

Report on an unannounced inspection of

HMP Lewes

by HM Chief Inspector of Prisons

14–15 December 2015

4–8 January 2016

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



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Glossary of terms

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

Introduction

HMP/YOI Lewes is a medium sized local prison with an uncrowded capacity of 617. At the time of the inspection it held just over 640 prisoners, including a substantial number awaiting trial or sentence. A third of the population were convicted of sexual offences, many with long or indeterminate sentences, and about 15% were in the last three months of their sentence and located at Lewes for pre-release resettlement support. As with other establishments, the number of older prisoners was rising and there was also a significant population of young adults.

This complex mix presented considerable challenges and risks, exemplified by the first night centre. Sex offenders were held there because there was nowhere else to put them, and this meant that other new arrivals were placed wherever a space could be found in the prison. Some were even placed in the segregation unit, which is a particularly inappropriate location for someone new to prison. Most staff on other units were unaware of who the new arrivals were and could not therefore provide first night support and monitoring. Moreover, during our night visit, we found that some staff did not have anti-ligature knives and could not assure us that they would act appropriately in the event of a serious self-harm incident. This was in the context of over a quarter of prisoners in our survey reporting feeling depressed or suicidal on arrival, and a third saying they had mental health problems.

Levels of violence and use of force were high and oversight of both was poor. Although we have seen rising violence in most prisons inspected over the last year, at Lewes the number of assaults was even higher than at other establishments recently inspected. However, the general picture on violence was complex and needed careful analysis; prisoners reported feeling relatively safe and self-harm was also lower than we see in other prisons. The safer custody structures that could have helped to understand and address such findings were lacking; violence reduction procedures were not being implemented and safer custody staff had no time to undertake the role.

Most of the prison was clean and in good condition – a considerable achievement given that it was over 160 years old. Good relationships between staff and prisoners, many of whom were from the local area, were a strength that underpinned much of the positive work in the prison. The reassurance provided by the experienced staff group may help to explain why prisoners felt safe despite the high levels of violence. Health care was reasonably good but far too many external hospital appointments were missed as a result of a lack of escort staff. The increased number of hospital visits reflected the rise in older prisoners, approximately 10% of whom were over 60, more than double the figure at the last inspection. The oldest prisoner was over 90. However, despite creditable work by paid carers, provision for older and disabled prisoners was inadequate. Overall arrangements for equality and diversity were also poor. There was little systematic support for prisoners with protected characteristics and those from black and minority ethnic backgrounds and foreign national prisoners were much more negative than others about their treatment.

Purposeful activity outcomes had dipped since the last inspection, although they were improving. More short education courses were provided, which better met the needs of many prisoners, and completion and success rates on short courses and in vocational training were high. The library was well run and access to PE was good. However, far too many prisoners were still without purposeful activity. Despite a very recently introduced new regime, on some units people were routinely locked up for 23 hours and we found half of the population in their cells during our spot checks over the course of the working day. There were not enough activity places and some of the available places were unused.

Strategic oversight of resettlement was reasonable but a whole-prison approach to offender management was lacking; far from recognising the importance of offender management, some residential staff referred to offender supervisors disparagingly as 'file huggers'. The prison had developed good relationships with the community rehabilitation company (CRC), and these arrangements were among the best that we have so far seen. In our survey, more prisoners than at other prisons said they had done something to make them less likely to offend in future. An ongoing challenge for the prison was to deal with the significant increase in the number of sex offenders. They stayed at the prison for too long without doing suitable offending behaviour work.

This report describes a prison with a number of strengths, especially its good staff-prisoner relationships, which mitigated, to a degree, other weaknesses. The CRC arrangements were encouraging and, despite the prison's considerable age, the environment was generally decent. The prison has four principal challenges going forward: a consistent first night process was needed for all prisoners, wherever they were held, supported by proper training of night staff to assure the safety of all prisoners. The high level of assaults demanded more systematic and focused violence reduction analysis and actions. The needs of minority groups, especially the large number of disabled and older prisoners, needed to be better addressed. Finally, improved access to purposeful activity was necessary with efficient use of the available spaces. Addressing these concerns will help the prison to build on the undoubted good work of many of its staff.

Martin Lomas
HM Deputy Chief Inspector of Prisons

February 2016

Fact page

Task of the establishment

A local category B men's resettlement prison. category C prisoners were also held.

Prison status

Public

Region

Kent and Sussex

Number held

642

Certified normal accommodation

617

Operational capacity

692

Date of last full inspection

5–12 November 2012

Brief history

HMP Lewes was built in 1853 as the county prison for Sussex. It has a semi-radial design and is half a mile from the town centre of Lewes. In 2006 work began on a new house block, which created 174 places in two attached wings, plus a new workshop, gym, new visits hall, multi-faith centre and several new classrooms. F wing was refurbished in 2011–12.

Short description of residential units

A wing: drug and alcohol support (recovery unit) for 134 prisoners

C wing: 150 places for sentenced and unconvicted prisoners

F wing: 147 places for unconvicted and convicted sex offenders and others requiring protection

F1 landing: first night and induction centre housing 30 prisoners

G wing: care and support and units for 23 vulnerable and at risk prisoners

K wing: drug and alcohol detox unit for 22 prisoners

L wing: 80 places for sentenced category C or D prisoners

M wing: 94 places for sentenced category C or D prisoners

Health care unit: space for 12 prisoners.

Name of governor/director

Jim Bourke

Escort contractor

GEOAmey

Health service provider

Sussex Partnership NHS Foundation Trust

Learning and skills providers

Nuvos

Independent Monitoring Board chair

Fenella Hunter

Community rehabilitation company

Kent, Surrey and Sussex Community Rehabilitation Company

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

Safety	prisoners, particularly the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

*S1 First night support was inadequate. Most new arrivals were not accommodated in the first night unit and substantial risks were not addressed. Levels of violence were high and the violence reduction policy was not implemented properly. The level of self-harm was relatively low but prisoners at risk did not receive sufficient support. The care and support unit performed a useful function. Security was proportionate and good work had been undertaken to reduce the use of new psychoactive substances (NPS) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects). Force and special accommodation were used more frequently than at the previous inspection; documentation and governance were poor. The use of segregation was high, but the conditions were reasonable and most prisoners were reintegrated promptly. Substances misuse services were generally good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S2 At the last inspection in 2012 we found that outcomes for prisoners in Lewes were reasonably good against this healthy prison test. We made 16 recommendations in the area of safety. At this follow-up inspection we found that five of the recommendations had been achieved, one had been partially achieved and 10 had not been achieved.

S3 Most prisoners had short journeys to the prison and said escort staff treated them well. More prisoners than the comparator reported feeling depressed or suicidal on arrival. The reception was well laid out and clean but prisoners waited too long before they were moved to their cells and did not have peer support, access to showers or useful information. Processes to ensure they were well cared for and safe on their first night were inadequate. The first night centre was used mainly to accommodate sex offenders and most other prisoners were allocated randomly wherever there were spaces, which included the segregation unit. The induction process was well designed and comprehensive but delivered in a room with too many distractions.

S4 There was a comprehensive violence reduction policy but it had not been properly implemented and many investigations into violent incidents had not been completed. Levels of violence had risen and were significantly higher than at similar establishments. Prisoner violence reduction representatives were not actively managed. Sex offenders on F wing were kept safe. The care and support unit was a valuable resource for prisoners considered vulnerable or at risk for a range of reasons.

S5 Levels of self-harm were relatively low. However, assessment care in custody and teamwork (ACCT) case management documentation for prisoners at risk of suicide or self-harm was often poor and prisoners on ACCTs told us they did not feel well cared for. Staff had not received formal training in self-harm prevention procedures in the previous three years. During our night visit, not all staff had anti-ligature knives or were sure about how to deal with serious self-harm incidents. There were enough Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and men had good access to them. The prison worked well with community safeguarding services, and there was good provision for those who needed a high level of support.

S6 Security was broadly proportionate. The security committee met regularly but attendance by staff from across the prison remained poor. The strategic approach to supply reduction was

improving and the prison was taking steps to respond to NPS. A good flow of intelligence led to significant finds. Subsequent actions were not always carried out promptly. Suspicion tests attained very high positive rates although the extent to which tests did not take place because the deadline had expired was not monitored. Random mandatory drug testing positive rates were high and targets for weekend and random tests were not achieved.

- S7 Fewer prisoners than at other local prisons said the incentives and earned privileges (IEP) scheme encouraged them to change their behaviour. There was some inconsistency in its application.
- S8 Adjudication paperwork was often poor and too many charges were dropped as a result of administrative errors. Use of force had risen and most incidents were initiated in response to prisoners refusing to transfer or frustrated with the regime. Documentation was not completed promptly and too many records were incomplete, providing little assurance of proportionality. Governance was inadequate. Some footage showed poor practices that managers had not identified or addressed. Planned interventions were not routinely filmed or reviewed. The use of special accommodation was high; it had been used inappropriately in some cases.
- S9 Segregation was used frequently but most prisoners returned to the normal location relatively quickly. The segregation unit was clean. The regime was limited and inconsistent staffing had led to a deterioration in staff-prisoner relationships in the unit.
- S10 Psychosocial and clinical substance use services were well integrated and the drug and alcohol rehabilitation team delivered effective psychosocial care, including a wide range of group programmes delivered by highly competent staff. Clinical care had improved since the previous inspection.

Respect

S11 *The prison was generally clean and in good repair, but too many cells had inadequate furniture. Not all prisoners had adequate clothing. Staff-prisoner relationships were good. Equality and diversity work was weak and some outcomes were poor. Faith provision was very good. Responses to complaints were usually prompt and addressed the main issues. Health services were reasonably good overall. Most food was reasonable. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S12 *At the last inspection in 2012 we found that outcomes for prisoners in Lewes were reasonably good against this healthy prison test. We made 22 recommendations in the area of respect. At this follow-up inspection we found that eight of the recommendations had been achieved, two had been partially achieved, 11 had not been achieved and one was no longer relevant.*

- S13 Cleanliness was generally good, although some wing landings required a deep clean. Most showers and cells were in reasonable condition, but a large amount of furniture was broken or missing. Some single cells still held two people. A number of phones were out of order and many prisoners reported problems making calls. Laundry arrangements were adequate. There had been intermittent problems with the exchange of clothing. The application system worked reasonably well. The prisoner information desk facility was a good new initiative.
- S14 We saw friendly and appropriate interactions between staff and prisoners. In our survey, more prisoners than the comparator said that staff treated them with respect and that they had someone they could turn to for help with problems.

- S15 Strategic management of equality and diversity was weak. The policy and action plan did not identify specific measures that should be taken to meet the population's diverse needs. Equalities monitoring data were too basic to provide any insight into outcomes for protected groups. There was little systematic support for prisoners with protected characteristics. Those from black and minority ethnic backgrounds and foreign national prisoners in our survey were much more negative than others about the way staff treated them. Prisoners were inappropriately used to translate material for non-English speakers when sensitive and confidential issues were discussed. We were concerned that the needs of some disabled and older prisoners were not being met. Carers did reasonable work but had insufficient oversight.
- S16 A wide range of activities were in place to supplement the regular and reasonably well-attended religious services. The chaplaincy was well integrated into prison life and contributed to interdepartmental meetings. Regular chaplaincy meetings impressively considered resettlement pathways.
- S17 Responses to complaints were generally good and mostly timely. Complaints about discrimination had not been investigated as discrimination reports. A monthly analysis of complaints was submitted to department heads and there was evidence that identified problems were subsequently resolved. Legal services were too limited.
- S18 Health services were reasonably good, although poor access to external appointments posed significant risks. Partnership working and clinical governance were mostly effective but health care complaints were not confidential. The prison had an appropriate range of primary care services with waiting times that were not excessive, but prisoners waited too long to see an optician. Long-term conditions were managed reasonably well. The inpatient unit provided care for patients with complex health needs, although a shortage of custody staff affected the delivery of a therapeutic regime. Medicines management was reasonably good. Custody staff did not supervise medicine queues well enough. Dental provision was good. The integrated mental health service provided a good service, but prisoners waited too long for transfers to secure hospitals.
- S19 Prisoners were very negative about the food; food we tasted was reasonable but breakfast packs were insubstantial. The serveries and kitchen were reasonably clean but too much equipment was awaiting repair and some food trolleys were very dirty. Canteen processes were generally satisfactory.

Purposeful activity

- S20 *Time out of cell was inadequate. Activities were better managed but there were too few spaces for the population and induction into activities was poor. Although attendance in education and work had improved, there were too many unused places. The quality of education and vocational training was adequate. Achievements in English, maths and some vocational training were low in the previous year but were now improving. The library and physical education (PE) provision were good and prisoners had good access to both. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S21 *At the last inspection in 2012 we found that outcomes for prisoners in Lewes were not sufficiently good against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this follow-up inspection we found that three of the recommendations had been achieved, three had been partially achieved and six had not been achieved.*

- S22 A new regime had just been introduced. Time out of cell was limited to two hours for the many unemployed prisoners, and during our spot checks we found half of prisoners locked up during the working day. Outdoor exercise was limited to 30 minutes a day.
- S23 The prison worked hard with partners to provide more work and training, but progress was slow. Induction for activities was poor and prisoners' learning was not effectively planned. Attendance in education and work had improved. Nevertheless, many activities did not start on time and too many classes were not filled. Quality improvement mechanisms were in place in education and vocational training, but not in other training or purposeful activity. Managers were now using data more effectively to identify problems.
- S24 There was insufficient purposeful activity for the population. More short courses were now provided, which better met the needs of many prisoners. The range of vocational training and courses above level 1 was still limited. The range of education and work for vulnerable prisoners, who tended to stay for longer periods, had increased.
- S25 Coaching and support in vocational training and education were good, and prisoner learning champions were used well. Poor behaviour was challenged appropriately. Individual learning targets in education and vocational training were not always set and learning plans were not used effectively. Education classrooms were appropriately resourced but teachers did not always use a sufficiently wide range of learning resources to engage or motivate prisoners.
- S26 In workshops, prisoners developed useful transferable employability skills, but they were not recorded or used to help individuals recognise what they had achieved. Prisoners' behaviour was generally good.
- S27 Completion and success rates were high in most short education programmes and on vocational training courses. Achievements in English at level 2 and maths at levels 1 and 2 required improvement. Prisoners in vocational training and work activities rapidly developed good skills to produce high quality work.
- S28 The library was popular, accessible and well stocked with a wide range of resources to meet the population's needs. Library staff promoted a good range of well-attended reading activities and initiatives.
- S29 Access to PE was good. Gym staff provided a wide range of activities and recreational training, but no accredited vocational qualifications. Induction to the gym was adequate. Healthy living and well-being were not well promoted.

Resettlement

- S30 *The prison managed a complex population with varied needs. Provision for longer-term prisoners was insufficient. Strategic management of resettlement was adequate. The community rehabilitation company (CRC) was effective and supported prisoners' resettlement well. Offender supervision did not sufficiently support prisoners through their sentence. There were some weaknesses in public protection work. Re-categorisation processes and assessments were reasonable, but some sex offenders were not making progressive moves. Resettlement work was generally good but too many prisoners were released without accommodation. Visits provision was adequate. Not enough was done to promote contact with family. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S31 *At the last inspection in 2012 we found that outcomes for prisoners in Lewes were reasonably good against this healthy prison test. We made 11 recommendations in the area of resettlement. At this follow-up inspection we found that two of the recommendations had been achieved, three had been partially achieved, five had not been achieved and one was no longer relevant.*

- S32 The prison population was complex; it included a large group of sex offenders and an increasing number of indeterminate sentence prisoners who stayed at the prison for a long time. Strategic oversight was adequate and supported by well-attended leadership meetings, a clear action plan and regular reviews of progress. A whole-prison approach to offender management was not yet fully developed and there was evidence that staff were working in isolation. The resettlement needs analysis did not explore the specific needs of different types of prisoner. The CRC arrangements were good and continuing to develop well. In our survey, more prisoners than at other prisons said they had done something at Lewes to make them less likely to offend in future.
- S33 Offender management work was hindered by the redeployment of uniformed offender supervisors elsewhere, although overall resourcing of the unit was reasonable. A significant number of prisoners did not have a current offender assessment system (OASys) document or sentence plan. While important tasks were completed on time, the level of planned offender supervisor contact with prisoners was limited. Many prisoners were released on home detention curfew after their eligibility date; managers were taking steps to address this problem.
- S34 Initial public protection screening and monitoring were sound, but the prison failed to translate calls or letters, which was an ongoing weakness. The role of the inter-departmental risk management team was too limited and many prisoners did not have a multi-agency public protection arrangement (MAPPA) management level prior to release, potentially leaving some risks unaddressed.
- S35 Categorisation work was up to date and, on the whole, sufficiently good. Some prisoners, particularly sex offenders, stayed for too long and there was an inadequate focus on progression and transfers. Many prisoners resisted transfer and not enough was done to prepare them before they were moved. Too few transfers were led by sentence planning.
- S36 Resettlement assessment and planning on arrival was satisfactory and prisoners could access resettlement help and guidance throughout their sentence. Pre-release planning and support were less well developed. The system for identifying prisoners due for release was not robust and we were not confident that all prisoners had their needs reviewed prior to release. CRC staff actively supported prisoners identified as needing assistance. Nevertheless, in our survey, fewer prisoners than at other local prisons and at our last inspection said they knew whom to turn to for help with accommodation, benefits or finance.
- S37 Despite support to address accommodation problems, the prison's exit survey data suggested that large numbers were homeless on release. A full-time National Careers Service adviser provided good support and detailed skills action plans for some prisoners. An effective pre-release course was delivered, but not all prisoners who needed it could attend. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used effectively to search for jobs.
- S38 Arrangements to ensure continuity of health care on transfer and release were good. Resettlement outcomes for prisoners who used drugs were enhanced by a parenting programme and the involvement of a full-time family worker. Prisoners still could not open

bank accounts, but a specialist adviser was about to be appointed to assist prisoners with debts and financial management.

- S39 There was no visitors' centre and visits started later than advertised. Visitors were treated respectfully and there was an appropriate level of supervision during sessions. All prisoners could apply to have a family day four times a year, but no other family support programmes were available to all prisoners.
- S40 Accredited programmes were delivered well but the prison did not have a strategy for managing sex offenders who were not suitable for accredited programmes. The number of prisoners waiting to take part in an accredited programme appeared low, partly because many prisoners did not have an OASys assessment.

Main concerns and recommendations

- S41 Concern: More prisoners than the comparator reported feeling depressed or suicidal on arrival. Prisoners spent long periods waiting in reception without peer support or access to useful information. They were subsequently accommodated randomly around the prison, including in the segregation unit, which was a particularly inappropriate for new arrivals. Staff did not always know who the new arrivals were and could not therefore provide them with systematic support.

Recommendation: 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.

- S42 Concern: The number of violent incidents was very high. Systems to ensure managers understood and addressed violence were ineffective. Violence reduction procedures were not being implemented, there were no safer custody staff in post and many violent incidents were not investigated. The management of violent prisoners was limited to monitoring and sanctions through the IEP scheme. There had been no prisoner survey or work with violence reduction representatives to enhance management's understanding of the reasons for the levels of violence.

