

Report on a scrutiny visit to

HMP Bedford

by HM Chief Inspector of Prisons

2 February and 16–17 March 2021



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Introduction

HMP Bedford is a category B reception and resettlement prison for young adult and adult men. It has stood on its current site in the centre of Bedford since the early 19th century and accepts prisoners mainly from the local Crown and magistrates' courts. At the time of this scrutiny visit, it held about 372 prisoners, which was fewer than at the time of our last full inspection in 2018.

Outcomes for prisoners at the time of our 2018 inspection were poor on three out of the four healthy prison tests, which led my predecessor to issue an urgent notification to the Secretary of State. An independent review of progress was undertaken in 2019, in which we found a mixed picture, with insufficient progress made against achieving many of our recommendations.

Bedford has been under considerable pressure, owing to the impact of COVID-19. The prison returned to level 4 of the national recovery framework (see Glossary of terms) in January 2021 and had experienced two large-scale outbreaks of the virus in December 2020 and February 2021. At its peak, the second outbreak saw 20% of prisoners testing positive and a large proportion of staff absent from work. Leaders were committed to managing the spread of COVID-19 and worked hard to apply guidance on isolating prisoners. At the time of our scrutiny visit, no further prisoners had tested positive, but some staff absences continued.

The governor had a clear understanding of the issues facing Bedford before and during the pandemic and was committed to taking steps out of the restricted regime at the earliest opportunity. Communication with prisoners about the pandemic and the restricted regime was thoughtful and proactive and peer workers were used creatively to inform and support others. Our survey showed that most prisoners were aware of the COVID-19 restrictions.

Improvements in living conditions had been made, including extensive and good-quality refurbishment of communal shower rooms. The prison was cleaner and the provision of basic items such as bedding, clean clothing and cell cleaning materials was now more reliable. The work on equality and diversity had seen some recent improvements. Health care provision was reasonably good, but medicines administration on the wings needed to be improved.

Efforts to improve outcomes for prisoners continued to be made throughout the pandemic, such as increasing the size of the safer custody team, but these had not yet been fully effective in making the prison safer and many of our previous concerns persisted. The reported level of assaults between prisoners and on staff was the highest of all similar prisons over the last year. In our survey, 30% of prisoners said that they currently felt unsafe and nearly half said that they had been bullied or victimised by staff. We saw some dedicated staff who interacted with prisoners well in order to provide good care and support. However, we also saw many examples of rule breaking going unchallenged, which fed the perception that prisoners could behave badly without fear of repercussion. The quality of staff-prisoner relationships remained mixed, with not all staff buying into the vision of a rehabilitative approach set out by the governor. Formal key work support had been suspended at the start of the pandemic, which was a shame, given the positive start that the establishment had made in this area. Recorded rates of self-harm had reduced over recent months, but some weaknesses in the care and support given to those who were vulnerable or at risk of self-harm continued.

Senior leaders had an ambitious and clear vision for education, skills and work. They spoke confidently about how they intended to return to a full regime once restrictions allowed. Leaders recognised that the current regime did not meet the needs of the whole prison population. Only around a third of the prisoners accessed in-cell education. A large proportion of prisoners continued to work, to make sure that essential services were maintained, and two additional workshops had been opened during the pandemic.

The important focus on rehabilitation and release planning to reduce reoffending and improve successful resettlement had largely been lost at the start of the pandemic. While the offender management unit maintained its focus on completing essential tasks linked to progression, face-to-face support was rare. The absence of such support from community rehabilitation company (CRC) staff was a huge frustration for the governor and others, and left many prisoners ill-equipped for release. Direct support aimed at promoting positive family relationships had also ended a year ago and the slow implementation of in-cell telephones did not help in promoting contact with loved ones.

Overall, many of the key concerns that we identify in this report reflect the challenges that leaders at Bedford have faced for many years. While improvements were evident under our test of respect, the more systemic issues of high levels of violence and underdeveloped staff–prisoner relationships persisted. The challenge of COVID-19 had led to poorer outcomes in rehabilitation and release planning and a lack of progress in our test of purposeful activity.

Charlie Taylor

HM Chief Inspector of Prisons

March 2021

About HMP Bedford

Task of the prison

HMP Bedford is a category B reception and resettlement prison for young adult and adult men.

Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of this visit: 372

Baseline certified normal capacity: 268

In-use certified normal capacity: 257

Operational capacity: 377

Prison status (public or private) and key providers

Public

Physical health provider: Northamptonshire Healthcare NHS Foundation Trust

Mental health provider: Northamptonshire Healthcare NHS Foundation Trust

Substance misuse treatment provider: Westminster Drugs Project

Prison education framework provider: People Plus

Community rehabilitation company (CRC): Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire (BeNCH) CRC, part of Sodexo, which commissions on-site provision from Nacro and the St Giles Trust

Escort contractor: Serco

Prison group/Department

Bedfordshire, Cambridgeshire and Norfolk

Brief history

HMP Bedford has been on its current site since 1801. The prison was extended in 1849 and in the early 1990s a new gate lodge, residential unit and health care centre were added. It accepts residents mainly from Luton Crown Court, St Albans Crown Court and the magistrates' courts in Bedfordshire and Hertfordshire, alongside a resettlement population.

Short description of residential units

A, B and C wings are gallery-style Victorian three-storey landings. B wing has a landing for enhanced status prisoners. D wing is a more modern house block, on three storeys, and substance misuse services are based there. E wing is a two-storey building, ordinarily used as the first night unit and for induction. During the pandemic, E wing has been a reverse cohort unit (RCU; see Glossary of terms) accommodating prisoners on reception for their 14-day RCU period. F wing is a Victorian two-storey wing and accommodates vulnerable prisoners. The prison's health care inpatient unit is on a single landing of a newer, purpose-built building.

Governor and date in post

P. J. Butler, January 2019

Leadership changes since last full inspection

Helen Clayton-Hoar, June 2017 to January 2019

Independent Monitoring Board chairs

Anne McDonald, Victoria Stevenson

Date of last inspection

Unannounced inspection: 28 August – 6 September 2018

Independent review of progress: 5 – 7 August 2019

Summary of key findings

Key concerns and recommendations

- S1 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most serious weaknesses in the treatment and conditions of prisoners.
- S2 During this visit we identified some areas of key concern and have made a small number of recommendations for the prison to address.
- S3 **Key concern:** Safety at the prison continued to be a concern. For example, 30% of prisoners responding to our survey reported feeling unsafe currently and the level of assaults against staff and prisoners had been the highest among comparable prisons over the last year. Basic rules were not enforced consistently by all staff and we saw some failing to provide appropriate challenge of antisocial behaviour.

