

Report on an announced inspection of

HMP Lewes

20 – 24 August 2007

by HM Chief Inspector of Prisons

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Introduction

Lewes is a small, old local prison mainly serving the Sussex area, and holding both adult men and young adults. Like many such prisons, the built environment and facilities are far from ideal: indeed, cells in one wing were barely fit for habitation and needed urgent refurbishment. However, relationships between staff and prisoners were extremely good, within appropriate boundaries. This was the prison's great strength. There was evidence that staff knew about, and engaged with, the prisoners in their care, though this knowledge was not yet effectively put to use in resettlement and suicide prevention work.

Lewes was a reasonably safe prison, with good reception and first night procedures. However, there were some worrying weaknesses in anti-bullying and suicide prevention procedures – even though there had been three deaths in custody since April 2007. Vulnerable prisoners in general felt safe, and the care and separation (CAS) unit was a laudable, though limited, attempt to try to manage some very difficult and demanding prisoners who could not cope on normal location.

Some good work was taking place on aspects of diversity, particularly the support for foreign nationals, though this crucially depended on one experienced officer. Support for disabled and older prisoners, however, lacked focus, though some good individual support was provided. Health services were improving, but there were gaps and deficiencies in inpatient care and in primary mental health services.

Like most local prisons, Lewes did not have sufficient activity spaces for its population – but it also failed to fill those it had. The courses provided were often inappropriately long for a short-stay population, with the result that few prisoners achieved qualifications. Nevertheless, the library and PE were good and it was commendable that prisoners, even those who were unemployed, had reasonable amounts of time out of cell: our roll check revealed only around 76 prisoners locked in their cells.

Most of Lewes's prisoners were relatively local, and there were good contacts with voluntary and community groups. It was therefore disappointing that resettlement provision was weak, and lacked direction. The new offender management structures were ineffective. Around a quarter of prisoners were discharged to no fixed abode: though this was in part a reflection of the relative lack of social housing in the area. There was no custody planning for remanded and short-sentenced prisoners, and limited work on money management and preparation for employment. Drug and alcohol work was, however, well integrated within the prison and with teams in the community.

Overall, Lewes was a decent and safe prison, in spite of its physical limitations. That owed a great deal to the positive approach of staff and managers. However, aspects of its work, in resettlement and activities, needed more robust management and direction in order to maximise opportunities and capitalise on the prison's local links. That is far from easy, in an overcrowded and pressurised prison system.

Anne Owers
HM Chief Inspector of Prisons

November 2007

Fact page

Role of the establishment

Lewes is a category B male local prison holding adult remand and convicted prisoners and remand young adults, serving the courts of East and West Sussex.

Area organisation

Kent and Sussex

Number held

526

Certified normal accommodation

458

Operational capacity

558

Last inspection

1 to 4 August 2005 (unannounced)

Brief history

Lewes was used as a centre for young offenders throughout the 1940s and 1950s. It was briefly a Borstal in 1963. In the early 1970s, it became a training prison with a lifer wing. In 1990, it became a local prison housing mainly short-term and remand prisoners.

Description of residential units

The prison has three residential wings (A, B and C) leading from the centre. Below A and C wings are K and G wings, which comprise the first night centre and a small unit for vulnerable prisoners. F wing is a free-standing residential block. There is also a type three healthcare centre located in a separate building in the prison grounds.

Healthy prison summary

Introduction

- HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- ... performing well against this healthy prison test.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- ... performing reasonably well against this healthy prison test.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.
- ... not performing sufficiently well against this healthy prison test.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- ... performing poorly against this healthy prison test.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

- HP3 Many prisoners said they had been held in police cells before arriving at Lewes. Reception and first night procedures were thorough and appropriately focused on risk. Induction procedures were less effective. There were some weaknesses in anti-bullying procedures but no culture of violence and prisoners generally felt safe.

Suicide and self-harm prevention measures were applied inconsistently. The segregation unit regime was basic and conditions were poor but the use of force was very low. Mandatory drug testing arrangements were well managed and detoxification procedures were effective. Vulnerable prisoners were well cared for and felt safe. Lewes was performing reasonably well against this healthy prison test.

- HP4 There were good relationships with the escort contractor. Prisoner escort records were well completed and prisoners said they were well treated. Many prisoners said they had previously been held in police cells. Reception staff treated new arrivals respectfully and were alert to potential risk. Prisoners did not stay long in reception but the holding rooms were stark. Most new arrivals, including vulnerable prisoners, spent their first night on K wing. First night procedures were efficient and risk assessments were carried out in private. Vulnerable prisoners were managed safely and had full access to the wing and its facilities. Pressure on spaces meant that some prisoners spent their first night in undesignated cells on other wings.

- HP5 A number of induction interviews took place on K wing before most prisoners were transferred to F wing to complete the induction process. Prisoners could watch an induction film on a discrete channel in their cells but otherwise induction procedures were underdeveloped and an estimated 50 prisoners a month did not receive the full induction programme. Prisoner peer supporters on F wing gave advice and guidance to new arrivals but proper support and management of them was lacking.

- HP6 Anti-bullying was managed by the violence reduction committee but attendance at meetings was poor and the quality of analysis limited. The anti-bullying strategy was weak but this had been identified and a new strategy had been drafted. There were no interventions identified for either bullies or victims. Bullying incidents were properly investigated but there was some evidence that not all incidents were reported. Nevertheless, most prisoners said they felt safe at Lewes.

- HP7 Suicide and self-harm procedures were explained in a comprehensive policy document and well promoted around the prison. The safer custody meeting was sometimes poorly attended and cover arrangements for the full-time coordinator were problematic. Progress had been made in implementing the recommendations following investigations into three suspected self-inflicted deaths since the last inspection in 2005. The number of prisoners placed on assessment, care in custody and teamwork (ACCT) procedures was not unduly high but the quality of some monitoring was inconsistent. There were only three Listeners and recruitment of more had proved difficult. Prisoners complained that staff sometimes denied them access to Listeners during patrol states. Prisoners at risk placed in gated cells for constant observation were routinely placed in strip clothing despite instructions to the contrary.

- HP8 The security department was well run and efficient. The department's approach to combat drug use appeared effective and links were being developed to police intelligence. The controlled movement of prisoners during free flow was well managed and security in general was balanced and unobtrusive but effective, a considerable achievement given the major building work taking place.

- HP9 Segregation unit staff treated prisoners with respect and relationships were generally good. Prisoners on the unit could have daily showers and exercise but the regime otherwise was basic. Staff kept good and accurate records of segregated prisoners but planning protocols for reintegration were underdeveloped and a number of prisoners, some with mental health issues, spent too long on the unit. Despite the

best efforts of staff, conditions on the unit were appalling. Cells were damp, stark and poorly lit and the exercise yard was in a poor state. Incidents involving the use of force were low. Planned interventions were well organised and records provided proper assurances. Governance structures for the use of force were strong and incidents were well analysed.

- HP10 The positive rate for random drug testing was not high. However, drugs were perceived as a problem and testing on new arrivals showed that about half had used drugs just before arriving in custody. Proactive security measures appeared to be having some success. Recent improvements to the prison's suspicion testing programme had seen a reasonable success rate. Detoxification arrangements were well managed on B wing, a dedicated unit that included specialist nursing support. Prescribing protocols were flexible, although only symptomatic relief was available on the first night in custody. Psychosocial support on the unit was underdeveloped, as was second stage support for those completing detoxification and moving to normal location.
- HP11 Vulnerable prisoners were mainly held on G wing, where almost all prisoners were sex offenders. They had a full regime and said they mostly felt safe. Non sex offenders with identified poor coping skills were held on the care and support unit adjacent to the segregation unit. They also had a full regime and were safe and well cared for but were not sufficiently challenged to encourage reintegration to normal location.
- HP12 There were just over 30 young adults, the majority split between A and F wings. The particular needs of this group had not been analysed or catered for.

Respect

HP13 Most accommodation was clean and well maintained but that on B and F wings was poor and single cells were used for two prisoners. Staff-prisoner relationships were impressive but the personal officer scheme was underdeveloped. Structures for the management of diversity were well established but inconsistencies in outcomes for minority groups were evident. The experiences of foreign national prisoners were positive. Healthcare provision was generally good but primary mental health input was insufficient and the in-patient regime was poor. The management of applications and complaints was also underdeveloped. Lewes was performing reasonably well against this healthy prison test.

- HP14 Despite the age of much of the accommodation, most areas were clean and in good condition. Some cells on B and F wings were dirty and poorly ventilated. Single cells were shared by two prisoners and toilets were unscreened. Many showers were also unscreened and a number were in a poor state of repair.
- HP15 Staff-prisoner relationships were excellent and staff treated prisoners with respect. The atmosphere on the wings was relaxed and the good relationships supported effective dynamic security. The personal officer scheme was underdeveloped, particularly in terms of links to offender management and resettlement work. Most prisoners knew the name of their personal officer and staff had a reasonable knowledge of the prisoners in their care. Entries in wing files were usually made at least once a fortnight but the quality varied and many did not demonstrate active

engagement. There were regular management checks but little by way of analysis or follow-up guidance for staff.

- HP16 The kitchen and all wing serveries apart from on F wing were clean and functional. The food was varied and special diets were catered for but breakfast packs were distributed the night before use, meals were served too early and halal utensils were not properly managed on serveries. There had been no recent food survey but complaints books were available and the catering manager attended prisoner consultation meetings. The shop service was satisfactory with a good range of items. However, shop orders were distributed at a central point during association, which increased the risk of bullying.
- HP17 The diversity committee incorporated the race equality action team. It was chaired by the governor and included prisoner representatives. There were a number of relevant policy statements but only one strategy document and action plan and this focused heavily on race issues. Disability care plans lacked detail or a specific structured action plan, and there was little specific action to support older prisoners. One prisoner on the care and separation unit who was seeking gender re-alignment was receiving effective individual care but otherwise there was little active provision for gay and bisexual prisoners.
- HP18 Seventeen per cent of prisoners were from black and minority ethnic backgrounds. They reported significantly worse perceptions of several areas, including experiences in reception and of the incentives and earned privileges (IEP) scheme, the management of complaints and the catering facilities. Procedures and policies to manage and raise the profile of race issues were reasonably well established and included well-managed ethnic monitoring, good use of prisoner representatives and some developing community links. Too few staff had received diversity training in the last three years. About 12 racist incident complaints were made each quarter. Completed enquiries revealed poor links to safer custody work and only a basic level of investigation, sometimes subject to delay.
- HP19 There were 78 foreign national prisoners, 55 on remand and six deportees. The foreign nationals coordinator had previously worked in immigration and used his connections well but was given only 4.5 hours a week for this work. Administrative procedures to identify and progress cases in liaison with the Border and Immigration Agency were reasonably good but there was no strategic management or updated action plan. A good amount of information was available in translation and interpreting services were well used. The chaplaincy had taken the lead in coordinating support for refugees and asylum seekers from a local community group.
- HP20 Prisoners had good access to application and complaints forms and replies were respectful and fair but few prisoners believed complaints were sorted out fairly or promptly. Many complaints concerned relatively routine issues that could have been dealt with more informally and this may have been due to the fact that simple applications were not well processed or recorded to allow progress to be tracked.
- HP21 All new arrivals were seen by trained legal services staff and prisoners said the support they received was good. The nine legal visits booths were in poor condition and conversations were easily overheard.
- HP22 A member of the chaplaincy team saw all new arrivals. The segregation unit was visited daily and a weekly service was provided for vulnerable prisoners. The

chaplaincy also organised a variety of programmes and groups and all faiths were catered for. Worship facilities were poor and the multi-faith room had been taken over for other use two months previously.

- HP23 A new IEP scheme had been well promoted and was understood by staff and prisoners. IEP reviews included the prisoner and appeared motivational rather than punitive. Documentation was objective and quality assurance arrangements were improving. Few prisoners were subject to the basic regime and the scheme was administered fairly.
- HP24 Health services were improving, with strong clinical leadership and an appropriate staffing level and skill mix. All prisoners were given comprehensive health checks and wing-based health services were being developed. In-patient numbers were high and not all appeared to need this level of care. The regime for in-patients was poor and interaction with staff was limited. A number of nurse-led clinics were provided. GP cover was well resourced and comprehensive, although the number of different doctors impacted on the continuity of care and prisoners had to wait five days for an appointment. Mental health services were going through significant change and, while improvements were being made, there was an urgent need to improve primary mental health services.

Purposeful activity

HP25 Learning and skills provision was inadequate. Induction to learning and skills was not systematic, although individual learners were well supported. Few prisoners achieved accredited qualifications, mainly because they failed to complete courses. There were too few activity places and those that were available were often under-occupied. There was no specific provision for the needs of young adults. Physical education and library services were satisfactory, and prisoners had reasonable time out of cell and association. Lewes was not performing sufficiently well against this healthy prison test.

- HP26 There were not enough activity places to meet the needs of the population. The prison had sought to mitigate this by introducing part-time work or education but many prisoners were engaged in full-time activity or a combination of activities while others were unemployed.
- HP27 Induction to learning and skills was not systematic. The provision of information, advice and guidance focused on persistent offenders to the exclusion of others. Seventy-seven education places were available on a sessional basis and there were about 340 part-time enrolments recorded, although actual attendance was less clear. Teachers provided good support during lessons and standards of prisoners' work were good, particularly in creative writing and art, but many courses were too long and too many prisoners dropped out. The achievement of individual learning plans was generally inadequate and educational outreach to support prisoners around the prison with literacy and numeracy was hampered by low attendance. Processes to improve the quality of provision in learning and skills were underdeveloped.
- HP28 Learning opportunities supported four of the seven pathways in the action plan to reduce reoffending. The effectiveness of these programmes was limited by the sequential nature of their delivery, which made them available only three times a

year. The development of personal and social skills in education was good and there was a wide range of enrichment activities aimed at developing confidence and self-esteem. Support or provision for young adults was insufficient, with no analysis of need and no specific programmes designed to engage them.

- HP29 Thirty-eight places were available in vocational training in ICT, industrial cleaning, horticulture and the polymer processing assembly shop. With the exception of ICT, the rate of achievement was low, with too many prisoners unable to complete programmes. Work in the two contract workshops was mundane and repetitive.
- HP30 The opening hours for the library did not meet prisoners' needs and not all prisoners received a library induction. Library materials largely met needs but only a limited range of items was available to support learning and skills. Arrangements for the provision of foreign language books were satisfactory.
- HP31 Prisoners were positive about physical education (PE) provision and participation rates were about 38%. The gym was open every day and most prisoners could use it three times a week. During the prison's refurbishment, the PE department was focusing on recreational PE for up to 42 prisoners per session. The facilities were satisfactory and clean but the weights room was cramped when fully occupied. The PE department worked with health services to provide remedial programmes but there were no opportunities for older prisoners and access for those with disabilities was poor.
- HP32 The prison was achieving its target of seven hours out of cell. When not at activity, prisoners were regularly unlocked for association. All prisoners had at least one period of association and 30 minutes of exercise each day. Association was also provided on three evenings a week and was rarely cancelled.

Resettlement

HP33 Resettlement work was suffering from a lack of strategic direction. Offender management structures were poor, with little effective contact with prisoners by offender supervisors. There was a backlog of offender assessment system (OASys) reports and no custody planning for short-term prisoners. There was contact with the voluntary and community sector but in general outcomes from the seven resettlement pathways were not strong. Visits facilities were very poor. Lewes was performing poorly against this healthy prison test.

- HP34 The resettlement policy was weak strategically and largely descriptive. It made no mention of the reducing reoffending pathways; no pathway leads had been identified or plans developed and there were no references to National Offender Management Service alliances. An offender needs analysis carried out in 2006 provided only limited coverage and a follow-up analysis was not due until January 2008. The resettlement policy committee had met only infrequently in recent months. Despite this lack of leadership, there were some good examples of engagement with the voluntary sector. A new head of reducing reoffending had been appointed six weeks previously.
- HP35 Forty-five prisoners were in scope of phase 2 offender management. Probation officers had been allocated to the role of offender supervisors but there was a lack of

clarity regarding the roles of the offender manager and the offender supervisor, and in particular who led the sentence planning. Offender supervisors did not have enough contact time with prisoners. Supervision planning boards took place regularly but were not yet chaired by offender managers. Offender assessment system (OASys) arrangements had recently improved but there remained a backlog of 50 assessments and reviews. Remand and short-term prisoners were not subject to even simple custody planning.

- HP36 The one dedicated lifer officer was based in the offender management unit and supported by a lifer clerk. Forty-three cases were being managed, including 21 indeterminate sentenced prisoners, nine mandatory lifers and 13 lifer recalls. Administrative procedures were carried out correctly but prisoners were experiencing delays in moving to first stage lifer centres.

- HP37 All prisoners had their housing needs assessed on arrival but these were not effectively followed up and 26% were discharged with no accommodation. All new arrivals were also helped to close down benefits and assist dependants. They were seen again before release and helped to make appointments to claim benefits. The education department offered a money management course but only infrequently and for only about 30 prisoners a year. The Citizens Advice Bureau gave one-to-one advice to prisoners with serious debts.

- HP38 A roll-on, roll-off preparation for work programme was provided for up to 10 prisoners. Formal information, advice and guidance in this area, however, was not available for most prisoners. Jobcentre Plus helped some prisoners but the job club had stalled and the two 'Job Point' screens advertising job vacancies were not easily accessible. The prison had held local employer days to help allay anxieties about employing ex-prisoners. The only accredited programme on offer was prison addressing substance-related offending (P-ASRO), although the non-accredited Sycamore Tree victim awareness programme was also available.

- HP39 Prisoners being discharged were given a letter for their GP and any necessary medication but there was no formal discharge clinic where prisoners could be given a final health check and information about how to register with a GP. Links between the mental health in-reach team and community mental health teams were underdeveloped and not all prisoners with mental health issues were seen by a community team before release.

- HP40 The prison's drug and alcohol strategy had not been informed by a needs analysis. Monthly strategy meetings were taking place and a dedicated drug coordinator had been appointed. Counselling, assessment, referral, advice and throughcare (CARAT) services carried a caseload of 200 and provision included alcohol support. The service was well integrated and there were worthwhile links with Sussex drug intervention programme. Voluntary drug testing had recently restarted but was not yet embedded.

- HP41 Visits facilities, visitor waiting and welcome arrangements, and booking arrangements were very poor but the facilities were due to be refurbished imminently. Arrangements for mail and access to telephones were generally satisfactory.

Main recommendations

- HP42 Accommodation on F and B wings should be refurbished.
- HP43 The segregation unit should be refurbished urgently.
- HP44 More purposeful activity should be provided.
- HP45 The provision of learning and skills and vocational training should reflect prisoners' needs and enable more prisoners to obtain accredited qualifications.
- HP46 The reducing reoffending strategy should be revised to improve outcomes across the seven resettlement pathways.
- HP47 The prison should revise its offender management model to ensure that offender supervisors have the capacity to engage with prisoners and deliver sentence planning effectively.
- HP48 Custody planning should be provided for short-term and remand prisoners.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement prisoners' individual needs are recognised and given proper attention.

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| 1.1 | Relations between escort and reception staff were good. Prisoner escort records were well completed with detailed comments. Prisoners said escort staff treated them with respect. Previous problems with late arrivals had largely been overcome. |
|-----|--|
- 1.2 SERCO was the main supplier of escort services and relations between escort and reception staff were good. Information about prisoners was shared systematically and reception staff made good use of it to inform initial risk assessments. Prisoner escort records were well completed and legible, and the level of detail in the escort officers' comments gave a good indication of the mood and behaviour of at-risk prisoners.
- 1.3 Most transfers into Lewes were from court. In our survey, only 71% of prisoners, significantly worse than the comparator¹ of 76%, said they were told where they were going when they left court. Many prisoners said they had spent the night in police cells because no prison spaces had been available. We could not verify how often this happened but prison staff confirmed that Lewes was regularly full before the end of each day.
- 1.4 Previous problems with prisoners arriving late had been overcome in recent months and most prisoners arrived within agreed times.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- | | |
|-----|---|
| 1.5 | The reception area was adequate, although holding rooms were stark and those for vulnerable prisoners particularly poor. All new arrivals moved quickly to the first night centre, where risk assessments were carried out and they were interviewed by trained staff. Vulnerable prisoners were managed safely. Some prisoners spent their first night in undesignated cells on other wings when the first night centre was full. Interviews were carried out in private and appropriate referrals were made according to identified needs. Not all prisoners attended all induction sessions, particularly probation and education assessments. Two prisoner peer |
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¹ The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

advisers worked on the induction unit but their role was not well defined and their work was not properly managed.

Reception

- 1.6 Reception was based in a separate building with easy access from escort vehicles. The door was wide enough for wheelchairs. On average, 12 new arrivals and 30 outgoing transfers, including discharges, went through reception every day. It was open from 7am to 8.30pm on weekdays and on Saturday mornings. The published lock-out times were not enforced and staff remained on duty to ensure that all new arrivals were seen and processed.
- 1.7 New arrivals were interviewed by trained staff and initial cell-sharing risk assessments were begun. A vulnerability strategy included directions to staff on first night procedures and protocols. Documentation arriving with the prisoner was checked by the receiving officer and information was used to inform initial assessments of risk. Prisoners new to custody were identified. Staff treated new arrivals well, were aware of the potential risks of arrival in custody and ensured that prisoners' safety needs were addressed. In our survey, 75% of prisoners, significantly better than the comparator of 57%, said they were treated well or very well by reception staff.
- 1.8 The main reception area was clean and well maintained, with good sight lines for the observation and supervision of prisoners. Closed-circuit television cameras covered the main corridor and two holding rooms. The designated searching area was appropriately screened and allowed good levels of privacy. Searching procedures were carried out sensitively by two officers.
- 1.9 Both holding rooms were grubby and without toilet facilities. Neither contained a television, reading materials or information notices. Three cells in the central corridor were used to hold identified vulnerable prisoners. These were not covered by closed-circuit television cameras and supervision arrangements were poor. The cells were stark, without toilets, poorly furnished with a single bench and lacked information notices or anything to occupy prisoners, who were locked behind solid doors when not being processed by reception staff.
- 1.10 Reception processes were appropriately minimal and focused on identifying prisoners and their safety. New arrivals moved quickly to the first night centre, usually within 30 minutes of arrival.

