



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

**For reporting year  
1 July 2019 – 30 June 2020**

**Published December 2020**



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# 1. Statutory role of the IMB

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

The Independent Monitoring Board (IMB) is specifically charged to:

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

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

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

This document is the report of the Board for HMP Bedford covering the period 1 July 2019 to 30 June 2020. The Board thanks the Governor and staff most sincerely for their cooperation in the production of this report.

## 2. Description of the establishment

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### Accommodation and facilities

2.1 HMP and Young Offender Institution (YOI) Bedford (to be referred to subsequently as 'HMP Bedford' or simply 'Bedford') is a category B prison with an operational capacity of 380 (409 being the certified normal accommodation). As a busy 'local' (now resettlement) prison, Bedford takes both sentenced and remanded prisoners (often referred to as 'residents') mainly from courts in Bedfordshire and Hertfordshire.

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

## 2.3 Wings A, B and C radiate from a central hub and were built in 1845.

- A wing holds up to 146 prisoners (all in double cells built for one prisoner, with the exception of 44 cells furnished as single cells for high-risk prisoners).
- B wing holds up to 74 prisoners, in double cells. B wing was mothballed in 2019, following significant damage to another wing. Its use was modified during the coronavirus crisis (COVID-19) and now houses 10 prisoners designated as 'responsible citizens'. The unit also houses individuals who are shielding, as they are classified as clinically vulnerable.
- The support and separation unit (SSU) is situated below ground on B1, with nine furnished and two unfurnished cells, a separate exercise yard, a shower and an adjudication room. Of the nine furnished cells, three are located on the adjoining floor (C1) for SSU prisoners who have started to make progress.
- C wing has 99 places. Above ground, C2 and C3 consist predominantly of two-man cells, but include also two four-man cells. There is a dedicated cell on C2 for 'Listeners' (trained prisoners who give up time to listen to the concerns of others) and a dedicated cell for a disabled prisoner. C4 remains as a normal location.
- C1 has three overflow cells for the segregation unit (SSU) and a further five two-man cells. Prisoners who are designated as 'responsible citizens' were relocated to B wing in the COVID-19 crisis, to make way for C1 to be converted into a protective isolation unit (with 10 beds), which then housed and isolated individuals who were symptomatic or tested positive for COVID-19.
- E wing, with 41 beds, is the first night centre, where new prisoners are located. Its use was also modified during the COVID-19 crisis, when it was used as a 'reverse cohorting' unit where all new arrivals spent 14 days prior to joining the mainstream population.
- The following facilities are accommodated in separate buildings on the congested site, within a perimeter wall that is adjacent to commercial and residential buildings outside. This is a continuing worry for the prison, in trying to control 'throwovers' of drugs and other prohibited items.
- F wing was built in 1812 and houses 28 individuals. It remains a dedicated unit for vulnerable prisoners (mainly those convicted of sexual offences).
- D wing was built in 1992, with spaces for 95 prisoners. It mainly houses prisoners who are completing treatment for drug addictions. Since the COVID-19 crisis, D4 has been identified as an 'overspill' facility for the reverse cohorting unit when additional spaces were required.
- The healthcare centre, built in 1992, houses an inpatient unit on the first floor, comprising nine normal cells and a gated cell. Consulting rooms, treatment rooms and a pharmacy are on the ground floor.
- The gatehouse, built in 1992, houses some offices, a visits centre, secure interview panels for legal visits, and the reception suite.

- In addition, there is a large multi-faith room and chaplaincy offices, a gym, a well-equipped education suite, a laundry, kitchens, a small teaching workshop, a maintenance area and an administration suite.
- Until recently, there were 445 cells certified (the current maximum capacity) and the day-to-day operating capacity of the prison was 368. As indicated above, early in the reporting year this was increased to 380.

### **Prisoner characteristics and lengths of stay**

- 2.4 As a local prison, HMP Bedford services the courts of Luton and St Albans. On occasions, prisoners are also brought from London courts.
- 2.5 Approximately a third are detained on remand (that is, awaiting trial). Remand prisoners are subject to a slightly different set of rules compared with sentenced prisoners (for example, they do not have to attend education or workshops).
- 2.6 The requirement to serve local courts means that most (around 80%) of the prisoners are relatively short stay, either because their sentence is short (less than 12 months), or because they are waiting to be moved on to a more appropriate, longer-term facility. The average length of stay is under 30 days.
- 2.7 The short length of stay means that there is a high turnover; in 2019/20, approximately 3,000 prisoners went through the prison (some on more than one occasion).
- 2.8 This situation of sustained, relatively rapid movement (the 'churn') poses particular problems for the prison, in terms of being able to offer meaningful interventions and build the productive relationships between prisoners and staff which are necessary to maintain a safe and orderly prison.
- 2.9 The official title of the prison is 'HMP and YOI Bedford' and, at any one time, approximately a quarter of the prisoners are aged under 21. However, there are currently no specific facilities to reflect its YOI status.
- 2.10 There have been plans to open a specific wing to cater for the needs of this group, and a management team for this project had started to be appointed, but the restrictions of the COVID-19 crisis meant that these plans had to be shelved.
- 2.11 While we entirely understand this decision, we hope that they can be carried forward at a later date, when conditions permit. There is no doubt that the complex needs of young people – educational, vocational, social and psychological – warrant specific services. Young people are also often over-represented in the commission of violent incidents, and this needs to be addressed in a specialised multifactorial service. We look forward to the day when this can be offered at Bedford.

## **3. Executive summary**

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

This has been a unique year. The restrictions imposed on the prison arising from the COVID-19 pandemic has meant that conditions in the prison before and after the crisis were significantly different. We have therefore taken the unusual step of dividing the report into two sections:

Part I – a general summary of the situation beginning 1 July 2019, mainly focusing on the period leading up to the end of March 2020

Part II – a more detailed description of conditions in the period during the restrictions imposed by the COVID-19 lockdown from 23 March to 30 June 2020.

### **3.2 Main judgements**

Compared with previous years, we think that conditions in the prison have generally improved. There is still a long way to go in many areas, but significant progress has been made. The prison was also well managed during the COVID-19 crisis. The improvements observed are due entirely to the vision and commitment of the Governor and the senior leadership team and we commend them for their efforts under very difficult circumstances.

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

From the point of view of prisoners, some aspects of safety have clearly improved over the last year. Prisoner-on-prisoner assaults and self-harm incidents have reduced, resulting in more favourable comparisons with similar establishments. However, prisoner-on-staff assaults and use of force remain worryingly high. There is therefore still some way to go before this objective is comprehensively achieved.

Part of the solution to problems of violence undoubtedly lies in reducing the number of drugs entering the prison, and considerable efforts have been made by staff, in collaboration with the local police, to interrupt the supply of illicit substances. Inevitably, this is never completely successful and we hope that the installation of a more sophisticated scanning machine later this year for everyone entering the prison will add to the effectiveness of the ongoing efforts.

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

Again, we think that a good start has been made in ensuring that prisoners are treated fairly and humanely, in a decent environment, but a lot of further work is required. As was the case last year, the equalities action team (EAT) is still only beginning to get to grips with issues of discrimination on the basis of race or disability, and is hampered – as in many prisons – by a lack of data. It also seems to be a bit stuck in the ‘talking phase’ and has not progressed much to action. It is extremely well supported by the Governor.

In terms of basic conditions, the prison continues to improve, in terms of general cleanliness and the provision of basic materials (bedding, clothes, and so on). It was also reported to be very clean during the COVID-19 crisis. The supply and quality of food have been good throughout. Although these improvements are noteworthy, we are not convinced that the prison has a ‘corporate commitment’ to maintaining basic conditions.

The improvements have come about as a result of the implementation of a well-planned and organised 'Clean and Decent' project, and we are concerned that when this stops, standards will fall again. There is therefore more work to be done on creating organisational ownership of this agenda.

Maintaining contact with families is one of the most important ways in which a humane approach to the care of prisoners can be supported. Some efforts have been made to improve conditions for visitors over the past year; these are welcome, but are still 'a work in progress'.

### **How well are prisoners' health and wellbeing supported?**

Healthcare services have been satisfactory throughout the year and were outstandingly good in the COVID-19 crisis. There still remain some problems with ensuring that medications are accurately dispensed to all who should be receiving them. We are also still concerned that the mental health team is spending too much time assessing and screening new referrals, and too little time in groupwork and working with others in the prison who are also concerned with the mental welfare of prisoners.

The decisions about how the mental health team spends its time have been particularly important during the COVID-19 crisis, when we have been concerned that there may be prisoners whose mental health has been adversely affected by the lockdown, but who are not being identified because of shortages of staff time. Given that these staff shortages are unlikely to be remedied by sudden injections of money, we think that the mental health team should review its working practices to see if more time could be made available to deal with the broader issues of mental health in the prison. This means actively working with other staff. Mental health issues in prison are too important (and too prevalent) to be left solely to the efforts of a small group of specialised professionals.

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

Regarding the provision of education and work activities, there has been a lot of turmoil because of staff changes, but a new head of education, appointed in June, made very significant improvements in broadening the range of educational and work activities, and improving individual assessment and planning. These issues had been highlighted in a critical Her Majesty's Inspectorate of Prisons (HMIP) report. In these respects, prisoners are better prepared for release than they were previously.

The pre-release board (PRB) has been through 'ups and downs'. Earlier in the year, it was beginning to settle down, attendances and timing were more regular, and prisoners were beginning to attend more consistently. This was disrupted by the COVID-19 crisis, and staff from some of the external agencies found it difficult to keep coming into the establishment. We hope that the board will recover as the COVID-19 restrictions are gradually relaxed.

We are sad to report that around one prisoner per week is still being discharged with no fixed accommodation. This is not the prison's fault – the responsibility lies across a number of external agencies - nevertheless, we think it is a fundamental failure on the part of the Prison Service and related government agencies.

### 3.3 Main areas for development

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#### **TO THE MINISTER**

- i. Invest more money to address educational needs and increase meaningful activities within prisons.
- ii. Provide a commitment to no further reductions in staff numbers.
- iii. Invest in suitable technology to assist prisoners to maintain contact with their families.
- iv. Ensure that no prisoners are released without stable accommodation.

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

- v. Facilitate movement towards a computer-based approach to managing property.
- vi. Ensure that Governors receive a speedy response to requests for facilities management.
- vii. Initiate a fundamental review of the assessment, care in custody and teamwork (ACCT; the care planning process for prisoners identified as being at risk of suicide or self-harm) process – is it ‘fit for purpose’?
- viii. In the review of the ACCT process, consider the two main drivers: (a) clinical need; and (b) achievement of personal goals or redress of perceived procedural injustice. Can these be addressed separately?
- ix. Promote a more collaborative approach to the management of violence.
- x. Consider how the library service is going to be maintained and developed in forthcoming years, given the need to facilitate internet access for prisoners.
- xi. Take a lead in addressing the ongoing problem of prisoners being released into the community with no stable accommodation.
- xii. Ensure that the decrease in prisoner-on-prisoner violence during the COVID-19 crisis is not used as an excuse to maintain lockdown conditions. Analyse *all* the lessons of the crisis and take actions accordingly.
- xiii. Recognise the importance of ensuring adequate staffing levels, such that stable and trusting relationships between staff and prisoners can be established.
- xiv. Learn the lessons of the importance of family contact, both face to face and virtual.
- xv. Invest in bringing the Prison Service into the 21st century, with the introduction of more widespread forms of electronic communication (for example, in-cell telephony, video contact with families, and so on).

#### **TO THE GOVERNOR**

- xvi. Improve implementation of the current ACCT process.
- xvii. Consider an evaluation of the ACCT process which takes into account the feelings of the prisoners involved regarding their safety and wellbeing.
- xviii. Promote a more collaborative approach to the management of violence.
- xix. Continue planning for the movement of the SSU.
- xx. Take steps to improve the continuity of chairing and recording of conclusions in good order and/or discipline (GOOD) reviews, to ensure that agreed actions are followed up.
- xxi. Increase opportunities for SSU prisoners to have access to a range of constructive activities, particularly books.
- xxii. Attempt to increase continuity of chairing for GOOD reviews.

- xxiii. Develop methods for evaluating the key worker scheme.
- xxiv. Ensure that prison managers facilitate attendance for all prisoners requesting access to religious services (provided that there are no security considerations).
- xxv. Consider if it might be useful to investigate how the current incentives and earned privileges (IEP) scheme could be modified to be more effective in incentivising prisoners.
- xxvi. Expand access to educational opportunities, particularly for F wing prisoners.
- xxvii. Explore the possibilities of co-locating the healthcare team and the mental healthcare team.
- xxviii. Ensure that the healthcare team provides information to prisoners (and families) regarding the Northamptonshire Healthcare Foundation Trust (NHFT) Patient Advice and Liaison Service (PALS) and complaints process, and, if necessary, that they are helped to understand when, and how, they should use it.
- xxix. Request that the Head of Safety (or other nominated officer) be kept informed of any prisoner who has been subject to the protocol for anyone missing more than three doses of medication.
- xxx. Explore with the mental health team if there are other ways of processing new referrals which will free up staff time for other activities.
- xxxi. Request that the healthcare team provides the Board and prison managers with monthly data regarding the number of complaints submitted to NHFT relating to the healthcare and mental health teams (separately).
- xxxii. Request that the healthcare team provides the Board and prison managers with monthly data regarding patient satisfaction for both the healthcare team and the mental health team.
- xxxiii. When staffing permits, consider a constructive use of workshop 5.
- xxxiv. Complete the refurbishment of the visits hall and create a more 'family friendly' environment.
- xxxv. Consider the appointment of a senior manager with clear responsibility to oversee liaison with families.
- xxxvi. Improve collaboration with the Ormiston Trust in the running of family visits.
- xxxvii. Ensure that all staff overseeing visits apply consistent messages regarding identification, acceptable behaviour and permitted clothing.
- xxxviii. Learn the positive lessons of COVID-19 – for example, the importance of predictable regimes, smaller groups, more interaction, fewer drugs and regular contact with families.
- xxxix. Explore with the mental health team if the acceptance criteria to the team should be reviewed, given the special stresses associated with the COVID-19 restrictions.
- xl. Build on the work already undertaken to create a more collaborative culture (for example, joint monitoring and planning meetings) aimed at giving prisoners a real role in helping to monitor and improve the prison regime.