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

(To the governor)

- S4 **Key concern:** In our survey, only 45% of prisoners who had been on an assessment, care in custody and teamwork (ACCT) document said that they felt well cared for. The ACCT process had too many weaknesses and lacked effective oversight by managers. The work of Listeners had been suspended since the start of the COVID-19 restrictions. Well-being checks designed to identify individuals in need of support during the restricted regime were not undertaken at regular intervals and were completed by different officers, which undermined their effectiveness.

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

(To the governor)

- S5 **Key concern:** In our survey, 59% of prisoners said that staff treated them with respect and only 31% that a member of staff had checked on them in the last week. Almost half said that they had been victimised by staff. While some prisoners felt that many officers worked hard and were helpful, they also said that others were harsh in their attitudes, resorted too readily to using force and were abrupt and uncaring in their dealings with them. Almost a quarter of officers had not worked in prison before the COVID-19 pandemic and we were concerned about their lack of skills in managing prisoners once the restricted regime was eased.

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

(To the governor)

- S6 **Key concern:** Prisoners residing on A, B and C wings collected medicines from the central hub, but there was not always enough time afforded to enable them to do this for evening medications, owing to other regime pressures or shortages of prison staff. This meant that health care staff administering medicines were obliged to prioritise access to treatment based on which prisoners could 'safely' miss a dose. This potentially placed prisoners at risk.

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

(To the governor)

- S7 **Key concern:** Face-to-face family support work had not been available for the last year, which undermined prisoners' ability to establish and maintain positive relationships with the outside world.

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

(To the governor)

- S8 **Key concern:** Most prisoners had not received direct support from the resettlement team for almost a year. Face-to-face reviews of resettlement plans before release had not been taking place either and many prisoners received information about the arrangements for their release at the last minute. Practical release support was far too limited.

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

(To the governor)

Education, skills and work (Ofsted)

- S9 During this visit Ofsted inspectors conducted an interim assessment of the provision of education, skills and work in the establishment. They identified steps that the prison needed to take to meet the needs of prisoners, including those with special educational needs and disabilities.

Next steps

- S10 Leaders should reintroduce formal education and work for prisoners as soon as it is safe to do so, considering smaller group sizes and developing their planned blended learning approach.
- S11 In the meantime, managers should increase the proportion of prisoners who engage with the in-cell education packs.
- S12 Face-to-face induction and information, advice and guidance sessions should be reintroduced as soon as it is safe to do so and the proportion of prisoners who return their completed information, advice and guidance packs should be increased.

Notable positive practice

- S13 We define notable positive practice as innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- S14 Inspectors found six examples of notable positive practice during this visit.

- S15 **Having identified an issue with debt, the prison had introduced a scheme by which all new receptions received a small amount of money on their account and could spend it in the ‘tuck shop’ within their first 24 hours.** (See paragraphs 2.9 and 3.14)
- S16 **Legal services work had recently been strengthened by a pilot scheme which allocated a full-time member of staff to provide information about bail; assistance in bail applications and arrangements was already being given to a large number of prisoners.** (See paragraph 3.11)
- S17 **Even under the limitations of the COVID-19 pandemic, active links such as access to telephone helplines had been established with community organisations including: the Zahid Mubarek Trust, on black and minority ethnic issues; the Q:Alliance, for gay, bisexual and transgender support; the Traveller Equality Project; and Detention Action, for those with issues related to immigration status.** (See paragraph 3.15)
- S18 **The governor’s weekly newsletter was translated into up to 25 languages.** (See paragraph 3.20)
- S19 **Thought had been given to the impact that the lack of time out of cell could have on the well-being of prisoners and some steps had been taken to try to minimise this. About 100 DVD players had been bought for prisoners to borrow and over 270 DVDs had been donated by the local community, staff and Suffolk library.** (See paragraph 4.3)
- S20 **Since the start of the pandemic, the prison had used a minibus to take prisoners to their release address in the community, if needed.** (See paragraph 5.22)

Section 1. Leadership and management

In this section, we report mainly on whether leaders and managers are responding effectively to the challenges of the pandemic, the proportionality of restrictions on activity and movement, whether recovery plans are in place and understood by staff and prisoners, the support provided to prisoners and staff, and the effectiveness of cohorting arrangements.

- 1.1** The establishment had experienced two large-scale outbreaks of COVID-19 in the three months before our visit and was still declared as an outbreak site. Leaders showed a clear commitment to managing the prison throughout the pandemic and particularly during the outbreaks. At the time of our visit, the outbreak was under control and no prisoners had the virus, although some staff remained absent from work owing to COVID-19-related issues.
- 1.2** The governor had a good understanding of the main challenges facing the prison and particularly of what needed to be changed in terms of the management of behaviour and the quality of staff–prisoner relationships. Staff reprofiling, the addition of more middle managers and an increase in resources dedicated to safer custody had been positive steps taken despite the pandemic, but the impact of these on outcomes for prisoners was not yet evident.
- 1.3** Despite the steps taken to improve safety, our previous concerns remained. In our survey, too many prisoners (30%) said that they currently felt unsafe and the level of assaults since the start of the pandemic in March 2020 was proportionately the highest of all local prisons. There were some key weaknesses in the quality of support given to those identified as vulnerable or at risk of self-harm. For example, formal well-being checks, although scheduled and monitored, were not completed as often as they should have been. The checks were often undertaken by different staff from day to day, which further undermined their effectiveness in detecting a deterioration in well-being. In addition, the Listener scheme (whereby prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners) had not operated in full since the start of the restricted regime a year earlier, because training from the Samaritans had stopped. The quality of assessment, care in custody and teamwork (ACCT) case management procedures for prisoners at risk of suicide or self-harm management was weak in some cases we reviewed (see key concern and recommendation S3 and paragraphs 2.8 and 2.21–2.23).
- 1.4** Communication with prisoners about the pandemic and the restricted regime was thoughtful and proactive and peer workers were used creatively to inform and support others. Our survey showed that most prisoners knew what the COVID-19 restrictions were and most had had them explained to them. Almost two-thirds of prisoners responding to the survey said that they thought the restrictions were necessary.
- 1.5** Most of the respondents to the staff survey (81%) said that they had been kept informed about what was expected of them throughout the pandemic, but almost half said that they had felt unsupported during the COVID-19 pandemic and noted a decline in their morale.
- 1.6** COVID-19 testing was in place and the take-up among staff and prisoners was good. Vaccination of prisoners was being implemented in line with community guidance. Social distancing was almost impossible because of the narrow design of many of the wings. In our staff survey, half of the respondents said that it was difficult to socially distance from each other or prisoners. During our visit, staff were wearing face masks and access to hand sanitiser around the prison was good. Enhanced cleaning of the wings took place, but appeared more intensive on some than on others. In our survey, 48% of prisoners said that communal areas on the wings were clean.



