prisoners purposefully

for the duration of the work period. Not all workshop spaces were fit for purpose and prisoners were not working within industry standard environments or able to learn skills relevant to industry. For example, the barbering salon did not have a sink or running water.

5.24 Teachers routinely carried out additional needs assessments for prisoners attending education. Inclusion tutors were skilled in guiding conversations to gather information from prisoners before they enrolled on courses. Teachers, in the main, used this information well to inform their classroom practice and drew on specialist colleagues for advice and guidance. However, information identifying prisoners with additional needs was not used as effectively across vocational training and work areas to support prisoners.

5.25 Most teachers in education supported prisoners in their class, with different levels of ability, well. They set work and expectations which reflected the needs of the prisoner and displayed good specialist skills. Some teachers made good use of marking and feedback to provide comments and guidance which aided learning and helped the prisoner to engage with the progress they were making. However, this was not the case for all prisoners.

5.26 Prisoners who attended education gained in confidence and improved their self-esteem. Most enjoyed their lessons, participated well in discussions and expressed their views freely. In lessons for those who spoke English as an additional language (ESOL), prisoners practised their speaking and listening skills and expanded their vocabulary. In English and mathematics prisoners acquired new knowledge while applying previous learning confidently. In music, prisoners were very well engaged and made effective use of the up-to-date technology.

5.27 Prisoners had good working relationships with tutors and instructors in education, skills and work activities. The majority of staff knew the prisoners well and set clear expectations for their behaviour, which they managed skilfully. A calm and orderly environment in education was conducive to learning. On the whole, prisoners in education, skills and work activities were courteous and respectful to tutors, instructors and to each other. However, in a small minority of cases, staff did not routinely challenge inappropriate language or behaviour.

5.28 Attendance had improved and was good in some sessions in education and training, although it remained low across all activities. Punctuality was too variable because officers did not always take prisoners to activities in good time.

5.29 A number of prisoners carried out mentoring roles in classrooms and other areas of the prison. They developed their self-confidence, passing their knowledge to their peers and supporting teachers. Leaders and teachers did not review or co-ordinate this range of constructive activity so that it could be structured more formally. Most prisoners had a good understanding of their responsibility to the prison community and sought to support each other in education and on the wings, for example they helped a deaf prisoner to understand aspects

of prison life. This created a positive and collaborative learning environment. Prisoners, particularly those who spoke English as an additional language, gave good peer support to each other and vulnerable prisoners on ESOL courses mentored and supported each other, for example with translations. However, too few prisoners had enough opportunity to contribute to prison life and too many were not able to achieve responsible roles swiftly enough.

5.30 A few prisoners benefited from the personal and social development curriculum and the employment pathway courses. They learned valuable skills that helped them consider how to set up their own businesses or become better employees. Leaders had very recently introduced an employability skills progress tracker for vocational training and some work areas. This was not yet being used consistently enough to affect prisoners' understanding of the skills they were developing.

5.31 Prisoners had access to a broad range of opportunities and courses such as those on Way Out TV, with some content devised by the local education and training providers. However, staff did not evaluate how well prisoners participated in these opportunities and activities and were unable to identify which were of use in helping prisoners to develop new knowledge and skills.

5.32 Leaders had effective relationships with employers with whom they identified suitable employment opportunities for prisoners on release. As a result, a few prisoners had applied for and successfully been interviewed for employment. Leaders had well developed plans to expand these relationships and develop an employability course that was designed specifically to meet the skills needs of employers with significant job vacancies regionally and nationally. The development of construction courses was seen as a key priority for the future and, as a result, leaders planned to introduce the construction skills certificate scheme and establish the multi-skills workshop.

5.33 Careers advice and guidance were well planned with a range of useful resources available to prisoners, although too many did not know how to access these resources. Prisoners did not use the virtual campus effectively to support job searches and applications for employment (prisoner access to community education, training and employment opportunities via the internet). The vacancy for a careers adviser added pressure to the workload of the existing adviser and the effectiveness of the careers advice service.

5.34 Leaders monitored the destinations and progress of prisoners through the reducing reoffending partnership meetings. However, they recognised that they were not given enough information by the community offender managers about the employment of prisoners once they left the prison, to be able to evaluate it effectively and inform future developments.

5.35 A new 'Active Citizenship' initiative was well planned and focused prisoners on important aspects of being good citizens. It acknowledged

good citizenship demonstrated by prisoners who received recognition cards which led to rewards (see paragraph 3.15).