## 3.4 Progress since the last report

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### ***IN AREAS FOR DEVELOPMENT IDENTIFIED TO THE MINISTER***

- i. Last year, we asked the minister to address the issue of prisoners being released with no fixed accommodation. Nothing seems to have been done.

### ***IN AREAS FOR DEVELOPMENT IDENTIFIED TO THE PRISON SERVICE***

- ii. We also requested the installation of a body scanner, to improve the detection of attempts to import illicit substances. This has been ordered, but is not yet operational.
- iii. Last year, we suggested the need for an appeal procedure for discrimination incident report forms (DIRFs). This has not been done.
- iv. We also suggested that Her Majesty's Prison and Probation Service (HMPPS) ensures that prisoners who have learning disabilities, or who have been placed on the autistic spectrum, are clearly recognised as having disabilities and that the appropriate detection, monitoring and support mechanisms for these groups are put in place.

### ***IN AREAS FOR DEVELOPMENT IDENTIFIED TO THE GOVERNOR***

- v. Last year, we noted that there were few specific facilities or special arrangements which reflected the establishment's additional YOI status. The Governor was planning and consulting on specific arrangements to action this when the COVID-19 crisis struck. These plans are therefore on hold.
- vi. We also noted a high prevalence of long-term sickness among staff. The Governor has addressed this and made significant progress in reducing these numbers.
- vii. Physical conditions in the SSU have improved and there are fewer signs of cockroaches (and rats). However, they are not entirely absent and the SSU is still, in our view, located in a place which makes it unfit for purpose. There have been plans to move it, but these were interrupted by the COVID-19 lockdown.
- viii. After considerable efforts by staff, the prison generally seems cleaner. This is progress; now it needs to be maintained.
- ix. Last year, we observed that levels of violence and self-harm were high compared with those in similar establishments. This year, levels of prisoner-on-prisoner violence and self-harm have steadily reduced and the prison no longer compares unfavourably with similar establishments. Relatively high levels of prisoner-on-staff incidents remain a problem.
- x. We also noted that the visits hall was in need of refurbishment. This has been done, and new furniture ordered. These improvements are not yet complete, but some action has been taken.
- xi. We noted that there was some way to go before the importance of equality was recognised by all staff. Some progress has been made in this area, but it requires further action.

- xii. We also asked if better use could be made of the space outside the cells in the SSU. Some information leaflets and books have been laid out, but provisions for in-cell activities in the SSU remain very limited.
- xiii. Attendance by the mental health team at GOOD reviews has improved.
- xiv. We questioned last year the amount of time taken up by the mental health team in screening and assessing new referrals, and suggested that this be reviewed by the Governor with the NHS trust. Little progress seems to have been made.
- xv. Unlike previously, this year we have not noted incidents of inhumane processes with regard to inter-prison transfers (of course, there have been fewer transfers).
- xvi. The senior leadership team seems to be working better and several new managers have been appointed in key functional areas.
- xvii. Despite the best efforts of the prison (and the local constabulary), the number of positive mandatory drug tests has been increasing again. We hope that the introduction of the body scanner will have an effect on reducing drug supply.
- xviii. The operation of the Complaints service has improved and waiting times have been reduced.
- xix. There have been several attempts to improve the management of property, but with limited success.
- xx. Education and vocational services have continued to improve in relation to the provision of more individually centred programmes, and in terms of the variety of opportunities available.

# Evidence sections

## Part I – General summary

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### 4 Safety

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#### 4.1 Reception and induction

The reception area was refurbished early in the period covered by this report. The addition of a waiting area outside the interview rooms, with armchairs and plants, gives it a more welcoming air, although prisoners are still located, after initial processing, in the original waiting area, which is a rather bare and unwelcoming. However, they do not spend much time there.

From our observations, prisoners are treated with respect and dignity by reception staff. Interviews are conducted in small offices which afford privacy and are generally carried out in a timely and efficient manner. Sometimes there are delays in moving prisoners to their allocated cells, but in general every effort is made to find appropriate locations in the first night centre (E wing) and integrated drug treatment (IDTS) prisoners in D wing.

During periods of understaffing (which seem to be frequent), reception is manned by staff who have already worked all day, many of whom would be starting work at 7.30am the next day. Given that reception processes can run late into the evening, this raises some concerns about staff welfare. However, in general, we believe that the reception procedures are well done.

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

There were two deaths in custody during the reporting period. On 28 April, a 74-year-old prisoner died of natural causes in an external hospital, while still formally located in the healthcare unit. He had been transferred from HMP Littlehey on 28 February because it was felt that the healthcare facilities in Bedford were more suited to his needs. His death was expected and he was receiving palliative care for a number of serious underlying health conditions. The primary cause of death was given as pneumonia, with congestive heart failure as a secondary diagnosis<sup>1</sup>.

The second death occurred on 30 April. It concerned a 25-year-old prisoner on one of the main wings, who apparently took his own life with a ligature attached to the cell window. He had a history of substance misuse, challenging and disruptive behaviour, and a diagnosis of personality disorder. He was currently under the care of the mental health team and had been subject to an ACCT on two previous occasions, but had been taken off

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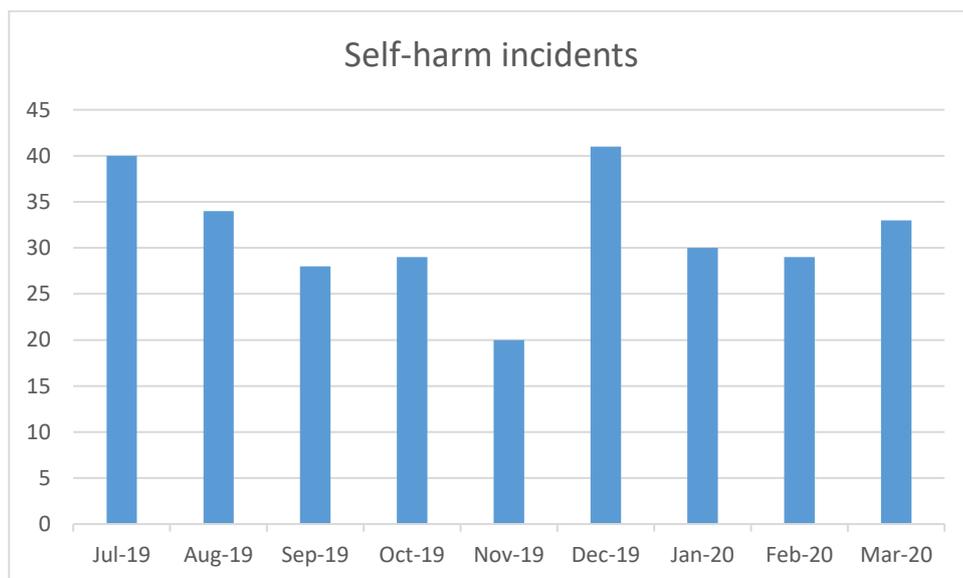
<sup>1</sup> The subsequent investigation into his death established that COVID-19 was also a contributory factor.

this process on 14 April. Cause of death has not yet been formally established, and a coroner’s inquest will follow in due course.

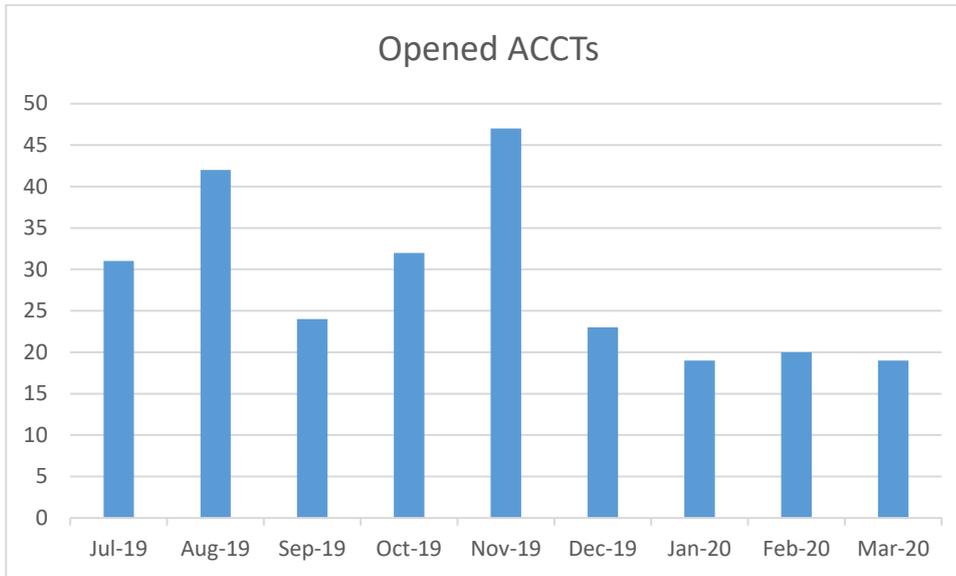
[There was also a third death, of a 39-year-old prisoner – again, apparently as a result of self-hanging by a ligature attached to his cell window, this time in the healthcare centre. This prisoner was currently on an ACCT. The death occurred on 15 July, so is just outside the remit of this report.]

Turning to the data on self-harm incidents, the monthly numbers from July 2019 to March 2020 are shown below (Figure 1). It can be seen that there is significant variation, probably associated with the behaviour of specific individuals. The average number of incidents is 31.6 per month (that is, approximately one incident per day) over this period. This compares with an average of 33.8 per month for the same period last year. Thus, there has been a small reduction. [N.B. These figures are *not* corrected for the number of prisoners held at that time. These data are shown later – in part II, section 8, where we consider the comparison between pre-COVID-19 and COVID-19 periods].

The number of opened ACCTs again shows considerable variation, with an average of 28.6 per month opened (Figure 2). It is striking that there is apparently no correlation between the number of self-harm incidents and the number of open ACCTs.



**Figure 1: The number of self-harm incidents by month, July 2019 to March 2020**



**Figure 2: The number of ACCTs opened by month, July 2019 to March 2020**

Regarding the ACCT process itself, last year we expressed our concerns that it is not ‘fit for purpose’ in its present form. It is conceptually flawed and procedurally weak. In terms of its rationale, the ACCT is based on actuarial assumptions that the likelihood of self-harm for individuals can be predicted using historical (and some current) information. In fact, the evidence to support this kind of calculation suggests that these data have very limited predictive power<sup>2</sup>.

In reality, all that the ACCT assessment can do is to indicate that a person belongs to a high-risk group: it cannot tell you whether they are the individual from this high-risk group who is most likely to harm themselves, or when they are likely to do it. This requires an in-depth knowledge of what the person is thinking, their stage of commitment to the act of self-harm, and whether (and for what reasons) they intend to follow it through. This can only be obtained through careful, individual interviewing. Some officers are good at this, but some are not.

In our view, they are not helped by the way that the ACCT is set out and the ways in which staff are trained to use it. The best way to collect this information is to gradually build up a ‘story’ with the prisoner which covers what they are thinking and what makes it more or less likely that they will put their thoughts into action. The current documentation simply does not facilitate the creation of these kinds of ‘personal stories’ and there is no emphasis on this approach in the ACCT training given to staff.

Instead, the training seems to be based on the collection of isolated bits of information that are never woven together into a coherent, individual story. Hence, it is seen by many staff

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<sup>2</sup> Mulder, R., Newton-Howes, G. & Coid, J.W. (2016). The futility of risk prediction in psychiatry. *Br J Psychiat.*, 209, Issue 4, pp. 271–272.

– and many prisoners – simply as a ‘tick box’ exercise, failing to be relevant to each individual’s unique thoughts and decisions.

We see little evidence that the new version of the ACCT goes very far in addressing these problems – indeed, it seems to make the process even more bureaucratic. We therefore continue to believe that unless the ACCT is subject to a radical rethink, it will continue to fail in its primary objective of detecting and reducing acts of serious self-harm.

We also remain sceptical that the same system can be used for two very different purposes: (a) to reduce and manage self-harm; and (b) to provide prisoners with a way of getting staff to focus attention on things that they think are important, and which they feel they cannot get taken seriously by other means (for example, moving from a particular cell, stopping a transfer or getting a complaint answered). These impressions often constitute what the prisoner perceives as ‘procedural injustice’ (that is, being treated unfairly) and the ACCT process does not address them.

Thus, if the prisoner’s behaviour is clearly a ‘cry for help’ (that is, they are distressed and clearly at risk if it is not responded to with expert help) then, obviously, expert psychological help needs to be made available. However, if the person simply wants something doing that they believe will make their lives better, then the prison needs to take a more ‘managerial’ response and discuss with them, if it is possible, to give them what they want (or not). This is not always easy, but the prisoner needs to feel that the prison is listening, even if it does not always comply with their requests. Clearly, at present this is not always happening.

We think that if these two different pathways could be identified and separated early on, a lot of staff time could be saved and prisoners would be more satisfied with the ACCT process. We understand that this would require some fundamental changes to the ACCT but, nevertheless, we urge the Prison Service to give it serious consideration.