Recommendation: The prison should take a rigorous approach to identifying, investigating and dealing with violence, which should be significantly reduced.

- S43 Concern: Equality and diversity processes were weak. Equalities monitoring data were too basic to provide any insight into outcomes for protected groups. There was little systematic support for prisoners with protected characteristics and outcomes were particularly poor for some disabled and older prisoners. Those from black and minority ethnic backgrounds and foreign national prisoners in our survey were much more negative than others about the way staff treated them.

Recommendation: 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.

S44 Concern: Roll checks showed that about half the population was locked up during the working day without anything to do. There were insufficient activity spaces and not all of those available were used.

Recommendation: All prisoners who are able to participate in activities should be purposefully occupied during the working day. All activity places should be filled.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

1.1 *Most prisoners had short journeys and said escort staff treated them well. Discharges to court were efficient but prisoners attending court could not always have a shower.*

1.2 Most prisoners' journeys to the prison were short but more than at the last inspection (21% compared to 10%) had journeys of more than two hours. Food and drinks were routinely provided and, in our survey, more prisoners than the comparator (72% compared to 66%) said escort staff treated them well. Disembarkation took place promptly and prisoners did not have to wear handcuffs. Since the last inspection a new routine for cleaning the vans had been introduced, and vans we looked at were reasonably clean.

1.3 Discharges to court were dealt with in good time but some prisoners who were appearing in court every day were not always able have a shower. Good use was made of video links to court and there were negotiations with more courts to extend their use.

Recommendation

1.4 **Prisoners appearing in court should have the opportunity to have a shower every day.**

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

1.5 *The reception was spacious and prisoners said they were treated well, but some waited too long in reception. New arrivals could be located anywhere in the prison on their first night and there were no processes in place to ensure their particular needs were met. Induction was well structured and comprehensive.*

1.6 The reception was spacious and clean. In our survey, more than the comparator said they were treated well and that searching was carried out respectfully. However, fewer prisoners than at the last inspection said they had been offered a phone call, shower, something to eat or access to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). More prisoners than in other local prisons said they

had problems with feeling depressed or suicidal or had physical or mental health problems on arrival.

1.7 Holding rooms contained some prison information but little else to keep prisoners occupied. A prison orderly worked in reception providing clothing and meals but did not support new arrivals or give them information. Only identification and recording processes were undertaken in reception; assessments were carried out in the first night centre. In our survey, fewer prisoners than at the last inspection (68% compared to 83%) said they were in reception for less than two hours and we observed new prisoners waiting up to four hours to be moved to the first night centre for assessment interviews. The cause of the delay was a lack of space for new arrivals in the first night centre, which was used mainly to accommodate prisoners with convictions for sexual offences, whose number had increased (see section on bullying and violence reduction, paragraph 1.17). After their assessments were completed in the first night unit, new arrivals went wherever there was a space in the prison. It was particularly inappropriate that some were placed directly in the segregation unit. There was no process to ensure that staff responsible for new arrivals on their wings understood or managed their risks. Some night staff did not know which prisoners on their wing were new. (See main recommendation S41.)

1.8 Induction took place within the prisoner's first five days at Lewes. A checklist of new arrivals was used to ensure it was offered to all prisoners. The induction presentation we observed was well structured and an officer and a peer supporter provided input. However, prisoners were more negative about its usefulness than at the last inspection (40% against 64%), and we noted that it took place in a room with too many other distractions where it was hard for prisoners to take in the information being delivered. A new room for the presentation was being prepared so that it could be held privately. In addition to the presentation new prisoners had resettlement and education assessments and inductions for the library and gym.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

1.9 *The violence reduction policy was reasonable but was not being fully implemented. Levels of violence were high and prisoners reported feeling less safe than at the last inspection. The prison had not carried out a survey to investigate prisoners' perceptions and violence reduction representatives were not sufficiently involved in the management of safer custody. Prisoners on the vulnerable prisoner wing and on G wing said they were kept safe but too many vulnerable prisoners were located on main wings.*

1.10 A reasonable violence reduction policy was in place; it outlined procedures relevant to the establishment but still lacked structured interventions with violent prisoners to improve their behaviour. At the time of the inspection the safer custody team was not functioning because of a lack of staff, which meant oversight and quality assurance of violence reduction processes were ineffective. In the previous six months, of 62 violent incidents recorded by the administrative team, only 37 had been investigated.

- I.11** The monthly safer custody meeting received a good range of information about violence and there was some analysis of the location and nature of incidents, but there was no evidence that this had led to action that would have improved safety.
- I.12** Levels of violence reported by the prison were very high and had increased significantly since the last inspection. In the six months before the inspection there had been 25 assaults on staff (compared to six at the last inspection), and 111 assaults on prisoners (42 last time).
- I.13** In our survey prisoners' responses on safety were similar to those in other local prisons but were much poorer than at our last inspection. The proportion reporting that they had ever felt unsafe was 48% compared to 28% last time and 18% said they felt unsafe at the time of the inspection compared to 7% last time.
- I.14** The prison had not done enough to ensure management understood the reasons for violent behaviour. For example, there had been no prisoner survey on violence and managers could only speculate that a rise in drug-related debt and the inclusion of prisoners from a wider catchment area than previously had contributed to the changes.
- I.15** A team of prisoner violence reduction representatives was in place and those we spoke to were confident in their role. The absence of safer custody staff meant they were not well monitored or supported and processes enabling them to contribute a prisoner perspective to safer custody meetings had lapsed. Violence reduction officers on each wing were being recruited to provide some oversight and link with prisoner representatives.
- I.16** Perpetrators of violence were dealt with by monitoring and sanctions through the incentives and earned privileges scheme. This approach worked with some prisoners, but it was unsophisticated and cases we examined did not have meaningful behaviour targets or demonstrate thorough processes of observation and review.
- I.17** The number of vulnerable and at risk prisoners who needed to be kept safe from the rest of the population had risen sharply since the last inspection and the prison found it difficult to manage them. The first night centre held vulnerable prisoners, mainly sex offenders, who could not be located elsewhere (see section on early days in custody, paragraph I.7); there were also a number of prisoners in the main prison location awaiting places in specialist wings, who felt unsafe and were afraid to associate with other prisoners.
- I.18** Those in the vulnerable prisoner wing and G wing, the care and support unit for prisoners at risk or being reintegrated from the segregation unit, said they were kept safe; the environment on G wing was supportive. However, there was still no formal management or planning process to support or reintegrate them.

Recommendations

- I.19 At risk and vulnerable prisoners should be placed in locations where they have safe access to the regime.**
- I.20 There should be structured case management and care planning arrangements for prisoners located in the care and support unit.** (Repeated recommendation I.24)

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- I.21** *The number of self-harm incidents was relatively low and there had been no recent self-inflicted deaths. However, serious incidents of self-harm had not been investigated and assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was poor in many cases. There was an adequate number of Listeners and access was good.*
- I.22** The number of self-harm incidents in the six months prior to the inspection was relatively low, but higher than at the last inspection. There had been no self-inflicted deaths since the last inspection but one recent serious incident of self-harm had led to a prisoner being hospitalised after being revived by staff. Serious incidents of self-harm had not been investigated.
- I.23** The prison had an up-to-date and comprehensive safer custody policy and the monthly safer custody meeting monitored and analysed self-harm incidents. However, there was no one in post to oversee the implementation of safer custody processes. ACCT case management procedures were poorly implemented in many cases. For example, care plans did not reflect all the issues identified in assessments, attendance at case reviews was poor, case management was inconsistent, and few care plans were updated following reviews. In addition, we found little mental health staff input for prisoners with mental health needs, with the exception of those held in the segregation unit (see paragraph 2.81). Prisoners told us that they did not feel their needs were met through the ACCT process.
- I.24** There had been no ACCT refresher training for staff for three years. A manager had recently taken responsibility for a weekly review of ACCT documents to try to drive improvements. On our night visit we found staff who were not carrying anti-ligature knives; some were not willing to enter cells if a prisoner's life was at risk; situations such as these should have been risk assessed.
- I.25** Constant observation cells in the segregation unit continued to be used for those at risk of self-harm, which was inappropriate. (See also section on segregation, paragraph 1.58.)
- I.26** Ten Listeners were in post; they told us that they were well trained and supported. In our survey 63% of prisoners said they could speak to a Listener at any time, which was better than the comparator of 52%. Listeners spoke to prisoners in interview rooms on wings, which they found acceptable, and a dedicated Listener suite was being prepared although it was not in use during the inspection.

Recommendations

- I.27** **Serious incidents of self-harm should be promptly investigated and lessons learned should be widely disseminated among staff.**
- I.28** **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.

I.29 Constant observation cells should not be located in the segregation unit.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

I.30 *The prison worked with community safeguarding services, and provision for the most critically in need of support was good. There was a lack of support for other less critical but still at risk prisoners.*

I.31 The prison was actively involved with and represented on community safeguarding committees. Systems and processes were in place to ensure those who met the criteria for acute community support received it. However, for those prisoners with lower level needs who did not meet the criteria not enough support was available. (See section on equality and diversity, protected characteristics, paragraph 2.20).

Recommendation

I.32 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.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

I.33 *Security was broadly proportionate. The security committee met regularly but attendance of staff from other prison departments remained poor. The availability of drugs had increased and the positive mandatory drug testing (MDT) rate was high. The approach to supply reduction was improving.*

I.34 Except for some searching, security arrangements remained proportionate and did not unnecessarily restrict prisoners' access to the regime. Security meetings had not taken place

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

over a significant period of time since the previous inspection and intelligence was not acted on. However, the situation had improved during the previous nine months. The security committee now met monthly but attendance of staff from other prison departments was poor. The security team appropriately focused on tackling the increasing levels of bullying and violence and the availability of new psychoactive substances (NPS) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects), drugs and mobile phones. There was no evidence of significant concerns about gangs or radicalisation.

- I.35** Positive staff-prisoner relationships underpinned effective dynamic security. The security team received 1,609 intelligence reports (IRs) during the previous six months most of which were processed swiftly enabling other departments to respond as needed. The security department however, did not track steps that had been taken and could not be confident that all information had been acted on. Despite this there had been a significant number of finds including drugs, phones and weapons and the proportion of positive suspicion MDT results was high.
- I.36** In our survey, the number of prisoners who said it was easy or very easy to get illegal drugs in Lewes had risen to 38% from 29% at the last inspection. The number of prisoners who reported having developed a drug problem since arriving at Lewes had also gone up. The random MDT positive rate had increased to 12.5% and was now above target. The MDT suite was clean, tidy and appropriately equipped but there was an unacceptable amount of graffiti in the holding cells.
- I.37** Closed visits were still used infrequently but a small number of prisoners were placed on closed visits for reasons that were not related to visits. Closed visits reviews were meaningful and took place monthly. Strip-searching was not routine for new arrivals transferring from other prisons; however, it was routine for those entering segregation and for 10% of prisoners after visits, often in the absence of supporting intelligence, which was disproportionate.
- I.38** There were good arrangements in place to deal with potential staff misconduct or corruption.

Recommendations

- I.39** **All security action should be tracked to ensure it is carried out promptly.**
- I.40** **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.**

Incentives and earned privileges

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

I.41 *Fewer prisoners reported that the IEP scheme encouraged them to change their behaviour and we found some inconsistencies in its application.*

I.42 Staff and prisoners understood how the IEP scheme worked. However, the number of prisoners reporting that the scheme encouraged them to change their behaviour had fallen to 34% from 48% at the previous inspection and compared with other similar prisons (40%). Many prisoners we spoke to did not find the differences between the enhanced and standard regimes significant enough to encourage them to improve their behaviour. The scheme was not applied consistently.

I.43 There were 21 prisoners on the basic regime at the time of the inspection, most after a pattern of poor behaviour. For those who attended activities, the basic regime was reasonable but unemployed prisoners received less than an hour a day out of their cells. Prisoners on the basic level did not routinely attend the initial review or subsequent reviews, which took place every seven days. Some privileges were restored at these reviews but targets set for those remaining on the basic regime remained perfunctory.

Recommendation

I.44 **The IEP scheme should be applied consistently and should motivate prisoners to change their behaviour.**

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.

I.45 *Use of all disciplinary procedures had risen since the previous inspection. Too many adjudications were dismissed or did not proceed. Oversight of use of force had deteriorated. Special accommodation was used frequently and inappropriately in some cases. Use of segregation was high but most prisoners returned to the normal location relatively quickly. The segregation unit was clean but relationships had declined since the previous inspection.*

Disciplinary procedures

I.46 There had been 511 adjudications in the six months prior to the inspection, an increase since the previous inspection. The number of adjudications that were dismissed or did not proceed was high and rising. In too many instances, this was because of avoidable

administrative errors, including in cases involving violence and possession of contraband. In one (subsequently dismissed) hearing we observed, it was discovered that staff had falsified adjudication paperwork. Managers were investigating.

- I.47** In the cases that proceeded, prisoners received sufficient time to prepare their case and sought legal advice if they asked for it. Records of hearings we sampled were reasonable but some did not demonstrate that charges had been adequately explored before a finding of guilt.

Recommendation

- I.48 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.**

The use of force

- I.49** There had been 102 incidents where force had been used in the six months prior to the inspection, nearly double the number seen at the last inspection. Most force was initiated in response to non-compliance much of which related to prisoners frustrated with the regime or refusing to transfer to another prison.
- I.50** Use of force documentation, and therefore accountability, had deteriorated since the previous inspection. Although the use of force coordinator monitored incidents involving force, reports were not completed within a reasonable timeframe and many reports from the previous two months remained incomplete. As a consequence we could not be confident that force was always appropriate. The use of force committee met monthly but was no longer chaired by the governor and attendance was poor. A process of quality assurance identified and addressed some areas requiring improvement, but we found footage underlining poor practice, which had not been dealt with. Planned interventions were not routinely filmed or reviewed.
- I.51** Use of special accommodation was relatively high. We found three examples of the special cell being used for compliant prisoners and routine use of anti-ligature clothing; these practices were inappropriate. Authorising documentation for the special accommodation was weak, again undermining accountability.

Recommendations

- I.52 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.**
- I.53 Anti-ligature clothing should only be used in exceptional circumstances with proper justification, and authorisation and usage should be logged and monitored.** (Repeated recommendation I.34)

Segregation

- I.54** Over 200 prisoners had been in the segregation unit in the previous six months, which was higher than at the last inspection. Some prisoners were inappropriately located in the segregation unit because of a lack of space in the first night centre (see section on early days in custody, paragraph I.7) and in the health care department. Most stays were short and most prisoners were returned to the normal prison location.
- I.55** Communal areas and cells in the segregation unit were clean and graffiti free. The regime was basic and did not provide prisoners with daily access to showers or exercise. However, prisoners held for good order or discipline reasons could participate in additional regime activities that were relatively good; they included the opportunity to attend the gym and communal religious services.
- I.56** The prison had not collected comprehensive data on segregation in the months prior to September 2015 and there was little analysis to identify trends or appropriate actions to be taken.
- I.57** Care plans were in place for the three prisoners who had spent longer than 30 days in the unit, but they lacked detail. Segregation reviews were timely and reasonably well attended but documentation was often poorly completed and behaviour targets were not tailored to the individual.
- I.58** Twenty-two prisoners had been held in the segregation unit while on an open ACCT document during the previous three months (data were not available for the period before). This was four times the number at the previous inspection and all but one prisoner remained in the segregation unit post-assessment. Practice had deteriorated significantly since the previous inspection when most prisoners segregated on an open ACCT swiftly received a review and were relocated.
- I.59** In our survey the proportion of prisoners stating that staff treated them well in segregation had fallen to 22% from 56% at the last inspection; the figure was also lower than at similar prisons. Prisoners in the unit during the inspection said staff redeployed from other areas often covered the unit which made it difficult to build positive relationships.

Recommendation

- I.60** **Prisoners should not be held in the segregation unit because of a lack of space in other units.**

Housekeeping point

- I.61** Segregation review documentation and care plans should be completed and include meaningful targets.

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- I.62** *Psychosocial and clinical substance use services were well integrated. The drug and alcohol recovery team (DART) delivered effective psychosocial care, including a wide range of group programmes, delivered by highly competent staff. Clinical care had improved considerably since the last inspection, but daily medication administration lacked officer supervision. The drug strategy committee meeting was poorly attended.*
- I.63** Well-integrated psychosocial and clinical substance misuse services were provided by the DART. Around 50% of the population (326 prisoners) were receiving treatment from the DART psychosocial team. In-cell work packs covering the fundamentals of recovery were of a very high standard.
- I.64** A dedicated programmes team within the DART ran a good range of group programmes, including low-intensity courses on specific drugs and areas of recovery, such as NPS awareness and relapse prevention. Prisoners could attend weekly self-management and recovery training groups and weekly Alcoholics Anonymous fellowship meetings, but Narcotics Anonymous groups were unavailable.
- I.65** Higher intensity programmes included the accredited Building Skills for Recovery programme and a parenting skills programme, Fathers Inside (see section on children, families and contact with the outside world, paragraph 4.46).
- I.66** Clinical care had improved considerably since the last inspection and reflected all areas of national guidance. Sixty-three prisoners were receiving opiate substitution treatment. Of those, 51 (80%) were on maintenance doses, which was not unusual for a local prison with remand prisoners. Medication was administered from hatches in several locations but officers did not directly supervise them (see section on health services, pharmacy, paragraph 2.67).
- I.67** First night prescribing was available to all prisoners identified on arrival as being in need of opiate substitution. Prisoners were stabilised in the dedicated unit (K wing) and once stable were moved to the recovery unit (A wing). Prisoners in the recovery unit told us the regime was supportive but there were not enough activities. The DART and the prison had an action plan in place to address the daily programme and other issues related to the physical environment of the recovery unit, which had been highlighted in a recent internal audit. The audit had also included a considerable level of input from the service user forum. Five DART peer supporters provided one-to-one support and produced a monthly DART newsletter.
- I.68** The drug strategy committee was being re-established following a long period during which it did not meet at all. The first two meetings had not been well attended. The separate security meeting had also been cancelled several times in the recent past. The lack of regular meetings had led to an insufficiently joined-up approach to tackling substance use in the prison.

Recommendation

- I.69 A substance misuse strategy committee should oversee and implement the strategy, ensure coordinated working between departments, and include representatives from security.** (Repeated recommendation I.79)

Section 2. Respect

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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

2.1 *Cleanliness was generally good and most showers and cells were in reasonable condition. However, a large amount of furniture was broken or missing and too many phones were out of order. Toilets were reasonably well screened. Some single cells still held two prisoners. Laundry arrangements were adequate. Applications were reasonably well managed.*

2.2 Most wings were clean and in good decorative order. Given their age, the older wings were in reasonable condition, but some landings, particularly on A wing, had ingrained dirt and a few shower areas had mould and required deep cleaning. Showers on A, G and C wings had no privacy screens. None of the cells we checked had lockable cabinets, although we were told that a large number had been acquired. A lot of furniture was broken, and some chairs, tables and shelves for prisoners' clothes, were missing. Separate cubicles in many cells allowed a decent level of separation between prisoners' beds and toilets, although some were only screened by curtains. F wing cells were designed for one prisoner but many continued to hold two people.

