Report on an unannounced inspection of

HMP Bedford

28 August – 6 September 2018

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by HM Chief Inspector of Prisons

28 August–6 September 2018

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:





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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Introduction

HMP Bedford is a category B local and resettlement prison for young adult and adult males. It has stood on its current site in the centre of Bedford since the early 19th century and accepts prisoners mainly from the local Crown Courts and magistrates' courts. At the time of this inspection it held 420 prisoners. The last inspection took place in May 2016.

This inspection found that the prison has continued on a seemingly inexorable decline that is evident through the results of the four inspections carried out since 2009. It used to have a reputation as a good local prison, and the collapse in standards is as sad as it is inexcusable. HM Inspectorate of Prisons found that in the two years since the last inspection performance had declined in three of our four healthy prison tests. It was now assessed as 'poor' in the areas of safety, respect and purposeful activity and 'not sufficiently good' in rehabilitation and release planning.

HM Prison and Probation Service (HMPPS) had made the prison subject to a Performance Improvement Plan in September 2016, but by May 2018 it was judged that there had been insufficient progress and the prison was placed in what HMPPS terms 'special measures.' This latest inspection revealed treatment and conditions for prisoners that would, of themselves, have justified me invoking the Urgent Notification (UN) Protocol, under which the Secretary of State is obliged to respond publicly within 28 days with proposals for improvement. Nevertheless, I carefully studied what had been done under special measures and what was envisaged to be done under the action plans that had been produced. The lack of progress to date and the poor quality of the action plans led me to the inevitable conclusion that I could not be confident in the prison's capacity for change and improvement, even when under special measures, and so invoked the Urgent Notification Protocol on 12 September. My letter to the Secretary of State and his initial response are at Appendix IV of this report.

I shall not, in this introduction, set out in detail the findings of the inspection. The letter to the Secretary of State and the report itself give a stark description of decline and decay, and speak for themselves. They tell a story of a public institution that at present fulfils none of the basic objectives of imprisonment.

The prison was fundamentally unsafe. Violence of all kinds had risen alarmingly since the last inspection a mere two years ago. In the same period there had been five self-inflicted deaths and levels of self-harm had risen. The violence was largely fuelled by drugs, and the prisoners – many of them living in fear – were confined for unacceptable lengths of time in cells that were all too often infested with vermin, dirty and unfit to be occupied. Many staff were doing their best in difficult circumstances, but inspectors witnessed a dangerous lack of control and excessive tolerance of poor behaviour. Meanwhile, few prisoners attended work or education and there was little encouragement to do so by staff. Many prisoners milled about aimlessly on wings with nothing to do. In short, the prison lacked a culture of work or learning.

The use of the Urgent Notification Protocol is not something that I take lightly. I am required to have 'significant concerns with regard to the treatment and conditions of those detained'. Sadly, in the case of HMP Bedford, that threshold was easily exceeded, and the lack of credible plans to address the dangerous shortcomings was inexplicable given the steady decline over many years and the fact that a Performance Improvement Plan was put in place some two years ago. I should also point out the abject failure over many years to respond to recommendations for improvement made by this Inspectorate. In 2016 we found that a mere 12 of the 72 recommendations made at the 2014 inspection had been achieved. On this occasion we found that the prison had achieved just 19 of the 68 recommendations made in 2016. For the sake of both prisoners and staff at HMP Bedford, I hope that on this occasion the use of the Urgent Notification Protocol will lead to the concerns of HM Inspectorate of Prisons being taken seriously at all levels of HMPPS.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

November 2018

Fact page

Task of the establishment
HMP Bedford is a local category B and resettlement prison for young adult and adult males.

Certified normal accommodation and operational capacity[1]
Prisoners held at the time of inspection: 420
Baseline certified normal capacity: 317
Operational capacity: 487

Notable features from this inspection

Three-quarters of prisoners were under the age of 40.

58% of prisoners had been at the establishment for three months or less.

77% of available officers had less than one year's experience.

The number of assaults on staff was higher than in any other local prison.

67% of prisoners said that they had felt unsafe at some point during their time at the establishment.

Almost half of prisoners said that it was easy to get drugs at the prison.

A third of the population was accessing psychosocial drug support.

Prison status (public or private) and key providers
Public

Physical health provider: Northamptonshire Healthcare NHS Foundation Trust (NHFT)
Mental health provider: NHFT
Substance misuse provider: Westminster Drugs Project (WDP)
Learning and skills provider: People Plus
Community rehabilitation company (CRC): Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire (BeNCH) CRC, part of Sodexo, which commissions on-site provision from Nacro and the St Giles Trust
Escort contractor: Serco

Prison group
Bedfordshire, Cambridgeshire and Norfolk

[1] 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.

Brief history
HMP Bedford has been on its current site since 1801. It was enlarged in 1849 and a new gate lodge, house block and health care centre were added in the early 1990s. It accepts prisoners mainly from Luton Crown Court, St Albans Crown Court and the magistrates' courts in Bedfordshire and Hertfordshire, alongside a resettlement population.

Short description of residential units
A, B and C wings are gallery-style Victorian three-storey landings. B1 is the segregation unit. C1 holds some segregation cells and, separated by a gate, accommodation for vulnerable prisoners.
D wing is a more modern house block, on three storeys, and substance misuse services are based here.
E wing is a two-storey building 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 and date in post
Helen Clayton-Hoar (June 2017)

Independent Monitoring Board chair
Kevin Whiteside

Date of last inspection
9–20 May 2016

About this inspection and report

A1 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.

A2 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.

A3 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. 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 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.

A4 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.

A5 Our assessments might result in one of the following:

- **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 good practice**: impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

A6 Five key sources of evidence are used by inspectors: observation; prisoner 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.

A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

A9 This explanation of our approach is followed by 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)*.[2] 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 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

A10 Details of the inspection team and the prison population profile can be found in the appendices.

A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.[3]

[2] https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/

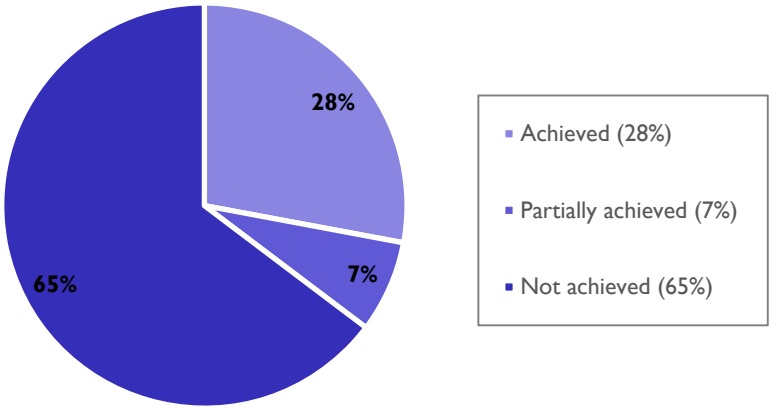
[3] The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

S1 We last inspected HMP Bedford in 2016 and made 68 recommendations overall. The prison fully accepted 59 of the recommendations and partially (or subject to resources) accepted seven. It rejected two of the recommendations.

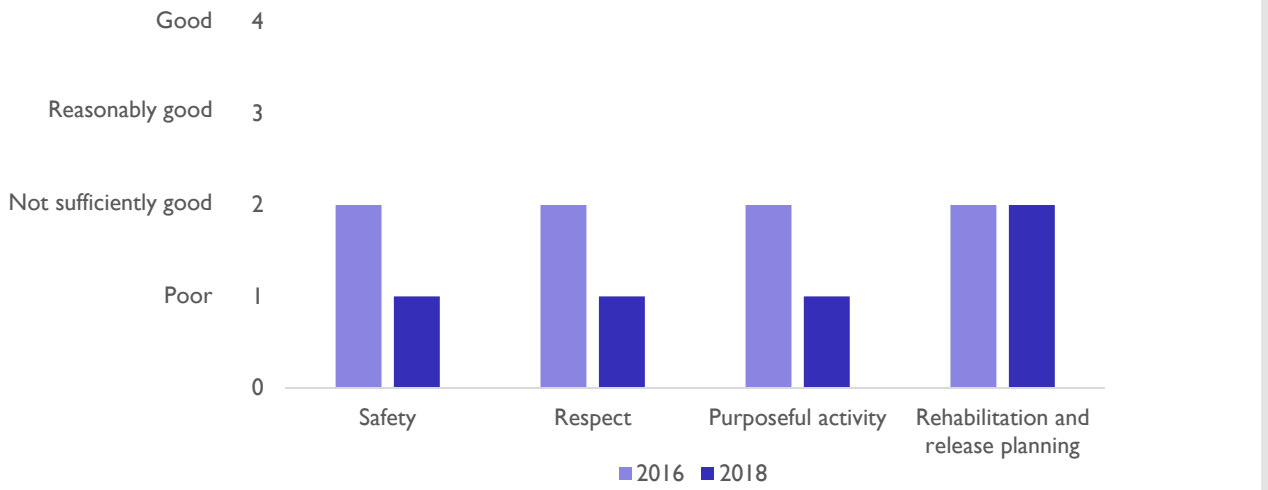
S2 At this follow up inspection we found that the prison had achieved 19 of those recommendations, partially achieved five recommendations and not achieved 44 recommendations.

Figure 1: HMP Bedford progress on recommendations from last inspection (n=68)



S3 Since our last inspection, outcomes for prisoners had declined in all healthy prison areas apart from Rehabilitation and release planning, which had stayed the same. Outcomes were poor in each healthy prison area, except for Rehabilitation and release planning, where outcomes were not sufficiently good.

Figure 2: HMP Bedford healthy prison outcomes 2016 and 2018[4]



[4] Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

S4 *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.***

S5 *At the last inspection in 2016 we found that outcomes for prisoners in Bedford were not sufficiently good against this healthy prison test. We made 19 recommendations in the area of safety.[5] At this inspection we found that five of the recommendations had been achieved, two had been partially achieved and 12 had not been achieved.*

S6 Reception staff and prisoner orderlies were welcoming but holding rooms were bland and provided little to occupy prisoners. Initial safety interviews were now conducted in private and had a suitable focus on identifying risk issues. Owing to shortages of prisoner kit, some new arrivals were not issued with sufficient clothing and bedding.

S7 Too often, new prisoners did not go to the dedicated first night unit because too many spaces there were taken up by prisoners who could not be located elsewhere. Instead, they were located wherever there was a space, and these cells were not well prepared. Wing staff were often unaware of new arrivals and did not routinely check on their welfare. In our survey, less than half of prisoners said that they had felt safe on their first night. Induction was adequate but many prisoners did not attend all elements. Peer worker involvement was positive but was not overseen by staff.

S8 In our survey, just over two-thirds of prisoners said that they had felt unsafe at the prison at some time, and over one-third felt unsafe at the time of the inspection. Recorded levels of assaults when measured over a 12-month period had increased considerably since the previous inspection and were much higher than at all but one local prison. The number of assaults on staff had risen sharply and were higher than at any other local prison. Some detailed work had been undertaken to understand the causes of violence, and there was a comprehensive safety strategy, but there was no dynamic action plan to monitor actions to make the prison safer. The governor chaired the monthly safer custody meeting, and this was well structured, but minutes showed a lack of engagement from some key areas.

S9 The current prisoner violence reduction scheme was mainly ineffective. There were few challenges or sanctions faced by perpetrators of violence beyond use of the incentives and earned privileges (IEP) scheme and formal adjudications, which in themselves were not effective. There was still no specific violence reduction strategy for young adults, who were over-represented in violent incidents. Support for victims of violence was inadequate.

S10 Vulnerable prisoners located on the dedicated vulnerable prisoner wing received a reasonable regime but this was not the case for those located elsewhere across the prison, who were often intimidated by other prisoners and spent too much time locked up.

[5] This included recommendations about substance misuse treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

S11 The IEP scheme was ineffective. It did too little to incentivise good behaviour and was applied inconsistently. Too many IEP reviews did not take place on time. Target setting for prisoners on the basic level of the scheme was poor.

S12 The adjudication process was not used effectively to challenge poor prisoner behaviour. Over the previous six months, only around one-third of adjudications had been completed. The prison had begun to address the dysfunctional process for police referrals.

S13 Levels of use of force were very high, and much higher than at the time of the previous inspection and at similar prisons we have recently inspected. Baton use was high. We found evidence of numerous occasions where special accommodation had been used but not recorded. Although there was some analysis of available data to identify hotspots and trends, managerial oversight was inadequate and the use of force committee did not review video recordings or incident paperwork. Almost all dossiers were incomplete and none included an 'injury to prisoner' form.

S14 The use of segregation was similar to that at the time of the previous inspection and at other local prisons. Staff on the unit managed some extremely challenging behaviour from prisoners, but the unit was chaotic, with little managerial supervision and no oversight of segregated prisoners on normal location. The recording of individuals' behaviour was poor and the daily occurrence log was rarely used. The environment and conditions on the unit and overspill landing were appalling. General areas and cells were dirty and in constant need of repair, toilets did not flush properly and some emergency cell call bells were inoperative. The regime for those on the unit was poor. There was some evidence of previous reintegration of prisoners back onto normal location but too many were transferred out of the prison without their issues being addressed.

S15 The lack of order and control on some wings was a major concern. Staff struggled to contain an act of concerted indiscipline during our visit and we often observed periods where staff control was tenuous. Dynamic security was poor and we witnessed little effective engagement from staff on some residential wings.

S16 Intelligence was well managed, and searching resulted in regular finds of drugs and other contraband, but too few searches and suspicion drug tests were completed. The prison was focused on known and emerging threats, including organised gang activity, and drug supply and associated debt. There was appropriate attention to the risks posed by extremism.

S17 Almost half of all prisoners surveyed said that it was easy to get illicit drugs at the prison, and a fifth said that they had developed a drug problem while there. The random drug testing rate was 27%, which was relatively high. We regularly smelt cannabis and other substances being burnt throughout the prison. There was a supply reduction strategy and action plan but the prison's efforts were hampered by a lack of funding and investment in available technology to assist in drug detection and supply reduction.

S18 There had been five self-inflicted deaths since the previous inspection, the most recent taking place a year earlier. Progress against some Prisons and Probation Ombudsman recommendations was too slow and some actions had not been completed. The number of incidents of self-harm had increased substantially since the previous inspection and was higher than the average in similar establishments. Assessment, care in custody and teamwork (ACCT) case management processes for prisoners at risk of suicide or self-harm were weak. Initial assessments were mostly adequate but some care maps were missing or failed to address the issues of concern to prisoners. Many staff comments in ongoing records were observational rather than demonstrating meaningful interaction. In our survey, only a third of prisoners who had been subject to ACCT procedures said that they had felt cared for, and any care provided was severely undermined by poor living conditions and a lack of

purposeful activity. There were too few Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) to meet the needs of the population and they were not available during the night.

Respect

S19 *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.***

S20 *At the last inspection in 2016 we found that outcomes for prisoners in Bedford were not sufficiently good against this healthy prison test. We made 27 recommendations in the area of respect. At this inspection we found that 11 of the recommendations had been achieved, two had been partially achieved and 14 had not been achieved.*

S21 Staff–prisoner relationships had deteriorated since the previous inspection and were of considerable concern. The prison was managing a challenging, dynamic mix of prisoners, with a particularly inexperienced staff group: 77% of available officers had less than one year's experience and almost half of middle managers were temporarily promoted. Staff at all levels were committed to their work, trying to do their best, but as a group they were out of their depth. This lack of experience was having a serious adverse impact on many aspects of prison life. Some prisoners routinely and blatantly disregarded rules and appropriate standards of behaviour, without challenge. We often observed prisoners refusing to do as instructed by staff – and getting away with it. Poor supervision and control of prisoners created unacceptable risks.

S22 Living conditions were poor. Common areas in most wings were not kept clean, with A wing being particularly filthy. Despite recent attempts to control vermin, rats, pigeons and cockroaches were everywhere. There were too few working showers on some wings. Many shower rooms were dirty and in poor physical condition, and some were decrepit. Many cells were overcrowded and cramped. Cleanliness was variable and many cells were grubby and poorly decorated. Some toilets were dirty and many were poorly screened. There was much graffiti, some of it offensive.

S23 Most cells had basic equipment such as kettles and televisions, although some had insufficient furniture. Some bunk beds were broken and several had no ladders. Some cells had missing windows and many had broken, or blocked, observation panels. There was a huge backlog of general repairs and maintenance. Many cells had been vandalised and assessed as not fit for habitation but we nevertheless found a prisoner located in one. Laundry facilities were inadequate. Prisoners struggled to get access to essentials such as sufficient clean clothing. Towels and sheets were changed only every four weeks, which was deplorable.

S24 The food provided was of reasonable quality, although breakfast packs were meagre. Despite a period of severe understaffing, the kitchen was well organised and standards of hygiene and cleaning were high, but non-core work, such as consultation and special event menus, had suffered. The system for buying items from the prison shop list worked well, but new

prisoners had to wait up to 10 days to receive their first full order, which increased the likelihood of debt. The catalogue ordering system had improved, but many electrical items had been delayed for several weeks waiting to be tested.

S25 Prisoner consultation arrangements were adequate. Until recently, oversight of the applications process had been poor. We could not be confident that they were dealt with in a timely manner, or at all.

S26 The number of complaints submitted had doubled since the previous inspection. Too many responses were late and 12% in the previous three-month period had not been responded to at all. Most of the responses we looked at were adequate but some had not been properly investigated and apologies were not always offered when warranted. Some complaints about staff were not always investigated by an appropriately senior or independent person. Insufficient support was available to help prisoners with their legal needs.

S27 There was now an established pattern of equality meetings and protected characteristic forums. Our survey showed relatively few significant differences in perception between minorities and others, although staff–prisoner relationships stood out as the one area where black and ethnic minority and Muslim prisoners had more negative perceptions than others. There was good use of local data to look for evidence of inequity between different groups. However, as yet, few meaningful actions resulted from the processes of consultation and analysis. There were prisoner equality representatives, and equality officers had been identified but were not yet active in their roles. Access to the discrimination incident reporting process had improved but the quality of investigation was inconsistent.

S28 Foreign nationals who spoke little English were disadvantaged by the absence of translated material and low use of professional telephone interpreting services – and were at risk of being isolated. Visiting immigration staff, the only source of information on such matters, attended the prison irregularly, although forums had been held.

S29 Prisoners with disabilities were identified but for those on the wings there were no care plans, and insufficient attention was paid to meeting their basic needs. A few with substantial disabilities were living in very poor conditions.

S30 At the time of the inspection, there was a transgender prisoner and a non-binary prisoner at the establishment, and they received reasonable care. No current prisoners had identified themselves as gay or bisexual. There was no positive affirmation of different sexual orientations to encourage openness.

S31 There was little distinct provision for under-21s and none for older prisoners, although the latter were generally content with their treatment.

S32 The chaplaincy was almost fully staffed, well led and carried out core tasks efficiently. Additional activities were provided, such as bereavement counselling and yoga. There was insufficient focus in the establishment on enabling worship sessions to start on time with full attendance.

S33 Health services had improved since the previous inspection. A range of primary care services was available and waiting times were acceptable for most clinics. However, the team was struggling to engage podiatry services, which had been absent for four months. The confidential health complaints process was not routinely used by prisoners, and forms were not widely available. Prisoners had to ask wing staff and peer workers for health care application forms, which was inappropriate. Inpatients received a good level of care from all

staff and had access to a range of activities. During the inspection, only one prisoner was receiving social care. Processes for referral and assessment were effective.

S34 A well-integrated mental health team offered a limited range of primary support but lacked capacity to provide sufficient levels of therapeutic interventions. Secondary care was reasonable. Urgent referrals were seen promptly but routine referrals took too long to be assessed.

S35 Overall support for prisoners with substance misuse issues had improved, although at the time of the inspection only 55% of new arrivals requiring stabilisation were located on D-wing, the designated drug treatment wing, which was unsatisfactory. Twenty-four-hour monitoring and observation were now taking place for most prisoners during the first five days of stabilisation and detoxification. Clinical care was good and we observed good joint working between clinical and psychosocial support services. Psychosocial support had improved, and a third of all prisoners were engaged with the service. Although one-to-one support was available to all, there was still limited access to groupwork for those who were not located on D wing.

S36 Medication administration on the main wings was poorly supervised by prison staff and was not confidential. Dental facilities had improved, and the service was good.

Purposeful activity

S37 *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.***

S38 *At the last inspection in 2016 we found that outcomes for prisoners in Bedford were not sufficiently good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this inspection we found that one of the recommendations had been achieved and nine had not been achieved.*

S39 The amount of time out of cell was poor and few prisoners used it constructively, mostly spending it on the wings with nothing purposeful to do. The few prisoners who engaged in work, education and training had up to five and a half hours a day out of their cell on most weekdays; most others had about two and a half hours. Too many prisoners, around 39%, were locked in their cells during the working day. A restricted regime had been in place for many months, which was intended to provide limited but reliable time out of cell, but there were often long delays in locking and unlocking prisoners and moving them to activities.

S40 Access to the library was limited, although facilities were good. An adequate range of materials was available but there were too few activities to promote literacy.

S41 The gym was well equipped and the PE department offered a range of recreational PE activities, but nothing for older prisoners. There was no monitoring of access to timetabled wing PE sessions, and we could not be sure that this was equitable.

S42 The overall effectiveness of education, training and work was inadequate. Prison leaders and managers had made very slow progress in tackling the weaknesses in education, work and skills identified at the previous inspection. All of the main weaknesses that we had identified remained – most notably, prisoners' low attendance and involvement in activities and induction; prisoners' poor punctuality; and the narrow and low-level range of provision. Some key aspects of teaching and learning were still not good enough. There had been a sharp fall in the number of prisoners attending initial skills assessments, and a small proportion of prisoners completed their courses and gained qualifications.

S43 The prison's quality improvement arrangements were ineffective. Externally led evaluations of purposeful activity provided thorough and accurate assessments about the quality of provision but ultimately charted a progressive decline in its effectiveness. There was a lack of clear or systematic action planning to drive change. The prison did not promote a culture which recognised education, work and skills as a means of rehabilitation.

S44 Although there were enough activity places for all prisoners to attend work, training or education at least part time, we found only around 20% of prisoners engaged in any form of purposeful activity at any one time. Too many sentenced prisoners, at about a third, were not allocated to an activity at all.

S45 The community rehabilitation company (CRC) had begun to provide prisoners with pre-release support to enter employment, training or education, but this was mostly recent and poorly attended. The education provider had begun to provide some useful information, advice and careers guidance. Prison managers did not gather meaningful or accurate data to monitor prisoners' involvement in education, training or employment after release.

S46 Teachers were committed and resilient but were not all providing consistently effective teaching and learning. Their expectations of learners were not routinely high enough and there was a lack of challenge for prisoners generally.

S47 Planning for individual learning was too often ineffective because most teachers did not know routinely who was going to attend a class. Not enough teachers managed prisoners' poor behaviour effectively, leading to some low-level disruption of learning. Prisoners were not making enough progress in most education sessions. No specialist learning support was available to the substantial number of prisoners requiring it.

S48 Prisoners' behaviour in the sessions we observed had improved since the previous inspection but was still not consistently good. However, interactions between prisoners and teachers were generally positive and respectful.

S49 Very few of the prisoners we interviewed valued their learning or believed that it would enhance their prospects on release. The accreditation of prisoners' skills developed at work was poor. Too few prisoners attended the courses on which they were enrolled, and too many arrived at sessions determined to be sent back to the wings.

S50 Too many prisoners started but did not complete their courses and gain the qualifications. This was particularly the case in functional skills English and mathematics, English for speakers of other languages, and employability courses. The relatively few who did complete an accredited course usually achieved their qualification. Too many prisoners left the prison no more qualified or skilled for work than on entry to the prison.

Rehabilitation and release planning

S51 *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.***

S52 *At the last inspection in 2016 we found that outcomes for prisoners in Bedford were not sufficiently good against this healthy prison test. We made 12 recommendations in the area of resettlement.[6] At this inspection we found that two of the recommendations had been achieved, one had been partially achieved and nine had not been achieved.*

S53 There was a good new strategy on children and family ties but the level of delivery had reduced, with no parenting courses or family 'craft box' sessions. Children's visits were held regularly, a cycle of quarterly family days had begun and a community worker provided a valuable service for families of prisoners who lived locally. The visits hall was small but well run, with good assistance from Ormiston Trust staff and volunteers. The environment was shabby, with fixed rigid furniture, but with a good café and play facilities. Visits booking processes worked reasonably well.

S54 The strategic management of reducing reoffending remained weak. The reducing reoffending strategy was thoughtful but aspirational and based on a limited needs analysis. The reducing reoffending committee rarely met and did not drive improvement. There was no action plan to monitor progress. A shortage of staff and their lack of experience undermined the work of the offender management unit (OMU), the CRC remained under-resourced and the two were not well integrated.

S55 Those prisoners supervised by on-site probation officers (amounting to about 60% of sentenced prisoners), including all high-risk men, were well managed and had regular, meaningful contact. Uniformed offender supervisors were constantly cross-deployed, which meant that about 40% of the OMU's caseload, comprising low- and medium-risk prisoners, had little or no ongoing contact. About 40% of all eligible prisoners did not have an up-to-date OASys assessment, and many others had transferred from the establishment without an assessment to inform their move.

S56 Basic, but critical, administrative tasks, such as sentence calculations, were not promptly completed, which frustrated prisoners and affected outcomes in areas such as release planning. Home detention curfew (HDC) processes were not managed effectively. Some prisoners who should have been considered for HDC were not. There was insufficient oversight of categorisation and transfers to ensure the appropriate and prompt transfer and progression of sentenced prisoners.

[6] This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

S57 There was a regular interdepartmental risk management team meeting, with an appropriate scope, but attendance from other departments was weak and high-risk prisoners were considered too close to release to allow time for remedial action. There was good information exchange between community offender managers and on-site probation officers in most of the high-risk cases we looked at. Mail and telephone monitoring arrangements were generally well managed and reviewed in a timely manner.

S58 Appropriately for a local prison, few offending behaviour interventions were available but the introduction of the Reactiv8 programme (a sport-based approach to improving thinking skills) was very positive and suitably focused on the young and short-term population.

S59 There was a high demand for help with accommodation. Despite the best efforts of the Nacro worker, about a third of prisoners with an identified accommodation need were released homeless.

S60 In our survey, far more prisoners than at other local prisons said that they needed help with finance, benefit and debt issues. Support from the CRC overall was too limited but prisoners could now open bank accounts.