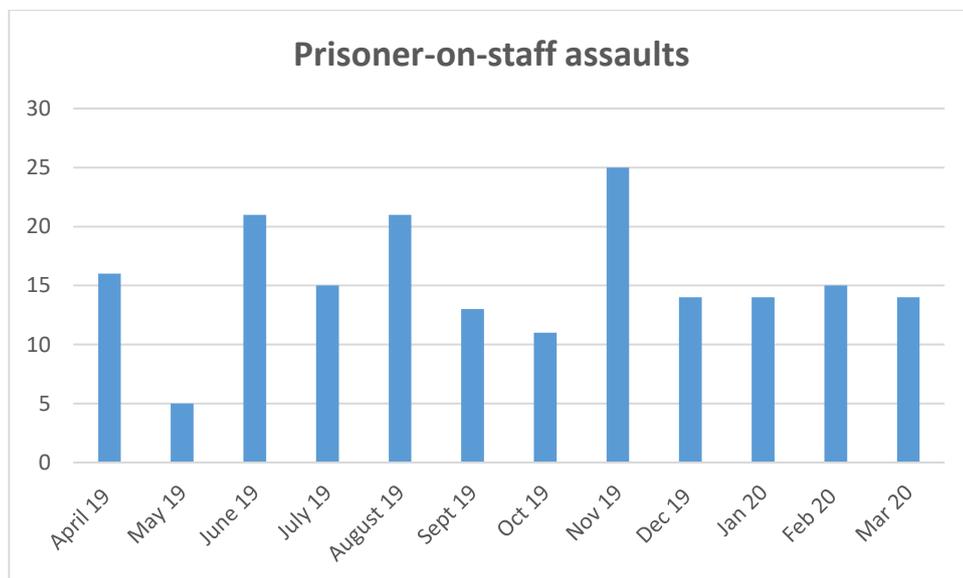
We also believe (as we observed last year) that certain prisoners who themselves have engaged in repeated acts of self-harm could be directly involved in the training of officers and helping them with ideas about how best to respond. The evidence from mainstream mental health services is that individuals with this kind of ‘direct experience’ can make a unique contribution to the training of staff, provided that this process is carefully managed.

Having said all this, we have witnessed many excellent officers working really well within the confines of the present ACCT process, using their basic human decency, their native compassion and a good deal of common sense. They are to be commended and could easily be used as models in the training of others.

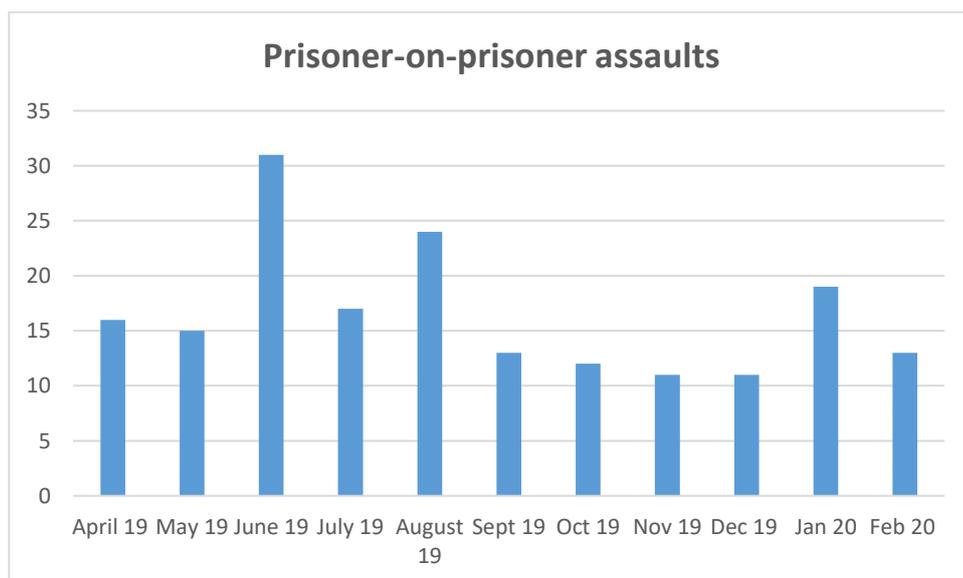
Finally, we have seen almost no attempt to evaluate the impact of the ACCT process by asking prisoners what they think of it. We have seen lots of graphs and numbers, but we still have little sense of what prisoners actually think of the process, apart from our anecdotal contacts. (We conducted a small survey a couple of years ago, but since then nothing similar has been done). We would therefore suggest that an evaluation of the ACCT, in terms of its contribution to feelings of safety and wellbeing among its recipients, is long overdue. We recommend that the prison considers such a project in the coming year.

### 4.3 Violence and violence reduction

During the same period, levels of violence in the prison remained at a relatively high level. The figures for prisoner-on-staff (Figure 3) and prisoner-on-prisoner (Figure 4) assaults are shown below. [Again, these figures are not corrected for the number of prisoners in the prison at the time.]



**Figure 3: The number of prisoner-on-staff assaults by month, April 2019 to March 2020**



**Figure 4: The number of prisoner-on-prisoner assaults by month, April 2019 to February 2020**

Over the total year, there were 184 prisoner-on-staff assaults (a mean of 15.3 per month) and 198 prisoner-on-prisoner assaults (a mean of 16.5 per month). Compared with eight other local prisons (Bristol, Cardiff, Chelmsford, Exeter, Leicester, Peterborough, Swansea and Winchester), Bedford had the highest number of prisoner-on-staff assaults, but only the fourth highest number of prisoner-on-prisoner assaults. Thus, the latter seems to be coming under control, while the former remains a problem.

These graphs also show a highly variable picture over time, probably reflecting the impact of individuals, or groups of individuals, as they move through the system. These individuals are often associated with drug activities. The malign influence of organised criminal gangs importing and distributing drugs in prisons is well documented, and where there are gangs and drugs there will be violence associated with competition over market share, debts and bullying. This has undoubtedly been the case in Bedford in the last year, and the prison has taken vigorous steps to try to disrupt this activity.

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

Vulnerable prisoners are accommodated on a separate wing (F wing) which houses 30 prisoners. Many – although not all – have been convicted of sexual offences. The wing has its own education facilities and workshop; there is a food servery, and a delivery point for medications. Prisoners are also able to use the gym and library facilities at designated times. These arrangements mean that they do not have to mix too much with other prisoners.

The wing appears to be well run, with dedicated officers who, given the relatively small numbers, can get to know the prisoners individually. The monthly prisoners' forum is constructive and well managed. Prisoners take a pride in keeping the place clean and tidy and appear to support each other as many are of more mature years. They are often there for fairly long periods as they can spend up to two years waiting for transfers.

During the early part of the reporting year, there was an overflow of vulnerable prisoners from C wing. This did not work well as prisoners were brought to F wing during the day, placing extra demands on toilets, laundry facilities and telephones. There is still a lack of private meeting spaces for prisoners to discuss issues with prison personnel. This is being addressed, but it is taking a long time to happen.

Longer-term prisoners often find the lack of further education opportunities frustrating. Facilities in the education room have been considerably improved this year, with the provision of additional computers and new layout, but the courses are basic. It is not possible to access educational materials online.

Overall, we believe that vulnerable prisoners are relatively well served in Bedford. The main criticisms are regarding the lack of private space and opportunities for further education and learning.

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

Data on the use of force by officers show an average of 63.6 incidents per month, which is the second highest in its comparator group.

The new violence reduction strategy, which we were pleased to welcome last year, does not seem to have had much effect, and nor has the prolonged efforts of a special 'standards coaching team,' who were seconded for two periods during the year. They comprised experienced staff from other prisons, who spent time on the wings trying to improve the knowledge and skills of staff in the management of potentially violent situations. They seemed to have an effect during the time they were in the prison, but this soon dissipated after they left.

Despite the best efforts of the Governor and other senior staff, the prison therefore remains a violent place, as far as prisoner-on-staff incidents are concerned. We hope that a newly appointed head of violence reduction will now make a difference, but we believe that a different approach to the management of violence may be required.

Violent incidents need to be seen as a matter of mutual concern for prisoners and staff alike, and as something that can only be solved through collaborative action (as envisaged in the Prison Reform Trust report, '*Ensuring a safe environment: a conflict-centred strategy*<sup>3</sup>). This kind of joint working was exemplified in the response to the COVID-19 crisis and we see no reason why it should not be used to address other problems.

#### **4.6 Substance abuse**

We were able to report last year that the use of drugs, as assessed by mandatory drug testing (MDT), had been consistently reducing. Unfortunately, between July 2019 and February 2020 this trend was reversed, as shown in the graph below (Figure 5).

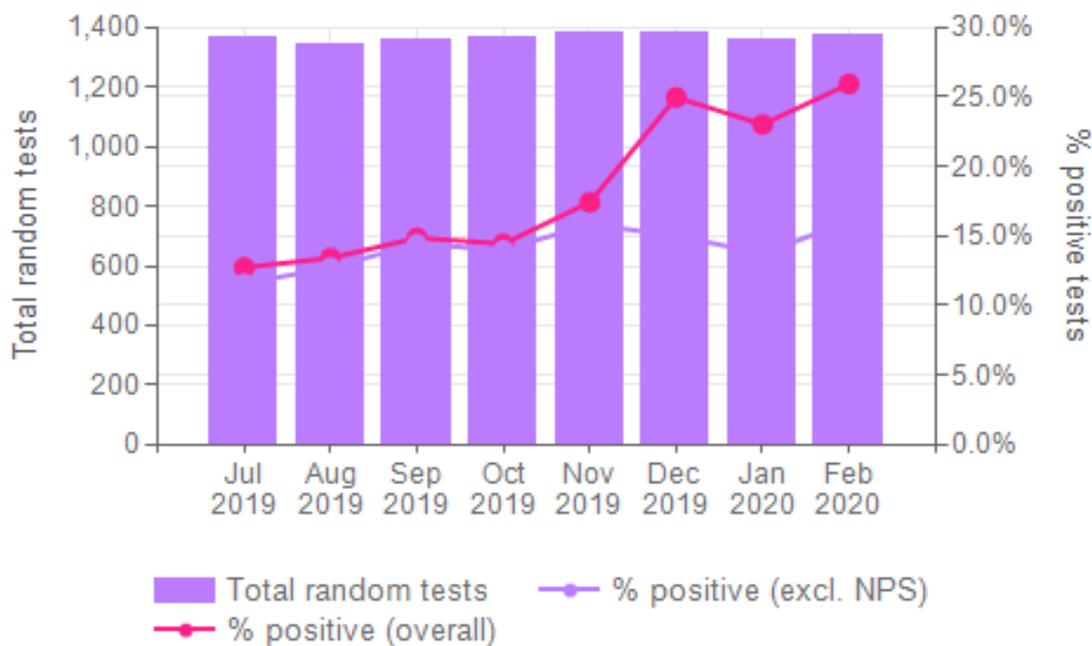
The overall figure for the number of positive tests in February 2020 was 26.1%, which was almost twice that of the previous July. In comparison terms, out of the 30 local prisons in England and Wales only four had higher levels of positive tests.

It can be seen that the increase is almost entirely due to additional positive tests for new psychoactive substances (NPS; for example, 'spice'), with the non-NPS tests remaining relatively constant, at around 15%. This would appear to indicate that NPS have become more available to prisoners through illicit supply and confirms other impressions of increased gang-related activity within the prison.

We have been informed this year that Bedford has been selected for enhanced gate security, which will include a body scanner. Rollout was originally planned to take place between October and December 2020, but it has been delayed, primarily because of the impact of COVID-19 on the progression of gate enabling works. The availability of the implementation team which has been redeployed to support prisons has also been interrupted.

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<sup>3</sup> Edgar, K. (2018) Ensuring a safe environment: a conflict-centred strategy. *Prison Reform Trust*. Available at [www.prisonreformtrust.org.uk/Portals/0/Documents/Ensuring\\_a\\_safe\\_prison.pdf](http://www.prisonreformtrust.org.uk/Portals/0/Documents/Ensuring_a_safe_prison.pdf)



**Figure 5: Mandatory drug test results by month, July 2019 to February 2020**

As a result of national policy resulting from the COVID-19 crisis, no MDT has been carried out since mid-March, so we have no information about the current level of drug use or supply. While we understand the reason for this, it does seem like a missed opportunity to get a better understanding of how drugs enter the prison.

We commend the prison for the excellent work that has been done in collaboration with local police in Bedford to try to reduce ‘throwovers’. As indicated earlier, this has been based on excellent communication with local prisoners by a number of senior managers in the prison, led by the Governor.

## 5 Fair and humane treatment

### 5.1 Accommodation, clothing, food

In terms of providing a basic clean, safe environment, Bedford is constantly challenged by its Victorian infrastructure. Many areas are in need of modernisation (for example, replacement of windows) and there are more or less constant problems with the plumbing, especially when it has been deliberately damaged.

We also still receive regular complaints about showers and washing machines being out of order, often with the same problems persisting after having been fixed once. There are also intermittent shortages of basic clothing (bedding, T shirts, toilet paper) on different wings, but our impression is that these problems are less than in previous years.

Damaged observation panels are also still very common. During 2020, they have been gradually replaced by polycarbonate panels; these are strong, but not unbreakable.

Repairs are often slow and broken panels can sometimes take days to replace, despite the Governor's best efforts to chase the company contracted to repair and maintain prison facilities (GFSL - Gov Facility Services Limited).

Despite these problems, the prison has made enormous efforts this year to make the environment cleaner and to improve its decency. Following the publication of national standards in June 2019, the prison set up a project team, resourced it, and rolled out a well-organised 'Clean and Decent' initiative, involving staff at different levels (including governors) and prisoners, working together to improve conditions.

This has proved effective and we commend all those concerned for their efforts. The prison is now generally cleaner, the rats are rarely evident, and cells are now regularly inspected and cleaned if necessary. However, it has been something of an uphill battle; the moment attention is taken off this agenda, standards begin to slip, and there does not seem to be a great degree of organisational ownership of the 'Clean and Decent' agenda. This needs to be addressed.