2.3 Data on emergency cell bell response times was available for L and M wings and the segregation and health care units; they showed reasonably prompt responses. However, some long delays were reported on the older wings; we tested a bell in the care and support unit on G wing, which was not answered for 20 minutes. During our night visit, emergency fire safety equipment was inappropriately locked, and staff could not open it when asked to do so.

2.4 In our survey, 43% of prisoners said they had problems accessing phones, more than the comparator (34%) and compared with the last inspection (27%). Most wings had some phones that were out of order. Delays in managing prisoners' mail had been resolved by more staff being allocated to the post room.

2.5 All wings had their own washing machines, and laundry arrangements were generally efficient, although some prisoners reported problems obtaining clean sheets. While most prisoners had adequate clothing, prisoners and staff told us of intermittent problems with obtaining adequate supplies, which meant prisoners wore poorly fitting or poor quality clothing. Applications were dealt with reasonably quickly and most prisoners told us that they were dealt with fairly. The introduction of prisoner information desks on F and C wings was likely to improve the management of prisoners' requests. Arrangements for obtaining stored property were adequate.

Recommendations

2.6 **Cells should be adequately furnished and hold only as many prisoners as they are designed for.**

- 2.7 Staff should answer all emergency cell bells promptly and ensure that emergency fire equipment is unlocked and ready to use at night.**
- 2.8 Prisoners should have good daily access to phones.**

Housekeeping point

- 2.9 Shower areas should be maintained in good condition and have adequate privacy screening.**

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.10** *We saw friendly and appropriate interactions between staff and prisoners. Most prisoners said staff treated them with respect and supported them with problems.*

- 2.11** In our survey, 80% of prisoners said that most staff treated them with respect and 79% said they had a member of staff they could turn to if they had a problem, more than at comparator prisons (however, some groups were more negative – see section on equality and diversity, protected characteristics, paragraph 2.17). Good staff-prisoner relationships underpinned much of the more positive work in the prison. We observed generally friendly and respectful interactions, although too many staff only used surnames when they addressed prisoners.
- 2.12** There was no formal personal officer scheme, but staff usually made regular entries about prisoners' behaviour on P-Nomis (the Prison Service IT system), and prisoners on all wings were positive about staff with whom they had regular contact. Prisoner consultation was reasonably good.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic³ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.13 *Strategic management of equality and diversity was weak. There was no effective policy and few resources were allocated to meet the population's diverse needs. Black and minority ethnic and foreign national prisoners were more negative than other prisoners when asked if they were treated respectfully. There were no forums or any formal support for any of the protected characteristics.*

Strategic management

- 2.14** Strategic management of equality and diversity was weak; the equalities policy amounted to a list of definitions, while the action plan failed to outline what measures should be taken to meet the population's diverse needs. Equalities meetings had been very poorly attended. Part of the senior management team meeting was dedicated to overseeing diversity but minutes showed little effective consideration of equalities. Only very basic data were considered and there was little analysis and no subsequent actions (see main recommendation S43).
- 2.15** Only two discrimination incident reporting forms (DIRFs) had been submitted in the six months before the inspection. We identified several general complaint forms relating to discriminatory issues that should have triggered DIRFs (see section on complaints, paragraph 2.29).

Protected characteristics

- 2.16** The prison identified prisoners with protected characteristics during first night processes. This basic data was collated by the safer custody administration team and reported at the senior management team meeting. There was little evidence of subsequent support for those identified. We were told of support groups for those from Gypsy, Romany and Traveller backgrounds and for younger prisoners but they had not run for some time due to staffing changes.
- 2.17** Black and minority ethnic prisoners accounted for approximately 18% of the prison population; both they and foreign national prisoners responded negatively compared with other prisoners when asked if they were treated respectfully. In our survey, prisoners were mostly positive about religious matters (see section on faith and religious activity, paragraph 2.25) and we found little evidence of discrimination on religious grounds.
- 2.18** Provision for the prison's 90 foreign nationals was very limited. A monthly free five-minute phone call was provided on request, but only if the prisoner had not received any social visits

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

for two months. There was little translated material. A list of multilingual prisoners was collated, but they were often used to translate for health-related matters and adjudications, which was inappropriate. We saw evidence of an external interpreting and translation service being used although neither we nor the prison could identify by whom (see paragraph 2.53). Home Office immigration officials visited regularly to progress casework but prisoners had no access to independent immigration advice. During the inspection, seven foreign national prisoners were being detained beyond their sentence.

- 2.19** Little support was available for disabled prisoners and there were no multidisciplinary care plans in place to identify issues and provide a coordinated approach to support. Some cells on the newer wings were adapted and access to activity areas was reasonable, although disabled and frail, older prisoners on F wing could not get to the exercise yard and some did not spend any time in the open air. Personal emergency and evacuation plans (PEEPs) were in place for most prisoners but they were not readily accessible, not all residential staff were aware of them and no reviews were set.
- 2.20** Almost a quarter of the population was over 50, including 25 over the age of 75. The oldest prisoner was 91. There was little formal support or oversight of the social care needs of this group (see section on safeguarding), and those over the retirement age were often locked up and continued to have to pay for their televisions. Paid carers on F wing looked after around a dozen frail, older prisoners. They provided some good support but received insufficient oversight and had little formal guidance, which meant they were inappropriately responsible for carrying out some personal hygiene and care tasks.
- 2.21** Gay or bisexual prisoners were not identified and received no support. Provision for transgender prisoners was appropriate. One transgender prisoner at the prison during the inspection reported that staff treated her reasonably well and we were satisfied that, despite few staff being aware of the published local guidance, her needs were generally well met.

Recommendations

- 2.22** **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.**
- 2.23** **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.**
- 2.24** **Prisoners over the age of retirement should not be routinely locked up during the day and should not have to pay for televisions.**

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.

- 2.25** *Faith provision was very good. Prisoners had good access to services and there was an appropriate range of religious activities to meet prisoners' faith needs.*

- 2.26** The well-motivated chaplaincy was an integral part of prison life. Efforts were made to cater for all faiths, and external support was sought as necessary for those with minority faiths. Attendance at services was relatively good and a range of supporting activities was in place. Prisoners told us that the chaplaincy was very accessible and that it was easy to attend services. Facilities for worship were adequate.
- 2.27** The team ensured it was represented at key multidisciplinary meetings and took its role in the reducing reoffending process seriously; its strategic planning took into consideration resettlement pathways. All prisoners were seen on arrival and provided with a useful guide to religion at Lewes. They were then all contacted 12 weeks prior to release to see if they needed any further support or assistance. The team ran an effective prison visitor scheme and conducted memorial services to assist prisoners suffering bereavements.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

- 2.28** *Complaints were well managed and responses were good. Information from complaints was used to improve services.*

- 2.29** There were complaints boxes on every wing. Most complaints forms were readily available in racks next to the boxes. In our survey, the proportion of prisoners who said it was easy to make a complaint was in line with the comparator and the number made in the six months prior to the inspection was relatively low. Complaint responses were mainly prompt, but in our survey, prisoners were more negative about timeliness than at the previous inspection.
- 2.30** A monthly quality assurance check of responses took place and complaints investigators received feedback. Responses we examined were respectful, comprehensive and dealt with the issues raised. However, some related to discrimination were not treated as DIRFs (see section on diversity and equality, strategic management, paragraph 2.15). Information about complaints was provided to department heads every month and discussed in their management meetings; we were provided with examples where it had been used to improve services.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.31** *Legal services continued to be very limited. Access to legal visits was good and the library was a useful resource for those conducting their own defence.*

- 2.32** There were still no trained legal services staff and no bail information scheme for prisoners arriving from court; initial information for prisoners recalled to custody was limited. Legal visits provision was adequate and spaces were available at all sessions during and after the week of the inspection. Legal visitors said it was relatively simple to arrange visits.
- 2.33** The library held a good range of legal texts and Prison Service instructions; there were sufficient legal text books, including electronic versions, for prisoners conducting their own defence. The printer had been broken for some time so prisoners could not print documents. An Access to Justice laptop, which enables eligible prisoners to progress legal proceedings, was also available but few prisoners knew of its existence and it was rarely used.

Recommendation

- 2.34 Legal services should be available, especially for those on remand.**

Housekeeping point

- 2.35** 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.

Health services

Expected outcomes:

Prisoners are 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 elsewhere in the community.

- 2.36** *Health services were reasonably good, although poor access to external hospital appointments posed a significant risk. Partnership working and clinical governance were mostly effective but health care complaints were not dealt with confidentially. Primary care services and the management of long-term conditions were reasonable and waiting times adequate, although prisoners waited too long to see an optician. Staff in the inpatient unit provided patients with complex health needs with compassionate care, but a lack of custody staff affected the delivery of a therapeutic regime. Medicine management was reasonable, but medicine queues were not adequately supervised. Dental provision was good. The integrated mental health service provided a good service but prisoners waited too long for transfers to secure hospitals.*
- 2.37** *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁴ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.*

⁴ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Governance arrangements

- 2.38** The CQC found there were no breaches of the relevant regulations.
- 2.39** Working relationships between the prison, the commissioner NHS England, and the provider Sussex Partnership Foundation NHS Trust were good. Partnership board and governance meetings were well attended. A health needs assessment completed in September 2014 was being updated and a draft report was underway.
- 2.40** Mechanisms for reporting and monitoring clinical incidents were robust and included serious incidents and death in custody action plans, and lessons learned were shared with staff. The head of health care, supported by a clinical matron for primary care, an inpatient lead nurse and a lead staff member for the integrated mental health team, drove service delivery and improvement. Health care staff attended the monthly prisoner consultation group, which had a regular health care slot. Other patient feedback also informed service delivery.
- 2.41** Health care services were delivered mainly from the health care centre and on the wings. Most areas were reasonable, although certain aspects did not meet infection control standards, such as some unsealed flooring, a few sinks with no elbow taps and mops stored in treatment rooms.
- 2.42** An appropriate range of policies including those on the control of communicable diseases and safeguarding were used. Mandatory training was well managed and professional development opportunities were available. Formal managerial and clinical supervision had become more regular and health care staff received a good induction.
- 2.43** Automated external defibrillators (AEDs) were strategically located across the prison and emergency bags with oxygen were available in clinic rooms. However, checks were inconsistent and we found some out-of-date medicine and AED pads. Some custody staff we spoke to did not know where the defibrillator was and too few had received emergency first aid training. Ambulance response times were good.
- 2.44** A senior nurse had been identified to care for older prisoners and a specific clinic and age-appropriate screening was in place, which was positive. Prisoners had access to mobility and health aids.
- 2.45** Since April 2015, the prison initially identified 11 prisoners for assessment under the Care Act 2014⁵, two of whom met the criteria. During the inspection one prisoner was receiving social care from an external provider.
- 2.46** Complaints about health care were not confidential as they went through the prison system. Delays sometimes occurred because the health care department did not always receive complaints promptly. From May to November 2015, 164 complaints had been received. The responses sampled were respectful and mostly addressed the issues raised.
- 2.47** Health promotion information was displayed in the health care department, although limited information was available in languages other than English. Access to smoking cessation was good and the inpatient area was a smoke-free area. Screening for blood-borne viruses was good and weekly sexual health clinics supported by a visiting specialist nurse were in place. Barrier protection was available.

⁵ The Care Act 2014 outlines new obligations on local authorities and looks at the way in which local authorities should carry out carers' assessments and needs assessments; how they determine who is eligible for support; and how they charge for both residential care and community care.

Recommendations

- 2.48** The emergency resuscitation equipment should be in good order with an effective monitoring system. Prison staff should receive training in first aid and resuscitation.
- 2.49** 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.

Housekeeping points

- 2.50** All clinical areas should meet infection control standards.
- 2.51** Health promotion literature should be available in a range of languages spoken by the population.

Delivery of care (physical health)

- 2.52** A registered nurse undertook a comprehensive health screening for new arrivals and made appropriate referrals. Prisoners did not receive any information on arrival to explain what health services were available.
- 2.53** In our survey, prisoners were less satisfied with the overall quality of health services than the comparator (31% against 36%). During the inspection we came across a prisoner who had not received a health screening for three days, which was unacceptable. He was on medication and was a foreign national who could not speak or understand English well. The health care screening room did not have a dual handset or telephone number for the Language Line interpretation service readily available and not all health staff we spoke to said they would use Language Line (see paragraph 2.18 in diversity section).
- 2.54** Medco had provided GP services since April 2015; there had been some gaps in the service in the first few months of the contract. Three regular GPs provided 10 sessions per week. 'On the day' appointments were facilitated for urgent cases and waiting times for routine appointments were acceptable. Out of hours' emergency cover was provided to the same level as in the community.
- 2.55** The team had a broad range of skills and offered nurse-led clinics, including those providing wound care and vaccinations. Regular optician and podiatry clinics were available, but the longest wait to see an optician was nine weeks, which was too long. A physiotherapist had been appointed and was awaiting security clearance. Health care staff were clearly identifiable and interactions we observed were caring and professional.
- 2.56** Long-term conditions were reasonably well managed. Clinical records we examined were generally good. However, assessment templates reflecting national clinical guidance and care plans needed further development.
- 2.57** Health care appointment application forms were no longer available following a recommendation from the prisoner consultation group, which had suggested appointments should be made verbally at the medicine hatch. Some prisoners told us they were unhappy about this as it compromised confidentiality.

- 2.58** The acute care team managed the inpatient unit, which provided a therapeutic environment for up to 12 patients, most of whom had severe and enduring mental health problems. Six patients were awaiting assessment and transfer to secure units. Admissions were based on clinical needs and followed the admission and discharge policy. There was further capacity to support up to four patients in crisis in the prison's normal location. Some cells in the inpatient unit had ligature points; staff were aware of them and had made plans to remove them.
- 2.59** Weekly multidisciplinary ward rounds supported effective case management. Care planning was excellent; it involved the patient and provided them with access to appropriate activities in and out of the unit. However, it was sometimes compromised due to lack of custody staff.
- 2.60** Access to external hospital appointments had deteriorated since our last inspection. An increase in incidents requiring emergency care and a lack of custody escort staff had contributed to this situation. As a result, prisoners waited too long for necessary treatment, which had a detrimental impact on their health.

Recommendations

- 2.61 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.**
- 2.62 Waiting times for primary care services, including the optician, should not exceed 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.**
- 2.63 External hospital appointments should not be cancelled and custody escort arrangements should meet the health care needs of the prison population.**

Housekeeping points

- 2.64** All new arrivals should receive simple written information on how to access health services.
- 2.65** More effective use should be made of clinical templates and care planning should be recorded on SystmOne.

Pharmacy

- 2.66** Medicines were promptly supplied by the in-house pharmacy, most as in-possession medication. Stock medicines were well managed. Administration took place once a day on wings, with additional sessions for patients who required supervised doses. Completed risk assessments based on the patient and the medicine were found for most records examined, but not all. One patient was receiving codeine tablets daily in possession, but the attached risk assessment indicated that he should have received it as supervised doses.
- 2.67** Pharmacy technicians administered most of the medicines. Administration records were appropriately maintained on SystmOne (the electronic clinical information system). We saw administration take place on L and M wings. Although officers were present they did not intervene to maintain discipline; the queues were rowdy, and there was crowding around the

hatch which did not maintain patient confidentiality. Prisoners could obtain over-the-counter remedies, which were appropriately recorded. Patient group directions (PGDs) (which enable nurses to supply and administer prescription-only medicine) were limited to vaccinations. There was no secure in-cell storage for prisoners to store their medication.

- 2.68** Medicines were stored securely, but we found loose strips in cupboards on L wing and in the outpatients unit. Fridge temperatures were appropriately recorded; however, the temperature of the fridge in the pharmacy had risen to 8.5 degrees for over a month with no recorded action taken.
- 2.69** Methadone and buprenorphine were supplied as stock and named-patient medicines. The pharmacy methadone pump had completed calibration logs. Some entries in the pharmacy methadone register were not in chronological order and had been partially entered in advance. Regular running balance checks for all controlled drugs did not take place, which was not good practice.
- 2.70** The in-possession and out-of-hours policies had been reviewed, but a review of the special sick policy (providing immediate health treatment without an appointment) was overdue and in the process of being approved by the medicines management committee. The committee sat every four to six months, although the medical team's attendance was often poor. General prescribing levels of medicines liable to misuse were discussed. A pharmacist-led medicines review clinic was held once a week.

Recommendations

- 2.71** **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.** (Repeated recommendation 2.99)
- 2.72** **Custody officers should manage queues during medication collection times to maintain confidentiality and minimise potential bullying and diversion of supplies.**
- 2.73** **All health professionals should ensure that they prescribe, handle and administer all controlled drugs in line with legislation, national guidance and professional standards. This should include the contemporary recording in the controlled drug register of all controlled drugs administered.** (Repeated recommendation 2.100)

Housekeeping points

- 2.74** Loose tablets and tablet foils should satisfy labelling requirements and should not be present in stock.
- 2.75** 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.
- 2.76** 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.

Dentistry

- 2.77** An independent dentist and dental nurse provided a full range of NHS treatments and individual oral hygiene advice during four sessions per week. Appointments were allocated based on need and emergency provision was effective. The longest wait for a routine appointment was three weeks with 69 prisoners on the waiting list. The dental suite was clean and complied with infection control requirements and there were suitable decontamination arrangements. Dental equipment was serviced and maintained regularly. Arrangements were in place for the disposal of dental waste.

Delivery of care (mental health)

- 2.78** A multidisciplinary mental health team included nurses and occupational therapy, psychology and psychiatry staff. It provided a good integrated primary and secondary mental health service. The team was available from Monday to Friday 8am until 4pm and had positive working relationships with the prison, primary care and the drug and alcohol recovery team.
- 2.79** All new referrals were discussed and prioritised every weekday morning at a team triage meeting. Approximately 100 referrals were received each month either from prisoners themselves or through staff. Mental health assessments were carried out within three working days and the acute care team, which managed the inpatient area and were available 24 hours a day, saw urgent referrals on the same day.
- 2.80** Individual sessions took place in the health care centre and the mental health team undertook outreach work on the wings. Mental health care included supported self-help, one-to-one psychological therapies, a psychiatrist clinic and a range of therapeutic groups, covering areas such as mood management and emotional regulation. An effective weekly multidisciplinary team meeting reviewed ongoing care and new referrals.
- 2.81** The team caseload was 72 and the care programme approach (CPA) (mental health services for individuals diagnosed with a mental illness) was used effectively for 22 prisoners with serious and enduring mental health problems. The mental health team visited the segregation unit regularly and provided input into the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm. However, they were not always informed of reviews and had little input into reviews elsewhere in the prison (see paragraph 1.23.)
- 2.82** Since August 2015, 10 transfers had taken place to secure mental health units under the Mental Health Act; only two were within the 14-day timescale. Too few custody officers had received mental health awareness training, although a training package had been established.