D wing landing

- I.7** The reverse cohort units (RCUs) operated effectively, but the planned regime was not always delivered as intended and some prisoners stayed much longer than necessary on the E wing RCU while waiting for a place on F wing. We also saw prisoners from different wings in close contact with each other while outside on exercise, which potentially undermined the wider cohorting arrangements.
- I.8** The prison was operating a very restricted regime, as instructed by Her Majesty's Prison and Probation Service (HMPPS), and even more so during the outbreak months. However, there was a clear commitment among senior leaders to taking immediate steps towards reinstating a more positive regime at the earliest opportunity.
- I.9** For two of the last three months, most prisoners had had very little time out of their cell, with meals and medicines delivered to them and no outside exercise. At the time of our visit, prisoners who were not in work were supposed to get up to one hour 45 minutes a day out of their cell, but for some this was less. For example, those on the E wing RCU did not always get time in the open air for exercise. Some other prisoners reported many hours of being locked in their cell over the weekend if the regime was cancelled. Some positive steps had been taken by the governor to alleviate the effect on prisoners who had been locked in their cell for almost the entire day throughout the last year, such as the provision of DVD players, and those we spoke to were grateful for these initiatives (see paragraphs 4.1 and 4.3).
- I.10** The focus on reducing reoffending through education, training, rehabilitation and resettlement had been lost over the last year and the ongoing lack of direct work with prisoners by resettlement staff and family workers was inexplicable. The governor was working hard to try to improve outcomes for prisoners and recognised that without good-quality support, the chances of reducing reoffending or achieving successful resettlement were limited (see paragraph 4.12).

Section 2. Safety

In this section, we report mainly on arrival and early days; managing prisoner behaviour; and support for the most vulnerable prisoners, including those at risk of self-harm.

Arrival and early days

- 2.1** Transport arrangements to the prison were appropriately focused on stopping the spread of infection. Prisoners who were identified as symptomatic or positive before arrival were moved in separate vehicles and managed in a COVID-19- safe manner during their reception process.
- 2.2** A range of steps had been taken to prevent the spread of COVID-19 while prisoners were in the reception area. All staff in reception wore personal protective equipment (see Glossary of terms), most interview rooms had been fitted with protective screens and staff promoted social distancing as much as was possible, despite the cramped layout.
- 2.3** During the reception process, all prisoners were given a telephone call, a shower and a hot meal. In the absence of a Listener in reception, the prison had introduced a 'welfare partner' (a peer supporter), who spoke to all new prisoners in private about life at the prison.
- 2.4** Prisoners new to the establishment received a private safety interview in reception. This included basic information on the management of COVID-19, alongside the identification of potential self-harm issues. A comprehensive confidential health care assessment was also carried out by a health care professional while in reception.
- 2.5** Outside of the two outbreak months in December 2020 and February 2021, new prisoners were located on one of the two RCUs. Cohorting arrangements on the RCUs were appropriate, but most prisoners and staff told us that when the RCUs were full, it was difficult for staff to deliver the planned regime, with some missing their daily shower or exercise from time to time.
- 2.6** Most prisoners moved out of the RCUs promptly following a period of quarantining and COVID-19 testing, but a few had to stay longer as they waited for a place on F wing.
- 2.7** Owing to the COVID-19 restrictions, the formal induction process had been suspended. Prisoners now received only a one-hour presentation, delivered by peer representatives and staff, which covered basic elements such as social distancing, the regime and wing rules.

Managing behaviour

- 2.8** Our previous concerns about safety at the establishment persisted. In our survey, 30% of prisoners said that they felt unsafe. HMPPS data showed that the number of assaults between prisoners and on staff at Bedford was higher than for all other similar prisons over the last year. We also found that a small number of violent incidents had been misrecorded and would not appear in the data as 'violence' (see key concern and recommendation S3).
- 2.9** Leaders had recognised the high levels of violence and had increased the resources allocated to the safer custody team. Having identified an issue with debt, the prison had introduced a scheme by which all new receptions received a small amount of money on their account and could spend it in the 'tuck shop' (see paragraph 3.14) within their first 24 hours. Since

January 2021, a wider range of peer mentors had been working on the wings, including safer custody/violence reduction representatives.