Staff and prisoners have worked together very well to maintain – even improve – standards of cleanliness during the COVID-19 crisis. They have shown what can be done by working together.

The Board has also been impressed by the wing forums – one on the main wings and one on F wing. These are often attended by the Governor, who listens to the concerns of prisoners and tries to ensure that agreed actions are followed through. We think these are a very good initiative.

After a period of difficulty with staff shortages, the kitchen seems to have settled into a regular routine. Special diets are catered for, including Ramadan boxes. The Board rarely receives complaints about the quality of food, although there are occasional gripes about portion sizes being too small. Nevertheless, the kitchen does very well, given its very limited budget and rather antiquated equipment.

## **5.2 Segregation, special accommodation**

For the last few years, we have commented very favourably on the quality of staff working in the segregation unit. They have performed their duties with great professionalism and skill, and a genuine empathy for the most difficult prisoners in the prison who end up spending time there. This was the same this year, and we commend staff and managers for keeping up the standards.

We have also commented in every annual report since 2015 on the awful physical conditions in which the segregation unit (SSU) is located. It is a subterranean environment – bleak and austere – with cells constantly being damaged and repairs often slow to be completed. Plans have been talked about the whole year to move the unit upstairs to one of the main wings, but the COVID-19 crisis has meant that these have had to be shelved, and so it remains where it has always been. We hope that when conditions in the prison return to something more like 'normal', the unit will finally be moved.

Prior to COVID-19 we visited the SSU almost every week to speak to each prisoner about their current conditions and how they perceived they were being treated. Most are reasonably satisfied, although there are still fairly frequent complaints about the poor state of the physical environment. Many spontaneously comment that the officers are 'good and fair'.

The duration of stay varies considerably between individuals from a few days to a number of weeks. When lengths of stay begin to approach 42 days, the SSU managers are usually efficient in requesting an extension from the Regional office. Some prisoners are also subject to the ACCT process while in Segregation and when this occurs the ACCT reviews are often combined with the GOOD reviews. This is not very satisfactory, but defensible given the pressures on time.

We remain concerned about the amount of time that prisoners spend alone in their cells (usually around 23 hours a day), with little to do and little social contact, apart from the officers who are looking after them. This was the situation prior to the COVID lockdown and these conditions come close to the definition of 'torture' given in the OPCAT protocol but, as indicated above, we believe that the kindness and support shown by staff mitigate these very difficult circumstances.

Nevertheless, we think that more could be done to ensure that SSU prisoners have opportunities to engage in constructive activities (for example, the gym, books, education and religious services). Prior to COVID we visited the SSU at least weekly and we have noted difficulties for these prisoners in terms of accessing reading materials and being able to exercise meaningful choice over the books that are available. This is unfortunate. We believe that these residents are in an especially underprivileged situation and deserve special attention regarding the provision of in-cell and other activities.

The prison has recently told us that since April 2020 the books are now changed regularly (monthly) and that a 'wide-range' of distraction packs are available. This is good news. Our current limited monitoring means that we have not been able to observe these improvements directly.

Board members have continued to attend most segregation reviews and these are generally well chaired by a designated governor. However, there is still a lack of consistency in chairing. This means that decisions are not always followed through in an efficient manner, and it is not uncommon for the same issues to be discussed repeatedly and the same actions identified, but without follow-up.

Some attempts have been made to enforce a rota for governors, but this has not been very successful and it is still common for different governors to turn up each week. Regrettably, there have been some instances where nobody turns up and then a substitute has to be identified to chair the reviews, resulting in them starting anything up to 45 minutes late. This is a significant inconvenience for the external staff involved (for example, healthcare staff, IMB members) and is not really acceptable.

An attempt was made to introduce a process whereby the officers attending took notes of the agreed actions and followed them up with colleagues later. This worked well when it happened, but only a few officers seem prepared to do it. Efficient follow-up of agreed

actions has therefore remained a problem. We do not think that these problems should be difficult to solve.

We are pleased to note that the attendance of representatives from healthcare and the mental health team at GOOD reviews has been much better this year. It is useful to the mental health team to be kept informed of prisoners' progress and has also provided an opportunity for informal training of officers on mental health issues. We hope that it may continue.

Regarding adjudications, we have not regularly attended these, but where we have our observations have been that they are well conducted and all the associated paperwork correctly completed. There have sometimes been delays in bringing the prisoner to attend, which is frustrating for the chairing governor and disruptive to the presentation of evidence, but this is a minor criticism.

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

Bedford started its rollout of key workers on 4 June 2018. It completed implementation activities on target, by the agreed date of 1 October 2019, and the sign-off visit from HMPPS took place on 2 March 2020. The HMPPS Offender Management in Custody support manager wrote a very complimentary report praising Bedford, and noting that it was achieving a relatively high level of sessions delivered (almost 75%). It was also doing well regarding implementation of actions and embedding key workers into the ongoing regime in the prison.

In general, we think that the introduction of key workers has been very effectively done. It was well led and managed, and coordinators are to be commended for their enthusiastic delivery and the production of excellent monitoring statistics. What we would like to see now is the same enthusiasm and leadership devoted to monitoring outcomes. Much was promised at the beginning, regarding improved outcomes arising from the introduction of effective key workers, and we would like to see if there is any evidence that this has been the case.

Thus, can we see any effects on some of the 'hard' indicators like reductions in violence or self-harm? How do prisoners perceive the role of the key worker? Has it helped them? In what ways? What proportion of prisoners feel that it has not helped them? Why? These are the questions we now need answers to. (We were intending to try to mount a small qualitative survey ourselves, but this was interrupted by the COVID-19 restrictions).

### **5.4 Equality and diversity**

Issues concerning equality and diversity have become increasingly important recently across all public services. Prisons are no exception, and it is probably fair to say that Bedford (in common with many other public bodies) is struggling to collect relevant information and create the managerial infrastructure to implement intelligent plans to remedy any unfairness identified regarding these concerns.

Since our last annual report, the EAT has been beset with problems of inconsistent timetabling. For a number of months, no meetings took place, or were scheduled and then cancelled, or arranged at the last minute, making it difficult for people to attend. Despite

these problems, there has been an improvement in the management of the meetings and in the following up and completion of outstanding action points, which has been much more thorough. However, the administrator has changed three times in the last few months, and it will now be important to see if the high standards and good continuity of actions can be maintained.

While there has also been a concerted effort to have wing representatives attend, this has proved difficult. Wing representatives are difficult both to recruit and to retain. At one meeting, the wing representatives were ready to attend, but the meeting took place in a part of the prison where prisoners are not allowed access. This was frustrating for all those concerned.

As the meetings have evolved, there has been an improved attendance from staff and a more positive attitude towards understanding the importance of monitoring equalities and fairness within the prison.

There has also been a growing recognition of the problems of accurately recording the personal details of prisoners and the dangers of this leading to inaccurate conclusions. The information that is most often missing includes ethnicity and sexual orientation, and without this, it is not possible to counter the unconscious prejudices which may then bias key processes in the prison like searches and use of force.

Conversely, officers sometimes appear to be unwilling to input the vital information that would be helpful in monitoring fairness. The Governor has recently mentioned a new equalities monitoring tool which is to be introduced, with the aim of making it easier to process information and create reports. However, this will only be as good as the recorded information on which it is based.

The business hub has produced some very interesting data which help officers to identify 'protected characteristics' and better understand what is happening in their areas. For example, information showing age and ethnicity are now readily available in relation to violent incidents. However, at the moment, this does not seem to have generated much action. The prison continues to promote different protected characteristics each month, with June celebrating Gypsy, Roma and Traveller History Month. This is an excellent initiative.

Overall, we feel that the prison has made some positive steps towards trying to address equality and diversity issues, but there is still a long way to go. The progress that has been made has been significantly helped by the active support of the Governor. He has recently signalled his intention to continue to make this one of his priorities, and this is very welcome.

## **5.5 Faith and pastoral support**

The faith staff in the prison continue to provide an excellent service both to prisoners and staff. They are compassionate, reliable and can always be counted on to give an intelligent and unbiased opinion on the quality of prison care. We commend them for their work.

We reported last year that the prison does not have a Roman Catholic priest *in situ*. This has now been remedied, and a lay Roman Catholic chaplain has also been appointed. In addition, the Catholic diocese is not able to provide a priest to take mass over the weekend, so it takes place on a Monday at 2pm, during association time. A similar situation pertains to Anglican services on a Sunday, which means that prisoners have to choose between worship and activities such as calling home or washing clothes. As a result, attendance at services is often low. Muslim worship takes place on a Friday afternoon, which avoids any conflict.

The chaplaincy reported that one of the main issues raised regularly at quarterly faith forums is the problem of unlocking for services – with some prisoners complaining that they often miss services owing to delays in being unlocked, or no unlocking at all. This is due to slippages in the timing of the regime on certain days, but it is not acceptable. It leaves the prison open to accusations of denying prisoners access to corporate religion.

The EAT agreed that if prisoners apply to go to services and are given security clearance, they must be enabled to go. In general, this has worked reasonably effectively, although there has been some delays.

We request that the prison, in collaboration with the faith staff, address the problems listed above.

## **5.6 Incentives and earned privileges**

In relation to incentivising prisoners, a recent report by the Prison Reform Trust examined IEP schemes across a number of prisons in the country. They found that, in most establishments, prisoners regarded these as unfair, arbitrary and largely irrelevant to their lives in prison<sup>4</sup>. They reported that the schemes did not seem to address their priorities – living in a clean, safe environment, with their property protected, grievances adequately listened to, something meaningful to do, and regular contact with their families. These are the things that matter to them.

We have not collected much information about the IEP scheme in Bedford, but anecdotal reports from residents echo many of the concerns identified in the Prison Reform Trust report. Many residents doubt its relevance and there are fairly frequent allegations of inconsistent applications of punishments by different Governors. These are difficult to substantiate, but we have heard a number of prisoners state that if it was used more often to reward positive behaviour, rather than as punishment for transgressions, it would be more effective. We therefore think that it might be useful to investigate how the current IEP scheme could be modified to be more effective in incentivising prisoners.

## **5.7 Complaints**

Internal processes for dealing with prisoners' concerns and complaints are key to maintaining a positive atmosphere within the prison. If prisoners feel that their concerns

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<sup>4</sup> Wainwright, L., Harriott, P & Soruche, S. (2019). What incentives work in prison? A Prisoner Policy Network consultation. Prison Reform Trust. Available at <http://www.prisonreformtrust.org.uk/Portals/0/Documents/PPN%20Incentives%20Report.pdf>

are not being listened to, or are being dealt with unfairly, then it can stoke up problems which are then vented through misbehaviour, irritations with officers, and so on.

For most of the year, we observed continuous problems with the internal complaints process. Prisoners would often raise issues with the Board, alleging that they had talked to officers and/or completed applications on the wings, or had submitted complaint forms which were dealt with very slowly, or produced replies that they were not happy with (perceived 'procedural injustice'). Thus, they turned to the Board and asked us to investigate.

In these circumstances, we would often find a discrepancy between the prisoner's account of their use of the complaints procedure and the records held in the complaints department. Whatever the 'truth' of these conflicting accounts, this led to a commonly held view among prisoners that the internal processes were really not worth using.

The Governor and other senior staff were aware of this problem, and in April a new business hub manager, together with a new head of business assurance, began to work hard to address it. The response rates for complaints to be answered within five days had dropped below 50%, but by early June it had risen to over 85%. This was a remarkable achievement and these staff are to be highly commended for their actions.

Nevertheless, perceptions of procedural injustice still remain and will probably never be entirely eliminated. But, belief in the internal complaints system is slowly growing among prisoners and we hope that this will continue. Our view is that they are most effectively addressed by direct contact between the staff involved and the prisoners with grievances. It is always much easier to blame the 'system' when you don't know *who* the system is. If you can attach a human face, then the problems are less likely to develop.

## **5.8 Property**

Lost property is a recurring problem in Bedford, as it is in nearly all prisons. It dominates requests for assistance from the IMB. Quite apart from the irritation – and sometimes anguish – of prisoners who have lost important personal items, the bill for compensation paid by the prison to prisoners is often considerable.

Last year, we noted some improvements in the storage and distribution of property removed in reception, but these improvements gradually faded away as the year progressed and, on a number of occasions, when we attempted to trace property the system appeared to be full of errors, with property missing or just not accounted for. We noted this repeatedly in our weekly reports, and eventually the Governor ordered a total overhaul of the system (Order 590, 27 January 2020). This also covered a restatement of the requirements for effective cell clearance, which was often not being done correctly.

After that, things appeared to improve again, and the number of Board applications concerning property for the year shows a small reduction compared with last year (although this is obviously confounded by the general reduction in applications following the COVID-19 measures).

In terms of compensation paid, there were recording errors last year, but these were rectified and the figure for this reporting year was established as approximately £1,900

(this excludes one very large payment of £1,600 to a single prisoner). This is comparable with previous years and is a considerable sum.

We have also been involved in a number of claims against previous prisons for lost property (sometimes multiple establishments). These are notoriously difficult to resolve. We have been told very recently that HMPPS is producing a new protocol for property, and we shall wait to see whether this has any effect.

Keeping track of property, both within and between prisons, therefore remains a significant issue. It takes up considerable amounts of staff (and Board) time. Valiant efforts are made by various staff to address the problem, and gains are made, but these are often then gradually lost. This is frustrating for everyone. We think that until the Prison Service adopts a more modern, computer-based approach to managing property rather than writing down entries in books, significant progress will not be made.

## 6 Health and wellbeing

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### 6.1 Healthcare: general

The healthcare services at HMP Bedford are provided by NHFT and comprise outpatient clinics, a small inpatient unit, a substance misuse service (IDTS), including psychosocial services, subcontracted to Westminster Drug Project, mental health services, pharmacy (in conjunction with Lloyds Pharmacy) and primary care services (visiting GP). At present, the healthcare team and the mental healthcare team are located in sites fairly distant from one another. This makes joint working more difficult and we urge the prison to see if it might be possible to co-locate these two important services.