S61 The demand for resettlement services was very high, with about 90 prisoners released each month. Many prisoners stayed for only a very short time: 58% of the population had been at the establishment for three months or less. CRC provision remained too limited. Although initial resettlement plans were completed on time and appropriately identified need, too many prisoners did not have their plan reviewed before release, to ensure that referrals had been progressed and actions completed. The pre-release board, potentially extremely useful, was poorly attended and was not given sufficient priority by the prison.

Main concerns and recommendations

S62 Concern: Levels of violence were very high and perpetrators of violence faced few sanctions or interventions. The causes of violence were well understood but the prison lacked a dynamic, measurable action plan.

Recommendation: 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.

S63 Concern: The conditions and regime experienced by prisoners on the segregation unit and those segregated on normal location were appalling. The unit was chaotic and managerial oversight was lacking.

Recommendation: 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.

S64 Concern: Drugs were easily available. A good local supply reduction strategy and action plan was in place but it was hampered by a lack of funding and investment in available technology (such as Rapiscan and body scanners) nationally to assist in drug detection and supply reduction.

Recommendation: Bedford's effort to reduce drug supply should be supported by investment in improving physical security and providing technological solutions.

S65 Concern: Care for prisoners in crisis and at risk of self-harm was weak. ACCT procedures to meet the needs of those most at risk were poorly managed and were ineffective. Many experienced poor living conditions, without access to activities, and were locked in their cells for long periods.

Recommendation: Those at risk of self-harm should be properly supported, and triggers such as poor living conditions and isolation should be addressed. The care of those most at risk under assessment, care in custody and teamwork (ACCT) procedures should focus on their assessed needs through a well-managed and effective casework approach.

S66 Concern: Officers were exceptionally inexperienced. Most were committed to their work, trying to do their best, but as a group were out of their depth. Prisoners routinely and blatantly disregarded rules and appropriate standards of behaviour, without challenge. We often observed prisoners refusing to do as instructed by staff – and getting away with it. Poor supervision and control of prisoners created unacceptable risks and, at times, control was tenuous.

Recommendation: 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.

S67 Concern: Living conditions were very poor, often overcrowded, dirty and vermin infested.

Recommendation: All prisoners should live in clean and decent conditions.

S68 Concern: Managers did not focus on education, work and skills as a means of reducing reoffending. Too many prisoners left the prison no more qualified or skilled for work than on entry to the prison. There were sufficient activity places for all prisoners to be engaged in part-time activities. Despite this, attendance was very poor, with only about 20% of prisoners in purposeful activity at any one time.

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.

Section 1. 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.

1.1 Some prisoners continued to experience long waits at court before being taken to the establishment. Some cellular cubicles in escort vehicles contained large amounts of graffiti. Prisoners disembarked promptly and were not handcuffed while being taken to the reception area. Video-link facilities were used, where possible, for court appearances and interviews with probation staff and solicitors.

1.2 Reception staff and prisoner orderlies were welcoming. In our survey, only a third of prisoners said that they had spent less than two hours in reception. Processes were reasonably efficient but during the inspection there were delays in moving prisoners on from reception while the prison roll was confirmed and cells for new arrivals were identified.

1.3 The reception area now had private rooms for interviewing new arrivals. Initial safety interviews had a suitable focus on identifying risk issues. Prisoners also had an initial health care screening and spoke individually to an induction officer before leaving reception. Facilities in reception still needed improvement: the main holding room had a leak in the ceiling, toilets were dirty and there was nothing to occupy prisoners while they waited. The small holding room for vulnerable prisoners did not have a toilet and contained little information about the prison. There was little information available in languages other than English.

1.4 There were still problems providing prisoner kit in reception. T-shirts, blankets and towels were all in short supply, so some new arrivals were not issued with sufficient clothing and bedding. If new arrivals completed reception processes sufficiently early in the evening, they could have a shower and hot meal, and make a free telephone call in reception.

1.5 Five prisoner peer workers worked in reception, including an information, advice and guidance (IAG) worker, who provided new arrivals with information about the prison. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were also present, but they left reception if their services were requested by prisoners on the wings.

1.6 In our survey, only 49% of prisoners said that they had felt safe on their first night, which was worse than at other local prisons and at time of the previous inspection. The dedicated first night unit (E wing) was not functioning effectively. Cells were adequate but new arrivals were often not located there because too many spaces were taken up by vulnerable prisoners and those who could not be located elsewhere because they were being kept apart from men on other wings. Instead, new arrivals were located on other wings, wherever there was space. These cells were not well prepared or fully equipped. Night staff were often unaware of new arrivals and did not routinely check on their welfare on their first night, even on E wing.

1.7 Induction for new arrivals located on E wing was adequate. It began on the next working day after arrival and included a useful DVD about the prison. An IAG peer worker provided practical information about visits, applications and such like but there was no staff oversight of his work. An informative PowerPoint presentation that we were shown was not being used, which was a missed opportunity. In our survey, only 36% of prisoners said that induction had told them everything they needed to know about the prison. Arrangements for new arrivals located elsewhere in the prison were not consistent and many prisoners did not attend all elements of the induction process.

Recommendations

1.8 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.

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

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

1.10 In our survey, 67% of prisoners said that they had felt unsafe at the establishment at some time, and 37% that they currently felt unsafe. The number of assaults had risen sharply since the previous inspection; when measured over a 12-month period, they stood at a higher level than all but one other local prison. The number of assaults on staff had risen dramatically and was higher than at any other local prison, with 116 in the previous six months, some of them serious. Not all violent incidents were accurately or promptly recorded, including an act of concerted indiscipline we witnessed during the inspection (see paragraph 2.4). Threats to staff were a serious concern and an almost daily occurrence (see main recommendation S62).

1.11 The governor chaired the monthly safer custody meeting and some detailed work had been undertaken to understand the causes of violence and antisocial behaviour. This meeting was well structured, and underpinned by a comprehensive strategy that identified the substantial impact that drugs and associated debt, and gang-related activity were having on the stability of the establishment. Detailed monitoring identified the timing and location of violent incidents and monitored the age of perpetrators. For example, the prison knew that young adults, who made up around 13% of the population, were responsible for over 30% of violent incidents. Despite this, there was still no specific strategy to support and manage this group effectively. Not all departments attended the safer custody meeting.

1.12 There was an overall strategic action plan to tackle violence, and this identified high-level actions and functional responsibilities. However, this was very new and had yet to be embedded across the prison. There was no dynamic action plan to monitor progress each month (see main recommendation S62).

1.13 The current violence reduction scheme was mainly ineffective and provided few interventions or sanctions for perpetrators beyond the use of the incentives and earned privileges (IEP) scheme or formal adjudications, both of which we found to be ineffective. Support for victims of violence was inadequate and amounted to a change of location or, in extreme cases, being signed up as a vulnerable prisoner. Prisoners choosing to self-isolate received little support and spent almost the entire day locked in their cells with little, if any, access to basic amenities such as telephones or showers (see main recommendation S63). Meals were served at the cell door.

1.14 F wing was the designated vulnerable prisoner unit but was too small for this population. Conditions on this wing were good and prisoners located there had a reasonable regime. Around 17 other vulnerable prisoners subject to Rule 45 (good order and/or discipline/segregation for own protection) were located across the prison on the subterranean C1 landing or E wing, or in the health centre. Most of these prisoners were scheduled to attend F wing for work and association, but the constant regime delays reduced this opportunity, and these men had a poor regime, spending too much time locked up (see also section on time out of cell and recommendation 3.8). These prisoners, as well as men self-isolating in their cell and those who had been relocated as a result of being under threat, were subject to routine intimidation and abuse from other prisoners. The location of the vulnerable prisoners on C1 landing, in cells adjacent to segregated men, was especially inappropriate.

1.15 The IEP scheme was ineffective and did too little to incentivise good behaviour. In our survey, only 23% of prisoners, far fewer than at other local prisons, said that the scheme promoted good behaviour. The scheme was not applied consistently to tackle poor behaviour, and we observed such behaviour going unchallenged (see also section on staff–prisoner relationships). Only 26 prisoners were currently on the basic regime, which was a remarkably low number, given the levels of violence and antisocial behaviour (see main recommendation S62).

1.16 There was poor oversight of the IEP scheme. Many reviews took place without the prisoner being present and too many did not take place on time. About two-thirds of prisoners on the entry level of the scheme had not been reviewed 14 days after arrival, as required. Target setting for prisoners on the basic level of the scheme was poor. Some prisoners were given generic targets, and others no targets at all.

Adjudications

1.17 The adjudication process was in disarray and was not used effectively to challenge poor prisoner behaviour. The number of adjudications had increased sharply since the previous inspection, with 1,074 in the previous six months, which was considerably higher than we usually see at local prisons. The main charges were for violence and possession of drugs and mobile phones. Over the previous six months, only around one-third of adjudications had been completed. As a result, prisoners knew that, either because of delays or systemic failure, misbehaviour and defiant disobedience were unlikely to lead to punishment.

1.18 The standard of adjudication paperwork was poor. We saw several cases where charges had been dismissed because of basic procedural errors, or where evidence had not been brought to the hearing. The deputy governor reviewed a 10% sample of adjudications each month. This was effective in identifying problems but had not yet improved the quality of the process. Apart from this, oversight was limited. Adjudications were discussed in the segregation meeting but this was not well attended by the managers who conducted adjudications.

1.19 The process for referring potential criminal offences such as assault or drug possession to the police was dysfunctional, as a result of poor liaison, and such referrals rarely resulted in a charge or prosecution. The prison had begun to address deficiencies but much more needed to be done.

Recommendation

1.20 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.

Use of force

1.21 The number of incidents involving the use of force had risen dramatically, from 104 incidents reported in the six months before the previous inspection, to 349 in the same period before the current inspection. The present level was much higher than at other local prisons.

1.22 Baton use was much higher than we normally see. There had been 30 uses in the previous six months, against two uses in the same period before the previous inspection. The current rate was far higher than at other local prisons. The prison had officially recorded two uses of special accommodation in the previous six months. However, we found evidence of at least 28 uses which had not been formally logged.

1.23 Managerial oversight of use of force was inadequate. The use of force committee met monthly and analysed some data to identify trends and hotspots. However, it did not report on special accommodation use, pay sufficient attention to the use of batons, or review any video recordings or paperwork relating to incidents, to monitor the proportionality of the force used. The quality of documentation was poor. Almost all of the dossiers we looked at were incomplete and none of them included an F213 'injury to prisoner' form.

1.24 Planned interventions were not routinely video-recorded. The recordings that we viewed showed some poor techniques. They were badly filmed, with recordings stopping and restarting with some clear time gaps.

Recommendation

1.25 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.

Segregation

1.26 The use of segregation was similar to that at the time of the previous inspection and at other local prisons, but this comparison did not take into account those segregated on the residential wings. The management, monitoring and recording of those segregated remotely were poor and we were unable to ascertain precisely how many prisoners had been segregated on residential wings. We witnessed much confusion between staff on the segregation unit and on the wings over who exactly was segregated, why they were segregated and who was responsible for their care. The segregation daily diary was poorly completed and did not provide a reliable record of segregation (see main recommendation S63).

1.27 The environment and conditions on the segregation unit and the overspill C1 landing were appalling. Communal areas were dark and dirty, and cells were filthy and decrepit, with little natural light. Cells were in constant need of repair, as a result of some extremely challenging behaviour from prisoners, with most fittings damaged in some way. Toilets did not flush properly. There was also an infestation of vermin. One segregated prisoner caught and killed a number of rats in his cell during the inspection (see main recommendation S63).

1.28 Some emergency cell call bells on the unit were inoperative, and although we told staff about this, it was not rectified. This problem also affected cells used for segregation on the C1 landing, which were out of the sight and hearing of segregation unit staff (see main recommendation S63).

1.29 The daily management of the unit was chaotic, with little managerial oversight. Staffing was inconsistent and few officers we spoke to regularly worked on the unit or had been sufficiently trained to work in this sensitive environment. Handwritten and electronic case notes were rarely used to record individual prisoners' behaviour and it was difficult to establish the issues for prisoners located on the unit. Use of the individually tailored care plans we had seen at the previous inspection had ended. Despite much anecdotal information about incidents on the unit, the daily occurrence log had just three entries in it for the whole of August 2018 (see main recommendation S63). Prisoners on open assessment, care in custody and teamwork (ACCT) case management documents were rarely located on the unit, and there were processes to justify location on the unit.

1.30 The regime for those subject to segregation was poor and amounted to a daily telephone call, shower and access to the small caged exercise yard (see main recommendation S63). There was some evidence of previous efforts to integrate some difficult prisoners back onto the residential wings. However, around 25% of all those segregated were transferred out of the prison without their issues being addressed, which was too many.

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 misuse and effective drug supply reduction measures are in place.

1.31 Physical security procedures were mostly proportionate for a local prison. However, we witnessed a serious lack of order and control on the wings. The many inexperienced wing staff struggled to exert their authority over prisoners, who did not obey basic rules or conform to expected behaviour. We often found that staff control over prisoners was tenuous, especially during unlock periods and prisoner movement times. We witnessed a prolonged act of concerted indiscipline, incited by just one prisoner who was challenging the legitimacy of a cell search. Staff struggled to control a large group of angry prisoners refusing to be locked up, and eventually capitulated to their demands, allowing them out onto the exercise yard. We also witnessed staff being unwilling to go onto a landing while a group of prisoners were being loud, disorderly and throwing food. When we asked an officer why no one was going onto the landing, they shrugged and walked off. Prisoners on the landing told us that this was a regular occurrence, and that staff were rarely present. We were so concerned about this that we raised the issue with managers, who then attended the wing to offer extra support (see also section on staff–prisoner relationships).

1.32 Dynamic security was poor. We witnessed little effective engagement from staff on some residential wings, and few could demonstrate any in-depth knowledge of those in their care.

1.33 The flow of intelligence from across the prison was well managed. Most intelligence reports were reactive and described incidents involving violence, drugs and mobile phone use. Intelligence was quickly assessed and was used well to identify the need for suspicion drug tests and intelligence-led searches of cells. There were regular finds of drugs, mobile phones, weapons and other contraband, but only 32% of requested drug tests and 75% of requested searches had been completed during the previous six months.

1.34 The prison was focused on known and emerging threats, including organised gang activity, drug supply and associated debt. Gang affiliations from the local areas were also closely monitored and actions taken to monitor closely and disrupt their activities. There was an appropriate focus on the risks posed by extremism.

1.35 In our survey, 46% of respondents said that it was easy to get illicit drugs at the prison, and 20% that they had developed a drug problem while there. Mandatory drug testing procedures were satisfactory. The random drug testing positive rate was 27%, which was higher than the average for this type of prison. However, even this was not an accurate figure, as a substantial proportion of those selected for testing refused the test. We regularly smelt cannabis and other substances being burnt throughout the prison, particularly on A wing.

1.36 The prison had developed a well-considered drug supply reduction strategy, supported by an action plan which was reviewed at the monthly security meeting. However, more needed to be done. The prison's efforts were hampered by a lack of funding and investment in the available technology, such as body scanners, to assist in drug detection and supply reduction. For example, there was no electronic drug detection equipment in place to scan mail for the presence of impregnated drugs (known as Rapiscan); drug search dogs were not always available; and requests for funding to repair and improve physical security measures, such as additional cameras and effective window cages, had gone unmet (see main recommendation S64). A perfectly good artificial grass football pitch was not being fully used because it lacked physical protection (netting) to prevent prisoners from retrieving drugs thrown over the prison wall.

Recommendation

1.37 All requested target searching and drug testing should be completed.

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

1.38 Levels of self-harm were higher than the average at other local prisons and had increased substantially since the previous inspection. In the previous six months, there had been 163 self-harm incidents, compared with 121 in the same period before the previous inspection. Since the previous inspection, there had been five self-inflicted deaths, the most recent in September 2017. Action plans had been developed in response to the five Prisons and

Probation Ombudsman (PPO) investigations. Progress against some PPO recommendations had been too slow and some actions had not been completed.

1.39 A safety strategy, informed by consultation with staff and prisoners, set out the actions that the prison had identified to reduce levels of self-harm. The safer custody meeting (see paragraph 1.11) reviewed a range of useful data to improve the understanding of self-harm. Weekly complex case meetings had multidisciplinary attendance and were a helpful forum to coordinate the care of prisoners who posed a risk to themselves.

1.40 The number of ACCT documents opened had increased slightly since the previous inspection. There were 21 ACCT documents open at the start of the inspection. Support for prisoners subject to these procedures was still weak. Initial assessments were mostly adequate but some care maps were missing and others failed to evidence how issues causing prisoners distress had been addressed. Case reviews were often not multidisciplinary and health services staff did not attend all initial reviews. The frequency of some night observations was too predictable and many entries in ongoing records were observational and did not evidence meaningful engagement with the prisoner (see main recommendation S65).

1.41 In our survey, only a third of prisoners who had been subject to ACCT procedures said that they had felt cared for by staff. The lack of purposeful activity, long periods spent locked up (see section on time out of cell) and the poor living conditions (see section on living conditions) all severely undermined support for prisoners at risk of suicide and self-harm (see main recommendation S65).

1.42 In our survey, far fewer prisoners than at other local prisons said that they could see a Listener if they needed to (27% versus 46%). There were only three Listeners, which was too few to meet the needs of the population. In addition, prisoners did not have access to Listeners after 9pm, which was poor. At these times, they had to use a telephone to contact the Samaritans from their cell. The Listeners suite was dirty.

Recommendations

1.43 **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.** (Repeated recommendation, 1.26)

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

Protection of adults at risk[7]

1.45 There was an up-to-date adult safeguarding policy, which set out the responsibilities of staff in safeguarding prisoners, and a named responsible manager. However, staff we spoke to were not aware of how to identify and act on any concerns that they had.

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[7] 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).

Section 2. 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.

2.1 Staff–prisoner relationships were a serious concern. The prisoner population was young and short term: 75% were aged under 40, and 58% had been at the prison for three months or less. The prison was having to manage this challenging, dynamic mix of prisoners with an extremely inexperienced staff group: 77% of available officers had less than one year's experience, and almost half of middle managers were temporarily promoted.

2.2 Staff at all grades were committed to their work and trying to do their best, but as a group they were out of their depth. Their lack of experience was having a serious adverse impact on many aspects of prison life and was felt keenly by prisoners, who struggled to get their basic needs met. Entries in prisoner case notes evidenced a lack of meaningful staff engagement with prisoners (see main recommendation S66).

2.3 Inexperienced staff lacked the resilience to challenge poor behaviour. Some prisoners routinely and blatantly disregarded rules and appropriate standards of behaviour, without challenge. We observed several instances of prisoners smoking openly on wing landings. The smell of cannabis and other burning substances pervaded some wings. When we asked one officer about this, he said: 'If it's just cannabis, it's a good day'. Some cell observation panels were blocked and we saw prisoners in various states of undress on wing landings. We often saw prisoners refusing to comply with directions from staff, without sanction or effective challenge. It could take over an hour for staff to lock prisoners behind their doors at the end of the day (see main recommendation S66).

2.4 Poor supervision and control of prisoners created unacceptable risks. At times, staff control over the wings was tenuous. We observed a particularly worrying and prolonged act of concerted indiscipline, involving many prisoners (see also paragraph 1.31). Staff struggled to deal with the incident, and appeared not to know what to do. Managers were not in control. Prisoners made unreasonable demands and many of them were acceded to by inexperienced staff. On another occasion, we found prisoners engaged in rowdy and unrestrained behaviour, and the incident had the potential to escalate. Staff were unwilling to go upstairs to intervene, and prisoners told us that this was not unusual.

2.5 Staff told us that they often did not feel safe in the prison. The number of assaults on staff was higher than at any other local prison (see section on managing behaviour and main recommendation S62).

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

2.6 Living conditions had deteriorated and were poor. One prisoner described the prison as 'unclean' and 'falling apart'. In our survey, only 36% of respondents said that the shared areas of their wing were normally clean, which was far worse than at other local prisons. We also found this to be the case, with A wing being particularly filthy. At times, rubbish was left sitting on landings for far too long (see main recommendation S67).

2.7 The prison was struggling with infestations of insects and vermin. A sign on one wing read, 'Please ensure doors remain shut to prevent rats entering the wing!!!' (see Appendix V, photograph 1). Despite recently engaging professional pest control services, rats, pigeons and cockroaches were still everywhere (see main recommendation S67).

2.8 There were too few working showers on some wings, and some were poorly screened. On A wing, 127 prisoners were sharing six showers. Many shower rooms were dirty and in poor physical condition, and some were decrepit (see Appendix V, photographs 2 and 3, and main recommendation S67).

2.9 Many cells were overcrowded and cramped. Cleanliness was variable and many cells were grubby and poorly decorated. Some toilets were dirty and many were poorly screened. They contained large amounts of graffiti, some of it offensive. Most cells had basic equipment such as kettles and televisions, although some lacked items of furniture. Some bunk beds were in poor condition and several had no ladders (see Appendix V, photographs 4 and 5). Some cells had missing windows and many had broken, missing or blocked observation panels, particularly on C wing (see main recommendation S67).

2.10 Her Majesty's Prison and Probation Service (HMPPS) had taken over maintenance of the prison from Carillion but the prison considered the quality of repairs to be poor. There was a huge backlog of general repairs and maintenance. An action plan recorded 601 outstanding repairs, 420 of which dated back to 2017 (see main recommendation S67).

2.11 Many cells had been vandalised and assessed as not fit for habitation but we nevertheless found a prisoner located in one. This cell had a bed but no other furniture, television or kettle. The window was broken and the toilet did not flush. There was builder's rubble on the floor from repairs which had not yet been completed (see main recommendation S67).

2.12 Laundry facilities were inadequate. In one laundry room, water from an upstairs shower room was leaking onto an electrical box and pooling onto the floor below (see Appendix V, photograph 6). In another, a degraded ceiling had exposed some electrical wiring. The floor was filthy and there was a blocked, foul-smelling sluice (see Appendix V, photograph 7). Prisoners struggled to get access to essentials such as sufficient clean clothing. In our survey, only 24% of respondents said that they could get clean sheets every week, which was far worse than at other local prisons (63%). Prisoners were only offered a change of towels and bedsheets every four weeks, which was deplorable (see main recommendation S67).

2.13 Access to stored property had deteriorated. In our survey, only 13% of prisoners said that they could get their stored property if they needed it, which was far worse than at the time of the previous inspection (27%). The management and storage of prisoner property had recently been poor but was starting to improve.

2.14 In our survey, only 17% of prisoners said that their cell call bell was normally answered within five minutes. Records confirmed that too many cells bells were answered late.

Residential services

2.15 The food provided was of reasonable quality, and in our survey 37% of prisoners said that it was good. Severe staff shortages in the catering team had caused considerable pressure, and the current staff were to be commended for maintaining the service. The kitchen was well organised and standards of hygiene and cleaning were high. The team of prisoner kitchen workers were used effectively.

2.16 The only hot meal of the day was served at lunchtime; this was mainly because the absence of a servery on each wing made the process of serving hot meals too long for an evening service to be possible. Prisoners we spoke to stated a clear preference for a hot meal in the evening. The cold evening meal was served at cell doors, typically consisting of a filled baguette. There was no opportunity for most men to eat together outside their cells.

2.17 Breakfast packs were still issued on the day before they were to be eaten, being distributed with the lunchtime meal. They were as meagre as at the time of the previous inspection. Kitchen staff were visible at the serveries but because of the staffing pressures, non-core work had suffered; there was little formal consultation and kitchen staff had not been able to attend prisoner forums. There was little provision in the menus for special occasions during the year, other than the cycle of major religious observances.

2.18 The system for buying items from the prison shop list worked well, and in our survey 55% of respondents said that the range of goods available met their needs, which was in line with other local prisons. However, access to the shop during the early days in custody was problematic; it could take up to 10 days for a prisoner to receive their first full shop order, and this increased the likelihood of borrowing and debt. In our survey, only 19% of prisoners said that they had had access to shop goods in their first few days at the prison, which was far worse than at other local prisons. They could apply to buy an additional reception pack in the interim, mainly used to buy vaping capsules, but this was not well publicised to prisoners and provided a very narrow range of items.

2.19 The process for ordering from catalogues had improved; delays had been reduced, but at the time of the inspection a large number of electrical items, in particular, had been held up in reception for several weeks waiting to be tested. A 50 pence handling charge was still applied for catalogue goods, in line with national requirements.

Recommendation

2.20 **Breakfast should be of sufficient quantity and issued on the morning it is to be eaten.** (Repeated recommendation 2.93)

Prisoner consultation, applications and redress

2.21 There was adequate monthly consultation with prisoners, which was an improvement on the situation we found at the time of the previous inspection. However, minutes of such meetings showed that too many actions were carried forward repeatedly.

2.22 Prisoners had little faith in the applications system, which was ineffective. Not all wings had blank application forms available. Many prisoners complained that they did not receive a response to their applications or that responses were late. Until very recently, there had been no effective system to track applications, so we could not be confident that they were dealt with in a timely manner, or at all. These failings exacerbated the frustration that prisoners already felt because the many inexperienced staff were unable to answer their simple questions (see section on staff–prisoner relationships).

2.23 The number of prisoners complaining had increased dramatically. There had been 1,157 complaints in the previous six months, which was twice as many as had been submitted in the same period before the previous inspection and far more than we typically see at other local prisons. Many complaints could have been dealt with before getting to the formal complaints stage. The prison's own findings revealed that, in some cases, men had spoken to up to six officers and still not been given an answer to their concern, before a formal complaint had been made.

2.24 In our survey, 22% of prisoners who had made a complaint said that they were usually dealt with fairly. Most of the responses we looked at were adequate but we had serious concerns about some. Not all complaints were properly investigated and apologies were not offered when warranted. Complaints about staff were not always investigated by an appropriately senior or independent person.

2.25 Too many complaints were responded to late, and in a recent three-month period 12% had not been responded to at all. Some 'confidential access' complaints, about more serious matters, such as allegations of staff misconduct, had been left unanswered. Complaints data were analysed and there was some evidence that emerging themes were being acted on. However, it was a concern that quality assurance processes had not addressed the issue of late and missing complaint responses.

2.26 There was insufficient support to help prisoners to exercise their legal rights. There was no provision to help those on remand to apply for bail, which was a serious gap, given that they made up half of the population. Facilities for legal visits were adequate and there were some basic legal texts in the library, but some of these, including all immigration texts, were out of date.

Recommendations

2.27 Applications should be tracked, to ensure that prisoners receive a timely response.

2.28 All complaints, particularly those about staff, should receive a timely, thorough and polite response which addresses the issues raised.