Recommendations

5.36 **Leaders should ensure that prisoners have consistently high attendance and punctuality at education, skills and work activities.**

5.37 **Leaders should ensure that vulnerable prisoners have access to the full education, skills and work programme equivalent to their peers.**

5.38 **Leaders should ensure that prisoners are able to achieve relevant vocational qualifications that meet their interests and aspirations.**

5.39 **Leaders should ensure that, in line with their own expectations, the recording and recognising of employability skills should be maintained in all workshops, training and work areas.**

5.40 **Leaders should ensure that prisoners have sufficient opportunities to take on roles of responsibility so that they can contribute effectively to the prison community.**

5.41 **Leaders should ensure that all staff in education, skills and work consistently challenge instances of poor behaviour and use of derogatory language by prisoners.**

5.42 **Leaders should ensure that all vocational training and work environments are fit for purpose and fully equipped and meet industry standards.**

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

6.1 A thorough 'families and significant others' policy and an ambitious action plan were driving progress as far as COVID restrictions permitted. An average of 92 video calls (see Glossary) each month represented 58% of capacity and about half the capacity for visits was being filled, with a weekly average of 36. It was commendable that leaders were not content with this low level of family contact and had appointed a dedicated member of staff to promote more contact through visits and video calls.

6.2 The visits room was adequate, although the route to it was unattractive. COVID precautions still restricted refreshments to bottled water and the play area was closed.

6.3 Some imaginative improvements had recently been made, including privacy screens for prisoners to meet their new-born babies or for mothers to breast-feed, and special Sunday morning sessions for couples only to give support to partner relationships. A families afternoon for members of the Gypsy, Roma and Traveller community had been held recently. The views of visitors on their treatment were sought through twice-yearly surveys and through a touch-screen tablet in the visitors' centre on exit. Feedback from both had been reasonably positive.

6.4 Ormiston Families staff had not been present throughout most of the pandemic, but they had now returned to the visitors' centre, which had been improved with some attractive displays. Ongoing COVID restrictions prevented Ormiston from giving support in the visits hall itself. They were helping to deliver the Storybook Dads initiative (prisoners recording stories for their children) and Dad Swaps (exchanging worksheets between children and fathers to strengthen relationships, and a home-prisoner craft exchange programme for school age children). Courses on family relationships were delivered by the education provider and Ormiston in conjunction with Westminster Drug Project.

6.5 Prisoners appreciated access to in-cell telephones, which had been recently installed throughout the establishment, including in the segregation unit. 58% of prisoners in our survey said there were problems with sending or receiving mail, and many prisoners told us that mail was often up to a week late. The mail room was frequently understaffed, which did not meet the requirement for two staff to be present for the opening of mail. Wing staff were not efficient in passing on incoming or outgoing mail and we saw mail in staff offices that had arrived up to seven days before and had yet to be distributed.

Recommendation

6.6 **Incoming and outgoing mail should pass between the prison gate and the prisoner within 24 hours on weekdays.**

Reducing risk, rehabilitation and progression

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

6.7 There was an active approach to planning and implementing work to reduce the risk of reoffending. The written strategy was clear and concise and designed for the period after June 2021 when on-site resettlement services were brought together under the aegis of the probation service. An extremely thorough and well-presented needs analysis had been conducted, using OASys (offender assessment system) data and other information on offences, risks and needs. This had identified accommodation, family relationships, education and employment as key areas, and they were the main focus of action planning.

6.8 The effectiveness and morale of the offender management team had improved markedly under united leadership. Now sharing a single office location, offender management and resettlement services had learnt to work more collaboratively and core tasks were completed reliably and on time. Staff were now better organised, many working in multidisciplinary sub-teams ('pods'), and administrators had been trained in the whole range of tasks so that resources could be used flexibly. Staffing levels were better than at the previous inspection, helped by the ending of cross-deployment to other duties, but they were not yet up to full strength.

6.9 Offender managers had maintained regular monthly contact with the prisoners on their caseload over the previous two years, often by in-cell telephone. Some, but not all, of the entries recording these contacts showed useful in-depth work. Regular wing surgeries had been held before the pandemic. Offender managers still visited the wings frequently to see individuals and also had conversations with others who were unlocked at the time.

6.10 OASys assessments were completed within timescales in contrast with the situation at our last inspection. The number of complaints about the offender management unit (OMU) had reduced considerably. The quality of OASys assessments was good, both by prison and probation staff, and all were checked for quality by the senior probation officer. Information from OMU contacts was well recorded on IT systems and passed to those needing to act on it. There was good liaison with local authorities in preparation for release.

6.11 Sentence planning was supported by a weekly sequencing meeting, which focused on implementing the right interventions in the best sequence for those on longer sentences and preparing for release. This brought together all the relevant departments, including education and work, with OMU and resettlement.

