

**ACTION PLAN: HMCIP REPORT**

**ESTABLISHMENT: HMP LEWES**

| <b>TIMETABLE</b>          | <b>DATE</b>                            | <b>STATUS OF THIS RETURN</b> |
|---------------------------|--|------------------------------|
| Full Announced inspection | 14-15 December 2015; 4-8 January 2016. |                              |
| Report published          | 26 April 2016                          |                              |
| Action Plan Submitted     | 21 July 2016                           | Attached                     |

## ACTION PLAN - HMCIP REPORT

ESTABLISHMENT: HMP/YOI LEWES  
2016

POSITION AS AT: JULY

| 1. Rec. no | 2 Recommendation  | 3. Accepted/ Rejected | 4. Response Action Taken/Planned  | 5. Function Responsible/ Policy Lead | 6. Target Date    |
|------------|---|-----------------------|---|--------------------------------------|-------------------|
|            | <b>Main recommendations to the governor</b>   |                       |   |                                      |                   |
| 5.1        | The risks associated with a prisoner's first hours and days in prison should be offset by systematic support on arrival and during their first night and early days in the prison. New arrivals should be placed in suitable accommodation. (S41) | Accepted              | Every effort is made to assure suitable accommodation is provided for new receptions. However, the current vulnerable prisoner and sex offender population pressure has resulted in significant failings in the availability of this accommodation. A review of prisoners' first night and early days in the prison, including accommodation, is ongoing and an action plan will be provided in due course.   | Head of Residence & Safety           | 30 September 2016 |
| 5.2        | The prison should take a rigorous approach to identifying, investigating and dealing with violence, which should be significantly reduced. (S42)  | Accepted              | A comprehensive policy has been written and requires further embedding. Ongoing resourcing pressures of band 3 prison officers is impacting significantly on delivery. Having ring fenced violence reduction staff and a coordinator will alleviate these issues, and as such, a business case will be submitted for additional staff. In the interim a greater understanding is required of the violence diagnostic tool with regular monitoring and strategy to reduce violence within the establishment. | Head of Residence & Safety           | 31 January 2017   |
| 5.3        | Governance and management oversight of diversity should ensure that the needs of all prisoners with protected characteristics are identified, assessed and met, and that the negative perceptions of particular groups are understood. (S43)      | Accepted              | A band 7 operational manager has been assigned the task of addressing the points raised through this inspection and the recent Governance and Operational Audit. A greater understanding of diversity and HMP Lewes' responsibilities will be the focus, whilst ensuring the needs of the individual are both understood and met where possible. Where this is not the case, then reasonable adjustments will be made.  | Head of Equalities                   | Completed         |
| 5.4        | All prisoners who are able to participate in activities should  | Accepted              | As part of the 2016 regime review, considerable effort has been made to improve allocations and attendance. Approximately   | Head of Reducing                     | 28 February 2017  |

|     |  |          |   |                             |                   |
|-----|--|----------|---|-----------------------------|-------------------|
|     | be purposefully occupied during the working day. All activity places should be filled. (S44)   |          | 17% of the population were currently refusing to engage and a full analysis of allocations and attendance are completed daily including a separate spreadsheet to monitor non-attendance. Punitive measures should be applied appropriate through the incentives and earned privilege (IEP) scheme to address non-attendance and this is being addressed.<br>Since the inspection the situation has worsened and a RED RMP is in place with limited activities planned. An RMP is being developed over the summer to give predictability and stability with the potential to increase the regime offer once resources are improved. | Reoffending                 |                   |
|     | <b>Recommendation To the governor and NOMS</b>   |          |   |                             |                   |
| 5.5 | Sex offenders and indeterminate sentence prisoners should be able to address their offending behaviour by means of progressive transfers to other prisons if they cannot attend appropriate courses at HMP Lewes. (4.25) | Accepted | Where spaces allow and where offenders accept their offences, sex offenders will be transferred to an appropriate establishment for them to progress with their sentence plan   | Head of Offender Management | Completed         |
|     | <b>Recommendations To the governor</b>   |          |   |                             |                   |
|     | <b>Courts, escort and transfers</b>  |          |   |                             |                   |
| 5.6 | Prisoners appearing in court should have the opportunity to have a shower every day. (1.4)   | Accepted | All prisoners attending court will have an opportunity to have a shower daily   | Head of Residence           | Completed         |
|     | <b>Bullying and violence reduction</b>   |          |   |                             |                   |
| 5.7 | At risk and vulnerable prisoners should be placed in locations where they have safe access to the regime. (1.19)   | Accepted | Prisoners are allocated to the most appropriate locations following their induction. There are specific areas of the establishment that focus on addressing individual needs whilst addressing their offending behaviour. All those at risk or vulnerable are placed in a location where they have safe access to the regime.   | Head of Residence & Safety  | Completed         |
| 5.8 | There should be structured case management and care planning arrangements for prisoners located in the care and support unit. (1.20,   | Accepted | The unit manager has been tasked with setting up and running a multi-disciplinary monthly review board to review each individual's case to ensure progression through the unit.   | Head of Residence & Safety  | 30 September 2016 |