First night

- 1.11 All new arrivals were taken from reception to the dedicated first night centre on K wing, where most stayed for a minimum of 24 hours. The unit could take 20 prisoners, which was not always enough. Beds were sometimes blocked by prisoners waiting to move to other residential units, particularly vulnerable prisoners waiting for a place on G wing. Some prisoners therefore had their interviews and initial needs assessments on K wing before moving to undesignated cells elsewhere, usually F wing, for their first night. During the inspection, eight new arrivals spent their first night on F wing due to lack of space on K wing.
- 1.12 There was no formal prisoner Insider scheme but new arrivals were welcomed by a prisoner orderly, issued with a reception pack containing information on prison procedures and services, offered a shower and free telephone call and allocated a clean cell.

- 1.13 All received an individual assessment of their initial needs and feelings. This was done in private by trained first night officers (see section on induction). They were also given a full health screening in a private office by a nurse. The unit was staffed by specially selected officers.
- 1.14 Communications systems on the unit were good. Information about prisoners with special needs was handed over to night staff and any required interventions and prescribed levels of observation were recorded in history sheets and the staff observation book. No Listeners were employed on the unit but prisoners were told how to access one if required (see section on suicide and self-harm).
- 1.15 The unit was clean, well decorated and welcoming. Cells were well equipped, appropriately furnished and contained written information, available in several languages, about what to expect and how to get help. Vulnerable prisoners could access the same regime and services as other prisoners. Staff were alert to the vulnerability of some of their prisoners. In our survey, 87% of prisoners, significantly better than the comparator of 72%, said they had felt safe on their first night.

Induction

- 1.16 The day after their arrival, prisoners were seen by specialist staff according to the needs identified in their first night assessments. They were also seen by a member of the chaplaincy team and a legal advice officer. Prisoners were helped to pursue their legal rights, contact their families, deal with alcohol and drug problems and preserve their accommodation and employment. In our survey, 64% of prisoners said they had received help with contacting their families, 52% with problems of feeling depressed and 53% with alcohol or drug problems within 24 hours of arrival. These results were significantly better than the respective comparators of 53%, 42% and 41%.
- 1.17 Prisoners moved to F wing usually within 24 hours of arrival. Although called the induction unit, more than 70% of prisoners there had completed induction. The single cells on the unit were clean and adequately furnished but most double cells were grubby, cramped and unsuitable for two prisoners (see section on residential units). All had televisions and an induction DVD was broadcast continuously on a discrete channel. This provided useful information but only for English-speaking literate prisoners. Prisoners were seen by unit staff and told when to attend for their induction group.
- 1.18 Two prisoner peer advisers saw new arrivals during induction to give information and advice about accessing resettlement services. Prisoners said their help was useful but their role was not clearly defined. They had received some informal training from the housing adviser but formal support systems were not adequately developed and it was not clear how they were supervised or managed.
- 1.19 A two-hour group session was run by probation and education staff on Tuesdays and Thursdays. Prisoners were told about access to probation and education services and formal educational assessments were carried out. However, a significant number of prisoners did not attend these sessions and were not followed up by staff to find out why. Between April and July 2007, an average of 50 prisoners a month did not attend.
- 1.20 In our survey, only 31% of prisoners, significantly worse than the comparator of 41%, said induction had covered all they needed to know about the prison.

Recommendations

- 1.21 Closed-circuit television cameras should be installed in the three reception holding cells used to accommodate vulnerable prisoners.
- 1.22 Reception holding rooms should contain information and the means to keep prisoners occupied.
- 1.23 All new arrivals should spend their first night in custody in the first night centre or in designated cells.
- 1.24 Staff should ensure that all prisoners attend the induction sessions.
- 1.25 The induction DVD should be available in languages other than English.
- 1.26 Peer advisers should receive appropriate training and be given the opportunity to achieve relevant qualifications.
- 1.27 The role of peer advisers should be agreed and support for and management of the scheme clearly defined.

Good practice

- 1.28 *Prisoners were moved from reception to the first night centre within 30 minutes for in-depth assessments, telephone calls and a health screening.*

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 Despite the age of the prison, the residential units were in adequate condition. Communal areas were mostly clean but some cells, particularly on F and B wings, were dirty and poorly ventilated. Over two-thirds of single cells on F wing were used for two prisoners and conditions in these were cramped, uncomfortable and unhygienic. Toilets in double cells on F wing were inadequately screened and most communal showers lacked privacy screening, although access to showers was good. Not all prisoners could wear their own clothes. Prisoners were supplied with enough clean prison clothing and bedding each week. There were some delays in access to stored property.

Residential units

- 2.2 Prisoners were held in a mix of single and double cells. Given the age of the residential units, the general condition and cleanliness were good, although many areas, particularly on F wing, were old and worn. Communal areas were mostly clean and adequately maintained. Landings were narrow but light and adequately decorated. Sight lines for supervision were good. Association equipment was adequate and well maintained. Notice boards on all landings contained up-to-date information about resettlement and activity services and how to contact staff.
- 2.3 Cells on A, C, G and K wings were generally adequate, clean, properly furnished and equipped with in-cell electricity, televisions and kettles. However, cells designed for one prisoner were accommodating two. Cells on B wing were poorly ventilated, dirty and cramped.
- 2.4 Conditions in most cells on F wing were particularly poor. The single cells on this wing were smaller than those on other units and two-thirds were used for two prisoners. Many were dirty, poorly ventilated and crowded. Bunk beds took up half the available space and the cells contained a single table and chair. The cell toilet was located near to the beds and inadequately screened. As all prisoners ate in their cells, many sat on the toilet to eat their meals. Plans for the refurbishment of the wing had been submitted to area office and approved but funding had not been made available.
- 2.5 All cells contained working emergency bells that, during the inspection, were usually answered within three minutes. In our survey, 51% of prisoners, significantly better than the comparator of 35%, said staff answered their cell bells within five minutes.
- 2.6 The general atmosphere on all units was quiet and calm. In our survey, 69% of prisoners, significantly better than the comparator of 63%, said units were normally quiet enough for them to relax and sleep at night.

Hygiene

- 2.7 Although communal showers on all units were clean and working properly they were unscreened and allowed no privacy for prisoners. All prisoners were unlocked at 7.45am to shower and clean their cells. This domestic period was well supervised and prisoners were encouraged to keep themselves and their surroundings clean. In our survey, 81% of prisoners, significantly better than the comparator of 74%, said they were normally allowed to shower every day. Prisoners had good access to personal hygiene items supplied by the prison and a good range of toiletries was available in the prison shop.

Clothing and possessions

- 2.8 Only remand prisoners and those on the enhanced level of the incentives and earned privileges scheme could wear their own clothes. Prisoners on all units had access to wing laundries, and those eligible to wear their own clothes could have clean items sent or handed in by families and friends. Weekly prison clothing exchanges took place and there was a good supply of clean clothing of the right size and quality to meet prisoners' needs. Clean bedding was offered weekly and prisoners could have blankets as required. In our survey, 94% of prisoners, significantly better than the comparator of 83%, said they normally had clean sheets every week.
- 2.9 Prisoners' private property was stored securely in reception. Applications for access to property were usually dealt with by reception staff within seven days but the unavailability of qualified staff to safety-test electronic items meant some prisoners waited over a month for these. Prisoners also complained that requests for property in possession were not processed properly on residential units (see section on applications and complaints).

Recommendations

- 2.10 Cells designed for one prisoner should not accommodate two.
- 2.11 All prisoners should be allowed to wear their own clothes.
- 2.12 All in-cell toilets should be adequately screened.
- 2.13 All showers should be equipped with privacy screens.
- 2.14 Safety-testing of electrical items of prisoner property should be carried out quickly.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by all staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.15 Staff-prisoner relationships were very good. Mutual respect had encouraged a relaxed and civil atmosphere and supported dynamic security.
- 2.16 Staff-prisoner relationships were very good and prisoners spoke highly of staff. The generally relaxed and civil atmosphere supported meaningful dynamic security. In our survey, 81% of prisoners, significantly better than the comparator of 68%, said staff treated them with respect and few said they were victimised by staff. The exception to this was that significantly more black and minority ethnic prisoners than white prisoners said they were victimised due to their ethnicity and religious beliefs.
- 2.17 Prisoners in groups did, however, suggest that staff were not always attentive, suggesting the prevalence of a 'leave it with me' culture. This view was supported to some extent by the results of the most recent measuring the quality of prison life survey (2006) but in our survey, 74% of prisoners, significantly better than the comparator, said they knew of a member of staff they could turn to if they needed help. We saw staff treating prisoners with civility, appropriate good humour and respect.
- 2.18 The atmosphere on wings was relaxed, although staff tended to spend too much time in offices rather than engaging with prisoners. They demonstrated a good knowledge of the prisoners and there was evidence across the prison of good one-to-one engagement and care. Wing file entries were reasonable, although mixed across the different wings.
- 2.19 The prison was committed to formal prisoner consultation, particularly through monthly consultation meetings attended by a cross-section of staff and prisoner representatives. Prisoner representatives had been appointed on all units; their role had been published and staff and prisoners knew who they were. Minutes showed that prisoners were able to express their views and were kept informed of outcomes.

Personal officers

Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.20 The personal officer scheme was well publicised and prisoners knew who their personal officers were. Regular wing file entries were made but the quality varied, with few demonstrating that personal officers were engaging with their charges. Management checks of wing files were superficial. Links with offender supervisors were weak.
- 2.21 The personal officer scheme, its benefits and the role of the personal officer were explained in a local operational instruction and a job description, both of which had been revised in June 2007. Personal officers were allocated by cell and, although cell moves were avoided where possible, prisoners who did move cell usually had to change personal officer. The name of the personal officer and any designated back-up was displayed outside cell doors. Most prisoners knew their personal officer. In our survey, 24% of prisoners, against a comparator of just 14%, said they had met their personal officer in the first week and 32%, against a comparator of just 22%, said their personal officer had been helpful.

- 2.22 Personal officers were required to make fortnightly entries in wing history files. Regular entries were made but the quality varied, with few demonstrating any positive engagement with the prisoner concerned, even though wing staff had a good knowledge of their charges. Wing managers checked wing history files regularly but the quality of entries was not analysed in any meaningful way.
- 2.23 Links with offender supervisors were underdeveloped (see section on offender management) and there was little evidence that personal officers regularly attended assessment, care in custody and teamwork (ACCT) reviews as stated in the operational instruction.

Recommendations

- 2.24 Personal officer entries in wing history files should demonstrate positive interaction with prisoners.
- 2.25 Management checks of wing history files should include an analysis of the quality of entries.
- 2.26 Links between personal officers and offender supervisors should be improved.

Housekeeping point

- 2.27 Personal officers should attend assessment, care in custody and teamwork (ACCT) reviews wherever possible.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 The anti-bullying strategy had been redrafted but was not yet used and the violence reduction committee had taken a largely monitoring role, although there were signs that governance of this area had improved recently. Prisoner anti-bullying representatives and safer custody liaison officers had been identified on each wing. Most prisoners felt safe and few incidents were reported, although there was some evidence of under-reporting and not all incidents were investigated. Victim support plans were not in place and there were no interventions for persistent bullies or victims.
- 3.2 The violence reduction policy and anti-bullying strategy were explained in separate documents. The existing anti-bullying strategy (May 2006) had been revised but the new draft strategy had yet to be implemented. The draft strategy was a significant improvement on the existing one but there had been no recent training to ensure staff ownership of it.
- 3.3 The violence reduction committee met monthly chaired by the head of residential. Attendance at some meetings had been poor. The minutes up to a few months previously indicated that this forum had largely taken a monitoring role, with discussion mainly restricted to analysing the number and type of incidents. There was little evidence that it was actively working to develop local policy or learn from good practice elsewhere. There were, however, more recent indications that the governance of this area had improved and the work of the committee had become more focused.
- 3.4 A residential principal officer had oversight of safer custody issues but particular responsibility for violence reduction and anti-bullying. He had been in post only six weeks and worked together with the anti-bullying coordinator, a residential senior officer who had herself been in post only a few months. They had recognised that existing arrangements were limited and had revised the policy document. The anti-bullying coordinator did not have a set amount of facility time but said she had enough time to fulfil the role and that cover arrangements in her absence were adequate.
- 3.5 A bullying survey had been completed by a criminology student but was undated. Its main finding was that most prisoners felt safe, although there was an issue with property stolen out of cells. Prisoners felt most unsafe in the showers. Violence reduction was also a fixed agenda item at the monthly prisoner consultation meetings.
- 3.6 Prisoners on each wing had been identified as anti-bullying representatives. This was a relatively new initiative but staff and anti-bullying representatives had a good understanding of their role. The representatives monitored the general mood on the units and supported victims. Their photographs were displayed and some had attended recent violence reduction committee meetings. Each wing also had a safer custody liaison officer whose role included

conducting initial investigations into alleged bullying incidents. All those we spoke to understood their role and appeared motivated.

- 3.7 Information about the anti-bullying strategy and violence reduction was explained in the induction programme and included in the guide issued to all new arrivals. Relevant information was also well publicised on all residential units. In our survey, only 33% of prisoners, against a comparator of 38%, said they had ever felt unsafe at Lewes and only 13%, against a comparator of 22%, said they currently felt unsafe. There had been only 28 reported bullying incidents to date in 2007 and the quality of investigations was generally good. Over the same period, there had been six proven charges of assault (four adults and two young adults); a further seven charges had been referred to the police and were unresolved.
- 3.8 There were good arrangements for identifying possible bullying incidents from security information reports and injury to inmate forms but not from wing observation books. We found several incidents that had not been reported or investigated in accordance with local procedures. We also found a lack of coordination with bullying incidents that had been reported through racist incident report forms.
- 3.9 The anti-bullying strategy was based on three levels but the existing policy document was vague and lacked necessary guidance for staff. Level one was restricted to monitoring, level two referred to action plans for bullies and support plans for victims, and level three stated that sanctions would be applied but did not explain what form these would take. We found no victim support plans and few examples where information had been cross-referenced into wing history files. There were no interventions for persistent bullies or victims.
- 3.10 Valuable electrical items such as CD players were portable appliance tested (PAT), issued a unique number and recorded in a register. This system made disputes over ownership easier to resolve.

Recommendations

- 3.11 All violence reduction activities should be amalgamated under the umbrella of the safer custody committee. The committee should meet monthly and focus on developing and improving local procedures.
- 3.12 All alleged incidents of bullying should be reported and investigated, and entries in wing observation books regularly checked.
- 3.13 Bullying incidents reported through the racist incident report system should be referred to the anti-bullying coordinator.
- 3.14 Following staff training, the revised anti-bullying strategy should be fully implemented.
- 3.15 Information on bullies and victims should be cross-referenced into wing history files.
- 3.16 Support plans for victims of bullying should be provided.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.17 Attendance at some safer custody committee meetings had been poor. There was no routine access to Listeners for new arrivals and access was also uncertain for other prisoners. Crisis suites were not properly prepared and prisoners on constant observations were routinely placed in strip conditions despite written instructions to the contrary. The quality of assessment, care in custody and teamwork (ACCT) documents was variable, although management checks were consistently good. Not all permanent night staff had been trained in ACCT procedures and not all carried ligature shears.
- 3.18 A comprehensive suicide and self-harm policy had been updated in May 2007. The safer custody committee met bi-monthly, chaired by the head of residential, and had responsibility for developing local policy and monitoring arrangements. The level of attendance at meetings fluctuated between poor and good. The chair and safer prison coordinator had been the only prison representatives at the January 2007 meeting. Listeners routinely attended and the representative from the local branch of the Samaritans attended most meetings.
- 3.19 The experienced full-time safer custody coordinator (a senior officer) was specifically responsible for suicide and self-harm procedures. Cover arrangements in his absence were proving difficult to arrange. He provided monitoring data for the safer custody committee to identify trends in ACCT documents and self-harm incidents. ACCT had been introduced in July 2005. Most existing staff had been trained in advance of implementation and new staff were trained as part of their induction, although we found one member of permanent night staff who had not been trained.
- 3.20 To date in 2007, 134 ACCT documents had been opened, 13 of which were on young adult prisoners. Fourteen ACCTs were open during the inspection and seven of the prisoners involved were in-patients in the healthcare centre. The quality of ACCTs varied: some were very well completed with a multidisciplinary approach, meaningful and with consistent management checks; in a significant number of others, the initial assessor reports lacked sufficient detail and many case reviews had been conducted by a single member of staff. The quality of monitoring entries by wing staff was also inconsistent, with some good examples but others where entries over several days failed to demonstrate any meaningful engagement with the prisoner. Many of these concerns had been identified by the safer custody committee, which routinely reviewed completed ACCT documents. Wing managers were responsible for conducting post-closure interviews with prisoners. The policy document also covered arrangements for notifying supervising officers of any prisoners subject to open ACCT documents before their release from custody.
- 3.21 There had been five deaths in custody since August 2005 and three of these had occurred since April 2007. Three were thought to have been self-inflicted, one due to natural causes and one was being investigated as a possible murder. The prison had an action plan covering

recommendations from published death in custody investigations and had made appropriate progress in implementing them.

- 3.22 Prisoners on constant watch were usually held in healthcare where there were three gated cells fitted with reduced-risk furniture. A gated cell in the segregation unit was used only when the behaviour of the prisoner at risk was disruptive for other in-patients. It was not ideal but had been used only once in 2007. Constant observation had to be authorised by a medical officer and had been used 42 times to date in 2007. Prisoners held under these arrangements were routinely required to wear strip clothing despite written instructions to the contrary.
- 3.23 Night staff were well versed in procedures for the emergency unlock of cells but one officer during our night visit was not carrying ligature shears as required. All front-line day staff had been issued with an anti-ligature device.
- 3.24 Information on the role of Listeners and Samaritans was well publicised on residential wings, fully explained on the first night centre and reinforced during induction. The prison aimed to place a six-month hold on Listeners but population pressure meant this was not always possible. There were just three Listeners, all of whom were adult mainstream prisoners. Recruitment of new Listeners was underway but a planned training course had been cancelled and another course was due to take place in September. A similar drop in Listener numbers at the end of 2006 had led to the scheme being suspended for five weeks. Listeners did not routinely see new arrivals in reception or on the first night centre. In our survey, only 24% of prisoners, against a comparator of 31%, said they had had access to a Listener or Samaritan within their first 24 hours.
- 3.25 One Listener was located on A wing and two on C wing. They covered their own wings and shared other wings, including vulnerable prisoners and young adults, between them. The Listeners said they had been very busy for several weeks and reported that staff sometimes issued a prisoner requesting a Listener with a Samaritans telephone during patrol states. Although this had happened only a few times, it was a serious concern. Despite this, 64% of prisoners in our survey said they could speak to a Listener at any time. Listeners often saw at-risk prisoners in wing interview rooms and there were crisis suites for overnight use on C and F wings. The crisis suite on C wing was used as a normal cell and the one on F wing was dirty with a stained mattress and no toilet paper.
- 3.26 The contact number for the Samaritans was displayed by the telephones on each unit. Two Samaritans telephones were also available and a register of use was kept. A safer custody hotline that prisoners and visitors could call free of charge and leave a message was also well publicised on residential units and in the visits room. The answerphone was checked for messages twice a day by staff in the security department and a record was kept.

Recommendations

- 3.27 Meetings of the safer custody team should be attended consistently by all key departments. Where a member of the committee is unable to attend, a fully briefed deputy should do so.
- 3.28 Adequate cover should be provided for the safer custody coordinator.
- 3.29 All permanent members of night staff should receive assessment, care in custody and teamwork (ACCT) training.

- 3.30 The quality of initial assessment, care in custody and teamwork (ACCT) assessor reports should be significantly improved, case reviews should not be conducted by a single member of staff and monitoring entries in documents should demonstrate a high level of engagement by staff with the prisoner concerned.
- 3.31 Prisoners should have 24-hour access to Listeners.
- 3.32 Prisoners should only be placed in strip clothing to prevent acts of self-harm in exceptional circumstances and after other methods of support and constant engagement have been tried.

Housekeeping points

- 3.33 Crisis suites should be clean, fully equipped and ready for use.
- 3.34 All night staff should carry an anti-ligature device.

Vulnerable prisoners

- 3.35 Vulnerable prisoners generally felt safe, although there were concerns about visits. Prisoners on G wing and in the care and separation (CAS) unit had a reasonable regime and time out of cell, although the regime in the CAS unit was not challenging enough to encourage reintegration. No analysis had been carried out to identify any specific needs of the young adult population.
- 3.36 G wing had been designated a vulnerable prisoner unit and provided 26 double-occupancy spaces exclusively for sex offenders. Non-sex offenders assessed as having serious coping problems on normal location were held in the CAS unit, a discrete annex of nine spaces off the segregation landing.
- 3.37 Sex offenders who requested protection went directly to G wing from the first night centre (K wing), although some had to wait some time for a place to come available. A number of vulnerable prisoners said this delay alerted other prisoners to their status. Once on G wing, prisoners felt safe and said staff-prisoner relationships were particularly good. They had the same amount of time out of cell as mainstream prisoners and, while their regime was limited, they could access all activities, such as work, education, physical education, church services and association. They reported some abuse shouted from other units when they moved around the prison and said they felt particularly vulnerable in visits, where they sat on designated tables near the vending machines and had to remain seated when visits ended.
- 3.38 There were no active plans to support the reintegration of prisoners on G wing, although it was understandably difficult with this population.
- 3.39 Segregation unit staff were responsible for supervising the difficult and demanding prisoners on the CAS unit. Like prisoners on G wing, those on the CAS unit felt safe and could participate in a decent regime. They were regularly reviewed and some reintegration work took place but the regime was not sufficiently challenging. Staff said that at least half of the prisoners in the segregation unit on good order or discipline (GOOD) had refused to return to normal wings. Some were likely either to be in debt to other prisoners or to have other

concerns for their safety. GOOD had been authorised 67 times to date in 2007 (see section on segregation).