### 6.2 Physical healthcare

Last year, we concluded that a good standard of care was achieved by the healthcare team, comparable to that available in the general community. This remains our conclusion this year. However, this is an anecdotal impression and we would like to see some data. We understand that NHFT is registered with the '*iWantGreatCare*' system to monitor patient satisfaction, and receives monthly reports as part of the overall contract monitoring. We think it would be useful if we (and prison managers) could have sight of these reports.<sup>5</sup> In addition, we also have some specific concerns.

First, sometimes, there does not seem to be space for confidential conversations with a Listener on the inpatient unit. We also saw an individual who alleged that he was being deprived of Listener contact because of previous misbehaviour. This decision seems to have been taken between healthcare staff and a prison manager. We do not think this is acceptable unless a clear rationale for this deprivation is set out, together with the requirements necessary to lift the ban, times for review and a review process. In this

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<sup>5</sup> We have subsequently raised this with the healthcare team and have received reassurances that this can be done.

instance, this did not appear to have been the case. When it was raised with the Governor and the healthcare team, steps were taken to try to ensure that it would not happen again.

Second, it is not clear to inpatients (and some healthcare staff) who prisoners should complain to when they have concerns about the healthcare they are receiving. A similar situation holds regarding the families of inpatients. We recognise that sometimes it may be difficult to distinguish between a healthcare concern and a prison concern, but we consider it important, both for prisoners and families, that they know that a complaints process exists within NHFT, to be used as they see fit, and that this is different from the prison process. Information about how to use the NHFT PALS and complaints process should therefore be readily available to prisoners and family members, so that they are aware of it and, if necessary, helped to understand when and how they should use it.

Third, there have been some ongoing concerns about the issuing of medication. We made a series of observations in February which suggested that officers were sometimes slow in bringing prisoners to the medication hatch, and occasionally they did not bring them at all. Thus, on average, there were 30+ prisoners in the main wings due to receive medications in the morning session. When we observed the process, 10–12 were not brought down by officers.

We were later informed that a clear protocol exists for prisoners who miss more than three doses of medication, and this is discussed at the weekly healthcare complex needs meeting, which is reassuring. We suggest that the head of safety (or other nominated officer) be made aware of any prisoner who has been subject to this protocol and discussed by the healthcare team. It will be up to the prison to ensure that these individuals are reported.

### **6.3 Mental healthcare**

The mental health of prisoners is a matter of local and national concern. The mental health team in the prison therefore has huge potential for contributing to the wellbeing of prisoners and staff. It is small in number, but the demand for its services is very high. How it chooses to spend its time is therefore of critical importance.

It seems to us that the mental health team struggles to keep waiting times low, and we receive regular complaints from prisoners regarding delays in seeing someone from the team. This seems unsatisfactory but, from the data included in the contract monitoring report, it appears that approximately two-thirds of referrals for mental health screening are seen within five days. We judge that this is not too different from the situation outside the prison, where it is common for people to experience delays in accessing mental health services. However, the assessment process itself is very time consuming (more than an hour per patient) and, although undoubtedly very thorough, represents a very high demand on staff resources. We would therefore ask the team (and NHFT), together with the Governor, to explore if there are other ways of processing new referrals which are more efficient and could free up the team to engage in other activities.

Last year we suggested an increase in group-based activities, but this does not seem to have happened to any great extent, possibly because of a shortage of suitable room space. A more radical way of increasing staffing resources would be to involve prisoners who have had their own experience of mental health issues directly in teaching and

supporting other prisoners (and staff). This kind of process has become increasingly important in mainstream mental health services<sup>6</sup>.

There is also still little direct training or support of officers (or other staff) who encounter prisoners with mental health problems on a daily basis. We understand that some training sessions have been offered, but take-up has been poor. This is a common problem with mental health teams in prisons, and most teams find that it is necessary to take the learning to the officers – that is, offer consultancy on the wings (as with the GOOD reviews in the SSU) – rather than try to get the officers to attend external sessions.

Granted, this would be an additional demand on limited resources, but, given the paucity of specific training on mental health issues for officers and the critical role that they play in identifying (and caring for) prisoners with mental health needs, it seems to us that this is worth exploring.

We also noted last year that, unlike the general health services, as far as we are aware, there is no routine audit of consumer satisfaction with the service provided by the mental health team. However, we have now learned that this is not the case. There are data available on client satisfaction as part of the contract monitoring reports generated by the '*iWantGreatCare*' system and sent to the healthcare team each month (see section 6.2).

At the moment, the data from mental health contacts are not reported separately, but we have been advised that this might be possible. If so, we would be interested in seeing these returns, and feel that they should also be made available to prison managers, perhaps at the safer custody meetings. They might help to counteract our anecdotal impression from the applications we receive that negative comments about the work of the mental health team tend to predominate over positive ones.

Finally, we reported last year that attendance at GOOD reviews in the segregation unit, and at ACCT reviews had improved. This has continued this year, and we very much welcome it. It is a good example of providing informal training on mental health issues for staff 'on the job' and thereby maximising its relevance.

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

Attendance at the gym remains one of the most highly valued activities in the prison. It is a unique setting which seems to be valued, not simply because of the nature of the activities, but also because of the very positive attitudes of staff. The gym always appears clean and orderly, with equipment in place and being returned by prisoners after use. From a Board perspective, gym staff are always friendly and welcoming, and invariably have an interesting perspective on morale in the prison (for officers and prisoners alike). Our impression is that they are always keen to innovate and improve their service and we commend them highly for their efforts.

The only disappointment regarding opportunities for exercise remains underuse of the Astroturf pitch. Attempts have been made to organise football competitions and these have

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<sup>6</sup> 'It's given me hope': the rapid growth of mental health recovery colleges. Available at <https://www.theguardian.com/society/2019/may/14/mental-health-recovery-colleges>

been very much welcomed by prisoners, but they have not been frequent. The limiting factor here appears to be lack of staffing.

## **6.5 Drug rehabilitation**

The ‘supporting offenders in recovery and treatment team’ (SORTT) manages the rehabilitation programmes for prisoners with substance misuse problems. It runs targeted workshops and offers one-to-one sessions to work through individual care plans. Last year, we commented negatively on the suitability of rooms for the SORTT, in terms of seating, equipment and ambience. Although there has been some progress in this area, there is still some way to go. For example, the room that had infested chairs was cleared of old furniture and new tables were delivered, but chairs were not.

New interventions, such as yoga sessions, were introduced late last year with the Prison Phoenix Trust, which conducted four sessions a month for prisoners in the gym. Prisoners who attended found that it helped with pain management, stress and boredom. However, this initiative ceased in February, when the funding ran out.

We are also aware of other initiatives that were in their early stages, such as an online drug educational course (‘Breaking Free’) which can be continued in the next establishment if the prisoner moves, or even into the community. These have had to be put on hold as a result of the pandemic.

In general, we think that the SORTT works well, and commend it for its efforts.

## **6.6 ‘Soft’ skills**

Given all the other pressures, perhaps it is not surprising that the prison has not had much time to develop the ‘soft skills’ of staff – teamwork, motivation, personal goal-setting, and so on. We hope that this may change in the future. Regarding prisoners, some work has been done, often led by the faith staff. We are particularly impressed by the work of an independent sector organisation (‘Reactive8’) on helping prisoners think about the future and set goals. We see this an intervention that could also help address some of the equality and diversity issues we mentioned above (see section 5.4).

# **7. Progression and release**

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## **7.1 Education and library**

In our introduction to this paragraph last year, we reported that it had been ‘a year of turmoil and considerable change’. It has been the same this year.

Staff have had to adjust to three changes of management. The previous head of department and their deputy departed in June last year and the new head of department arrived in that same month. She has made a huge contribution, and deserves a special mention for her energy, drive and vision in taking on the important role of leading the education department. In December, she successfully applied for internal promotion and joined the senior management team in a new position as a senior non-operational

manager with responsibilities for reducing reoffending. However, it is noteworthy that she still made a significant contribution to improving educational opportunities during the COVID-19 phase (see below).

A new deputy head of department arrived in September, and a new acting head of education arrived in January. Unfortunately, the acting head was in post for less than three months before leaving the site, along with all other teaching staff, at the end of March, when the lockdown began.

In the early months of this reporting year (July to October), the new head initiated and speeded up a number of changes, following a highly critical HMIP report in September 2018 which had judged the quality of teaching and learning, the levels of learner achievements and behaviour, and leadership and management to be inadequate. This highlighted three key areas:

- low attendances
- limited range of provision
- the need to improve assessment, individual planning and monitoring of progress.

Regarding attendances, low levels of attendance have been a recurring theme in recent Board reports, and numerous attempts have been made to address this problem, with little success. However, over the past year, a comprehensive, strategic approach has been taken which has involved numerous initiatives and has tried to involve learners as much as possible in its development and implementation.

Central to this strategy has been the 'image' of education, as viewed through the eyes of the average prisoner. An important start was therefore to rebrand the education centre as 'The College at Bedford', hoping that this would reduce stigma and remove the associations with school which, for so many prisoners, have not been happy.

A new 'Learners' Voice' group was also initiated. This is a monthly forum for designated wing representatives to feed back and discuss prisoners' views on the opportunities on offer and their ideas for improvement. This began in January and clearly has great potential for involving learners more in future proposals. Regrettably, its second meeting in March had to be cancelled as the result of an incident on one of the wings, and then came the lockdown. It is anticipated that this group will reconvene once normal service is resumed.

With a view to attracting some of those prisoners who are most persistently absent, the 'top ten isolators' and self-harmers were contacted on the wings and invited to an informal meeting in the library, to discuss what they wanted to see in the education department and what could realistically be offered. There is little evidence yet on the success of this approach, but – like the Learners' Voice group – it represents the kind of active collaboration between staff and prisoners that the Governor wishes to promote and we heartily support it.

The lack of effective support for prisoners with special educational needs was also a concern that the Board had raised previously. This was picked up in June, and a new strategy was introduced by the education manager, supported by the regional special educational needs and disability (SEND) manager from PeoplePlus. This included the

screening of prisoners, report writing, the creation of support plans, how to support SEND students in class, and the availability of appropriate learning resources. As a result of these changes to the curriculum and improved practice, attendance began to improve for those with special educational needs. These are very welcome developments and we would like to see them extended to those prisoners with other educational disadvantages (for example, autistic spectrum disorders).

The education manager and an information, advice and guidance worker have also worked together, visiting those learners who have declined to attend and trying to explore what the problems are and what changes would have to be made to promote a more positive attitude to learning.

Finally, an IEP warning has occasionally been issued to persistent non-attenders. Thankfully, this sanction has not had to be used widely.

Regarding the range of provision, a new curriculum manager was appointed to oversee the breadth and balance of the options provided and to consider possible new initiatives. This has been a very helpful appointment. Some of the new opportunities have included:

- the introduction of an A1 accredited art course
- new City & Guilds level 2 courses in food hygiene
- a level 1 course on citizenship and employability
- the John Bunyan Gallery's artist in residence visited the college to explore further ways in which to broaden the creative opportunities available to learners
- the John Bunyan theatre group visited and used the John Bunyan story to inspire and assist prisoners to act out their own experiences of incarceration
- the chief executive officer of Luton Town Football Club and a number of the players visited as motivational speakers, to discuss the value of teamwork and self-belief
- the Koestler Awards annual competition featured as an additional activity for prisoners, and entrants submitted a piece of artwork, poetry or writing to compete for a certificate and a monetary prize
- a peer mentoring course
- an independent life skills course
- a job club has been started in the library, on a Monday and Tuesday afternoon, to encourage unemployed prisoners to attend some purposeful activity.

This is a truly impressive list, and staff are to be thoroughly commended for their energy and creativity in broadening the range of opportunities on offer.

An accommodation review was also completed, and this led to a number of positive changes in the siting of courses, which facilitated an increase of available places on some of the over-subscribed courses, and a generally much more efficient use of teaching space.

Regarding assessment, individual planning and monitoring, all education staff received a copy of the marking policy developed by *PeoplePlus*, and this became the focus of several staff training sessions, with an emphasis on the quality and range of feedback to learners. The results were then subject to an internal verification process, where a sample of 30% of the work was selected and the marking of this sample checked by staff, to ensure that the result was at the appropriate level, before dispatch to the awarding body for its

consideration. Three members of staff are now completing their internal verification qualification course. Staff were also invited to attend a new continuing professional development course aimed at raising the standards of teaching, learning and assessment.

All these changes resulted in a much more favourable report when HMIP reinspected in August 2019. In particular, attendance had improved. However, the need for further improvement in some areas was also noted. We hope that as the COVID-19 restrictions are relaxed, the education department can pick up the work that it has already done and further broaden the curriculum and improve the quality of teaching and feedback. Nevertheless, it has made very significant improvements in the last year and we congratulate education staff for their efforts.

The library is now back in its original location. Frankly, we deplore the cost, both financial and physical, of moving the library three times in the last three years, only to return it to where it started. This is hardly a good strategy for encouraging library attendance.

Now that it is settled, the staff certainly have a big job on their hands to promote library use again and to provide innovative and attractive reasons to visit. In common with library services in the community, issue figures are declining rapidly, and it is difficult to envisage a library service – even in prison – without functioning internet use in 2020. For the Prison Service, we realise that this is a big ‘ask’ but we believe, given the critical importance of access to information for prisoners, that HMPPS will have to grasp the nettle of the need for new technology sooner rather than later.

As part of this, we think that the prison should be expecting Suffolk Libraries to be more proactive in demanding a better and more relevant service to the prison, and in trying to stimulate activity. This was especially important when the library was closed by national instructions during the COVID-19 crisis, for safety reasons. Surely, this is the very time when it should have been kept open? (We comment further about the situation in education and the library during the COVID-19 period later).