|      |   |          |   |   |                 |
|------|---|----------|---|---|-----------------|
|      | repeated recommendation 1.24)   |          |   |   |                 |
|      | <b>Self-harm and suicide prevention</b>   |          |   |   |                 |
| 5.9  | Serious incidents of self-harm should be promptly investigated and lessons learned should be widely disseminated among staff. (1.27)  | Accepted | A manager has been assigned to manage this process and daily checks are being made cross referencing the daily operations report to identify incidents. Incidents are discussed at the weekly managers' meeting and monthly safer custody meeting where lessons learnt are evaluated and disseminated.  | Head of Residence & Safety                  | Completed       |
| 5.10 | All staff should receive regular ACCT and safer custody training, including on procedures for entering cells where life is at risk. The ACCT process should underpin good care for prisoners at risk of self-harm, clearly identifying needs and providing multidisciplinary risk assessment and management. (1.28) | Accepted | All new staff undertake assessment care in custody and teamwork (ACCT) and safer custody training as part of their induction. A programme for refresher training has been developed by the training co-ordinator.   | Head of Residence & Safety                  | 31 January 2017 |
| 5.11 | Constant observation cells should not be located in the segregation unit. (1.29)  | Accepted | A business case will be submitted to increase the number of constant observation cells located in the healthcare.   | Head of Residence & Safety                  | 31 August 2016  |
|      | <b>Safeguarding</b>   |          |   |   |                 |
| 5.12 | All prisoners requiring support to meet their social care needs should be managed through care plans to identify what action is required and monitor their requirements. (1.32)   | Accepted | A system is in place for prisoners with social care needs and care plans are being formulated to support each individual. Links have been established with the local authority and regular meetings are held to discuss individual cases.   | Head of Residence & Safety                  | Completed       |
|      | <b>Security</b>   |          |   |   |                 |
| 5.13 | All security action should be tracked to ensure it is carried out promptly. (1.391.39)  | Accepted | A documented audit trail is to be introduced to ensure that all security actions falling out of Mercury intelligence reports are carried out in an appropriate and timely manner.   | Head of Security                            | 31 August 2016  |
| 5.14 | Security measures should be proportionate. In particular, closed visits should only be imposed for reasons directly related to visits and strip-searching should be intelligence-led in all areas.  | Rejected | Prison Service Instruction (PSI) 15/2011 - <i>Management of Security at Visits</i> provides that closed visits may be imposed as an administrative measure where necessary in accordance with Prison Rule 34 (1) and (3), i.e. for reasons of securing good order and discipline or for the prevention of crime or in the interests of any persons. They should be applied where prisoners are proved or reasonably suspected of involvement in | NOMS Security Group<br><br>Head of Security |                 |