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

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[8] 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

2.30 Equality meetings were held regularly and were reasonably well attended. In 2018, quarterly forums had been held for prisoners with protected characteristics. In our survey, there were relatively few major differences in perception between minority groups and other prisoners. There were a few prisoner equality representatives, and equality officers had been identified but were not yet active in their roles.

2.31 Good work was being done to capture and analyse local data about equality and diversity. Data were collected weekly by age, ethnicity and religion to look for evidence of unequal treatment. This analysis showed any disproportionate representation of minority groups across activities and processes, including the incentives and earned privileges scheme, the adjudications process and the use of force. The relevant departments had, in some cases, taken note. For example, the library had identified the under-use of their service by young adults, Asian prisoners and men from the traveller community, and organised themed activities for these groups. However, overall, few other meaningful actions resulted from the processes of consultation and analysis. Aside from the governor herself, managers had not given these issues sufficient priority.

2.32 Access to the discrimination incident reporting process had improved; forms were freely available and 26 had been submitted in the previous six months. However, the standard of investigation was inconsistent and many responses were late, and several remained outstanding. The quality assurance of investigation reports was not sufficiently thorough or independent.

Recommendations

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

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

Protected characteristics

2.35 In our survey, only 44% of black and ethnic minority prisoners, in contrast to 77% of white prisoners, said that staff treated them respectfully, and 47% that there was a member of staff they could turn to if they had a problem, against 74% of white prisoners. Similarly, only 39% of Muslim prisoners said that they were treated respectfully (against 75% of non-Muslims)

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[8] The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

and 10% said that their complaints were dealt with fairly. More action was needed from the prison to understand and address these perceptions.

2.36 In our survey, about half of foreign nationals responding said that they currently felt unsafe. This reflected the isolation felt by some of those who understood little or no English. Some forums for foreign nationals had been held recently, but no translated information about prison life was available. The library held a good stock of fiction books in 36 languages other than English.

2.37 Professional telephone interpreting services were used rarely, and there was no information available about which departments were using these at all. Visiting immigration staff, the only source of information on immigration matters, were not in the establishment at all during the inspection, and their visits were not predictable. We were told that there was a plan for them to visit more regularly.

2.38 A Belarussian prisoner was upset because he had no idea why he was still in prison five weeks after the end of his sentence. He understood little English, and said that the only communication he had was with an officer who spoke Russian. He did not understand the letter he had received from immigration enforcement staff explaining his situation. He did not know how to obtain an immigration solicitor, who his personal officer was or how he might ask anyone in the offender management unit for help.

2.39 The equality administrator followed up new arrivals who declared a disability, ensuring that information about the support needed was available to staff. Apart from this, there was no assurance that such prisoners' basic needs were met, and there were no care plans other than for those prisoners living on the inpatient unit (see section on health, well-being and social care). Many staff were unaware of evacuation procedures for those with disabilities.

2.40 A few prisoners with serious disabilities but not assessed by the local authority as meeting the threshold for formal social care provision (see section on health, well-being and social care) were living on the wings in very poor conditions. One amputee was in a cell with no adaptations, with a wheelchair which could not be user-propelled; he told us that he had had only five showers so far in 2018, and even then he had had to be taken over to an accessible shower on another wing. There had been no seat in the shower room on his landing but this was corrected during the inspection. In another case, a man with disabilities was sharing a large cell with another prisoner who acted informally as his helper, but there was no system of training, selection or oversight of peer supporters in these roles.

2.41 At the time of the inspection, there was a transgender prisoner and a non-binary prisoner at the establishment. The support and care given to these prisoners was reasonable and in line with Prison Service guidance; for example, the transgender woman could order purchases each week from a list adapted to her needs.

2.42 No prisoners had identified themselves as gay or bisexual at the time of the inspection and, worryingly, several staff saw this as acceptable. No steps were being taken to encourage prisoners to give positive value to different sexual orientations in order to develop a culture in which LGBT people could live openly among the general population.

2.43 Forums had been held for older prisoners and the under-21s. However, the only distinct provision for younger men was the Reactiv8 programme (see paragraph 4.27). There were no specific activities for older men, even in the gym. However, our survey showed that older prisoners were generally content with their experience at the establishment; those who lived on the more settled units, such as F wing, spoke positively of their treatment and conditions.

Recommendations

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

2.45 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. (Repeated recommendation 2.34)

2.46 Prisoners with disabilities should be identified and given good, consistent and organised support.

Faith and religion

2.47 Most prisoners were content with faith provision. In our survey, 68% of those with a religion said that their religious beliefs were respected, and 78% that they could attend religious services if they wished. The chaplaincy was almost fully staffed, all faiths were represented, and the team was cohesive and well led. All chaplains supported prisoners, regardless of faith, and work was equitably distributed by the managing chaplain. The chaplaincy worship area catered satisfactorily for all the faiths.

2.48 There were problems with staff getting prisoners to worship on time, especially on Saturdays and Sundays. At 10am on the Sunday during the inspection, some prisoners had still not been brought over for the 9am service, and services often had to start late. Applications by prisoners on the segregation unit to attend corporate worship were not always dealt with properly.

2.49 There was a fair range of chaplaincy classes and activities, including yoga and meditation. A bereavement counsellor came in one day a week. The chaplaincy had recently organised a theatre workshop, led by an outside group over four days. There was a small amount of 'through-the-gate' work; the managing chaplain was also a local faith leader, and he kept in touch with some prisoners after release. Staff from a local faith-based charity, King's Arms, came into the prison to mentor prisoners before release, and there were plans to develop some through-the-gate work on release.

Recommendation

2.50 All prisoners should be able to attend corporate worship punctually, and all requests to attend services should be dealt with promptly.

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.

2.51 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)[9] and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

2.52 Health services had improved since the previous inspection. Northamptonshire NHS Foundation Trust (NHFT) provided 24-hour health and social care services for prisoners. A wide range of regular local and regional meetings ensured the monitoring and oversight of the service. The health services team was well embedded in the prison and there was good clinical leadership.

2.53 Regular prison-wide forums took place, attended by health services staff, but there were no patient-specific forums, to enable prisoners to influence service improvement. Patient satisfaction surveys were conducted monthly but response rates were not high. There were no prisoner health care representatives in the prison, and the service used the information, advice and guidance (IAG) peer workers on the wings to publicise information.

2.54 The on-line Datix system was used effectively by all health services staff to record incidents, and was well monitored. In the previous six months, 22 incidents had been recorded and dealt with in a timely fashion. Comprehensive death-in-custody action plans demonstrated learning, and a well-attended, regular staff meeting provided a useful forum for discussion and consideration of service development.

2.55 Staff received a wide range of mandatory training and told us that they could request and access any further training specific to their role. They accessed clinical and management supervision. The mental health team received group supervision from the clinical psychologist.

2.56 Clinical records were stored electronically on SystmOne (the electronic clinical record) and all health care professionals had access. Standards of documentation were reasonable but in some cases we saw, insufficient detail had been provided. The interactions between staff and patients that we saw were polite and professional.

2.57 Access to health services was good, irrespective of patient location. Clinical rooms in the health centre were clean and well equipped. The waiting area was bright and welcoming, with plenty of health information on display. There was a shortage of space in the health centre, and some clinics had to share rooms. Wing treatment rooms were clean, and regular infection control audits were undertaken.

2.58 Medical emergencies were well managed by appropriately trained staff and emergency equipment was available in eight locations across the small site. Equipment was checked regularly and monthly audits were carried out.

[9] 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.

2.59 There was a confidential health complaints process but few prisoners knew about it, forms were not widely available and it was not routinely used by patients. Induction information directed prisoners with health care complaints to the general prison complaints system, which was not confidential and introduced delays. In response to our concerns during the inspection, the health care provider immediately distributed health care-specific complaint forms and updated prisoner information. In the previous six months, 50 health care complaints had been received and responses had been polite, timely and appropriate.

Recommendation

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

Promoting health and well-being

2.61 There was no strategic, prison-wide approach to promoting health and well-being, and no structured programme of health promotion activity linked to national campaigns. However, health promotion took place during secondary screening and on discharge from the prison. A wide range of leaflets was available in the health centre and some posters were displayed on the wings. There were no peer health workers or health champions in the prison. Instead, health information was disseminated via the IAG workers when necessary.

2.62 Disease prevention and national screening programmes were available, including the NHS Health Check, bowel screening and blood-borne virus screening. Sexual health services were in development, but condoms and dental dams were widely available and well advertised. Condoms were also routinely provided on discharge from the prison, alongside other useful health promotion material.

2.63 The prison was smoke free and smoking cessation services were well embedded.

Recommendation

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

Primary care and inpatient services

2.65 Health screening on reception was well managed by nurses from the primary care team, substance use service and the GP. Health care need was identified promptly, and onward referrals were made. Consent to access records from community services was obtained from all prisoners. Night staff routinely undertook a historical review of all medical records on reception, to check that all relevant information had been captured.

2.66 On the day after their arrival, all prisoners received a secondary health screen on the first night unit, and a health information pack was provided. Some of the information in this pack was outdated but this was quickly addressed during inspection.

2.67 There was a range of primary care clinics available, and waiting times were acceptable for most. The pain management clinic run by the physiotherapist and GP was impressive. There had been no podiatry clinic for the previous four months but there had been determined efforts to source a service.

2.68 A nurse-led diabetic clinic met need but the nurse-led respiratory clinic was often cancelled, resulting in long waits for patients who needed a review. Both the dentist and GP could see emergencies each day if required. Prisoners requested an appointment using a generic application form posted in a dedicated health care box. However, health care application forms could only be obtained from IAG workers and prison officers, which was inappropriate. Did-not-attend rates for some clinics were too high. Attempts to address this had been made but more needed to be done.

2.69 There was a wing-based nurse triage system to follow up patients of concern and manage minor injuries and illness. However, the triage nurse undertook other roles during their shift, which had an impact on their triage work. Consultations were cut short when an emergency response was required elsewhere, and demands from other areas of the prison took time away from triage activity.

2.70 The clean and bright inpatient unit could accommodate 11 prisoners with a wide range of health care needs. Inpatients could access a range of activities, including gym, library and education sessions. Prison officers and appropriately qualified health services staff provided a good standard of care, which was reviewed regularly through weekly multidisciplinary meetings.

2.71 Patients had good access to secondary care services. Routine and emergency external hospital attendance was well managed, with good support from the prison.

2.72 Patients received effective support before release and were helped to access health services in the community where necessary. Complex discharges were well managed by the clinical lead.

Recommendations

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

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

Good practice

2.75 *Prisoners were able to attend a weekly pain management clinic jointly provided by the GP and physiotherapist.*

Social care

2.76 Prisoners with social care needs were promptly identified, and good working arrangements with Bedford Borough Council enabled timely assessments. There was a memorandum of understanding between all organisations. NHFT was funded to provide social care services.

2.77 During the inspection, only one prisoner was receiving formal social care, and had been appropriately located on the inpatient unit. Care was provided by well-trained staff, and there was a comprehensive care plan. Two other prisoners had been referred for a social care assessment in the previous six months but had not met the threshold for funded care. Prisoners at risk of potentially developing need were well known to health services staff and monitored appropriately.

Mental health care

2.78 In our survey, 48% respondents said that they had a mental health problem, but only 39% of them said that they had been helped at the prison. The range of primary support was limited and there was not capacity to provide adequate levels of therapeutic interventions. Since the previous inspection, an additional group intervention had been made available for people with low to moderate need but the service overall was underdeveloped.

2.79 The well-integrated mental health team worked with a stepped-care model, and an appropriate mix of nurses, psychologists and psychiatrists worked closely with other specialists. There was a good pathway for prisoners needing treatment for learning disabilities and those with personality disorders.

2.80 Prisoners were assessed for mental health problems on reception, and referrals to the mental health team were prompt. There was an open referral system and demand was high, with 128 referrals per month, on average. At the time of the inspection, the team carried a caseload of 65 patients.

2.81 Secondary care was reasonable. Patients with enduring and significant mental health problems were managed under the care programme approach (CPA). CPA reviews took place with appropriate psychiatric input and there were good working relationships with community teams. The clinical team met weekly with other stakeholders to discuss new referrals, routine case management, complex care and patients with a dual diagnosis (those with co-existing mental health and substance misuse problems).

2.82 The mental health team responded promptly to all emergency referrals. Routine referrals waited between three and four weeks for an assessment, which was too long. In the previous six months, four patients had waited too long for transfer to hospital under the Mental Health Act. The mental health team did not provide counselling but it was available through the wider prison. The general clinical records we examined were good and patients received physical health checks and medication reviews when needed.

2.83 Working relationships with some areas of the prison needed improvement, particularly to ensure that the mental health team was given sufficient notice to attend assessment, care in custody and teamwork (ACCT) case management reviews. In total, 75 prison officers had received mental health awareness training as part of suicide and self-harm training. Staff we spoke to could tell us how to refer prisoners to mental health services.

2.84 Discharge arrangements for prisoners with mental health issues were good, with discharge plans discussed and agreed at a weekly mental health complex case meeting. Good relationships with community mental health services enabled continued care on discharge.

Recommendations

2.85 **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.**

2.86 **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.** (Repeated recommendation 2.87)

Substance use treatment[10]

2.87 Overall support for prisoners with substance misuse issues had improved. The prison had a substance misuse strategy and action plan. Joint working between departments had improved, but prisoners testing positive for illicit substances were not referred to drug and alcohol services for support, which was a gap.

2.88 Westminster Drug Project (WDP) provided psychosocial support for prisoners with drug and alcohol problems, and this had improved. NHFT delivered good clinical treatment. The co-location of both teams on D-wing (the designated drug treatment unit), shared access to patient records and attendance at treatment reviews all facilitated good joint working. The WDP team was now fully staffed, and a duty worker system ensured prompt access. At the time of the inspection, 142 prisoners (about a third of the population) were actively engaged with the service.

2.89 Drug- and alcohol-dependent prisoners were assessed by specialist clinical staff on arrival and received prompt treatment, but only 55% of new arrivals requiring stabilisation were located on the dedicated drug treatment wing because it also held prisoners from other wings who were seeking protection from other prisoners. Prisoners experiencing severe withdrawal could be admitted to the inpatient unit.

2.90 Following concerns raised at the previous inspection, 24-hour monitoring and observation had been introduced during the first five days of stabilisation and detoxification, irrespective of patients' location. Although this took place for most prisoners, we saw evidence that on one occasion three newly arrived prisoners had not been appropriately monitored on their first night.

2.91 Non-medical prescribers and a lead GP provided flexible treatment regimes, which were reviewed at regular intervals. Currently, 85 patients were receiving methadone, and 60 had completed alcohol detoxification in the previous six months.

2.92 We saw examples of good care plans. One-to-one support was available to all and this was supplemented by in-cell work packs. A range of short group work courses ran, mainly on D wing. Officer availability limited access to these courses for prisoners living on other wings, but there were regular Alcoholics Anonymous and Cocaine Anonymous meetings. The team was currently recruiting peer mentors, and a service user forum met monthly.

2.93 Patients with a dual diagnosis were now identified at reception and referred to the mental health team. A detailed protocol and pathway for such prisoners had been introduced, and the care of these patients was coordinated at weekly multi-agency meetings.

2.94 Prisoners were given harm reduction information at reception and on release, but naloxone training to treat opiate overdose on release was not yet available. Good links with local community services had been established, and substance misuse services worked jointly to ensure treatment continuation after discharge.

[10] In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

Recommendations

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

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

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

Medicines optimisation and pharmacy services

2.98 The pharmacy service was provided by an in-house team, who had good arrangements with the health care provider to enable effective joint working. The pharmacist and pharmacy technicians administered medicines to patients but this was not a routine element of their training, and their competence to undertake this role had not been assessed.

2.99 The room used for medicines administration at the centre of the three older wings did not afford privacy as communication between patients and health services staff was difficult. Prisoners were milling about and able to overhear, the prisoner at the front of the queue had to shout through the tiny hatch to be heard, and the queue was poorly supervised by prison officers, all of which led to breaches of confidentiality.

2.100 Methadone was hand measured in the treatment room at the centre of the older wings for about 25 patients who should have been housed on the dedicated drug treatment wing (see paragraph 2.89). The volume of methadone was not always checked by a second person, even when there were two people in the treatment room.

2.101 Medicines were generally stored appropriately. Staff did not always record refrigerator temperatures daily in the inpatient unit, but in other treatment rooms these were managed appropriately, and routinely audited. The use of the out-of-hours cupboard was also now monitored.

2.102 All patients were initially placed on supervised medication when they first arrived at the prison, and in-possession risk assessments were then completed. However, there was no local policy to indicate how long they should remain on supervised medication, so risk-assessed patients often stayed on supervised medication for too long.

2.103 There was some prescribing of medicines outside their therapeutic dose; for example, we saw paracetamol prescribed twice daily instead of the therapeutic dose of four times daily.

2.104 Appropriately, patients attending court were given all their patient-named medicines, in case they were released. Prisoners who were discharged from the prison while on medication were given a seven-day supply to take with them.

Recommendations

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

2.106 Medication administration should be supervised effectively by prison staff, to ensure confidentiality and compliance, and reduce the risk of bullying and diversion.

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

Good practice

2.108 *Medicines were patient named and routinely sent to court with prisoners, in case they were released.*

Dental services and oral health

2.109 Dental facilities had improved since the previous inspection. NHFT subcontracted Time for Teeth, which provided a full range of NHS treatment. There were four clinics a week and the waiting list was short. Prisoners had timely access to the dentist for routine care, and urgent referrals could be seen promptly, with the primary health care team offering triage and pain relief as required.

2.110 The dental suite was spacious and well equipped. Dental apparatus was appropriately maintained and decontamination procedures were effective. Overall governance was effective, care met professional standards and the service was good.

Section 3. 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 and are encouraged to engage in activities which support their rehabilitation.

3.1 The amount of time out of cell was poor. In our roll checks, too many prisoners, at around 39%, were locked in their cells during the working day. In the published schedule, the few prisoners who engaged in work, education and training had up to five and a half hours a day out of their cell on most weekdays. Most others had only about two and a half hours, and some vulnerable prisoners were regularly locked behind their door for 23 hours a day. However, most prisoners had outside exercise every day, although the latter was only for half an hour.

3.2 The prison had been operating a restricted regime for many months, which was intended to provide very limited but reliable time out of cell, but there were often long delays, of up to an hour, in locking and unlocking prisoners and moving them to activities. Prisoners had not been locked up on time once during August 2018.

3.3 During our roll checks, only 19% of prisoners were in any form of purposeful activity, which was a very low figure. Few used their time out of cell constructively, mostly spending it on the wings with nothing purposeful to do (see main recommendation S68).

3.4 Milton Keynes College provided the library service, which employed two prisoner orderlies. Facilities were good and it was a good resource, with an adequate range of materials to suit a variety of needs and interests. This included easy readers, books in languages other than English, and large-print and audio books. Legal texts and Prison Service Instructions were readily available. There was more material to support vocational training and preparation for employment than previously, but there were no computer-based resources.

3.5 Access to the library was limited. Data collected by library staff indicated that 39% of the prison population used the library, which mirrored our survey findings. There was no library access as part of education, training or work. Each wing had weekly timetabled sessions but attendance was often hampered by incidents in the prison which removed movements officers or delayed the regime. Data collection and analysis of library use were developing but were not yet used effectively to increase attendance. Activities to promote literacy across the prison had reduced and were too limited. The Reading Ahead programme (which invited prisoners to read six books) had good participation but there were no longer any creative reading workshops.

3.6 In our survey, 55% of respondents said that they attended the gym at least twice a week, which was substantially better than at other local prisons. However, ongoing vacancies and redeployment to other duties hampered the PE team's ability to deliver anything other than a range of recreational PE activities. As a result, no accredited training courses were available. There was no monitoring of access to timetabled wing PE sessions, to ensure that it was equitable, and we were not confident that this was the case. The gym was a well-

equipped facility and was kept in good condition. The all-weather pitch was not being used for security reasons (see section on security).

3.7 Links with the health care department had developed, to provide support for prisoners who needed a more specialised approach to fitness. Local monitoring showed that men on D wing had low attendance rates at recreational PE sessions, and the PE team was developing some joint working with the substance misuse team to promote PE as part of a healthy lifestyle. There were no activities for older prisoners.

Recommendations

3.8 Prisoners should have at least 10 hours out of their cells on weekdays, including some time in the evening.

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

3.10 Accredited qualifications in PE should be introduced. (Repeated recommendation 3.39)

Education, skills and work activities (Ofsted)[11]

Expected outcomes:
All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.[12]

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

Overall effectiveness of education, skills and work:	***Inadequate***
Achievements of prisoners engaged in education, skills and work:	*Inadequate*
Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:	*Inadequate*
Personal development and behaviour:	*Inadequate*
Leadership and management of education, skills and work:	*Inadequate*

Management of education, skills and work

3.12 Prison leaders and managers had made very slow progress in improving the overall effectiveness of education skills and work since the previous inspection. All the key

[11] This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

[12] In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

weaknesses that we had identified were still evident, and numerous aspects had deteriorated further. Leaders and managers had not created a culture which encouraged wing staff or prisoners to place a high value on education, skills or work or recognise it as an essential driver for rehabilitation. Managers' marketing and promotion of the education, skills and work provision were weak. The education and vocational training provision provided by PeoplePlus was inadequate (see main recommendation S68).

3.13 Quality improvement arrangements were ineffective and there was a lack of clear or systematic action planning to drive change. Most of the prison's senior leaders and managers were aware of the many weaknesses in the provision but had not planned or implemented specific, realistic and time-bound actions to deal with them. Senior regional prison managers had conducted a series of detailed and objective assessments which charted a progressive decline in most aspects of the quality and effectiveness of purposeful activities. These largely accurate assessments were not being used as the focus of the prison's quality improvement group and had only very recently been incorporated in strategy documents.

3.14 The number of purposeful activity places, most of which were part time, was higher than the total number of prisoners on site, so every prisoner could, in theory, access some activity. However, we found that only 19% of all prisoners were engaged in education, skills or work, either on or off the wings. Too many sentenced prisoners, at about a third, were not allocated to an activity and simply milled about on the wings. Prisoners' attendance at courses was low; barely half of those enrolled in education classes actually attended them. Perversely, waiting lists for courses were too high because of chronic inefficiencies in the allocation process (see main recommendation S68).

3.15 There had been a sharp fall in the number of prisoners completing an initial assessment of their literacy and numeracy skills, and only about a third had done so. During the inspection, around 90 prisoners were still waiting for their assessments. A similarly low proportion had attended their induction to education, skills and work. This meant that too few prisoners were aware of the activities that they could apply for, or how they might be of benefit (see main recommendation S68).

3.16 The variety and range of vocational training and work were still too narrow, and most courses were at too low a level to meet the needs of all prisoners. The substantial proportion of more able and experienced prisoners had insufficient opportunity to develop higher-level skills. The two workshops were small and provided only very low-skilled work, which barely developed prisoners' employability skills. A few current prisoners were known to be innumerate and illiterate but, other than being put on waiting lists, they had no specific provision. Over the previous year, the education and training provider had delivered useful practical and motivational support to around 40 prisoners wanting to follow distance learning courses. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was rarely used.

3.17 Managers provided insufficient support for prisoners to enter employment, training or education on release. Working relationships between community rehabilitation company (CRC) staff and prison managers were weak. The pre-release board was ineffective, poorly attended by prisoners and not given sufficient priority by prison managers (see paragraph 4.37). A part-time education, training and employment worker provided by the CRC had begun to deliver pre-release support to prisoners, but this was mostly recent and poorly attended (see main recommendation S68). Prison managers did not gather meaningful or accurate data to monitor prisoners' involvement in education, training or employment after release.

3.18 The education and training provider had recently taken over some of the responsibilities of the National Careers Service and supplied prisoners with a range of careers advice and support, including employability courses for CV writing, interview techniques, dealing with

disclosure and job search. Case studies indicated some successful interventions, but this provision was at an early stage and most prisoners were unable to make informed decisions about the next steps in their education, employment, self-employment or training. The education provider had organised employer days, which were reasonably well supported by local and national employers, a few of whom guaranteed prisoners job interviews.

Recommendations

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

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

3.21 The curriculum and qualifications available to prisoners should meet their identified needs and aspirations.

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

3.23 The number of prisoners entering education, training or employment on release should be monitored and analysed to improve provision.

Quality of provision

3.24 Teachers were committed and, like their managers, resilient but most teaching and learning were not effective. The provision for vulnerable prisoners was more effective than for other prisoner groups.

3.25 Most of the few prisoners who attended education sessions regarded their teachers positively and said that the main benefit of being in the education department was that it was a safe place, where they were treated with respect, in direct contrast to the wings. Even so, too many prisoners arrived at education sessions and then argued that they should not have to attend; most of these prisoners were then sent back to the wings.

3.26 Teachers had only very recently begun to use a wider range of learning resources and techniques to engage, challenge and motivate prisoners in learning, but their impact was limited due to prisoners' low attendance (see also paragraph 3.37 and main recommendation S68). When group work was planned, too few prisoners routinely attended to make the activity viable. Teachers' planning for individual learning was too often ineffective because they did not know routinely who was going to attend a class.

3.27 Too many lessons were uninteresting and too many prisoners did not enjoy their learning. Many sessions were slow in pace and too many prisoners made little or no progress. Teachers did not have high enough expectations of prisoners. As a result, most prisoners were not motivated and did not engage well in classroom activities.

3.28 Most teachers did not set targets for prisoners that challenged them to excel. The feedback and targets that they gave were not specific or detailed enough to help learners to improve their work. Most teachers did not do enough in lessons to help prisoners to improve their skills in mathematics and English.

3.29 Not enough teachers managed prisoners' poor behaviour effectively, leading to some low-level disruption of learning. No specialist learning support had been available to the substantial number of prisoners with learning difficulties or disabilities in the previous year; although a specialist support service had been implemented very recently, it had ended after a week.

3.30 The few vocational training sessions scheduled were poorly attended. Very few of the many prisoners assigned as wing cleaners had received any formal training in the proper use and storage of chemicals or safe working, and were not supervised when at work.

3.31 Not all teachers promoted equality and diversity sufficiently well. However, the few who did used a wide range of information about different faiths, religions and cultures, and helped prisoners to develop a clear understanding of the importance of listening to the views of other people and being sensitive to differences.

3.32 The education provider had recently revised its arrangements for evaluating the quality of teaching and learning, and linking these findings to staff development. These new arrangements were systematic and coherent but at an early stage.