## **7.2 Vocational training, work**

The F wing workshop has been in continuous use throughout the year, from Monday to Thursday (as other workshops). The workshop has space for 12 prisoners (different groups in the mornings and afternoons). The work itself is mundane (mainly simple assembly and packing tasks) but it provides time away from the cells and an opportunity both to socialise and to earn money. It is generally valued by prisoners for all these reasons. It was shut down when the COVID-19 lockdown took place at the end of March.

The painting and decoration course has also run throughout the year, closing at the end of March. This is a well-equipped workshop with spaces for 12 prisoners (different groups in the mornings and afternoons). The course is part time and is accredited. It has been popular, but will not be continued post-COVID-19. This is because the instructor left and will not be replaced.

It is planned that the painting and decorating course will be replaced by a new handyman course, run by *PeoplePlus*, offering instruction in a wide variety of DIY skills. This seems like a relevant and useful addition to the range of activities and courses already available to prisoners.

The industrial cleaning workshop also operated throughout the year, until the lockdown. It offers 12 part-time spaces for prisoners across the main wings (different groups in the mornings and afternoons). This was originally known as the BIC (British Institute for Cleaning) course, and will shortly undergo its third transition, converting to WAMITAB (Waste Management Training and Advisory Board). This new course will provide skills and qualifications for those who wish to work in resource management and recycling, cleaning and street cleansing. Two of the Bedford instructors are currently undergoing WAMITAB distance training by telephone, in order to be able to deliver the course in Bedford, but there is no date yet set for starting.

The new independent living course began in August 2019 after many months of delay. It is centrally located in the newly refurbished workshop 2. The room is bright, with a modern cooker, washing machine, fridge/freezer and microwave oven. There are also lots of visual aids. The course is accredited with four units, spread over three weeks, covering personal hygiene, basic cooking skills, budgeting and saving, and represents a very worthwhile addition to the range of activities available.

Barista training (coffee making) also continued throughout the year, until March. An external provider, funded by the Ormiston Trust, provides training in the appropriate skills, working with small numbers of prisoners (usually no more than three) in the coffee shop in the visitors' area. Again, this provides a highly relevant, eminently employable, experience.

Throughout the year, the recycling and waste management team has offered four part-time spaces for prisoners wishing to gain experience in this kind of work. Since June, the team has doubled its intake, to eight part-time places. This activity has not been accredited so far, but has provided useful work experience for those who are interested. The team is also to be rebranded as the 'environmental services team'. Its work will now encompass the aims of the Green Prison Project. To this end, some new, filled planters are already in place and this group has already identified additional sites for development around the establishment.

Unfortunately, owing to current circumstances, progress in extending this laudable initiative has slowed. We very much applaud this kind of development and attempts to 'soften' what can be a rather stark, uncared for, external environment in the prison. It is good for morale, for prisoners and staff alike. There is also some evidence that engagement in gardening and horticultural work can enhance psychological wellbeing. It may therefore be an important therapeutic, as well as occupational, activity for prisoners, and we very much support its development.

Workshop 5 is a large, separate space, slightly removed from the main wings, on the perimeter of the site. It has computer cabling, and kitchen and toilet facilities. It remains closed and we know of no plans for its future use. We have referred to this as an underused facility in previous reports, and would like to see some plans to redevelop its function when staffing permits. Given its relative isolation, there have been concerns about security issues, but we believe that it could be put to some constructive use when conditions permit.

To summarise, we now believe that there is a satisfactory range of workshop and occupational activities available, given the overall paucity of funding for meaningful

activities within the prison system. There are gaps (particularly regarding the use of the new technologies, word processing, etc.) but a lot of progress has been made. We believe that the main problems now lie in motivating prisoners and creating a positive culture towards work in the community, rather than in shortage of resources.

We further believe that this can only be addressed by example and constant support from staff – particularly officers. The most influential examples need to come from other prisoners who have had positive experiences in the outside world (bringing them into the prison to share their experiences, if necessary). Maybe this could be done in a revamped workshop 5, which could serve as a new venue aimed at preparing for discharge, with contributions from housing, benefits, police, employers and so on.

### **7.3 Offender management**

Offender management obviously has less relevance in a local prison like Bedford. Nevertheless, a significant amount of sentence planning goes on, as attempts are made to move prisoners around the system to more suitable establishments, either for security reasons or personal requests, or to find places where they might better serve the rest of their sentence. As a Board, we are continually being asked by prisoners for information about transfers, and we spend quite a lot of time liaising between the offender management unit (OMU) and prisoners. There were attempts during the year to improve communication by having weekly clinics on the wings where prisoners could easily consult OMU staff with their questions. These seemed to be short lived, and were interrupted by the COVID-19 crisis. We would like to see them reinstated.

### **7.4 Family contact**

During the year, the visits hall was partially refurbished, after some delay. Some new furniture has been purchased, and ways of making it more attractive to families have been explored with the Ormiston Trust (an external charity which collaborates in the running of visits). These are very welcome developments. Unfortunately, they were interrupted by the COVID-19 crisis.

There have been major issues regarding the provision of identification by visitors, with different staff apparently having different opinions, and little consistency of messages. This has been a major source of frustration for visitors. The Ministry of Justice website for HMP Bedford states that visitors must have photo identification, plus a proof of address, and that these rules must be adhered to by everyone. However, staff from the Ormiston Trust (which organises and supervises these visits from a non-security point of view) reports to us that they have sometimes felt unsupported by staff, who have given different instructions regarding identification.

This lack of consistency does not just apply to identification, but sometimes extends to what does – and does not – constitute unacceptable behaviour on the part of some visitors, even sometimes to permitted clothing. These are sensitive issues, and there have been problems with security staff failing to attend the visits centre meetings, which has meant that decisions regarding these matters have been delayed or left unresolved. This needs to be addressed.

The 'departure lounge' set up on the top floor of the visits centre was opened on 1 December. We have little information on how it is progressing.

In the future, we would like to see the appointment of a senior manager with clear responsibility to develop liaison with families, not as a security issue but as a matter of humane and decent treatment. We would also like to see better collaboration with the Ormiston Trust. Our impression is that its staff often feel a bit ignored by the prison.

## 7.5 Resettlement planning

The Prison Release Board (PRB) is an essential part of the release process to ensure that residents leave the prison with appropriate support in place. The board is run by the Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire (BeNCH) Community Rehabilitation Company (CRC), which initiates the basic custody screening tool for each prisoner and arranges for support for prisoners once back in the community.

The PRB also comprises representatives from a number of organisations which provide useful services – for example: Jobcentre Plus (employment), Nacro (housing and finance support), the Kings Arms Project (homelessness in Bedford) and SORTT (drugs) – as well as mental health and healthcare teams (setting up appointments and access to prescriptions when in the community).

Since our last report, the PRB has been a victim of its own success, and the meeting room has now become overcrowded with attendees from the various services, which can sometimes be rather intimidating for the prisoners. BeNCH CRC has been examining ways around this problem without excluding key agencies.

Unfortunately, as was reported last year, prisoner attendance is low, often as a result of the prison being late with the afternoon roll call, and therefore no officers being available for escort duty. It is really sad to see such a valuable meeting being underused, and there is a feeling among the pre-release team that prisoners and officers are not aware of the benefits of attending.

Many prisoners who have raised concerns about being released with insufficient support do not seem to think that attendance at the PRB would be helpful. Similarly, some officers do not seem to appreciate the critical importance of engaging prisoners in effective pre-release planning. What goes on outside the prison sometimes seems to exist in another world. We therefore think that there is a need for education on both sides.

One of our greatest concerns remains the fact that, according to figures supplied by the business hub, between July 2019 and March 2020, on average three to four prisoners were being released each month with no fixed accommodation. This number is consistent with that given by Her Majesty's Inspectorate of Probation in a report published in July 2020 which quotes from the Ministry of Justice figures indicating that 11,435 people were released from prison into homelessness in 2018/19<sup>7</sup>. This is close to two prisoners per jail

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<sup>7</sup> <https://www.justiceinspectorates.gov.uk/hmiprobation/media/press-releases/2020/07/accommodationthematic/>

per month so, on that basis, Bedford is doing slightly better than 'average'. Nevertheless, it remains a matter of profound concern.

The HMI Probation report also notes that approximately 63% of prisoners released homeless are likely to reoffend and return to prison within one year, compared with 35% who are released into settled accommodation. For HMP Bedford, this means that 50+ prisoners are being released each year with only a one in three chance of being successfully resettled in the community.

The reasons behind this are not simply due to failures in the prison service, they are part of a national scandal. Successive governments have tried to address this problem in the past, but with little progress. Of course, it is partly a problem of funding – capital and revenue – but it also means getting different government departments – local councils, housing providers, HMPPS, prisons and the NHS – to work effectively *together* to deliver common goals. There are examples of similar schemes which require inter-agency collaboration working effectively (for example, multi-agency public protection arrangements) but not in this case. Meanwhile, scores of prisoners up and down the country are being released with almost no hope of successful rehabilitation. We urge the Prison Service, together with the relevant government agencies, to take a lead in addressing this problem both locally and nationally.

### 8. Observations

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#### 8.1 Physical reconfiguration and regime change

As soon as the national COVID-19 restrictions were announced at the end of March, the prison reconfigured to create several specialist areas to cope with individuals who might be at different stages of the disease. These have already been described in detail in section 2 of the main report. The main changes were:

- the first night centre (E wing) was converted to a 'reverse cohorting' unit (41 beds), where all new arrivals spend 14 days prior to going into the mainstream population
- the drug treatment wing (D wing) was identified as an 'overspill' facility for the reverse cohorting unit when additional spaces were required
- a small protective isolation unit ('shielding') of 10 beds was created on one of the main wings (B wing) to house and isolate individuals who are showing COVID-19-like symptoms
- meetings were rearranged to conform to the 'not more than two persons' guidelines
- each prisoner was given a personal cleaning pack with handwashing materials
- handwashing stations were established at entry and exits to the prison.

The prison regime was also radically altered and significant numbers of additional staff were temporarily made available to supervise the introduction of a new 'emergency regime'. This consisted of:

- 30 minutes was allocated for exercise four times per week on the main wings, and 30 minutes for a shower and telephone calls daily
- prisoners moved around the prison in groups of half a landing at a time (approximately 20 per group)
- the segregation unit regime remained unchanged
- where prisoners were self-isolating (usually only one to two at any one time), this was noted at the daily briefing meeting, and self-isolators checked to ensure that they received meals, showers, and so on
- all prisoners were given daily access to telephones, and telephone credit was increased from £8 to £13 per week
- 'COVID-19 peer mentors' were appointed for each wing (these are prisoners who have been suitably briefed to go around the wing explaining to other prisoners the latest advice regarding the management of COVID-19, and the importance of handwashing, social distancing, etc.)
- all corporate worship was suspended, but the chaplaincy provided socially distanced religious meetings.

The appointment of COVID-19 peer mentors seemed to us like an innovative move, and we commend the Governor and other senior managers for taking this action. It has made a significant contribution to how well the prison has managed through the crisis.

## **8.2 Board applications and remote monitoring**

Once it became clear that the COVID-19 crisis was going to prevent the Board from visiting the prison in person, we discussed with the Governor and Deputy Governor a set of arrangements for dealing with IMB applications by scanning them and then sending them to us electronically using a secure email system. We also established a system of 'remote monitoring' of conditions in the prison, using regular telephone calls with relevant managers. This was implemented on 30 April.

These arrangements have worked reasonably well, and more than 50 IMB applications were processed up to the end of June<sup>8</sup>. Similarly, the telephone call updates have worked well, and most of the managers have been extremely helpful in providing information. Understandably, some individuals have been busy and less easy to track down. However, the Governor made it clear to us that if we had difficulties in contacting any members of staff, or in obtaining information, we should report this to him directly and he would sort it out. This has been the case, and his cooperation has been outstanding.

Overall, we therefore feel that we have managed our statutory responsibility to monitor the prison reasonably well, given the circumstances. However, it is not the same as visiting in person and there is inevitably reliance on staff perceptions. This should be taken into account when interpreting the following observations.

We will now present the detailed evidence regarding our impressions of how the prison has managed through the COVID-19 crisis, up until the end of June. This will be organised around the key areas identified in the HMPPS COVID-19 *Operational Guidance – Exceptional Regime & Service Delivery* (2020). A summary is provided at the end.

## **8.3 Meals**

Throughout the COVID-19 period, the kitchens seem to have coped well. Most prisoners have continued to access meals through the serveries, and attempts have been made to preserve social distancing principles. Prisoners having to isolate have had food taken to their cells. According to the peer mentors, the quality of food has been generally good and there has been good provision for special diets (during the month of Ramadan, nearly 70 special meals were prepared, boxed and delivered to prisoners who requested them). There have been some complaints about small portion sizes, and some prisoners have asked for more salads in hot weather, but these are minor criticisms. We commend the kitchen staff for their efforts in these difficult times.

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<sup>8</sup> In July, the Board registered its interest in joining a national scheme for responding to IMB applications using an '0800' telephone number. This began in August and, no doubt, will be a useful supplement to our traditional written forms.

## 8.4 Physical healthcare

In general, we have been impressed by the performance of the healthcare team during the crisis. Adequate stocks of personal protective equipment have been secured. Healthcare staff wear masks at all times when visiting the wings, and masks, gloves and aprons have been available for officers in contact with 'shielding' and 'isolating' prisoners.

New receptions are screened with a standardised monitoring template and then go through a 'reverse cohorting' process (gradual integration) for 14 days. If they show COVID-19-like symptoms, they will be transferred to the protective isolation unit for seven days, or could opt for 'self-isolation'. The numbers self-isolating have been small (not more than six to eight at any one time) and these prisoners are checked each day.