Recommendations

- 2.83** **Transfers under the Mental Health Act should take place within the current transfer guidelines.**
- 2.84** **Custody staff should have mental health awareness training so they can take appropriate action when a prisoner has mental health problems.**

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.

2.85 *Prisoners were very negative about the food in our survey and during the inspection. Too much essential catering equipment was out of order and some was appallingly dirty.*

2.86 In our survey, only 10% of prisoners considered the food to be good or very good compared to 21% elsewhere and 23% in 2012. During the inspection prisoners complained about the quality and quantity of the food, although this usually focused on the very insubstantial breakfast packs and some of the cold lunches, particularly when bread was bought in rather than baked on site. There was a marked difference in the quality of cold food provision on some days but we were satisfied that the hot food provision was more than adequate.

2.87 The main kitchen was generally clean but some of the food trolleys were in an appalling state and had not been cleaned for some weeks. Kitchen staff took some remedial action, but we were disappointed to see dirty trolleys returned to the kitchen the very next day. Too much essential catering equipment such as multi-ovens, fryers and steamers had been out of action for too long and the kitchen manager said there were long delays in getting equipment repaired.

2.88 Serveries were generally clean and in good order but as in the main kitchen some fridges had been out of action for some time. There was a lack of appropriate clothing and boots for kitchen and servery workers and the national vocational qualification that these workers could previously undertake was no longer available.

2.89 Consultation was good; a twice yearly survey was conducted and there were regular discussions about the food at the prisoner council.

Recommendations

2.90 **All catering equipment should be thoroughly cleaned before use and maintained in good working order or replaced.**

2.91 **All prisoners involved in food preparation and delivery should be provided with appropriate clothing.**

Purchases

Expected outcomes:

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

2.92 *The range of products available through the canteen was adequate but prisoners from black and minority ethnic backgrounds continued to be less satisfied. Prisoners waited too long to receive their first canteen order.*

2.93 The canteen provided an adequate range of products. However, the perceptions of prisoners from black and minority ethnic backgrounds remained more negative than their white counterparts and there was little specific consultation with this group about what they wanted to buy, other than through the prisoner consultation group.

2.94 Newly arrived prisoners could wait almost two weeks to get their first canteen order, contributing to the accumulation of debts. The prison allowed men to buy a number of reception packs (a grocery pack containing basic food and drink items, such as tea, milk, sugar and sweets), which offset this problem to some extent but only if the prisoner could repay the money. The delivery of orders was well managed and supervised. Prisoners could buy newspapers and there was no charge for catalogue orders.

Housekeeping point

2.95 Prisoners from black and minority ethnic backgrounds should be consulted about the product list. (Repeated recommendation 2.132)

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

3.1 *Time out of cell was poor for unemployed prisoners and too many were locked up during the working day. Exercise yards were bare.*

3.2 A new regime had been introduced during the first week of the inspection. It aimed to improve prisoners' access to activities and the amount of time they were unlocked but it had not resulted in immediate improvements. The new core day provided more time for activities but unemployed prisoners could have as little as two hours unlocked. Most prisoners in full-time activities were unlocked for nine hours 30 minutes, which was reasonable.

3.3 However, there were still too few prisoners in activities. Our spot checks during the working day found an average of 50% locked in their cells (see main recommendation S44).

3.4 Outdoor exercise was limited to 30 minutes a day. Apart from the small exercise area used by prisoners on G and K wings, which had some grassed areas, yards were generally stark and bare.

Recommendation

3.5 All prisoners should have at least one hour in the open air each day.

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

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

- 3.6** *Prison managers worked closely with partners to strengthen and improve the education provision. Strategic planning was good but the implementation of some initiatives was slow. The range of the education provision had improved but the work and vocational training on offer required improvement. Induction to education and training was poorly attended and too few prisoners completed the education assessments. Prisoners in vocational training and work developed a good work ethic but their attributes were not recognised or recorded. Success rates in most qualifications were high. Prisoners who stayed to the end of training gained useful qualifications. Success rates in English and maths had improved and the development of these skills was embedded in vocational training but not in work. The library was good and well used.*
- 3.7** *Ofsted⁷ made the following assessments about the learning and skills and work provision:*
- | | |
|---|-----------------------------|
| <i>Overall effectiveness of learning and skills and work:</i> | <i>Requires improvement</i> |
| <i>Achievements of prisoners engaged in learning and skills and work:</i> | <i>Good</i> |
| <i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i> | <i>Good</i> |
| <i>Personal development and behaviour</i> | <i>Requires improvement</i> |
| <i>Leadership and management of learning and skills and work:</i> | <i>Requires improvement</i> |

Management of learning and skills and work

- 3.8** Prison managers had successfully focused on strengthening and improving partnership working, taking effective action in response to the needs of the population; however, implementation of some of these initiatives had been too slow. Attendance at education and the standard of all purposeful activities had not been sufficiently improved. Activities often failed to start on time because of regime problems although absence management had improved (see main recommendation S44). The education and vocational training provision, provided by Novus, was good.
- 3.9** The education and training induction did not prepare prisoners well for their time in prison and was not sufficiently well coordinated to ensure activities were correctly sequenced. Staff did not share information gained at induction with partners to inform prisoners' learning. Too few prisoners completed the mandatory education assessments. The benefits of education and training were poorly promoted. For returning prisoners, the results from previous assessments were not used to establish their experience or ongoing needs.

⁷ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.10** Quality assurance arrangements were in place and observations of teaching and learning were routinely conducted in education and vocational training. Results informed staff development and had led to improvements in teaching and learning. However, observation did not extend to all purposeful activities.
- 3.11** Prison managers and senior staff made good use of detailed data that were collected to identify potential problems and drive improvements. The effective management of prisoners' progress in education had had a positive impact on success rates. The prison self-assessment report was comprehensive, self-critical and accurately identified improvements required. Data were used well throughout the report to support judgements.

Recommendations

- 3.12 All prisoners should have a comprehensive work and training induction, as well as the mandated education assessment.**
- 3.13 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.**

Provision of activities

- 3.14** There were insufficient activity places for the population. There was only sufficient prison work for around 40% of the population. Work and vocational training courses were generally full but too many classrooms in education were not filled to capacity (see main recommendation S44). Most work was on the wings but prisoners also worked as orderlies in the kitchens and at the clothing exchange to support the running of the prison.
- 3.15** The range of education and training had been revised and provided a good variety of short classroom-based courses. These included English, mathematics, functional skills, English for speakers of other languages (ESOL), art, information technologies, training for learning champions and enterprise programmes. However, there was very little provision above level 1 to meet the needs of the increasing number of prisoners serving long sentences. The amount of vocational training had improved and there were more places on courses in food hygiene, cleaning, catering, painting and decorating, recycling and mentoring.
- 3.16** The range of activities specifically for vulnerable prisoners had increased since the previous inspection. Prisoners could attend all education programmes in integrated classes or work productively in the manufacture of lobster pots to meet the needs of the local fishing industry.
- 3.17** Support for prisoners on distance learning programmes was good. The increasing number of distance learners progressed well with good support from Novus and the prison. However, they had very limited access to computers on which to view course CDs or write assignments. Novus organised a small range of general interest and activity programmes for prisoners over the age of 50.
- 3.18** Allocation to work and activities was prompt following induction and risk assessment, and applications from prisoners were dealt with daily. However, the skills action plans, developed at induction, were not used to inform allocations or to identify individual needs.

Recommendation

- 3.19 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.**

Quality of provision

- 3.20** Most tutors planned and delivered good teaching, coaching and support to meet prisoners' development needs. The majority of tutors were skilled in coaching and helped to make activities engaging, motivating and challenging. Tutors effectively fostered independent learning, especially in art and through the use of the virtual campus (internet access for prisoners to community education, training and employment opportunities). Prisoners recruited as learning champions provided excellent individual support to other learners. A small number of tutors relied heavily on poor quality paper-based resources, and some handouts in prisoners' files were poor. Tutors rarely used information technology to enhance their teaching. On rare occasions when inappropriate behaviour and unacceptable language was used tutors responded swiftly and proportionately to deal with the situation, ensuring the majority of prisoners remained focused on their learning. English and mathematics were well developed in most sessions, but tutors failed to take advantage of questions or discussions to develop and reinforce these skills.
- 3.21** Accommodation and learning resources were good in vocational training and in classrooms, which were appropriately resourced. Classroom and corridor wall space was used well to celebrate prisoners' work creating a positive learning environment.
- 3.22** Tutors assessed and returned work promptly, but often did not do enough to explain why marks were awarded and what the prisoner needed to do to develop their learning. Tutors did not use learning plans well enough to plan individual learning. Equality and diversity topics were promoted well in learning sessions.
- 3.23** Learners in vocational training developed good skills in food hygiene, cleaning, painting and decorating and catering, paying attention to health and safety throughout. Tutors skilfully dealt with learners with widely differing abilities. In vocational training, English and maths were appropriately embedded; however, in work areas staff did not attempt sufficiently to enhance prisoners' understanding of these skills in a workplace context. In work, prisoners' development of English and maths skills was not prioritised enough. However, learning champions had just been introduced to support prisoners with these skills. Assistance for prisoners in the care and support unit was particularly good and enabled many to complete qualifications before leaving the prison.

Recommendation

- 3.24 Classroom and workshop opportunities should be used to help prisoners understand the importance of maths and English in the workplace.**

Housekeeping point

- 3.25** Feedback to prisoners should contain precise short-term targets detailing what they need to do to develop and extend their learning.

Personal development and behaviour

- 3.26** Prisoners generally worked well and supported one another in activities. Most had the opportunity to develop self-confidence, self-esteem and interpersonal skills that prepared them well for employment. However, in work areas and workshops, staff did not help prisoners identify or record the employability and transferable skills they were developing.
- 3.27** Prisoners' behaviour in activities was generally good, but punctuality and attendance required improvement. Too often, prisoners were unlocked late from their wings and many took too long to make their way to training. Prisoners paid little attention to sanctions for poor attendance because they knew staff did not always follow them up.
- 3.28** Too many prisoners started on programmes but were transferred out of the prison before they finished. Work was too often chaotically stowed in wallet files; it was not ordered chronologically or according to any structure.

Housekeeping point

- 3.29** All prisoners should be encouraged to store their work methodically to prepare them to meet employers' expectations.

Education and vocational achievements

- 3.30** Achievement of accredited qualifications was good in all areas; there were particularly high success rates in English from entry level to level 1. However, English at level 2 and maths at levels 1 and 2 required improvement. Retention rates had improved on all training courses since the previous inspection and were high. Prisoners who stayed in the prison long enough completed and achieved qualifications and prisoners on all courses made good progress. Prisoners in vocational training and work developed appropriate skills and were enthusiastic about their achievements, producing some very good work. The learning champions course was particularly effective in successfully equipping prisoners with good skills to support others. Prisoners developed appropriate skills, and were generally aware of appropriate safe working practices.
- 3.31** Many prisoners enthusiastically undertook project work; successful work was published or gained awards. Achievements of different groups of prisoners showed no significant variations, and all groups' success rates were high and better than in previous years.

Library

- 3.32** Qualified staff from East Sussex Library Service managed the spacious, welcoming library well. Prisoners could participate in reading groups, Turning Pages (a mentoring scheme to help prisoners learn to read), and Storybook Dads (in which prisoners record stories for their children). Measures to improve reading and language skills included an active writer in residence, who supported prisoners' writing skills.
- 3.33** The library was well stocked with a wide range of resources, including easy-read material, a range of fiction and non-fiction as well as audio-, video- and computer-based learning materials. The library held a reasonable stock of books in foreign languages and prisoners could obtain newspapers on request. Prisoners had good access to legal journals and Prison Service orders, and could use computers and the virtual campus; however, access to the printer in the library was inadequate (see section on legal rights, paragraph 2.33).

- 3.34** Prisoners used the library frequently; however, access for full-time workers in the kitchens was more limited. The library was not well promoted during induction.

Housekeeping point

- 3.35** The prison should ensure all new prisoners visit the library as part of their induction.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.36** *Physical education (PE) was well managed and there was a good range of facilities and recreational activities. Staff were well qualified and orderlies provided additional support. Prisoners made good use of the facilities and recreational activities were available daytime, evenings and at weekends. Links between PE and health care staff were effective and a new communications protocol improved these links further. Healthy living was not well promoted and there was no accredited vocational training.*

- 3.37** Prisoners benefited from a good range of effectively maintained facilities, which included a well-used all-weather football pitch, a large multi-purpose gym, a fitness suite with an appropriate range of weights and cardiovascular equipment. Some cardiovascular equipment was waiting to be repaired. Changing facilities and showers were good and clean.
- 3.38** Five qualified staff were well supported by three orderlies who closely supervised physical recreational sessions. The weekly programme of physical training sessions and activities met the needs of all prisoners. Around 70% of the population used the gym; all prisoners could use the facilities at least twice a week in the evenings and during weekends. Activities included football and a variety of indoor ball and racquet sports. Sessions for the over-50s and those who were overweight took place throughout the week. The improving links with staff in the health care department, including a new communications protocol, ensured that PE staff were aware of the needs of prisoners recovering from injury or illness and suitably adapted their fitness programmes.
- 3.39** The gym induction informed prisoners about the facilities and the safe use of the equipment, but did not promote healthy living or well-being. Sports clothing was available for those who needed it. Prisoners could not take accredited qualifications.

Recommendation

- 3.40** The prison should provide a range of accredited qualifications in the gym.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

4.1 *The prison population was complex with a large population of indeterminate sentence prisoners, prisoners on long sentences and sex offenders. Strategic management was adequate but the resettlement needs analysis was not sufficiently robust. Offender management did not have a high enough profile across the prison but the new community rehabilitation company (CRC) arrangements had been implemented well.*

4.2 Half the population had been sentenced and many had long sentences of over four years. The number of indeterminate sentence prisoners had doubled since our last inspection and just under a third of the population were sex offenders. Some of these prisoners stayed at HMP Lewes for a long time (see section on attitudes, thinking and behaviour, paragraph 4.51). In addition, about 15% were in the last 12 weeks of their sentence and were located at HMP Lewes for resettlement support before release.

4.3 Strategic management of resettlement remained adequate. The monthly reducing reoffending meeting was well attended and a clear strategy set out responsibilities under each of the resettlement pathways. The action plan was detailed and regularly reviewed to reflect progress made.

4.4 A separate strategy set out the vision for a whole-prison approach to offender management. However, this had not yet been achieved and staff were still working in isolation. The offender management unit (OMU) did not have a high enough profile across the prison and some staff did not fully understand its role; the situation was compounded by poor information exchange between departments. For example, P-Nomis (the Prison Service IT system) was not widely used for recording contact or progress made against targets, which made it difficult for all staff to know what was happening in a case or to review a prisoner's risk of harm.

4.5 Although the resettlement needs analysis was based on prisoners' views of their needs, it did not yet include more robust evidence such as offender assessment system (OASys) data on offending-related factors. Nor did it explore the specific needs of differing groups of prisoners, such as older men, sex offenders or those serving long sentences. A new, more robust needs analysis was planned and would include data from OASys and other sources.

4.6 The CRC resettlement provision had started in May 2015 and developments were good. Relationships between the CRC and prison managers were very positive. Regular joint meetings and a detailed action plan helped with the implementation of the new processes and ongoing reviews of the action plan ensured weaknesses were identified and addressed.

4.7 In our survey, more prisoners than at other prisons (51% compared to 45%) said they had done something or something had happened to make them less likely to offend in future.

Recommendation

- 4.8 A whole prison approach to offender management, based on a robust needs analysis, should be developed. It should include improved joint working and information exchange, and a detailed strategy for managing the large number of sex offenders.**

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

- 4.9** *The ongoing redeployment of uniformed offender supervisors hindered the delivery of good, proactive offender management. Contact with prisoners, including high risk of harm cases, was limited and took place mainly when proceedings, such as a parole hearing, were upcoming rather than being planned or focused on challenging offending behaviour. Too many OASys documents and plans were delayed, which further hampered progression. A large number of prisoners were released after their home detention curfew (HDC) eligibility date. Public protection work on arrival was adequate, but prisoners due for release often did not have a multi-agency public protection arrangement (MAPPA) level confirmed and the inter-departmental risk management team (IRMT) was underdeveloped. Categorisation work was up to date and mainly sufficient.*

- 4.10** Resourcing of the OMU was reasonable in principle: there were 10 prison offender supervisors and five probation staff. National Probation Service cases were allocated an offender supervisor, while all others were given someone they could contact if they had a problem or query. However, over the previous 18 months, staff shortages had led to the regular redeployment of prison offender supervisors; in the two months before the inspection, about a quarter of their time was spent in redeployed roles each month. This affected the amount of time they had available for case management and probation staff took up tasks that should have been carried out by prison offender supervisors. Unexpected and unpredictable redeployment also made it more difficult for OMU staff to plan processes, such as sentence planning boards or structured interviews. As a result, the unit had lost its focus on proactive case management with many cases lacking sufficient attention to progression.
- 4.11** Almost 20% of those needing an OASys document did not have one, which was slightly higher than at our last inspection. In our survey fewer prisoners than at our last inspection (28% compared to 49%) said they had a sentence plan. For those with a sentence plan, fewer than in other local prisons and compared with our last inspection said they had been involved in its development.
- 4.12** While important tasks such as re-categorisation reviews and a significantly increased number of parole reports were completed on time the level of planned contact between offender supervisors and prisoners was limited. Most prisoners we interviewed said they had little or no contact with their offender supervisor. Some high risk of harm prisoners had not seen their offender supervisor on a regular basis and did not get enough help with progression. From the cases we looked at, too little was done in some cases to challenge offending behaviour, including addressing sex offenders' denial of their offence.

- 4.13** In the cases examined we found that the OASys likelihood of reoffending assessment was adequate but that sentence plans did not focus adequately on outcomes. Sentence planning meetings did not always take place often enough because key staff were unavailable, which further reduced prisoners' level of involvement.
- 4.14** Too many prisoners were released on HDC after their eligibility date. Reasons for this included delays in community-based responsible officers completing reports and case administrators taking too long to carry out tasks. Management oversight had been increased to address this, but it was too early to see improvements.

Recommendation

- 4.15 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.**

Public protection

- 4.16** Most inspected cases with an OASys had an appropriate risk of harm assessment and a suitable risk management plan. Most risk management plans were adequate and included actions to be taken in custody and in the community.
- 4.17** Prisoners were screened for public protection issues on arrival and had their mail and phone monitored when appropriate. However, the failure to translate non-English-speaking prisoners' calls and letters was an ongoing weakness. Monitoring was reviewed at the monthly IRMT meeting and stopped at the earliest opportunity. However, the IRMT did not adequately fulfil its full public protection role: it did not review high risk or MAPPA cases due for release, which limited the scope of pre-release risk of harm reviews and planning. Attendance at IRMT meetings was very poor, and many staff from relevant prison departments did not take part.
- 4.18** Almost none of the MAPPA-eligible cases had a management level set early enough for effective pre-release risk management planning to take place. In the most serious cases (those already identified as MAPPA levels 2 or 3), MAPPA processes were adequate. Prison staff contributions to MAPPA risk management meetings were provided in writing or in person, and feedback was positive.