|      |  |          |   |                            |                  |
|------|--|----------|---|----------------------------|------------------|
|      | (1.40)   |          | <p>smuggling prohibited items through visits, or are considered to pose a reasonable risk of involvement, or when the application of closed visits is otherwise necessary for the grounds specified in the Prison Rules.</p> <p>National security framework (NSF) Function 3.1/ PSI 67/2011, <i>Searching of the Person</i>, sets out the minimum national searching requirements for prisoners.</p> <p>It requires that male prisoners outside of the high security estate are routinely given a full search on initial reception to prison, on reception on return from release on temporary licence (ROTL) or an outside working party (closed prisons only), on return from a non-prison escort, on transferring to another prison and all other discharges apart from on final discharge and discharge for ROTL.</p> <p>All prisons must comply with the PSI's minimum requirements. Local risk assessments are undertaken in other circumstances and full searches can be conducted at any time on the basis of intelligence or suspicion.</p> <p>Full searching is an essential method used to find items of contraband secreted on the person and to prevent its importation into establishments. NOMS has a duty of care to prevent and deter illicit items from entering establishments which could be used by a prisoner to harm themselves or others.</p> |                            |                  |
|      | <b>Incentives and earned privileges</b>  |          |   |                            |                  |
| 5.15 | The IEP scheme should be applied consistently and should motivate prisoners to change their behaviour. (1.44)  | Accepted | A review of the local IEP operating procedure is in progress to ensure PSI compliance. The Head of Residence, through monthly monitoring, will report to the senior management team and prisoner council on the consistency of application.   | Head of Residence          | 30 November 2016 |
|      | <b>Discipline</b>  |          |   |                            |                  |
| 5.16 | Managers should ensure that adjudications are conducted fairly and with integrity, and that proceedings are not undermined by administrative errors. All records should demonstrate an adequate exploration of charges before a finding of guilt. (1.48) | Accepted | <p>The adjudication liaison officer checks all adjudication paperwork in advance of the hearing to ensure that administrative errors are kept to a minimum.</p> <p>Training issues identified are now addressed individually with staff.</p>  | Head of Residence & Safety | Completed        |

|      |  |                    |  |  |                   |
|------|--|--------------------|--|--|-------------------|
| 5.17 | All use of force incidents, including use of special accommodation, should be properly authorised and correctly and comprehensively recorded. There should be sufficient managerial oversight and incidents, videos and documentation should be effectively reviewed. (1.52) | Accepted           | The establishment's use of force coordinator, currently the Deputy Governor, is responsible for quality assurance of all documents.<br><br>Monthly use of force meetings are being held; all incidents are reviewed at this meeting and learning points noted.   | Head of Residence & Safety                           | Completed         |
| 5.18 | Anti-ligature clothing should only be used in exceptional circumstances with proper justification, and authorisation and usage should be logged and monitored. (1.53, repeated recommendation 1.34)  | Accepted           | Anti-ligature clothing will only be used in exceptional circumstances accompanied with the appropriate authorisations and paperwork.   | Head of Residence & Safety                           | Completed         |
| 5.19 | Prisoners should not be held in the segregation unit because of a lack of space in other units. (1.60)   | Partially Accepted | Every effort is made to ensure that suitable accommodation is provided for all new receptions. This is monitored through the monthly SMARG meetings.   | Head of Residence & Safety                           | Completed         |
|      | <b>Substance misuse</b>  |                    |  |  |                   |
| 5.20 | A substance misuse strategy committee should oversee and implement the strategy, ensure coordinated working between departments, and include representatives from security. (1.69, repeated recommendation 1.79)   | Accepted           | The monthly substance misuse committee meeting has historically been poorly attended. It is now chaired by the Head of Residence who is working collaboratively with functional heads, Drug and Alcohol Action Team members and the Commissioner. The attendance at future meetings will be monitored, challenged and second line assurance provided to the senior management team.  | Head of Residence                                    | 30 September 2016 |
|      | <b>Residential units</b>   |                    |  |  |                   |
| 5.21 | Cells should be adequately furnished and hold only as many prisoners as they are designed for. (2.6)   | Accepted           | Weekly reports to the management meeting will provide second level assurance on the implementation of the local decency strategy and any prisoner equipment that is missing from cells. This will also be discussed and monitored through the prisoner council meetings.<br><br>The occupancy of prison cells is determined by establishments and certified by Deputy Directors of Custody (DDC) in accordance with PSI 17/2012, which provides clear guidelines for determining cell capacities. All accommodation is compliant | Head of Residence<br><br>Deputy Directors of Custody | 31 August 2016    |