If the symptoms then further worsen, guidance will be sought from the local Public Health England health protection team, and the prisoner will be transferred to hospital if necessary. This process has yet to be used, and there were no confirmed cases of COVID-19 up to 30 June.

Medications have been dispensed on the wings as normal, through the hatch next to the main wing office. For prisoners who have been 'shielding' or in the segregation unit, their medications have been taken to the door. Methadone and other psychotropic drugs have also been taken to the door if necessary.

Levels of staff sickness have varied (up to approximately a third of staff have been affected at any one time), some because they report symptoms, some because of caring responsibilities for relatives, and some for conventional reasons. Testing for COVID-19 has been available for staff with symptoms, although the results are often slow to return (20% within 24 hours). Antibody testing has been available for healthcare staff if they request it.

Regarding the other healthcare services, they have been operating more or less as usual, although there have been increased delays for some clinics. The dentist has been attending and providing routine and emergency treatments, but delays are longer than usual (up to 16 weeks). The optician plans to start clinics again, but there is a long waiting list.

The healthcare team has commented on the importance of its good working relationships with the senior managers in the prison and the Governor. The Governor's weekly COVID-19 bulletin to prisoners and staff has been a consistent source of advice and information, supporting the efforts of the team. This effective joint working appears to have contributed to the prevention of transmission of the virus within the prison so far. This is a result much to be applauded.

## 8.5 Mental healthcare

The work of the mental healthcare team has continued, but at a reduced level. As might be expected, the number of referrals to the team has gone down (from 62 in February to 47 in June) as the number of new receptions reduced (from 138 in February to 91 in June). The mental health team caseload has therefore decreased by about 25% over this period.

This has occurred at a time when there have been major concerns, both inside and outside the prison, regarding the adverse effects of the lockdown on mental health, and when we have clear evidence of concerns being expressed by prisoners regarding the mental health of other prisoners. It is therefore surprising that the mental health team caseload should have reduced at a time when one might have expected it to increase.

Of course, it is possible that prisoners with mental health issues have been identified and referred for screening but have not met the threshold for acceptance by the team, perhaps compounded by staff shortages. (This is supported by the increase in referral screenings from 59 in February to 94 in June.) However, it is noteworthy that the screening and assessment procedure used to determine whether or not prisoners meet the criteria for acceptance by the team are the same as those that were used in the pre-COVID-19 period. They are based on national guidelines, but it seems to us that the mental health stresses for prisoners during lockdown are a special case, and we wonder if the criteria should be reviewed in this instance. As noted earlier, these procedures also take up a lot of staff time.

Given the decrease in the caseload and the clear reports by prisoners of the effects of lockdown on mental health, we have become increasingly concerned that there may be prisoners with mental health problems who are simply not being detected by the mental health team (or other staff). Of course, there are not enough mental health staff to assess every prisoner in the prison, but nevertheless we do think that it might be possible to assess selected 'high-risk groups (for example, those in SSU) or draw small, random samples from different wings to see if there is any evidence of significant, undetected need.

As suggested in section 6.3, referring to the pre-COVID-19 period, if staff time could be freed up, it could also be used to work with referrers (key workers, educationalists, faith staff) to inform and educate them, with the aim of improving their detection skills. Non-specialist staff might even be trained to provide mental health 'first aid', which has been shown to have potential in reducing suicide risk<sup>9</sup>.

In general, while we therefore understand the pressures that mental health workers are under, we would welcome a more 'whole system' approach to meeting mental health needs in the prison. This is surely a time when mental health issues in the prison must be everybody's business, not just the remit of a small group of specialised workers.

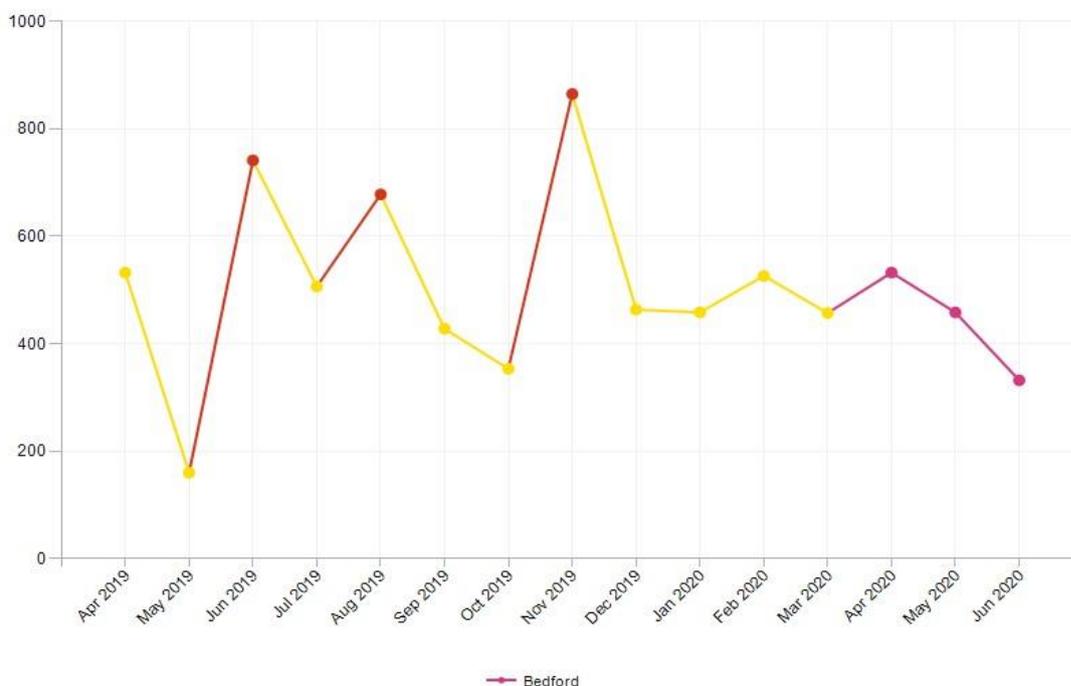
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<sup>9</sup> NHS Improvement. (2017). Mental health first aid. Available at <https://improvement.nhs.uk/resources/mental-health-first-aid/>

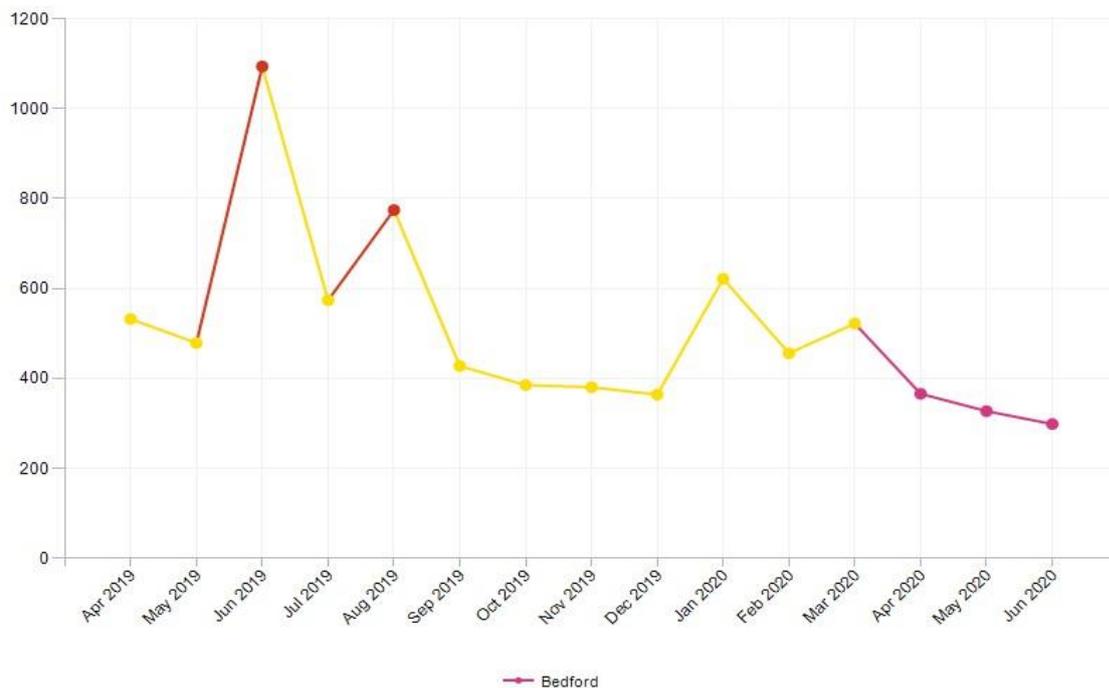
## 8.6 Violence

The data for prisoner-on-prisoner and prisoner-on-staff assaults are shown in Figures 6 and 7. These are slightly different from the figures shown for violent incidents in part I. These figures, supplied by the Business Hub, go back to April 2019, just before the reporting period pre-COVID-19, and are also corrected for the number of prisoners per thousand held in each month. They are the ones submitted to HMPPS as part of the national returns. (Please ignore the different colouring of different sections).

Regarding prisoner-on-staff assaults, it can be seen that these have remained relatively high across the year, with some evidence of recent reductions between April and June. There is also considerable variation month by month. As indicated earlier, this is most likely to be attributable to the behaviour of specific individuals or groups.



**Figure 6: Prisoner-on-staff assaults by month, April 2019 to June 2020**



**Figure 7: Prisoner-on-prisoner assaults by month, April 2019 to June 2020**

Regarding prisoner-on-prisoner assaults, these show a small, but steady, reducing trend over time, again with significant variability between May and August last year. There are some increases from January to March 2020 *before* lockdown, but then the downward trend continues. This is consistent with the staff perception that the prison was relatively ‘quiet’ during the first months of lockdown.

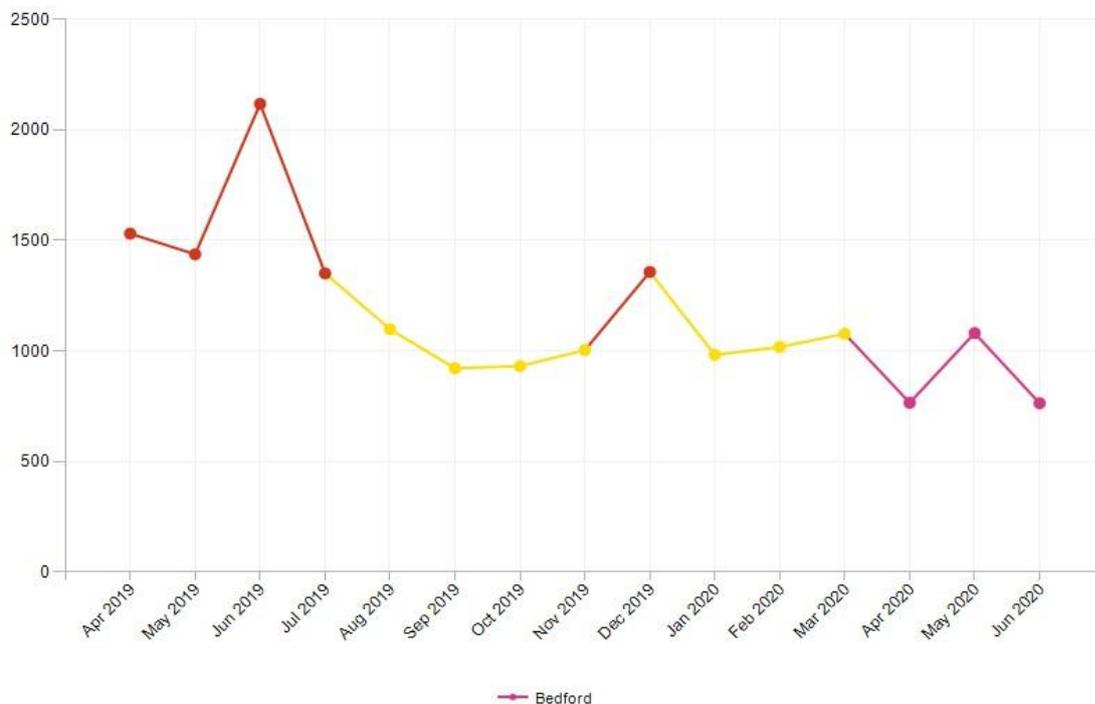
Overall, it therefore seems that the prison has made some progress in reducing prisoner-on-prisoner violence, but how much the COVID-19 restrictions have contributed to this is difficult to say; it looks like a continuing trend (perhaps due to increasing success in controlling drugs entering the prison) Prisoner-on-staff assaults remain high and have yet to be successfully addressed.

During lockdown, it has been hard to monitor what has been going on in terms of equality. However, it was encouraging to note that a meeting of the EAT took place in June (the Board was not able to attend) and the next meeting is timetabled for the beginning of July. It was also notable that the Governor sent out a note to all staff and prisoners in May after the death of George Floyd in the US and the subsequent ‘Black Lives Matter’ protests, reinforcing the message that racism within the prison will not be tolerated.

## 8.7 Self-harm

The data on self-harm incidents (Figure 8) again show a consistent reducing trend over the year, with an isolated spike in June 2019. The figures during the COVID-19 period appear to continue this trend, but with a slight increase in May 2020, possibly due to the cumulative effects of the COVID-19 restrictions. These figures only show recorded self-

harm incidents and therefore cannot be seen as providing a full picture of the levels of psychological distress among prisoners. It depends crucially on the definitions being used. For the reasons given in section 8.5, we would expect this to be increasing.



**Figure 8: Recorded self-harm incidents per month, April 2019 to June 2020**

## 8.8 Activities

Regarding in-cell activities, the prison has done its best to provide distraction packs, books and magazines, although, given the importance of keeping people occupied, the amount of this kind of provision has been limited. However, vigorous attempts have been made to maintain access to physical activities and exercise, and the AstroTurf pitch has been used regularly to support prisoners' physical and mental wellbeing.