- 2.10** We saw many instances of rule breaking going unchallenged by staff and it was clear that some prisoners felt that they could push the boundaries of acceptable behaviour without fear of repercussions. This behaviour included refusing to return to the cell, 'vaping' on the landings, not wearing the right clothing and throwing food at each other. Many prisoners told us that their frustrations with the restricted regime were exacerbated by other prisoners' challenging behaviour when staff were trying to keep the regime to time, resulting in less time out of cell for the whole wing (see key concern and recommendation S3).
- 2.11** Managers told us that, until very recently, challenge, support and intervention plans (CSIPs; see Glossary of terms) had not been well understood or used effectively. There were 12 CSIPs open at the time of our visit and it was clear that the standard was improving.
- 2.12** We saw a positive approach to incentivising good behaviour for some prisoners on normal location and an innovative scheme was being developed to support behaviour management in the segregation unit. Following national guidance, all prisoners had been moved to the middle tier of the incentives scheme. The decision to place a prisoner on the lowest level of the scheme was managed effectively and very few prisoners were downgraded.
- 2.13** Security intelligence was well managed and responses to emerging threats included effective joint working with the police, which had resulted in some good interception of attempts to throw items over the perimeter wall. The flow of intelligence was good and there were no overdue reports or actions for the security department.
- 2.14** A body scanner had been installed in reception, which was a major improvement in terms of detecting contraband. Despite this, staff strip-searched all prisoners, which was not proportionate. We were also concerned to find one prisoner who had been strip-searched twice within a few hours.
- 2.15** The number of use of force incidents, both planned and unplanned, had increased in March 2020, but had steadily reduced since then to the pre-restrictions level. The use of force governance meeting had continued throughout the pandemic and management oversight had been reasonable overall. However, only two closed-circuit television recordings were viewed at each meeting, which could have meant that some inappropriate uses of force were missed.
- 2.16** The segregation unit was still located underneath a main wing, but the prison had installed new lighting and it had been painted, which had improved its appearance. The regime had not altered during the COVID-19 period: prisoners had daily access to telephone calls, showers and exercise. However, the exercise area was small and cage-like. We saw some racist graffiti on the yard. The number of prisoners held in the segregation unit had reduced and staff knew them well. Oversight was reasonably good and all prisoners we spoke to on the unit said that they were treated well.



Segregation unit exercise yard

- 2.17** Adjudications had reduced by 25% in the last six months. Only serious offences resulted in prisoners receiving sanctions, with most receiving a suspended award.

Support for the most vulnerable, including those at risk of self-harm

- 2.18** There had been two self-inflicted deaths since the national COVID-19 restrictions had been imposed and the Prisons and Probation Ombudsman had undertaken investigations into these.
- 2.19** There had been 259 incidents of self-harm in the last 12 months. Between June and November 2020, Bedford had nearly the highest number of self-harm incidents compared with all other local prisons, but in the last five months the number had dropped and was now similar to that for many of the comparator prisons.
- 2.20** Regular strategic safety meetings had restarted in July 2020 following their suspension in March. There was good multidisciplinary attendance and a wide range of data was reviewed, resulting in some clear actions. The weekly safety intervention meetings had continued throughout the pandemic and were appropriately focused on prisoners who needed extra care and support.
- 2.21** Well-being checks on prisoners, to identify individual risks and vulnerabilities during the restricted regime, were not taking place with sufficient regularity. These checks were normally completed by a different member staff each time, which undermined their value in spotting deterioration in a prisoner's well-being. Staff checked informally on prisoners' welfare when they were out of their cells, but this provided little assurance that all prisoners who needed extra support were being identified. Those who chose to self-isolate were normally only identified if they informed staff themselves. Once identified, they were supported on a self-isolation management plan.
- 2.22** There were some serious weaknesses in the assessment, care in custody and teamwork (ACCT) process. Potential triggers for self-harm in individual cases were not accurately recorded and sometimes were absent. There was little continuity of case manager for each individual. Case review meetings were not multidisciplinary and too often health care professionals did not attend. In our survey, 45% of prisoners who had been on an ACCT said that felt well cared for (see key concern and recommendation S4). The Listener scheme had not been operating formally since March 2020. We were told that this issue was being addressed and that the scheme would be resumed in the next few weeks.

- 2.23** It was concerning that the prison recorded response times for cell call bells, but did not analyse or act on these data. We found that response times varied and were sometimes far too long and many prisoners told us about long delays.

Section 3. Respect

In this section, we report mainly on staff-prisoner relationships; living conditions; complaints, legal services, prisoner consultation, food and canteen; equality, diversity and faith; and health care.

Staff-prisoner relationships

- 3.1** The governor communicated a clear vision of the standards and culture that he wished to achieve in terms of relationships between staff and prisoners. However, we found that some staff did not engage positively with prisoners or respond readily to their requests and on the busier wings we saw several examples of staff talking together in groups rather than individually supervising and supporting prisoners.
- 3.2** A large number of prison officers were relatively inexperienced, although fewer were in their first year of service than at our previous two visits. Forty per cent of officers had less than two years' service and 22% had joined in the 12 months since the beginning of the COVID-19 pandemic, and we were concerned about their lack of skills in managing prisoners once the restricted regime was eased. A stronger presence of middle managers was not yet improving basic prison officer work. Several prisoners told us that, while some officers worked hard and were helpful, a number were harsh in their attitudes, resorted too readily to using force and displayed a lack of care or compassion. In our survey, 43% of prisoners said that they had been bullied or victimised by staff, 59% that staff treated them with respect and only 31% that a member of staff had checked on them in the last week (see key concern and recommendation S5).
- 3.3** During our visit we saw many examples of officers failing to enforce basic prison rules which allowed prisoners to behave anti-socially (see paragraph 2.10 and key concern and recommendation S3).
- 3.4** Formal key work sessions (see Glossary of terms) had stopped during the COVID-19 period. We were told that it had started well before the beginning of this period, with especially good liaison between key workers and offender management unit (OMU) staff. The governor was keen to restart key working at the earliest opportunity.

Living conditions

- 3.5** Conditions on the older wings (A, B and C) were cramped and the cells were almost impossible to keep clean. Many prisoners on these wings told us that they regularly saw cockroaches in their cells at night, even though much work was being done to improve pest control. Many cells had flooring that was very worn, cracked or damaged. They were poorly lit, with inadequate furnishings in many cases, and there was graffiti in a number of cells on these wings and also on D wing. Nevertheless, in most cases, minor repairs were carried out promptly, a skilled painting party of prisoners was working continuously and conditions had improved.
- 3.6** The communal areas had been refurbished on several wings, especially D wing, giving an improved environment. A wing was the exception; in our survey, only 26% of A wing prisoners said that the communal areas of the wing were clean, compared with 65% of those in the rest of the prison, and our observations confirmed this. Several prisoners said that, in general, the prison was much cleaner than it had been a few years ago.

- 3.7** The programme of refurbishment of the shower rooms was almost complete and the standard was excellent.



D wing shower room – 2018



D wing shower room – 2021

- 3.8** Cell cleaning materials, as well as weekly ‘hygiene packs’, were distributed regularly to all prisoners. Laundry facilities were adequate and a new system for providing and accounting for clean clothes and bed linen was working well.