6.12 Of those applications for home detention curfew (HDC) which had been approved, 35% were already past their eligibility date. This often happened because a long time was served on remand due to court delays and, by the time of sentencing, the sentence had been served already or there was not enough time for the HDC processes to be completed. The OMU staff had resolved the problem of delays in sentence calculation noted at the previous inspection.

Public protection

6.13 All newly arrived prisoners were checked for public protection concerns and all administrators had been suitably trained. A manager checked all the public protection risk assessments. The monthly public protection meeting considered individuals across all relevant areas of risk, including issues of child contact, harassment orders and risk management planning for all high-risk prisoners approaching release. Records showed that each was considered in sufficient depth, although the meetings were not attended by departments outside the OMU apart from security and psychology.

6.14 Risk management on release was formally considered for high-risk prisoners three months before release, an improvement on the previous inspection. In our case analysis, there was good handover of information from the OMU to community offender managers who assumed responsibility for risk management as release approached. The prison contributed to the multi-agency public protection arrangements (MAPPA) for the more high-risk prisoners: the reports written by prison and probation staff were of acceptable quality overall, and in some cases very thorough.

6.15 In-cell telephones had inevitably led to a greater need for monitoring of calls where public protection risks had been identified. With limited resources, priority was appropriately given to individuals of most concern, although this was not understood by all staff who carried out the monitoring. Even among the priority groups, there had been gaps of several months, and we found two cases where no monitoring had taken place. No translation had been done of calls made in different

languages, even though this applied to one prisoner on the priority list (see key concern and recommendation 1.47).

Categorisation and transfers

6.16 Categorisation and parole processes were carried out on time and the reports that we looked at were of adequate quality. Offender managers regularly interviewed the prisoner before the recategorisation board to receive their representations or they could be made in writing.

6.17 Most category C prisoners were transferred within a short time to a training prison. It was more difficult to move some groups, such as prisoners convicted of sexual offences, those who remained at category B, and a few life sentence prisoners and IPP prisoners (indeterminate sentence for public protection), who were mainly on recall. Transfers were not infrequently informed by the needs of the individual, for example a prisoner who had been given category D status had recently been moved to an open prison where HGV training was available, which he wished to pursue as a career on release.

Interventions

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

6.18 No accredited offending behaviour programmes were offered as Bedford was a local prison. However, initiatives had been taken to deliver appropriate programmes and an entrepreneurial spirit had been shown in commissioning and funding them, especially for prisoners who stayed longer than a few weeks. They included workshops on the wings run by The Salam Project, a group of community youth workers, on five topics from setting up a business to 'Boys2Men', 'crimes against women', and a module on gangs.

6.19 There was a high proportion of young adults, many of whom were serving their whole sentence at Bedford. A young adults project was in progress, which was commendable: three courses of the Stride programme had been delivered recently to prisoners with behavioural issues; the Reactiv8 programme (workshops to support prisoners to increase self-belief, confidence and motivation), which had been delivered before COVID, was to restart; and an additional contribution from psychology was supporting the training of key workers to deliver the 'Choices and Changes' intervention one to one (see paragraph 4.26).

6.20 Promising work had started with prisoners who had experienced living in care, with a named offender manager working with this group and with young adults. Working relationships with four local authorities had become stronger and managers were making changes, such as much more informal visiting arrangements, to improve contact between those who had been in care and their statutory personal advisers.

6.21 When the new probation commissioning arrangements had been introduced in mid-2021, the two full-time NACRO advisers on finance, benefits and debt had been withdrawn. This was a severe blow to services in this important area and unsentenced prisoners with complex debt profiles were left without the skilled support they needed. OMU staff did their best to help prisoners with more basic financial difficulties. Prison managers had pressed hard for services to be restored and a NACRO worker was now attending the prison three days a week to meet the most acute need, while another prison employee had been brought in to give additional help with ID and opening bank accounts. In our survey, 67% of respondents said that they needed help with arranging benefits on release.

6.22 The needs analysis included giving support to prisoners who were survivors of abuse and trauma. Training on trauma-informed practice was being given to staff allocated to the new young adults unit, and online trauma counselling had recently been made available to a recalled prisoner who had disclosed childhood abuse.