Recommendations

3.33 The quality of teaching, learning and assessment should improve substantially.

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

3.35 Wing cleaners should receive appropriate training and be properly supervised at work.

Personal development and behaviour

3.36 Most prisoners attending sessions did not value their learning. This was particularly the case among prisoners who were already qualified at higher levels, experienced in work or had developed effective life skills. Few prisoners demonstrated a curiosity for learning or showed an appropriate work ethic or ambition to succeed. Very few told us that their learning was enhancing their employment or life prospects on release.

3.37 Prisoners' attendance was consistently low and punctuality poor at all sessions (see main recommendation S68). Prisoners' attendance at vocational training had also been low. In contrast to other prisoner groups, vulnerable prisoners' attendance in the industry workshops was mostly high.

3.38 The accreditation of prisoners' skills developed at work remained poor. Prisoners did not routinely use personal protective clothing in some catering areas and not all prisoners working in serveries, the kitchen or the visits hall café had been trained in food hygiene.

3.39 Prisoners' behaviour in sessions had improved since the previous inspection but was still not good enough. Interactions between prisoners and teachers were mostly polite and cooperative but in a few sessions prisoners refused to engage or made bullying remarks to others.

Outcomes and achievements

3.40 Too many prisoners left the prison no more qualified or employable than when they had arrived. Too often, prisoners did not complete their courses and gain the qualifications. In the previous year, this ranged from a third to half of the starters studying functional skills English and mathematics, English for speakers of other languages, and employability courses. In this period, prisoners' achievements in English and mathematics at higher levels were also low. Other than in these subjects, prisoners who completed an accredited course in the education department usually achieved the qualification.

3.41 Few prisoners achieved full qualifications in vocational training. In painting and decorating, they mostly gained only a few units of the low-level qualification offered. They developed minimal useful employment skills through vocational training and work activities.

3.42 Prisoners were not making enough progress in most education sessions, but teachers' written records showed examples of learners on employability, and personal and social development classes making expected progress over time. Vulnerable prisoners on the managing personal finance course produced work of a good standard.

Recommendations

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

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

Section 4. 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.

4.1 The prison had developed a good new children and families strategy which drew on the Farmer Review of family provision in prisons. However, the level of delivery had reduced. There were no longer any parenting courses or family 'craft box' sessions. There were fortnightly children's visits and sessions for enhanced prisoners, and a cycle of quarterly family days had recently been initiated.

4.2 The Ormiston Trust provided a range of services in relation to families. A community worker provided a valuable service for families of prisoners who lived locally. The visitors centre was small, with play facilities and committed staff. There was no foreign language material displayed there to assist visitors who did not speak English, so staff used Google Translate and a pictorial guide to the visits process in these cases. Too many of the lockers were broken.

4.3 Visits booking processes worked reasonably well. However, because of some inconsistent practice, some visitors booking a double visit still had to use two visiting orders. No telephone number or other local contact details were available to enable a visitor to make direct contact with the prison if they were worried about the well-being of a prisoner.

4.4 The visits hall was small but well run. There was good assistance from Ormiston Trust staff and volunteers. In our survey, 76% of prisoners said that staff treated their visitors respectfully. The visits hall environment was shabby, with fixed, rigid furniture. There was a good play area, with a playleader provided by the Ormiston Trust. The baby care room was dirty and cluttered. The Ormiston Trust ran a café which provided a wide range of hot food and snacks.

4.5 The provision of telephones was adequate. Mail processes worked reasonably well, but there were some delays because mailroom staff were often redeployed to other duties.

Recommendation

4.6 There should be a well-advertised point of contact, which is checked frequently, for visitors to report any concerns about prisoners.

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.

4.7 The strategic management of reducing reoffending remained weak. The reducing reoffending strategy was thoughtful and specific to the establishment, and work had been done since the previous inspection to consider provision under the various resettlement pathways. However, the strategy remained aspirational because this work had not been continued or consolidated. The prison had completed a limited needs analysis, consisting of a prisoner survey. This was unrepresentative because it had been conducted when the prison population had been halved in 2017. As at the time of the previous inspection, there was insufficient use of other evidence to inform the needs analysis. Data from the offender assessment system (OASys) and P-NOMIS (electronic case notes) were not exploited and long-term outcomes in areas such as accommodation were not measured to get a good understanding of demand. The reducing reoffending committee had met only once in 2018 and did not drive improvement. Only one action had emerged from that meeting, and key players such as the two on-site community rehabilitation company (CRC) staff had not been invited. There was no action plan to monitor progress.

4.8 A shortage of staff and their lack of experience undermined the work of the offender management unit (OMU) in several key areas. The CRC's resettlement work remained under-resourced. A worker from the St Giles Trust had been commissioned to complete resettlement plans, and a worker from Nacro to provide interventions. The work of the OMU and CRC was not well integrated; they were not co-located and we found little evidence of joint working.

4.9 There were very different outcomes for prisoners requiring offender supervision. Three out of four on-site probation officer posts were filled. They supervised about 60% of sentenced prisoners, including all high-risk cases. These prisoners were well managed and had regular, meaningful contact. We found evidence of effective communication with the community offender manager, appropriate communication of risk issues and good record keeping.

4.10 About 40% of the OMU's caseload was managed by uniformed offender supervisors. These low- and medium-risk prisoners received a poor service. Only four out of six uniformed offender supervisor posts were filled and they were consistently redeployed to other duties in the prison. This meant that, typically, only one uniformed offender supervisor was available in the OMU each day. Managers had instructed that they should no longer complete the OASys risk assessments allocated to them. Instead, they only had time to complete basic tasks: the initial basic custody screening (not all of which were done; see also paragraph 4.32) and recategorization reviews (many of which were late). The prisoners they supervised received little or no ongoing contact, particularly if they had transferred into the prison, when they did not even meet at the initial screening. There were no OMU wing surgeries to mitigate these gaps in provision.

4.11 There were 155 prisoners serving a sentence of over 12 months who required an OASys assessment to manage their risk and inform their sentence plan. Partly because of the deficiencies outlined above, about 40% of eligible prisoners either did not have an initial assessment or had one which had not been updated in the previous12 months. Many prisoners had been transferred from the establishment without an OASys assessment to inform their move.

4.12 The OMU struggled to staff their case administration function. There were not enough staff, and those in post were not all fully trained. There were large, chaotic piles of prisoner files which needed to be processed, and in many cases sent on to other prisons (see Appendix V, photograph 8). Basic, but critical, administrative tasks were often completed late and were sometimes carried out poorly. In one week in August 2018, there had been 53 prisoner records waiting to be processed. Sentence calculations were sometimes not promptly completed on P-NOMIS. This meant that inexperienced residential staff were unable to provide prisoners with reliable, up-to-date information about release and home detention curfew (HDC) dates, adding to frustration on the wings. The St Giles resettlement worker struggled to anticipate who needed to be invited to the pre-release board. We found an example of a prisoner who needed assessment, care in custody and teamwork (ACCT) case management support after his release date had been wrongly calculated, affecting his housing benefit entitlement.

4.13 As a result of these problems, HDC processes sometimes began late and were not managed effectively. Only 24 prisoners had been approved for HDC in the previous six months; although this was more than at the time of the previous inspection, it was a lower number than we would expect to see under the new, streamlined processes. Concerningly, some prisoners who should have been considered for HDC were not. In 2018 so far, 18 prisoners had missed out on being considered because the OMU had not progressed their case any further after initially issuing forms. Another nine prisoners' cases had not been pursued by the OMU after being sent to the community offender manager for an assessment of their proposed release address.

4.14 The new Offender Management in Custody (OMiC) model was being piloted at the establishment, and 24 prisoners currently had a keyworker. It was intended that the scheme should be fully rolled out to all prisoners by March 2019. Initial signs were encouraging. Staff were being trained and prisoners were positive about the additional support it offered.

Recommendations

4.15 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.

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

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

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

Categorisation and transfers

4.19 There was insufficient oversight of categorisation and transfers to ensure the appropriate and prompt transfer and progression of sentenced prisoners. The OMU had struggled to staff their observation, classification and allocation function effectively and recognised that more work was needed to move on some long-staying prisoners. The prison faced a challenge in transferring category B prisoners, and about 40% of this group had been at the establishment for more than six months. About 80 prisoners, nearly 20% of the population, were subject to some form of hold, and this needed rigorous attention to ensure that there were valid reasons in all cases. We found an example of a sex offender serving a long

sentence who had been placed on three successive holds when he should have progressed to an appropriate category B establishment to address his offending behaviour.

4.20 Recategorisation reviews were often completed late, but usually only by a week or two. There was evidence of written decisions being passed on to prisoners in most cases, and targets for improvement being set if recategorisation was rejected.

4.21 At the time of the inspection, there were 15 prisoners serving indeterminate sentences and the prison had recently started running events to address their needs.

Recommendation

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

Public protection

4.23 About 92 prisoners (20% of the population) were assessed as presenting a high or very high risk of harm. The fortnightly interdepartmental risk management team meeting had an appropriate scope but was undermined by weak attendance from other departments. All high-risk prisoners were discussed before their release but meetings considered only those leaving the prison in the following 14 days, which was too close to release to allow sufficient time to address any gaps in risk management. This concern was partially mitigated by the good information exchange between community offender managers and on-site probation officers which we found in most of the high-risk cases we looked at. Multi-agency public protection arrangements (MAPPA) F forms completed by the on-site probation officers were of good quality and clearly set out risk issues.

4.24 Mail and telephone monitoring arrangements were generally well managed, and 32 prisoners were being monitored at the time of the inspection. Cases were identified appropriately on arrival and reviewed in a timely manner, and, where risk was identified, we saw examples of monitoring being continued. Logs clearly stated the purpose of monitoring each prisoner and were up to date.

4.25 Child contact restrictions were flagged on prisoner records and understood by visits booking staff. Applications from prisoners to vary restrictions were well recorded and waiting for progress from other agencies.

Recommendation

4.26 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.

Interventions

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

4.27 Appropriately for a local prison, there were few offending behaviour interventions available. The education department continued to run modules around anger management, coping with change, dealing with problems and decision making. The introduction of the Reactiv8 programme was very positive. Run by a local private company, this sport-based approach to improving thinking skills was suitably focused on the predominantly young and short-term population. Prisoners were encouraged to reconsider their choices and make fresh starts. Delivered over two half-day sessions in the gym, prisoners spoke highly about it, and about 100 had completed it since the start of the year. However, the course was not yet specifically targeted at prisoners with the most challenging behaviour (see also section on encouraging positive behaviour).

4.28 Despite a high demand for help with accommodation, the support available was too limited. The Nacro worker could spend only about 50% of her time on this work as she also helped with finance matters (see below). Each month, she received about 70 referrals and made approximately 45 applications to local housing providers for sentenced prisoners. Despite her best efforts, about a third of prisoners who had an identified accommodation need were released homeless (83 out of 248 prisoners in the previous five months). No accommodation courses were delivered because the Nacro worker was not adequately resourced. The prison still did not monitor the total number of prisoners in permanent and sustained accommodation 12 weeks after release, so did not yet understand long-term accommodation outcomes.

4.29 In our survey, 82% of prisoners, considerably more than at other local prisons (56%), reported a need for help with finance, benefit and debt issues. The support offered was too limited. The Nacro worker was the main source of support and, again, could dedicate only about 50% of her time to these issues (see above). She received about 70 requests for help each month for prisoners for whom a need had been identified in a resettlement plan. She helped prisoners to deal with their court fines and open bank accounts, which was an improvement since the time of the previous inspection, and 80% of applications for bank accounts were successful. The education department delivered two modules to help prisoners to manage their finances.

4.30 Universal credit had replaced other benefits for those released to a Bedford address. This presented a serious problem for these prisoners, as applications could only be made online, and it was not possible to start the process in prison before release.

Recommendations

4.31 The number of prisoners in permanent and sustained accommodation 12 weeks after release should be monitored, to understand need.

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

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

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

Good practice

4.35 *The Reactiv8 programme was an appropriate and positive intervention for the predominantly young and short-term population to help them to improve their thinking skills.*

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.

4.36 The demand for resettlement services was very high, with about 90 prisoners released each month. Most prisoners stayed for a very short time: 58% of the population had been at the establishment for three months or less, so there was often limited time to assess and refer prisoners for resettlement support. The CRC provision remained too limited, with one St Giles worker completing a resettlement plan for all prisoners. She worked very hard, often conducting interviews at cell doors because there was nowhere suitable available to meet prisoners. Her initial resettlement plans identified prisoners' needs and she made appropriate referrals. Most plans were completed within the required five-day timeframe, except for those prisoners who had not received the first part of the basic custody screening (about 10%; see also paragraph 4.10) and for whom a resettlement plan did not automatically follow.

4.37 Too many prisoners did not have their resettlement plan reviewed before release, to ensure that referrals had been progressed and actions completed. Reviews were supposed to happen at the pre-release board 12 weeks before release, or sooner for those serving short sentences. The board was a potentially extremely useful tool, in theory bringing prisoners in front of a panel of different agencies, such as Jobcentre Plus, Nacro and the substance misuse team. However, it was poorly attended, reflecting a wider problem in the prison with motivating prisoners to attend and value activities; for example, in August 2018 only a third of invited prisoners had attended.

4.38 There was not enough suitable, well-organised clothing and footwear in reception to cater for those prisoners being released with few belongings. The Supporting Others through Volunteer Action (SOVA) charity no longer provided 'through-the-gate' support but there were plans for a local faith-based charity, King's Arms, to mentor Bedford residents on release.

Recommendation

4.39 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.

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendation — To HMPPS

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

Main recommendations — To the governor

5.2 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)

5.3 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)

5.4 Those at risk of self-harm should be properly supported, and triggers such as poor living conditions and isolation should be addressed. The care of those most at risk under assessment, care in custody and teamwork (ACCT) procedures should focus on their assessed needs through a well-managed and effective casework approach. (S65)

5.5 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)

5.6 All prisoners should live in clean and decent conditions. (S67)

5.7 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)

Recommendation — To HMPPS

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

Recommendations

To the governor

Early days in custody

5.9 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)

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

Managing behaviour

5.11 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)

5.12 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)

Security

5.13 All requested target searching and drug testing should be completed. (1.37)

Safeguarding

5.14 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)

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

Daily life

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

5.17 Applications should be tracked, to ensure that prisoners receive a timely response. (2.27)

5.18 All complaints, particularly those about staff, should receive a timely, thorough and polite response which addresses the issues raised. (2.28)

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

Equality, diversity and faith

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

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

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

5.23 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)

5.24 Prisoners with disabilities should be identified and given good, consistent and organised support. (2.46)

5.25 All prisoners should be able to attend corporate worship punctually, and all requests to attend services should be dealt with promptly. (2.50)

Health, well-being and social care

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

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

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

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

5.30 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)

5.31 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)

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

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

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

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

5.36 Medication administration should be supervised effectively by prison staff, to ensure confidentiality and compliance, and reduce the risk of bullying and diversion. (2.106)

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

Time out of cell

5.38 Prisoners should have at least 10 hours out of their cells on weekdays, including some time in the evening. (3.8)

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

5.40 Accredited qualifications in PE should be introduced. (3.10, repeated recommendation 3.39)

Education, skills and work activities

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

5.42 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)

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

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

5.45 The number of prisoners entering education, training or employment on release should be monitored and analysed to improve provision. (3.23)

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

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

5.48 Wing cleaners should receive appropriate training and be properly supervised at work. (3.35)

5.49 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)

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

Children and families and contact with the outside world

5.51 There should be a well-advertised point of contact, which is checked frequently, for visitors to report any concerns about prisoners. (4.6)

Reducing risk, rehabilitation and progression

5.52 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)

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

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

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

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

5.57 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)

Interventions

5.58 The number of prisoners in permanent and sustained accommodation 12 weeks after release should be monitored, to understand need. (4.31)

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

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

Release planning

5.61 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)

Examples of good practice

Health, well-being and social care

5.62 Prisoners were able to attend a weekly pain management clinic jointly provided by the GP and physiotherapist. (2.75)

5.63 Medicines were patient named and routinely sent to court with prisoners, in case they were released. (2.108)

Interventions

5.64 The Reactiv8 programme was an appropriate and positive intervention for the predominantly young and short-term population to help them to improve their thinking skills. (4.35)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Alison Perry	Team leader
Jonathan Tickner	Inspector
Paul Rowlands	Inspector
Martin Kettle	Inspector
Angela Johnson	Inspector
Deri Hughes-Roberts	Inspector
Ian Dickens	Inspector
Emma Seymour	Researcher
Joe Simmonds	Researcher
Patricia Taflan	Researcher
Rachel Duncan	Researcher
Sharlene Andrew	Researcher
Claudia Vince	Researcher
Liz Walsh	Lead health and social care inspector
Sigrid Engelen	Health and social care inspector
Sue Melvin	Pharmacist
Lynda Day	Care Quality Commission inspector
Nick Crombie	Ofsted inspector
Dan Grant	Ofsted inspector
Bob Cowdrey	Ofsted inspector
Paddy Doyle	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2016, reception staff and peer workers played a valuable role in helping new arrivals settle in. There was a suitable focus on the vulnerability and risk of new arrivals, but first night accommodation was poorly prepared and new prisoners were not provided with adequate clothing. Prisoners' perceptions of safety were similar to those at other prisons but far worse than at the time of the previous inspection. Levels of violence had increased and were high and too little was done to make the prison safer. Arrangements to manage those at risk of harm were ineffective. Not enough was done to disrupt the supply of drugs, including new psychoactive substances, which were easily available. Levels of use of force were high and oversight was weak. The number of prisoners segregated had reduced and staff provided good individual care. Clinical support for prisoners with substance misuse issues was good, with the exception of night time monitoring, which was sometimes unsafe. ***Outcomes for prisoners were not sufficiently good against this healthy prison test.***

Main recommendations

The causes of violent incidents should be established, and actions identified and implemented to make the prison safer. (S59)
Not achieved

A comprehensive drug supply reduction strategy and action plan should be implemented. (S60)
Partially achieved

Recommendations

Prisoners should be transferred to the prison shortly after the conclusion of their court appearance, and should be given information about where they are going. (1.4)
Not achieved

All personal property should be sent with prisoners when transferred on from the establishment. (1.5)
Not achieved

Reception processes should be conducted in a clean and comfortable environment, with adequate privacy for confidential interviews. (1.13)
Partially achieved

All new arrivals should be located in a clean, fully equipped cell and be provided with sufficient clothing and bedding. (1.14)
Not achieved

The prison should introduce interventions to help prisoners change negative, violent or antisocial behaviour. (1.19)
Not achieved

The management of prisoners subject to assessment, care in custody and teamwork (ACCT) procedures should ensure that all risks are identified, actions to reduce risk are planned, all staff who can contribute to the process are involved, there is consistent management of cases and that interaction with the prisoner makes a meaningful contribution to keeping him safe. (1.25)
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. (1.26)
Not achieved (recommendation repeated, 1.43)

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.29)
Achieved

All target searching should be completed and the mandatory drug testing (MDT) programme should be adequately resourced to undertake all required testing on time. (1.35)
Not achieved

The MDT suite should provide a sterile testing area. (1.36)
Achieved

There should be an effective quality assurance scheme to ensure that the application of incentives and earned privileges (IEP) is fair and effective. (1.41).
Not achieved

Managerial oversight of the use of force should be improved. Patterns and trends should be identified and acted on, to ensure that force is always justified and proportionate, including for all minority groups. (1.48)
Not achieved

Action should be taken to reducing the high use of segregation for prisoners awaiting adjudication. (1.53)
Achieved

The regime on the segregation unit should provide access to off-unit activities and association with others, when risk assessments permit. (1.54)
Not achieved

Prisoners with drug and/or alcohol problems should have prompt access to a range of psychosocial support services, and psychosocial interventions should be integrated with clinical treatment. (1.62)
Achieved

Prisoners requiring stabilisation and detoxification should be located on the designated treatment wing, and appropriate 24-hour observation and monitoring should take place. (1.63)
Not achieved

A dual diagnosis service and pathway should be introduced for prisoners who experience mental health and substance-related problems. (1.64)
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, living conditions for prisoners were poor, with most living in cramped conditions and struggling to access basic equipment and clothing. Most prisoners said that staff treated them well and we observed helpful and respectful interactions. Equality and diversity arrangements had deteriorated and outcomes for some prisoners with protected characteristics were poor. Faith provision was adequate but stretched. The number of complaints submitted was not high but management and oversight were weak. Health services were reasonable overall. The quality of the food provided was good, and better than we often see. ***Outcomes for prisoners were not sufficiently good against this healthy prison test.***

Main recommendation

Cells should be fully furnished and equipped, and prisoners should be provided with adequate clothing, bedding and cleaning materials. (S61)
Not achieved

Recommendations

All prisoners should have adequate access to working telephones. (2.9)
Achieved

Showers should be adequately screened. (2.10)
Not achieved

Wing staff should make regular entries in all prisoner case notes, which show evidence of interaction. (2.14)
Not achieved

There should be regular opportunities for prisoner consultation, which should be recorded and show evidence of action taken to address concerns. (2.15)
Achieved

Policies and action planning for each minority group should be updated and tailored to the specific needs of the prison. (2.22)
Achieved

Prisoners with protected characteristics should have access to a consultation forum to provide support and address concerns. (2.23)
Achieved

Discrimination incident report forms should be available on all wings, and the quality of investigations into complaints should be improved and show evidence of impartial and thorough investigation which addresses the concerns raised. (2.24)
Not achieved

Potential discrimination identified in the equality monitoring data should be fully investigated and action taken to address the issues. (2.25)
Not achieved

The Home Office should serve all decisions to detain notices to prisoners at least one month before the end of their sentence. (2.33)
Not 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. (2.34)
Not achieved (recommendation repeated, 2.45)

Support and care for older prisoners and those with disabilities should be improved, including wing-based care planning. (2.35)
Not achieved

Complaints should be analysed regularly to identify trends and address problems. (2.42)
Not achieved

All remand prisoners should receive information about bail, and bail application should be actively pursued. (2.45)
Not achieved

All treatment rooms and the inpatient unit should be cleaned to an NHS-equivalent standard and should be fully compliant with infection control standards. (2.57)
Achieved

The emergency resuscitation equipment should be in good order, with an effective monitoring system in place. (2.58)
Achieved

Health screening should take place confidentially, in an appropriate, safe area that promotes privacy and dignity. (2.64)
Achieved

The inpatient unit should only accommodate prisoners with identified clinical needs and its role should be clearly defined, with a consistent approach towards risk assessment and care planning. (2.65)
Achieved

Rooms used for medicines administration should be fit for purpose, with adequate accessibility and storage requirements, and controlled drug storage issues should be resolved. (2.72)
Partially achieved

Methadone transport around the prison should be by two members of staff, with a radio, preferably when prisoners are in their cells. (2.73)
Achieved

A robust audit of refrigerator temperatures and use of the out-of-hours cupboard should be introduced. (2.74)
Achieved

Policies and documentation should be updated to reflect current practice, and accountability between the health care and pharmacy providers should be defined more clearly. (2.75)
Partially achieved

Prisoners should have prompt access to dental care and treatment, in a dental suite that is refurbished to ensure compliance with national required standards, with good maintenance arrangements. (2.77)
Achieved

Prisoners should have timely access to a full range of mental health support, including clinical psychology services, group interventions and counselling to meet the mental health needs of the population. (2.86)
Not 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. (2.87)
Not achieved (recommendation repeated, 2.86)

Breakfast should be of sufficient quantity and issued on the morning it is to be eaten. (2.93)
Not achieved (recommendation repeated, 2.20)

Prisoners should not be charged a fee for catalogue orders. (2.97)
Not achieved

Purposeful activity

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

At the last inspection, in 2016, the amount of time out of cell varied but for most prisoners it was inadequate. There were frequent slippages, cancellations and delays to the regime. The leadership and management of learning and skills and work activities required improvement. There were sufficient activity places for all prisoners to work at least part time but far too many were unemployed. The variety of education and work was appropriate but too little vocational training was available. Punctuality was inconsistent and attendance and behaviour at education were often poor. The quality of teaching and learning was not good enough and prisoners were not sufficiently challenged. Prisoners achieved well but too many qualifications were at too low a level. The quality of the library and PE facilities was good but access was sometimes problematic.
Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

All prisoners should have access to learning and skills and work activities on at least a part-time basis and should be unlocked for the period of the core day when they are not at work. (S62)
Not achieved

Recommendations

All prisoners should have access to at least one hour of exercise in the open air each day. (3.4)
Not achieved

Qualifications should be introduced which are at the correct level to complement prisoners' starting points and challenge them to reach their potential. (3.15)
Not achieved

The opportunities for prisoners to gain accredited qualifications while at work should be increased. (3.16)
Not achieved

All activities planned by teachers should meet prisoners' starting points and previous achievements, and challenge them to make good progress. (3.22)
Not achieved

Teachers should check thoroughly that prisoners understand and can apply new knowledge and skills effectively. They should set more detailed targets and monitor and evaluate these rigorously to promote progress. (3.23)
Not achieved

Attendance and punctuality at learning and skills and work activities should be improved. (3.27)
Not achieved

The library should provide books and resources to support vocational training and preparation for employment. (3.34)
Achieved

Data and information on library usage should be collated to understand better where use needs to be promoted. (3.35)
Not achieved

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

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2016, the quality of offender management work was undermined by the regular cross-deployment of uniformed offender supervisors, who had infrequent contact with the prisoners on their caseload. The management of higher-risk cases was better, with a focus on motivation and progression. Home detention curfew arrangements were weak. Public protection arrangements had improved and were mostly good. Too many prisoners were transferred without an offender assessment system (OASys) assessment to inform their move. The demand for resettlement services was high but resettlement assessments and plans were poor. There was little evidence of prisoners receiving help in finding accommodation or employment, or assistance with debt and financial problems on release. Work with families was very good. Outcome for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The quality of community rehabilitation company (CRC) resettlement assessment, planning and support should be improved. The effectiveness of the CRC's accommodation, debt and financial advice should be measured, with the aim of reducing the number of prisoners being released homeless and/or in debt. (S63)
Partially achieved

Recommendations

An up-to-date reducing reoffending strategy and action plan, based on a comprehensive needs analysis, should inform the provision and monitoring of offender management and resettlement. (4.4)
Not achieved

All offender assessment system (OASys) assessments and plans should be of a good quality. Contact with offender supervisors should be regular and meaningful, focused on risk of harm, and promote motivation and engagement with the sentence plan. (4.11)
Not achieved

All eligible prisoners should be encouraged to apply for release on home detention curfew. The timeliness of releases should be improved by addressing all delays in completing the assessment. (4.12)
Not achieved

Information exchange between the community rehabilitation company and the offender management unit should be improved, to ensure that risk of harm is fully considered when providing resettlement help. (4.18)
Not achieved