Complaints, legal services, prisoner consultation and food and shop

- 3.9** The complaints system had been overhauled and was working well, with timely responses and increasingly robust checking of quality. Patterns and trends in complaints had begun to be analysed and reported to the senior leadership team. However, the supply of forms was not plentiful and in our survey only 40% of prisoners said that it was easy to make a complaint.
- 3.10** A new system of applications had begun to enable better tracking and control of staff responses. However, a recent move to dealing with applications informally on the wing, where possible, had jeopardised quality through the lack of management checks of the replies made.
- 3.11** Legal services work had recently been strengthened by a pilot scheme which allocated a full-time member of staff to provide information about bail. Help in bail applications and arrangements was already being given to a large number of prisoners, although it was too early to measure outcomes.
- 3.12** Consultation with prisoners had improved and throughout the pandemic the fortnightly meeting of the governor and other managers with a group of prisoner representatives had proved effective and was appreciated by prisoners.
- 3.13** In our survey, 56% of prisoners said that the food was good or reasonable, which was better than we often see elsewhere. There were relatively few complaints about the catering and the kitchen had maintained a consistent service through the COVID-19 period despite the difficulties and restrictions. Although the kitchen building had suffered too much wear and tear to support the highest standards of hygiene, it was kept as clean as possible and the equipment was in good condition. Consultation with prisoners and food surveys had continued through the last year.
- 3.14** The prison shop service had continued mainly uninterrupted by the COVID-19 restrictions. The important issue of prisoners being unable to buy items from the prison shop for up to two weeks from their arrival had been effectively addressed by introducing a ‘tuck shop’ facility, where a core list of items was kept locally and could be ordered within a 24-hour period. This helped to stop prisoners getting into debt.

Equality, diversity and faith

- 3.15** Until the end of 2020, there had been a limited range of equality work, although there were senior managers allocated to lead on each protected characteristic and the governor or deputy governor had chaired regular meetings. A new diversity and inclusion manager had arrived in January; before this, there had not been a full-time manager in this role. A wide range of initiatives had been launched since then. Revised policies and local information booklets (for example, for prisoners who were older or transgender) had been issued. Even under the limitations of COVID-19 restrictions, access to telephone helplines had been established with community organisations such as the Zahid Mubarek Trust (ZMT), on black and minority ethnic issues; the Q:Alliance, for gay, bisexual and transgender support; the

Traveller Equality Project; and Detention Action, for those with issues related to immigration status.

- 3.16** Some effective equality monitoring was carried out, covering a few areas, such as segregation and use of force. This was inconsistent and there was a need for more comprehensive monitoring.
- 3.17** Despite the challenges of a reception prison with its high churn, a number of prisoner representatives were in place; for example, the Traveller representatives were active and visible. A new team of equality advocates was currently being recruited.
- 3.18** The system for discrimination incident reporting and investigation had been overhauled and ZMT was providing detailed scrutiny of the quality of the investigations and responses.
- 3.19** Over 51% of the population was black and minority ethnic. Several of these prisoners had expressed concerns that they did not have equal access to jobs in the prison, especially in the kitchen and serveries. Robust action had been taken in response, including fortnightly checks on the composition of the servery and catering teams, and there was no imbalance currently. Among some prisoners, this perception remained and thought should be given to how this work is communicated.
- 3.20** There were 64 foreign nationals at the prison at the time of our visit. There was a good amount of translated material; for example, the governor's weekly newsletter was translated into about 25 languages. Immigration staff based at HMP The Mount normally visited regularly and were available for consultation during the pandemic.
- 3.21** Twenty-nine per cent of prisoners were aged 18–25 years. Several schemes had been set in train for this age group, but were paused currently, including links with the social enterprise Spark2Life, and preparations were in place for the programmes 'Strife' and 'Phoenix' to start when restrictions were lifted. A survey of the needs of the small number of over-50s had also been carried out.
- 3.22** There was visible affirmation for gay, bisexual and transgender prisoners through several staff and prisoners wearing rainbow ribbons, and confidential telephone support was shortly to be made available. Self-identifying gay prisoners said that their needs were met.
- 3.23** There were two cells suitable for those with mobility difficulties. The personal emergency evacuation plan system was well embedded and updated daily.
- 3.24** There was a full team of chaplains, all of whom were coming into the prison and they were visible and accessible on the wings. Worship materials and other faith resources had been regularly issued in-cell through throughout the pandemic and local faith groups had donated items such as art materials for distribution to prisoners. The tablet computers available through the chaplaincy had been used not only for enabling prisoners to view funerals of close relatives and to talk to dying relatives, but also for other key family moments such as to see their newborn baby.

Health care

- 3.25** The prison had dealt with two major COVID-19 outbreaks and was still an outbreak site at the time of our visit. Close collaboration between all key stakeholders, including Public Health England, had made sure that a safe and reasoned response had been adopted, although there were lessons to be learned. There had been a need to change and adapt wing designations because of the cramped nature of the accommodation and an expanding

number of positive cases. Eight prisoners were currently shielding (see Glossary of terms); the changed location for them had limited their access to fresh air and also created some unnecessary risks, as too many staff used the shielding landing as a thoroughfare.