Recommendation

6.23 **A comprehensive service should give proper support and advice to all prisoners facing difficulties with finance, benefits and debt.**

Release planning

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

6.24 In our survey, the area of release planning that was of most concern to prisoners (70%) was accommodation. During 2021 the outcomes recorded by the prison were 57% to sustainable accommodation (three months), 19% no fixed address, 10% unknown, 3% to approved premises, and the remainder to temporary and transient accommodation. These figures were unsatisfactory and the unacceptable arrangements for accommodation made it impossible for managers to know where many prisoners would spend their first or future nights (see key concern and recommendation 1.48).

6.25 The number of prisoners going to decent accommodation had reduced sharply in mid-2021 when the community rehabilitation company, which had provided an active individual support service, had been replaced by the Commissioned Rehabilitative Service (CRS). CRS had contracted Interventions Alliance to deliver a much more limited service with no attendance at the prison. Prison leaders had again acted decisively to fill the gap and offender managers, and particularly the on-site probation resettlement team, had taken on extra work. Outcomes had improved over the previous four months.

6.26 A number of community and voluntary sector groups were giving valuable help with housing provision and mentoring in the Bedford

area. They included Direction for Bedfordshire, Community Led Initiatives, Kings Arms church, Emmaus, Reactiv8 and Oak Housing.

6.27 Resettlement plans were completed on reception and reviewed 12 weeks before release. Prisoners on remand were given information, including an informative leaflet produced by the OMU, and support from offender managers if requested.

6.28 Weekly discharge boards had been reintroduced for prisoners due for release in the next four weeks, which was positive. A DWP work coach, a Jobcentre Plus worker, Westminster Drug Project and other professionals attended regularly, and a number of prisoners took the opportunity to speak to people who could be of real help.

6.29 The probation resettlement team prepared an individual discharge pack for each sentenced prisoner on release. This included a suggested itinerary for the day of release to cover the appointments (probation, housing, etc) which they needed to attend, and methods of travel.

6.30 The ‘departure lounge’ had been reintroduced after being suspended during the pandemic, using reception or the visits area. A range of donated supplies was available, including sets of basic domestic items for prisoners being released homeless or to temporary accommodation.

Section 7 Recommendations in this report

The following is a list of repeated and new concerns and recommendations in this report.

Key concerns and recommendations

7.1 Key concern (1.38): The incidence of violence was still too high. Incidents were not routinely investigated, which meant that leaders were unable to understand fully the drivers of violence. Challenge, support and intervention plans (CSIPs, see Glossary) were not used widely or effectively enough to manage perpetrators and victims of antisocial behaviour.

Key recommendation: **All violent incidents should be investigated and findings should inform the strategy to reduce violence. CSIPs should be used to address violence and antisocial behaviour, and to support victims.**
(To the governor)

7.2 Key concern (1.39): Use of force documentation was not always fully completed and, although body-worn video cameras were readily available, many staff failed to activate them during an incident to provide evidence and support de-escalation.

Key recommendation: **Body-worn cameras should be routinely switched on during incidents, and both footage and written records should demonstrate the use of de-escalation before and during use of force.**
(To the governor)

7.3 Key concern (1.40): The environment in the segregation unit rendered it unfit for purpose. The unit was dark and confined, and many cells had damaged furniture.

Key recommendation: **Prisoners on the segregation unit should be held in decent conditions.**
(To the governor)

7.4 Key concern (1.41): While staff-prisoner relationships had improved, some officers remained dismissive and lacked focus on prisoner care. In our survey, many staff reported poor morale and some said they did not feel they had the time or skills to perform their roles effectively.

Key recommendation: **Managers should investigate the causes of poor morale and the lack of focus on prisoner care among some staff and should ensure that staff development initiatives address these concerns.**
(To the governor)

7.5 Key concern (1.42): Many of the cells on A and C wings were not fit for occupation. Conditions were particularly poor in cells designed for one prisoner, which were holding two. There was not enough space for two people, the screening of toilets was inadequate and bunk beds were too small and in poor condition. Many cells had continuing problems with cockroaches.

Recommendation: Managers should implement a programme of renovation to improve the quality and decency of cells designed for single occupancy and these cells should be used to accommodate one prisoner only.
(To the governor and HMPPS)

7.6 Key concern (1.43): Despite good monitoring information, about a third of emergency cell bell calls were not answered within the target time. Many prisoners told us that cell bells could ring for very long periods before they were answered.

Recommendation: Managers should investigate the reasons for the failure to respond to emergency cell bells and implement measures to make sure that they are answered within the target time.
(To the governor)

7.7 Key concern (1.44): Despite some good work on equality, not all protected characteristics had been given priority during the previous 12 months. Notably, the basic needs of prisoners with physical disabilities were not being met and the management of personal emergency evacuation plans was poor. Professional interpreting was underused and staff and prisoners were used to interpret for confidential matters. The specific needs of prisoners of all sexual orientations were not being met.