Prisoners should always be informed of the outcome of their recategorisation review, and individual targets should be set for those who are unsuccessful. (4.22)
Achieved

All transfers to other prisons should be informed by an up-to-date and high-quality OASys assessment and sentence plan. (4.23)
Not achieved

More places should be made available for category B prisoners, including sex offenders, to ensure that they do not have to stay at a local prison for too long. (4.24)
Not achieved

The quality of education, training and employment advice and guidance should be improved and the virtual campus should be used to help prisoners to search for employment and develop a CV. (4.33)
Not achieved

Data should be collated to provide evidence for the effectiveness of employment, training and education provision and the number of prisoners gaining employment, training or education places on release. (4.34)
Not achieved

Visitors should not have to use two visiting orders for a two-hour visit, and the session should not be temporarily suspended after one hour. (4.46)
Not achieved

Visits booking should be adequately resourced, to ensure that visits can be booked promptly by telephone and email. (4.47)
Achieved

Appendix III: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Status	18–20-year-olds	21 and over	%
Sentenced	14	172	44.3
Recall	4	30	8.1
Convicted unsentenced	6	39	10.7
Remand	27	123	35.7
Civil prisoners	0	0	0
Detainees	1	3	1
Total	**52**	**368**	**100**

Sentence	18–20-year-olds	21 and over	%
Unsentenced	35	170	48.8
Less than six months	2	33	8.3
six months to less than 12 months	2	23	6
12 months to less than 2 years	5	26	7.4
2 years to less than 4 years	5	28	7.9
4 years to less than 10 years	2	52	12.9
10 years and over (not life)	1	21	5.2
ISPP (indeterminate sentence for public protection)	0	8	1.9
Life	0	7	1.6
Total	**52**	**368**	**100**

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	52	12.4
21 years to 29 years	138	32.9
30 years to 39 years	129	30.7
40 years to 49 years	65	15.5
50 years to 59 years	16	3.8
60 years to 69 years	12	2.9
70 plus years	8	1.9
Please state maximum age here: 85		
Total	**420**	**100**

Nationality	18–20-year-olds	21 and over	%
British	42	310	83.8
Foreign nationals	10	55	15.5
Total	**52**	**365**	**100**

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	1	5	1.4
Uncategorised sentenced	33	170	48.3
Category A	0	0	0
Category B	0	54	12.9
Category C	0	135	32.1
Category D	0	4	1
Other: YA	18	0	
Total	**52**	**368**	**100**

Ethnicity	18–20-year-olds	21 and over	%
White			
British	15	208	53.1
Irish	0	7	1.7
Gypsy/Irish Traveller	4	5	2.1
Other white	4	38	10
Mixed			
White and black Caribbean	2	12	3.3
White and black African	0	2	0.5
White and Asian	1	0	0.2
Other mixed	0	3	0.7
Asian or Asian British			
Indian	0	7	1.7
Pakistani	8	14	5.2
Bangladeshi	4	4	1.9
Chinese	0	0	0
Other Asian	2	14	3.8
Black or black British			
Caribbean	9	28	8.8
African	0	8	1.9
Other black	3	14	4
Other ethnic group			
Arab	0	0	0
Other ethnic group	0	4	1
Not stated	0	0	0
Total	**52**	**368**	**100**

Religion	18–20-year-olds	21 and over	%
Baptist	0	1	0.2
Church of England	3	43	11
Roman Catholic	7	86	22.1
Other Christian denominations	10	74	20
Muslim	18	66	20
Sikh	0	3	0.7
Hindu	2	9	2.6
Buddhist	0	0	0
Jewish	0	3	0.7
Other	0	11	2.6
No religion	12	72	20
Total	**52**	**368**	**100**

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	6	1.4
Total	**0**	**6**	**1.4**

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	4	1	50	11.9
1 month to 3 months	6	1.4	66	15.7
3 months to six months	3	0.7	40	9.5
six months to 1 year	4	1	32	7.6
1 year to 2 years	0	0	9	2.1
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	**17**	**4.0**	**198**	**47.1**

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).	0	0	0
Total	**0**	**0**	**0**

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	11	5.4	43	21.0
1 month to 3 months	11	5.4	56	27.3
3 months to six months	8	3.9	50	24.4
six months to 1 year	5	2.4	18	8.8
1 year to 2 years	0	0	3	1.5
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	**35**	**8.3**	**170**	**40.5**

Appendix IV: Urgent Notification documents

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HM Chief Inspector of Prisons
PETER CLARKE CVO OBE QPM

Date: 12 September 2018

The Rt Hon David Gauke MP
Justice Secretary
Ministry of Justice
9th floor
102 Petty France
London SW1H 9AJ

Dear Secretary of State

Urgent Notification: HM Prison Bedford

In accordance with the Protocol between HM Chief Inspector of Prisons and the Ministry of Justice, dated 30 November 2017, I am writing to you to invoke the Urgent Notification (UN) process in respect of HM Prison Bedford.

An unannounced inspection of HM Prison Bedford took place between 28 August and 6 September 2018. This inspection identified many significant concerns about the treatment and conditions of prisoners. Below, I have set out some of the evidence that underpins my decision to invoke the UN process, and the rationale for why I believe it is necessary. In addition, I attach a summary note which details all the main judgements that followed this inspection. The summary note is drawn from a similar document provided to the prison's Governor and the Prison Group Director at the end of the inspection last week. The Governor and officials of the MoJ have been informed of my intention to invoke the UN process. I shall, as usual, publish a full inspection report in due course.

The requirements placed on HM Chief Inspector of Prisons under the Protocol

The UN process requires me to summarise the judgements that have led to significant concerns, and to identify those issues that require improvement. A decision to invoke the UN process is determined by my judgement, informed by relevant factors during the inspection that, as set out in the Protocol, may include:

- Poor healthy prison test assessments (HMI Prisons' inspection methodology is outlined in the HMI Prisons Inspection Framework);
- The pattern of the healthy prison test judgements;

- Repeated poor assessments;
- The type of prison and the risks presented;
- The vulnerability of those detained;
- The failure to achieve recommendations;
- The Inspectorate's confidence in the prison's capacity for change and improvement.

The Protocol sets out that my letter to the Secretary of State, with the accompanying note, will be placed in the public domain. It is my intention to publish the letter at 10am on Thursday 13 September 2018. The Protocol also sets out that the Secretary of State commits to respond publicly to the concerns raised within 28 calendar days. The response will explain how outcomes for prisoners in the institution will be improved in both the immediate and longer term.

HMP Bedford – an unchecked decline in standards

Before setting out the specific concerns arising from the inspection that have led to this letter, I think it important to note the continual and unchecked decline in standards at the prison over the past nine years. As you know, we inspect prisons against our healthy prison tests, which are based on independent standards in the areas of safety, respect, purposeful activity, and rehabilitation and release planning. In each category we award a grading ranging from the lowest, 'poor' (1), through 'not sufficiently good' (2), 'reasonably good' (3) to our highest, 'good' (4). The results of inspections at HMP Bedford since 2009 are as follows:

	Safety	Respect	PA	RRP
2009	3	3	3	3
2014	3	3	2	2
2016	2	2	2	2
2018	1	1	1	2

Following the 2016 inspection the prison was made subject to a Performance Improvement Plan in September 2016, initially for a period of 12 months, later extended to 18 months. In November 2016 there was a major disturbance at the prison, after which a large number of prisoners were removed from the jail. In May 2018 it was decided that there had been insufficient progress against the Performance Improvement Plan and the prison was placed in 'special measures' by HMPPS. It should also be noted that in 2016 I referred to an 'abject failure' to address our recommendations from the previous inspection with only 12 out of 72 fully achieved. On this occasion we found that just 21 out of 68 had been fully achieved.

The key findings of the latest inspection are set out in the attached summary note and I shall not repeat them in this letter. I shall instead set out some of our major areas of concern, and why it is necessary for me to invoke the UN process, even though I believe local management at the prison are working very hard in challenging circumstances, and at a time when 'special measures' imposed by HMPPS are already in place.

12/09/18-davidgauke

-bedford

Violence

The rate of assaults had risen significantly since the last inspection, when measured over a 12-month period, and stood at a higher level than any other local prison, except HMP Birmingham. Assaults on staff had also risen dramatically and the rate was now the highest in the country. There had been 116 assaults on staff in the last six months, some of them serious. Many staff told us that they often felt unsafe. Meanwhile, the use of force had risen fourfold and was running at a rate nearly three times higher than at similar prisons we have inspected. Unsurprisingly, more than two-thirds of prisoners told us they had felt unsafe at some time, and over a third felt unsafe at the time of the inspection. These are very high figures.

A lack of control

Despite the best efforts of staff at all levels, there was a dangerous lack of control in many parts of the prison, leading us to fear that there could all too easily be a complete breakdown in order and discipline. Some 77% of available officers had less than one year's service. There was a corresponding lack of experience at all levels, and it was clear that this was having a significant impact on many areas of prison life.

We often saw prisoners refusing to comply with directions from staff, without sanction or effective challenge. The adjudication system was in disarray with only a third of cases being completed in the six months leading up to the inspection. As a result, prisoners knew that either because of delays or systemic failure, misbehaviour and defiant disobedience were very unlikely to lead to punishment. Rules were routinely broken and at times it felt as if prisoners were effectively in control, choosing when or if to comply with directions and consent to authority. On one occasion an inspector on the ground floor noticed food landing around him, coming from higher landings. He went up and found prisoners being disorderly, including throwing food. Prisoners' behaviour was very rowdy and unrestrained and the incident had the potential to escalate. Staff were unwilling to go upstairs to intervene, and prisoners told the inspector this was not unusual.

On another occasion the inspection team leader, herself a former senior prison governor, witnessed an outbreak of concerted indiscipline. A prisoner had been found in possession of an illicit mobile phone, and incited other prisoners, most of whom were unlocked, to cause a disturbance. Prisoners became very angry, noisy and challenging and refused to comply with staff when directed to lock up. Staff struggled to deal with the incident, and appeared not to know what to do. Supervisors were not in control. For a period of an hour and a half, prisoners made unreasonable demands and many of them were acceded to. What happened was not a controlled negotiation leading to a resolution, but a case of inexperienced staff capitulating to aggressive prisoners. Surprisingly, this serious incident, which took place on 3 September, did not appear on the HMPPS Daily Incident Report until 6 September when it was described as 'miscellaneous', as opposed to what it clearly was: an act of concerted indiscipline. Inspectors subsequently reviewed records held at the prison and found other incidents that should have been recorded as concerted indiscipline, but had not been submitted for inclusion on the national Daily Incident Report.

Drugs

In common with many other prisons HMP Bedford has suffered from high volumes of illicit drugs. One prisoner in five told us they had acquired a drug habit since arriving at HMP Bedford, and the smell of cannabis and other drugs being smoked pervaded some of the wings. The mandatory drugs testing positive rate stood at 27%. However, even this was not an accurate figure as a substantial proportion of those selected for testing refused the test – one can only assume that this was because they were expecting a positive result – but it wasn't recorded as such. It was clear that much of the violence was fueled by drugs. The prison had a drugs supply reduction strategy in place, but the ready availability of drugs showed that more needed to be done. It was clear that the prison lacked the necessary funding and modern technology to stem the flow.

Suicide and self-harm

There had been five self-inflicted deaths since the last inspection, the most recent around a year ago. There was still more to do to implement recommendations from the Prisons and Probation Ombudsman, and the importance of addressing this promptly cannot be overstated as the rate of self-harm incidents had increased substantially since the last inspection. There had been 163 incidents of self-harm over the previous six months; this rate was higher than in similar prisons. Most prisoners in crisis said they did not feel well cared for. They faced living in grimy conditions with little time unlocked and hardly anything to do.

Respectful detention and living conditions

Living conditions were poor. The summary report attached to this letter sets out some of the deficiencies in the physical environment. There was a huge backlog of general repairs (over 600 repairs outstanding with over 400 going back to 2017) and maintenance tasks, with no prospect of them being completed or the backlog diminished. We found a prisoner located overnight in a cell that had supposedly been taken out of commission. It had a bed, but no other furniture, and a broken window. The toilet did not flush and there was builder's rubble on the floor from repairs that had not been completed.

At the time of the last inspection we reported on the difficulties prisoners were experiencing in gaining access to daily essentials such as clean clothing and bedding. On this occasion we found that towels and sheets were only being changed every four weeks, which is clearly unacceptable, and all too often it was still difficult to obtain certain items of clean clothing.

Prisoners with disabilities often struggled to get the help they needed and relied on the goodwill and friendship of other prisoners to get their basic needs met. Two prisoners who were amputees were unable to shower regularly as they didn't have the necessary adaptations. One said he had only had five showers this year and to wash himself he had to sit on the floor of his cell and try to splash water on himself from the sink.

Many areas of the prison needed cleaning and many shower rooms were dirty and decrepit. Despite efforts to deal with the problem the prison was still infested with rats and cockroaches. In one particularly gruesome example, a disturbed prisoner in the

segregation unit lured several rats into his cell before killing them, all in a matter of hours.

Purposeful activity

The prison lacked a culture of work or learning. Even though there were sufficient activity places for every prisoner, at least on a part-time basis, few chose to attend and we could see little encouragement from staff to do so. In many classes and workshops only three or four prisoners attended. The prison has been operating on a restricted regime for some time, meaning that at best prisoners can access activities for half of the day. We found nearly 40% of prisoners locked up during the working day. Those that were unlocked tended to mill around in groups on the wings, doing nothing constructive. Our colleagues from Ofsted found that for those who did go to activities, the provision overall was assessed as inadequate.

Conclusion

In deciding whether to invoke the UN Protocol, a key consideration is whether I can have confidence in the prison's capacity for change and improvement. It is of great concern that for nine years the prison has been on a path of seemingly inexorable decline. Repeated inspection findings clearly show that this has been the case. For much of that time there was a marked inconsistency in the leadership of the prison, with frequent changes of governor. The present governor has now been in post for over a year, and that is welcome. The question for me is whether she and her team, clearly determined as they are to improve the prison, have the capability and capacity to do so.

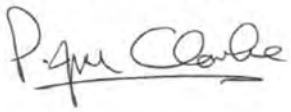
As mentioned above, earlier this year HMPPS placed the prison in 'special measures', a move we understand was intended to help drive improvement and offer support. I have looked closely at the action plans that have been produced, studied the minutes of meetings that have been held to steer the implementation of those action plans, and discussed them with the Governor and the Prison Group Director. Some benefits will flow from those action plans. For instance, I am told that some experienced managers will soon be sent to HMP Bedford to help mentor the large number of new staff. There have also been welcome recent developments such as funding being made available for 24 new windows, for HMYOI Aylesbury to help with laundry problems, for a violence reduction manager to be appointed, and extra money for pest control. However, far too many important issues in the action plans have indeterminate or long timeframes for implementation. In terms of maintenance work, the plan notes that available resources 'are not sufficient to address the backlog'. Finding suitable employment within the prison is helpfully acknowledged as a priority, but that this will happen 'when a suitable solution becomes available'. The prison-level plan has 30 actions, and the Prison Group Director has quite correctly annotated 21 of them to demand clear timeframes, individual accountabilities and means of delivery.

I fully understand that when the Urgent Notification Protocol is invoked, the necessary response can be time consuming and costly. I also recognise that human and financial resources are far from limitless, and that difficult decisions of prioritisation have to be made. That is a management responsibility in which, quite rightly, I am not and should not become involved. Nevertheless, as Chief Inspector I have a clear responsibility to

report what I find, and where I have significant concerns, to report them to you as Secretary of State.

My judgement is that placing the prison in 'special measures' does not, in itself, give assurance that the serious issues identified in this letter and attached summary report will be adequately addressed. The clear view of the Inspectorate is that immediate and decisive intervention is needed at HMP Bedford to avert further decline and an even more dangerous lack of control than is currently the case.

Yours sincerely



PETER CLARKE

12/09/18-davidgauke

-bedford

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Debriefing paper by HM Inspectorate of Prisons

Full inspection of:

HMP Bedford

28 August – 6 September 2018

12/09/18-davidgauke *-bedford*

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Healthy prison assessments

Outcomes for prisoners are good against this healthy prison test.
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

Outcomes for prisoners are reasonably good against this healthy prison test.
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 against this healthy prison test.
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 against this healthy prison test.
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.

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1. Safety

Reception processes were good but many prisoners were not supported well enough on their first night. Too many prisoners felt unsafe and violence, particularly against staff, was very high. Perpetrators of violence faced few challenges or sanctions. Victims of violence were poorly supported. Use of force was exceptionally high. Conditions in 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. A good local supply reduction plan was in place but 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.

Early days in custody

- Reception staff and prisoner orderlies were welcoming but holding rooms were bland and provided little to occupy prisoners.
- Initial safety interviews were now conducted in private and had a suitable focus on risk issues.
- Shortages of prisoner kit meant some new arrivals were not issued with sufficient clothing and bedding. Too often new prisoners did not go to the dedicated first night unit as it held prisoners who could not be located elsewhere. Instead they were located wherever there was a space, and these cells were not well prepared. Wing staff were often unaware of new arrivals and did not routinely check on their welfare.
- In our survey, less than half of prisoners said they felt safe on their first night.
- Induction was adequate, but many prisoners did not attend all elements. Peer worker involvement was positive but was not overseen by staff.

Managing behaviour

Encouraging positive behaviour

- In our survey two-thirds of prisoners said they had felt unsafe at some time and over one-third felt unsafe at the time of the inspection.
- Recorded levels of assaults, when measured over 12 months, had increased significantly since the last inspection and were much higher than all but one local prison. Assaults on staff had risen sharply and were higher than at any other local prison.
- Some detailed work had been undertaken to understand the causes of violence and a comprehensive safety strategy was in place, but there was no dynamic action plan to monitor actions to make the prison safer.
- The Governor chaired the safer custody meeting which was well structured, but minutes showed a lack of engagement from some key areas.
- The current prisoner violence reduction scheme was largely ineffective. There were few challenges or sanctions faced by perpetrators of violence beyond use of the incentives and earned privileges (IEP) and formal adjudications processes, which in themselves were not effective.
- There was still no specific violence reduction strategy for young adults who were over-represented in violent incidents.
- Support for victims of violence was inadequate.
- Vulnerable prisoners located on the dedicated vulnerable prisoner wing received a reasonable regime but others located elsewhere across the prison were often intimidated by other prisoners and had a poor regime.

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- The IEP scheme was ineffective. It did too little to incentivise good behaviour and was applied inconsistently. Too many IEP reviews did not take place on time. Target setting for prisoners on the basic level of the scheme was poor. Some prisoners were given generic targets, and others no targets at all.
- The adjudication system was not used effectively to tackle more serious concerns and challenge poor prisoner behaviour. Over the last six months only around one-third of adjudications had been completed. The prison had begun to address the dysfunctional process for police referrals.

Use of force

- Use of force was very high, at four times that at the last inspection and almost three times that of similar prisons we have inspected. Baton use was high. We found numerous occasions where special accommodation was used but not recorded.
- Although there was some analysis of available data to identify hotspots and trends, managerial oversight was insufficient and the use of force committee did not review videos or incident paperwork. Almost all dossiers were incomplete and none included an injury to prisoner form.

Segregation

- Use of segregation was similar to last time and to that of other local prisons.
- It was evident that the unit managed some extremely challenging behaviour, but it was chaotic and managerial oversight of both the unit and segregated prisoners on normal location was lacking. Recording of individual behaviour was poor and the daily occurrence log was rarely used.
- The environment and conditions in the segregation unit and overspill landing were appalling. General areas and cells were dirty and in constant need of repair, toilets did not flush properly and some cell call alarms were inoperative. The regime for those currently on the unit was poor.
- There was some evidence of previous reintegration of prisoners back onto normal location, but too many prisoners were transferred out of the prison without their issues being addressed.

Security

- The lack of order and control on some wings was a major concern. Staff struggled to contain an act of concerted indiscipline during our visit and we frequently observed periods where staff control was tenuous.
- Dynamic security was poor and we witnessed little effective engagement from staff on some residential wings.
- Intelligence was well managed and searching resulted in regular finds of drugs and other contraband, but too few searches and suspicion drug tests were completed.
- The prison was focused on known and emerging threats, including organised gang activity, drug supply and associated debt. There was an appropriate focus on the risks posed by extremism.
- Almost half of all prisoners surveyed said it was easy to get illicit drugs and a fifth said they had developed a drug problem at Bedford. Random drug testing rates were at 27%. We regularly smelt cannabis and other substances being burnt throughout the prison. A supply reduction strategy and action plan was in place, but it was hampered by a lack of funding and investment in available technology.

Safeguarding

Suicide and self-harm protection

- There had been five self-inflicted deaths since the previous inspection, the most recent a year ago. Progress against Prisons and Probation Ombudsman (PPO) recommendations was too slow and some actions had not been completed.
- The number of incidents of self-harm had increased substantially since the previous inspection and was higher than in similar establishments.
- ACCT processes (case management for prisoners at risk of suicide or self-harm) were weak. Initial assessments were mostly adequate but some care plans were missing or failed to address the issues of concern to prisoners. Many staff comments were observational rather than demonstrating quality interaction.
- In our survey only a third of prisoners who had been subject to ACCTs felt cared for, and any care provided was severely undermined by poor living conditions and a lack of purposeful activity.
- There were too few Listeners to meet the needs of the population and they were not available during the night.

2. Respect

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 was high and too many were responded to too late or not at all. Equalities work was developing but too little was done to support most minority groups and outcomes for some disabled prisoners were particularly poor. Health care and substance misuse services were reasonable overall but mental health provision required improvement. Outcomes for prisoners were poor.

Staff-prisoner relationships

- Staff-prisoner relationships had deteriorated since the last inspection and were of considerable concern.
- The prison was managing a challenging, dynamic mix of prisoners, with a particularly inexperienced staff group. Seventy-seven per cent of available officers had less than one year's experience and almost half of middle managers were temporarily promoted.
- Staff at all levels were committed to their work and trying to do their best, but as a group they were out of their depth. This lack of experience was having a significant adverse impact on many aspects of prison life.
- Some prisoners routinely and blatantly disregarded rules and appropriate standards of behaviour, without challenge. We frequently observed prisoners refusing to do as instructed by staff – and getting away with it. Poor supervision and control of prisoners created unacceptable risks.

Daily life

Living conditions

- Living conditions were poor. Common areas in most wings were not kept clean. A wing, in particular, was filthy. Despite recent attempts to control vermin, rats, pigeons and cockroaches were everywhere.
- There were too few working showers in some wings. Many shower rooms were dirty and in poor physical condition. Some were decrepit.
- Many cells were overcrowded and cramped. Cleanliness was variable and many cells were grubby and poorly decorated. Some toilets were dirty and many were poorly screened. There was much graffiti, some of it offensive.
- Most cells had basic equipment such as kettles and TVs, although some had insufficient furniture. Some bunk beds were broken and a number had no ladders. Some cells had missing windows and many had broken, or blocked, observation panels.
- There was a huge backlog of general repairs and maintenance. Many cells were vandalised and assessed as not fit for habitation, but we nevertheless found a prisoner located in one.
- Laundry facilities were inadequate. Prisoners struggled to get access to essentials such as sufficient clean clothing. Towels and sheets were changed only every four weeks which was deplorable.

Residential services (catering and shop)

- The food was of reasonable quality, although breakfast packs were meagre. Having the main meal at lunchtime was not popular. The kitchen, despite a period of severe understaffing, was well organised and standards of hygiene and cleaning were high, but non-core work such as consultation and special event menus had suffered.
- The weekly small-item purchasing system worked well, but prisoners had to wait up to 10 days for their first full order which increased the likelihood of debt. The catalogue order system had improved, but many electrical items had been delayed for weeks awaiting testing.

Prisoner consultation, applications and redress

- Prisoner consultation arrangements were adequate.
- Until recently oversight of the applications process was poor. We were not assured applications were dealt with in a timely manner, or at all.
- The number of complaints submitted was high. Too many responses were late and 12% in a recent three-month period had not been responded to.
- Most complaint responses were adequate. However, some had not been properly investigated and apologies were not always offered when warranted.
- Some complaints about staff were not always investigated by an appropriately senior or independent person.
- Insufficient support was available to help prisoners with their legal needs.

Equality, diversity and faith

- There was now an established pattern of equality meetings and protected characteristic forums. Our survey showed relatively few major differences in perception between minorities and others, although staff-prisoner relationships stood out as the one area where black and minority ethnic and Muslim prisoners had more negative perceptions than others.
- There was good use of local data to look for evidence of inequity between different groups. However, there were, as yet, few real actions coming from the processes of consultation and analysis, except in a few cases such as the library.
- There were prisoner equality representatives, and equality officers had been identified but were not yet active. The handling of discrimination incident reports had improved, but the quality of investigation was inconsistent.
- Foreign nationals who spoke little English were disadvantaged by a lack of translated material and low use of telephone interpretation, and were at risk of being very isolated. Visiting immigration staff, whose visits were irregular, were the only source of information, though forums had been held.
- Prisoners with disabilities were identified to some extent, but for those on the wings there were no care plans and insufficient attention to meeting their basic needs. A few with significant disabilities were living in very poor conditions.
- A transgender prisoner was given reasonable care. No current prisoners had identified themselves as gay or bisexual. There was no positive affirmation of different sexual orientations to encourage openness.
- There was no distinct provision either for under-21s or for older prisoners, though the latter were largely content with their treatment.

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Faith and religion

- The chaplaincy team was now much stronger; it was well led and core tasks were carried out efficiently. Additional services were provided, such as bereavement counselling, yoga and some through-the gate work through faith channels. There was insufficient focus in the establishment on enabling worship sessions to start on time with full attendance.

Health, well-being and social care

- Health care services had improved since our last inspection, but some concerns remained regarding mental health provision.
- A range of primary care services was available, but the team was struggling to engage podiatry services which had been absent for four months. Waiting lists were acceptable for most clinics.
- The confidential health complaints process was not routinely used by prisoners, and forms were not widely available. Prisoners had to ask wing staff and peer workers for health care application forms, which was inappropriate.
- Inpatients received a good level of care from all staff and had good access to a range of activities.
- One prisoner was receiving social care. Processes for referral and assessment were effective.
- Medication administration on the main wings was poorly supervised by prison staff and was not confidential.
- Dental facilities had improved since our last inspection, and the service was good.
- A well-integrated mental health team offered a limited range of primary support, but lacked capacity to provide sufficient levels of therapeutic interventions. Secondary care was reasonable. Urgent referrals were seen promptly but routine referrals took too long to be assessed.
- Overall provision for prisoners with substance misuse issues had improved, although only 55% of new arrivals requiring stabilisation were located on D wing, the designated drug treatment wing, which was unsatisfactory. Twenty-four-hour monitoring and observation was now taking place for most prisoners. Clinical care was good and we observed good joint working between clinical and psychosocial support services. Psychosocial support for prisoners with drug and alcohol problems had improved, and a third of all prisoners were engaged with the service. While one-to-one support was available to all, there was still limited access to group work for those not located on D wing.