- 3.26** Health-specific regime recovery plans had been established to ensure access to essential services. Health services were well governed and clinically led, ensuring effective oversight of health care provision and prioritisation of services to those at clinical risk.
- 3.27** All new arrivals received an initial face-to-face health assessment to identify acute need. This was followed up by a thorough secondary health assessment to make sure that any underlying conditions received prompt attention. Nurses continued to offer screening and vaccination for blood-borne viruses. Support for prisoners arriving with alcohol or drug dependencies was robust, with good oversight by experienced clinical staff.
- 3.28** The recent outbreaks had placed considerable pressure on health care staff as they led the mass testing arrangements while maintaining essential services, and in the absence of any in-cell telephony. All professional groups had remained on site and access to the range of primary health care services had remained good. In addition to the GP and the nursing team, physiotherapy, optician and podiatry clinics were still being delivered. Activity focused on clinical priorities and flexible use was made of wing treatment areas and the health centre hub to ensure continuity of services. Routine hospital appointments continued to be cancelled, although they were being actively rescheduled. Greater use of telephone consultations had mitigated this issue, but staffing constraints had led to some external appointments being cancelled by the prison.
- 3.29** The inpatient unit needed refurbishment and some side rooms were not sufficiently clean. The unit focused mostly on prisoners with clinical needs, but on regular occasions there were insufficient officers present, which could further reduce an already restricted regime. Only one prisoner in the establishment, who resided on this unit, was in receipt of a social care package (see Glossary of terms) and the support offered was appropriate.
- 3.30** In line with national guidance, the dental team provided only urgent and acute treatment based on clinical risk and dental pain and this now included the use of aerosol generating procedures. Triage of clinical need was overseen by primary care nurses, which made sure that urgent care was prioritised. The dental team reviewed and assigned all prisoner applications directly into available appointments, so that there were no major waits for treatment.
- 3.31** In our survey, 57% of prisoners said that they had a mental health problem, but the range of mental health support available had reduced during the pandemic. Assessment of need was based on submission of a written questionnaire by the prisoner. Although understandable, given the outbreaks, this was not ideal and could miss potential need. There were 44 patients on the caseload at the time of our visit. Most support was self-directed, but some one-to-one work was being delivered for those identified as presenting a higher risk. The mental health team was available seven days a week and the team suggested that they were receiving referrals from prisoners who would not ordinarily seek their support, primarily because of frustrations with the restricted regime and lack of stimulus. The mental health team indicated that input into assessment, care in custody and teamwork (ACCT) processes was prioritised, with all initial reviews being attended, but ACCT records suggested that multidisciplinary input was not always consistent (see paragraph 2.22 and key concern and recommendation S4).
- 3.32** Clinical support for prisoners with drug and alcohol problems was good. Opiate substitution treatment for around 35 prisoners was flexible, evidence based and subject to regular multidisciplinary review. Psychosocial services for 130 prisoners were delivered by the Westminster Drug Project (WDP), which worked closely with the clinical treatment team.

WDP still had a full complement of staff on site. Their input was mostly delivered through in-cell workbooks, some of which had been adapted from group work modules and included naloxone (an opiate reversal agent) training. Staff also undertook periodic welfare checks and the service was well placed to move forward with its recovery plans once conditions allowed. WDP staff liaised closely with external agencies to facilitate ongoing support on release and generated a release plan for all clients attending court.

- 3.33** Pharmacy services were delivered by Lloyds Pharmacy, which had a direct presence on site and provided pharmacy technicians to undertake medicines administration. The service was well led and effectively governed. Medicine supply had not been a concern during the pandemic and access to prescribers had remained good. There were temporary arrangements for administering medicines to the reverse cohorts and some shielding prisoners. These processes were relatively time consuming, but followed agreed protocols and appeared safe. Prisoners residing on A, B and C wings collected their medicines from the central hub, but we were told that there was not always enough time for them to do this for evening medications because of other regime pressures or shortages of prison staff. This placed pharmacy staff in the unenviable position of having to determine which prisoners could least afford to miss their medication. Such practice placed prisoners potentially at risk. Prisoners leaving the establishment were provided with an appropriate supply of medicine or prescription to take with them (see key concern and recommendation S6).

Section 4. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise. Ofsted inspectors joined us on this visit to provide an assessment of the provision of education, skills and work in the establishment. They focused on:

- What actions are leaders taking to provide an appropriate curriculum that responds to the reasonable needs of prisoners and stakeholders and adapts to changed circumstances?
- What steps are leaders, managers and staff taking to make sure the approaches used for building knowledge and skills are appropriate to meet the reasonable needs of prisoners?

A summary of their key findings is included in this section. Ofsted's interim visit letter is published in full on our website: <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

- 4.1** Prisoners continued to have very limited time out of cell each day, particularly at weekends. The regime for prisoners who were not in work should have provided up to one hour 45 minutes a day out of their cell, but this was even further restricted during the two months of the recent outbreaks (see paragraph 2.5). Ongoing staff shortages made it difficult to deliver the regime in place at the time of our visit. In our survey, 58% of prisoners said that they spent less than one hour out of their cell each day.
- 4.2** At the start of the COVID-19 period, the prison had replaced the £2.50 unemployment rate of pay with £6.50 for all prisoners, to provide them with additional support. The prison planned to keep this as an activity incentive throughout the recovery stages, with the intention of encouraging prisoners to engage in purposeful activity.
- 4.3** Leaders had taken steps to mitigate the potential impact that the lack of time out of cell due to COVID-19 was having on the well-being of prisoners. They had bought about 100 DVD players for prisoners to borrow and over 270 DVDs had been donated by the local community, staff and Suffolk library. Prisoners told us this was a useful distraction to pass the time.
- 4.4** The library was closed, but its staff continued to offer a weekly service to prisoners on the wings, with a wide range of books available. Over 250 books had been donated by the local community, schools, staff and Suffolk library service since the start of the pandemic. In-cell activity packs were available and in our survey over half (57%) of prisoners said that they had been provided with an in-cell activity pack; however, only 34% of these said that they were helpful.
- 4.5** Not all prisoners could access time outdoors each day. In our survey, 53% of prisoners said that they were able to exercise outside every day if they wanted to. As a result of the restrictions, the gym was closed at the time of our visit and had been for most of the year. In-cell workouts were available for prisoners, but outdoor PE was not.



F wing yard

- 4.6** Senior leaders and prison managers had a clear and ambitious vision for education, skills and work. They articulated a one-organisation approach and believed that the regime in place before the COVID-19 restrictions served the needs of prisoners well.
- 4.7** Managers had endeavoured to provide a full curriculum throughout the pandemic. They spoke confidently about how they intended to return to a full regime of education, skills and work once the restrictions allowed it.
- 4.8** Leaders recognised that the current regime did not meet the needs of the whole prison population. Only around a third of the prisoners accessed in-cell education. However, managers had been able to keep a quarter of prisoners in their work roles, in areas such as waste management, cleaning, litter picking, gardening and as COVID-19 mentors. In addition, managers had opened two additional workshops during the pandemic, to supply food and decency packs which provided distraction activities for some prisoners.
- 4.9** At the start of the pandemic, leaders suspended all teaching and training, in line with national restrictions. However, they swiftly implemented in-cell education packs covering a wide range of subjects in the curriculum.
- 4.10** Managers had well-developed plans for moving from the current stage of total lockdown to the next stage, when limited prisoner movement would be allowed. They had risk assessed all classrooms and workshops and had planned for groups with small numbers to start face-to-face learning. They had identified prisoners needing to revise for their functional skills tests and speakers of other languages needing to practise their English speaking and listening skills as the priority groups.
- 4.11** Managers recognised that prisoners' education and skills induction and the provision of effective information, advice and guidance had been compromised at the start of the pandemic, and had therefore introduced a comprehensive in-cell induction pack. However, these packs were not always completed or returned in a timely manner. Managers felt that there was a need to return to face-to-face delivery of these services as soon as the restrictions allowed this to happen.
- 4.12** The few prisoners we spoke to told us that they fully understood why formal education and the workshop activities had been suspended as a result of the pandemic and the imposed