Recommendation: Leaders should ensure that prisoners with protected characteristics are systematically identified and given consistent and good quality support.
(To the governor)

7.8 Key concern (1.45): Too many prisoners were locked in their cells for nearly 22 hours a day with little to keep them occupied, and there was evidence that this was having a detrimental effect on their well-being. The ability to expand the regime was limited, partly by staff shortages, and it was unclear when a fuller regime could be delivered.

Recommendation: Leaders should ensure that during the working day all prisoners are able to spend a substantial period out of their cells and in purposeful activity.
(To the governor)

7.9 Key concern (1.46): Many prisoners were waiting too long to attend education where they could gain valuable skills and qualifications to help them progress into further education, skills and work in another prison or in the community.

Recommendation: Leaders should make sure that more prisoners can access the education they need promptly and that waiting lists are reduced significantly.
(To the governor)

7.10 Key concern (1.47): In-cell telephones had inevitably led to greater need for monitoring of calls where public protection risks had been identified. Even among prisoners who had been prioritised, no monitoring had taken place for several months. No translation had been carried out of calls in different languages, even though this included a prisoner on the priority list.

Recommendation: Monitoring of telephone calls for public protection purposes should be carried out regularly, with translation where the call is not in English.
(To the governor)

7.11 Key concern (1.48): Accommodation was the most pressing issue for prisoners approaching release. Only 57% had gone to sustainable accommodation during 2021 and the housing outcomes for many prisoners were not known. The support available had reduced sharply with the changes to resettlement services in mid-2021.

Recommendation: Managers should design and implement a comprehensive system of practical support to make sure that all prisoners go to the most suitable accommodation possible on release, with clear measures of success or failure.
(To HMPPS and the governor)

Recommendations

7.12 Recommendation (3.12): Staff on the induction wing should demonstrate that they are supporting prisoners through their first days in custody through properly completed Early Days in Custody documents. (To the governor)

7.13 Recommendation (3.13): Prisoners' PIN phone numbers should be added to their accounts within 24 hours of arrival, to enable them to contact their families. (To the governor)

7.14 Recommendation (3.17): Formal support should be provided for victims of antisocial behaviour or violence. (To the governor)

7.15 Recommendation (3.22): Leaders should investigate why so many prisoners refused to attend their adjudications. (To the governor)

7.16 Recommendation (3.30): Every use of batons and PAVA spray should be fully investigated and reviewed by a senior prison manager. (To the governor)

7.17 Recommendation (3.31): Special accommodation should be used in the most exceptional circumstances and should not be used as a

punishment. Thorough records should be kept of its use. (To the governor)

7.18 Recommendation (3.32): All planned incidents should be recorded and footage retained. (To the governor)

7.19 Recommendation (3.42): Reintegration plans should be developed for prisoners held on the segregation unit with individual action plans and targets to help them move back into the general population. (To the governor)

7.20 Recommendation (3.49): Intelligence reports should be analysed and processed quickly. (To the governor)

7.21 Recommendation (3.59): Leaders should make sure that there are consistent and detailed records of the number of prisoners who have been subject to constant watch and anti-ligature clothing, and for how long. (To the governor)

7.22 Recommendation (3.60): Wing staff should routinely engage in meaningful conversations with prisoners on ACCTs, and these should be recorded on ACCT documents and electronic records. (To the governor)

7.23 Recommendation (3.61): Data analysis should be developed to support the identification and delivery of strategic priorities for the reduction of self-harm. (To the governor)

7.24 Recommendation (4.50): All staff should complete clinical incident reports on Datix, the on-line clinical incident system, so that incidents can be fully investigated and trends can be monitored and addressed. (To the governor)

7.25 Recommendation (4.62): Custody escort arrangements should be strengthened to meet the health care needs of all prisoners. (To the governor)

7.26 Recommendation (4.76): Patients requiring treatment in hospital under the Mental Health Act should be transferred within the current guidelines. (To the governor and the healthcare provider)

7.27 Recommendation (4.92): Supervision by prison officers of medicine administration should enable compliance, promote confidentiality and minimise the risk of diversion. (To the governor)

7.28 Recommendation (5.13): Exercise periods should be provided consistently and for 60 minutes' duration. (To the governor)

7.29 Recommendation (5.14): The gym should be open consistently and should provide a full range of activities, including the delivery of accredited courses. (To the governor)

7.30 Recommendation (5.36): Leaders should ensure that prisoners have consistently high attendance and punctuality at education, skills and work activities. (To the governor)