3. Purposeful activity

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 very 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.

Time out of cell

- Time out of cell was poor and few prisoners used it constructively, mostly spending it on the wings with nothing purposeful to do.
- A restricted regime had been in place for many months but there were often lengthy delays in locking and unlocking prisoners and moving them to activities.
- The few prisoners who engaged in work, education and training had up to five and a half hours out of cell most week days. Most others had about two and a half hours.
- Too many prisoners, around 39%, were locked in cells during the working day.

Library and PE

- Access to the library was reasonable and facilities were good. An adequate range of materials was available but activities to promote literacy were too limited.
- The gym was a well-equipped facility and the PE department offered a range of recreational PE activities, but nothing for older prisoners. We were not assured that access to PE was monitored for fairness.

Education, skills and work activities

Leadership and management of education, skills and work activities

- Leaders and managers had made very slow progress in tackling the weaknesses identified at the last inspection. All of the past weaknesses remained, most notably prisoners' low attendance and involvement in activities and induction, prisoners' poor punctuality, and the narrow and low-level range of provision.
- Further weaknesses at this inspection included some key aspects of teaching and learning which were still not good enough, a sharp fall in the number of prisoners attending initial skills assessments, and the low proportion of prisoners completing their courses and gaining qualifications.
- The prison's quality improvement arrangements were ineffective. Regular externally-led evaluations of purposeful activity provided thorough and accurate assessments about the quality of provision but ultimately charted a progressive decline in its effectiveness. Leaders' strategic planning did not lead to clear or systematic action planning. The prison did not promote a culture which recognised education, work and skills as a means of rehabilitation.
- There were enough activity places for all prisoners to attend work, training or education at least part time. But we found only around 20% of prisoners were engaged in any form of purposeful activity at any one time. Too many sentenced prisoners were not allocated to an activity and a third of prisoners were recorded as being unemployed.
- The community rehabilitation company (CRC) had begun to provide prisoners with pre-release support to enter employment, training or education, but this was mostly

recent and poorly attended. The education provider had begun to provide some useful information advice and careers guidance. Prison managers did not gather meaningful or accurate data to monitor prisoners' involvement in education, training or employment after release.

Quality of teaching learning and assessment

- Teachers were professional, committed and resilient but were not all providing consistently effective teaching and learning. Teachers' expectations of learners were not routinely high enough and there was a lack of challenge for prisoners generally.
- Planning for individual learning was too often ineffective, not least because most teachers did not know routinely who was going to attend a class. The few instances of prisoners' poor behaviour were not always managed well enough by teachers which led to low-level disruption of learning.
- Prisoners were not all making enough progress in sessions observed or over time.
- No specialist learning support was available to the substantial number of prisoners requiring it.

Personal development and behaviour

- Prisoners' behaviour in sessions observed had improved since the previous inspection but was still not consistently good. However, interactions observed between prisoners and with their teachers were generally positive and respectful.
- Very few of the prisoners we interviewed valued their learning or believed it would enhance their prospects on release.
- The accreditation of prisoners' skills developed through work was poor.
- Too few prisoners actually attended following enrolment on a course, and too many arrived at sessions determined to be sent back to the wings.

Achievements and outcomes for prisoners

- Too many prisoners started but did not complete an accredited course or gain the qualification. This was particularly the case in full functional skills courses in English and mathematics, ESOL and employability. The relatively few prisoners who did complete an accredited course usually achieved their qualification.
- Too many prisoners left the prison no more qualified or skilled for work than on entry to the prison.

4. Rehabilitation and release planning

Work with children and families was adequate. A majority of sentenced prisoners, including all high-risk prisoners, received regular and meaningful offender supervisor contact. However, the offender management of low- and medium-risk prisoners – about 40% – had effectively ceased because of staff shortages. Many prisoners did not have an up-to-date OASys. Home detention curfew (HDC) processes were not effectively managed. 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 there was no assurance they were met. Outcomes for prisoners were not sufficiently good.

Children, families and contact with the outside world

- There was a good new strategy document on children and family ties, but the level of delivery had reduced, with no parenting courses or family 'craft box' sessions. Children's visits were held regularly, a cycle of quarterly family days had begun, and a community worker provided a valuable service for families of prisoners who lived locally.
- The visits hall, although of limited size, was well run, with good assistance from Ormiston Trust staff and volunteers. The environment was tired with fixed rigid furniture but with a good cafe and play facilities. Visits booking was now working reasonably well.

Reducing risk, rehabilitation and progression

- Strategic management of reducing reoffending remained weak. The reducing reoffending strategy was thoughtful but aspirational and based on a limited needs analysis. The reducing reoffending committee rarely met and did not drive improvement. There was no action plan to monitor progress.
- A lack of staff and experience undermined the work of the offender management unit (OMU). The CRC remained under-resourced and the two were not well integrated.
- Those prisoners supervised by on-site probation officers (amounting to about 60% of sentenced prisoners), including all high-risk men, were well managed, and had regular, meaningful contact.
- Uniformed offender supervisors were constantly cross-deployed which meant that about 40% of the OMU's caseload, of low- and medium-risk prisoners, had little or no ongoing contact.
- About 40% of all eligible prisoners did not have an up to date OASys assessment and many others had already transferred without an assessment to inform their move.
- Basic, but critical, administrative tasks such as sentence calculation were not promptly completed, which frustrated prisoners and affected outcomes in areas like release planning.
- HDC processes were not effectively managed. Some prisoners who should have been considered for HDC were not.
- There was insufficient oversight to ensure the appropriate and prompt transfer and progression of sentenced prisoners.

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Public protection

- There was a regular interdepartmental risk management team (IRMT) meeting with an appropriate scope, but attendance from other departments was weak and high-risk prisoners were considered too close to release to allow time for remedial action.
- There was good information exchange between community offender managers and on-site probation officers in most high-risk cases we looked at.
- Mail and telephone monitoring arrangements were generally well managed and reviewed in a timely manner.

Interventions

- The introduction of the Reactiv8 programme (a sports-based approach to improve thinking skills) was very positive and suitably focused on a young and short-term population.
- In our survey, significantly more prisoners than at other local prisons reported they needed help around finance, benefit and debt. Support from the CRC overall was too limited, but prisoners could now open bank accounts, which was an improvement.
- There was high demand for help with accommodation. Despite the best efforts of the CRC, a third of prisoners with an identified accommodation need were released homeless. Remand prisoners who made up half of the population were not helped to find accommodation at all.

Release planning

- Demand for resettlement services was very high, with about 90 prisoners released each month. Many prisoners stayed for a very short time – about 60% of the population had been at Bedford for three months or less.
- CRC provision remained too limited. While initial resettlement plans were completed on time and appropriately identified need, too many prisoners did not have their plan reviewed prior to release to ensure that referrals and actions were completed.
- The pre-release board, which was potentially extremely useful, was poorly attended and was not given sufficient priority by the prison.

Ministry of Justice

The Right Honourable
David Gauke MP
Lord Chancellor & Secretary of State for Justice

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HM Chief Inspector of Prisons
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9th October 2018

Dear Peter

URGENT NOTIFICATION – HMP BEDFORD

Thank you for your letter dated 12th September 2018, setting out your concerns following the inspection at HMP Bedford and invoking the Urgent Notification (UN) protocol. As set out in the Protocol between you and my Department, I am committed to providing you with a response within 28 days of your letter.

Special measures

HMP Bedford was subject to a Performance Improvement Plan following a major disturbance in November 2016. Following a review in May 2018, Bedford was placed into special measures. As a result of this intervention, an action plan was developed by the Governor and Prison Group Director (PGD) to address concerns and drive forward improvements with support from national specialists. The Special Measures Action Plan prioritised a range of issues at the prison which had or were in the process of being delivered during the time of the inspection. This included support to develop a new staffing profile; providing additional managers to support the development of staff skills; refurbishment of the showers in the Separation and Care Unit; providing resources for a number of window grilles to be installed to improve security, support to improve the governance and a full review of safety by the National Safety Custody Team. Additionally, the operational capacity was reduced by 20 places to facilitate work on improving decency within the establishment.

You acknowledged in your letter to me that local management was working very hard in challenging circumstances and that you believed some benefits would flow from the actions being carried out due to the prison being placed in special measures, as has been the case in other sites. However, you also felt that too many important issues in the special measures action plan had indeterminate or long timeframes for implementation and that placing the prison in special measures did not in itself give assurance that the serious issues you identified during your inspection would be adequately addressed, hence your decision to invoke an UN.

I take very seriously the issues you raised and I am committed to ensuring they are addressed. I set out below an overview of the immediate actions we have prioritised to address the most serious and urgent matters. I also enclose an initial action plan providing more detail on the specific actions that have been completed or are underway.

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Order and control

In order to help stabilise the prison we have temporarily reduced capacity by a further 56 places, creating a total reduction of 76 places when taking into account the reduction under the Special Measures process. This reduction, whilst relatively modest, demonstrates a commitment to immediately stabilising the prison whilst balancing the need to provide continued support and capacity to drive improvement at other high-risk sites. Reducing this operational pressure will enable Her Majesty's Prison and Probation Service (HMPPS) to temporarily close one of the five main wings and carry out further training to support inexperienced staff. Additional experienced Supervising Officers and Custodial Managers will also be provided on detached duty to support and mentor new staff and provide assurance. An 'Officer Development Programme' is also being introduced to support staff in areas such as conflict resolution and the appropriate enforcement of expectations in relation to decency, respect and motivating prisoners to attend work and education.

Management resources will be provided to the Care and Separation Unit (CSU), an area of the prison you identified as weak during your inspection. A new operational manager will support the management of the unit and provide oversight of the adjudications process. A Custodial Manager will also be assigned to improve processes and staff leadership so that the unit operates safely and within the expectations of procedural justice.

Getting the basics right

I am clear that we must get the basics of safety, cleanliness and decency in our prisons right. HMPPS has therefore deployed the National Safety Team to provide Assessment Care in Custody and Team (ACCT) case manager training therefore enabling staff to better support vulnerable prisoners. They have also reviewed the local ACCT quality assurance process, thereby providing further rigour to this important area; and are going to undertake a review of early days support to prisoners, a time when we know that prisoners can be particularly vulnerable.

Improving safety at HMP Bedford has also been given further focus by senior managers. The Group Safety Team is working with the prison to embed the Challenge Support and Intervention Plan (CSIP) case management approach to address the high levels of violence. It is also working with the Governor to further develop and embed a comprehensive safety strategy throughout the prison. A violence summit has also been organised, involving staff and prisoners, at which short and medium-term actions for the prison to better manage violence will be identified.

In common with many other prisons HMP Bedford suffers from high volumes of illicit drugs. The HMPPS National Drugs Taskforce will therefore undertake a full diagnostics process which will identify actions to improve the establishment's response to drugs across the three elements of the drugs strategy – supply and demand reduction, treatment and recovery, and continuity of care. In addition, the prison has been prioritised for access to an expanding Group team of drug search dogs, to help reduce the ingress of drugs into the establishment. The prison is also fitting additional window grilles to the most vulnerable areas.

In your letter to me you said that many areas of the establishment were insufficiently clean. The prison will become a national pilot site for the Clean and Decent Project, following a recent clean and decent standards audit which was also piloted at the prison. This project will introduce new cleaning processes, support staff in the organisation and management of prisoner cleaning parties, introduce new painting parties and help implement new approaches to fabric checks to make immediate and sustained improvements to standards of cleanliness throughout the establishment.

Specific work will be undertaken to ensure that the regime is constructive and fully engages prisoners in activity and provides staff with sufficient time and space to undertake their core duties. An urgent action plan is also being sought from the educational supplier to improve retention and attraction to the education department and national contract support will be deployed to drive improvements in delivery. The wider staff mentoring programme will also help coach staff in the correct way in which to improve activities attendance amongst the prison population.

Living conditions

You said in your letter to me that the living conditions in the prison were poor. Under the special measures provision the showers in the CSU have been refurbished. A review of the wider conditions of the prison had already been commissioned by the Prison Group Director and funding is being secured to enable a number of showers and areas of flooring to be replaced.

Consideration has also been given to the current provision of Facilities Management at the prison and HMPPS has deployed an experienced Technical Manager from the Prison Maintenance Group to review the service provided by Government Facilities Services Limited and support the completion of the maintenance backlog. Disabled prisoners located at Bedford will be reviewed to ensure that their basic needs can be met and in any circumstances where this is not the case the prisoner will be swiftly transferred to a more suitable site.

I hope that this letter reassures you that we are taking seriously the outcomes of the inspection and that appropriate action is being taken by the prison and the wider system over the coming weeks and months.

I will of course continue to monitor the situation at HMP Bedford to ensure we begin to see improvements. We will take all action necessary to ensure that staff and prisoners work and live in safe and decent conditions.

Yours ever

RT HON DAVID GAUKE MP

HM Prison & Probation Service

Bedford Urgent Notification: Initial Action Plan

Updated: 02 October 2018

Priority Theme	No	Actions	Completion date
Immediate actions to improve operational stability, order and control	1	**Operational Capacity** The operational capacity at Bedford was reduced by 20 places under the special measures arrangements. The operational capacity will be reduced by a further 56 places in order to relieve operational pressure, and enable further training for inexperienced staff. This creates a total reduction of 76.	5th October 2018
	2	**Leadership and Staffing** To immediately bolster confidence and capability HMPPS will: (i) Continue to support the senior management team by extending the secondment of operational managers.	Ongoing
		(ii) Deploy a total of 8 experienced Band 4 Supervising Officers and Band 5 Custodial Managers on detached duty in addition to Bedford's own staff at these grades, to ensure an increased presence on all wings throughout the period of unlock to enhance the support, supervision and guidance for inexperienced staff.	28th October 2018
Improving staff capability and confidence	3	**To Develop and Embed Confidence and Capability:** (i) The Evidence Based Research Team will work with the Governor and managers to co-produce and implement behavioural standards which articulate boundaries, and describe specific sanctions to deal with poor behaviour.	10th October 2018
		(ii) An 'Officer Development Programme' will be introduced to provide training support for inexperienced staff, including in areas such as how to use conflict resolution techniques appropriately and enforce expectations in relation to decency, respect and motivating prisoners to attend work and education.	From end of October 2018

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Priority Theme	No	Actions	Completion date
		(iii) A local 'know your job' scheme will be introduced to support inexperienced staff, with the aim of increasing confidence and capability.	From end of October 2018
Safety: Violence Reduction, Suicide and Self-Harm, Use of Force, Drugs and Substance misuse	4	**Violence Reduction** The HMPPS National and Prison Group Safety Teams will: (i) Work with the Governor to further develop and embed a comprehensive safety strategy using the National Safety Framework which will address the issues identified by HMIP.	End of October 2018
		(ii) Support the establishment to better their understanding of the drivers of violence. This will include: • Providing further support to the establishment to embed CSIP (Challenge, Support and Intervention Plan - case management for violent offenders); • Organising a violence summit, involving staff and prisoners, which will identify short and medium term actions for the prison to better manage violence; and • Improving intelligence by greater use of the Safety Diagnostic Tool (SDT), which will assist the establishment to better manage individuals with historic acts of violence and identify and disrupt gang activity.	End of October 2018
		(iii) Support will be provided by the Prison Group Safety Team to implement recommendations from the Prisons and Probation Ombudsman investigation reports following deaths in custody.	End of November 2018
	5	**Suicide and Self Harm** The HMPPS National and Prison Group Safety Teams will: (i) Continue to provide case manager coaching in Assessment, Care in Custody and Teamwork (ACCT) - the case management of prisoners at risk of suicide and self-harm.	Ongoing

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Priority Theme	No	Actions	Completion date
		(ii) Deliver training on defensible decision making to the establishment to further improve the use of the ACCT process.	15th November 2018
		(iii) Review the current quality assurance processes for ACCT and support the prison in making improvements to the process as identified in the review.	30th November 2018
		(iv) Undertake a review of early days and support the implementation of recommendations from the review.	30th November 2018
	6	**Care and Separation Unit (CSU)** (i) A new operational manager has been appointed to provide improved oversight of the adjudications process and management of the CSU.	End of October 2018
		(ii) An additional experienced Custodial Manager will be provided to help improve systems, processes and leadership of staff through detached duty.	Mid October 2018
		(iii) The Regional Psychology Team will provide monthly supervision for the staff working in the CSU and defensible decision making training for those within the unit on ACCT plans.	Completed
	7	**Use of Force** (i) National expertise from the National Tactical Response Group will provide further practical support to improve use of force practice and adherence to procedure in the prison.	From December 2018
		(ii) National resource from the Operational Resilience and Response Unit will be based at HMP Bedford for a period of 3 months to support the local leadership team to implement improvements to use of force practice and governance.	From December 2018
		(iii) A full time Use of Force Coordinator will be appointed.	End of March 2019

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Priority Theme	No	Actions	Completion date
	8	**Drugs & Substance Misuse** (i) HMP Bedford will be prioritised for further access to the use of dogs in balance with the need to support other high risk establishments.	End of March 2019
		(ii) Increased staff searching and enhanced perimeter patrols will be introduced.	End of December 2018
		(iii) New windows with grilles will be provided in high risk areas to mitigate the risk from 'throw overs'.	End of March 2019
		(iv) National experts from Security Risk Unit will visit the establishment to agree a bespoke package of support on all aspects of security with the Governor and the senior management team.	15th October 2018
		(v) A review of Mandatory Drug Testing reporting arrangements will take place, including procedures for recording and sanctioning test refusals.	End of October 2018
		(vi) The HMPPS National Drugs Taskforce will undertake a full diagnostics process which will identify actions to improve the establishment's response to drugs across the three elements of the drugs strategy – supply and demand reduction, treatment and recovery, and continuity of care.	End of March 2019
Getting the Basics right	9	**Improving Basic Processes and Procedural Justice** (i) Local staff and managers will be supported by the Evidence Based Research Team to improve and embed processes including; adjudications; applications; complaints; and the operation of the Incentives and Earned Privileges scheme. The team will promote behaviours designed to boost staff and prisoners' perceptions of procedural justice and legitimacy, thereby improving compliance and safety.	End of October 2018
		(ii) A workshop will be provided to Business Hub staff to develop a clearer understanding of the day to day impact the work of the hub has on the lives of prisoners and staff.	End of October 2018

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Priority Theme	No	Actions	Completion date
		(iii) A bespoke package of support will be developed by Human Resources, Business Development Group and the Evidence Based Research Team in consultation with the Prison Group Director and Governor to support SMT over an extended period to ensure adherence to the new processes and that the adoption of new behaviours is embedded.	Ongoing
		(iv) Further support will be provided to first line managers to develop a culture where staff are appropriately supported and challenged when carrying out their daily duties.	Ongoing
		Access to Clean Clothing (v) The level of clothing available within the prison will be increased to ensure that a weekly clothing exchange can be completed.	From 06th October 2018
		(vi) A good practice guide and support visit will take place by Public Sector Prisons Industries to improve the establishment's process in relation to clothing exchange.	By 15th October 2018
		(vii) Additional support and funding will be provided so that all prisoners' clothing can be laundered weekly.	Mid October 2018
	10	**Core Day Activity Delivery** (i) A review of the operational staffing model has been undertaken to create new staff profiles.	Completed
		(ii) Specific work will be undertaken on the development of the underpinning core day to ensure that the regime is constructive, fully engages prisoners in activity and provides staff with sufficient time and space to undertake their core duties.	End of October 2018
	11	**Assurance** (i) To improve the oversight of priority systems and the delivery of the HMIP action plan, a review of the assurance processes will take place with support from Business Development Group. This will further develop the assurance framework and governance structure.	End of December 2018

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Priority Theme	No	Actions	Completion date
		(ii) HMIP are currently developing a new methodology to assess an establishment's progress against HMIP recommendations. HMPPS will continue to engage with HMIP so that this methodology can be understood and routinely deployed by HMPPS through its own assurance processes, to improve the performance of prisons, including Bedford.	Ongoing
		(iii) Assurance testing will take place to monitor implementation of Prisons and Probation Ombudsman recommendations.	From end of October 2018
		(iv) Assurance testing will take place to ensure incidents are reported in line with existing policy.	From end of October 2018
Decency & Living Conditions	12	Damaged cells in the Care and Separation Unit will remain out of use.	Completed
	13	**Refurbishment** We will continue to refurbish key areas of the prison including: • showers on B and D wing; and • the replacement of flooring where required in cells on A and B wing.	By March 2019
	14	**Maintenance backlog** Intensive auditing and review activity is currently taking place in relation to reactive and planned maintenance. We will work with Government Facility Services Limited to clear the maintenance backlog by the end of February 2019.	End of February 2019
	15	**Disabled prisoners' access to showers** An urgent review of the individual requirements of all prisoners with disabilities will take place to ensure that their basic needs are met. If in any case we are unable to provide the standard of care required at Bedford, prisoners will be transferred swiftly to an establishment which can offer the appropriate support.	End of October 2018

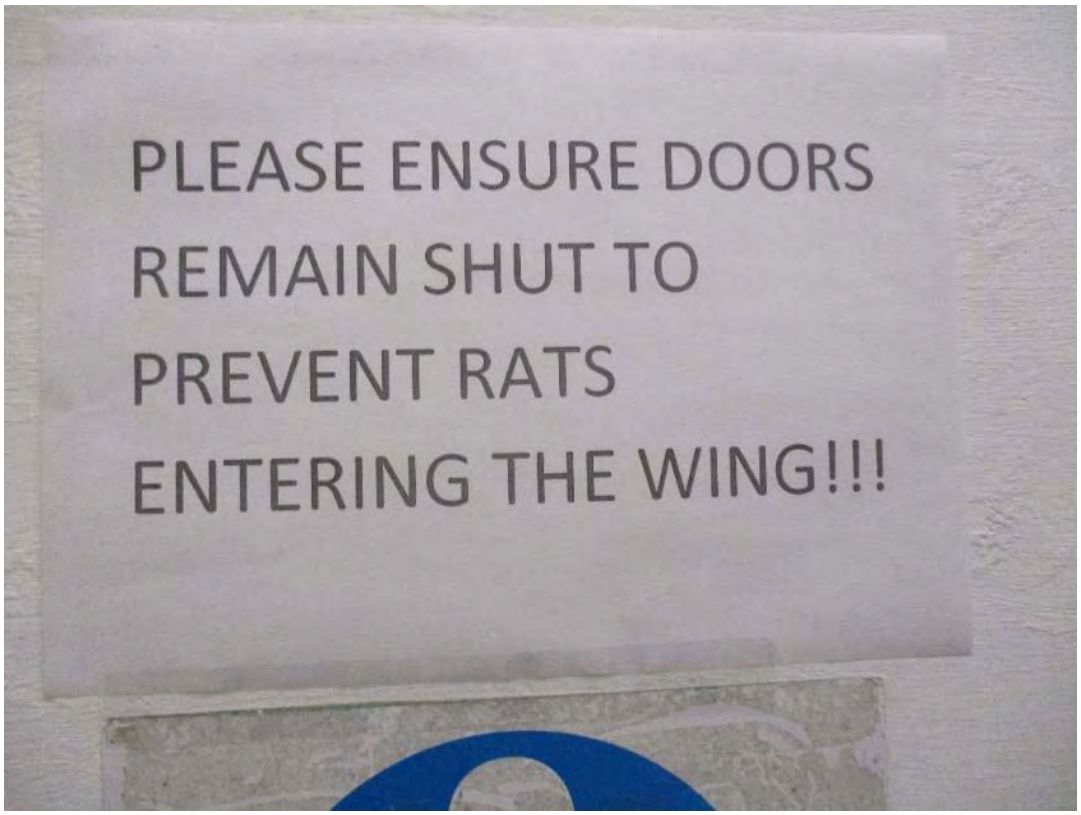
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Priority Theme	No	Actions	Completion date
	16	**Cleanliness** (i) HMP Bedford will become a national pilot site for the clean and decent programme which will introduce a painting party and additional cleaning parties, alongside new cleaning schedules and systems to make immediate and sustained improvements to standards of cleanliness throughout the prison.	End of January 2019
		(ii) Further urgent pest control measures will be introduced.	Completed
Learning and Skills provision	17	**Education** Urgent steps are being taken to drive improvements to the quality of learning and skills provision with support from the national team.	End October 2018

Appendix V: Photographs

Photograph 1. 'Rats on wing' sign



Photograph 2. D wing shower room



Photograph 3. D wing unscreened shower



Photograph 4. Occupied room with broken bunk bed on A wing



Photograph 5. Damaged and missing parts of bunk bed in occupied cell



Photograph 6. A laundry leak onto an electrical box



Photograph 7. B wing laundry blocked sluice with dirty floor



Photograph 8. Files waiting to be processed in the offender management unit



Appendix VI: Prisoner survey methodology and results

Prisoner survey methodology

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.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.[13]

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.[14] In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. [15] Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 28 August 2018, the prisoner population at HMP Bedford was 426. Using the sampling method described above, questionnaires were distributed to 181 prisoners. We received a total of 139 completed questionnaires, a response rate of 77%. This included two questionnaires completed via face-to-face interview. Eighteen prisoners declined to participate in the survey and 25 questionnaires were either not returned at all, or returned blank.

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[13] Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

[14] 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

[15] For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Bedford. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.[16] Missing responses have been excluded from all analyses.

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Bedford 2018 compared with those from other HMIP surveys[17]

- Survey responses from HMP Bedford in 2018 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Bedford in 2018 compared with survey responses from HMP Bedford in 2016.