national restrictions. They thought that the current in-cell education offer was widely known across the prison and readily available to those requesting a course. Prisoners told us that they found the work challenging and benefited from the useful feedback on it (see below), even though at times the latter took a long time to reach them.

- 4.13** The curriculum made available to prisoners throughout the restrictions had a clear focus on helping them to improve their English and mathematics skills as a starting point. New and additional subjects had been offered through the in-cell packs during the period of the pandemic.
- 4.14** Managers and tutors had established an effective system for identifying the starting points of prisoners, including their level of English and mathematical skills, their prior work experience and qualifications, and their future career aspirations. Tutors used the information on prisoners' career aspirations, such as working in a warehouse, to design English and mathematics exercises based on this industry.
- 4.15** Tutors marked prisoners' work in a helpful way, pointing out errors and suggesting strategies for overcoming them, such as the use of dictionaries or taking more time to read the questions. Tutors' feedback routinely helped prisoners to improve their understanding of the subject. In mathematics, tutor feedback was not as helpful. For example, a prisoner who could not complete long-division calculations correctly was not shown how to tackle this gap in their knowledge.
- 4.16** Managers had provided tutors with professional development opportunities relevant to the different teaching methods required and tailored to their ability to provide content and feedback through remote education.
- 4.17** Despite the careful design of the education packs and the dedication of tutors in marking and returning prisoners' work, less than a third of the current population requested the packs, a level that prison managers acknowledged was not high enough.

Section 5. Rehabilitation and release planning

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

Contact with children and families

- 5.1** Throughout the pandemic, prisoners' ability to establish and maintain contact with their children and families had been limited. Restricted social visits had been reinstated in October 2020, but then stopped again after just two weeks, owing to national restrictions. When visits had taken place, the capacity had been reduced to allow for social distancing. This meant that the number of visits that prisoners could expect to receive had reduced to approximately one visit every two months. As a result of the restrictions, the experience of a social visit had also been very different, which meant that visits had been unpopular with prisoners and their families. The prison was well prepared to reintroduce social visits safely when restrictions were eased.
- 5.2** At the time of our visit, prisoners did not have access to in-cell telephones, other than a few prison-issued mobile phones, but even these were in short supply. In our survey, only 67% of prisoners said that they were able to use the telephone every day. Landing telephones were available, but prisoners told us that calls were sometimes rushed because of the limited time out of cell (see paragraph 4.1). The installation of the infrastructure for in-cell telephony had begun.
- 5.3** Face-to-face family support work had stopped at the start of the restricted regime and was yet to restart, which was a serious deficit. Ormiston Trust, the provider of family support services, planned to return to the prison in the near future. A programme run by the activities department, called 'Dad swap', was available, which provided activity books that fathers could send to, and receive from, their children. Eight prisoners were using this at the time of our visit. Some in-cell packs were available to prisoners, but there were still no face-to-face courses available to encourage prisoners to maintain family contact (see key concern and recommendation S7).
- 5.4** In our survey, 72% of prisoners said that they had problems with sending and receiving mail. During the first outbreak of COVID-19 in December 2020, the prison had decided to place incoming and outgoing mail into quarantine for three days. There was confusion about whether this should still be taking place. As a result, some prisoners told us of long delays in sending and receiving letters and cards from their family and friends.
- 5.5** Video-calling ('Purple Visits'; see Glossary of terms) was available at the prison, but it was not widely promoted and not all prisoners we spoke to knew about it. In our survey, only 9% said that they had used video-calling at the prison to speak to family and friends. Prisoners could access two 30-minute video-calls each month. Approximately 10 video-calls were made each week, a relatively low take-up in comparison with other prisons. The prison provided prisoners with library books, so that they could read to their children during the video-call if they wanted. The email-a-prisoner scheme was also being used and the prison had recently introduced a reply function, to enable prisoners to respond to emails.
- 5.6** The prison had made good use of the HMPPS tablet computers, which enabled prisoners to speak to their families (see paragraph 3.24).

Sentence progression and risk management

- 5.7** As a reception and resettlement prison, the population at Bedford changed frequently. At the time of our visit, 56% of prisoners had been at the establishment for only three months or less. Approximately 63% were unsentenced and, as a result of delays in court processes due to the pandemic, many prisoners told us that they were frustrated about the increasingly long periods they spent on remand during a very restricted regime, particularly during the two outbreak months (see paragraph 2.5).
- 5.8** Prison offender managers (POMs) had remained on site throughout the pandemic. There had been some staff shortfalls among probation offender managers, owing to shielding guidance. There was good communication and teamwork between POMs and supportive oversight from managers. POMs were no longer redeployed to do other tasks in the prison, which was an improvement since our last inspection.
- 5.9** Face-to-face contact time between prisoners and their offender manager was limited and less frequent than before the pandemic. In our survey, under half (46%) of prisoners knew what their custody plan targets were. Of these, only 19% said that staff were helping them to achieve these targets. Contact was mostly by letter and many prisoners had not received face-to-face contact with their offender manager in the last six months.
- 5.10** Throughout the pandemic, the OMU had maintained a focus on completing essential tasks, such as facilitating telephone calls between prisoners and their community offender manager, arranging parole hearings and dialling into multi-agency public protection arrangements (MAPPA) meetings. Over the last year, OMU wing surgeries, which had previously been popular among prisoners, had stopped. The prison planned to restart these as soon as restrictions eased and also hoped to install a telephone line in the office, to enable POMs to contact prisoners once in-cell telephony was available.
- 5.11** Ninety-one prisoners were serving a sentence of one year or more and so required an offender assessment system (OASys) assessment to manage their risk and inform a sentence plan. All but four prisoners had an OASys assessment, although the quality of these was often undermined by being completed based on a self-report questionnaire that was posted to the prisoner to fill out and return. This method failed to engage the prisoner in their own sentence plan and progression and was especially hard for those who found it difficult to read and write.
- 5.12** Approximately 20% of prisoners were assessed as presenting a high or very high risk of harm to others. Probation offender managers supervised these cases, supported by POMs, who completed tasks on their behalf where necessary. There was some effective communication with the community offender manager and timely sharing of information related to risk before release.
- 5.13** In the early days of the pandemic, some transfers to other prisons had been slow. However, transfers had resumed in recent months and 89 prisoners had been moved on to more suitable prisons in February 2021.
- 5.14** Risk management processes were effective. The monthly interdepartmental risk management meeting had continued throughout the COVID-19 period. Although representatives from other departments, including security, had not been able to attend owing to social distancing requirements and staff shortages, they sent regular email contributions, so that information about risk was shared and discussed. The meeting covered high-risk cases before release and routinely identified prisoners without a MAPPA level who were within six months of release. Processes to escalate concerns were effective.