7.31 Recommendation (5.37): Leaders should ensure that vulnerable prisoners have access to the full education, skills and work programme equivalent to their peers. (To the governor)

7.32 Recommendation (5.38): Leaders should ensure that prisoners are able to achieve relevant vocational qualifications that meet their interests and aspirations. (To the governor)

7.33 Recommendation (5.39): Leaders should ensure that, in line with their own expectations, the recording and recognising of employability skills should be maintained in all workshops, training and work areas. (To the governor)

7.34 Recommendation (5.40): Leaders should ensure that prisoners have sufficient opportunities to take on roles of responsibility so that they can contribute effectively to the prison community. (To the governor)

7.35 Recommendation (5.41): Leaders should ensure that all staff in education, skills and work consistently challenge instances of poor behaviour and use of derogatory language by prisoners. (To the governor)

7.36 Recommendation (5.42): Leaders should ensure that all vocational training and work environments are fit for purpose and fully equipped and meet industry standards. (To the governor)

7.37 Recommendation (6.6): Incoming and outgoing mail should pass between the prison gate and the prisoner within 24 hours on weekdays. (To the governor)

7.38 Recommendation (6.23): A comprehensive service should give proper support and advice to all prisoners facing difficulties with finance, benefits and debt. (To the governor)

Section 8 Progress on recommendations from the last full inspection and scrutiny visit reports

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2018, reception processes were good but many prisoners were not supported well enough on their first night. Too many prisoners felt unsafe and levels of violence, particularly against staff, were very high. Perpetrators of violence faced few challenges or sanctions. Victims of violence were poorly supported. Levels of use of force were exceptionally high. Conditions on the segregation unit were appalling and managerial oversight was weak. There was a lack of order and control on some wings. Drugs were easily available. There was a good local supply reduction plan, but this was undermined by a lack of investment nationally. Levels of self-harm were high and prisoners at risk of suicide and self-harm were not well supported. Outcomes for prisoners were poor against this healthy prison test.

Key recommendations

Bedford's effort to reduce drug supply should be supported by investment in improving physical security and providing technological solutions. (S64)
Achieved

A time-bound action plan to reduce violence should be in place. This should include a range of sanctions and interventions to address violent behaviour and support victims, and actions should be monitored for effectiveness. (S62)
Not achieved

Prisoners held on the segregation unit or segregated on residential wings should be held in decent conditions and have access to a reliable and acceptable regime, including off-unit activities and association with others, when risk assessments permit. (S63)
Partially achieved

Action should be taken to improve staff skills and knowledge. Staff should be skilled and confident in confronting and controlling poor prisoner behaviour and should be supported in undertaking their role. (S66)
Achieved

Recommendations

All new arrivals should be located in a clean, well-prepared cell and be regularly checked by staff on their first night at the prison. (1.8)
Partially achieved

All new arrivals should receive a full and prompt induction which is tracked to ensure completion. (1.9)
Achieved

The adjudications process should be robustly managed, to increase the number of timely completions and ensure that it provides an effective deterrent to poor behaviour. (1.20)
Achieved

Managerial oversight of the use of force should consider any use of batons or special accommodation. Patterns and trends should be identified and acted on, to ensure that force is used only when justified and is always proportionate. (1.25)
Not achieved

All requested target searching and drug testing should be completed. (1.37)
Not achieved

Action taken in response to recommendations from the Prisons and Probation Ombudsman investigations of deaths in custody should be kept under review to ensure that improvements in practice are embedded. (1.43, repeated recommendation, 1.26)
Achieved

There should be sufficient Listeners for the population, and prisoners should have access to them around the clock. (1.44)
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2018, most staff were extremely inexperienced and struggled to exert their authority. Prisoners regularly and blatantly ignored rules and staff instructions – often without sanction or challenge. Living conditions were poor, often overcrowded, dirty and vermin infested. Access to clean clothing and bedding was inadequate. Food and purchasing arrangements were reasonable overall. The number of complaints submitted was high and too many were responded to too late or not at all. Equality work was developing but too little was done to support most minority groups, and outcomes for some prisoners with disabilities were particularly poor. Health care and substance misuse services were reasonable overall but mental health provision required improvement. Outcomes for prisoners were poor against this healthy prison test.