- 3.40 There were just over 30 young adult prisoners, the majority split between A and F wings. They were not segregated and no analysis had taken place to assess any specific needs they may have had.

Recommendations

- 3.41 Designated tables for vulnerable prisoners in visits should not be situated next to the vending machines.
- 3.42 Vulnerable prisoners should be discreetly moved from the visits hall before mainstream prisoners at the end of visits.
- 3.43 The prison should carry out a full analysis of the needs of young adults and act on any findings.
- 3.44 Reintegration planning for prisoners on the care and separation unit should be further developed, with targets that aim to improve prisoners' behaviour and increase their coping skills.

Diversity

Expected outcomes: All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

- 3.45 New arrangements for the management of diversity were still bedding in. The strong strategic direction and planning given to race equality did not extend to other areas of diversity. The specific needs of minority prisoner groups were not always met and the time allocated to specialist diversity staff varied. Few staff had received diversity training in the previous three years.
- 3.46 The diversity manager had left at the beginning of 2007 and senior managers had taken the opportunity to review the structures and arrangements for managing diversity. The race equality manager post had been increased to full-time from March and staff with specialist diversity responsibilities now reported to the heads of residence who controlled many of the areas of interest to prisoners and had the authority to ensure that agreed plans were acted on. Managers acknowledged that more work was needed to implement and embed the changes.
- 3.47 All aspects of diversity were managed by a proactive diversity committee. This met quarterly chaired by the governor. Attendance was good and included contributions from prisoner representatives and external community agencies. Several policy statements had been produced but only race equality had a detailed strategy document and action plan. There was comprehensive monitoring of services and regime to identify potential discrimination on the basis of ethnicity but no routine monitoring by age, disability or nationality.

- 3.48 Lewes defined older prisoners as those of retirement age. Six prisoners were aged over 65 but we found no specific arrangements for them. One older prisoner who exercised his right not to work was locked in his cell during the day.
- 3.49 In our survey, 20% of prisoners said they had a disability and 12% said they were registered disabled but the disability liaison officer's (DLO's) records identified only 11 prisoners with a disability. Structured interviews by healthcare staff and the DLO covered possible assistance and adjustments but none of the identified prisoners had a detailed care plan. Two prisoners with restricted mobility had received the aids they needed only after their circumstances had been raised at the diversity meeting. Night duty staff were aware of any individuals who might need assistance in the event of an evacuation.
- 3.50 Despite numerous references by managers and staff to tolerance and awareness of sexuality issues, there was no evidence that the needs of gay or bisexual prisoners were identified or addressed. A transgender prisoner was being managed in a sensitive and supportive way but the learning and experience gained from this case had not been used to develop policies and procedures to inform future practice.
- 3.51 There were nominated officers for all aspects of diversity; the race equality manager also covered sexuality and the DLO dealt with older prisoners. The allocation of time to specialist roles varied and was not always consistent or predictable. The arrangements for covering absences were unclear and prisoners said they were usually told to await the nominated officer's return as residential officers were reluctant to deal with any issues.
- 3.52 The induction package for new staff included modules on diversity but only 29% of existing staff (and 15% of discipline staff) had attended diversity training in the previous three years.

Recommendations

- 3.53 All aspects of diversity should be subject to the same rigorous strategic planning and routine monitoring as exists for race equality.
- 3.54 The time allocated to specialist diversity posts should be reviewed to ensure that adequate resources (including contingency support and cover for absences) are provided to meet the needs of minority prisoner groups.
- 3.55 All prisoners over retirement age and all prisoners with disabilities should have individual care plans based on their needs.
- 3.56 All staff, particularly those in direct contact with prisoners, should receive training and guidance to help them understand and respond appropriately to the specific needs of minority prisoner groups.

Race equality

Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

- 3.57 Almost a fifth of prisoners were from black and minority ethnic backgrounds. They reported worse experiences than white prisoners but their perceptions were not borne out by the prison's ethnic monitoring of regime and access to services. Well-established policies and procedures were enhanced by more recent initiatives. There were good and developing links with outside agencies and good use was made of prisoner representatives. Few racist incident report forms were submitted but there were delays and recording of enquiries and communication with the complainant were inadequate. Impact assessments were being conducted. Celebration of racial and cultural diversity focused mainly on one annual event.
- 3.58 Seventeen per cent of prisoners were from black and minority ethnic backgrounds, with the largest single group being black Caribbean. Only 4.5% of staff (and 2% of staff in contact with prisoners) were from similar backgrounds. Our survey indicated that black and minority ethnic prisoners had a worse perception of their experience than white prisoners in 14 out of 40 questions. However, the prison's ethnic monitoring did not show any obvious discrepancies, except for the incentives and earned privileges (IEP) scheme. Seventy-five per cent felt that most staff treated them with respect.
- 3.59 Race equality was generally well managed and there were well-established and widely-publicised policies and procedures. The race equality manager had introduced a number of new initiatives and there was a strong commitment to improving practice further. Members of community agencies such as the Brighton and Hove Race Forum and the Lewes group in support of refugees and asylum seekers regularly attended diversity meetings and quality-controlled a sample of completed racist incident investigations. Links were also being developed with crime reduction partnerships and police hate crime units to share best practice.
- 3.60 Good use was made of prisoner diversity representatives. They had job descriptions and, although not formally trained for the job, had been briefed on how to complete racist incident report forms (RIRFs) and on the prison's ethnic monitoring reports. Representatives said they felt confident about contributing to the diversity meeting, believed managers took appropriate action in response to the concerns raised and spoke highly of the support they received from race equality staff.

Managing racist incidents

- 3.61 RIRFs were available throughout the prison in a wide range of languages. Completed forms were placed in the general complaints box. Relatively few complaints were made, with 36 in 2005, 32 in 2006 and 22 to date in 2007. The race equality manager had not yet attended the approved investigation training so undertook simple investigations with support from other managers. We were told that several managers were investigation-trained but were concerned to find that prisoners who submitted complaints in April 2007 had been sent letters explaining that the investigation would be delayed due to staff sickness and absence.
- 3.62 The quality of investigations and communication with complainants was just adequate. Enquiries carried out were not always recorded and notifications of outcome sent to the complainant lacked detail. Little information was provided on appeal procedures. Recent new initiatives included a feedback form seeking the complainant's views on the handling of the investigation and victim protection plans. Complaints were pursued when a witness or complainant moved to another prison but not when either was discharged. Two complaints containing specific allegations of bullying had not been shared with the anti-bullying coordinator (see section on bullying and violence reduction).

Race equality duty

- 3.63 There was a clear schedule for the completion of race equality impact assessments and a number of prisoner focus groups had been held in the previous weeks.
- 3.64 A database of racially-prejudiced prisoners had only recently been set up and there were no specific interventions for challenging racist behaviour or attitudes. There were plans to celebrate Black History Month in October and prisoners said this was a regular event. Apart from in the education department, there was little evidence of more routine celebrations of racial, ethnic and cultural diversity.

Recommendations

- 3.65 The system for dealing with racist incidents should be reviewed to ensure that timely and thorough enquiries are made and recorded, and the complainant should be given a detailed explanation of the enquiries conducted and the reasons for any decision, and all available appeal procedures should be explained.
- 3.66 Attempts should be made to conclude enquiries even after a witness or complainant has been discharged.
- 3.67 There should be a programme of regular events to celebrate racial, ethnic and cultural diversity.

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.68 There were 78 foreign national prisoners, the majority on remand. They reported similar or better experiences than British nationals. Staff in the custody office worked closely with the foreign national officer to liaise with the Border and Immigration Agency. The expertise in and responsibility for foreign national issues lay mainly with one officer. A suitable range of translated materials was available and appropriate use was made of prisoner translators and the telephone interpreting service.
- 3.69 There were 78 foreign national prisoners, 15% of the population. Fifty-five were on remand and six were detainees held post-sentence, some of whom were appealing against deportation while others had been transferred from category C prisons at the end of their prison sentence. Responses in our survey from foreign national prisoners were similar to or better than those from British nationals.
- 3.70 Arrangements for managing and supporting foreign national prisoners had improved. Competent administrative staff in the custody unit worked closely with the foreign national officer to ensure that prisoners arriving at Lewes were quickly given advice and encouragement to pursue their cases, including obtaining key documentation and specialist

legal advice. In our survey, 76% of foreign national prisoners, compared to 46% of British nationals, said it was easy to communicate with their legal representative. The custody department kept its own file and prisoner history sheet on each foreign national prisoner so that all potentially relevant information, such as discussions with immigration staff or prisoner conduct in prison, was readily accessible. This file was transferred with the prisoner if he left Lewes. Custody staff were in regular contact with the Border and Immigration Agency (BIA) and made regular progress checks. BIA staff visited the prison to interview prisoners but did not hold regular surgeries.

- 3.71 The foreign national officer had previously worked in the immigration service and used his knowledge and contacts to good effect. His role as foreign national officer was in addition to that of senior officer on the first night centre and, although we found no criticism of his work, we were concerned that the expertise and responsibility for foreign national issues was not spread more widely. Prisoners told us that most residential staff referred any foreign national issues to this officer and that prisoners were often taken to the first night centre to see him. The foreign national prisoner representatives praised his work but felt that the post should be allocated more time and that the officer should be more centrally located to make it easier for prisoners to contact him.
- 3.72 There was no regular forum where foreign national prisoners could meet together but sessions such as one on the facilitated release scheme had been held. Volunteers from the Lewes group in support of refugees and asylum seekers, managed through the prison chaplaincy, provided support or simply visited foreign national prisoners as required. The Detention Advice Service no longer visited the prison and no alternative provision had been identified.
- 3.73 A suitable range of documentation was available in languages other than English and was constantly being added to. The information for visitors booklet was available in nine languages. Telephone interpreting services were routinely used, on average six times a month. Use of prisoner translators was usually limited to day-to-day issues such as helping a prisoner understand the regime or to fill in shop or food order forms. Foreign national prisoners reported problems with mail and telephones (see section on contact with the outside world).

Recommendations

- 3.74 Foreign national prisoners should be offered regular contact with accredited independent immigration advice and support agencies.
- 3.75 Foreign national support and information groups should be held at least monthly.
- 3.76 The foreign national officer's expertise should be spread more widely and additional support provided.

Contact with the outside world

Expected outcomes:

Prisoners are encouraged to maintain contact with the outside world through regular access to mail, telephones and visits.

- 3.77 Arrangements for prisoners to send and receive mail were generally good. There were enough telephones on the residential units but access was restricted in the evening. Visits booking

arrangements were unsatisfactory and were a major source of complaint. Visits sessions lasted up to two hours, with no restrictions on remand prisoners. The visitors' centre and children's play area relied on volunteers, refreshments were limited and access to toilets was poor. The furniture in visits was not comfortable or relaxed and the closed visits booths were unsatisfactory. The absence of a drug dog placed a strong emphasis on surveillance. Users had not been consulted about the proposed plans for a rebuild of the visits hall.

Mail

- 3.78 There was no restriction on the number of letters prisoners could send or receive. In our survey, 38% of prisoners, significantly better than the comparator of 44%, said they had problems with sending or receiving mail. Most incoming mail was received on the day it arrived at the prison and outgoing mail was posted the same day. The only delays related to the 140 or so prisoners subject to monitoring under public protection procedures or for security reasons. Five per cent of mail was subject to random monitoring. In our survey, 44% of prisoners said staff had opened legal correspondence but the records showed this had happened only six times to date in 2007. In the same period, 19 items of drugs had been intercepted in the mail. Local solicitors firms had been encouraged to use official postage franking to identify the mail. Any suspicious letters were normally opened in the prisoner's presence but in a sterile environment to reduce the risk of contamination of evidence.
- 3.79 Foreign national prisoners could exchange normal letters for air mail but this was a complicated process and normally resulted in delays of one or two days.

Telephones

- 3.80 There were enough telephones for the population and we received no complaints about long queues to use them, although prisoners generally complained about the high cost of calls. In our survey, 39% of prisoners, significantly worse than the comparator of 34%, said they had problems accessing the telephone, probably because evening association was provided only three times a week (see section on time out of cell). There was little regard to the timing of calls abroad. Foreign national prisoners who did not receive visits could apply for a free telephone call but had to do this each month and many complained about how little time that call provided.

Visits

- 3.81 Arrangements for social and legal visits were very poor and a major source of prisoner complaint. Prisoners had to send out visiting orders to visitors, who then had to book visits through a dedicated booking line. One operator covered the legal and social visit booking line. It was very busy and we failed to get through at all during the inspection. Friends and families often used the line for general enquiries, which indicated a need for some other facility to give advice and information. All visits had to be booked through this booking line and social visits could only be booked up to seven days in advance. An email booking facility was available but used mainly by official visitors. Only 28% of respondents to our survey, against a comparator of 36%, said they had received a visit in their first week.
- 3.82 Visits took place on most afternoons and some mornings and it was usually possible to arrange a visit within two or three days, although not necessarily the session requested. Visits could last up to two hours and there were no restrictions on the number of visits taken by remand prisoners. Afternoon sessions usually ran at 75% capacity with an average of 20 out of

27 visits places filled. In our survey, 69% of prisoners, better than the comparator of 64%, said the prison gave them the opportunity to have the visits they were entitled to.

- 3.83** Parking close to the prison was difficult but public transport links were good. The visitors' centre outside the main gate met basic needs by providing shelter, toilets, a refreshment bar and a telephone for a small number of people. It was run by volunteers and was sometimes closed, as on one afternoon of the inspection. Once inside the prison, visitors were usually searched either individually or in family groups. The waiting area was small but brightly decorated. The visits hall could be reached only via a steep flight of stairs. Prisoners or visitors with limited mobility were offered a 'flat visit', which took place in a stark room next to reception and quite a distance from the main gate.
- 3.84** The prison had no dedicated drug dog so all surveillance of visitors was by staff observation and closed-circuit television. A dog handler and passive drug dog were due to join Lewes at the end of September. The same group of staff covered visits so were knowledgeable about the procedures and issues. Staff were not intrusive but had little engagement with prisoners or visitors.
- 3.85** The visits hall was due to be upgraded but service-users had not been consulted about the proposed plans. The room was poorly decorated and equipped. There were no toilet facilities in the hall and visitors had to return to the main waiting area to use the toilets there, in which case the visit was terminated. A small children's play area was normally staffed by volunteers from the Mothers' Union. Refreshments could be bought from a number of vending machines but staff and visitors said these were unreliable and a recent visitors' survey had highlighted the poor selection of items, especially for vegetarians. The visits tables were semi-fixed with a high dividing panel between the prisoner and visitors. Officers allowed some physical contact and let young children sit on the prisoner's lap but the furniture was neither comfortable nor relaxing. Vulnerable prisoners sat at lower tables in an area close to the vending machines. They were easily identifiable and many said they felt unsafe (see section on vulnerable prisoners).
- 3.86** The closed visits booths were shabby and opened directly into the main visits hall. Thirteen prisoners were subject to closed visits, mainly because of suspected or actual attempts to pass illicit items during visits. Closed visits were reviewed regularly. The legal visits booths were inadequate (see section on legal rights). The video link facilities near to reception were used for inter-prison visits for convicted prisoners.

Recommendations

- 3.87** Prisoners should have better access to telephones in the evening.
- 3.88** Prisoners should be able to receive their first visit within one week of admission.
- 3.89** The visits booking system should be accessible and able to deal with the number and needs of visitors. Visitors should be able to book their next visit while at the prison.
- 3.90** A well run and properly-equipped visitors' centre should be available to provide information, support, shelter and other basic services for at least an hour before and after advertised visiting times.
- 3.91** Prisoners and visitors should have reasonable access to toilet facilities during visits.

- 3.92 The visits hall should be staffed, furnished and arranged to ensure easy contact between prisoners and their families.
- 3.93 Child visitors should be able to enjoy visits in an environment that is sensitive to their needs. A children's activity area should be provided where children can be supervised by trained staff and prisoners can play with their children.
- 3.94 A reasonable and predictable range of refreshments should be provided for families to buy during visits.
- 3.95 Official and social visitors should be consulted on the proposed plans for the new visits facility.

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.96 The processing of simple day-to-day requests on residential units was underdeveloped. Prisoners had good access to complaint forms. Complaints were dealt with fairly and replies were respectful and addressed the issues raised. Despite this, prisoner perception of the system was poor. Many complaints related to issues that could have been addressed informally.
- 3.97 Information on making applications and complaints was included in the information pack given to new arrivals, featured on the induction DVD and reinforced through published notices on all residential units.
- 3.98 Systems to process day-to-day applications were underdeveloped. Applications were not consistently recorded on receipt or tracked. The daily application books kept on all residential units to record incoming applications were not used and residential managers had no way of ensuring that each application was being dealt with.
- 3.99 An operational instruction issued by the governor (June 2006) set out in detail the procedures for the issue, submission and processing of complaints, included definitions of different complaints. It also detailed how each should be processed, collection procedures and timescales for reply.
- 3.100 Prisoners had easy access to complaint forms on residential units and posted completed forms in locked boxes. In our survey, 84% of prisoners, significantly better than the comparator of 78%, said it was easy or very easy to get a complaints form. A nominated complaints clerk acted as a central receiving and transmitting point for complaints and the responses to them. The clerk had sole access to the locked complaints boxes, which were emptied every weekday. There had been 647 complaints to date in 2007. Complaints were dealt with properly and replies were prompt, respectful and pertinent. Despite this, prisoners' perception of the system was poor, with only 20%, significantly worse than the comparator of 29%, saying their complaints had been sorted out fairly. Many complaints concerned simple problems that could

have been solved informally through the application system or by informal requests to landing officers.

Recommendations

- 3.101 Applications should be logged and tracked and the results recorded.
- 3.102 Prisoners should be encourage and enabled to solve areas of dispute and make simple applications before making official complaints.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

3.103 Legal services for prisoners were generally adequate but legal visits facilities were poor.

3.104 All new arrivals were seen by trained legal services officers usually within 24 hours. Their needs were assessed and all were given written information on how to access legal advice from solicitors and specialist practitioners. Recalled prisoners were identified at reception and were given further explanation about the reasons and their rights to make representations. Prisoners said access to legal services was generally good. In our survey, 39% of prisoners said it was easy to obtain bail information, 66% that it was easy to attend visits from their legal representatives and 49% that it was easy to communicate with their legal advisers. These results were significantly better than the respective comparators of 24%, 61% and 41%.

3.105 There were nine legal visits booths along two of the walls of the main visits hall. They were small, flimsy, poorly ventilated and generally unsatisfactory. The poor soundproofing provided little privacy and prisoners and solicitors gave us examples of where confidentiality had been compromised. Official visitors were supposed to be fast tracked through the entry procedures to visits but some said they were still reliant on officers escorting them from the waiting room to the visits hall. One barrister said he had entered the prison at 1.45pm but had not arrived in visits until 2.15pm, reducing the time available to spend with his client. A local solicitor complained that he could not arrange to see more than one prisoner at each visits session.

Recommendations

- 3.106 Suitable facilities for legal visits should be provided.
- 3.107 Official visitors should not have to wait for long periods before the visit begins.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

3.108 The prison had developed flexible prescribing regimes, a dedicated detoxification unit and a team of specialist staff to treat substance-dependent prisoners. Substance misuse nurses provided a good level of care but structured support during and post-detoxification was lacking, and joint care coordination with counselling, assessment, referral, advice and throughcare and mental health services was underdeveloped. Excellent links with community providers allowed prisoners to continue their treatment post-release. The prison's mandatory drug testing rate had reduced to 11% but supply reduction remained a challenge.

Clinical management

- 3.109 Treatment for alcohol and benzodiazepine dependency was started immediately on arrival but opiate users received only basic symptom relief. Patient group directives for first night medication were in place. Following a comprehensive assessment by a substance misuse nurse and a GP appointment the following morning, opiate users were transferred to B wing, the dedicated detoxification unit, and commenced reduction or stabilisation regimes. Comprehensive clinical management protocols had been developed. Prescribing options for opiate dependency included buprenorphine, methadone and lofexadine regimes.
- 3.110 In the previous four months, 219 prisoners had undergone detoxification, 133 from opiates and 86 from alcohol. A further 49 had been maintained on either methadone or buprenorphine. Only six young adults had been admitted to B wing in the past year and all had been accommodated in single cells.
- 3.111 Prisoners stayed on B wing for an average of three weeks. The regime included induction, education, exercise and gym sessions and prisoners dined out but there was no evening association due to staff shortages. Discipline staff were not dedicated to the unit and had not received substance misuse awareness training. The counselling, assessment, referral, advice and throughcare (CARAT) team visited B wing daily during the week but no structured psychosocial interventions were on offer. Group work and auricular acupuncture were due to be introduced.
- 3.112 Substance misuse nurses offered a good level of care seven days a week and provided some wing support when prisoners were moved to a general location. Many prisoners were reluctant to leave B wing as they were worried about the availability of drugs and lack of support on other wings. The substance misuse team consisted of 2.5 nurses, including a very experienced lead nurse who had developed the service. The team linked in closely with health services and appropriate clinical supervision arrangements were in place. The substance misuse nurses and one of the GPs had undertaken specialist substance misuse training and a community substance misuse consultant was available for clinical advice.
- 3.113 Each prisoner had a care plan but these were not shared with the CARAT service. Substance misuse and CARAT staff communicated daily and a basic service level agreement had been

drawn up but detailed joint working protocols and multidisciplinary meetings to coordinate prisoners' care were lacking.