The external education provider (*PeoplePlus*) has not been able to provide much in the way of educational activities because of very limited numbers of its staff entering the prison. We do not know why this has been the case, but assume that it stems from guidance issued by their employers. Although individual in-cell education was difficult, we would also have hoped for greater use of distance learning and other educational materials in-cell, but this did not happen.

We believe that if it were not for the fact that the previous head of education had transferred into the prison management team in December, educational activities would have been more or less non-existent. However, with her background, she was able to organise some education in cells (for example, setting and marking work), and this was highly valued by the prisoners concerned. She also worked with local charities and schools

to gather donations of books and DVDs for prisoners and headed a staff donation campaign to increase the variety of educational materials available.

The lack of education and other constructive activities for prisoners to engage in during the lockdown appears to have been a problem in prisons across the region and is something that HMPPS does not seem to have been adequately prepared for. In the case of Bedford, we would urge the Prison Service and the Governor to review the contract with the external provider, to try to avoid it happening again.

After this somewhat inauspicious start, by May the picture began to improve. While the main workshops remained shut, up to six prisoners from the main wings began to spend half a day in the painting and decorating workshop assembling food bags (fruit, crisps, cereal bars, fruit juice) for general distribution around the wings. These were much appreciated.

This packing operation was then extended to include a basic toiletries pack for all prisoners (including soap, deodorant and shower gel). These items have all been funded by the 'Clean and Decent' project, and this is another initiative to be applauded.

A new learning and skills manager was also appointed in June, and he quickly established weekly links with COVID-19 wing representatives. He has also begun liaising with PeoplePlus regarding the restoration of the education provision, and set up a weekly meeting with the acting head of education to discuss future work plans.

Overall, there is now a renewed sense of unity of purpose across the education and workshop provision, and a feeling that staff and prisoners are working together again for the common good. This was prevalent earlier in the year before the lockdown and is now beginning to return. Again, these staff are to be commended for their efforts.

## **8.9 Family contact**

The prison managers have seemed to be aware of the need to maintain family contact during the lockdown period, but progress in achieving this goal has been painfully slow.

At the beginning of the lockdown, telephone credit was increased by £5 per week and attempts were made (through BT) to ensure that all the telephones on the wing were working properly. Nine additional mobile phones were made available for prisoners' personal use, and a system for prioritising access to these phones was worked on which would manage the security risks. Four laptop computers were also made available for use by prisoners to make video calls on compassionate grounds to family members, and a booking system was created aimed at making it possible for every prisoner to contact their family through video at least once a month. A designated custodial manager was appointed to oversee the rollout of both mobile phones and video calls.

An application was also made to install in-cell telephony. The Governor has received a quote and an estimated time for installation of six months. If this could be achieved, it would be a major step forward in improving communication between prisoners and their families.

These efforts to improve communication with families have been very much welcomed by prisoners but, through no fault of the prison, they have been wholly inadequate. In our view, four laptop computers and nine mobile phones among 400 prisoners is a pretty miserable gesture compared with the level of technology available in the community (where, for example, it is now estimated that the ratio of phones to people is more-or-less one to one).

Of course, prisons are meant to be environments where inmates suffer some deprivations of liberty, but such a stark discrepancy seems to us to be indefensible. We think it is inhumane to deprive prisoners of family contact by failing to provide adequate technology, and we believe that the responsibility for this failing lies with HMPPS and with funding decisions higher 'up the line'.

We also accept that there are security considerations associated with all contacts with the outside world, but there is also ample evidence that if prisoners are too deprived of contact with their families and friends, it can contribute to threats to *internal* security (that is, concerted indiscipline). Loss of contact with families can also impair prisoners' chances of successful rehabilitation.

We therefore urge the Prison Service (and government) to review its budgets to see if a more acceptable level of technology can be provided across the prison system to facilitate family contact.

## **8.10 Transfers and resettlement**

Unsurprisingly, movements in and out of the prison have been significantly reduced during the lockdown period. Courts have not been working as usual and there have also been some overall reductions in the crime rate, so the number of new receptions has been much lower.

At one stage, courts were prioritising only those prisoners who were held on remand (who make up approximately a third of Bedford's population), and trials that were expected to go on for more than three days were postponed. The prison was also making greater use of video links for court appearances, cutting down the need for movements and avoiding the predictable difficulties with social distancing. However, as things now begin to open up, numbers are expected to increase again.

Inter-prison transfers outside the Eastern region have been difficult because all transfers have to be approved by 'Gold Command' (HMPPS in London). This has led to some delays; nevertheless, a small number of transfers of very difficult prisoners has been completed.

Special arrangements for inter-prison transfer have been set up with two local training prisons in the region (HMP The Mount and HMP Wayland) and, although these are also subject to Gold Command approval, this has made transfers easier.

Regarding the process for releases during lockdown, probation services both inside and outside the prison were working from home. They visited the prison once a week to help

prisoners prepare for parole hearings, but staff from outside the prison were only allowed limited access (three days a week) and were not allowed onto the wings.

OMU staff have also been helping with preparation for release, by giving prisoners a questionnaire concerning their needs; this is then sent to the external agency contracted to provide support after release. This covers items such as healthcare prescriptions, and appointments with, for example, the drug rehabilitation team and the probation service. The prisoner is then sent an email giving them this information and is provided with a local information pack, plus a mobile phone for those who do not have them.

Overall, we feel that release processes during the lockdown period have worked fairly well. Staff and prisoners alike have received regular communication to help them prepare for what was to come and explaining why things were the way they were, and staff are to be congratulated for their efforts in this respect.

It is a matter of concern to us now that because the PRB seems to have been working well in a restricted environment, there might be a pressure to revert to its previous way of working, where prisoners were not invited to the board to discuss their issues in advance, and often could not attend because of a lack of available officers for escort. This would be a retrograde step. We feel that the PRB is a good platform for addressing prisoners' concerns and also for facilitating face-to-face contact with all the people that are involved in their release. However, we also think that it is not sufficiently highly valued by many prisoners – and some staff. We hope that it continues and grows in strength and reputation.

Regarding actual releases, these have been completed as usual, but with relatively small numbers and often with delays because of staffing restrictions. Prisoners continue to be released under home detention curfew (HDC); no prisoners have been given release on temporary licence (ROTL). In the early stages of lockdown, some prisoners were reluctant to be released because of safety (infection) concerns. The much vaunted 'early release programme' for low-risk prisoners was a failure. Nationally, only 200 of the 4,000 prisoners (5%) said to be eligible were actually released. None were released from Bedford under the scheme.

Perhaps our greatest concern is the fact that some prisoners were still being released without accommodation. This was mentioned as a concern earlier (see section 7.5). The local authority stopped using hotels and other facilities for temporary accommodation, and hostels were basically blocked, so prisoners were being released with nowhere to go. We have been told that, in some parts of the country, special homelessness teams have been established by local authorities and HMPPS to address this problem, but we have seen no evidence of this in Bedford.

This is not only extremely stressful for prisoners, but it also means that they are often immediately contravening the terms of their release licence. They are given telephone numbers to ring and an information pack, but their position in the community is extremely precarious. They cannot sign on for benefits or obtain a GP appointment, and their likelihood of being successfully resettled is clearly significantly reduced. As indicated

earlier, this is not a problem which is unique to Bedford and this is why we regard it as a national scandal.

## 8.11 Summary and conclusions

In general terms, most staff feel that the prison has remained remarkably stable during the lockdown period. Levels of prisoner-on-prisoner assaults have reduced, although prisoner-on-staff assaults have remained more or less unchanged. Self-harm incidents have also reduced a little. There is some evidence of the cumulative effect of stress associated with disruptions to contact with families, but the prison has attempted to address this.

There are a number of possible reasons for these relatively good outcomes:

1. Obviously, with restricted time out of cell, there has been less opportunity for disturbances between prisoners.
2. The supply and distribution of illicit drugs has undoubtedly been interrupted, reducing the likelihood of debts and bullying.
3. Key workers have been retained, but have been focusing on the most vulnerable prisoners.
4. Prisoners have experienced a much more predictable – albeit limited – regime.
5. Moving prisoners around in smaller groups, with larger numbers of staff, has given greater opportunities for staff to build constructive relationships with the prisoners.
6. The prison has remained clean.
7. The supply of basic materials (including food, bedding, clothing and toiletries) has been more reliable.
8. The healthcare arrangements to manage COVID-19 seem reasonably well organised and effective.
9. Staff have been seen to be trying to address prisoners' concerns.
10. All of the above have contributed to an atmosphere in which prisoners and staff feel that they are working more closely together to face a common threat. Thus, morale has improved on both sides.

Whatever the reason, the lessons of COVID-19 are certainly not a simple message of 'lock them up and then they won't cause trouble'. There are a number of factors which have contributed – often in quite subtle ways – and these should all be taken into account when trying to understand the COVID-19 experience.

We would also mention two other important factors which do not figure in the list above. Firstly, the range of activities available to prisoners, which is known to mitigate against violence and protect against depression, has been very limited. From the outset, prison managers made huge efforts to provide in-cell activities and outside exercise, but the performance of the outsourced agency for education (PeoplePlus) has been disappointing. According to our direct contacts with prisoners, this has contributed to increased levels of frustration and distress among prisoners.

Secondly, the critical importance of regular contacts with families has been repeatedly highlighted. Some attempts have been made to maintain contact through the provision of relevant technology (mobile phones, laptop computers) but these have been limited simply

by budgets and numbers. Visits by family members were completely stopped for a period, but resumed again on 3 August.

Some of the prisoners we spoke to made a general point about the effects of the COVID-19 restrictions on the mental health of inmates. Their view was that the harmful effects did not stem simply from being locked up and having nothing to do ('we can get used to that'). It was the reduced contact with the outside world, particularly families, that was 'doing people's heads in'.

We are not convinced that these effects have been completely captured by the data on self-harm incidents and have been concerned that some of the prisoners whose mental state has been adversely affected by the lockdown may have gone undetected. We therefore urge the prison, together with the mental health team, to take a more detailed examination of the mental health status of prisoners. We accept that this may be difficult because of staffing restrictions and current practices.

It is also important to note that, although staff feel generally that the lockdown has gone 'well', this view is not necessarily shared by all prisoners. When we managed to establish telephone contact with 'COVID-19 peer mentors' in mid-June they expressed significant concerns regarding the welfare of fellow prisoners. According to them, levels of frustration were increasing and they predicted that unless the prison sorted out these problems quickly, a major disturbance could occur. This was very different from the impression that we had been getting from staff, including senior managers (and that we could see in the formal statistics).

It is then worth noting that on the next occasion that we spoke to prisoners (1 July), the situation had improved and prisoners appreciated the efforts that staff were making to address these problems (and the opportunity to comment and make suggestions for improvement through regular, joint meetings). These different experiences underline the importance of 'triangulating' information from different sources when trying to make valid observations of conditions in the prison.

**To summarise**, the COVID-19 crisis has demonstrated that prisons can remain stable if the regime is predictable and prisoners are confident that staff are listening and doing the best they can to improve conditions, while recognising their limitations. Throughout the crisis, the prison has been well led by a Governor and a senior management team who have demonstrated high standards of professionalism, vision and commitment. They have also shown a considerable amount of courage and dedication to making the prison as humane as it could be in very difficult circumstances.

However, despite their best efforts the full impact of the lockdown on prisoners' health and wellbeing is unknown. We have anecdotal evidence that they have suffered frustration, distress, sometimes even anguish, mainly as a result of the increased separation from their families, but few systematic attempts have been made to record or investigate this. Thus, as is often the case in prisons, the voice of the prisoner has been difficult to hear. Steps have been taken in HMP Bedford to remedy this problem, but progress is slow. In the past it has been the role of the IMB to ensure that this voice is heard, we hope that it won't be long before this is again the case.

# The work of the IMB

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## BOARD STATISTICS

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|  |     |
|--|-----|
| Recommended complement of Board members                                | 12  |
| Number of Board members at the start of the reporting period           | 10  |
| Number of Board members at the end of the reporting period             | 9   |
| Total number of visits to the establishment                            | 252 |
| Total number of segregation reviews attended (1 July 19 – 30 March 20) | 30  |

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# Applications to the IMB

| <b>Code</b>                             | <b>Subject</b>  | <b>Current reporting year</b> | <b>Previous reporting year</b> |
|---|---|-------------------------------|--------------------------------|
| A                                       | Accommodation, including laundry, clothing, ablutions   | 9                             | 6                              |
| B                                       | Discipline, including adjudications, IEP, sanctions   | 2                             | 0                              |
| C                                       | Equality  | 1                             | 4                              |
| D                                       | Purposeful activity, including education, work, training, library, regime, time out of cell               | 3                             | 24                             |
| E 1                                     | Letters, visits, telephones, public protection restrictions   | 13                            | 6                              |
| E 2                                     | Finance, including pay, private monies, spends  | 6                             | 0                              |
| F                                       | Food and kitchens   | 2                             | 4                              |
| G                                       | Health, including physical, mental, social care   | 27                            | 34                             |
| H 1                                     | Property within this establishment  | 20                            | 26                             |
| H 2                                     | Property during transfer or in another establishment or location  | 11                            | 18                             |
| H 3                                     | Canteen, facility list, catalogue(s)  | 5                             | 8                              |
| I                                       | Sentence management, including HDC, release on temporary licence, parole, release dates, recategorization | 11                            | 13                             |
| J                                       | Staff/prisoner concerns, including bullying   | 32                            | 18                             |
| K                                       | Transfers   | 0                             | 8                              |
| L                                       | Miscellaneous, including complaints system and regime   | 10                            | 6                              |
| <b>Total number of IMB applications</b> |   | <b>152</b>                    | <b>175</b>                     |



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