Key recommendation

All prisoners should live in clean and decent conditions. (S67)
Not achieved

Recommendations

Breakfast should be of sufficient quantity and issued on the morning it is to be eaten. (2.20, repeated recommendation 2.93)
Partially achieved

Applications should be tracked, to ensure that prisoners receive a timely response. (2.27)
Not achieved

All complaints, particularly those about staff, should receive a timely, thorough and polite response which addresses the issues raised. (2.28)
Not achieved

Prisoners on remand should be able to access support and guidance to apply for bail. (2.29)
Achieved

Evidence of unequal outcomes for prisoners with protected characteristics should be promptly addressed by managers and progress monitored. (2.33)
Partially achieved

Incidents of alleged discrimination should be investigated thoroughly in a timely manner and receive independent scrutiny. (2.34)
Achieved

The negative perceptions of staff expressed by black and minority ethnic and Muslim prisoners should be explored and addressed. (2.44)
Achieved

Staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners with little English, and up-to-date prison information and notices, including reception material, should be translated into relevant languages and made freely available to prisoners. (2.45, repeated recommendation 2.34)
Not achieved

Prisoners with disabilities should be identified and given good, consistent and organised support. (2.46)
Not achieved

All prisoners should be able to attend corporate worship punctually, and all requests to attend services should be dealt with promptly. (2.50)
Not achieved

Patient forums should be established, to allow prisoners to contribute to the development of health services. (2.60)
Achieved

There should be a whole-prison strategy to support health promotion. (2.64)
Achieved

Prisoners should have timely access to all primary care clinics. (2.73)
Achieved

Non-attendance rates at clinics should be analysed and action taken to reduce them. (2.74)
Partially achieved

Routine mental health referrals should be seen promptly, and prisoners with mild to moderate mental health problems should have access to a full range of support. (2.85)
Partially achieved

Transfers under the Mental Health Act to specialist secondary and tertiary mental health services should occur within the current Department of Health transfer time guidelines. (2.86. repeated recommendation 2.87)
Not achieved

All prisoners testing positive for illicit substances should be referred to the substance misuse service. (2.95)
Achieved

All prisoners requiring stabilisation and detoxification should be located on the dedicated drug treatment wing, to ensure consistent observation and monitoring. (2.96)
Achieved

Pre-release harm reduction information should include naloxone training to manage opiate overdose in the community. (2.97)
Achieved

All staff administering medicines should be assessed as competent do so. (2.105)
Achieved

Medication administration should be supervised effectively by prison staff, to ensure confidentiality and compliance, and reduce the risk of bullying and diversion. (2.106)
Not achieved

All drug refrigerator temperatures should be monitored, to ensure that medicines are stored at the correct temperature. (2.107)
Achieved

Purposeful activity

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

At the last inspection in 2018, the amount of time unlocked was poor for most prisoners, and when they were unlocked most had nothing purposeful to do. Library and PE services were adequate. The leadership and management of education, skills and work activity were inadequate. There were sufficient education, skills and work places for all prisoners to work at least part time, but few prisoners chose to attend. Far too many were unemployed. The range of provision was narrow and low level. The quality of provision, including teaching and learning, was inadequate and prisoners made too little progress. Too few prisoners completed their courses and gained a qualification. Outcomes for prisoners were poor against this healthy prison test.

Key recommendation

The importance of education, skills and work should be promoted and actively supported throughout the prison. All available activity places should be used, to maximise the number of prisoners attending learning and skills and work. (S68)
Partially achieved

Recommendations

Prisoners should have at least 10 hours out of their cells on weekdays, including some time in the evening. (3.8)
Not achieved

Library usage data should be routinely analysed and used to understand gaps and increase use. (3.9)
Partially achieved

Accredited qualifications in PE should be introduced. (3.10, repeated recommendation 3.39)
Not achieved

Quality improvement arrangements should be urgently implemented and progress should be monitored by senior education and prison managers over time. (3.19)
Achieved

All prisoners should attend the induction to education, work and skills, and have a prompt and thorough initial assessment of their literacy and numeracy. (3.20)
Achieved

The curriculum and qualifications available to prisoners should meet their identified needs and aspirations. (3.21)
Partially achieved

Prisoners should receive effective information, advice and guidance in order to make informed choices about their next steps in education and employment. (3.22)
Partially achieved

The number of prisoners entering education, training or employment on release should be monitored and analysed to improve provision. (3.23)
Not achieved

The quality of teaching, learning and assessment should improve substantially. (3.33)
Partially achieved

Prisoners with learning difficulties or disabilities should receive specialist support to make good progress and achieve. (3.34)
Partially achieved

Wing cleaners should receive appropriate training and be properly supervised at work. (3.35)
Not achieved

A large proportion of prisoners who start a course should be able to complete it and have the opportunity to gain a qualification. (3.43)
Partially achieved

Prisoners should gain demonstrable personal, academic and employment skills that are of value on release. (3.44)
Partially achieved