- 3.114 An estimated 70% of prisoners experienced both mental health and substance-related problems. They were referred to the mental health in-reach team or to primary healthcare registered mental health nurses but neither had specialised in treating dual-diagnosis clients and joint work between services had not been formalised.
- 3.115 Excellent throughcare links with community providers had been developed. Substance misuse nurses attended team meetings at local drug and alcohol services, which prioritised working with prisoners on release. Brighton drug intervention programme workers visited weekly and other Sussex areas had appointed prison liaison nurses. Opiate users could continue naltrexone treatment and methadone maintenance on release.
- 3.116 The prison was not funded to implement the integrated drug treatment system in the near future but additional staff were due to be recruited as part of the prison's expansion. There were plans to appoint additional substance misuse nurses for reception and 24-hour cover on B wing, and to review the contract for medical cover to allow treatment to begin immediately. Provision of a supportive post-detoxification unit was also under discussion.

Drug testing

- 3.117 Reception testing showed that an average of 50% of new arrivals had used drugs prior to custody, reflecting the high level of problematic use in the local community. The random year-to-date mandatory drug testing (MDT) positive rate stood at 11% (compared to 15.7% in 2006) against a target of 15%. MDT was well managed by a dedicated coordinator, and eight officers were trained in the procedure. The group always met targets for random testing but was keen to increase risk tests for trusted workers. Newly refurbished MDT premises were located in reception.
- 3.118 Suspicion testing had recently improved. Compared to just five tests in April and May, 31 tests had been conducted in the previous 10 weeks, with an average positive rate of 50%. Risk and frequent testing programmes were also in operation. Prisoners mainly tested positive for opiates and cannabis, and all positive tests resulted in a referral to the CARAT service. In our survey, 41% of prisoners, against a comparator of 31%, said it was easy to get illegal drugs at the prison.
- 3.119 Thirty per cent of security information reports were drug-related. To date in 2007, 81 drug finds had been made, including large packages of class A drugs and mobile telephones. The main route into the prison was over the wall and through the mail (see section on security and rules).
- 3.120 The head of security had until recently chaired drug strategy meetings and there was good communication between departments dealing with supply and demand reduction aspects of the strategy.

Recommendations

- 3.121 Opiate-dependent prisoners should be provided with appropriate first night clinical support.
- 3.122 The detoxification unit should be staffed by a team of dedicated officers who have received drug awareness training.

- 3.123 Prisoners on the detoxification unit should be provided with structured psychosocial support.
- 3.124 Health and CARAT services should formalise joint working arrangements to coordinate prisoners' care.
- 3.125 Healthcare providers' skills mix should include dual diagnosis expertise.
- 3.126 The prison should ensure that sufficient resources are available to increase the level of target testing.

Good practice

- 3.127 *Opiate users could access flexible prescribing regimes while in custody and continue their treatment in the community. The substance misuse and CARAT teams had developed excellent throughcare links and community providers prioritised prisoners on release.*

Section 4: Health services

Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

- 4.1 Health services were undergoing a significant modernisation programme. The head of healthcare had identified major shortfalls in the delivery of a holistic service and was driving change. New staff were being recruited to provide a broad range of skills mix and experience. GP cover was good. Primary care was developing well. There were several nurse-led clinic and more in the planning stages. Mental health was generally good but primary mental health was underdeveloped. The in-patient facility was well staffed and provided a clean and pleasant environment but patients had restricted movement and did not receive enough purposeful activity.
- 4.2 All responsibility for the delivery of the health service was transferred to the primary care trust (PCT) in 2005. There were strong links with the PCT and all its services. A prison PCT partnership board had been reformed following national reorganisation of PCTs and had recently met. The last health needs assessment had been completed in 2000, although a contemporaneous status report identifying all current activity and shortfalls within the health services had been completed in July 2007. Links with local NHS providers were well established.
- 4.3 Healthcare was a two-storey building in the centre of the prison. An infection control audit had recently been completed. Primary care services were based on the ground floor and the in-patient facility was on the upper floor. The whole department was clean, well decorated and provided a pleasant atmosphere for patients and staff. Prison cleaners were responsible for maintaining all non-clinical areas while PCT housekeeping staff maintained treatment rooms and surgeries. The only areas below standard were the in-patient cells, where the toilets were particularly dirty. This was rectified during the inspection.
- 4.4 There was a shortage of office and consultation rooms but this was being addressed as part of the new build and refurbishment programme. The primary care area also contained four cells for in-patients, one of which was dedicated to prisoners with disabilities. Clinical rooms were appropriately furnished. The main treatment room held all medications in lockable wooden cabinets. These included controlled drugs, which should have been stored in locked metal double cupboards.
- 4.5 There were two holding rooms for waiting patients. They contained a reasonable amount of health promotion material but little in languages other than English. One of the staff nurses was working to improve this.
- 4.6 The in-patient area was bright and airy. It comprised a four-bed and a two-bed dormitory and three safer cells. All but one cell had electricity. The cells were functional with had in-cell sanitation. Both dormitories and the cell for prisoners with disabilities had camera cover, as did the association room. Televisions were available for patients. The shower area offered a good level of privacy and the dormitories had their own showers. Two adjoining large rooms used for association and education were rather sparse but the association room had a television, table tennis table and some board games.

- 4.7 Treatment rooms on the wings were generally clean and tidy but that on F wing was in urgent need of refurbishment to bring it up to acceptable standards. All had hand-washing facilities with electric hand dryers or paper towels. Most nursing staff carried alcohol hand gel. The rooms had suitable lockable medicine storage cabinets and fridges for thermolabile medicines. The K wing fridge temperature recordings were erratic. None of the treatment rooms provided confidentiality for patients collecting medicines, there were no hoods for prisoners to have a private conversation with nursing staff and prisoners on K wing had to enter the room to receive their medication, which was a security concern. There were no copies of patient group directives, although these were available in the main pharmacy.
- 4.8 The pharmacy was in a separate building that also housed the x-ray facility. The dispensary was not locked when occupied, which was a security risk as patients had to pass it to get to the x-ray room. The pharmacy was clean and tidy. Medicines were properly stored apart from some loose strips of capsules on the shelves. Pharmacy reference books were available but some were out of date. Out-of-hours access to the pharmacy was strictly regulated and a log of such use was kept. The x-ray room was fit for purpose but was due to be included in the refurbishment programme.
- 4.9 The dental surgery was bright, clean and furnished to a high standard but with no natural light or ventilation as the windows had been covered over by wall-hung cabinets. As a result, the room was warm and stuffy, with only a fan to provide limited air circulation.
- 4.10 Some health promotion was delivered but the level was inadequate. There were plans to address this and to involve prisoners in its delivery. There were no well man clinics, although all new arrivals were given a full health assessment. There was no dedicated health professional with responsibility for older prisoners. Nine prisoners were over the age of 60.
- 4.11 Access to local out-patient facilities varied, with 25 of the 104 booked appointments cancelled due to staff shortages in the last available quarter. Administrators said they usually managed to rebook appointments within a reasonable time and that no one had their appointment rebooked more than once.

Clinical governance

- 4.12 Clinical governance arrangements were in place and included the management and accountability of staff. Clinical leadership within healthcare was impressively strong. Staff were well trained and highly motivated, and positively accepted past and proposed changes.
- 4.13 The head of healthcare was an experienced senior registered general nurse (RGN) who had been at the prison for approximately 18 months. She was member of the senior management team and represented healthcare on all major committees within the prison. There were 29 whole time equivalent (WTE) nurse and healthcare assistant (HCA) posts. There were some vacancies but the majority had been recruited to, with new staff due to start in the near future. There was a very good skills mix with RGNs and registered mental health nurses (RMNs), some of whom were dual-qualified. Most HCAs had completed a national vocational qualification in care and many nurses had additional qualifications such as substance use, counselling and palliative care. Many staff were new to prison nursing. Apart from one RGN who remained employed by the Prison Service, all staff had been transferred to the PCT. Professional training was provided by the PCT and included mandatory PCT training; all training was fully supported and all staff had attended clinical supervision training. Protected time was allocated for staff to access supervision. Some agency and bank nurses were employed to cover sickness and vacancies.

- 4.14 Staff were divided into the two groups of primary care and in-patients, although they worked across both areas when necessary. The main hours of duty were between 7am and 3pm and 1pm to 9pm. There were always three staff on night duty, usually two trained nurses and a HCA.
- 4.15 The health team was supported by 2.8 WTE administrators and there was one vacancy. Two part-time discipline officers, equal to one WTE, were employed and worked opposite each other to provide continuity of support to healthcare. A portering service had been introduced by the PCT and comprised two WTE staff, although there was one vacancy. This post had been welcomed by staff and had alleviated many of the pressures on nurses and administrators in relation to the collection and delivery of, among other things, supplies, post and clinical waste. The porter was also responsible for escorting prisoners to and from the wings and collecting visitors to healthcare from the gate.
- 4.16 Sussex Forensic Medical Services provided 24-hour GP cover. Five regular GPs held morning clinics every day including weekends. None of the GPs had a special interest such as substance use. Continuity of care was often difficult as the GP was usually different every day. This often led to prisoner dissatisfaction with prescribing and risked prisoners trying to manipulate the system. Access to the GP could often take up to five days. Discussions were underway to resolve the issue and improve continuity of care.
- 4.17 There was a full-time pharmacist supported by two part-time pharmacy technicians covering for a full-time permanent technician who was absent on maternity leave.
- 4.18 A dentist accompanied by a dental nurse provided two sessions a week, with additional sessions as required to reduce the waiting list.
- 4.19 All specialist medical equipment was available through the PCT's medical devices group. Oxygen, a defibrillator and other emergency equipment was held in the main healthcare department and centre passage. The equipment met health and safety standards but was heavy and cumbersome. A defibrillator was held in one of the centre offices. All emergency equipment was checked regularly and records were kept. Staff said they were reviewing all emergency equipment and its location. All staff had completed annual resuscitation training.
- 4.20 Clinical records were held in the administrative office in lockable filing cabinets and only healthcare staff had access. The records we reviewed were well maintained with appropriate entries. Tracer cards were not used when staff removed notes from the cabinets. Anyone making an entry wrote their name and designation in a register at the back of the record so that they could be easily identified even when their signature was unclear. This was an excellent initiative but not all staff followed the system. An electronic medical information system (System 1) was due to be introduced shortly and staff had been trained. In-patient care plans were well written with meaningful entries.
- 4.21 There was no health forum where prisoners could raise issues with healthcare staff or be informed of impending changes to the delivery of healthcare. The head of healthcare investigated and answered prisoner complaints, usually within 48 hours, and any unresolved complaints were forwarded to the PCT. Advice on how to access the patient advice and liaison service and the independent complaints advocacy service was available.
- 4.22 The management and prevention of communicable disease was well established, with good links through the PCT and local health protection services.

Primary care

- 4.23 A wide range of clinical services was available and there was 24-hour healthcare. In our survey, 33% of prisoners, against a comparator of 26%, said it was easy to see the doctor and 58%, against a comparator of 46%, said it was easy to see the nurse.
- 4.24 Healthcare was very busy with a high turnover of patients. In June 2007, 250 new prisoners had been seen by nursing staff and 175 of those went on to see the doctor. All new arrivals were seen in reception by a member of the healthcare team. All underwent a comprehensive initial and secondary screening process that included a disability questionnaire. Prisoners were given verbal and written information about health services and some of the literature had been translated into languages other than English. Prisoners were told about pharmacy and medication services. Those on medication were asked to sign a compact and given an appointment to see the doctor to review their medication needs. Consent for the sharing of information was explained and signed by the prisoner. They were also given a health check to ensure they were fit to attend work and the gym. Prisoners were asked if they wished to see the GP and an appointment was usually made within five days or earlier if necessary.
- 4.25 Nurses were allocated their own wings for a period of time, which provided good continuity of care for prisoners. Prisoners wanting to access health services spoke to the wing nurse on weekdays between 8am and 8.30am, which was also when they could shower and complete personal administration. The process was hurried, which increased the potential for mistakes particularly in the administration of drugs, which sometimes included methadone. Twenty-nine prisoners were receiving methadone medication. There was no discipline presence when nurses were administering medications from wing treatment rooms. G and K wings did not have treatment rooms so nurses worked from wing offices, which was unsatisfactory. Although nurses used triage to assess patients, no algorithms were used.
- 4.26 Nurses made all appointments for prisoners to see other health professionals such as the GP. For no apparent reason, wings were allocated individual days when prisoners could see the GP and it took up to five days to be given a routine appointment. The GP could see up to 15 patients each weekday session, while weekend sessions were usually reserved for new admissions or emergencies. Few prisoners failed to attend for appointments. Those who did were followed up and entries were placed in their clinical records. The GP also saw all prisoners who had suffered an injury that required the completion of an F213 form. This could have been done by a nurse and was an unnecessary use of GP time.
- 4.27 Prisoners with life-long conditions were well managed. Ten prisoners were diabetic and 120 were asthmatics. Two nurses managed their care and both had completed PCT basic courses in asthma and diabetes. Clinics were run weekly and there were good links with the local community respiratory and diabetic nurse specialists who audited practice and offered professional guidance. Other patients with chronic heart disease, hypertension and chronic obstructive pulmonary disease also received regular checks. Smoking cessation programmes were well established and delivered by healthcare staff through group work and one-to-one consultations. The success rate was approximately 50%. Patches and lozenges were the preferred treatments.
- 4.28 There were no formal well man clinics but many relevant areas were assessed at reception and nurses gave prisoners some information.
- 4.29 Visiting specialists included an optician, radiographer, physiotherapy and podiatrist. The optician attended every two weeks and the waiting list was up to two months. Genito-urinary

medicine (GUM) clinics were held every two weeks and were run by two visiting nurse specialists from a local hospital. About six patients were seen at each clinic. The GUM consultant visited the prison when necessary. Testing for HIV and Hepatitis C was offered alongside pre- and post-test counselling. About 60 prisoners were on the waiting list and could wait up to 20 weeks. Other routine vaccinations such as hepatitis B, meningitis C and MMR were offered at reception.

Pharmacy

- 4.30 All pharmacy requisitions were supplied by the in-house pharmacist and her team. Prescriptions were written on standard prison prescription forms and the majority of those we reviewed were well managed. However, some prescriptions for controlled drugs (CDs) did not include the quantity of the drug in words and figures as required by legislation.
- 4.31 Pharmacy staff did not have direct contact with patients and only 28% of prisoners in our survey, against a comparator of 34%, said the overall quality of care delivered by the pharmacist was good or very good. Most prisoners held medication in possession for between one and 28 days but could not request repeat prescriptions. Prisoners attending court were given medication to take with them but this was not incorporated in the in possession policy, which had not been reviewed since 2004. A risk assessment determined whether prisoners received medication in possession or not, although in some cases this policy was ignored and the prescriber made their own judgement. In possession medicines were administered at 8am alongside those having supervised medicines. Prisoners needing pain relief or other simple medications could request these from nursing staff who visited the wings at 7.30pm and 11.30pm. Some medications were administered from stock but were not dual-labelled.
- 4.32 The special sick policy was out of date. Medicines given out under it were recorded on the prescription sheet rather than on the dedicated section on the outside of the form. There was no formal drug formulary.
- 4.33 Pharmacy stock should have been checked twice a year but some items in the emergency cupboard in the main treatment room were out of date. Stock medicines were ordered on a slip of paper rather than a formal ordering sheet. We found loose strips of paracetamol in some of the treatment rooms, which was unacceptable.
- 4.34 CDs in the pharmacy were correctly stored and registers maintained, although one CD had not been recorded. The CD register on B wing contained several deletions and alterations, which was against regulations. CDs were transported to the wings in unlocked carriers, which was a potential security risk.
- 4.35 The medicines and therapeutic committee met bi-monthly chaired by the pharmacist and attended by representatives from the GPs, PCT and nursing staff and the head of healthcare.

Dentistry

- 4.36 Dental services were good and access was within a month. The dentist treated up to 24 patients a visit and provided a full range of NHS treatments. No oral hygiene education was available but there was some oral health promotion literature. Dental records were satisfactory but medical notes were not routinely consulted. There was no out-of-hours service so those patients who could not be managed by the GP and healthcare staff were sent out to local emergency dental services and seen at the next available clinic in the prison. A local

consultant oral surgeon held a monthly clinic at the prison, which reduced the need for patients to be taken out to local hospitals.

In-patients

- 4.37 There were 19 bed spaces and all were on the certified normal accommodation (CNA). Most of the 14 patients had behavioural problems or personality disorders and some could probably have been managed on the wings with better mental health support. Prisoners admitted directly to in-patients from reception did not receive an induction programme and therefore did not receive general or specific information about the prison.
- 4.38 The in-patient landing was unusually quiet during the inspection and staff said there could be very ill and challenging patients. Admission was through nurses identifying prisoners at reception or by referral from the wings. Any prisoner referred was assessed by a senior community psychiatric nurse (CPN) based at the prison who was responsible for admitting patients if appropriate. Other referrals could be from the GP, who also had the authority to admit a prisoner.
- 4.39 Patients were unlocked at 8am and attended to their personal needs, including bathing and exercise in the yard. Meals were taken in rooms for what we were told were security reasons. Patients were out of their cell for most of the day and for three evenings a week. They could use the association or education room but were locked in and anyone who did not want to associate was locked in their cell. This was unnecessary.
- 4.40 Patients could attend education classes and dedicated sessions in the gym. Education took place in the in-patient teaching room on Mondays and Tuesdays. Patients could use the library on Thursdays and visits could take place in the visits hall or in in-patients. Other visitors included legal representatives and the chaplaincy.
- 4.41 The GP visited daily and the visiting psychiatrists regularly but there were no multidisciplinary meetings to discuss patients formally. Communication was usually one-to-one, with no opportunity to involve others, such as wing staff or the chaplaincy, who may have had an influence on a patient's behaviour. Little opportunity was taken for meaningful contact with patients, with prisoners sometimes either locked in their cells or in the association room. The little interaction there was tended to be polite and respectful.
- 4.42 Staff said strip clothing was used for in-patients but this was not recorded. There were no patients in strip clothing during the inspection.
- 4.43 There was no day care facility for prisoners who found it difficult to manage on the wings but we were told this was part of future plans.

Secondary care

- 4.44 Prisoners were placed on medical hold to ensure they were not transferred to other prisons while they were undergoing treatment at a local hospital.

Mental health

- 4.45 An integrated mental health service had been set up in April 2007 and included a senior community psychiatric nurse (CPN) from the Sussex Partnership Mental Health Trust. All other RMNs were employed by the PCT. There were vacancies, most notably the post of nurse

consultant in prison mental health and charge nurse in-patients. An identified gap was in the provision of learning disability-trained nurses.

- 4.46 The primary care service was underdeveloped. Some RMNs were employed in general health care as they could not yet be spared to concentrate full-time on mental health work. Those RMNs working on the landing also saw referrals and continued their management on the wings. The lack of a dedicated structured primary care service meant that the CPN took the lead on mental health but had too great a workload to manage all prisoners.
- 4.47 Any member of prison staff could refer prisoners for assessment. Written and verbal referrals were sifted every day and prioritised, with urgent referrals seen the same day and routine referrals within the week. There were approximately 30 referrals a week.
- 4.48 The GPs provided good support and visiting psychiatrists provided regular sessions. Two consultant psychiatrists provided a session each and the local forensic service provided one session of a forensic consultant psychiatrist and two by specialist registrars, all from the local medium secure unit. There was no clinical psychology input. The variety of visiting psychiatrists did not always work in the best interest of patients in that they appeared to have different working methods that made everyday management of patients difficult. The Sussex Partnership Trust had agreed to rationalise the number of psychiatrists coming into the prison.
- 4.49 Prisoners were seen on the wings or in healthcare and relationships with wing staff were described as good. Some therapeutic work was undertaken with patients but overall mental health services were still best described as work in progress. Specialist counselling services were available but there were not enough generic counsellors to support primary mental health needs.
- 4.50 There was no formal structure to provide mental health training for prison staff, although this was to be introduced once optimum staffing levels had been achieved.

Recommendations

- 4.51 There should be a dedicated primary care mental health team to ensure that prisoners on the wings receive equity of care.
- 4.52 The requirement for beds should be reviewed to ensure that only prisoners with an identifiable medical diagnosis are admitted to in-patients.
- 4.53 In-patient beds should be removed from the certified normal accommodation.
- 4.54 Prisoners admitted directly to in-patients from reception should receive the same information as those on the induction wing.
- 4.55 Following a risk assessment, in-patients should be allowed to eat out of cell.
- 4.56 In-patients should be given greater freedom to move around the in-patient landing and there should be more meaningful interaction between staff and patients.
- 4.57 Multidisciplinary clinical reviews should be introduced for all in-patients.
- 4.58 The introduction of day care services should be implemented as soon as possible.