|      |   |          |   |  |                   |
|------|---|----------|---|--|-------------------|
|      |   |          | with the certified cell certificate.  |  |                   |
| 5.22 | Staff should answer all emergency cell bells promptly and ensure that emergency fire equipment is unlocked and ready to use at night. (2.7)   | Accepted | Residential managers will brief staff and conduct management checks to provide assurance to the weekly management meeting. Unlocking of fire equipment will be added to the night orderlies checks.   | Head of Residence                      | 31 August 2016    |
| 5.23 | Prisoners should have good daily access to phones. (2.8)  | Accepted | Residential managers will brief staff and conduct management checks to provide assurance to the weekly management meetings.   | Head of Residence                      | 31 August 2016    |
|      | <b>Equality and diversity</b>   |          |   |  |                   |
| 5.24 | Key information should be available in an appropriate range of foreign languages, and interpreting and translation services should be used appropriately. Prisoners should not be used to interpret for sensitive or confidential matters. (2.22) | Accepted | A needs' assessment survey will be carried out to ensure induction and first night information is made available in different languages.<br><br>Interpretation services are made available to prisoners where appropriate. The equalities department hold a current list of prisoners who can act as translators. Prisoners will not be used to interpret for sensitive or confidential issues. | Head of Equalities                     | 30 November 2016  |
| 5.25 | Older prisoners with care needs and those with a disability should be supported by an integrated care plan and a PEEP where necessary, and their carers should have regular oversight and support. (2.23)   | Accepted | All prisoners with care needs are identified and integrated care plans and PEEPs in place. Supervision and support is provided to carers.   | Head of Equalities                     | Completed         |
| 5.26 | Prisoners over the age of retirement should not be routinely locked up during the day and should not have to pay for televisions. (2.24)  | Accepted | The Head of Residence and the Head of Equalities will work collaboratively to develop a regime and local operation procedure for prisoners over the age of retirement. Retired prisoners will not have to pay for televisions.  | Head of Residence & Head of Equalities | 31 September 2016 |
|      | <b>Legal rights</b>   |          |   |  |                   |
| 5.27 | Legal services should be available, especially for those  | Accepted | The Residential Services Instruction (PSI 75/2011) has been amended to specify that residential staff provide lists of legal  | Head of Residence                      | 30 September 2016 |

|      |  |                    |   |   |                |
|------|--|--------------------|---|---|----------------|
|      | on remand. (2.34)  |                    | <p>advisers and supply the appropriate forms for prisoners who wish to access legal advice. The absence of a legal services officer does not mean that prisoners will be unable to seek legal advice.</p> <p>Prisoners at HMP Lewes will be signposted towards the resettlement centre and the community rehabilitation company in the residential areas.</p>   |   |                |
|      | <b>Health services</b>   |                    |   |   |                |
| 5.28 | The emergency resuscitation equipment should be in good order with an effective monitoring system. Prison staff should receive training in first aid and resuscitation. (2.48)   | Accepted           | <p>All custodial managers have been trained in First Aid at Work which provides 24 hour first aid cover. Guidance is provided for the first aid process in the local operating process. The people hub manager has recently been appointed, and will be conducting checks to provide assurance that the policy is being adhered to.</p> <p>A process to ensure the emergency equipment is checked weekly or after every use is in place and is being monitored.</p>                     | <p>Head of Corporate Services</p> <p>Head of Healthcare</p> | 31 August 2016 |
| 5.29 | The health complaints process should be confidential. All responses should be respectful, consistent and timely and address the issues raised providing prisoners with an adequate explanation. (2.49)   | Accepted           | <p>The confidential complaints boxes have been delivered and will be fixed to the wall. Healthcare admin staff will empty the boxes daily.</p> <p>The deadline for complaints to be initially responded to is five working days. This is being monitored and breaches reported through governance structures. Responses will be respectful, consistent and address the issues raised. These will be quality assured by a sample test conducted by the Head of Corporate Services.</p>   | Head of Healthcare  | Completed      |
| 5.30 | All prisoners should receive a health screening on reception to ensure that their immediate health needs are met and their safety is assured. Dual handsets should be readily available in the first night centre so effective communication can take place with prisoners who need telephone translation services. (2.61) | Partially Accepted | <p>A random audit has taken place to ensure all prisoners are receiving a screening from healthcare staff. All prisoners receive a screening from primary healthcare staff and are able to access to mental health services where necessary.</p> <p>Health staff are reliant on prison staff to inform them of any new receptions who are located onto wings instead of reception in exceptional circumstances. Healthcare staff do use Trust based translation services if needed.</p> | Head of Healthcare  | Completed      |
| 5.31 | Waiting times for primary care services, including the optician, should not exceed   | Accepted           | The optician waiting list has been addressed and the waiting time has now reduced to four weeks.  | Head of Healthcare  | Completed      |