Rehabilitation and release planning

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

At the last inspection in 2018, work with children and families was adequate. Most sentenced prisoners, including all high-risk men, received regular and meaningful offender supervisor contact. However, the offender management of low- and medium-risk prisoners – about 40% of the population – had effectively stopped because of staff shortages. Many prisoners did not have an up-to-date offender assessment system (OASys) assessment. Home detention curfew processes were not managed effectively. Prisoners struggled to progress and move on to other suitable prisons. Public protection arrangements were reasonably good. The need for housing and debt support was high but provision was too limited and too many prisoners were released homeless. Demand for release planning was high and resettlement needs were identified promptly on arrival, but many prisoners did not have their plan reviewed before release to ensure that these needs were met. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Recommendations

Prisoners should be able to apply for universal credit before they are released. (4.34)
Achieved

There should be a well-advertised point of contact, which is checked frequently, for visitors to report any concerns about prisoners. (4.6)
Not achieved

The reducing reoffending committee should meet regularly, their strategy should be based on a comprehensive needs analysis and progress should be measured against an action plan. (4.15)
Achieved

All prisoners requiring offender supervision should have good levels of contact. (4.16)
Achieved

All prisoners requiring offender assessment system (OASys) assessment should have an up-to-date risk assessment. (4.17)
Achieved

Sentence calculations should be completed without delay and home detention curfew processes should be completed in a timely manner. (4.18)
Achieved

Progression should be monitored to ensure that prisoners who need to complete offending behaviour work transfer from the establishment promptly. (4.22)
Achieved

The interdepartmental risk management team meeting should consider high-risk prisoners due for release with sufficient time remaining to address any gaps in risk management. (4.26)
Achieved

The number of prisoners in permanent and sustained accommodation 12 weeks after release should be monitored, to understand need. (4.31)
Not achieved

There should be sufficient provision to help prisoners to find accommodation on release. (4.32)
Achieved

There should be sufficient provision to help prisoners to continue benefits and manage debt on release. (4.33)
Achieved

Every prisoner should have their resettlement plan reviewed either 12 weeks before release or as soon after their arrival as possible, whichever is earliest, to ensure that resettlement needs are addressed effectively. (4.39)
Achieved

Recommendations from the scrutiny visit

Prisoners' perceptions of safety should be improved through clear and sustained reductions in the levels of violence and more consistent enforcement of rules by staff.
Partially achieved

Support given to vulnerable prisoners, including those at risk of self-harm, should be improved.
Achieved

The reasons for prisoners' negative perceptions about staff should be explored and the prison must improve staff-prisoner relationships, including taking action to improve the capability of new officers.
Achieved

All prisoners should receive their prescribed medication at the appropriate time intervals and in line with the prescribing instructions.
Achieved

Prisoners should be supported through proactive, face-to-face family support work, including establishing and maintaining positive relationships with their children and others where this is appropriate.
Achieved

Prisoners should receive comprehensive support and all the resettlement help they need well ahead of their release date.
Partially achieved

Appendix I   About our inspections and reports

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

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

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

> **Safety**
> Prisoners, particularly the most vulnerable, are held safely.
>
> **Respect**
> Prisoners are treated with respect for their human dignity.
>
> **Purposeful activity**
> Prisoners are able, and expected, to engage in activity that is likely to to benefit them.
>
> **Rehabilitation and release planning**
> Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

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

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

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

Our assessments might result in one of the following:

Key concerns and recommendations: identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

Recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

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

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

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

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

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on

our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/). The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Section 7 lists all recommendations made in the report. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Appendix II: Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Hindpal Singh Bhui	Team leader
Martin Kettle	Inspector
Rebecca Mavin	Inspector
Steve Oliver-Watts	Inspector
Chelsey Pattison	Inspector
Tamara Pattinson	Inspector
Kam Sarai	Inspector
Rahul Jalil	Researcher
Amilcar Johnson	Researcher
Isabella Raucci	Researcher
Rachel Duncan	Researcher
Maureen Jamieson	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Gary Turney	Care Quality Commission inspector
Judy Lye-Forster	Ofsted inspector
Lynda Brown	Ofsted inspector
Tony Gallagher	Ofsted inspector
Mary Devane	Ofsted inspector
Dionne Walker	Offender management inspector
Tracey Fullerton	Observer

Appendix II Glossary

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

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

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

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

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

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

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

Personal protective equipment (PPE)
Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

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

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

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

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

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

Reverse cohort unit (RCU)
Unit where newly arrived prisoners are held in quarantine for between seven and 10 days.

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

Special purpose licence ROTL
Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Time out of cell
Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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