- 4.59 Controlled drugs should be stored in lockable double metal cabinets.
- 4.60 The treatment room on F wing should be refurbished.
- 4.61 The treatment room on K wing should have a stable door so that prisoners do not enter the room when medicines are distributed.
- 4.62 All treatment rooms should be provided with privacy hoods to allow prisoners to speak to nursing staff in private.
- 4.63 The volume of work carried out on the wings in the morning should be reviewed to reduce the number of tasks.
- 4.64 The pharmacy should be kept locked at all times.
- 4.65 Alternative locations for the administration of medicines on G and K wings should be provided to ensure safety of staff and privacy for patients.
- 4.66 Primary care triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners.
- 4.67 GP appointment times should be reviewed to enable prisoners to see the GP within 48 hours.
- 4.68 Additional genito-urinary medicine clinics should be introduced to reduce the waiting list.
- 4.69 The profile of health promotion should be increased and well man reviews should be offered at least annually.
- 4.70 A named health professional should be given responsibility for the care of older prisoners.
- 4.71 Resuscitation equipment should be reviewed to ensure that only necessary equipment is taken to other prison locations.
- 4.72 Discipline officers should supervise all prisoners attending for medication.
- 4.73 A health forum should be implemented to allow prisoners to discuss general healthcare issues with senior healthcare staff.
- 4.74 Regular out-of-date checks should be done on all medicines.
- 4.75 The pharmacist should provide pharmacist-led clinics, clinical audit and medication review.
- 4.76 The medicines and therapeutic committee should meet at least four times a year, and meetings should be meaningful with all stakeholders attending.
- 4.77 Controlled drugs should be transported to treatment rooms in secure containers.
- 4.78 Signed patient group directives should be available in all treatment areas.

- 4.79 All controlled drugs should be recorded in the controlled drugs register.
- 4.80 Prescriptions for controlled drugs should comply with legislation and state the quantity in words and figures.
- 4.81 The responsible pharmacist should have professional control of the stock supplied and introduce a dual-labelling system to ensure that stock supplied by the prescriber is audited.

Housekeeping points

- 4.82 More healthcare information should be provided in languages other than English.
- 4.83 The in-patient cleaning schedules should be reviewed to ensure that cells are thoroughly cleaned between occupancy.
- 4.84 A tracer card system should be implemented for all clinical records.
- 4.85 All staff should be reminded of the requirement to sign the signature identification sheet in the clinical records.
- 4.86 Old pharmacy reference books should be discarded.
- 4.87 Stock medication should be ordered from the pharmacy on specific forms.
- 4.88 Loose tablets and tablet foils should not be kept in treatment rooms.
- 4.89 Prisoners should be able to reorder repeat prescriptions themselves.
- 4.90 Strip clothing should be used only as a last resort and all use should be recorded.
- 4.91 The wall cupboards in the dental surgery should be repositioned to allow the windows to be used to provide ventilation to the surgery.
- 4.92 Maximum and minimum temperatures should be recorded for all fridges. Where acceptable limits are exceeded, remedial action should be taken and documented appropriately.

Good practice

- 4.93 *A local consultant oral surgeon held a monthly clinic at the prison, which eradicated the need for patients to be taken out to local hospitals.*
- 4.94 *Anyone making an entry in clinical records wrote their name and designation in a register at the back of the record so that they could be easily identified even when their signature was unclear.*
- 4.95 *Prisoners not attending for healthcare appointments were followed up.*
- 4.96 *The portering service alleviated many of the pressures on nurses and administrators in relation to the collection and delivery of, among other things, supplies, post and clinical waste. The porter was also responsible for escorting prisoners to and from the wings and collecting visitors to healthcare from the gate.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

5.1 There was no clear strategy for learning and skills. Not all prisoners had an induction to learning and skills or an initial assessment of their needs. Most work was mundane and there was a lack of vocational training. The range of learning activities in literacy, numeracy and English for speakers of other languages was too narrow. Achievement of learning plans and qualifications on many programmes was inadequate. Teachers and trainers made insufficient use of learning plans. Quality assurance arrangements were underdeveloped and there was no specific provision for young adults. The opening hours for the library did not meet prisoners' needs. Only a limited range of items was available to support learning and skills.

5.2 Lewes had been subject to a number of recent changes including the reorganisation of contracts for education, which was subcontracted to Sussex Downs College. Creating Futures held a new contract for the provision of information, advice and guidance (IAG) linked to education, training and employment. After a long vacancy, a new head of learning and skills had started in January 2007 and other senior manager appointments had only recently been made. The extensive building programme made it harder to plan and manage learning and skills and work activities.

5.3 Not all prisoners attended the full prison induction programme and therefore did not receive an introduction to all the options for employment and learning and skills or an assessment of their literacy and numeracy needs (see section on first days in custody). Until recently, IAG had been concentrated on the resettlement needs of persistent and prolific offenders. New arrangements to provide IAG to all prisoners had been introduced but were not fully operational.

5.4 Strategic and operational plans for managing learning and skills were incomplete and insufficiently clear. The evaluation of the learning and skills provision and its suitability for the current and planned prison population was insufficiently systematic. Although some new employability short courses had recently been introduced, there were too few activity places to occupy prisoners purposefully during the core working day of 4.5 hours. The prison was committed to providing part-time work for all convicted and remand prisoners. Free flow arrangements enabled prisoners to opt for additional work when it was not normally scheduled.

5.5 There were 310 work activity places. Most were part-time and places were under-utilised in many activities. Work in the two contract workshops was mundane and repetitive but for some in the main workshop was improved through opportunities to complete a vocational qualification in polymer processing assembly. Learning and skills attendance data were unclear but there were 340 part-time enrolments recorded. Many prisoners were enrolled on more than one programme. Some combined work and learning and skills activities to work full-

time. There were few waiting lists for work or training. The pay schedule provided incentives to encourage prisoners to develop their learning and skills. Access to education was unsuitable for prisoners with disabilities.

- 5.6 Most employability training was in either information communications technology (ICT) in the prison ICT academy (PICTA) workshop or in education, or industrial cleaning in the BICS workshop. Vocational training in polymer processing, catering and horticulture was available but uptake was limited. The new short courses in health and safety and first aid had proved popular.
- 5.7 The range of provision in literacy and numeracy was satisfactory. English for speakers of other languages (ESOL) had been provided since October 2006 but its development had been slow. It was poorly promoted, initial assessment of language skills was inadequate and the range of resources was narrow.
- 5.8 Outreach provision to support prisoners with literacy and numeracy needs had increased, although levels of attendance were low. The provision of personal development and social integration was satisfactory. The prison had referenced learning opportunities to four of the seven pathways in the action plan to reduce reoffending. The effectiveness of these programmes was limited by the sequential nature of their delivery, which made them available only three times a year. There were some good enrichment activities, mostly involving music and drama, and support from the local community was good. A theme in a number of activities was the promotion of cultural and religious diversity.
- 5.9 The prison had insufficient arrangements to support its young adults, 18 of whom were aged 18. No separate guidance was provided to support those working with these prisoners to ensure that their needs were appropriately addressed and that the prison complied with its duty of care. There were no separate arrangements to engage these prisoners in a programme of learning and skills.
- 5.10 Toe-by-Toe was well established but Storybook Dads was not. A new course in reading with children had just started with support from Bookstart, a national charity, and had been well received by prisoners.
- 5.11 The new BICS workshop, which was also used for newly-introduced courses, was well resourced. Resources to support ICT training were also good. The PICTA was well resourced and managed. All prisoners achieved at least one unit towards an ICT qualification at level 1, 2 or 3.
- 5.12 Teachers provided prisoners with good support, including some specific support for prisoners with dyslexia. Teaching of prisoners on social and life skills programmes was good and responsive to their needs. However, the range of learning activities in literacy, numeracy and ESOL was too narrow. Some prisoners on literacy and numeracy programmes developed good skills but ESOL prisoners' speaking skills were insufficiently developed.
- 5.13 Teachers and trainers across education and vocational training made insufficient use of individual learning plans to set meaningful targets and agree action plans for learning. There were too few systems to monitor progress and ensure that prisoners knew what they needed to do to complete their programme of learning.
- 5.14 Standards of work were mostly satisfactory and the standards of work in art and craft and creative writing were good. Achievements of individual learning plans in the PICTA workshop were good but achievements of learning plans and qualifications on many other programmes

were inadequate. Prisoners had enrolled on programmes that took too long to complete. Too many prisoners had transferred or were released without a permanent record of what they had achieved.

- 5.15 Arrangements to improve the quality of education and vocational training were underdeveloped. Data were insufficiently used to set targets to support quality improvements. Arrangements to assess the quality of teaching and learning were incomplete. Self-assessment was insufficiently rigorous and the prison was insufficiently assured of the quality of the provider's provision.

Library

- 5.16 The library was managed by East Sussex library service. Arrangements for stock rotation, inter-library loans and a link with a specialist library for access to books in languages other than English were good. A full-time qualified librarian, helped by a part-time assistant for 25 hours a week and two full-time orderlies, staffed the library. There was no local strategy for the management of the library.
- 5.17 Access to the library was inconsistent, with some wings having two half-hour sessions a week and another having one 2.5 hour session a week. The library opening hours did not meet the specification for the size of the prison, although plans were well advanced to remedy this. Only prisoners attending education received a library induction. A prisoner survey had been undertaken recently but a library needs analysis had not been completed.
- 5.18 The library materials largely met the needs of the prisoners but there were no books in Braille. A limited range of books was available to support educational and vocational activities such as ICT and art. Additional books to support particular educational and vocational courses were available from outside libraries. There was an acceptable balance of fiction and non-fiction books, although too many books were crime-related. There was some computer access for prisoners to support distance learning and library staff had access to the internet.
- 5.19 Up-to-date Prison Service Orders were available in the library and earlier editions had been archived. A limited selection of legal textbooks was available, with the main text available electronically enabling prisoners to print off pages as required. There was no textbook on immigration law, although there was some guidance information for foreign national prisoners.

Recommendations

- 5.20 There should be an education, training and employment needs analysis, including the specific needs of young adults, to inform provision.
- 5.21 The prison should improve the use of activity and education spaces.
- 5.22 All prisoners should receive an induction to learning and skills and the library.
- 5.23 Information, advice and guidance linked to education, training and employment should be available according to the individual needs of prisoners.
- 5.24 Target-setting for prisoners in work and education should be improved.
- 5.25 The prison should introduce more equitable access to the library.

- 5.26 The library service should conduct a library needs analysis.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 5.27 Prisoners had good access to physical education (PE). The PE department focused on recreational PE for up to 42 prisoners per session. The facilities were satisfactory and clean but the weights room was cramped when fully occupied. The PE department worked with healthcare to provide remedial programmes but there were no opportunities for older prisoners and access for those with disabilities was poor.
- 5.28 Staffing levels were satisfactory, with one physical education (PE) senior officer, three PE officers, one PE instructor in training and four gym orderlies. During the refurbishment programme, the prison was focusing on meeting the recreational needs of prisoners and no accredited courses were on offer.
- 5.29 All new prisoners were interviewed within 24 hours of arrival and given a medical assessment of their fitness for gym work. A full induction was held each Thursday, when a further health questionnaire was completed. Participation rates were about 38% against a target of 40%. In our survey, significantly more prisoners than the comparator said they went to the gym at least twice a week. Up to 42 prisoners could attend PE at any one time. The gym was open seven days a week for four day-time sessions and three evening sessions. All wings could have a minimum of three sessions a week.
- 5.30 The main fitness activities involved weight-lifting and cardiovascular workouts for weight loss, keeping fit, building muscle and toning up. A badminton court was available and prisoners from A, B and F wings could join a weight-lifting club. In-house certificates were awarded to recognise competencies in safe weight-lifting. There were no specific programmes for older prisoners. Gym staff worked with healthcare to offer remedial programmes linked to identified need for two sessions a week. An appropriate record was kept of accidents and injuries.
- 5.31 Facilities were reasonably good, although the cardiovascular and weights areas were cramped when fully occupied and the outside sports field was not in use. Access for prisoners with disabilities was limited. Showers were clean and of an acceptable standard but did not allow much privacy and supervision was limited. Prisoners were issued with clean kit but were responsible for bringing their own towels.

Recommendation

- 5.32 Physical education programmes for more diverse groups of users should be introduced.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

5.33 Members of the chaplaincy team worked hard to make contact with prisoners and all prisoners had access to chaplains of their own faith. As well as providing religious services, the chaplaincy team delivered a range of formal and informal groups. The accommodation used for worship was unacceptably poor.

- 5.34 The coordinating chaplain was from a Methodist/Free Church background and the team comprised part-time chaplains from the Church of England, the Roman Catholic church and the Buddhist and Muslim faiths. There were also a number of chaplaincy assistants and an administrator. The team met regularly and appeared to collaborate well. Ministers of other faiths could also be asked to visit prisoners on request.
- 5.35 All new arrivals were usually seen by a member of the chaplaincy team the day after their arrival. Catholic mass was held on Saturdays, attended by around 20 men, the Church of England service on Sundays, attended by up to 50 men, and Muslim prayers on Fridays, attended by about 30 men. A small Buddhist meditation session was also scheduled to take place once a month. Prisoners had to sign up on the wing in advance if they wanted to attend any of these services. Prisoners on the vulnerable prisoner wing had their own weekly service, and chaplains visited the segregation unit and healthcare department daily. In our survey, 66% of prisoners, significantly better than the comparator of 58%, said they could speak to a religious leader in private.
- 5.36 The chaplaincy team also ran informal prayer groups on the wings and were involved in delivering the Alpha course (an introduction to Christianity) and the Sycamore Tree Programme (a victim awareness course).
- 5.37 Prisoners were normally able to get religious artefacts such as beads, incense and prayer mats, although the current stock had run out and additional items were on order. The coordinating chaplain kept a diary of all the major religious festivals and arrangements were made for special food to be available, sometimes prepared by prisoners and at other times by members of the local faith communities. Where appropriate, prisoners adhering to religious requirements who requested not to work were given permission.
- 5.38 Worship facilities were very poor. The Christian chapel was at the top of a steep flight of stairs and inaccessible to prisoners with mobility difficulties, the small multi-faith room had been taken over for other use two months previously and Muslim prayers were held in an association area on F wing with no carpet or ablutions facilities. A new multi-faith area was due to be built as part of the rebuild. The coordinating chaplain had identified some basic errors in the design and it was unclear whether it would provide enough room for the number of prisoners expected to want to use it.
- 5.39 The coordinating chaplain was setting up meetings with various statutory and non-statutory agencies to try and develop a model of community chaplaincy to strengthen links with the outside world.

Recommendations

- 5.40 Prisoners should not be required to sign up in advance to attend religious services.
- 5.41 Arrangements should be made to ensure that prisoners with mobility problems who wish to attend services are able to do so.
- 5.42 Prisoners of all faiths should be able to worship in decent and respectful surroundings.
- 5.43 The new multi-faith building should be designed to cater for the needs of the anticipated prison population.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

5.44 Prisoners had about seven hours out of cell a day. Most had at least one daily session of association, although evening association was restricted to three evenings a week and dependent on location. There was minor slippage in daily routines but association and exercise were not routinely cancelled.

5.45 The prison was reporting seven hours time out of cell for prisoners, equal to the target but less than our expectation of 10 hours. Systems for reporting time out of cell were reliable and reasonable administrative governance arrangements were in place. The routines on different wings included domestic periods and at least one period of association a day. Morning and afternoon sessions usually alternated between association and access to activity but this could impact on access to association for those working full time. A roll check indicated that about 76 (14%) prisoners on normal location were locked up at any point during the core day.

5.46 Most wings had evening association three times a week apart from prisoners on B wing, the care and separation unit and K wing, who instead had more time unlocked during the day. Association was only rarely cancelled. Most prisoners could have 30 minutes of exercise a day during the week, although sessions tended to be scheduled quite early and participation appeared limited. In our survey, only 30% of prisoners, significantly worse than the comparator of 41%, said they had exercise three or more times a week.

5.47 There was minor slippage in daily routines but prisoners had reasonable access to telephones and showers, and recreational amenities on the wings were reasonable.

Recommendations

- 5.48 Exercise periods should be increased to one hour and rescheduled to increase participation.
- 5.49 All prisoners should have access to evening association.

Section 6: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

- 6.1 The security department was well managed and properly integrated. Security committee meetings were well attended and there were formal links with violence reduction, drug strategy committees and local police. Information was processed effectively and communication between security and the rest of the prison was good. Risk management systems were effective and intelligence was shared effectively with local police. The controlled free flow system for main prisoner movement was well supervised but unobtrusive and the regime was not hampered by unnecessarily restrictive approaches to security.
- 6.2 The security committee was properly constructed and attended by representatives from appropriate internal departments and external agencies. These included the police liaison officer, prison managers and staff from all areas within the establishment. Meetings were held monthly chaired by the deputy governor and were generally well attended. The standing agenda was comprehensive and included security reports from all residential areas. An analysis of security information reports (SIRs) was presented by the security manager. The committee focused particularly on safer custody issues, and representatives from the violence reduction and drug strategy committees attended all meetings.
- 6.3 Security objectives were agreed through the consideration of intelligence, and progress was monitored and recorded. The prison had built good links with local police and a quarterly meeting was held to identify and plan appropriate cooperative action.
- 6.4 The security department was effectively managed by a principal officer responsible to a senior operational governor. Information was processed effectively and intelligence was used to inform risk assessments. Over 1000 SIRs had been received to date in 2007. These were processed and categorised by a nominated security collator and information was communicated to staff across the prison through monthly bulletins and published security assessments. Staff were encouraged to submit SIRs directly to the security office. The prison had identified drug importation as its biggest challenge, with 30% of all SIRs relating to the problem (see section on substance use). The prison was adopting a measured response to this. A drug supply action plan had been put in place based on intelligence and finds made on routine area searches. The reduction in the positive mandatory drug testing rate indicated that responses were proving successful. Four cameras were due to be installed around the perimeter wall and drug dogs had been borrowed from the Kent area three times since February 2007.
- 6.5 Routine cell searches were conducted by staff on the residential units. The prison was reaching its targets for searching all cells every quarter and all areas monthly. A list of cells for

searching was sent out to residential managers and progress against targets was monitored by the security department and reported to the security committee.

- 6.6 Despite the major refurbishment programme, the prison was operating a modified free flow system to allow supervised prisoner movement at the beginning and end of planned regime activities. Prisoner movement was effectively controlled by officers at strategic points along the route to work and education classes. Supervision was unobtrusive and allowed prisoners to walk freely within limited areas.
- 6.7 Prison Service and local rules were published and displayed on notice boards on all residential units. Prisoners were required to sign compacts that acknowledged their receipt and understanding of the published rules.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 6.8 Adjudication hearings were conducted fairly, charges were fully investigated and the published punishment tariff was consistently applied. Results of proven offences were noted, categorised and analysed to inform changes in strategies and identify trends. There were few incidents involving the use of force. The use of force committee had strong links to security and the violence reduction strategy and was effectively monitoring protocols and procedures. Planned intervention was properly carried out and documentation was completed correctly, but accident report forms were not always completed and prisoners were not always debriefed. The regime on the care and separation unit included daily showers, exercise and access to telephones but living conditions were extremely poor and there was little work to reintegrate prisoners. Staff treated prisoners with respect and care but the regime for longer-stay prisoners was poor, with little meaningful activity.

Disciplinary procedures

- 6.9 There had been 541 adjudications to date in 2007, similar to the same period in 2006. The adjudication room was in the segregation unit and appropriately set.
- 6.10 Records of adjudications showed that hearings were conducted fairly and charges were fully investigated. The hearings we observed were well conducted. The prisoner was put at his ease and the adjudicator took time to ensure that he understood the process. Prisoners were given the opportunity to seek legal advice. Throughout the hearing, the prisoner was able to challenge the evidence and put across his version of events. Prisoners found guilty were issued with written details of the award and the appeal process.
- 6.11 Adjudication standardisation meetings took place quarterly chaired by the deputy governor and were well attended. Punishment tariffs had been published and were being used consistently at formal hearings.
- 6.12 Punishments were fair and there were examples where adjudicating governors had dismissed cases due to a lack of evidence or anomalies in process. There was no evidence of unofficial or collective punishments.

- 6.13 Monthly statistics on the amount and nature of adjudications were presented to the senior management team. Results of proven offences were noted, categorised and passed to adjudicators, allowing them to identify trends and deal with problem areas as they arose.

Use of force

- 6.14 There had been only 34 incidents involving the use of force to date in 2007 compared to 42 in the same period in 2006. A use of force committee had been set up to ensure that protocols and procedures were carried out correctly. There were rigorous monitoring arrangements, with strong links to violence reduction, the security committee and the senior management team. All incidents were discussed at use of force committee meetings and reports were submitted to the monthly security and violence reduction committee meetings. Information on the nature of the incident, its location and the ethnicity of the prisoners involved was collated monthly and presented for analysis. Trends were identified and appropriate action was taken.
- 6.15 Planned intervention was well organised and properly carried out and documentation was completed correctly. Proper authority was recorded and all incidents were appropriately supervised by senior staff. Statements by the staff involved showed that intervention techniques were used properly and only when necessary. Healthcare staff attended planned interventions and prisoners involved in spontaneous incidents were seen soon afterwards but accident report forms were not always completed. Searching following an incident was undertaken sensitively. Not all prisoners were formally debriefed.
- 6.16 De-escalation was used effectively during particularly difficult situations and managers consistently encouraged these responses. Intervention documentation was regularly reviewed by the use of force committee and staff were challenged appropriately where necessary.