- 5.15** At the time of our visit, 41 prisoners were subject to telephone and mail monitoring. Monitoring was completed within 72 hours and there was no backlog of calls waiting to be listened to. A senior manager completed a monthly quality assurance check on 10% of cases. A total of 21 prisoners were assessed as presenting a public protection risk to children. Prisoners who were subject to these restrictions were reviewed in a timely manner and oversight was effective.
- 5.16** Home detention curfew (HDC) processes were managed well, overall, although some prisoners spent longer in custody than required. For example, at the time of our visit six prisoners remained at Bedford past their HDC release date.

Release planning

- 5.17** Approximately 60 prisoners were released from the prison each month. The ongoing lack of direct work with prisoners by resettlement staff was difficult to understand. The community rehabilitation company (CRC) commissioned housing services from Nacro. The CRC and Nacro had withdrawn their staff from the prison in March 2020 and in May 2020 they had returned to offer a very limited, office-based service. At the time of our visit, the CRC had not provided prisoners with face-to-face resettlement support for almost a year and there were some serious deficits in their services (see key concern and recommendation S8).
- 5.18** The quality of release planning was poor. In our survey, 44% of prisoners said that they expected to be released in the next three months. Of these, less than one-third said that someone was helping them to prepare for release. During our visit, we spoke to prisoners who had received information about their release plan at the last minute, which left them feeling anxious and unprepared for a return to the community (see key concern and recommendation S8).
- 5.19** Discharge packs were issued to prisoners on the day of release and contained helpful information about future appointments with probation staff in the community, as well as a list of local services. However, this had not been explained to prisoners before release. Prisoners told us that did not know what the pack was or what information was relevant to them (see key concern and recommendation S8).
- 5.20** In the week before our visit, CRC resettlement officers had started to provide some face-to-face support for a small number of prisoners with complex needs, using offices available on the wings. Nacro staff had also returned to the wings to provide housing information and advice to prisoners, although these conversations took place through the cell door. Both the CRC and Nacro had new members of staff, most of whom had only experienced the prison under a restricted regime. Prisoners with finance, benefit and debt needs had been provided with some remote support during the pandemic. In the last six months, 20 prisoners had been helped to open bank accounts and Nacro had helped 30 prisoners to obtain personal identification before release.
- 5.21** Pre-release reviews of resettlement plans had not been taking place face to face since the start of the pandemic. Instead, prisoners were asked about their resettlement needs via a questionnaire which was posted through their cell door. Not all questionnaires were returned and followed up, which meant that some prisoners were released without their needs being met. Furthermore, too many prisoners were released without sustainable accommodation to go to. In the six months before our visit, 22.5% of prisoners had been released homeless or to very temporary accommodation (see key concern and recommendation S8).

- 5.22** Since the start of the pandemic, the prison had used a minibus to take prisoners to their accommodation in the community, if needed. However, there was little other practical release support available (see key concern and recommendation S8).

Section 6. Appendices

Appendix I: Background and methodology

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

All visits carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of 21 bodies making up the NPM in the UK.

During a standard, full inspection HMI Prisons reports against Expectations, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.

HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.

HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge, and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: <http://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>.

As restrictions in the community eased, and establishments became more stable, we expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) focusing on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.

SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in response to COVID-19, and the impact they are having on the treatment of and conditions for prisoners during the recovery phase. SVs look at key areas based on a selection of our existing Expectations, which were chosen following a further human rights scoping exercise and consultation.

Each SV report includes an introduction, which provides an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. SV reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings are set out under each of our four healthy prison assessments.

Ofsted inspectors joined us on this visit to provide an interim assessment on the education, skills and work provision in the prison. A summary of their findings is included in Section 3 and a list of the next steps they expect the prison to take follows our key concerns and recommendations. Ofsted's interim visit letter is published in full on our website:

<https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

SVs are carried out over two weeks, but entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>

Scrutiny visit team

This scrutiny visit was carried out by:

| | |
|-------------------|-----------------------|
| Sandra Fieldhouse | Team leader |
| Martin Kettle | Inspector |
| Rebecca Stanbury | Inspector |
| Darren Wilkinson | Inspector |
| Stephen Eley | Health care inspector |
| Amilcar Johnson | Researcher |
| Charlotte Betts | Researcher |
| Stephen Hunsley | Ofsted inspector |

Appendix II: Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

Staff survey methodology and results

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.

Ofsted interim visit report

Ofsted's interim visit letter on how the establishment is meeting the needs of prisoners during COVID-19, including prisoners with special educational needs and disabilities, is published in full alongside the report on our website: <https://www.justiceinspectorates.gov.uk/hmiprison/inspections/>

Appendix III: Glossary of terms

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Key worker scheme

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

Personal protective equipment (PPE)

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Purple Visits

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

Recovery plan

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

Reverse cohort unit (RCU)

Unit where newly-arrived prisoners are held in quarantine for 14 days.

Shielding

Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

Social care package

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

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