Recommendations

- 4.19 Non-English-speaking prisoners' phone calls and letters should be translated to ensure effective monitoring for public protection issues.**
- 4.20 MAPPA levels should be confirmed at least six months before release and the IRMT should carry out its public protection responsibilities in full.**

Categorisation

- 4.21** Most (303) of the population were category C prisoners. There were 61 category B and 41 category D prisoners. Initial categorisation was up to date and was undertaken promptly after arrival, using an appropriate range of information. Reviews were timely and included a good range of input from staff. However, security information was not always provided.

- 4.22** Most reviews we examined were sufficient, but some needed more detail to support the recommendation. The prisoner could submit a written report to support re-categorisation. Boards were held each month to review the assessment and attendance was good. A letter outlining the outcome of the review was sent to the prisoner but did not sufficiently outline individual targets they should complete before the next review date.
- 4.23** While the overall number of prisoners moving on each month from HMP Lewes was adequate, a national shortage of sex offender places meant it was difficult to move this group (see also section on attitudes, thinking and behaviour, paragraph 4.51). Transfers often failed to be led by sentence planning targets and offender supervisors did not have enough of a focus on planned progression, which meant some prisoners stayed too long at the prison. Many prisoners resisted transfers and offender supervisors and other staff did not do enough to prepare them for their move (see recommendation 4.15).
- 4.24** Too many prisoners were on a transfer hold; in some cases the transfer hold was not appropriate and did not reflect sentence progression.

Recommendation

- 4.25** **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.**

Indeterminate sentence prisoners

- 4.26** Since the last inspection the number of indeterminate sentence prisoners had almost doubled and many had significantly exceeded their sentence tariff date. Many were sex offenders (see section on categorisation, paragraph 4.23). There was an insufficient range of offending behaviour work, purposeful activity or regime activities and prisoners did not have enough family visits or a consultation forum. Prisoners on remand potentially facing an indeterminate sentence were not provided with any specific support or guidance.
- 4.27** The OMU was working hard to ensure parole reports were prepared on time, but limited contact with offender supervisors left some indeterminate sentence prisoners unsure about their next steps and frustrated at their lack of progression (see recommendation 4.15).

Housekeeping point

- 4.28** Prisoners potentially facing an indeterminate sentence should be provided with support to prepare for their sentencing date.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

4.29 *CRC arrangements had developed well and links with prison managers were good. Immediate needs assessments and planning on arrival were adequate, but we were not confident that all prisoners had their resettlement plans reviewed prior to release. A large number of prisoners were released homeless despite support with accommodation being available. Novus and partner organisations delivered an effective and appropriate course to prepare most prisoners for employment on release. Continuity of health services provision, including substance use support, was good. Support with finance and debts was improving. There was no visitors' centre and visits started late but staff treated visitors well. Good family support was available, but only to clients of the substance misuse service. Accredited programmes were good. Not enough was done to challenge or motivate those in denial of their sex offending, who were not suitable for accredited programmes.*

4.30 The demand for resettlement services remained high with just over 80 releases a month. Kent, Surrey and Sussex CRC (KSS) had been in place since May 2015 to deliver core resettlement services. Community-based KSS staff attended the prison on a rota basis, which helped promote continuity for prisoners being released to the local area. However, in our survey, fewer prisoners than at other local prisons and compared with the last inspection knew where to go for help with accommodation, benefits or finance.

4.31 All prisoners had their immediate resettlement needs assessed on arrival, followed by an interview with a member of the CRC team, who developed a resettlement plan. Referrals were made so resettlement needs could be addressed and KSS staff helped with accommodation, education, training and employment and finance and debt issues. Prisoners could access resettlement help and guidance throughout their sentence. KSS staff were very proactive, following up on referrals to ensure action had been taken.

4.32 Pre-release reviews were developing but we were not confident all prisoners had their resettlement needs reviewed or addressed prior to their release. For example, prisoners who received a review in anticipation of early release on HDC and then had their application rejected, were not offered a second review before their actual release. In addition, the list of prisoners who were due for release was not always accurate, which meant some prisoners were missed.

4.33 The CRC provided the My Solutions Rehabilitation Programme (MSRP), offering a wide range of resettlement and problem solving modules, which looked promising.

Recommendation

4.34 **All prisoners should have their resettlement needs assessed before release on licence.**

Accommodation

4.35 Accommodation support was provided by social mentoring charity Sussex Pathways, while KSS staff provided some advice and information about where to go for help. The range of

help and support was adequate and included maintaining or ending tenancies and managing rent arrears.

- 4.36** Despite the range of support available, the prison's exit survey data suggested that a very large number (about 30%) of those being released were homeless. However, data collection had been poor over recent months. Steps had been taken to ensure more robust evidence about the size of the problem was gathered.
- 4.37** Local men being released without an address had access to a welfare pack, which included a mobile phone to keep in touch with their supervising officers, information about night shelters and, if they were sleeping rough, a toiletry kit and sleeping bag. Ex-military personnel could also receive support through the armed forces charity SSAFA whose staff attended the prison regularly.

Recommendation

- 4.38 The number of prisoners being released homeless should be more carefully monitored and action should be taken to reduce the number.**

Education, training and employment

- 4.39** The quality of information, advice and guidance provided by Novus and CXK required improvement. Staff took account of prisoners' needs to develop skills action plans, but they were not shared with partners across the prison (see section on learning and skills and work activities, provision of activities, paragraphs 3.18 and 3.19). The recently appointed full-time adviser provided good support and detailed skills action plans, but struggled to meet the needs of the population in the time available. An effective and appropriate course was delivered to help prisoners prepare for employment on release. However, it was not sufficient to meet the needs of the growing resettlement population. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was used reasonably effectively, although the job search function was not operating at the time of the inspection.

Health care

- 4.40** Prisoners on medication received a week's supply on a risk assessed basis and information about local GP and dental services was prior to release. Patients with enduring mental health problems were managed using the care programme approach (mental health services for individuals diagnosed with a mental illness) with appropriate input from community mental health teams. Arrangements for patients with palliative or end of life needs were very good and links with local palliative care services were effective.

Drugs and alcohol

- 4.41** Drug and alcohol recovery team (DART) workers reviewed prisoners with substance use problems eight weeks before release. Interventions and support for family members was in its early stages but prisoners told us that they had already benefited from the involvement of DART's full-time family worker. Resettlement outcomes were also enhanced by prisoners' access to the Fathers Inside programme (see section on children, families and contact with the outside world, paragraph 4.46).

Finance, benefit and debt

- 4.42** A specialist adviser was being appointed to the CRC team to improve help prisoners received with finance and debt issues. In the meantime, CRC staff offered information on where to get further help and assistance. Jobcentre Plus set up new claims before release and closed down existing benefit claims on arrival at the prison. The MSRP included some modules about financial and debt management. Prisoners still could not open bank accounts.

Children, families and contact with the outside world

- 4.43** There was no visitors' centre and visitors had to wait outside the prison for the small waiting room to be opened. The room had a good range of information on display but was crowded and no refreshments were available. Visitors told us they did not have problems booking visits and appreciated the facility to book another session after their visit.
- 4.44** Staff registering and searching visitors were efficient, friendly and respectful. Before their visit, visitors had to go to another waiting area until all arrivals had been registered, delaying the start of the session we observed by 15 minutes. We observed a delay of 35 minutes, caused by a roll check, later in the week.
- 4.45** The visits hall had not been improved since the last inspection and was still quite basic, but refreshments could be bought and there was a children's play area. Visitors who wished to use the toilet had to go through entry procedures again. Staff in the visits room supervised the session effectively without being intrusive and vulnerable prisoners were kept safe but were observed closely.
- 4.46** There were four family visits a year for up to 20 prisoners at a time. A dedicated family support worker in the DART substance misuse team provided prisoners who were clients of the service with good support, but it was not available to other prisoners. This included the Fathers Inside parenting skills course and individual support for prisoners and families.

Recommendations

- 4.47 The prison should provide a visitors' centre offering shelter and amenities for waiting visitors.**
- 4.48 The visits hall should offer more comfortable facilities, including access to toilets for visitors and prisoners.**
- 4.49 A range of family support services should be provided to all prisoners.**

Attitudes, thinking and behaviour

- 4.50** Two accredited programmes the Thinking Skills Programme (TSP) and the violence management course Resolve were provided. The TSP and Resolve were delivered well, had high retention rates and reached their completion targets. Prisoners we spoke to who had completed a programme were positive about their experience. The Sycamore Tree victim awareness programme was available through the chaplaincy and delivered regularly throughout the year.

- 4.51** Waiting lists were manageable but the lack of OASys documents meant that the full extent of prisoners' needs had not been identified. There was no sex offender treatment programme (SOTP) provision at HMP Lewes and progression for some prisoners to sites delivering the programmes was problematic. Some sex offenders were in denial of their offence or failed to acknowledge the full extent of their offending, which excluded them from the SOTPs; the prison delivered little other offence-focused work. Although the prison had been identified as a sex offender support site, its strategy on work with sex offenders was poor and failed to set out exactly what would be delivered to these prisoners (see section on strategic management of resettlement, recommendation 4.8).

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 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)
- 5.2** The prison should take a rigorous approach to identifying, investigating and dealing with violence, which should be significantly reduced. (S42)
- 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)
- 5.4** All prisoners who are able to participate in activities should be purposefully occupied during the working day. All activity places should be filled. (S44)

Recommendation

To the governor and NOMS

- 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)

Recommendations

To the governor

Courts, escort and transfers

- 5.6** Prisoners appearing in court should have the opportunity to have a shower every day. (1.4)

Bullying and violence reduction

- 5.7** At risk and vulnerable prisoners should be placed in locations where they have safe access to the regime. (1.19)
- 5.8** There should be structured case management and care planning arrangements for prisoners located in the care and support unit. (1.20, repeated recommendation 1.24)

Self-harm and suicide prevention

- 5.9** Serious incidents of self-harm should be promptly investigated and lessons learned should be widely disseminated among staff. (I.27)
- 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. (I.28)
- 5.11** Constant observation cells should not be located in the segregation unit. (I.29)

Safeguarding

- 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. (I.32)

Security

- 5.13** All security action should be tracked to ensure it is carried out promptly. (I.39I.39)
- 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. (I.40)

Incentives and earned privileges

- 5.15** The IEP scheme should be applied consistently and should motivate prisoners to change their behaviour. (I.44)

Discipline

- 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. (I.48)
- 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. (I.52)
- 5.18** Anti-ligature clothing should only be used in exceptional circumstances with proper justification, and authorisation and usage should be logged and monitored. (I.53, repeated recommendation I.34)
- 5.19** Prisoners should not be held in the segregation unit because of a lack of space in other units. (I.60)

Substance misuse

- 5.20** A substance misuse strategy committee should oversee and implement the strategy, ensure coordinated working between departments, and include representatives from security. (I.69, repeated recommendation I.79)

Residential units

- 5.21** Cells should be adequately furnished and hold only as many prisoners as they are designed for. (2.6)
- 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)
- 5.23** Prisoners should have good daily access to phones. (2.8)

Equality and diversity

- 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)
- 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)
- 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)

Legal rights

- 5.27** Legal services should be available, especially for those on remand. (2.34)

Health services

- 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)
- 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)
- 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)
- 5.31** Waiting times for primary care services, including the optician, should not exceed 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)
- 5.32** External hospital appointments should not be cancelled and custody escort arrangements should meet the health care needs of the prison population. (2.63)
- 5.33** 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)

- 5.34** Custody officers should manage queues during medication collection times to maintain confidentiality and minimise potential bullying and diversion of supplies. (2.72)
- 5.35** All health professionals should ensure that they prescribe, handle and administer all controlled drugs in line with legislation, national guidance and professional standards. This should include the contemporary recording in the controlled drug register of all controlled drugs administered. (2.73, repeated recommendation 2.100)
- 5.36** Transfers under the Mental Health Act should take place within the current transfer guidelines. (2.83)
- 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)

Catering

- 5.38** All catering equipment should be thoroughly cleaned before use and maintained in good working order or replaced. (2.90)
- 5.39** All prisoners involved in food preparation and delivery should be provided with appropriate clothing. (2.91)

Time out of cell

- 5.40** All prisoners should have at least one hour in the open air each day. (3.5)

Learning and skills and work activities

- 5.41** All prisoners should have a comprehensive work and training induction, as well as the mandated education assessment. (3.12)
- 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)
- 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)
- 5.44** Classroom and workshop opportunities should be used to help prisoners understand the importance of maths and English in the workplace. (3.24)

Physical education and healthy living

- 5.45** The prison should provide a range of accredited qualifications in the gym. (3.40)

Strategic management of resettlement

- 5.46** A whole prison approach to offender management, based on a robust needs analysis, should be developed. It should include improved joint working and information exchange, and a detailed strategy for managing the large number of sex offenders. (4.8)

Offender management and planning

- 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)
- 5.48** Non-English-speaking prisoners' phone calls and letters should be translated to ensure effective monitoring for public protection issues. (4.19)
- 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)

Reintegration planning

- 5.50** All prisoners should have their resettlement needs assessed before release on licence. (4.34)
- 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)
- 5.52** The prison should provide a visitors' centre offering shelter and amenities for waiting visitors. (4.47)
- 5.53** The visits hall should offer more comfortable facilities, including access to toilets for visitors and prisoners. (4.48)
- 5.54** A range of family support services should be provided to all prisoners. (4.49)

Housekeeping points

Discipline

- 5.55** Segregation review documentation and care plans should be completed and include meaningful targets. (1.61)

Residential units

- 5.56** Shower areas should be maintained in good condition and have adequate privacy screening. (2.9)

Legal rights

- 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)

Health services

- 5.58** All clinical areas should meet infection control standards. (2.50)
- 5.59** Health promotion literature should be available in a range of languages spoken by the population. (2.51)

- 5.60** All new arrivals should receive simple written information on how to access health services. (2.64)
- 5.61** More effective use should be made of clinical templates and care planning should be recorded on SystmOne. (2.65)
- 5.62** Loose tablets and tablet foils should satisfy labelling requirements and should not be present in stock. (2.74)
- 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)
- 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)

Purchases

- 5.65** Prisoners from black and minority ethnic backgrounds should be consulted about the product list. (2.95, repeated recommendation 2.132)

Learning and skills and work activities

- 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)
- 5.67** All prisoners should be encouraged to store their work methodically to prepare them 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)

Offender management and planning

- 5.69** Prisoners potentially facing an indeterminate sentence should be provided with support to prepare for their sentencing date. (4.28)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Hindpal Singh Bhui	Team leader
Sandra Fieldhouse	Inspector
Angus Mulready-Jones	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Tim McSweeney	Researcher
Joe Simmonds	Researcher
Patricia Taflan	Researcher
Paul Roberts	Substance misuse inspector
Maureen Jamieson	Health services inspector
Simon Denton	Pharmacist
Huw Jenkins	Care Quality Commission inspector
Martin Hughes	Ofsted inspector
Chris Dearnley	Ofsted inspector
Mark Shackleton	Ofsted inspector
Bob Smith	Offender management inspector
Tessa Webb	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2012, prisoners were mostly positive about their transfer, reception and first night experiences, but not all received induction and its quality was variable. Weaker arrangements for newly arrived vulnerable prisoners increased their level of anxiety, and their induction was delayed. Prisoners generally said they felt safe. The care and support (CAS) unit offered good support to the most vulnerable. The incidence of self-harm was low and there was good access to Listeners. Security was effective, balanced and supported a safe and relaxed regime. Disciplinary arrangements were well managed and encouraged positive behaviour. The use of force was low but oversight of extreme measures required improvement. The segregation unit offered a reasonable regime and was used appropriately. Support for prisoners with substance misuse needs was good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

All staff should receive regular assessment, care in custody and teamwork (ACCT)/safer custody refresher training, which should ensure that they are fully briefed and aware of procedures for entering cells on their own during patrol states to preserve life. (HP43)

Not achieved

The substance misuse service should be fully integrated and hold regular clinical reviews for prisoners receiving opiate substitute treatment, which demonstrate patient involvement. (HP45)

Achieved

Recommendations

Arrangements for vulnerable new arrivals should ensure they feel safe. (1.13)

Not achieved

All new arrivals who require an induction should receive it within 24 hours, and in a suitable and non-distracting environment. (1.14)

Not achieved

There should be a formal intervention to deal with prisoners who exhibit violent or other antisocial behaviour, including bullying. (1.23)

Not achieved

There should be structured case management and care planning arrangements for prisoners located on the care and support unit. (1.24)

Not achieved (recommendation repeated, 1.20)

Strip clothing should only be used in exceptional circumstances with proper justification, and authorisation and usage should be logged and monitored. (I.34)

Not achieved (recommendation repeated, I.53)

The quality of assessment, care in custody and teamwork (ACCT) documents and effectiveness of quality assurance should be improved. (I.35)

Not achieved

Local safeguarding procedures should be developed. (I.39)

Partially achieved

The mandatory drug testing (MDT) programme should be sufficiently resourced to enable target testing to be carried out within the required timescale. (I.46)

Achieved

Managerial oversight and accountability for use of special accommodation and planned interventions should be improved. (I.61)

Not achieved

Information collated on segregation should be analysed and used more effectively to inform strategy. (I.68)

Not achieved

The prison should establish a designated stabilisation/drug treatment unit and ensure that there are appropriate observation and monitoring arrangements. (I.77)

Achieved

Clinical management protocols should adhere to national guidance. (I.78)

Achieved

A substance misuse strategy committee should oversee and implement the strategy, ensure coordinated working between departments, and include representatives from security. (I.79)

Not achieved (recommendation repeated, I.69)

The substance misuse service should develop service user feedback to inform future provision. (I.80)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2012, the communal areas and residential units were reasonably clean, but in-cell toilets were dirty and stained. Privacy screening in single cells and those on F wing were inadequate. Prisoners had reasonable access to showers, telephones and clean clothing. We observed good staff-prisoner interaction and most prisoners said they were treated with respect. The needs of prisoners with protected characteristics were mostly being met, including some good care arrangements for those with disabilities, but some staff lacked awareness of the needs of some minority groups and there was a general lack of knowledge of reporting discrimination. Most health services were reasonable. Catering provision was adequate. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Toilets in cells should be de-scaled and screened. (2.11)

Achieved

Cells designed to hold one prisoner should not be used to hold two. (2.12)

Not achieved

The prison should have an effective and meaningful strategic equality action plan. (2.25)

Not achieved

The prison should monitor data on equality of treatment for all protected characteristics. (2.26)

Not achieved

All staff should be given cultural awareness training. (2.27)

Not achieved

All prisoners from minority groups should be able to meet in groups to contribute to positive outcomes and address concerns. (2.28)