Segregation

- 6.17 The segregation unit was on the lower floor of F wing and below ground level. It comprised 15 cells, two special cells, a safer cell, a staff office, a prisoner shower and the adjudication room. Outside was a secure but shabby exercise yard. A segregation unit policy set out the management arrangements, expected working practices and the guiding principles of the unit. Copies were kept in the unit office and staff were aware of the content. Governance and management arrangements were good. The unit was effectively administered by trained officers who reported to a residential governor. Daily visits were made by governor grades and the segregation of prisoners was properly authorised in all cases.
- 6.18 Staff-prisoner relationships were very good. Specially selected officers dealt with difficult prisoners respectfully using appropriate levels of care and with proper consideration of individual circumstances. Written notes in personal files were generally good, demonstrating that officers knew the prisoners' personal situations and recording their mood and feelings.
- 6.19 The communal corridor was clean and well maintained. Notice boards contained up to date information and the unit rules were clearly displayed. However, living conditions were generally poor and, despite the best efforts of staff, the environment was stark and dismal. Cells were damp, stark, poorly ventilated and lacked natural light. Use of the special cells was low. Proper authority was sought in all cases and special accommodation documents showed that use was confined to extreme cases and prisoners were removed to ordinary cells as quickly as possible.

- 6.20 There were 15 prisoners on the unit: 14 segregated under prison rule 45 for good order or discipline and one for cellular confinement following adjudication. Six had been in the unit for more than a month and one for three months. All prisoners were routinely strip-searched on admission rather than based on assessed risk. The published regime included daily showers, exercise and access to telephones for all prisoners but the regime for long-stay prisoners was poor. There was little out of cell activity, no association and prisoners spent nearly all day in their cells with nothing meaningful to do. One prisoner had been given some basic education exercises to complete in his cell.
- 6.21 Planning systems to allow or encourage prisoners to return to normal prison location were underdeveloped. Algorithms were completed on time but there was little evidence that progress in terms of changes in behaviour and circumstances were monitored or acted on. Behaviour targets were not set and staff were not fully engaged in the planning process.

Recommendations

- 6.22 Accident report forms should accompany all use of force forms.
- 6.23 All prisoners should be debriefed following an incident where force is used.
- 6.24 A regime should be introduced to provide long-term prisoners in segregation with purposeful activity.
- 6.25 Planning systems to allow prisoners under good order or discipline to return to normal location should be in place.
- 6.26 Prisoners should be strip-searched on admission to the segregation unit only following an assessment of risk.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privileges schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 6.27 The incentives and earned privileges scheme was based on the standard three levels and had been modified to make it more motivational. Administrative arrangements were sound. Prisoners understood how the scheme worked and most had reasonable confidence in it.
- 6.28 Information about the incentives and earned privileges (IEP) scheme and copies of the facilities list were on display in residential areas and the scheme was explained during induction. A new IEP policy had been produced in March 2007 and notices explaining how the scheme worked issued to staff and prisoners. The main change was that the new scheme included greater differentiation between the levels, in how much prisoners could earn (prisoners on the enhanced level were entitled to a bonus), access to visits and use of personal clothing. The IEP scheme was also now used in the segregation unit, where prisoners had previously been dealt with solely under disciplinary procedures.

- 6.29 New arrivals were usually put on standard level unless they had definitely been on enhanced at their previous establishment. Prisoners applied to be considered for a move up a level and anyone who received three written warnings with 56 days was referred to the IEP board and considered for a downgrade. In our survey, a similar number of prisoners to the comparator felt they had been treated fairly under the IEP scheme, although far fewer black and minority ethnic prisoners than other prisoners said they were on the enhanced level than other prisoners, and the prison's own ethnic monitoring had revealed a discrepancy in July.
- 6.30 Prisoners on basic level were reviewed weekly. There were usually five or six prisoners on this level but during the inspection there was only one. We observed his review, which was chaired by the wing principal officer and attended by the senior officer, a wing officer and the prisoner. The chair was clear and firm and the overall tone was encouraging and motivational. The prisoner had been placed on basic as a result of a continued pattern of behaviour rather than a single event. He knew why he had been demoted, appeared to understand what was expected of him and was fully involved in the review. However, no formal targets had been recorded on file to ensure that all staff knew what assistance the prisoner needed to progress to standard level.
- 6.31 Around 80% of prisoners were on standard level, with approximately 20% on enhanced. Enhanced level prisoners were located throughout the prison and progress within the scheme was not restricted by availability of dedicated accommodation. The scheme was overseen by a principal officer who had taken over this responsibility a month previously and had made some improvements to the quality assurance arrangements. A number of files were now beginning to be sampled systematically each month to ensure fairness and consistency. The principal officer was providing constructive feedback to wing senior officers to help improve the standard of work carried out by officers.
- 6.32 Prisoners could appeal against IEP decisions and were advised how to do this.

Recommendations

- 6.33 The apparent disparity in the proportion of black and minority ethnic prisoners on the enhanced level should be investigated and action taken if necessary.
- 6.34 Written targets should be set and reviewed when prisoners are placed on basic.

Section 7: Services

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 7.1 The kitchen and most wing serveries were clean and functional. The food was varied and special diets were catered for but breakfast packs were distributed the night before use, meals were served too early and halal utensils were not properly managed on serveries. There had been no recent food survey but complaints books were available and the catering manager attended prisoner consultation meetings.
- 7.2 The kitchen was due to close shortly for refurbishment and alteration in anticipation of the planned increase in population from early 2008. A temporary kitchen was due to be installed.
- 7.3 The highly experienced catering manager was a principal officer. He was supported by a prison officer caterer and five industrial caterers. Recruitment was underway for a deputy catering manager. The kitchen also employed up to 16 remand and convicted prisoners, two of whom were taking NVQ level 1 in catering and hospitality. Only one prisoner had completed this qualification in the previous year.
- 7.4 The existing kitchen and most wing serveries were clean and functional, although the cleanliness of the servery on F wing was below an acceptable standard. All servers wore protective clothing but not all had completed a food handling course. Food temperatures at the point of service were routinely taken and records were maintained. Freezers and refrigerators in the kitchen had clearly marked shelves for storing halal food but the pans, knives and utensils were not clearly distinguishable from those used for other food. The same was true of the utensils on the serveries.
- 7.5 The menu was on a four-week cycle, with five choices for the lunch and evening meals. Fresh fruit was available every day with the evening meal. Vegan, halal and healthy choices were clearly identified on the menu. Meals were taken to the wings on heated trolleys and the catering manager controlled when they left the kitchen. Despite this, lunch was routinely served from 11.40am and the evening meal from 4.30pm, which was too early. Breakfast packs were issued the evening before they were to be eaten. Some prisoners said they ate these before morning and therefore had no breakfast. Prisoners in the care and separation unit and B and G wings had some opportunity to eat in association but all other prisoners had to eat in their cells. There were plans to introduce frozen airline-style meals while the temporary kitchen was in use. Prisoners we met expressed concern about this and said such meals were likely to prove extremely unpopular.
- 7.6 A number of prisoners complained to us about the food but what we saw was plentiful and of a reasonable quality. In our survey, 23% of prisoners, against a comparator of 24%, said the food was good or very good. The figure among black and minority ethnic prisoners fell to just 14% compared to 26% of white prisoners even though a good range of cultural and ethnic dishes was provided. There had not been a food survey in recent years but the catering manager attended several prisoner consultation meetings and acted on the views expressed.

Food comments books were available on residential units and regularly used by prisoners. They were checked only monthly and there was nothing to indicate whether complaints had been investigated or responded to.

Recommendations

- 7.7 All wing servers should be trained in food handling.
- 7.8 Halal dishes should be prepared and served with separate pans, knives and serving utensils. These items should be clearly distinguishable from those used for non-halal dishes.
- 7.9 A food survey should be conducted to inform decisions on menu choices.
- 7.10 Lunch should not be served before noon and the evening meal not before 5pm.
- 7.11 Breakfast packs should be issued on the day they are to be eaten.
- 7.12 Food comments books should be checked weekly and complaints investigated and responded to.

Housekeeping point

- 7.13 The F wing servery should be cleaned and maintained to an acceptable standard.

Prison shop

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

- 7.14 Consultative arrangements with prisoners worked well. The product list was extensive, with over 350 items available. Black and minority ethnic prisoners were less satisfied with the product list than white prisoners but the range of goods specifically for them was good. The delivery of completed orders provided opportunities for bullying.
- 7.15 The prison shop was contracted out to Aramark. Canteen order forms were issued on Fridays and collected over the weekend and completed orders were delivered the following week. Prisoners collected their order from a central point during wing association and therefore carried their goods around the unit with them, which provided an opportunity for bullying. Goods were issued in clear sealed bags, which prisoners checked before breaking the seal. A previous problem with many errors had improved and Aramark also held a small stock of key items on site so that shortfalls could be resolved quickly. New arrivals could choose either a smoker's or non-smoker's reception pack valued at £2.50.
- 7.16 In our survey, 61% of prisoners, against a comparator of only 43%, said the shop sold a wide enough range of goods but the figure among black and minority ethnic prisoners fell to 48% compared to 64% of white prisoners. The product list contained just over 350 items, providing a varied selection that included tinned goods and fresh fruit and a wide range of items for black

and minority ethnic prisoners such as skin and hair products, special food and prayer oils. Aramark representatives had attended several prisoner consultation meetings and the product list had been revised as a result. Prison managers also held regular meetings with Aramark to review the service offered. Hobby materials were included on the product list and prisoners could buy newspapers and approved magazines.

Recommendation

- 7.17 Shop orders should be issued to prisoners at their cell door.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

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| 8.1 | Resettlement work had suffered from a lack of strategic direction and focus. The policy document was weak and failed to take account of emerging work through the reducing reoffending agenda. A range of voluntary and community sector organisations provided services in the prison but their contribution was not sufficiently well recognised by the resettlement policy committee. |
|-----|--|
- 8.2 There was a resettlement policy but it was unclear when it had been written. It was weak and largely descriptive, and did not make any reference to the reducing reoffending delivery plan or identify local owners of the resettlement pathways. The resettlement policy committee had met only sporadically in the previous year. Its work lacked strategic direction and focus and the committee did not recognise or include the contribution of voluntary and community sector agencies sufficiently well.
- 8.3 A head of reducing reoffending had been appointed just before the inspection and had a wide range of responsibilities linked to resettlement, risk management and offender management and planning. The full-time resettlement manager had been in post for three years and had successfully engaged a range of voluntary and community sector groups that provided useful services to prisoners and their families. He also chaired a voluntary and community sector group that met twice each year and had developed a directory of services available for prisoners. The chaplaincy was developing a community chaplaincy project in conjunction with the National Offender Management Service to provide post-release mentoring and support to prisoners in the community.

Recommendations

- 8.4 The resettlement policy should be reviewed to reflect the priorities within the reducing reoffending delivery plan.
- 8.5 The resettlement policy committee structure should be revised to include the voluntary and community sector.
- 8.6 Staff from the voluntary and community sector working in the prison should be briefed on the offender management model and the contribution they make to its deployment as key workers.

Offender management and planning

Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

- 8.7 The role of offender supervisors had not become properly embedded or effective. Relationships with probation staff in the community were good and improving. Offender assessment system (OASys) arrangements were good but a backlog had developed. Relevant departments did not properly support the work of the public protection committee. Lifer processes were sound but lifers spent too long at Lewes and had little information about sentence planning. There were no arrangements for custody planning for short-term or remand prisoners or young adults.
- 8.8 This area of work was jointly inspected with Her Majesty's Inspectorate of Probation as part of the regional offender management inspection in the South East. Forty-five prisoners were in scope for phase 2 of the offender management model. All key departments involved in offender management were co-located in one department and there was good communication between the different functions.
- 8.9 The role of offender supervisor was undertaken by three full-time probation officers. They had anticipated losing some of their existing responsibilities to offender managers in the community but this had not yet happened. They lacked sufficient resources to carry out the role of offender supervisor effectively. The records showed that offender supervisors did not introduce themselves to prisoners in scope for offender management in good time and were not motivating them to complete required interventions. Links with offender managers in the community were good and offender supervisors had developed geographical links with teams. Offender managers had started to attend sentence planning boards more regularly but were not yet chairing the meetings. Video link facilities to support offender management were limited to the court link.
- 8.10 Prisoners who had been subject to sentence planning processes said they appreciated the resources allocated to them and found sentence planning boards engaging and motivational. Personal officers were not engaged with sentence planning (see section on personal officers).
- 8.11 Offender assessment system (OASys) arrangements were well managed by an OASys clerk but a backlog of over 50 assessments and reviews had developed due to OASys assessors being detailed to other duties and sickness absence. The quality of OASys assessments was satisfactory.
- 8.12 A public protection policy had been developed and updated in 2006. Monthly public protection meetings were held but attendance by security and police liaison staff had been poor and was impacting on the quality of the meetings. Senior managers were aware of this and were taking steps to improve attendance and raise the profile of the meeting. A database containing details of all prisoners subject to public protection measures was available to all staff and updated daily. Staff from a range of functions found this helpful and accessed it regularly.
- 8.13 Lifer processes were good and were managed by one lifer officer with administrative support. Documentation was completed to agreed timescales and multi-agency lifer review assessment

panels were taking place regularly with appropriate attendance by police and other agencies. Lifer management meetings took place monthly. There were 43 indeterminate-sentenced prisoners, including 21 prisoners sentenced to indeterminate sentences for public protection and nine lifers. Some prisoners waited up to 18 months before being allocated to a first stage lifer prison. Prisoners we spoke to were unhappy at what they perceived to be a lack of communication and frustrated at not being able to address their sentence plans sufficiently early in their sentence. They said the opportunity to raise issues with the lifer officer was ad hoc. The lack of trained lifer officers on residential units contributed to their frustration. There were no opportunities for lifers to meet together.

- 8.14 In the previous six months, 19 prisoners had been granted early release under home detention curfew (HDC) out of 121 applications. HDC processes were well managed and boards were convened regularly. Use of release on temporary licence was more limited, although it had been used several times in the previous six months including to allow a visually impaired prisoner to attend classes in the community prior to release.
- 8.15 No custody or sentence planning was taking place with young adult, remand or short-term prisoners.

Recommendations

- 8.16 Personal officers should assist in reinforcing sentence planning processes.
- 8.17 The backlog of OASys assessments and reviews should be tackled as a priority.
- 8.18 Regular lifer forum meetings should be established.
- 8.19 Staff should access relevant lifer training as soon as this is available.
- 8.20 Indeterminate-sentenced prisoners should be moved speedily to first stage prisons.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Accommodation

8.21 Accommodation outcomes for prisoners were poor. Too many were discharged without accommodation and arrangements to help prisoners secure accommodation were unclear.

- 8.22 In the previous six months, 26% of prisoners had been homeless on release. We spoke to several prisoners with substance misuse problems who were due to be released within six weeks and all were dissatisfied with the amount of help they had been given to secure accommodation. They all believed that without appropriate support they were likely to relapse and reoffend. The prison had a full-time accommodation officer.

- 8.23 Prisoners' accommodation needs were assessed at induction, housing benefit claims were made or closed down if relevant and help in relinquishing tenancies was given. However, it was not clear how prisoners with identified housing needs were then helped to secure accommodation during their sentence or period of remand. Many of the areas prisoners were released to had high levels of homelessness and a lack of social housing.
- 8.24 The prison was working with Revolving Doors, a charity focusing on mental health and criminal justice, to develop a bid for prisoners with complex and enduring needs released to the Brighton and Hove area. A steering group of relevant parties had been established and a prisoner needs analysis had been completed by Revolving Doors. This was a commendable initiative but was likely to deliver positive outcomes for only a small group of prisoners.
- 8.25 Two enthusiastic prisoner peer advisers on F wing were assisting prisoners on that wing and on induction with applications for council accommodation. They were awaiting formal training and St Giles Trust was expected to assist in delivering this.

Recommendations

- 8.26 The prison should ensure that local Supporting People commissioning bodies are regularly updated on the accommodation needs of prisoners being released from Lewes.
- 8.27 Peer advisers should receive appropriate training and support.

Education, training and employment

- 8.28 Many prisoners did not have a permanent record of the learning they had achieved at Lewes and most were released or transferred elsewhere before they could achieve a partial or full award. The prison had made some progress in preparing prisoners for work, training and education after release supported by the results of a need analysis but not all prisoners had information, advice and guidance.
- 8.29 Not all prisoners had received appropriate information, advice and guidance linked to education, training and employment. All new arrivals were interviewed by a Jobcentre Plus worker. Prisoners due for discharge were interviewed, including arrangements for Freshstart interviews.
- 8.30 A roll-on, roll-off work skills and preparation for work programme was provided for up to 10 prisoners, supporting them with CV writing, filling in forms and writing letters of application. Prisoners were also helped to improve their job-search skills.
- 8.31 A job club had stalled due to staff shortages. Prisoners had restricted access to two Job Point touch-screen systems that provided live access to job vacancies nationwide and abroad.
- 8.32 Contacts with employers and the local community were good. Prisoners who completed a qualification in polymer processing were conditionally guaranteed a job interview. The prison held employer days to help employers overcome their anxiety about employing ex-prisoners. Prisoners gained good higher-level ICT skills in the PICTA workshop, and the prison planned to allow prisoners trained in assembling data cables to take the site operative's qualification to meet local construction employment opportunities. Staff in the PICTA workshop supported ex-prisoners who continued with their education or gained employment linked to ICT.

Recommendation

- 8.33 Records should be kept of the training prisoners receive at Lewes.

Mental and physical health

- 8.34 Prisoners with mental health issues were met on release and all prisoners were issued with a discharge letter to a GP. However, there was no formal system for prisoners to see health staff before discharge.
- 8.35 Health staff were in reception each morning and dealt with all prisoners going to court and being transferred or released. Prisoners were given a letter for their GP and any necessary medication but the absence of a discharge clinic or dedicated time to see prisoners meant they left prison without a final health check or being given verbal information about how to register with a GP.
- 8.36 Prisoners with mental health needs were seen by the mental health team and community mental health teams were contacted so that prisoners on care programme approach (CPA) could meet the teams who would continue their CPA in the community. It appeared that getting external teams to come into the prison was very difficult.

Recommendation

- 8.37 Formal discharge clinics should be introduced so that prisoners due to be released are given a health check and appropriate advice on how to access health services in the community.

Drugs and alcohol

- 8.38 A coherent drug and alcohol strategy was well integrated and effectively managed. Although services to help prisoners combat drug and alcohol use were mostly good, action plans and joint working protocols were lacking. A prison-wide needs analysis to inform provision of services had not been fully conducted and voluntary drug testing was underdeveloped.
- 8.39 The responsibility for chairing drug strategy meetings had recently passed to the head of offender management, who delegated this task to her deputy. Monthly multidisciplinary meetings were well attended and included the head of security and the head of healthcare. A dedicated principal officer managed and coordinated the different strands of the strategy and represented the prison at local community partnership and planning meetings. Excellent local links had been developed at a strategic and operational level.
- 8.40 Both a drug and an alcohol strategy were in place but they lacked action plans and joint working protocols, and the alcohol strategy was not sufficiently detailed. A detailed population needs analysis to inform the drug/alcohol strategy and to target services had not been undertaken.
- 8.41 Counselling, assessment, referral, advice and throughcare (CARAT) services were provided by 6.5 staff from the crime reduction initiative. This included a manager also responsible for

HMP Ford and a team leader. One member of staff was on long-term sick leave. There were appropriate management and supervision arrangements and the team contained a good skills mix such as nursing, counselling and alcohol work. The service was based in a portacabin shared with the prison addressing substance-related offending (P-ASRO) team, which allowed for information sharing and joint work. The majority of referrals were received from substance misuse nurses and first night officers. New prisoners were given an induction pack and workers made themselves accessible by offering drop-in sessions on the wings.

- 8.42 Due to the quickly changing population, care plans were completed at the same time as drug intervention records. The service was on target to meet the key performance target of 750 initial assessments but not all were done within the first five days due to staff shortages. Young adults, persistent and prolific offenders and those due to be released were given priority and assessed within three days. The team's active caseload stood at 200. Structured one-to-one work was supplemented with in-cell work packs, and the service included problem alcohol users. This client group could also access an alcohol awareness session, a 12-unit drug and alcohol awareness module run by the education department, and Alcoholics Anonymous self-help groups.

- 8.43 The primary care trust had trained staff to run overdose aid sessions twice a month. In light of the Brighton area's high level of drug-related deaths, this workshop was particularly important. The team was due to re-start a four-session relapse prevention module in September.

- 8.44 Staff were keen to provide more support to clients on the detoxification unit and had been trained to offer auricular acupuncture sessions. They also wanted to introduce integrated drug treatment system (IDTS) group work modules but this depended on sufficient staffing levels as the prison was not currently funded to provide the IDTS (see section on substance use).

- 8.45 The CARAT service was well integrated and represented at weekly offender management and other relevant multidisciplinary meetings. The manager and the head of healthcare were developing joint working arrangements between the services. Cross-referrals took place between CARAT and mental health services, and workers were in daily contact with substance misuse nurses but care coordination had not yet been formalised (see section on substance use). Clients requiring counselling were referred to CRUISE for bereavement and to Mankind for survivors of sexual abuse. One Mankind counsellor worked solely with CARATs clients.

- 8.46 Excellent links had been established with local drug intervention programme (DIP) services to facilitate prisoners' throughcare, and the manager attended local meetings. East Sussex DIP workers visited prisoners regularly, and West Sussex had identified dedicated prison link workers. Families and carers of drug users were encouraged to access support from the Crime Reduction Initiatives' 'Patched' initiative, a local service providing a telephone helpline, awareness raising and therapeutic sessions aimed at restoring family relations.

- 8.47 Sentenced prisoners with at least four months left to serve could undertake the P-ASRO programme, which was well established and had run for three years. The programme team was stable and experienced, consisting of a treatment manager and four facilitators who were all discipline grades. To date in 2007, 36 prisoners had started P-ASRO and 28 had completed it against an annual target of 96 starts and 62 completions. Morning programme modules were supplemented by afternoon sessions, including CARATs alcohol awareness and the overdose aid modules, input from 'Patched' to raise awareness of the needs of substance users' families, and a structured gym session. The team had recently moved to a portacabin shared with CARATs and the services worked well together. Peer support was underdeveloped and there were plans for a combined P-ASRO/CARATs mentoring scheme and a joint wing drop-in service. Prisoners found the course helpful but wanted to be accommodated on a drug-free

unit with a frequent drug testing programme to help them stay drug-free. Good throughcare links were in place, with the CARATs team leader acting as the continuity manager. Post-course reviews were well attended and could take place at other establishments where participants engaged in a 12-step programme or attended a therapeutic community.