Comparisons between sub-populations of prisoners within HMP Bedford 2018[18]

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- British nationals' responses compared with those of foreign nationals.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- Responses of prisoners who reported that they had a disability compared to those who did not.
- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners aged 21 and under compared with those over 21.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.[19]

In the comparator analyses, statistically significant differences are indicated by shading.[20] Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

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16 Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

17 These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

18 These analyses are carried out on summary data from selected survey questions only.

19 A minimum of 10 responses which must also represent at least 10% of the total response.

20 A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p<0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey summary

Background information

1.1 What wing or houseblock are you currently living on?

Houseblock A	41 (29%)
Houseblock B	19 (14%)
Houseblock C	24 (17%)
Houseblock C1 (Vulnerable prisoner overspill)	2 (1%)
Houseblock D	27 (19%)
Houseblock E	11 (8%)
Houseblock F	10 (7%)
Segregation unit	2 (1%)
Health care unit	3 (2%)

1.2 How old are you?

Under 21	15 (11%)
21 - 25	23 (17%)
26 - 29	13 (10%)
30 - 39	46 (34%)
40 - 49	24 (18%)
50 - 59	7 (5%)
60 - 69	5 (4%)
70 or over	3 (2%)

1.3 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	68 (51%)
White - Irish	4 (3%)
White - Gypsy or Irish Traveller	1 (1%)
White - any other White background	10 (7%)
Mixed - White and Black Caribbean	5 (4%)
Mixed - White and Black African	1 (1%)
Mixed - White and Asian	4 (3%)
Mixed - any other Mixed ethnic background	2 (1%)
Asian/ Asian British - Indian	2 (1%)
Asian/ Asian British - Pakistani	12 (9%)
Asian/ Asian British - Bangladeshi	4 (3%)
Asian/ Asian British - Chinese	1 (1%)
Asian - any other Asian Background	2 (1%)
Black/ Black British - Caribbean	12 (9%)
Black/ Black British - African	5 (4%)
Black - any other Black/ African/ Caribbean background	0 (0%)
Arab	1 (1%)
Any other ethnic group	0 (0%)

1.4 How long have you been in this prison?

Less than 6 months	95 (73%)
6 months or more	36 (27%)

1.5 Are you currently serving a sentence?

Yes	65 (48%)
Yes - on recall	13 (10%)
No - on remand or awaiting sentence	58 (43%)
No - immigration detainee	0 (0%)

1.6 How long is your sentence?

Less than 6 months	11 (8%)
6 months to less than 1 year	13 (10%)
1 year to less than 4 years	31 (23%)
4 years to less than 10 years	12 (9%)
10 years or more	4 (3%)
IPP (indeterminate sentence for public protection)	1 (1%)
Life	2 (2%)
Not currently serving a sentence	58 (44%)

Arrival and reception

2.1 Were you given up-to-date information about this prison before you came here?

Yes	12 (9%)
No	110 (81%)
Don't remember	13 (10%)

2.2 When you arrived at this prison, how long did you spend in reception?

Less than 2 hours	44 (33%)
2 hours or more	80 (60%)
Don't remember	10 (7%)

2.3 When you were searched in reception, was this done in a respectful way?

Yes	111 (82%)
No	20 (15%)
Don't remember	4 (3%)

2.4 Overall, how were you treated in reception?

Very well	22 (16%)
Quite well	91 (67%)
Quite badly	15 (11%)
Very badly	6 (4%)
Don't remember	1 (1%)

2.5 When you first arrived here, did you have any of the following problems?

Problems getting phone numbers	68 (50%)
Contacting family	64 (47%)
Arranging care for children or other dependants	2 (1%)
Contacting employers	9 (7%)
Money worries	43 (32%)
Housing worries	34 (25%)
Feeling depressed	71 (53%)
Feeling suicidal	28 (21%)
Other mental health problems	38 (28%)
Physical health problems	26 (19%)
Drug or alcohol problems (e.g. withdrawal)	31 (23%)
Problems getting medication	41 (30%)
Needing protection from other prisoners	15 (11%)
Lost or delayed property	28 (21%)
Other problems	24 (18%)
Did not have any problems	15 (11%)

2.6 Did staff help you to deal with these problems when you first arrived?

Yes	29 (23%)
No	82 (65%)
Did not have any problems when I first arrived	15 (12%)

First night and induction

3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement	80 (59%)
Toiletries / other basic items	74 (55%)
A shower	46 (34%)
A free phone call	73 (54%)
Something to eat	111 (82%)
The chance to see someone from health care	85 (63%)
The chance to talk to a Listener or Samaritans	21 (16%)
Support from another prisoner (e.g. Insider or buddy)	16 (12%)
Wasn't offered any of these things	8 (6%)

3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean	3 (2%)
Quite clean	34 (25%)
Quite dirty	28 (20%)
Very dirty	71 (51%)
Don't remember	2 (1%)

3.3 Did you feel safe on your first night here?

Yes	65 (49%)
No	57 (43%)
Don't remember	12 (9%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	25 (19%)	104 (79%)	3 (2%)
Free PIN phone credit?	47 (36%)	81 (61%)	4 (3%)
Numbers put on your PIN phone?	40 (31%)	82 (65%)	5 (4%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes	38 (28%)
No	69 (51%)
Have not had an induction	27 (20%)

On the wing

4.1 Are you in a cell on your own?

Yes	27 (20%)
No, I'm in a shared cell or dormitory	111 (80%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes	24 (17%)
No	103 (75%)
Don't know	11 (8%)
Don't have a cell call bell	0 (0%)

4.3 Please answer the following questions about the wing or houseblock you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	64 (46%)	74 (54%)	0 (0%)
Can you shower every day?	120 (87%)	17 (12%)	1 (1%)
Do you have clean sheets every week?	32 (24%)	98 (73%)	4 (3%)
Do you get cell cleaning materials every week?	66 (50%)	62 (47%)	5 (4%)
Is it normally quiet enough for you to relax or sleep at night?	45 (33%)	89 (66%)	1 (1%)
Can you get your stored property if you need it?	17 (13%)	73 (54%)	46 (34%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?

Very clean	7 (5%)
Quite clean	39 (30%)
Quite dirty	43 (33%)
Very dirty	40 (31%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good	6 (4%)
Quite good	44 (33%)
Quite bad	54 (40%)
Very bad	31 (23%)

5.2 Do you get enough to eat at mealtimes?

Always	5 (4%)
Most of the time	37 (27%)
Some of the time	62 (45%)
Never	35 (25%)

5.3 Does the shop / canteen sell the things that you need?

Yes	73 (55%)
No	45 (34%)
Don't know	14 (11%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	87 (65%)
No	47 (35%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes	86 (64%)
No	48 (36%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes	30 (22%)
No	107 (78%)

6.4 How helpful is your personal or named officer?

Very helpful	8 (6%)
Quite helpful	12 (9%)
Not very helpful	5 (4%)
Not at all helpful	7 (5%)
Don't know	16 (12%)
Don't have a personal / named officer	81 (63%)

6.5 How often do you see prison governors, directors or senior managers talking to prisoners?

Regularly	4 (3%)
Sometimes	23 (17%)
Hardly ever	88 (67%)
Don't know	17 (13%)

6.6 Do you feel that you are treated as an individual in this prison?

Yes	41 (32%)
No	88 (68%)

6.7 Are prisoners here consulted about things like food, canteen, health care or wing issues?

Yes, and things sometimes change	12 (9%)
Yes, but things don't change	33 (24%)
No	60 (44%)
Don't know	30 (22%)

Faith

7.1 What is your religion?

No religion	29 (21%)
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	62 (46%)
Buddhist	2 (1%)
Hindu	2 (1%)
Jewish	1 (1%)
Muslim	34 (25%)
Sikh	1 (1%)
Other	5 (4%)

7.2 Are your religious beliefs respected here?

Yes	72 (53%)
No	18 (13%)
Don't know	16 (12%)
Not applicable (no religion)	29 (21%)

7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?

Yes	58 (42%)
No	14 (10%)
Don't know	36 (26%)
Not applicable (no religion)	29 (21%)

7.4 Are you able to attend religious services, if you want to?

Yes	83 (61%)
No	12 (9%)
Don't know	12 (9%)
Not applicable (no religion)	29 (21%)

Contact with family and friends

8.1 Have staff here encouraged you to keep in touch with your family / friends?

Yes	23 (17%)
No	111 (83%)

8.2 Have you had any problems with sending or receiving mail (letters or parcels)?

Yes	67 (52%)
No	63 (48%)

8.3 Are you able to use a phone every day (if you have credit)?

Yes	108 (81%)
No	26 (19%)

8.4 How easy or difficult is it for your family and friends to get here?

Very easy	12 (9%)
Quite easy	29 (21%)
Quite difficult	35 (26%)
Very difficult	42 (31%)
Don't know	19 (14%)

8.5 How often do you have visits from family or friends?

More than once a week	3 (2%)
About once a week	22 (17%)
Less than once a week	59 (44%)
Not applicable (don't get visits)	49 (37%)

8.6 Do visits usually start and finish on time?

Yes	30 (39%)
No	47 (61%)

8.7 Are your visitors usually treated respectfully by staff?

Yes	58 (76%)
No	18 (24%)

Time out of cell

9.1 Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?

Yes, and these times are usually kept to	31 (24%)
Yes, but these times are not usually kept to	68 (52%)
No	32 (24%)

9.2 How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?

Less than 2 hours	63 (47%)
2 to 6 hours	53 (40%)
6 to 10 hours	8 (6%)
10 hours or more	1 (1%)
Don't know	8 (6%)

9.3 How long do you usually spend out of your cell on a typical Saturday or Sunday?

Less than 2 hours	55 (42%)
2 to 6 hours	64 (49%)
6 to 10 hours	2 (2%)
10 hours or more	1 (1%)
Don't know	9 (7%)

9.4 How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?

None	7 (5%)
1 or 2	35 (26%)
3 to 5	29 (22%)
More than 5	51 (38%)
Don't know	11 (8%)

9.5 How many days in a typical week do you get association, if you want it?

None	6 (5%)
1 or 2	9 (7%)
3 to 5	28 (21%)
More than 5	81 (61%)
Don't know	9 (7%)

9.6 How many days in a typical week could you go outside for exercise, if you wanted to?

None	4 (3%)
1 or 2	8 (6%)
3 to 5	33 (25%)
More than 5	82 (62%)
Don't know	6 (5%)

9.7 Typically, how often do you go to the gym?

Twice a week or more	73 (55%)
About once a week	8 (6%)
Less than once a week	7 (5%)
Never	44 (33%)

9.8 Typically, how often do you go to the library?

Twice a week or more	17 (13%)
About once a week	35 (26%)
Less than once a week	17 (13%)
Never	64 (48%)

9.9 Does the library have a wide enough range of materials to meet your needs?

Yes	36 (28%)
No	29 (22%)
Don't use the library	64 (50%)

Applications, complaints and legal rights

10.1 Is it easy for you to make an application?

Yes	76 (57%)
No	45 (34%)
Don't know	13 (10%)

10.2 If you have made any applications here, please answer the questions below:

	Yes	No	Not made any applications
Are applications usually dealt with fairly?	33 (27%)	76 (62%)	14 (11%)
Are applications usually dealt with within 7 days?	23 (18%)	88 (70%)	14 (11%)

10.3 Is it easy for you to make a complaint?

Yes	66 (49%)
No	44 (32%)
Don't know	26 (19%)

10.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	17 (13%)	59 (46%)	53 (41%)
Are complaints usually dealt with within 7 days?	14 (11%)	59 (47%)	53 (42%)

10.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes	28 (22%)
No	61 (49%)
Not wanted to make a complaint	36 (29%)

10.6 In this prison, is it easy or difficult for you to...

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	38 (29%)	55 (43%)	24 (19%)	12 (9%)
Attend legal visits?	73 (60%)	15 (12%)	22 (18%)	12 (10%)
Get bail information?	12 (10%)	43 (37%)	42 (36%)	20 (17%)

10.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes	52 (39%)
No	59 (44%)
Not had any legal letters	22 (17%)

Health care

11.1 How easy or difficult is it to see the following people?

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	3 (2%)	19 (14%)	42 (31%)	58 (43%)	13 (10%)
Nurse	8 (6%)	39 (29%)	30 (22%)	44 (32%)	15 (11%)
Dentist	2 (2%)	8 (6%)	30 (23%)	71 (53%)	22 (17%)
Mental health workers	6 (5%)	17 (13%)	29 (23%)	43 (34%)	33 (26%)

11.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	11 (8%)	40 (30%)	29 (21%)	20 (15%)	35 (26%)
Nurse	12 (9%)	43 (33%)	27 (20%)	20 (15%)	30 (23%)
Dentist	7 (5%)	17 (13%)	23 (18%)	23 (18%)	59 (46%)
Mental health workers	6 (5%)	17 (14%)	19 (15%)	20 (16%)	63 (50%)

11.3 Do you have any mental health problems?

Yes	63 (48%)
No	69 (52%)

11.4 Have you been helped with your mental health problems in this prison?

Yes	25 (19%)
No	39 (29%)
Don't have any mental health problems	69 (52%)

11.5 What do you think of the overall quality of the health services here?

Very good	3 (2%)
Quite good	34 (26%)
Quite bad	41 (31%)
Very bad	38 (29%)
Don't know	17 (13%)

Other support needs

12.1 Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?

Yes	50 (38%)
No	82 (62%)

12.2 If you have a disability, are you getting the support you need?

Yes	10 (8%)
No	36 (28%)
Don't have a disability	82 (64%)

12.3 Have you been on an ACCT in this prison?

Yes	26 (20%)
No	102 (80%)

12.4 If you have been on an ACCT in this prison, did you feel cared for by staff?

Yes	8 (6%)
No	16 (13%)
Have not been on an ACCT in this prison	102 (81%)

12.5 How easy or difficult is it for you to speak to a Listener, if you need to?

Very easy	11 (9%)
Quite easy	24 (19%)
Quite difficult	14 (11%)
Very difficult	15 (12%)
Don't know	64 (50%)
No Listeners at this prison	1 (1%)

Alcohol and drugs

13.1 Did you have an alcohol problem when you came into this prison?

Yes	34 (25%)
No	100 (75%)

13.2 Have you been helped with your alcohol problem in this prison?

Yes	16 (12%)
No	16 (12%)
Did not / do not have an alcohol problem	100 (76%)

13.3 Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?

Yes	49 (37%)
No	82 (63%)

13.4 Have you developed a problem with illicit drugs since you have been in this prison?

Yes	26 (20%)
No	105 (80%)

13.5 Have you developed a problem with taking medication not prescribed to you since you have been in this prison?

Yes	16 (12%)
No	116 (88%)

13.6 Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?

Yes	24 (19%)
No	29 (23%)
Did not / do not have a drug problem	74 (58%)

13.7 Is it easy or difficult to get illicit drugs in this prison?

Very easy	43 (33%)
Quite easy	17 (13%)
Quite difficult	9 (7%)
Very difficult	6 (5%)
Don't know	57 (43%)

13.8 Is it easy or difficult to get alcohol in this prison?

Very easy	17 (13%)
Quite easy	14 (11%)
Quite difficult	8 (6%)
Very difficult	19 (15%)
Don't know	73 (56%)

Safety

14.1 Have you ever felt unsafe here?

Yes	91 (67%)
No	44 (33%)

14.2 Do you feel unsafe now?

Yes	48 (37%)
No	81 (63%)

14.3 Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)

Verbal abuse	55 (42%)
Threats or intimidation	58 (45%)
Physical assault	30 (23%)
Sexual assault	3 (2%)
Theft of canteen or property	47 (36%)
Other bullying / victimisation	33 (25%)
Not experienced any of these from prisoners here	51 (39%)

14.4 If you were being bullied / victimised by other prisoners here, would you report it?

Yes	50 (39%)
No	79 (61%)

14.5 Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)

Verbal abuse	41 (33%)
Threats or intimidation	28 (23%)
Physical assault	10 (8%)
Sexual assault	0 (0%)
Theft of canteen or property	13 (11%)
Other bullying / victimisation	20 (16%)
Not experienced any of these from staff here	68 (55%)

14.6 If you were being bullied / victimised by staff here, would you report it?

Yes	62 (49%)
No	64 (51%)

Behaviour management

15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?

Yes	29 (23%)
No	56 (44%)
Don't know what the incentives / rewards are	41 (33%)

15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?

Yes	34 (25%)
No	54 (40%)
Don't know	28 (21%)
Don't know what this is	20 (15%)

15.3 Have you been physically restrained by staff in this prison in the last 6 months?

Yes	20 (15%)
No	113 (85%)

15.4 If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?

Yes	2 (2%)
No	17 (13%)
Don't remember	0 (0%)
Not been restrained here in last 6 months	113 (86%)

15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?

Yes	11 (9%)
No	118 (91%)

15.6 If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	7 (64%)	4 (36%)
Could you shower every day?	5 (50%)	5 (50%)
Could you go outside for exercise every day?	7 (78%)	2 (22%)
Could you use the phone every day (if you had credit)?	6 (60%)	4 (40%)

Education, skills and work

16.1 Is it easy or difficult to get into the following activities in this prison?

	Easy	Difficult	Don't know	Not available here
Education	51 (40%)	46 (36%)	29 (23%)	2 (2%)
Vocational or skills training	18 (15%)	53 (44%)	43 (36%)	7 (6%)
Prison job	19 (15%)	76 (59%)	30 (23%)	4 (3%)
Voluntary work outside of the prison	4 (3%)	35 (28%)	48 (39%)	37 (30%)
Paid work outside of the prison	2 (2%)	34 (27%)	44 (35%)	45 (36%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	49 (39%)	37 (30%)	39 (31%)
Vocational or skills training	27 (23%)	25 (21%)	65 (56%)
Prison job	27 (23%)	47 (39%)	45 (38%)
Voluntary work outside of the prison	22 (19%)	14 (12%)	81 (69%)
Paid work outside of the prison	24 (20%)	13 (11%)	81 (69%)

16.3 Do staff encourage you to attend education, training or work?

Yes	36 (29%)
No	80 (64%)
Not applicable (e.g. if you are retired, sick or on remand)	9 (7%)

Planning and progression

17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)

Yes	23 (18%)
No	104 (82%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes	16 (70%)
No	4 (17%)
Don't know what my objectives or targets are	3 (13%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	9 (45%)
No	8 (40%)
Don't know what my objectives or targets are	3 (15%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	5 (25%)	3 (15%)	12 (60%)
Other programmes	6 (27%)	3 (14%)	13 (59%)
One to one work	5 (25%)	3 (15%)	12 (60%)
Being on a specialist unit	3 (15%)	3 (15%)	14 (70%)
ROTL - day or overnight release	2 (10%)	3 (14%)	16 (76%)

Preparation for release

18.1 Do you expect to be released in the next 3 months?

Yes	39 (32%)
No	54 (44%)
Don't know	30 (24%)

18.2 How close is this prison to your home area or intended release address?

Very near	4 (10%)
Quite near	10 (26%)
Quite far	16 (41%)
Very far	9 (23%)

18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?

Yes	15 (39%)
No	23 (61%)

18.4 Are you getting help to sort out the following things for when you are released?

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	10 (28%)	20 (56%)	6 (17%)
Getting employment	2 (6%)	25 (71%)	8 (23%)
Setting up education or training	2 (6%)	20 (59%)	12 (35%)
Arranging benefits	7 (21%)	23 (68%)	4 (12%)
Sorting out finances	3 (9%)	24 (73%)	6 (18%)
Support for drug or alcohol problems	8 (22%)	15 (42%)	13 (36%)
Health / mental health support	7 (21%)	15 (45%)	11 (33%)
Social care support	1 (3%)	14 (45%)	16 (52%)
Getting back in touch with family or friends	3 (9%)	15 (45%)	15 (45%)

More about you

19.1 Do you have children under the age of 18?

Yes	57 (46%)
No	67 (54%)

19.2 Are you a UK / British citizen?

Yes	110 (88%)
No	15 (12%)

19.3 Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes	6 (5%)
No	118 (95%)

19.4 Have you ever been in the armed services (e.g. army, navy, air force)?

Yes	10 (8%)
No	112 (92%)

19.5 What is your gender?

Male	124 (99%)
Female	0 (0%)
Non-binary	0 (0%)
Other	1 (1%)

19.6 How would you describe your sexual orientation?

Straight / heterosexual	119 (97%)
Gay / lesbian / homosexual	0 (0%)
Bisexual	2 (2%)
Other	2 (2%)

19.7 Do you identify as transgender or transsexual?

Yes	1 (1%)
No	118 (99%)

Final questions about this prison

20.1 Do you think your experiences in this prison have made you more or less likely to offend in the future?

More likely to offend	27 (22%)
Less likely to offend	50 (41%)
Made no difference	45 (37%)

HMP Bedford 2018

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP Bedford 2018 are compared with the following HMIP survey data:

- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (15 prisons). Please note that this does not include all local prisons.

- Summary statistics from HMP Bedford 2018 are compared with those from HMP Bedford 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

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			Bedford 2018	All other local prisons surveyed since September 2017	HMP Bedford 2018	HMP Bedford 2016
	Number of completed questionnaires returned		139	2,645	139	153
		n=number of valid responses to question (HMP Bedford 2018)				
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	*n=136*	11%	5%	11%	5%
	Are you 25 years of age or younger?	*n=136*	28%	21%	28%	
	Are you 50 years of age or older?	*n=136*	11%	14%	11%	9%
	Are you 70 years of age or older?	*n=136*	2%	1%	2%	1%
1.3	Are you from a minority ethnic group?	*n=134*	38%	26%	38%	33%
1.4	Have you been in this prison for less than 6 months?	*n=131*	73%	59%	73%	
1.5	Are you currently serving a sentence?	*n=136*	57%	72%	57%	66%
	Are you on recall?	*n=136*	10%	12%	10%	12%
1.6	Is your sentence less than 12 months?	*n=132*	18%	20%	18%	20%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	*n=132*	1%	3%	1%	2%
7.1	Are you Muslim?	*n=136*	25%	13%	25%	18%
11.3	Do you have any mental health problems?	*n=132*	48%	49%	48%	
12.1	Do you consider yourself to have a disability?	*n=132*	38%	39%	38%	23%
19.1	Do you have any children under the age of 18?	*n=124*	46%	53%	46%	54%
19.2	Are you a foreign national?	*n=125*	12%	10%	12%	13%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	*n=124*	5%	6%	5%	8%
19.4	Have you ever been in the armed services?	*n=122*	8%	7%	8%	5%
19.5	Is your gender female or non-binary?	*n=125*	1%	1%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	*n=123*	3%	4%	3%	3%
19.7	Do you identify as transgender or transsexual?	*n=119*	1%	2%	1%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	*n=135*	9%	17%	9%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	*n=134*	33%	35%	33%	37%

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2.3	When you were searched in reception, was this done in a respectful way?	*n=135*	82%	77%	82%	85%
2.4	Overall, were you treated very / quite well in reception?	*n=135*	84%	75%	84%	
2.5	When you first arrived, did you have any problems?	*n=135*	89%	88%	89%	81%
2.5	Did you have problems with:					
	- Getting phone numbers?	*n=135*	50%	45%	50%	31%
	- Contacting family?	*n=135*	47%	48%	47%	40%
	- Arranging care for children or other dependents?	*n=135*	2%	5%	2%	
	- Contacting employers?	*n=135*	7%	7%	7%	8%
	- Money worries?	*n=135*	32%	27%	32%	24%
	- Housing worries?	*n=135*	25%	23%	25%	27%
	- Feeling depressed?	*n=135*	53%	47%	53%	
	- Feeling suicidal?	*n=135*	21%	18%	21%	
	- Other mental health problems?	*n=135*	28%	27%	28%	
	- Physical health problems?	*n=135*	19%	19%	19%	16%
	- Drugs or alcohol (e.g. withdrawal)?	*n=135*	23%	23%	23%	
	- Getting medication?	*n=135*	30%	30%	30%	
	- Needing protection from other prisoners?	*n=135*	11%	11%	11%	10%
	- Lost or delayed property?	*n=135*	21%	20%	21%	15%
	For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	*n=111*	26%	31%	26%	42%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	*n=135*	59%	71%	59%	81%
	- Toiletries / other basic items?	*n=135*	55%	54%	55%	69%
	- A shower?	*n=135*	34%	29%	34%	41%
	- A free phone call?	*n=135*	54%	50%	54%	62%
	- Something to eat?	*n=135*	82%	76%	82%	78%
	- The chance to see someone from health care?	*n=135*	63%	62%	63%	65%
	- The chance to talk to a Listener or Samaritans?	*n=135*	16%	25%	16%	32%
	- Support from another prisoner (e.g. Insider or buddy)?	*n=135*	12%	21%	12%	
	- None of these?	*n=135*	6%	5%	6%	
3.2	On your first night in this prison, was your cell very / quite clean?	*n=138*	27%	28%	27%	
3.3	Did you feel safe on your first night here?	*n=134*	49%	61%	49%	66%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	*n=132*	19%	33%	19%	18%

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	- Free PIN phone credit?	*n=132*	36%	53%	36%	
	- Numbers put on your PIN phone?	*n=127*	32%	34%	32%	
3.5	Have you had an induction at this prison?	*n=134*	80%	83%	80%	88%
	For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	*n=107*	36%	49%	36%	
ON THE WING						
4.1	Are you in a cell on your own?	*n=138*	20%	34%	20%	
4.2	Is your cell call bell normally answered within 5 minutes?	*n=138*	17%	20%	17%	27%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	*n=138*	46%	55%	46%	50%
	- Can you shower every day?	*n=138*	87%	76%	87%	80%
	- Do you have clean sheets every week?	*n=134*	24%	63%	24%	30%
	- Do you get cell cleaning materials every week?	*n=133*	50%	50%	50%	53%
	- Is it normally quiet enough for you to relax or sleep at night?	*n=135*	33%	55%	33%	51%
	- Can you get your stored property if you need it?	*n=136*	13%	22%	13%	27%
4.4	Are the communal / shared areas of your wing or houseblook normally very / quite clean?	*n=129*	36%	56%	36%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	*n=135*	37%	35%	37%	
5.2	Do you get enough to eat at meal-times always / most of the time?	*n=139*	30%	29%	30%	
5.3	Does the shop / canteen sell the things that you need?	*n=132*	55%	58%	55%	49%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	*n=134*	65%	68%	65%	79%
6.2	Are there any staff here you could turn to if you had a problem?	*n=134*	64%	70%	64%	69%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	*n=137*	22%	29%	22%	34%
6.4	Do you have a personal officer?	*n=129*	37%	57%	37%	
	For those who have a personal officer:					
6.4	Is your personal or named officer very / quite helpful?	*n=48*	42%	46%	42%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	*n=132*	3%	7%	3%	
6.6	Do you feel that you are treated as an individual in this prison?	*n=129*	32%	39%	32%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	*n=135*	33%	40%	33%	
	If so, do things sometimes change?	*n=45*	27%	34%	27%	
FAITH						
7.1	Do you have a religion?	*n=136*	79%	69%	79%	79%
	For those who have a religion:					
7.2	Are your religious beliefs respected here?	*n=106*	68%	66%	68%	