Not achieved

The prison should analyse and address the negative perceptions of prisoners from minority groups. (2.38)

Not achieved

Prisoners should be able to attend corporate worship without making an application. (2.43)

Achieved

There should be a trained legal services officer. (2.51)

Not achieved

There should be an up-to-date health needs assessment, including mental health needs. (2.65)

Achieved

All officers should be trained in basic life support skills. (2.66)

Not achieved

All new arrivals should have a secondary health assessment within 72 hours to improve the identification of health needs. (2.81)

No longer relevant

SystmOne should be accessible and used by all health care professionals to record all consultations. (2.82)

Achieved

Ligature points on the inpatient unit should be reviewed and action taken to reduce risks. (2.83)

Partially achieved

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. (2.99)

Partially achieved (recommendation repeated, 2.71)

All health professionals should ensure that they prescribe, handle and administer all controlled drugs in line with legislation, national guidance and professional standards. This should include the contemporary recording in the controlled drug register of all controlled drugs administered. (2.100)
Not achieved (recommendation repeated, 2.73)

Prisoners with primary mental health needs should have access to a designated primary mental health service. (2.116)
Achieved

Patients requiring secure NHS mental health beds should be transferred promptly. (2.117)
Not achieved

Halal food should be stored, prepared and served separately from other food. (2.125)
Achieved

The menu should include daily healthy options. (2.126)
Achieved

There should be effective consultation with prisoners about the food, including analysis of their perceptions. (2.127)
Achieved

Prisoners from minority groups should be consulted about the range of items available in the prison shop. (2.132)
Not achieved (recommendation repeated as housekeeping point, 2.95)

Purposeful activity

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

At the last inspection, in 2012, opportunities for time out of cell were limited. The lack of activity places was compounded by underuse of existing spaces, and poor punctuality and attendance resulted in too many prisoners locked in their cells. The range of education was good, although accredited vocational opportunities were limited and there were too many mundane domestic jobs. Teaching, learning and assessment required improvement and relied too much on traditional methods. Achievements for the few prisoners who completed programmes were positive. The library was a good quality service and well used. Recreational gym and healthy living provision were generally good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

More purposeful activity should be provided and activity spaces should be used fully and efficiently to maximise benefit to prisoners. (HP44)
Not achieved

Recommendations

The prison should ensure that all prisoners have better access to exercise. (3.6)
Achieved

The observations of teaching and learning should be extended to all areas of learning and skills, and best practice should be shared to improve the quality of teaching, learning and assessment. (3.14)

Partially achieved

Prisoners should arrive for their activities on time. (3.15)

Not achieved

The prison should ensure that the initial assessment of prisoners' literacy and numeracy needs is accurate and better informs the planning of support. (3.16)

Not achieved

Sentence planning should link effectively with the allocation process, which should be improved to maximise places. (3.17)

Not achieved

The variety and range of activities for vulnerable prisoners should be improved. (3.21)

Achieved

The quality of teaching and learning should be improved. (3.26)

Partially achieved

Prisoners' poor attendance and punctuality to allocated activity places should be addressed. (3.27)

Not achieved

The range of vocational training programmes should be extended to accredit skills developed by prisoners in some existing work areas. (3.28)

Partially achieved

The prison should improve achievement rates for learners on information and communications technology (ICT) courses. (3.31)

Achieved

There should be an appropriate range of accredited vocational PE training courses for prisoners. (3.37)

Not achieved

Resettlement

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

At the last inspection, in 2012, the reducing reoffending strategy and action plan was reasonable but the new resettlement services needed to be in, and management objectives and implementation were disconnected. Prisoners in scope for offender management were well managed but there was less attention to other sentenced prisoners. Public protection arrangements and support for indeterminate-sentenced prisoners were reasonable. Accommodation, finance and debt reintegration services were sound, and there were good reintegration arrangements for work, education and training. Discharge arrangements for prisoners with substance misuse needs were reasonable. Visits were generally positive although the environment was stark. There was no dedicated offence-focused work for sex offenders. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The prison should develop a clear policy that outlines the function of offender management and its relationship with other departments, and clearly map how this model will be developed. (4.7)

Partially achieved

There should be an up-to-date resettlement needs analysis to inform strategic objectives. (4.8)

Partially achieved

Prisoners serving less than 12 month should have a written custody plan outlining the work and activities they require and the support available, and it should be clear who is responsible for each aspect of this plan. (4.19)

Achieved

Sentence planning meetings should include contributions from all departments involved with the prisoner, including the induction and pre-release centre. (4.20)

Not achieved

The prison should introduce a quality assurance model to ensure the offender management needs of prisoners are met and that staff are sufficiently trained to undertake the work. (4.21)

Not achieved

Pre-release planning should be improved so that all prisoners, whatever their sentence, have an effective assessment of need before release and that these needs are met. For prisoners subject to licence conditions on release, the offender management unit should coordinate and manage plans to ensure continuity of communication with the probation trust responsible for the post-release licence supervision. (4.32)

Partially achieved

Prisoners should be given health information before their release to enable them to register with a GP and dentist. (4.36)

Achieved

The prison should offer prisoners a programme to aid financial management as well as the opportunity to open bank accounts before their release. (4.39)

Not achieved

There should be better integration of provision under the children and families resettlement pathway. (4.43)

No longer relevant

The visits hall should offer more comfortable facilities, including access to toilets for visitors and prisoners, and the level of noise should be reduced. (4.44)

Not achieved

The prison should develop a clear strategy for addressing the offending behaviour needs of sex offenders at HMP Lewes. (4.50)

Not achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	10	374	59.8
Recall	3	65	10.6
Convicted unsentenced	8	19	4.2
Remand	19	136	24.1
Civil prisoners	0	1	0.2
Detainees	1	6	1.1
Total	41	601	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	28	180	32.4
Less than 6 months	1	47	7.5
6 months to less than 12 months	3	41	6.9
12 months to less than 2 years	5	26	4.8
2 years to less than 4 years	4	62	10.3
4 years to less than 10 years	0	117	18.2
10 years and over (not life)	0	44	6.9
ISPP (indeterminate sentence for public protection)	0	47	13.1
Life	0	37	5.8
Total	41	601	100

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	199	31
21 years to 29 years	166	25.9
30 years to 39 years	124	19.3
40 years to 49 years	60	9.3
50 years to 59 years	27	4.2
60 years to 69 years	25	3.9
70 plus years	41	6.4
Please state maximum age here: 91		
Total	642	100

Nationality	18–20 yr olds	21 and over	%
British	32	514	85
Foreign nationals	9	81	15
Total	41	595	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	29	176	31.9
Uncategorised sentenced	0	19	3.0
Category A	0	0	0
Category B	0	61	9.5
Category C	0	303	47.2
Category D	0	41	6.4
Other	12	1	2
Total	41	601	100

Ethnicity	18–20 yr olds	21 and over	%
White	24	435	71.5
British	1	4	0.8
Irish	0	15	2.3
Gypsy/Irish Traveller	5	45	7.8
Other white			
Mixed			
White and black Caribbean	2	9	1.7
White and black African	0	4	0.6
White and Asian	0	3	0.5
Other mixed	0	4	0.6
Asian or Asian British			
Indian	0	7	1.1
Pakistani	0	6	0.9
Bangladeshi	1	1	0.3
Chinese	0	1	0.2
Other Asian	0	8	1.2
Black or black British			
Caribbean	2	21	3.6
African	5	17	3.4
Other black	0	11	1.7
Other ethnic group			
Arab	1	4	0.8
Other ethnic group	0	4	0.6
Not stated	0	2	0.3
Total	41	601	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	
Church of England	2	126	
Roman Catholic	5	95	15.6
Other Christian denominations	3	69	11.2
Muslim	12	56	10.6
Sikh	0	0	0.0
Hindu	0	4	0.6
Buddhist	0	9	1.4
Jewish	0	5	0.8
Other	0	11	1.7
No religion	19	223	37.7
Total	41	601	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)			
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	4	0.6	59	9.2
1 month to 3 months	5	0.8	112	17.4
3 months to 6 months	1	0.2	86	13.4
6 months to 1 year	3	0.5	98	15.3
1 year to 2 years	0	0.0	52	8.1
2 years to 4 years	0	0.0	10	1.6
4 years or more	0	0	4	0.6
Total	13	2.0	421	65.6

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	8	3.8	59	28.4
1 month to 3 months	12	5.8	62	29.8
3 months to 6 months	7	3.4	34	16.3
6 months to 1 year	1	0.5	23	11.1
1 year to 2 years	0	0	2	1.0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	28	4.4	180	28

Appendix IV: 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.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment⁸. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 14 December 2015 the prisoner population at HMP Lewes was 639. Using the method described above, questionnaires were distributed to a sample of 213 prisoners.

We received a total of 180 completed questionnaires, a response rate of 85%. This included five questionnaires completed via interview. Twelve respondents refused to complete a questionnaire and 21 questionnaires were not returned.

⁸ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/unit	Number of completed survey returns
A	30
C	34
F	46
G	6
K	5
L	24
M	22
R	7
Segregation unit (B)	3
Healthcare unit (H)	3

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Lewes.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences⁹ are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Lewes in 2015 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2012.
- The current survey responses from HMP Lewes in 2015 compared with the responses of prisoners surveyed at HMP Lewes in 2012.
- A comparison within the 2015 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2015 survey between those who are British and those who are foreign nationals.
- A comparison within the 2015 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2015 survey between those who are aged 50 and over and those under 50.

⁹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

- A comparison within the 2015 survey between the vulnerable prisoner wing (F) and the rest of the establishment.
- A comparison within the 2015 survey between the L and M wings and the rest of the establishment.

Survey summary

Section I: About you

Q1.2	How old are you?			
	Under 21	8 (4%)		
	21 - 29.....	55 (31%)		
	30 - 39.....	48 (27%)		
	40 - 49.....	34 (19%)		
	50 - 59.....	19 (11%)		
	60 - 69.....	6 (3%)		
	70 and over	10 (6%)		
Q1.3	Are you sentenced?			
	Yes	118 (66%)		
	Yes - on recall.....	14 (8%)		
	No - awaiting trial.....	34 (19%)		
	No - awaiting sentence	12 (7%)		
	No - awaiting deportation.....	2 (1%)		
Q1.4	How long is your sentence?			
	Not sentenced	48 (27%)		
	Less than 6 months	16 (9%)		
	6 months to less than 1 year	14 (8%)		
	1 year to less than 2 years	8 (5%)		
	2 years to less than 4 years	23 (13%)		
	4 years to less than 10 years	35 (20%)		
	10 years or more	15 (8%)		
	IPP (indeterminate sentence for public protection)	8 (5%)		
	Life.....	10 (6%)		
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?			
	Yes	20 (11%)		
	No.....	158 (89%)		
Q1.6	Do you understand spoken English?			
	Yes	177 (99%)		
	No.....	2 (1%)		
Q1.7	Do you understand written English?			
	Yes	175 (98%)		
	No.....	4 (2%)		
Q1.8	What is your ethnic origin?			
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	125 (70%)	Asian or Asian British - Chinese 0 (0%)	
	White - Irish	4 (2%)	Asian or Asian British - other..... 0 (0%)	
	White - other.....	18 (10%)	Mixed race-white and black Caribbean .. 1 (1%)	
	Black or black British - Caribbean.....	6 (3%)	Mixed race - white and black African ... 2 (1%)	
	Black or black British - African	7 (4%)	Mixed race - white and Asian	2 (1%)
	Black or black British - other	1 (1%)	Mixed race - other.....	1 (1%)
	Asian or Asian British - Indian	2 (1%)	Arab.....	3 (2%)
	Asian or Asian British - Pakistani.....	1 (1%)	Other ethnic group	3 (2%)
	Asian or Asian British - Bangladeshi.....	2 (1%)		

Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?

Yes	13 (8%)
No.....	159 (92%)

Q1.10 What is your religion?

None.....	50 (29%)	Hindu	1 (1%)
Church of England	51 (29%)	Jewish	1 (1%)
Catholic	39 (22%)	Muslim	14 (8%)
Protestant.....	0 (0%)	Sikh	0 (0%)
Other Christian denomination	9 (5%)	Other.....	6 (3%)
Buddhist	4 (2%)		

Q1.11 How would you describe your sexual orientation?

Heterosexual/ Straight	168 (97%)
Homosexual/Gay.....	5 (3%)
Bisexual.....	1 (1%)

Q1.12 Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?

Yes	65 (37%)
No.....	111 (63%)

Q1.13 Are you a veteran (ex-armed services)?

Yes	13 (7%)
No.....	161 (93%)

Q1.14 Is this your first time in prison?

Yes	69 (39%)
No.....	108 (61%)

Q1.15 Do you have children under the age of 18?

Yes	92 (52%)
No.....	86 (48%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

Less than 2 hours	126 (72%)
2 hours or longer	36 (21%)
Don't remember	13 (7%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

My journey was less than two hours	126 (72%)
Yes	25 (14%)
No.....	20 (11%)
Don't remember	4 (2%)

Q2.3 On your most recent journey here, were you offered a toilet break?

My journey was less than two hours	126 (72%)
Yes	3 (2%)
No.....	43 (24%)
Don't remember	4 (2%)

Q2.4	On your most recent journey here, was the van clean?	
	Yes	108 (61%)
	No.....	55 (31%)
	Don't remember	13 (7%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	127 (72%)
	No.....	46 (26%)
	Don't remember	3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	42 (24%)
	Well	85 (48%)
	Neither	37 (21%)
	Badly.....	3 (2%)
	Very badly	6 (3%)
	Don't remember	3 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	105 (60%)
	Yes, I received written information	13 (7%)
	No, I was not told anything	49 (28%)
	Don't remember	9 (5%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	140 (80%)
	No.....	29 (17%)
	Don't remember	5 (3%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	117 (68%)
	2 hours or longer	45 (26%)
	Don't remember	9 (5%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	141 (84%)
	No	19 (11%)
	Don't remember	8 (5%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	28 (16%)
	Well	96 (55%)
	Neither	36 (21%)
	Badly.....	9 (5%)
	Very badly	2 (1%)
	Don't remember	2 (1%)

Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Loss of property	29 (17%)	Physical health	43 (25%)
Housing problems	31 (18%)	Mental health	56 (33%)
Contacting employers	6 (4%)	Needing protection from other prisoners	16 (9%)
Contacting family	61 (36%)	Getting phone numbers	51 (30%)
Childcare	5 (3%)	Other	7 (4%)
Money worries	36 (21%)	Did not have any problems	35 (21%)
Feeling depressed or suicidal	47 (28%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

Yes	40 (25%)
No	87 (54%)
Did not have any problems	35 (22%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

Tobacco	128 (74%)
A shower	44 (26%)
A free telephone call	120 (70%)
Something to eat	117 (68%)
PIN phone credit	34 (20%)
Toiletries/ basic items	85 (49%)
Did not receive anything	7 (4%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

Chaplain	75 (45%)
Someone from health services	121 (73%)
A Listener/Samaritans	34 (21%)
Prison shop/ canteen	29 (18%)
Did not have access to any of these	32 (19%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

What was going to happen to you	67 (42%)
What support was available for people feeling depressed or suicidal	50 (31%)
How to make routine requests (applications)	55 (34%)
Your entitlement to visits	46 (29%)
Health services	64 (40%)
Chaplaincy	58 (36%)
Not offered any information	48 (30%)

Q3.9 Did you feel safe on your first night here?

Yes	117 (69%)
No	45 (27%)
Don't remember	7 (4%)

Q3.10 How soon after you arrived here did you go on an induction course?

Have not been on an induction course	44 (26%)
Within the first week	57 (34%)
More than a week	56 (34%)
Don't remember	10 (6%)

- Q3.11 Did the induction course cover everything you needed to know about the prison?**
Have not been on an induction course 44 (27%)
 Yes 47 (29%)
 No 56 (34%)
 Don't remember 16 (10%)
- Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?**
Did not receive an assessment 60 (36%)
 Within the first week 27 (16%)
 More than a week 68 (41%)
 Don't remember 11 (7%)

Section 4: Legal rights and respectful custody

- Q4.1 How easy is it to.....**
- | | Very easy | Easy | Neither | Difficult | Very difficult | N/A |
|--|-----------|----------|----------|-----------|----------------|----------|
| Communicate with your solicitor or legal representative? | 13 (8%) | 45 (26%) | 26 (15%) | 36 (21%) | 22 (13%) | 30 (17%) |
| Attend legal visits? | 18 (11%) | 54 (34%) | 31 (19%) | 12 (8%) | 11 (7%) | 34 (21%) |
| Get bail information? | 5 (3%) | 11 (7%) | 26 (18%) | 15 (10%) | 30 (20%) | 60 (41%) |
- Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?**
Not had any letters 25 (15%)
 Yes 67 (39%)
 No 79 (46%)
- Q4.3 Can you get legal books in the library?**
 Yes 75 (44%)
 No 15 (9%)
 Don't know 80 (47%)
- Q4.4 Please answer the following questions about the wing/unit you are currently living on:**
- | | Yes | No | Don't know |
|--|-----------|----------|------------|
| Do you normally have enough clean, suitable clothes for the week? | 94 (56%) | 71 (42%) | 4 (2%) |
| Are you normally able to have a shower every day? | 159 (91%) | 13 (7%) | 2 (1%) |
| Do you normally receive clean sheets every week? | 96 (56%) | 66 (38%) | 10 (6%) |
| Do you normally get cell cleaning materials every week? | 124 (72%) | 44 (26%) | 4 (2%) |
| Is your cell call bell normally answered within five minutes? | 53 (31%) | 89 (52%) | 28 (16%) |
| Is it normally quiet enough for you to be able to relax or sleep in your cell at night time? | 110 (64%) | 59 (35%) | 2 (1%) |
| If you need to, can you normally get your stored property? | 51 (30%) | 75 (44%) | 44 (26%) |
- Q4.5 What is the food like here?**
 Very good 2 (1%)
 Good 16 (9%)
 Neither 55 (31%)
 Bad 56 (32%)
 Very bad 46 (26%)
- Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?**
Have not bought anything yet/ don't know 8 (5%)
 Yes 81 (47%)
 No 83 (48%)

Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	110 (63%)
	No	11 (6%)
	Don't know	54 (31%)
Q4.8	Are your religious beliefs respected?	
	Yes	83 (48%)
	No	16 (9%)
	Don't know/ N/A	73 (42%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	83 (48%)
	No	15 (9%)
	Don't know/ N/A	76 (44%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	44 (25%)
	Very easy	40 (23%)
	Easy	45 (26%)
	Neither	14 (8%)
	Difficult	8 (5%)
	Very difficult	3 (2%)
	Don't know	21 (12%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	137 (80%)
	No	26 (15%)
	Don't know	9 (5%)
Q5.2	Please answer the following questions about applications (if you have not made an application please tick the 'not made one' option).	
		Not made one Yes No
	Are applications dealt with fairly?	17 (11%) 83 (52%) 61 (38%)
	Are applications dealt with quickly (within seven days)?	17 (11%) 64 (41%) 74 (48%)
Q5.3	Is it easy to make a complaint?	
	Yes	84 (50%)
	No	29 (17%)
	Don't know	55 (33%)
Q5.4	Please answer the following questions about complaints (if you have not made a complaint please tick the 'not made one' option).	
		Not made one Yes No
	Are complaints dealt with fairly?	82 (49%) 28 (17%) 58 (35%)
	Are complaints dealt with quickly (within seven days)?	82 (48%) 24 (14%) 65 (38%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	27 (17%)
	No	131 (83%)

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	60 (37%)
	<i>Very easy</i>	9 (6%)
	<i>Easy</i>	28 (17%)
	<i>Neither</i>	29 (18%)
	<i>Difficult</i>	27 (17%)
	<i>Very difficult</i>	10 (6%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	23 (14%)
	<i>Yes</i>	84 (51%)
	<i>No</i>	40 (24%)
	<i>Don't know</i>	19 (11%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	23 (14%)
	<i>Yes</i>	54 (34%)
	<i>No</i>	61 (38%)
	<i>Don't know</i>	22 (14%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	14 (8%)
	<i>No</i>	152 (92%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	127 (78%)
	<i>Very well</i>	4 (2%)
	<i>Well</i>	4 (2%)
	<i>Neither</i>	15 (9%)
	<i>Badly</i>	4 (2%)
	<i>Very badly</i>	9 (6%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	140 (80%)
	<i>No</i>	34 (20%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	131 (79%)
	<i>No</i>	35 (21%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	61 (35%)
	<i>No</i>	111 (65%)

Q7.4 How often do staff normally speak to you during association?