|             |  |          |  |                            |                |
|-------------|--|----------|--|----------------------------|----------------|
|             | waiting times in the community; the application process for internal health care appointments should be reviewed to ensure all prisoners have access without compromising confidentiality. (2.62)  |          | <p>The application processes is being reviewed to ensure continued confidentiality.</p> <p>Waiting times are commensurate with the community and are monitored through contract review and performance meetings to ensure compliance.</p>  |                            |                |
| <b>5.32</b> | External hospital appointments should not be cancelled and custody escort arrangements should meet the health care needs of the prison population. (2.63)  | Accepted | <p>Every effort is made to ensure that external hospital appointments are only cancelled in exceptional circumstances and to ensure the stability of the prison. The people hub manager has been reminded of this.</p> <p>External appointments and cancellations are discussed at the quality meetings with the senior management from HMP Lewes. Cancelled appointments are re-booked urgently.</p>                  | Head of Corporate Services | Completed      |
| <b>5.33</b> | In-possession medication should be prescribed, reviewed and administered by health care professionals adhering to an up-to-date policy and risk assessment that reflects the range of medications prescribed, up-to-date prescribing guidelines, robust risk assessment of patient and medication, and appropriate storage of such medicines/doses. (2.71, repeated recommendation 2.99) | Accepted | There is an updated standard operating procedure in place which has been agreed with the Lead Pharmacist for Sussex Partnership Foundation Trust. There is a plan in place to increase prisoners managing their own medication safely and to monitor this. All prescriptions and in-possession risks assessments are reported weekly and this information interrogated via medicines management and the quality board. | Head of Healthcare         | Completed      |
| <b>5.34</b> | Custody officers should manage queues during medication collection times to maintain confidentiality and minimise potential bullying and diversion of supplies. (2.72)   | Accepted | The Head of Residence will ensure that staff are briefed and are aware that medication queues should be supervised.  | Head of Residence          | 31 August 2016 |
| <b>5.35</b> | All health professionals should ensure that they prescribe, handle and administer all controlled drugs in line with legislation, national guidance and professional standards.   | Accepted | <p>All nursing staff are required to complete medicines management training. The electronic database is used to monitor compliance.</p> <p>The pharmacist has addressed this with the clinical staff from the substance misuse service provider regarding completion of the</p>  | Head of Healthcare         | Completed.     |

|      |  |          |   |  |                  |
|------|--|----------|---|--|------------------|
|      | This should include the contemporary recording in the controlled drug register of all controlled drugs administered. (2.73, repeated recommendation 2.100) |          | controlled drugs register. This will be monitored on a monthly basis and any further issues addressed via the quality board and medicines management.   |  |                  |
| 5.36 | Transfers under the Mental Health Act should take place within the current transfer guidelines. (2.83)   | Accepted | There are plans to address this on a regional and national level. The National Offender Management Service and NHS England are involved in monitoring this.   | Head of Healthcare   | 31 January 2017  |
| 5.37 | Custody staff should have mental health awareness training so they can take appropriate action when a prisoner has mental health problems. (2.84)          | Accepted | The Head of Residence and Head of Healthcare will explore the provision of mental health awareness training for prison officers and report recommendations to the leadership meeting. Training of identified staff will follow.   | Head of Residence  | 31 December 2016 |
|      | <b>Catering</b>  |          |   |  |                  |
| 5.38 | All catering equipment should be thoroughly cleaned before use and maintained in good working order or replaced. (2.90)                                    | Accepted | A kitchen worker has been solely employed to ensure that all servery trolleys are cleaned on a daily basis, Catering staff check daily to ensure trollies are clean and serviceable. Cleaning schedule completed in Hazard Analysis Critical Control Points Documentation (daily check sheet). Repairs are reported through Carillion as and when required. | Deputy Governor  | Completed        |
| 5.39 | All prisoners involved in food preparation and delivery should be provided with appropriate clothing. (2.91)   | Accepted | The catering department has received and are issuing appropriate clothing to all prisoners involved with food delivery. This will be managed accordingly by catering manager. Ordering of protective clothing / footwear will be done in advance of running out due to slow turnaround of delivery from supplier.   | Deputy Governor  | Completed        |
|      | <b>Time out of cell</b>  |          |   |  |                  |
| 5.40 | All prisoners should have at least one hour in the open air each day. (3.5)  | Rejected | National policy set out in the Residential Services Instruction, states prisoners are afforded a minimum of 30 minutes in the open air daily, as defined in the service level agreement/contract. This provision is mandatory subject to weather conditions and the need to maintain good order and discipline.   | Head of Residence<br><br>Equality, Rights & Decency Group Policy |                  |
|      | <b>Learning and skills and work activities</b>   |          |   |  |                  |
| 5.41 | All prisoners should have a comprehensive work and training induction, as well as the mandated education assessment. (3.12)                                | Accepted | A review has been undertaken to review the issues and barriers preventing the initial assessments being made.<br><br>1. All prisoners engaging in workshop activity (non-offender learning & skills service - OLASS) are given a  | Head of Reducing Reoffending                                     | 31 August 2016   |