- 8.48 Remand prisoners (and therefore all young adults), short-term prisoners and those on methadone maintenance did not meet the P-ASRO course criteria. The drug strategy team therefore hoped to introduce the short duration programme. With the increase in the prison's population, it was likely there would be sufficient demand for both programmes.
- 8.49 Participants of P-ASRO were drug tested at least three times during the programme and this had been prioritised during recent disruption to testing. Due to the lack of a designated testing area during the building work and staffing issues, only 158 voluntary drug tests (VDT) had been conducted in the previous six months but 275 prisoners had signed compacts. A new VDT suite had been in operation since the beginning of August and testing had restarted. The scheme was managed by a dedicated VDT coordinator but difficulties in profiling residential officers to undertake testing continued. Prisoners could access VDT independent of location. Enhanced level prisoners and trusted workers were expected to sign up to drug testing but there was no separate compliance testing compact.

Recommendations

- 8.50 The drug and alcohol strategy should contain action plans and joint working protocols.
- 8.51 The establishment should conduct a detailed population needs analysis to inform the drug and alcohol strategy.
- 8.52 Prisoners undertaking the P-ASRO programme should have access to peer support and to a voluntary drug testing unit.
- 8.53 The short duration programme should be introduced to meet the needs of its remand population, short-term prisoners and those on methadone maintenance.
- 8.54 Voluntary drug testing should be undertaken with the required frequency.
- 8.55 A separate compliance testing compact should be developed for enhanced level prisoners and trusted workers.

Good practice

- 8.56 *The CARAT service had introduced overdose aid training for prisoners, which was particularly relevant in light of the local community's high level of drug-related deaths.*

Finance, benefit and debt

- 8.57 Prisoners with financial problems saw a specialist adviser. The service was comprehensive and thorough, and extended to prisoners' partners. A relatively high number of prisoners were helped through the community care grant scheme but few were helped to open bank accounts.

- 8.58 All new arrivals were interviewed within two working days by a specialist worker from Jobcentre Plus who assessed their immediate needs and provided guidance and advice as necessary. Particular attention was paid to closing down any existing benefit claims. Prisoners were routinely asked if their dependants were likely to be experiencing financial hardship and, if so, the specialist worker could contact them to offer assistance. Any prisoner identified as having a serious debt problem was referred to the local Citizens Advice debt counsellor who visited the prison on a one-off basis. A generic money management course run by the education department was open to around 30 prisoners a year.
- 8.59 All convicted prisoners were again interviewed by the Jobcentre Plus worker two weeks before release. A relatively high number of prisoners (about 20 a month) were helped to complete community care grant application forms. These grants provided financial help to ensure that discharged prisoners had adequate clothing and furniture. Appointments for prisoners who needed to claim state benefit were also organised at this final pre-release contact. Only a few prisoners were helped to open bank accounts. One prisoner had been permitted to visit local premises under release on temporary licence accompanied by a member of the resettlement department.

Recommendation

- 8.60 Prisoners should be given help to open bank accounts before their release.

Good practice

- 8.61 *The routine offer of guidance and assistance to prisoners' partners or wives who might be experiencing financial difficulty was an unusually thorough and helpful level of support.*

Children and families of offenders

- 8.62 Given the high number of prisoners who were close to their home area, this was an underdeveloped area of service provision. The Family Man course was running successfully and a project with Bookstart had just started. However, there were few initiatives to allow prisoners to maintain their role within the family or for families to contribute to or support key aspects of the sentence.
- 8.63 There was no strategic focus or action plan detailing the outcomes the prison aimed to achieve in this area. The resettlement officer took the lead and offered a contact point for families and friends who sought or wanted to give information about their prisoner. This arrangement fell short of providing a qualified family support worker.
- 8.64 The Family Man course had recently finished its thirteenth programme and a new partnership with a charity called Bookstart aimed to encourage parents and carers of children to develop a lifelong love of reading. A presentation to fathers took place during the inspection and starter packs were available for children. Apart from these structured interventions, there were few established systems or initiatives to encourage or enable prisoners to maintain their role in their family. Similarly, families were not invited to participate in key aspects of their relative's sentence such as sentence planning or supporting those at risk of self-harm.

- 8.65 Evening and children's visits were not provided and attempts to organise general family visit days had proved unsuccessful. Given that a significant proportion of prisoners were close to their home area and families, this area of service provision was underdeveloped.

Recommendations

- 8.66 Families should be invited and encouraged to participate in key aspects of a prisoner's sentence where appropriate.
- 8.67 Regular evening visits and children or family days should be run.
- 8.68 There should be a qualified family support worker.

Attitudes, thinking and behaviour

- 8.69 The current range of interventions to address attitudes, thinking and behaviour was limited. P-ASRO courses were helping prisoners combat drug abuse but no other accredited courses were available and were particularly needed for those serving indeterminate sentences.
- 8.70 Lewes currently offered only the P-ASRO accredited programme and the prison hoped to introduce the short duration programme (see section on drugs and alcohol). The head of reducing reoffending was aware of the urgent need to increase the programme portfolio given the prison's plans to focus on indeterminate sentenced prisoners and lifers when the new residential unit opened in 2008.
- 8.71 The chaplaincy ran three Sycamore Tree programmes a year. These focused on victim awareness and provided an introduction to the concept of restorative justice. The full-time chaplain selected prisoners for the 16 places available on each course. Other support services included Mankind UK, which provided one-to-one counselling for male survivors of sexual abuse. This was well used despite the fact that it was not well publicised. The Patched service also offered support to families of substance misusers in the community as well as supporting the delivery of the P-ASRO programme. Both charities were subject to short-term funding arrangements.

Recommendation

- 8.72 More accredited programme interventions should be made available and this should be informed by a prisoner needs analysis.

Section 9: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations	To the governor
9.1	Accommodation on F and B wings should be refurbished. (HP42)
9.2	The segregation unit should be refurbished urgently. (HP43)
9.3	More purposeful activity should be provided. (HP44)
9.4	The provision of learning and skills and vocational training should reflect prisoners' needs and enable more prisoners to obtain accredited qualifications. (HP45)
9.5	The reducing reoffending strategy should be revised to improve outcomes across the seven resettlement pathways. (HP46)
9.6	The prison should revise its offender management model to ensure that offender supervisors have the capacity to engage with prisoners and deliver sentence planning effectively. (HP47)
9.7	Custody planning should be provided for short-term and remand prisoners. (HP48)

Recommendation	To NOMS
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Offender management and planning

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| 9.8 | Indeterminate-sentenced prisoners should be moved speedily to first stage prisons. (8.20) |
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Recommendations	To the governor
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First days in custody

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|------|---|
| 9.9 | Closed-circuit television cameras should be installed in the three reception holding cells used to accommodate vulnerable prisoners. (1.21) |
| 9.10 | Reception holding rooms should contain information and the means to keep prisoners occupied. (1.22) |
| 9.11 | All new arrivals should spend their first night in custody in the first night centre or in designated cells. (1.23) |
| 9.12 | Staff should ensure that all prisoners attend the induction sessions. (1.24) |
| 9.13 | The induction DVD should be available in languages other than English. (1.25) |

- 9.14 Peer advisers should receive appropriate training and be given the opportunity to achieve relevant qualifications. (1.26)
- 9.15 The role of peer advisers should be agreed and support for and management of the scheme clearly defined. (1.27)

Residential units

- 9.16 Cells designed for one prisoner should not accommodate two. (2.10)
- 9.17 All prisoners should be allowed to wear their own clothes. (2.11)
- 9.18 All in-cell toilets should be adequately screened. (2.12)
- 9.19 All showers should be equipped with privacy screens. (2.13)
- 9.20 Safety-testing of electrical items of prisoner property should be carried out quickly. (2.14)

Personal officers

- 9.21 Personal officer entries in wing history files should demonstrate positive interaction with prisoners. (2.24)
- 9.22 Management checks of wing history files should include an analysis of the quality of entries. (2.25)
- 9.23 Links between personal officers and offender supervisors should be improved. (2.26)

Bullying and violence reduction

- 9.24 All violence reduction activities should be amalgamated under the umbrella of the safer custody committee. The committee should meet monthly and focus on developing and improving local procedures. (3.11)
- 9.25 All alleged incidents of bullying should be reported and investigated, and entries in wing observation books regularly checked. (3.12)
- 9.26 Bullying incidents reported through the racist incident report system should be referred to the anti-bullying coordinator. (3.13)
- 9.27 Following staff training, the revised anti-bullying strategy should be fully implemented. (3.14)
- 9.28 Information on bullies and victims should be cross-referenced into wing history files. (3.15)
- 9.29 Support plans for victims of bullying should be provided. (3.16)

Self-harm and suicide

- 9.30 Meetings of the safer custody team should be attended consistently by all key departments. Where a member of the committee is unable to attend, a fully briefed deputy should do so. (3.27)

- 9.31 Adequate cover should be provided for the safer custody coordinator. (3.28)
- 9.32 All permanent members of night staff should receive assessment, care in custody and teamwork (ACCT) training. (3.29)
- 9.33 The quality of initial assessment, care in custody and teamwork (ACCT) assessor reports should be significantly improved, case reviews should not be conducted by a single member of staff and monitoring entries in documents should demonstrate a high level of engagement by staff with the prisoner concerned. (3.30)
- 9.34 Prisoners should have 24-hour access to Listeners. (3.31)
- 9.35 Prisoners should only be placed in strip clothing to prevent acts of self-harm in exceptional circumstances and after other methods of support and constant engagement have been tried. (3.32)

Vulnerable prisoners

- 9.36 Designated tables for vulnerable prisoners in visits should not be situated next to the vending machines. (3.41)
- 9.37 Vulnerable prisoners should be discreetly moved from the visits hall before mainstream prisoners at the end of visits. (3.42)
- 9.38 The prison should carry out a full analysis of the needs of young adults and act on any findings. (3.43)
- 9.39 Reintegration planning for prisoners on the care and separation unit should be further developed, with targets that aim to improve prisoners' behaviour and increase their coping skills. (3.44)

Diversity

- 9.40 All aspects of diversity should be subject to the same rigorous strategic planning and routine monitoring as exists for race equality. (3.53)
- 9.41 The time allocated to specialist diversity posts should be reviewed to ensure that adequate resources (including contingency support and cover for absences) are provided to meet the needs of minority prisoner groups. (3.54)
- 9.42 All prisoners over retirement age and all prisoners with disabilities should have individual care plans based on their needs. (3.55)
- 9.43 All staff, particularly those in direct contact with prisoners, should receive training and guidance to help them understand and respond appropriately to the specific needs of minority prisoner groups. (3.56)

Race equality

- 9.44 The system for dealing with racist incidents should be reviewed to ensure that timely and thorough enquiries are made and recorded, and the complainant should be given a detailed

explanation of the enquiries conducted and the reasons for any decision, and all available appeal procedures should be explained. (3.65)

- 9.45 Attempts should be made to conclude enquiries even after a witness or complainant has been discharged. (3.66)
- 9.46 There should be a programme of regular events to celebrate racial, ethnic and cultural diversity. (3.67)

Foreign national prisoners

- 9.47 Foreign national prisoners should be offered regular contact with accredited independent immigration advice and support agencies. (3.74)
- 9.48 Foreign national support and information groups should be held at least monthly. (3.75)
- 9.49 The foreign national officer's expertise should be spread more widely and additional support provided. (3.76)

Contact with the outside world

- 9.50 Prisoners should have better access to telephones in the evening. (3.87)
- 9.51 Prisoners should be able to receive their first visit within one week of admission. (3.88)
- 9.52 The visits booking system should be accessible and able to deal with the number and needs of visitors. Visitors should be able to book their next visit while at the prison. (3.89)
- 9.53 A well run and properly-equipped visitors' centre should be available to provide information, support, shelter and other basic services for at least an hour before and after advertised visiting times. (3.90)
- 9.54 Prisoners and visitors should have reasonable access to toilet facilities during visits. (3.91)
- 9.55 The visits hall should be staffed, furnished and arranged to ensure easy contact between prisoners and their families. (3.92)
- 9.56 Child visitors should be able to enjoy visits in an environment that is sensitive to their needs. A children's activity area should be provided where children can be supervised by trained staff and prisoners can play with their children. (3.93)
- 9.57 A reasonable and predictable range of refreshments should be provided for families to buy during visits. (3.94)
- 9.58 Official and social visitors should be consulted on the proposed plans for the new visits facility. (3.95)

Applications and complaints

- 9.59 Applications should be logged and tracked and the results recorded. (3.101)

- 9.60 Prisoners should be encourage and enabled to solve areas of dispute and make simple applications before making official complaints. (3.102)

Legal rights

- 9.61 Suitable facilities for legal visits should be provided. (3.106)
- 9.62 Official visitors should not have to wait for long periods before the visit begins. (3.107)

Substance use

- 9.63 Opiate-dependent prisoners should be provided with appropriate first night clinical support. (3.121)
- 9.64 The detoxification unit should be staffed by a team of dedicated officers who have received drug awareness training. (3.122)
- 9.65 Prisoners on the detoxification unit should be provided with structured psychosocial support. (3.123)
- 9.66 Health and CARAT services should formalise joint working arrangements to coordinate prisoners' care. (3.124)
- 9.67 Healthcare providers' skills mix should include dual diagnosis expertise. (3.125)
- 9.68 The prison should ensure that sufficient resources are available to increase the level of target testing. (3.126)

Health services

- 9.69 There should be a dedicated primary care mental health team to ensure that prisoners on the wings receive equity of care. (4.51)
- 9.70 The requirement for beds should be reviewed to ensure that only prisoners with an identifiable medical diagnosis are admitted to in-patients. (4.52)
- 9.71 In-patient beds should be removed from the certified normal accommodation. (4.53)
- 9.72 Prisoners admitted directly to in-patients from reception should receive the same information as those on the induction wing. (4.54)
- 9.73 Following a risk assessment, in-patients should be allowed to eat out of cell. (4.55)
- 9.74 In-patients should be given greater freedom to move around the in-patient landing and there should be more meaningful interaction between staff and patients. (4.56)
- 9.75 Multidisciplinary clinical reviews should be introduced for all in-patients. (4.57)
- 9.76 The introduction of day care services should be implemented as soon as possible. (4.58)
- 9.77 Controlled drugs should be stored in lockable double metal cabinets. (4.59)

- 9.78 The treatment room on F wing should be refurbished. (4.60)
- 9.79 The treatment room on K wing should have a stable door so that prisoners do not enter the room when medicines are distributed. (4.61)
- 9.80 All treatment rooms should be provided with privacy hoods to allow prisoners to speak to nursing staff in private. (4.62)
- 9.81 The volume of work carried out on the wings in the morning should be reviewed to reduce the number of tasks. (4.63)
- 9.82 The pharmacy should be kept locked at all times. (4.64)
- 9.83 Alternative locations for the administration of medicines on G and K wings should be provided to ensure safety of staff and privacy for patients. (4.65)
- 9.84 Primary care triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (4.66)
- 9.85 GP appointment times should be reviewed to enable prisoners to see the GP within 48 hours. (4.67)
- 9.86 Additional genito-urinary medicine clinics should be introduced to reduce the waiting list. (4.68)
- 9.87 The profile of health promotion should be increased and well man reviews should be offered at least annually. (4.69)
- 9.88 A named health professional should be given responsibility for the care of older prisoners. (4.70)
- 9.89 Resuscitation equipment should be reviewed to ensure that only necessary equipment is taken to other prison locations. (4.71)
- 9.90 Discipline officers should supervise all prisoners attending for medication. (4.72)
- 9.91 A health forum should be implemented to allow prisoners to discuss general healthcare issues with senior healthcare staff. (4.73)
- 9.92 Regular out-of-date checks should be done on all medicines. (4.74)
- 9.93 The pharmacist should provide pharmacist-led clinics, clinical audit and medication review. (4.75)
- 9.94 The medicines and therapeutic committee should meet at least four times a year, and meetings should be meaningful with all stakeholders attending. (4.76)
- 9.95 Controlled drugs should be transported to treatment rooms in secure containers. (4.77)
- 9.96 Signed patient group directives should be available in all treatment areas. (4.78)
- 9.97 All controlled drugs should be recorded in the controlled drugs register. (4.79)

- 9.98 Prescriptions for controlled drugs should comply with legislation and state the quantity in words and figures. (4.80)
- 9.99 The responsible pharmacist should have professional control of the stock supplied and introduce a dual-labelling system to ensure that stock supplied by the prescriber is audited. (4.81)

Learning and skills and work activities

- 9.100 There should be an education, training and employment needs analysis, including the specific needs of young adults, to inform provision. (5.20)
- 9.101 The prison should improve the use of activity and education spaces. (5.21)
- 9.102 All prisoners should receive an induction to learning and skills and the library. (5.22)
- 9.103 Information, advice and guidance linked to education, training and employment should be available according to the individual needs of prisoners. (5.23)
- 9.104 Target-setting for prisoners in work and education should be improved. (5.24)
- 9.105 The prison should introduce more equitable access to the library. (5.25)
- 9.106 The library service should conduct a library needs analysis. (5.26)

Physical education and health promotion

- 9.107 Physical education programmes for more diverse groups of users should be introduced. (5.32)

Faith and religious activity

- 9.108 Prisoners should not be required to sign up in advance to attend religious services. (5.40)
- 9.109 Arrangements should be made to ensure that prisoners with mobility problems who wish to attend services are able to do so. (5.41)
- 9.110 Prisoners of all faiths should be able to worship in decent and respectful surroundings. (5.42)
- 9.111 The new multi-faith building should be designed to cater for the needs of the anticipated prison population. (5.43)

Time out of cell

- 9.112 Exercise periods should be increased to one hour and rescheduled to increase participation. (5.48)
- 9.113 All prisoners should have access to evening association. (5.49)

Discipline

- 9.114 Accident report forms should accompany all use of force forms. (6.22)
- 9.115 All prisoners should be debriefed following an incident where force is used. (6.23)
- 9.116 A regime should be introduced to provide long-term prisoners in segregation with purposeful activity. (6.24)
- 9.117 Planning systems to allow prisoners under good order or discipline to return to normal location should be in place. (6.25)
- 9.118 Prisoners should be strip-searched on admission to the segregation unit only following an assessment of risk. (6.26)

Incentives and earned privileges

- 9.119 The apparent disparity in the proportion of black and minority ethnic prisoners on the enhanced level should be investigated and action taken if necessary. (6.33)
- 9.120 Written targets should be set and reviewed when prisoners are placed on basic. (6.34)

Catering

- 9.121 All wing servers should be trained in food handling. (7.7)
- 9.122 Halal dishes should be prepared and served with separate pans, knives and serving utensils. These items should be clearly distinguishable from those used for non-halal dishes. (7.8)
- 9.123 A food survey should be conducted to inform decisions on menu choices. (7.9)
- 9.124 Lunch should not be served before noon and the evening meal not before 5pm. (7.10)
- 9.125 Breakfast packs should be issued on the day they are to be eaten. (7.11)
- 9.126 Food comments books should be checked weekly and complaints investigated and responded to. (7.12)

Prison shop

- 9.127 Shop orders should be issued to prisoners at their cell door. (7.17)

Strategic management of resettlement

- 9.128 The resettlement policy should be reviewed to reflect the priorities within the reducing reoffending delivery plan. (8.4)
- 9.129 The resettlement policy committee structure should be revised to include the voluntary and community sector. (8.5)

- 9.130 Staff from the voluntary and community sector working in the prison should be briefed on the offender management model and the contribution they make to its deployment as key workers. (8.6)

Offender management and planning

- 9.131 Personal officers should assist in reinforcing sentence planning processes. (8.16)
- 9.132 The backlog of OASys assessments and reviews should be tackled as a priority. (8.17)
- 9.133 Regular lifer forum meetings should be established. (8.18)
- 9.134 Staff should access relevant lifer training as soon as this is available. (8.19)

Resettlement pathways

- 9.135 The prison should ensure that local Supporting People commissioning bodies are regularly updated on the accommodation needs of prisoners being released from Lewes. (8.26)
- 9.136 Peer advisers should receive appropriate training and support. (8.27)
- 9.137 Records should be kept of the training prisoners receive at Lewes. (8.33)
- 9.138 Formal discharge clinics should be introduced so that prisoners due to be released are given a health check and appropriate advice on how to access health services in the community. (8.37)
- 9.139 The drug and alcohol strategy should contain action plans and joint working protocols. (8.50)
- 9.140 The establishment should conduct a detailed population needs analysis to inform the drug and alcohol strategy. (8.51)
- 9.141 Prisoners undertaking the P-ASRO programme should have access to peer support and to a voluntary drug testing unit. (8.52)
- 9.142 The short duration programme should be introduced to meet the needs of its remand population, short-term prisoners and those on methadone maintenance. (8.53)
- 9.143 Voluntary drug testing should be undertaken with the required frequency. (8.54)
- 9.144 A separate compliance testing compact should be developed for enhanced level prisoners and trusted workers. (8.55)
- 9.145 Prisoners should be given help to open bank accounts before their release. (8.60)
- 9.146 Families should be invited and encouraged to participate in key aspects of a prisoner's sentence where appropriate. (8.66)
- 9.147 Regular evening visits and children or family days should be run. (8.67)
- 9.148 There should be a qualified family support worker. (8.68)