Do not go on association	11 (6%)
Never	36 (21%)
Rarely	41 (24%)
Some of the time	50 (29%)
Most of the time	21 (12%)
All of the time	14 (8%)

Q7.5 When did you first meet your personal (named) officer?

I have not met him/her	130 (74%)
In the first week	10 (6%)
More than a week	18 (10%)
Don't remember	17 (10%)

Q7.6 How helpful is your personal (named) officer?

Do not have a personal officer/ I have not met him/her	130 (80%)
Very helpful	14 (9%)
Helpful	9 (6%)
Neither	3 (2%)
Not very helpful	4 (2%)
Not at all helpful	2 (1%)

Section 8: Safety**Q8.1 Have you ever felt unsafe here?**

Yes	84 (48%)
No	91 (52%)

Q8.2 Do you feel unsafe now?

Yes	30 (17%)
No	142 (83%)

Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)

Never felt unsafe	91 (53%)	At meal times	11 (6%)
Everywhere	24 (14%)	At health services	7 (4%)
Segregation unit	4 (2%)	Visits area	7 (4%)
Association areas	27 (16%)	In wing showers	19 (11%)
Reception area	4 (2%)	In gym showers	8 (5%)
At the gym	11 (6%)	In corridors/stairwells	11 (6%)
In an exercise yard	15 (9%)	On your landing/wing	21 (12%)
At work	9 (5%)	In your cell	12 (7%)
During movement	30 (17%)	At religious services	8 (5%)
At education	12 (7%)		

Q8.4 Have you been victimised by other prisoners here?

Yes	58 (34%)
No	115 (66%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends)	27 (16%)
Physical abuse (being hit, kicked or assaulted)	20 (12%)
Sexual abuse	2 (1%)
Feeling threatened or intimidated	29 (17%)
Having your canteen/property taken	15 (9%)
Medication	8 (5%)
Debt	8 (5%)
Drugs	9 (5%)
Your race or ethnic origin	6 (3%)
Your religion/religious beliefs	6 (3%)
Your nationality	4 (2%)
You are from a different part of the country than others	3 (2%)
You are from a traveller community	4 (2%)
Your sexual orientation	2 (1%)
Your age	6 (3%)
You have a disability	10 (6%)
You were new here	10 (6%)
Your offence/ crime	17 (10%)
Gang related issues	6 (3%)

Q8.6 Have you been victimised by staff here?

Yes	53 (31%)
No	119 (69%)

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends)	20 (12%)
Physical abuse (being hit, kicked or assaulted)	9 (5%)
Sexual abuse	2 (1%)
Feeling threatened or intimidated	18 (10%)
Medication	6 (3%)
Debt	2 (1%)
Drugs	2 (1%)
Your race or ethnic origin	4 (2%)
Your religion/religious beliefs	3 (2%)
Your nationality	3 (2%)
You are from a different part of the country than others	4 (2%)
You are from a traveller community	3 (2%)
Your sexual orientation	2 (1%)
Your age	3 (2%)
You have a disability	7 (4%)
You were new here	4 (2%)
Your offence/ crime	5 (3%)
Gang related issues	3 (2%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	99 (60%)
Yes	22 (13%)
No	45 (27%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		Don't know	Very easy	Easy	Neither	Difficult	Very difficult
	The doctor	12 (7%)	5 (3%)	26 (15%)	16 (9%)	60 (35%)	51 (30%)
	The nurse	11 (7%)	12 (7%)	50 (31%)	23 (14%)	33 (20%)	33 (20%)
	The dentist	31 (19%)	5 (3%)	7 (4%)	6 (4%)	46 (29%)	66 (41%)
Q9.2	What do you think of the quality of the health service from the following people?						
		Not been	Very good	Good	Neither	Bad	Very bad
	The doctor	34 (20%)	12 (7%)	33 (20%)	27 (16%)	38 (23%)	22 (13%)
	The nurse	26 (16%)	17 (10%)	53 (33%)	24 (15%)	24 (15%)	18 (11%)
	The dentist	64 (41%)	8 (5%)	20 (13%)	18 (12%)	23 (15%)	23 (15%)
Q9.3	What do you think of the overall quality of the health services here?						
	Not been						23 (14%)
	Very good						7 (4%)
	Good						36 (22%)
	Neither						21 (13%)
	Bad						40 (24%)
	Very bad						37 (23%)
Q9.4	Are you currently taking medication?						
	Yes						102 (60%)
	No						69 (40%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	Not taking medication						69 (41%)
	Yes, all my meds						58 (34%)
	Yes, some of my meds						32 (19%)
	No						10 (6%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						83 (49%)
	No						85 (51%)
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?						
	Do not have any emotional or mental health problems						85 (51%)
	Yes						36 (22%)
	No						45 (27%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	53 (32%)
	No	113 (68%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	31 (19%)
	No	133 (81%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	44 (27%)
	Easy	19 (11%)
	Neither	15 (9%)
	Difficult.....	2 (1%)
	Very difficult.....	3 (2%)
	Don't know	83 (50%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	13 (8%)
	Easy	12 (7%)
	Neither	14 (8%)
	Difficult.....	9 (5%)
	Very difficult.....	22 (13%)
	Don't know	96 (58%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	19 (11%)
	No.....	147 (89%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	13 (8%)
	No.....	150 (92%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	103 (66%)
	Yes	32 (21%)
	No.....	20 (13%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem</i>	133 (82%)
	Yes	20 (12%)
	No.....	10 (6%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	112 (70%)
	Yes	38 (24%)
	No.....	11 (7%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?					
		Don't know	Very Easy	Easy	Neither	Difficult
						Very difficult
	Prison job	28 (17%)	12 (7%)	40 (24%)	15 (9%)	40 (24%)
	Vocational or skills training	41 (27%)	10 (7%)	30 (20%)	24 (16%)	29 (19%)
	Education (including basic skills)	30 (20%)	15 (10%)	51 (34%)	20 (13%)	25 (16%)
	Offending behaviour programmes	55 (36%)	8 (5%)	19 (12%)	29 (19%)	25 (16%)
						17 (11%)

- Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)**
- | | |
|---|----------|
| Not involved in any of these | 59 (38%) |
| Prison job | 70 (45%) |
| Vocational or skills training..... | 8 (5%) |
| Education (including basic skills)..... | 35 (23%) |
| Offending behaviour programmes | 15 (10%) |
- Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?**
- | | Not been involved | Yes | No | Don't know |
|------------------------------------|--------------------------|----------|----------|------------|
| Prison job | 50 (34%) | 36 (25%) | 47 (32%) | 12 (8%) |
| Vocational or skills training | 64 (55%) | 20 (17%) | 24 (21%) | 8 (7%) |
| Education (including basic skills) | 58 (47%) | 30 (24%) | 26 (21%) | 9 (7%) |
| Offending behaviour programmes | 58 (48%) | 32 (26%) | 23 (19%) | 9 (7%) |
- Q11.4 How often do you usually go to the library?**
- | | |
|-------------------------------|----------|
| Don't want to go | 21 (13%) |
| Never..... | 28 (17%) |
| Less than once a week..... | 43 (26%) |
| About once a week | 58 (35%) |
| More than once a week | 14 (9%) |
- Q11.5 Does the library have a wide enough range of materials to meet your needs?**
- | | |
|---------------------------|----------|
| Don't use it | 39 (24%) |
| Yes | 73 (45%) |
| No..... | 51 (31%) |
- Q11.6 How many times do you usually go to the gym each week?**
- | | |
|-------------------------------|----------|
| Don't want to go | 50 (31%) |
| 0 | 22 (14%) |
| 1 to 2 | 28 (17%) |
| 3 to 5 | 42 (26%) |
| More than 5 | 19 (12%) |
- Q11.7 How many times do you usually go outside for exercise each week?**
- | | |
|-------------------------------|----------|
| Don't want to go | 24 (15%) |
| 0 | 16 (10%) |
| 1 to 2 | 56 (34%) |
| 3 to 5 | 38 (23%) |
| More than 5 | 29 (18%) |
- Q11.8 How many times do you usually have association each week?**
- | | |
|-------------------------------|-----------|
| Don't want to go | 6 (4%) |
| 0 | 6 (4%) |
| 1 to 2 | 13 (8%) |
| 3 to 5 | 27 (17%) |
| More than 5 | 109 (68%) |

Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)

Less than 2 hours	53 (32%)
2 to less than 4 hours	29 (17%)
4 to less than 6 hours	26 (16%)
6 to less than 8 hours	27 (16%)
8 to less than 10 hours	14 (8%)
10 hours or more	12 (7%)
Don't know	5 (3%)

Section 12: Contact with family and friends**Q12.1 Have staff supported you and helped you to maintain contact with your family/friends while in this prison?**

Yes	62 (38%)
No	100 (62%)

Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?

Yes	72 (44%)
No	92 (56%)

Q12.3 Have you had any problems getting access to the telephones?

Yes	69 (43%)
No	93 (57%)

Q12.4 How easy or difficult is it for your family and friends to get here?

<i>I don't get visits</i>	28 (17%)
Very easy	13 (8%)
Easy	31 (19%)
Neither	25 (15%)
Difficult	39 (24%)
Very difficult	24 (15%)
Don't know	4 (2%)

Section 13: Preparation for release**Q13.1 Do you have a named offender manager (home probation officer) in the probation service?**

Not sentenced	48 (28%)
Yes	83 (49%)
No	39 (23%)

Q13.2 What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)

Not sentenced/ NA	87 (51%)
No contact	24 (14%)
Letter	25 (15%)
Phone	23 (14%)
Visit	36 (21%)

Q13.3 Do you have a named offender supervisor in this prison?

Yes	49 (31%)
No	110 (69%)

Q13.4 Do you have a sentence plan?

Not sentenced	48 (29%)
Yes	33 (20%)
No	83 (51%)

Q13.5	How involved were you in the development of your sentence plan?			
	<i>Do not have a sentence plan/ not sentenced</i>	131	(79%)	
	<i>Very involved</i>	5	(3%)	
	<i>Involved</i>	10	(6%)	
	<i>Neither</i>	6	(4%)	
	<i>Not very involved</i>	7	(4%)	
	<i>Not at all involved</i>	6	(4%)	
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>	131	(79%)	
	<i>Nobody</i>	15	(9%)	
	<i>Offender supervisor</i>	10	(6%)	
	<i>Offender manager</i>	9	(5%)	
	<i>Named/ personal officer</i>	10	(6%)	
	<i>Staff from other departments</i>	8	(5%)	
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	131	(78%)	
	<i>Yes</i>	18	(11%)	
	<i>No</i>	9	(5%)	
	<i>Don't know</i>	9	(5%)	
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	131	(78%)	
	<i>Yes</i>	8	(5%)	
	<i>No</i>	23	(14%)	
	<i>Don't know</i>	6	(4%)	
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>	131	(78%)	
	<i>Yes</i>	16	(10%)	
	<i>No</i>	13	(8%)	
	<i>Don't know</i>	8	(5%)	
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>	7	(4%)	
	<i>No</i>	69	(43%)	
	<i>Don't know</i>	84	(53%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>	19	(12%)	
	<i>No</i>	134	(88%)	
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	45 (30%)	28 (18%)	79 (52%)
	Accommodation	45 (30%)	27 (18%)	80 (53%)
	Benefits	40 (26%)	32 (21%)	79 (52%)
	Finances	44 (30%)	14 (10%)	89 (61%)
	Education	50 (34%)	21 (14%)	75 (51%)
	Drugs and alcohol	51 (33%)	46 (30%)	56 (37%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced	48 (30%)
Yes	58 (36%)
No.....	55 (34%)

Main comparator and comparator to last time



Prisoner survey responses HMP Lewes 2015

Prisoner survey responses (missing data have 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 percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
		HMP Lewes	Local prisons comparator	HMP Lewes 2015	HMP Lewes 2012
Number of completed questionnaires returned		180	6,048	180	170
SECTION 1: General information					
1.2	Are you under 21 years of age?	4%	6%	4%	6%
1.3	Are you sentenced?	73%	67%	73%	64%
1.3	Are you on recall?	8%	10%	8%	9%
1.4	Is your sentence less than 12 months?	17%	20%	17%	17%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	3%	5%	5%
1.5	Are you a foreign national?	11%	13%	11%	13%
1.6	Do you understand spoken English?	99%	98%	99%	99%
1.7	Do you understand written English?	98%	96%	98%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	17%	25%	17%	12%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	5%	8%	6%
1.1	Are you Muslim?	8%	13%	8%	6%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	4%
1.12	Do you consider yourself to have a disability?	37%	24%	37%	23%
1.13	Are you a veteran (ex-armed services)?	7%	5%	7%	6%
1.14	Is this your first time in prison?	39%	33%	39%	35%
1.15	Do you have any children under the age of 18?	52%	54%	52%	50%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	21%	23%	21%	10%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	51%	37%	51%	40%
2.3	Were you offered a toilet break?	6%	8%	6%	10%
2.4	Was the van clean?	61%	57%	61%	64%
2.5	Did you feel safe?	72%	75%	72%	76%
2.6	Were you treated well/very well by the escort staff?	72%	66%	72%	69%
2.7	Before you arrived here were you told that you were coming here?	60%	64%	60%	68%
2.7	Before you arrived here did you receive any written information about coming here?	7%	3%	7%	5%
2.8	When you first arrived here did your property arrive at the same time as you?	80%	79%	80%	83%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	68%	39%	68%	83%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	78%	84%	81%
3.3	Were you treated well/very well in reception?	72%	62%	72%	69%

Main comparator and comparator to last time

Key to tables

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	When you first arrived:				
3.4	Did you have any problems?	79%	77%	79%	73%
3.4	Did you have any problems with loss of property?	17%	16%	17%	9%
3.4	Did you have any housing problems?	18%	22%	18%	22%
3.4	Did you have any problems contacting employers?	4%	5%	4%	5%
3.4	Did you have any problems contacting family?	36%	34%	36%	29%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%	3%	4%
3.4	Did you have any money worries?	21%	24%	21%	26%
3.4	Did you have any problems with feeling depressed or suicidal?	28%	23%	28%	25%
3.4	Did you have any physical health problems?	25%	18%	25%	16%
3.4	Did you have any mental health problems?	33%	23%	33%	23%
3.4	Did you have any problems with needing protection from other prisoners?	9%	8%	9%	3%
3.4	Did you have problems accessing phone numbers?	30%	32%	30%	31%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	32%	31%	32%	50%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	74%	79%	74%	85%
3.6	A shower?	26%	29%	26%	46%
3.6	A free telephone call?	70%	54%	70%	77%
3.6	Something to eat?	68%	71%	68%	80%
3.6	PIN phone credit?	20%	52%	20%	34%
3.6	Toiletries/ basic items?	49%	57%	49%	64%
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	45%	45%	45%	64%
3.7	Someone from health services?	73%	66%	73%	81%
3.7	A Listener/Samaritans?	21%	31%	21%	44%
3.7	Prison shop/ canteen?	18%	21%	18%	19%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	42%	40%	42%	45%
3.8	Support was available for people feeling depressed or suicidal?	31%	36%	31%	50%
3.8	How to make routine requests?	34%	34%	34%	50%
3.8	Your entitlement to visits?	29%	34%	29%	47%
3.8	Health services?	40%	44%	40%	58%
3.8	The chaplaincy?	36%	39%	36%	55%
3.9	Did you feel safe on your first night here?	69%	71%	69%	83%
3.10	Have you been on an induction course?	74%	73%	74%	79%

Main comparator and comparator to last time

Key to tables

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	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	40%	49%	40%	64%
3.12	Did you receive an education (skills for life) assessment?	64%	72%	64%	74%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	34%	37%	34%	43%
4.1	Attend legal visits?	45%	51%	45%	65%
4.1	Get bail information?	11%	18%	11%	19%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	42%	39%	32%
4.3	Can you get legal books in the library?	44%	35%	44%	50%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	56%	49%	56%	55%
4.4	Are you normally able to have a shower every day?	91%	73%	91%	94%
4.4	Do you normally receive clean sheets every week?	56%	68%	56%	86%
4.4	Do you normally get cell cleaning materials every week?	72%	52%	72%	76%
4.4	Is your cell call bell normally answered within five minutes?	31%	26%	31%	41%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	57%	64%	74%
4.4	Can you normally get your stored property, if you need to?	30%	20%	30%	36%
4.5	Is the food in this prison good/very good?	10%	21%	10%	23%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	47%	47%	47%	50%
4.7	Are you able to speak to a Listener at any time, if you want to?	63%	52%	63%	66%
4.8	Are your religious beliefs are respected?	48%	49%	48%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	48%	50%	48%	54%
4.10	Is it easy/very easy to attend religious services?	49%	43%	49%	53%
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	80%	72%	80%	88%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	58%	48%	58%	77%
5.2	Do you feel applications are dealt with quickly (within seven days)?	46%	33%	46%	72%
5.3	Is it easy to make a complaint?	50%	50%	50%	48%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	33%	28%	33%	48%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	27%	24%	27%	56%
5.5	Have you ever been prevented from making a complaint when you wanted to?	17%	21%	17%	12%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	23%	18%	23%	27%