|      |   |          |   |                                  |                 |
|------|---|----------|---|----------------------------------|-----------------|
|      |   |          | <p>comprehensive assessment documented in the prisoners F2055C and Individual Learning Plans are now in place in these areas.</p> <p>2. Monitoring of prisoners attending the initial assessments with NOVUS is now taking place with an audit trail.</p>   |                                  |                 |
| 5.42 | The observations of teaching and learning should be extended to all areas of learning across the prison and best practice should be shared to further improve teaching and learning. (3.13)   | Accepted | <p>A format has been drafted to conduct observations of teaching in all areas. This will be discussed in the quality improvement group and included in the overarching reducing reoffending action plan.</p> <p>Consultation has begun in non-OLASS areas in relation to the content of the observations of teaching. An annual assessment will be made in all areas and this will be included in the establishment's quality calendar.</p> | Head of Reducing Reoffending     | 31 January 2017 |
| 5.43 | Skills action plans should be used to systematically inform allocations to activities and ensure that training and work meet prisoners' identified needs and predicted length of stay. (3.19) | Accepted | Introduction to learning through NOVUS has now ceased and the National Careers Service is completing skills action plans for each reception. This subsequently informs allocations to ensure that training and work needs are met. Length of stay is a consideration during this allocation process   | Head of Reducing Reoffending     | Completed       |
| 5.44 | Classroom and workshop opportunities should be used to help prisoners understand the importance of maths and English in the workplace. (3.24)   | Accepted | A training day was attended by all workshop instructors. Exercises were conducted on how to capture naturally occurring maths and English in a workshop setting and this is now in place. Further work has been highlighted to ensure promotional material is on display, and regular worksheets completed to demonstrate learning. Individual learning plans have been compiled for all prisoners in workshop areas.                       | Head of Reducing Reoffending     | 31 August 2016  |
|      | <b>Physical education and healthy living</b>  |          |   |                                  |                 |
| 5.45 | The prison should provide a range of accredited qualifications in the gym. (3.40)   | Accepted | HMP Lewes has started partnership working with NOVUS with an accredited course called 'Fit for Life' which commenced in May 2016. Further work has been identified to replace some recreational gym classes with accredited provision such as sports leadership.  | Head of Reducing Reoffending     | 31 March 2016   |
|      | <b>Strategic management of resettlement</b>   |          |   |                                  |                 |
| 5.46 | A whole prison approach to offender management, based on a robust needs analysis, should be developed. It should  | Accepted | Sex offender strategy is being developed and will be implemented. A needs' analysis will be developed and a strategy to improve joint working with resettlement and offender management will be put into action, to improve the prison's  | Head of Offender Management Unit | 31 March 2017   |