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7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	*n=108*	54%	65%	54%	
7.4	Are you able to attend religious services, if you want to?	*n=107*	78%	84%	78%	
CONTACT WITH FAMILY AND FRIENDS						
8.1	Have staff here encouraged you to keep in touch with your family / friends?	*n=134*	17%	25%	17%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	*n=130*	52%	55%	52%	52%
8.3	Are you able to use a phone every day (if you have credit)?	*n=134*	81%	80%	81%	
8.4	Is it very / quite easy for your family and friends to get here?	*n=137*	30%	46%	30%	
8.5	Do you get visits from family/friends once a week or more?	*n=133*	19%	24%	19%	
	For those who get visits:					
8.6	Do visits usually start and finish on time?	*n=77*	39%	44%	39%	
8.7	Are your visitors usually treated respectfully by staff?	*n=76*	76%	71%	76%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	*n=131*	76%	82%	76%	
	For those who know what the unlock and lock-up times are supposed to be.					
9.1	Are these times usually kept to?	*n=99*	31%	49%	31%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	*n=133*	47%	35%	47%	23%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	*n=133*	1%	5%	1%	10%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	*n=131*	42%	49%	42%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	*n=131*	1%	1%	1%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	*n=133*	38%	42%	38%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	*n=133*	61%	43%	61%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	*n=133*	62%	45%	62%	
9.7	Do you typically go to the gym twice a week or more?	*n=132*	55%	37%	55%	
9.8	Do you typically go to the library once a week or more?	*n=133*	39%	39%	39%	37%
	For those who use the library:					
9.9	Does the library have a wide enough range of materials to meet your needs?	*n=65*	55%	57%	55%	59%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	*n=134*	57%	66%	57%	74%
	For those who have made an application:					
10.2	Are applications usually dealt with fairly?	*n=109*	30%	47%	30%	52%
	Are applications usually dealt with within 7 days?	*n=111*	21%	33%	21%	33%
10.3	Is it easy for you to make a complaint?	*n=136*	49%	54%	49%	51%
	For those who have made a complaint:					
10.4	Are complaints usually dealt with fairly?	*n=76*	22%	26%	22%	39%
	Are complaints usually dealt with within 7 days?	*n=73*	19%	21%	19%	28%

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10.5	Have you ever been prevented from making a complaint here when you wanted to?	*n=59*	32%	29%	32%	
	For those who need it, is it easy to:					
10.6	Communicate with your solicitor or legal representative?	*n=117*	33%	42%	33%	
	Attend legal visits?	*n=110*	66%	58%	66%	
	Get bail information?	*n=97*	12%	16%	12%	
	For those who have had legal letters:					
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	*n=111*	47%	49%	47%	49%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	*n=135*	16%	25%	16%	
	- Nurse?	*n=136*	35%	48%	35%	
	- Dentist?	*n=133*	8%	11%	8%	
	- Mental health workers?	*n=128*	18%	19%	18%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	*n=135*	38%	40%	38%	
	- Nurse?	*n=132*	42%	51%	42%	
	- Dentist?	*n=129*	19%	25%	19%	
	- Mental health workers?	*n=125*	18%	24%	18%	
11.3	Do you have any mental health problems?	*n=132*	48%	49%	48%	
	For those who have mental health problems:					
11.4	Have you been helped with your mental health problems in this prison?	*n=64*	39%	34%	39%	
11.5	Do you think the overall quality of the health services here is very / quite good?	*n=133*	28%	34%	28%	
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	*n=132*	38%	39%	38%	23%
	For those who have a disability:					
12.2	Are you getting the support you need?	*n=46*	22%	27%	22%	
12.3	Have you been on an ACCT in this prison?	*n=128*	20%	23%	20%	
	For those who have been on an ACCT:					
12.4	Did you feel cared for by staff?	*n=24*	33%	48%	33%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	*n=129*	27%	46%	27%	
ALCOHOL AND DRUGS						
13.1	Did you have an alcohol problem when you came into this prison?	*n=134*	25%	22%	25%	23%
	For those who had / have an alcohol problem:					
13.2	Have you been helped with your alcohol problem in this prison?	*n=32*	50%	59%	50%	48%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	*n=131*	37%	33%	37%	35%

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** less than 1% probability that the difference is due to chance*

			Bedford 2018	All other local prisons surveyed since September 2017	HMP Bedford 2018	HMP Bedford 2016
	Number of completed questionnaires returned		139	2,645	139	153
		n=number of valid responses to question (HMP Bedford 2018)				
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	*n=131*	20%	16%	20%	14%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	*n=132*	12%	11%	12%	
	For those who had / have a drug problem:					
13.6	Have you been helped with your drug problem in this prison?	*n=53*	45%	49%	45%	49%
13.7	Is it very / quite easy to get illicit drugs in this prison?	*n=132*	46%	50%	46%	
13.8	Is it very / quite easy to get alcohol in this prison?	*n=131*	24%	26%	24%	
SAFETY						
14.1	Have you ever felt unsafe here?	*n=135*	67%	60%	67%	52%
14.2	Do you feel unsafe now?	*n=129*	37%	28%	37%	24%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	*n=130*	42%	38%	42%	
	- Threats or intimidation?	*n=130*	45%	35%	45%	
	- Physical assault?	*n=130*	23%	21%	23%	
	- Sexual assault?	*n=130*	2%	3%	2%	
	- Theft of canteen or property?	*n=130*	36%	30%	36%	
	- Other bullying / victimisation?	*n=130*	25%	20%	25%	
	- Not experienced any of these from prisoners here	*n=130*	39%	47%	39%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	*n=129*	39%	35%	39%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	*n=123*	33%	33%	33%	
	- Threats or intimidation?	*n=123*	23%	26%	23%	
	- Physical assault?	*n=123*	8%	13%	8%	
	- Sexual assault?	*n=123*	0%	2%	0%	
	- Theft of canteen or property?	*n=123*	11%	11%	11%	
	- Other bullying / victimisation?	*n=123*	16%	18%	16%	
	- Not experienced any of these from staff here	*n=123*	55%	55%	55%	
14.6	If you were being bullied / victimised by staff here, would you report it?	*n=126*	49%	46%	49%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	*n=126*	23%	38%	23%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	*n=136*	25%	35%	25%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	*n=133*	15%	14%	15%	11%
	For those who have been restrained in the last 6 months.					
15.4	Did anyone come and talk to you about it afterwards?	*n=19*	11%	21%	11%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	*n=129*	9%	9%	9%	

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n=number of valid responses to question (HMP Bedford 2018)

			Bedford 2018	All other local prisons surveyed since September 2017	HMP Bedford 2018	HMP Bedford 2016
	Number of completed questionnaires returned		139	2,645	139	153
	For those who have spent one or more nights in the segregation unit in the last 6 months					
15.6	Were you treated well by segregation staff?	n=11	64%	56%	64%	
	Could you shower every day?	n=10	50%	49%	50%	
	Could you go outside for exercise every day?	n=9	78%	56%	78%	
	Could you use the phone every day (if you had credit)?	n=10	60%	45%	60%	
EDUCATION, SKILLS AND WORK						
16.1	In this prison, is it easy to get into the following activities:					
	- Education?	n=128	40%	52%	40%	
	- Vocational or skills training?	n=121	15%	26%	15%	
	- Prison job?	n=129	15%	33%	15%	
	- Voluntary work outside of the prison?	n=124	3%	4%	3%	
	- Paid work outside of the prison?	n=125	2%	4%	2%	
16.2	In this prison, have you done the following activities:					
	- Education?	n=125	69%	71%	69%	65%
	- Vocational or skills training?	n=117	44%	55%	44%	46%
	- Prison job?	n=119	62%	71%	62%	62%
	- Voluntary work outside of the prison?	n=117	31%	32%	31%	
	- Paid work outside of the prison?	n=118	31%	32%	31%	
	For those who have done the following activities, do you think they will help you on release.					
	- Education?	n=86	57%	58%	57%	48%
	- Vocational or skills training?	n=52	52%	57%	52%	52%
	- Prison job?	n=74	37%	42%	37%	33%
	- Voluntary work outside of the prison?	n=36	61%	49%	61%	
	- Paid work outside of the prison?	n=37	65%	55%	65%	
16.3	Do staff encourage you to attend education, training or work?	n=116	31%	45%	31%	
PLANNING AND PROGRESSION						
17.1	Do you have a custody plan?	n=127	18%	28%	18%	
	For those who have a custody plan:					
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=23	70%	76%	70%	
17.3	Are staff helping you to achieve your objectives or targets?	n=20	45%	44%	45%	
17.4	In this prison, have you done:					
	- Offending behaviour programmes?	n=20	40%	43%	40%	
	- Other programmes?	n=22	41%	43%	41%	
	- One to one work?	n=20	40%	36%	40%	
	- Been on a specialist unit?	n=20	30%	20%	30%	

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		Bedford 2018	All other local prisons surveyed since September 2017	HMP Bedford 2018	HMP Bedford 2016
	Number of completed questionnaires returned	139	2,645	139	153
	n=number of valid responses to question (HMP Bedford 2018)				
	- ROTL - day or overnight release? *n=21*	24%	17%	24%	
	For those who have done the following, did they help you to achieve your objectives or targets				
	- Offending behaviour programmes? *n=8*	63%	72%	63%	
	- Other programmes? *n=9*	67%	66%	67%	
	- One to one work? *n=8*	63%	67%	63%	
	- Being on a specialist unit? *n=6*	50%	50%	50%	
	- ROTL - day or overnight release? *n=5*	40%	51%	40%	
PREPARATION FOR RELEASE					
18.1	Do you expect to be released in the next 3 months? *n=123*	32%	31%	32%	
	For those who expect to be released in the next 3 months				
18.2	Is this prison very / quite near to your home area or intended release address? *n=39*	36%	61%	36%	
18.3	Is anybody helping you to prepare for your release? *n=38*	40%	46%	40%	
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation? *n=36*	83%	65%	83%	
	- Getting employment? *n=35*	77%	61%	77%	
	- Setting up education or training? *n=34*	65%	49%	65%	
	- Arranging benefits? *n=34*	88%	67%	88%	
	- Sorting out finances? *n=33*	82%	56%	82%	
	- Support for drug or alcohol problems? *n=36*	64%	50%	64%	
	- Health / mental Health support? *n=33*	67%	57%	67%	
	- Social care support? *n=31*	48%	40%	48%	
	- Getting back in touch with family or friends? *n=33*	55%	40%	55%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:				
	- Finding accommodation? *n=30*	33%	31%	33%	
	- Getting employment? *n=27*	7%	21%	7%	
	- Setting up education or training? *n=22*	9%	15%	9%	
	- Arranging benefits? *n=30*	23%	23%	23%	
	- Sorting out finances? *n=27*	11%	17%	11%	
	- Support for drug or alcohol problems? *n=23*	35%	41%	35%	
	- Health / mental Health support? *n=22*	32%	23%	32%	
	- Social care support? *n=15*	7%	18%	7%	
	- Getting back in touch with family or friends? *n=18*	17%	27%	17%	
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future? *n=122*	41%	49%	41%	

HMP Bedford 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners
Please note that these analyses are based on summary data from selected survey questions only.

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		Black and minority ethnic	White	Muslim	Non-Muslim
	Number of completed questionnaires returned	51	83	34	102
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 21 years of age?	18%	5%	24%	7%
	Are you 50 years of age or older?	4%	16%	3%	14%
1.3	Are you from a minority ethnic group?			84%	23%
7.1	Are you Muslim?	54%	6%		
11.3	Do you have any mental health problems?	34%	56%	36%	51%
12.1	Do you consider yourself to have a disability?	24%	47%	21%	42%
19.2	Are you a foreign national?	7%	13%	7%	14%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2%	7%	3%	5%
	ARRIVAL AND RECEPTION				
2.3	When you were searched in reception, was this done in a respectful way?	76%	85%	68%	88%
2.4	Overall, were you treated very / quite well in reception?	82%	85%	85%	84%
2.5	When you first arrived, did you have any problems?	86%	90%	82%	91%
	For those who had any problems when they first arrived:				
2.6	Did staff help you to deal with these problems?	18%	30%	31%	25%
	FIRST NIGHT AND INDUCTION				
3.3	Did you feel safe on your first night here?	45%	51%	44%	50%
3.5	Have you had an induction at this prison?	96%	72%	94%	75%
	For those who have had an induction:				
3.5	Did your induction cover everything you needed to know about this prison?	38%	35%	48%	31%
	ON THE WING				
4.2	Is your cell call bell normally answered within 5 minutes?	8%	22%	9%	21%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	48%	42%	52%	44%
	- Can you shower every day?	86%	87%	85%	87%
	- Do you have clean sheets every week?	23%	24%	27%	23%
	- Do you get cell cleaning materials every week?	40%	57%	41%	53%
	- Is it normally quiet enough for you to relax or sleep at night?	28%	36%	35%	34%
	- Can you get your stored property if you need it?	6%	17%	9%	14%

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	51	83	34	102
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	20%	36%	21%	33%
5.3 Does the shop / canteen sell the things that you need?	45%	61%	47%	58%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	44%	77%	39%	75%
6.2 Are there any staff here you could turn to if you had a problem?	47%	74%	53%	69%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	18%	24%	24%	22%
6.6 Do you feel that you are treated as an individual in this prison?	28%	35%	25%	35%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	66%	72%	68%	69%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	46%	60%	68%	49%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	16%	19%	22%	16%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	51%	54%	42%	54%
8.3 Are you able to use a phone every day (if you have credit)?	74%	85%	70%	85%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	71%	80%	78%	77%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	56%	41%	55%	44%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	1%	0%	1%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	48%	58%	47%	59%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	49%	62%	46%	62%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	18%	38%	16%	35%
10.3 Is it easy for you to make a complaint?	47%	49%	44%	50%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	17%	24%	10%	27%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	32%	33%	33%	30%

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	51	83	34	102
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	14%	16%	24%	14%
- Nurse?	29%	36%	35%	34%
- Dentist?	6%	6%	9%	7%
- Mental health workers?	16%	18%	21%	16%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	28%	~~41%~~	31%	39%
11.5 Do you think the overall quality of the health services here is very / quite good?	20%	30%	27%	29%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	10%	25%	14%	24%
SAFETY				
14.1 Have you ever felt unsafe here?	65%	69%	73%	67%
14.2 Do you feel unsafe now?	41%	34%	40%	37%
14.3 Not experienced bullying / victimisation by other prisoners	43%	37%	46%	38%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	37%	40%	30%	41%
14.5 Not experienced bullying / victimisation by members of staff	46%	61%	44%	60%
14.6 If you were being bullied / victimised by staff here, would you report it?	40%	53%	36%	53%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	15%	28%	18%	25%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	16%	31%	24%	26%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	20%	11%	15%	15%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	8%	9%	12%	7%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	25%	33%	32%	31%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	15%	19%	19%	18%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	20%	57%	40%	47%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3 Is anybody helping you to prepare for your release?	38%	40%	33%	41%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	37%	43%	47%	40%

HMP Bedford 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of foreign national prisoners are compared with those of British national prisoners
Please note that these analyses are based on summary data from selected survey questions only.

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		Foreign national	British national
	Number of completed questionnaires returned	15	110
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	14%	9%
	Are you 50 years of age or older?	0%	14%
1.3	Are you from a minority ethnic group?	23%	39%
7.1	Are you Muslim?	13%	27%
11.3	Do you have any mental health problems?	27%	52%
12.1	Do you consider yourself to have a disability?	13%	43%
19.2	Are you a foreign national?		
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	13%	4%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	77%	84%
2.4	Overall, were you treated very / quite well in reception?	71%	84%
2.5	When you first arrived, did you have any problems?	93%	89%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	10%	25%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	57%	45%
3.5	Have you had an induction at this prison?	79%	79%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	36%	34%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	20%	17%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	47%	44%
	- Can you shower every day?	93%	87%
	- Do you have clean sheets every week?	23%	22%
	- Do you get cell cleaning materials every week?	64%	47%
	- Is it normally quiet enough for you to relax or sleep at night?	29%	35%
	- Can you get your stored property if you need it?	14%	12%

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** less than 1% probability that the difference is due to chance*

	Foreign national	British national
Number of completed questionnaires returned	15	110

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	47%	29%
5.3	Does the shop / canteen sell the things that you need?	73%	53%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	87%	65%
6.2	Are there any staff here you could turn to if you had a problem?	64%	66%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	33%	22%
6.6	Do you feel that you are treated as an individual in this prison?	36%	31%
FAITH			
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	93%	67%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	53%	57%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	40%	14%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	43%	52%
8.3	Are you able to use a phone every day (if you have credit)?	100%	77%
	For those who get visits:		
8.7	Are your visitors usually treated respectfully by staff?	80%	76%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	33%	48%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	1%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	82%	49%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	60%	57%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	36%	30%
10.3	Is it easy for you to make a complaint?	47%	48%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	33%	22%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	27%	31%

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Grey shading indicates that we have no valid data for this question

** less than 1% probability that the difference is due to chance*

	Foreign national	British national
Number of completed questionnaires returned	15	110

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	29%	16%
	- Nurse?	33%	38%
	- Dentist?	20%	7%
	- Mental health workers?	36%	17%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	100%	35%
11.5	Do you think the overall quality of the health services here is very / quite good?	33%	30%
OTHER SUPPORT NEEDS			
	For those who have a disability:		
12.2	Are you getting the support you need?	0%	23%
SAFETY			
14.1	Have you ever felt unsafe here?	73%	70%
14.2	Do you feel unsafe now?	53%	36%
14.3	Not experienced bullying / victimisation by other prisoners	40%	37%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	47%	40%
14.5	Not experienced bullying / victimisation by members of staff	53%	55%
14.6	If you were being bullied / victimised by staff here, would you report it?	53%	49%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	21%	25%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	27%	27%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	7%	14%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	8%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	40%	30%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	67%	12%
	For those who have a custody plan:		
17.3	Are staff helping you to achieve your objectives or targets?	33%	55%
PREPARATION FOR RELEASE			
	For those who expect to be released in the next 3 months:		
18.3	Is anybody helping you to prepare for your release?	38%	38%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	62%	37%

HMP Bedford 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners who reported that they had mental health problems compared with those who did not.
- responses of prisoners who reported that they had a disability compared with those who did not.
Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

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		Mental health problems	No mental health problems		Have a disability	Do not have a disability
	Number of completed questionnaires returned	63	69		50	82
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	10%	12%		4%	15%
	Are you 50 years of age or older?	5%	18%		10%	12%
1.3	Are you from a minority ethnic group?	28%	49%		25%	48%
7.1	Are you Muslim?	20%	30%		15%	32%
11.3	Do you have any mental health problems?				85%	24%
12.1	Do you consider yourself to have a disability?	67%	10%			
19.2	Are you a foreign national?	7%	18%		4%	18%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	5%		6%	3%
	ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	82%	82%		86%	80%
2.4	Overall, were you treated very / quite well in reception?	84%	84%		78%	88%
2.5	When you first arrived, did you have any problems?	94%	84%		96%	84%
	For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	22%	30%		30%	24%
	FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	42%	54%		47%	49%
3.5	Have you had an induction at this prison?	77%	83%		69%	86%
	For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	23%	44%		29%	37%
	ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	18%	19%		20%	17%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	35%	57%		28%	57%
	- Can you shower every day?	87%	87%		82%	89%
	- Do you have clean sheets every week?	15%	32%		14%	28%
	- Do you get cell cleaning materials every week?	44%	55%		34%	58%
	- Is it normally quiet enough for you to relax or sleep at night?	38%	29%		38%	32%
	- Can you get your stored property if you need it?	10%	16%		4%	18%

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	Mental health problems	No mental health problems	Have a disability	Do not have a disability
Number of completed questionnaires returned	63	69	50	82
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	30%	32%	26%	33%
5.3 Does the shop / canteen sell the things that you need?	60%	49%	52%	58%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	70%	61%	67%	63%
6.2 Are there any staff here you could turn to if you had a problem?	65%	63%	64%	65%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	25%	20%	17%	26%
6.6 Do you feel that you are treated as an individual in this prison?	25%	39%	21%	38%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	56%	79%	59%	75%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	54%	53%	51%	54%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	18%	18%	12%	21%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	57%	44%	58%	47%
8.3 Are you able to use a phone every day (if you have credit)?	78%	83%	73%	85%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	72%	77%	76%	77%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	48%	44%	46%	45%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	0%	2%	0%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	63%	48%	54%	56%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	55%	60%	49%	61%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	28%	33%	25%	34%
10.3 Is it easy for you to make a complaint?	48%	49%	44%	52%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	21%	24%	26%	21%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	35%	28%	41%	26%

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	Mental health problems	No mental health problems	Have a disability	Do not have a disability
Number of completed questionnaires returned	63	69	50	82
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	16%	18%	14%	19%
- Nurse?	38%	30%	37%	33%
- Dentist?	5%	10%	8%	7%
- Mental health workers?	18%	19%	11%	23%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	39%		37%	45%
11.5 Do you think the overall quality of the health services here is very / quite good?	28%	29%	27%	28%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	22%	14%	22%	
SAFETY				
14.1 Have you ever felt unsafe here?	75%	61%	67%	68%
14.2 Do you feel unsafe now?	42%	31%	45%	33%
14.3 Not experienced bullying / victimisation by other prisoners	25%	52%	29%	44%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	35%	42%	40%	39%
14.5 Not experienced bullying / victimisation by members of staff	50%	59%	41%	63%
14.6 If you were being bullied / victimised by staff here, would you report it?	51%	49%	41%	54%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	22%	23%	27%	20%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	25%	25%	24%	27%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	15%	15%	14%	16%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	12%	5%	6%	9%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	32%	28%	32%	31%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	15%	22%	15%	21%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	67%	27%	43%	46%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3 Is anybody helping you to prepare for your release?	48%	20%	47%	32%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	33%	48%	35%	45%

HMP Bedford 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners aged 21 and under are compared with those of prisoners over 21
- responses of prisoners aged 50 and over are compared with those of prisoners under 50
Please note that these analyses are based on summary data from selected survey questions only.

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		21 and under	Over 21	50 and over	Under 50
	Number of completed questionnaires returned	15	121	15	121
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 21 years of age?			0%	12%
	Are you 50 years of age or older?	0%	12%		
1.3	Are you from a minority ethnic group?	69%	34%	13%	41%
7.1	Are you Muslim?	53%	21%	7%	27%
11.3	Do you have any mental health problems?	43%	48%	20%	51%
12.1	Do you consider yourself to have a disability?	14%	41%	33%	39%
19.2	Are you a foreign national?	17%	11%	0%	13%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	8%	5%	0%	6%
	ARRIVAL AND RECEPTION				
2.3	When you were searched in reception, was this done in a respectful way?	87%	81%	100%	80%
2.4	Overall, were you treated very / quite well in reception?	100%	81%	100%	81%
2.5	When you first arrived, did you have any problems?	80%	90%	93%	88%
	For those who had any problems when they first arrived:				
2.6	Did staff help you to deal with these problems?	25%	27%	21%	27%
	FIRST NIGHT AND INDUCTION				
3.3	Did you feel safe on your first night here?	64%	47%	40%	50%
3.5	Have you had an induction at this prison?	87%	80%	73%	81%
	For those who have had an induction:				
3.5	Did your induction cover everything you needed to know about this prison?	54%	33%	27%	37%
	ON THE WING				
4.2	Is your cell call bell normally answered within 5 minutes?	7%	18%	40%	14%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	73%	43%	60%	44%
	- Can you shower every day?	93%	86%	67%	89%
	- Do you have clean sheets every week?	29%	23%	20%	24%
	- Do you get cell cleaning materials every week?	50%	50%	36%	52%
	- Is it normally quiet enough for you to relax or sleep at night?	60%	30%	36%	33%
	- Can you get your stored property if you need it?	7%	13%	7%	13%

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** less than 1% probability that the difference is due to chance*

	21 and under	Over 21	50 and over	Under 50
Number of completed questionnaires returned	15	121	15	121
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	40%	30%	67%	26%
5.3 Does the shop / canteen sell the things that you need?	67%	54%	50%	56%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	53%	66%	93%	60%
6.2 Are there any staff here you could turn to if you had a problem?	64%	64%	67%	64%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	20%	22%	27%	21%
6.6 Do you feel that you are treated as an individual in this prison?	18%	34%	47%	30%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	77%	67%	62%	70%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	62%	53%	39%	56%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	14%	18%	0%	20%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	42%	53%	54%	51%
8.3 Are you able to use a phone every day (if you have credit)?	93%	80%	79%	81%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	83%	75%	75%	76%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	54%	47%	47%	47%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	1%	0%	1%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	100%	53%	67%	55%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	53%	57%	73%	55%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	10%	33%	55%	28%
10.3 Is it easy for you to make a complaint?	47%	49%	40%	50%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	11%	24%	33%	22%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	20%	33%	25%	33%

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	21 and under	Over 21	50 and over	Under 50
Number of completed questionnaires returned	15	121	15	121
HEALTH CARE				
11.1	Is it very / quite easy to see:			
	- Doctor?	33%	14%	20%	16%
	- Nurse?	53%	32%	27%	36%
	- Dentist?	13%	7%	14%	7%
	- Mental health workers?	36%	16%	14%	19%
	For those who have mental health problems:				
11.4	Have you been helped with your mental health problems in this prison?	33%	39%	67%	37%
11.5	Do you think the overall quality of the health services here is very / quite good?	50%	25%	47%	25%
OTHER SUPPORT NEEDS				
	For those who have a disability:			
12.2	Are you getting the support you need?	0%	23%	80%	15%
SAFETY				
14.1	Have you ever felt unsafe here?	46%	71%	73%	68%
14.2	Do you feel unsafe now?	25%	39%	40%	38%
14.3	Not experienced bullying / victimisation by other prisoners	62%	36%	33%	39%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	43%	39%	57%	37%
14.5	Not experienced bullying / victimisation by members of staff	50%	56%	86%	51%
14.6	If you were being bullied / victimised by staff here, would you report it?	69%	47%	71%	46%
BEHAVIOUR MANAGEMENT				
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	14%	24%	31%	22%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	27%	25%	27%	25%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	36%	13%	0%	17%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	7%	9%	0%	10%
EDUCATION, SKILLS AND WORK				
16.3	Do staff encourage you to attend education, training or work?	36%	31%	42%	30%
PLANNING AND PROGRESSION				
17.1	Do you have a custody plan?	21%	17%	14%	18%
	For those who have a custody plan:			
17.3	Are staff helping you to achieve your objectives or targets?	33%	50%	0%	53%
PREPARATION FOR RELEASE				
	For those who expect to be released in the next 3 months:			
18.3	Is anybody helping you to prepare for your release?	25%	42%	100%	39%
FINAL QUESTION ABOUT THIS PRISON				
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	50%	41%	77%	37%



HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