- 9.149 More accredited programme interventions should be made available and this should be informed by a prisoner needs analysis. (8.72)

Housekeeping points

Personal officers

- 9.150 Personal officers should attend assessment, care in custody and teamwork (ACCT) reviews wherever possible. (2.27)

Self-harm and suicide

- 9.151 Crisis suites should be clean, fully equipped and ready for use. (3.33)
- 9.152 All night staff should carry an anti-ligature device. (3.34)

Health services

- 9.153 More healthcare information should be provided in languages other than English. (4.82)
- 9.154 The in-patient cleaning schedules should be reviewed to ensure that cells are thoroughly cleaned between occupancy. (4.83)
- 9.155 A tracer card system should be implemented for all clinical records. (4.84)
- 9.156 All staff should be reminded of the requirement to sign the signature identification sheet in the clinical records. (4.85)
- 9.157 Old pharmacy reference books should be discarded. (4.86)
- 9.158 Stock medication should be ordered from the pharmacy on specific forms. (4.87)
- 9.159 Loose tablets and tablet foils should not be kept in treatment rooms. (4.88)
- 9.160 Prisoners should be able to reorder repeat prescriptions themselves. (4.89)
- 9.161 Strip clothing should be used only as a last resort and all use should be recorded. (4.90)
- 9.162 The wall cupboards in the dental surgery should be repositioned to allow the windows to be used to provide ventilation to the surgery. (4.91)
- 9.163 Maximum and minimum temperatures should be recorded for all fridges. Where acceptable limits are exceeded, remedial action should be taken and documented appropriately. (4.92)

Catering

- 9.164 The F wing servery should be cleaned and maintained to an acceptable standard. (7.13)

Good practice

First days in custody

- 9.165 Prisoners were moved from reception to the first night centre within 30 minutes for in-depth assessments, telephone calls and a health screening. (1.28)

Substance use

- 9.166 Opiate users could access flexible prescribing regimes while in custody and continue their treatment in the community. The substance misuse and CARAT teams had developed excellent throughcare links and community providers prioritised prisoners on release. (3.127)

Health services

- 9.167 A local consultant oral surgeon held a monthly clinic at the prison, which eradicated the need for patients to be taken out to local hospitals. (4.93)
- 9.168 Anyone making an entry in clinical records wrote their name and designation in a register at the back of the record so that they could be easily identified even when their signature was unclear. (4.94)
- 9.169 Prisoners not attending for healthcare appointments were followed up. (4.95)
- 9.170 The portering service alleviated many of the pressures on nurses and administrators in relation to the collection and delivery of, among other things, supplies, post and clinical waste. The porter was also responsible for escorting prisoners to and from the wings and collecting visitors to healthcare from the gate. (4.96)

Resettlement pathways

- 9.171 The CARAT service had introduced overdose aid training for prisoners, which was particularly relevant in light of the local community's high level of drug-related deaths. (8.56)
- 9.172 The routine offer of guidance and assistance to prisoners' partners or wives who might be experiencing financial difficulty was an unusually thorough and helpful level of support. (8.61)

Appendix 1: Inspection team

Anne Owers	HM Chief Inspector of Prisons
Martin Lomas	Team leader
Gordon Riach	Inspector
Steve Moffatt	Inspector
Gail Hunt	Inspector
Marie Orrell	Inspector
Ian McFadyen	Inspector
Sam Booth	Researcher
Sherrelle Parke	Researcher
Neil Goodson	Secretariat
Siggi Engelen	Drugs inspector
Bridget McEvilly	Healthcare inspector
Margot Nelson-Owen	Healthcare inspector
Paddy Doyle	Ofsted team leader

Appendix 2: Prison population profile

Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	273	51.6%
Convicted but unsentenced	97	18.3%
Remand	150	28.4%
Civil prisoners	1	0.2%
Detainees (single power status)	3	0.6%
Detainees (dual power status)	5	0.9%
Total	529	100

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	52	18.9%
6 months to less than 12 months	31	11.3%
12 months to less than 2 years	44	15.9%
2 years to less than 4 years	58	21%
4 years to less than 10 years	40	14.5%
10 years and over (not life)	7	2.5%
Life (ISPP)	44	15.9%
Total	276	100

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	86	16.3%	76	14.4%
1 month to 3 months	75	14.2%	85	16.1%
3 months to 6 months	48	9.1%	48	9.1%
6 months to 1 year	45	8.5%	28	5.2%
1 year to 2 years	29	5.5%	7	1.2%
2 years to 4 years	2	0.4%	-	-
4 years or more	-	-	-	-
Total	285	54%	244	46%

(iv) Main offence	Number of prisoners	%
Violence against the person	118	22.3%
Sexual offences	40	7.6%
Burglary	50	9.5%
Robbery	52	9.8%
Theft & handling	40	7.6%
Fraud and forgery	23	4.3%
Drugs offences	84	15.9%
Other offences	105	19.8%
Civil offences	1	0.2%
Offence not recorded/holding warrant	16	3.0%
Total	529	100

(v) Age	Number of prisoners	%
18 years to 20	37	7.0%
21 years to 29 years	189	35.7%
30 years to 39 years	160	30.2%

40 years to 49 years	97	18.3%
50 years to 59 years	39	7.4%
60 years to 69 years	6	1.2%
70 plus years	1	0.2%
Maximum age	-	-
Total	529	100

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	304	57.5%
Between 50 and 100 miles of the prison	76	14.4%
Over 100 miles from the prison	19	3.6%
Overseas	1	0.2%
NFA	129	24.3%
Total	529	100

(vii) Nationality	Number of prisoners	%
British	437	82.6%
Foreign nationals	92	17.4%
Total	529	100

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	417	78.6%
Irish	1	0.2%
Other White	30	5.7%
<i>Mixed</i>		
White and Black Caribbean	2	0.4%
White and Black African	1	0.2%
White and Asian	-	-
Other Mixed	4	0.8%
<i>Asian or Asian British</i>		
Indian	4	0.8%
Pakistani	4	0.8%
Bangladeshi	-	-
Other Asian	11	2.0%
<i>Black or Black British</i>		
Caribbean	29	5.5%
African	17	3.2%
Other Black	4	0.8%
Chinese or other ethnic group		
Chinese	4	0.8%
Other ethnic group	1	0.2%
Total	529	100

(ix) Religion	Number of prisoners	%
Baptist	1	0.2%
Church of England	133	25.1%
Roman Catholic	82	15.5%
Other Christian denominations	19	3.6%
Muslim	40	7.6%

Sikh	1	0.2%
Hindu	6	1.1%
Buddhist	7	1.3%
Jewish	3	0.6%
Other	9	1.7%
No religion	228	43.1%
Total	529	100

Appendix 3: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a Home Office statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 25 July 2007, the prisoner population at HMP Lewes was 478. The baseline sample size was 123. Overall, this represented 26% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Two respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 117 respondents completed and returned their questionnaires. This represented 24% of the prison population. The response rate was 95%. In addition to the two respondents who refused to complete a questionnaire, two questionnaires were not returned and two were returned blank.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 34 local prisons since April 2003.

In addition, a further comparative document is attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between those who are British nationals and those who are foreign nationals.

In all the above documents, statistical significance merely indicates whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.



Prisoner Survey Responses HMP Lewes 2007

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percent highlighted in green is significantly better than the local prisons comparator		
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator	HMP Lewes	Local prisons comparator

SECTION 1: General Information (not tested for significance)

1	Number of completed questionnaires returned	117	3387
2	Are you under 21 years of age?	8	4
3	Are you transgender or transsexual?	0	0
4	Are you sentenced?	49	65
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10	6
6	If you are sentenced, are you on recall?	10	14
8	Is your sentence less than 12 months?	14	19
9	Do you have less than six months to serve?	25	31
10	Have you been in this prison less than a month?	27	22
11	Are you a foreign national?	11	13
12	Is English your first language?	91	91
13	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	20	25
14	Are you Muslim?	4	10
15	Are you gay or bisexual?	5	4
16	Do you consider yourself to have a disability?	20	16
17	Are you a Registered Disabled Person?	12	6
18	Is this your first time in prison?	25	26
19	Do you have any children?	56	58

SECTION 2: Transfers and Escorts

19a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	56	50
19b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	58	59
19c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	12	11
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	35	28
19e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	15	11
20	Did you spend more than four hours in the van?	8	4
21	Were you treated well/very well by the escort staff?	64	69
22a	Did you know where you were going when you left court or when transferred from another establishment?	71	76
22b	Before you arrived here did you receive any written information about what would happen to you?	12	14
22c	When you first arrived here did your property arrive at the same time as you?	84	84

Key to tables

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	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator	HMP Lewes	Local prisons comparator
SECTION 3: Reception, first night and induction			
24a	Did you have any problems when you first arrived?	81	75
24b	Did you have any problems with loss of transferred property when you first arrived?	8	9
24c	Did you have any housing problems when you first arrived?	23	21
24d	Did you have any problems contacting employers when you first arrived?	10	5
24e	Did you have any problems contacting family when you first arrived?	32	30
24f	Did you have any problems ensuring dependents were being looked after when you first arrived?	10	8
24g	Did you have any money worries when you first arrived?	32	24
24h	Did you have any problems with feeling depressed or suicidal when you first arrived?	26	23
24i	Did you have any drug problems when you first arrived?	24	18
24j	Did you have any alcohol problems when you first arrived?	17	23
24k	Did you have any health problems when you first arrived?	17	25
24l	Did you have any problems with needing protection from other prisoners when you first arrived?	4	9
25a	Did you receive any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	17	14
25b	Did you receive any help/support from any member of staff in dealing with housing problems within the first 24 hours?	24	28
25c	Did you receive any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	19	17
25d	Did you receive any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	64	53
25e	Did you receive any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	20	21
25f	Did you receive any help/support from any member of staff in dealing with money problems within the first 24 hours?	28	18
25g	Did you receive any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	52	42
25h	Did you receive any help/support from any member of staff in dealing with drug problems within the first 24 hours?	55	51
25i	Did you receive any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	53	41
25j	Did you receive any help/support from any member of staff in dealing with health problems within the first 24 hours?	60	48
25k	Did you receive any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	23	27
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	90	85
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	85	66
27	Were you treated well/very well in reception?	75	57
28a	Did you receive a reception pack on your day of arrival?	72	73
28b	Did you receive information about what was going to happen here on your day of arrival?	47	41
28c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	45	42
28d	Did you have the opportunity to have a shower on your day of arrival?	48	34

Key to tables

	Any percent highlighted in green is significantly better than the local prisons comparator		
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
		HMP Lewes	Local prisons comparator
SECTION 3: Reception, first night and induction continued			
28e	Did you get the opportunity to have a free telephone call on your day of arrival?	67	52
28f	Did you get information about routine requests on your day of arrival?	42	30
28g	Did you get something to eat on your day of arrival?	84	82
28h	Did you get information about visits on your day of arrival?	49	41
29a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	56	47
29b	Did you have access to someone from healthcare within the first 24 hours?	87	66
29c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	24	31
29d	Did you have access to the prison shop/canteen within the first 24 hours?	21	20
30	Did you feel safe on your first night here?	87	72
31	Did you go on an induction course within the first week?	39	59
32	Did the induction course cover everything you needed to know about the prison?	31	41
33	Did you receive a 'basic skills' assessment within the first week?	25	60
SECTION 4: Legal Rights and Respectful Custody			
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	49	41
35b	Is it very easy/easy for you to attend legal visits?	66	61
35c	Is it very easy/easy for you to obtain bail information?	39	24
36	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44	43
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	53	53
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	81	74
37c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	94	83
37d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	64	64
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	51	35
37f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	69	63
37g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	33	29
38	Is the food in this prison good/very good?	23	24
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	61	43
40a	Is it easy/very easy to get a complaints form?	84	78
40b	Is it easy/very easy to get an application form?	87	84
41a	Do you feel applications are sorted out fairly?	57	40
41b	Do you feel your applications are sorted out promptly?	58	40
41c	Do you feel complaints are sorted out fairly?	16	29
41d	Do you feel complaints are sorted out promptly?	20	29
41e	Are you given information about how to make an appeal?	22	34
42	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	18	12
43	Do you know how to apply to the Prisons and Probation Ombudsman?	42	39

Key to tables

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SECTION 4: Legal Rights and Respectful Custody continued			
44	Is it easy/very easy to contact the Independent Monitoring Board?	33	31
45	Are you on the enhanced (top) level of the IEP scheme?	22	24
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	49	46
47a	In the last six months have any members of staff physically restrained you (C & R)?	4	8
47b	In the last six months have you spent a night in the segregation/care and separation unit?	16	12
48a	Do you feel your religious beliefs are respected?	56	53
49b	Are you able to speak to a religious leader of your faith in private if you want to?	66	58
50	Are you able to speak to a Listener at any time, if you want to?	64	63
51a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	74	63
51b	Do most staff, in this prison, treat you with respect?	81	68
SECTION 5: Safety			
52	Have you ever felt unsafe in this prison?	33	38
53	Do you feel unsafe in this establishment at the moment?	13	22
55	Have you been victimised (insulted or assaulted) by another prisoner?	21	22
56a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	11	11
56b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	4	7
56c	Have you been sexually abused since you have been here? (By prisoners)	1	1
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5	4
56e	Have you been victimised because of drugs since you have been here? (By prisoners)	3	3
56f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	2	4
56g	Have you ever been victimised because you were new here? (By prisoners)	3	5
56h	Have you ever been victimised because of your sexuality? (By prisoners)	0	1
56i	Have you ever been victimised because you have a disability? (By prisoners)	3	2
56j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	2	2
56k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	1	4
57	Have you been victimised (insulted or assaulted) by a member of staff?	22	25
58a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	11	14
58b	Have you been hit, kicked or assaulted since you have been here? (By staff)	1	5
58c	Have you been sexually abused since you have been here? (By staff)	0	1
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5	5
58e	Have you been victimised because of drugs since you have been here? (By staff)	3	4
58f	Have you ever been victimised because you were new here? (By staff)	1	6
58g	Have you ever been victimised because of your sexuality? (By staff)	2	1
58h	Have you ever been victimised because you have a disability? (By staff)	4	3
58i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	3	3

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SECTION 5: Safety continued			
58j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	2	4
59	Did you report any victimisation that you have experienced?	11	11
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	22	24
61	Have you ever felt threatened or intimidated by a member of staff in here?	22	25
62	Is it very easy/easy to get illegal drugs in this prison?	41	31
SECTION 6: Healthcare			
64	Do you think the overall quality of the healthcare is good/very good?	38	34
65a	Is it very easy/easy to see the doctor?	33	26
65b	Is it very easy/easy to see the nurse?	58	46
65c	Is it very easy/easy to see the dentist?	8	8
65d	Is it very easy/easy to see the optician?	8	8
65e	Is it very easy/easy to see the pharmacist?	25	22
66a	Do you think the quality of healthcare from the doctor is good/very good?	38	35
66b	Do you think the quality of healthcare from the nurse is good/very good?	53	49
66c	Do you think the quality of healthcare from the dentist is good/very good?	22	19
66d	Do you think the quality of healthcare from the optician is good/very good?	18	15
66e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	28	34
67	Are you currently taking medication?	48	41
68	Are you allowed to keep possession of your medication in your own cell?	40	28
SECTION 7: Purposeful Activity			
70a	Do you feel your job will help you on release?	19	23
70b	Do you feel your vocational or skills training will help you on release?	28	24
70c	Do you feel your education (including basic skills) will help you on release?	40	36
70d	Do you feel your offending behaviour programmes will help you on release?	18	20
70e	Do you feel your drug or alcohol programmes will help you on release?	27	24
71	Do you go to the library at least once a week?	32	37
72	Can you get access to a newspaper every day?	38	38
73	On average, do you go to the gym at least twice a week?	57	36
74	On average, do you go outside for exercise three or more times a week?	30	41
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	12	10
76	On average, do you go on association more than five times each week?	49	44
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	19	16

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SECTION 8: Resettlement		HMP Lewes	Local prisons comparator
79	Did you first meet your personal officer in the first week?	24	14
80	Do you think your personal officer is helpful/very helpful?	32	22
81	Do you have a sentence plan?	10	24
82	Were you involved/very involved in the development of your sentence plan?	7	14
83	Do you have a named officer within this prison who can help you progress your sentence plan targets?	3	14
84	Have you and your named officer met at least monthly to discuss your sentence plan targets?	0	2
85a	Did your named officer attend these meetings?	1	6
85b	Did prison staff from other departments attend these meetings?	0	1
85c	Did probation staff from the establishment attend these meetings?	0	1
85d	Did probation staff from your home area attend these meetings?	1	1
85e	Did anyone else from other agencies attend these meetings?	0	1
86	Were these meetings useful to you?	1	5
87	Can you achieve all or some of your sentence plan targets in this prison?	5	14
88	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	5	10
89	Do you feel that your named officer has helped you to address your offending behaviour whilst at this prison?	3	9
90	Do you feel that your named officer has helped you to prepare for release?	2	5
91	Have you had any problems with sending or receiving mail?	38	44
92	Have you had any problems getting access to the telephones?	39	34
93	Did you have a visit in the first week that you were here?	28	36
94	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	69	64
95	Did you receive five or more visits in the last week?	0	0
96a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	27	21
96b	Do you think you will have a problem with finding a job following your release from this prison?	53	56
96c	Do you think you will have a problem with finding accommodation following your release from this prison?	51	49
96d	Do you think you will have a problem with money and finances following your release from this prison?	64	60
96e	Do you think you will have a problem with claiming benefits following your release from this prison?	33	40
96f	Do you think you will have a problem with arranging a place a place at college or continuing education following your release from this prison?	40	40
96g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	17	21
96h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	28	26
96i	Do you think you will have a problem with opening a bank account following your release from this prison?	44	45

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		HMP Lewes	Local prisons comparator
SECTION 8: Resettlement continued			
97a	Do you think you will have a problem with drugs when you leave this prison?	20	18
97b	Do you think you will have a problem with alcohol when you leave this prison?	11	13
98a	Do you know who to contact, within this prison, to get help with finding a job on release?	37	40
98b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	39	42
98c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	32	30
98d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	51	45
98e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	36	30
98f	Do you know who to contact within this prison to get help with external drugs courses etc	51	45
98g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	40	35
98h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	31	32
99	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	26	32



Key Question Responses (Ethnicity and Nationality) HMP Lewes 2007

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percent highlighted in green is significantly better than the responses from White prisoners/ Foreign National prisoners	BME prisoners	White prisoners	Foreign National prisoners	British National prisoners
	Any percent highlighted in blue is significantly worse than the responses from White prisoners/ Foreign National Prisoners				
	Percentages which are not highlighted show there is no significant difference between the responses from BME prisoners and White prisoners, or British Nationals and Foreign Nationals				
	Number of completed questionnaires returned	23	93	13	101
12	Are you a Muslim? (Not tested for significance)	19	0	0	4
20	Were you treated well/very well by the escort staff?	63	65	62	64
21c	When you first arrived here did your property arrive at the same time as you?	86	84	92	84
26	Were you treated well/very well in reception?	63	78	77	75
29	Did you feel safe on your first night here?	87	88	93	86
30	Did you go on an induction course within the first week?	54	36	70	36
33a	Is it very easy/easy for you to communicate with your solicitor or legal representative?	50	50	76	46
35b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	81	81	100	79
35e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	45	53	64	48
36	Is the food in this prison good/very good?	14	26	33	23
37	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48	64	59	60
39c	Do you feel complaints are sorted out fairly?	0	9	16	16
43	Are you on the enhanced (top) level of the IEP scheme?	5	26	16	23
44	Do you feel you have been treated fairly in your experience of the IEP scheme?	34	53	41	50
45a	In the last 6 months have you been physically restrained?	10	2	0	4
45b	In the last 6 months have you spent a night in the segregation/care and separation unit?	25	14	0	18
48b	Do most staff, in this prison, treat you with respect?	75	83	91	79
50	Have you ever felt unsafe in this prison?	38	32	25	34
51	Do you feel unsafe in this establishment at the moment?	19	12	0	15
53	Have you been victimised (insulted or assaulted) by another prisoner?	29	20	8	23
54d	Have you been victimised by another prisoner because of your race or ethnic origin?	14	3	0	6
54j	Have you ever been victimised by another prisoner because of your religion/religious beliefs?	9	0	0	2
55	Have you been victimised (insulted or assaulted) by a member of staff?	29	20	18	23
56d	Have you been victimised by a member of staff because of your race or ethnic origin?	14	1	9	4
56i	Have you ever been victimised by a member of staff because of your religion/religious beliefs?	9	1	0	3
62	Do you think the overall quality of the healthcare is good/very good?	38	37	67	34
68a	Do you feel your job will help you on release?	0	24	16	20

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	Any percent highlighted in blue is significantly worse than the responses from White prisoners/ Foreign National Prisoners				
	Percentages which are not highlighted show there is no significant difference between the responses from BME prisoners and White prisoners, or British Nationals and Foreign Nationals				
68c	Do you feel your education (including basic skills) will help you on release?	48	38	27	41
68d	Do you feel your offending behaviour programmes will help you on release?	15	19	8	18
68e	Do you feel your drug or alcohol programmes will help you on release?	25	28	0	31
69	Do you go to the library at least once a week?	34	31	50	30
71	On average, do you go to the gym at least twice a week?	50	58	44	57
72	On average, do you go outside for exercise three or more times a week?	29	31	25	29
73	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	15	11	8	12
74	On average, do you go on association more than five times each week?	57	46	67	47
77	Did you first meet your personal officer in the first week?	19	25	33	23
78	Do you think your personal officer is helpful/very helpful?	29	34	33	33
82	Have you had any problems getting access to the telephones?	34	41	8	42
84	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	62	71	41	73
89	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	29	25	44	24