|      |   |          |   |   |                  |
|------|---|----------|---|---|------------------|
|      | include improved joint working and information exchange, and a detailed strategy for managing the large number of sex offenders. (4.8)  |          | approach to resettlement.<br>A robust needs' assessment has commenced. A format has been agreed and arrangements are being made to collate data and capture evidence through surveys.   | Head of Reducing Reoffending                      |                  |
|      | <b>Offender management and planning</b>   |          |   |   |                  |
| 5.47 | All eligible prisoners should have an up-to-date OASys assessment. Offender management should proactively engage prisoners and focus on progression and the reduction of risk of harm. (4.15) | Accepted | The current backlog of offender assessment system (OASys) reports will be prioritised as per the national criteria. Offender supervisors will be allocated wings, and if cross deployed they will work on the wing where they are based. This will improve contact and knowledge of offenders on their caseload and allow for improved OASys completions.   | Head of Offender Management                       | 31 January 2017  |
| 5.48 | Non-English-speaking prisoners' phone calls and letters should be translated to ensure effective monitoring for public protection issues. (4.19) effective                                    | Accepted | A cost and resources strategy will be developed. Offender management will identify prisoners and security will complete the monitoring.   | Head of Security/Head of Offender Management Unit | 30 November 2016 |
| 5.49 | MAPPA levels should be confirmed at least six months before release and the IRMT should carry out its public protection responsibilities in full. (4.20)                                      | Accepted | MAPPA and levels will now be discussed at the inter-departmental risk management team (IRMT) meeting. Improved terms of reference will be developed with an emphasis on higher attendance from all prison established agencies.   | Head of Offender Management                       | 31 December 2016 |
|      | <b>Reintegration planning</b>   |          |   |   |                  |
| 5.50 | All prisoners should have their resettlement needs assessed before release on licence. (4.34)   | Accepted | All prisoners will have their resettlement needs assessed prior to release through resettlement planning with the Community Rehabilitation Company (CRC) between 12-14 weeks prior to release. Evidence is captured on resettlement plans and used, through the gate to support prisoners on release.   | Head of Reducing Reoffending                      | Completed        |
| 5.51 | The number of prisoners being released homeless should be more carefully monitored and action should be taken to reduce the number. (4.38)  | Accepted | At the time of the inspection approximately 70% of prisoners were being released into the community without settled accommodation. Data is gathered monthly to monitor accommodation. Welfare packs have been introduced since the inspection for those prisoners that are being discharged into the community without accommodation. An accommodation adviser is currently being recruited by the CRC. | Head of Reducing Reoffending                      | 31 October 2016  |
| 5.52 | The prison should provide a visitors' centre offering shelter and amenities for waiting   | Accepted | The cabin adjacent to the entrance to the visits' reception area has been identified as a proposed visits' centre. Once refurbished the facility will offer amenities and refreshments.   | Head of Security                                  | 31 January 2017  |

|      |  |          |   |                              |                   |
|------|--|----------|---|------------------------------|-------------------|
|      | visitors. (4.47)   |          |   |                              |                   |
| 5.53 | The visits hall should offer more comfortable facilities, including access to toilets for visitors and prisoners. (4.48)   | Rejected | The facilities available within the confines of the current building does not allow for the inclusion of toilets without major capital outlay.<br><br>The furniture in the visits' hall is proportionate to the risk presented by visitors and in combating the potential for smuggling of illicit items.   | Head of Security             |                   |
| 5.54 | A range of family support services should be provided to all prisoners. (4.49)   | Accepted | A number of family interventions / services are open to all prisoners currently. A project has commenced alongside Brighton and Hove Town Council based on 'family' at the heart of interventions and provision of service. This is a multi-agency collaboration due to commence in August 2016. Success rates will be measured through the gate. | Head of Reducing Reoffending | 31 March 2017     |
|      | <b>Housekeeping points</b>   |          |   |                              |                   |
|      | <b>Discipline</b>  |          |   |                              |                   |
| 5.55 | Segregation review documentation and care plans should be completed and include meaningful targets. (1.61)   | Accepted | Weekly multi-disciplinary reviews will focus on the individual's need to progress from segregation and reintegrate back onto normal location. Care plans will be held for any prisoner segregated for over 20 days.   | Head of Residence & Safety   | 31 September 2016 |
|      | <b>Residential units</b>   |          |   |                              |                   |
| 5.56 | Shower areas should be maintained in good condition and have adequate privacy screening. (2.9)   | Accepted | Residential managers will report to the weekly operations meeting any defect in the provision of showers in their areas. The Head of Residence will be briefed on protracted delays in repairs and these will be escalated to Carillion.  | Head of Residence            | 31 October 2016   |
|      | <b>Legal rights</b>  |          |   |                              |                   |
| 5.57 | The printer in the library should be repaired so those conducting their own defence can print out legal texts, and the availability of the Access to Justice laptop should be advertised. (2.35) | Accepted | The cabling in the library has been ordered and the printer will be back on line in due course. The availability of this service will be promoted in the library and education.   | Head of Reducing Reoffending | Completed         |
|      | <b>Health services</b>   |          |   |                              |                   |
| 5.58 | All clinical areas should meet infection control standards. (2.50)   | Accepted | The healthcare department had an infection control inspection in November 2016 which was compliant. The issues raised by Inspectors have been passed to Carillion for resolution  | Head of Healthcare           | Completed         |
| 5.59 | Health promotion literature should be available in a range of languages spoken by the population. (2.51)   | Accepted | This is now on the medicines management group agenda and a plan is being developed to address this issue  | Head of Healthcare           | 31 August 2016    |

|      |  |          |   |                              |                   |
|------|--|----------|---|------------------------------|-------------------|
| 5.60 | All new arrivals should receive simple written information on how to access health services. (2.64)  | Accepted | The information is currently being reviewed and will be submitted to the quality board. This will be tailored to the needs of the population according to their language and special needs.                                   | Head of Healthcare           | 31 October 2016   |
| 5.61 | More effective use should be made of clinical templates and care planning should be recorded on SystmOne. (2.65)   | Accepted | A piece of work has just been completed by the managers and a specialist nurse consultant to review all templates. All the templates will be submitted to the quality board for approval.                                     | Head of Healthcare           | 31 August 2016    |
| 5.62 | Loose tablets and tablet foils should satisfy labelling requirements and should not be present in stock. (2.74)  | Accepted | All pharmacy technicians and nurses have been instructed to undertake a daily check of the stock in the cupboards as part of their daily duties.  | Head of Healthcare           | Completed         |
| 5.63 | Maximum and minimum temperatures of all drug refrigerators should be recorded every day and corrective action taken to ensure that temperature sensitive items are stored within the 2–8°C range. (2.75) | Accepted | A system has been implemented to record maximum and minimum temperatures of all drug refrigerators. Corrective action will be taken to ensure that temperature sensitive items are stored within the 2–8°C range.             | Head of Healthcare           | Completed         |
| 5.64 | There should be a wider range of PGDs to enable the pharmacist or nurse to supply more potent medication to avoid unnecessary consultations with the doctor. (2.76)                                      | Accepted | This is an ongoing agenda item for medicines management. The frequency of this meeting has been increased to allow for more engagement with all staff regarding the accessibility of medication via patient group directives. | Head of Healthcare           | 31 December 2016  |
|      | <b>Purchases</b>   |          |   |                              |                   |
| 5.65 | Prisoners from black and minority ethnic backgrounds should be consulted about the product list. (2.95, repeated recommendation 2.132)   | Accepted | The Head of Residence will ensure that cultural items on the product list are discussed routinely at the monthly prisoner council meetings.   | Head of Residence            | 30 September 2016 |
|      | <b>Learning and skills and work activities</b>   |          |   |                              |                   |
| 5.66 | Feedback to prisoners should contain precise short-term targets detailing what they need to do to develop and extend their learning. (3.25)  | Accepted | The use of the individual learning plans are available as a joint tool between the instructors/teachers and the student. Feedback will be included in this plan, including short-term targets.                                | Head of Reducing Reoffending | 31 August 2016    |
| 5.67 | All prisoners should be encouraged to store their work methodically to prepare them  | Accepted | The 'Steps Through the Gate' course, promotes the importance of storing work and qualifications gained whilst in custody.   | Head of Reducing Reoffending | Completed         |

|      |   |          |  |                              |                  |
|------|---|----------|--|------------------------------|------------------|
|      | to meet employers' expectations. (3.29)   |          |  |                              |                  |
| 5.68 | The prison should ensure all new prisoners visit the library as part of their induction. (3.35)                                     | Accepted | The library induction schedule has been included in the main induction programme.  | Head of Reducing Reoffending | Completed        |
|      | <b>Offender management and planning</b>   |          |  |                              |                  |
| 5.69 | Prisoners potentially facing an indeterminate sentence should be provided with support to prepare for their sentencing date. (4.28) | Accepted | Offender supervisors will have their caseloads changed; they will be allocated wings, and if cross deployed they will work on the wing which they are based. This will improve contact and knowledge of offenders on their caseload which will afford better support for those potentially facing an indeterminate sentence. | Head of Offender Management  | 31 December 2016 |

| <i>Recommendations</i>                            |           | <i>Housekeeping Points</i>                        |           |
|---|-----------|---|-----------|
| Accepted  | 49        | Accepted  | 15        |
| Accepted Subject to Resources /Partially Accepted | 2         | Accepted Subject to Resources /Partially Accepted | 0         |
| Rejected  | 3         | Rejected  | 0         |
| <b>Total</b>                                      | <b>54</b> | <b>Total</b>                                      | <b>15</b> |