Main comparator and comparator to last time

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SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	40%	51%	52%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	34%	40%	34%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	10%	9%	5%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	22%	35%	22%	56%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	80%	73%	80%	86%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	79%	67%	79%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	36%	26%	36%	39%
7.4	Do staff normally speak to you most of the time/all of the time during association?	20%	17%	20%	16%
7.5	Do you have a personal officer?	26%	35%	26%	25%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	72%	67%	72%	84%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	48%	45%	48%	28%
8.2	Do you feel unsafe now?	18%	21%	18%	7%
8.4	Have you been victimised by other prisoners here?	34%	31%	34%	21%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	16%	13%	16%	8%
8.5	Hit, kicked or assaulted you?	12%	9%	12%	5%
8.5	Sexually abused you?	1%	2%	1%	0%
8.5	Threatened or intimidated you?	17%	17%	17%	8%
8.5	Taken your canteen/property?	9%	8%	9%	3%
8.5	Victimised you because of medication?	5%	6%	5%	5%
8.5	Victimised you because of debt?	5%	4%	5%	3%
8.5	Victimised you because of drugs?	5%	5%	5%	2%
8.5	Victimised you because of your race or ethnic origin?	3%	4%	3%	1%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	1%
8.5	Victimised you because of your nationality?	2%	3%	2%	2%
8.5	Victimised you because you were from a different part of the country?	2%	4%	2%	1%
8.5	Victimised you because you are from a Traveller community?	2%	2%	2%	1%
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.5	Victimised you because of your age?	3%	3%	3%	2%
8.5	Victimised you because you have a disability?	6%	4%	6%	3%
8.5	Victimised you because you were new here?	6%	7%	6%	1%
8.5	Victimised you because of your offence/crime?	10%	6%	10%	3%
8.5	Victimised you because of gang related issues?	3%	5%	3%	2%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Lewes	Local prisons comparator	HMP Lewes 2015	HMP Lewes 2012
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	31%	33%	31%	27%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	12%	12%	12%	7%
8.7	Hit, kicked or assaulted you?	5%	6%	5%	3%
8.7	Sexually abused you?	1%	1%	1%	0%
8.7	Threatened or intimidated you?	11%	13%	11%	9%
8.7	Victimised you because of medication?	3%	5%	3%	4%
8.7	Victimised you because of debt?	1%	2%	1%	1%
8.7	Victimised you because of drugs?	1%	3%	1%	1%
8.7	Victimised you because of your race or ethnic origin?	2%	4%	2%	2%
8.7	Victimised you because of your religion/religious beliefs?	2%	4%	2%	1%
8.7	Victimised you because of your nationality?	2%	3%	2%	2%
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	1%
8.7	Victimised you because you are from a Traveller community?	2%	2%	2%	1%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.7	Victimised you because of your age?	2%	3%	2%	2%
8.7	Victimised you because you have a disability?	4%	3%	4%	3%
8.7	Victimised you because you were new here?	2%	5%	2%	3%
8.7	Victimised you because of your offence/crime?	3%	5%	3%	4%
8.7	Victimised you because of gang related issues?	2%	3%	2%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	33%	34%	33%	37%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	18%	21%	18%	21%
9.1	Is it easy/very easy to see the nurse?	38%	43%	38%	51%
9.1	Is it easy/very easy to see the dentist?	8%	9%	8%	10%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	34%	41%	34%	34%
9.2	The nurse?	52%	52%	52%	45%
9.2	The dentist?	30%	29%	30%	31%
9.3	The overall quality of health services?	31%	36%	31%	33%
9.4	Are you currently taking medication?	60%	51%	60%	51%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	90%	57%	90%	77%
9.6	Do you have any emotional well being or mental health problems?	49%	39%	49%	40%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	44%	43%	44%	42%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Lewes	Local prisons comparator	HMP Lewes 2015	HMP Lewes 2012
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	32%	32%	32%	33%
10.2	Did you have a problem with alcohol when you came into this prison?	19%	21%	19%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	38%	37%	38%	29%
10.4	Is it easy/very easy to get alcohol in this prison?	15%	17%	15%	13%
10.5	Have you developed a problem with drugs since you have been in this prison?	11%	9%	11%	4%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	8%	9%	8%	7%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	62%	57%	62%	67%
10.8	Have you received any support or help with your alcohol problem while in this prison?	66%	54%	66%	54%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	78%	77%	78%	82%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	32%	30%	32%	45%
11.1	Vocational or skills training?	26%	28%	26%	46%
11.1	Education (including basic skills)?	43%	43%	43%	70%
11.1	Offending behaviour programmes?	18%	17%	18%	25%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	46%	43%	46%	40%
11.2	Vocational or skills training?	5%	8%	5%	15%
11.2	Education (including basic skills)?	23%	23%	23%	40%
11.2	Offending behaviour programmes?	10%	7%	10%	7%
11.3	Have you had a job while in this prison?	65%	68%	65%	63%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	38%	39%	38%	50%
11.3	Have you been involved in vocational or skills training while in this prison?	45%	55%	45%	56%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	38%	43%	38%	59%
11.3	Have you been involved in education while in this prison?	53%	65%	53%	75%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	46%	50%	46%	59%
11.3	Have you been involved in offending behaviour programmes while in this prison?	52%	52%	52%	49%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	50%	39%	50%	54%
11.4	Do you go to the library at least once a week?	44%	28%	44%	39%
11.5	Does the library have a wide enough range of materials to meet your needs?	45%	31%	45%	46%
11.6	Do you go to the gym three or more times a week?	38%	24%	38%	41%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
		HMP Lewes	Local prisons comparator	HMP Lewes 2015	HMP Lewes 2012
11.7	Do you go outside for exercise three or more times a week?	41%	40%	41%	21%
11.8	Do you go on association more than five times each week?	68%	41%	68%	76%
11.9	Do you spend ten or more hours out of your cell on a weekday?	7%	9%	7%	10%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	38%	31%	38%	40%
12.2	Have you had any problems with sending or receiving mail?	44%	49%	44%	37%
12.3	Have you had any problems getting access to the telephones?	43%	34%	43%	27%
12.4	Is it easy/ very easy for your friends and family to get here?	27%	36%	27%	37%
SECTION 13: Preparation for release					
	For those who are sentenced:				
13.1	Do you have a named offender manager (home probation officer) in the probation service?	68%	60%	68%	67%
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	29%	42%	29%	32%
13.2	Contact by letter?	30%	29%	30%	40%
13.2	Contact by phone?	28%	13%	28%	34%
13.2	Contact by visit?	43%	36%	43%	25%
13.3	Do you have a named offender supervisor in this prison?	31%	29%	31%	28%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	28%	33%	28%	49%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	44%	56%	44%	63%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	43%	45%	43%	37%
13.6	Offender supervisor?	29%	32%	29%	27%
13.6	Offender manager?	26%	26%	26%	33%
13.6	Named/ personal officer?	29%	11%	29%	13%
13.6	Staff from other departments?	23%	17%	23%	27%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	50%	53%	50%	69%
13.8	Are there plans for you to achieve any of your targets in another prison?	21%	27%	21%	22%
13.9	Are there plans for you to achieve any of your targets in the community?	43%	32%	43%	24%
13.10	Do you have a needs based custody plan?	4%	7%	4%	4%
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	11%	12%	19%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	26%	26%	26%	37%
13.12	Accommodation?	25%	32%	25%	39%
13.12	Benefits?	29%	34%	29%	52%
13.12	Finances?	14%	21%	14%	35%
13.12	Education?	22%	27%	22%	40%
13.12	Drugs and alcohol?	45%	40%	45%	49%
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	51%	45%	51%	50%

Diversity analysis



Key question responses (ethnicity and foreign national) HMP Lewes 2015

Prisoner survey responses (missing data have 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 percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		31	147	20	158
1.3	Are you sentenced?	65%	75%	55%	77%
1.5	Are you a foreign national?	17%	9%		
1.6	Do you understand spoken English?	100%	99%	94%	99%
1.7	Do you understand written English?	96%	99%	85%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			28%	16%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	9%	0%	8%
1.1	Are you Muslim?	26%	4%	27%	6%
1.12	Do you consider yourself to have a disability?	26%	39%	45%	36%
1.13	Are you a veteran (ex-armed services)?	4%	9%	0%	8%
1.14	Is this your first time in prison?	46%	38%	58%	37%
2.6	Were you treated well/very well by the escort staff?	61%	75%	75%	72%
2.7	Before you arrived here were you told that you were coming here?	61%	60%	68%	59%
3.2	When you were searched in reception, was this carried out in a respectful way?	83%	84%	81%	84%
3.3	Were you treated well/very well in reception?	61%	74%	56%	73%
3.4	Did you have any problems when you first arrived?	84%	78%	80%	80%
3.7	Did you have access to someone from health care when you first arrived here?	77%	72%	86%	72%
3.9	Did you feel safe on your first night here?	70%	69%	53%	70%
3.10	Have you been on an induction course?	77%	73%	87%	72%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	33%	39%	33%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	55%	55%	55%	55%
4.4	Are you normally able to have a shower every day?	89%	92%	90%	92%
4.4	Is your cell call bell normally answered within five minutes?	28%	31%	33%	31%
4.5	Is the food in this prison good/very good?	10%	11%	6%	10%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	36%	50%	42%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	50%	65%	39%	66%
4.8	Do you feel your religious beliefs are respected?	62%	45%	79%	44%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	43%	49%	58%	47%
5.1	Is it easy to make an application?	77%	80%	63%	82%
5.3	Is it easy to make a complaint?	50%	50%	33%	52%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	52%	33%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	34%	23%	35%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	7%	14%	8%
7.1	Do most staff, in this prison, treat you with respect?	63%	84%	53%	84%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	68%	81%	69%	80%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	21%	12%	21%
7.4	Do you have a personal officer?	16%	28%	11%	28%
8.1	Have you ever felt unsafe here?	46%	49%	58%	47%
8.2	Do you feel unsafe now?	17%	18%	16%	18%
8.3	Have you been victimised by other prisoners?	30%	35%	37%	33%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	10%	18%	10%	18%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	2%	6%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	3%	6%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	10%	1%	10%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	6%	0%	7%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	32%	31%	37%	30%
8.7	Have you ever felt threatened or intimidated by staff here?	4%	12%	0%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	1%	6%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%	0%	2%
8.7	Have you been victimised because of your nationality? (By staff)	4%	1%	6%	1%
8.7	Have you been victimised because you have a disability? (By staff)	0%	5%	6%	4%
9.1	Is it easy/very easy to see the doctor?	20%	18%	19%	18%
9.1	Is it easy/ very easy to see the nurse?	36%	39%	32%	39%
9.4	Are you currently taking medication?	34%	65%	50%	60%
9.6	Do you feel you have any emotional well being/mental health issues?	35%	53%	47%	50%
10.3	Is it easy/very easy to get illegal drugs in this prison?	40%	38%	40%	38%
11.2	Are you currently working in the prison?	41%	47%	41%	46%
11.2	Are you currently undertaking vocational or skills training?	9%	5%	0%	6%
11.2	Are you currently in education (including basic skills)?	36%	21%	47%	20%
11.2	Are you currently taking part in an offending behaviour programme?	9%	10%	7%	10%
11.4	Do you go to the library at least once a week?	36%	46%	63%	42%
11.6	Do you go to the gym three or more times a week?	64%	32%	43%	38%
11.7	Do you go outside for exercise three or more times a week?	32%	43%	47%	41%
11.8	On average, do you go on association more than five times each week?	48%	72%	57%	69%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	4%	8%	12%	7%
12.2	Have you had any problems sending or receiving mail?	38%	46%	40%	45%
12.3	Have you had any problems getting access to the telephones?	47%	42%	47%	42%

Diversity Analysis



Key question responses (disability and over 50) HMP Lewes 2015

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 percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		65	111		35	145
1.3	Are you sentenced?	72%	76%		83%	71%
1.5	Are you a foreign national?	14%	10%		9%	12%
1.6	Do you understand spoken English?	100%	98%		100%	99%
1.7	Do you understand written English?	97%	98%		94%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	12%	21%		9%	19%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	7%		0%	9%
1.1	Are you Muslim?	8%	8%		3%	9%
1.12	Do you consider yourself to have a disability?				56%	32%
1.13	Are you a veteran (ex-armed services)?	11%	5%		22%	4%
1.14	Is this your first time in prison?	37%	41%		67%	33%
2.6	Were you treated well/very well by the escort staff?	81%	67%		88%	68%
2.7	Before you arrived here were you told that you were coming here?	56%	62%		49%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	80%	86%		87%	83%
3.3	Were you treated well/very well in reception?	70%	72%		84%	69%
3.4	Did you have any problems when you first arrived?	92%	72%		72%	81%
3.7	Did you have access to someone from health care when you first arrived here?	73%	74%		65%	75%
3.9	Did you feel safe on your first night here?	67%	69%		75%	68%
3.10	Have you been on an induction course?	61%	82%		75%	74%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	26%	37%		32%	34%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	50%	60%	79%	50%
4.4	Are you normally able to have a shower every day?	87%	94%	91%	91%
4.4	Is your cell call bell normally answered within five minutes?	34%	29%	44%	28%
4.5	Is the food in this prison good/very good?	9%	11%	21%	8%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	49%	46%	56%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	68%	60%	79%	59%
4.8	Do you feel your religious beliefs are respected?	53%	44%	61%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	41%	44%	49%
5.1	Is it easy to make an application?	76%	82%	83%	79%
5.3	Is it easy to make a complaint?	52%	49%	55%	49%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	50%	65%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	32%	38%	33%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	6%	4%	10%
7.1	Do most staff, in this prison, treat you with respect?	80%	80%	97%	76%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	82%	76%	80%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	18%	22%	18%	21%
7.4	Do you have a personal officer?	22%	28%	31%	25%
8.1	Have you ever felt unsafe here?	61%	40%	37%	51%
8.2	Do you feel unsafe now?	23%	14%	3%	21%
8.3	Have you been victimised by other prisoners?	39%	31%	32%	34%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	20%	15%	9%	19%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	3%	0%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	4%	3%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	2%	3%	2%
8.5	Have you been victimised because of your age? (By prisoners)	2%	5%	3%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	15%	1%	6%	6%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	35%	29%	20%	34%
8.7	Have you ever felt threatened or intimidated by staff here?	12%	10%	9%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	2%	3%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	2%	0%	2%
8.7	Have you been victimised because of your nationality? (By staff)	2%	2%	0%	2%
8.7	Have you been victimised because of your age? (By staff)	2%	2%	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	12%	0%	3%	4%
9.1	Is it easy/very easy to see the doctor?	20%	16%	20%	18%
9.1	Is it easy/ very easy to see the nurse?	42%	36%	39%	38%
9.4	Are you currently taking medication?	83%	45%	91%	52%
9.6	Do you feel you have any emotional well being/mental health issues?	71%	37%	26%	55%
10.3	Is it easy/very easy to get illegal drugs in this prison?	43%	35%	28%	40%
11.2	Are you currently working in the prison?	31%	55%	36%	48%
11.2	Are you currently undertaking vocational or skills training?	6%	5%	4%	6%
11.2	Are you currently in education (including basic skills)?	18%	25%	26%	22%
11.2	Are you currently taking part in an offending behaviour programme?	4%	13%	6%	11%
11.4	Do you go to the library at least once a week?	32%	50%	50%	42%
11.6	Do you go to the gym three or more times a week?	26%	44%	22%	42%
11.7	Do you go outside for exercise three or more times a week?	37%	42%	45%	40%
11.8	On average, do you go on association more than five times each week?	60%	71%	66%	68%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	10%	9%	7%
12.2	Have you had any problems sending or receiving mail?	44%	44%	27%	48%
12.3	Have you had any problems getting access to the telephones?	50%	39%	49%	41%



Prisoner survey responses HMP Lewes 2015

Prisoner survey responses (missing data have 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 percentage highlighted in green is significantly better	F Wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		46	128
SECTION 1: General information			
1.2	Are you under 21 years of age?	4%	5%
1.3	Are you sentenced?	80%	71%
1.3	Are you on recall?	4%	9%
1.4	Is your sentence less than 12 months?	4%	21%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	6%
1.5	Are you a foreign national?	13%	10%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	98%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	17%	17%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	10%
1.1	Are you Muslim?	7%	8%
1.11	Are you homosexual/gay or bisexual?	7%	3%
1.12	Do you consider yourself to have a disability?	39%	36%
1.13	Are you a veteran (ex-armed services)?	16%	5%
1.14	Is this your first time in prison?	74%	27%
1.15	Do you have any children under the age of 18?	37%	56%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	7%	25%
2.5	Did you feel safe?	67%	75%
2.6	Were you treated well/very well by the escort staff?	78%	71%
2.7	Before you arrived here were you told that you were coming here?	47%	68%
2.8	When you first arrived here did your property arrive at the same time as you?	78%	81%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	72%	67%
3.2	When you were searched in reception, was this carried out in a respectful way?	83%	84%
3.3	Were you treated well/very well in reception?	67%	75%

Key to tables

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	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
	When you first arrived:		
3.4	Did you have any problems?	84%	77%
3.4	Did you have any problems with loss of property?	5%	21%
3.4	Did you have any housing problems?	14%	18%
3.4	Did you have any problems contacting employers?	3%	4%
3.4	Did you have any problems contacting family?	35%	35%
3.4	Did you have any problems ensuring dependants were being looked after?	5%	3%
3.4	Did you have any money worries?	16%	21%
3.4	Did you have any problems with feeling depressed or suicidal?	30%	25%
3.4	Did you have any physical health problems?	21%	27%
3.4	Did you have any mental health problems?	33%	31%
3.4	Did you have any problems with needing protection from other prisoners?	24%	4%
3.4	Did you have problems accessing phone numbers?	33%	30%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	56%	81%
3.6	A shower?	16%	30%
3.6	A free telephone call?	61%	72%
3.6	Something to eat?	54%	72%
3.6	PIN phone credit?	21%	18%
3.6	Toiletries/ basic items?	51%	49%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	23%	52%
3.7	Someone from health services?	63%	76%
3.7	A Listener/Samaritans?	18%	21%
3.7	Prison shop/ canteen?	13%	19%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	31%	45%
3.8	Support was available for people feeling depressed or suicidal?	28%	32%
3.8	How to make routine requests?	26%	36%
3.8	Your entitlement to visits?	26%	30%
3.8	Health services?	31%	41%
3.8	The chaplaincy?	26%	37%
3.9	Did you feel safe on your first night here?	51%	77%
3.10	Have you been on an induction course?	70%	78%
3.12	Did you receive an education (skills for life) assessment?	58%	68%

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	22%	38%
4.1	Attend legal visits?	46%	43%
4.1	Get bail information?	3%	14%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	33%	40%
4.3	Can you get legal books in the library?	38%	46%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	71%	51%
4.4	Are you normally able to have a shower every day?	89%	94%
4.4	Do you normally receive clean sheets every week?	66%	52%
4.4	Do you normally get cell cleaning materials every week?	89%	67%
4.4	Is your cell call bell normally answered within five minutes?	27%	33%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68%	65%
4.4	Can you normally get your stored property, if you need to?	38%	28%
4.5	Is the food in this prison good/very good?	11%	11%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	78%	58%
4.8	Are your religious beliefs are respected?	56%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	46%	48%
4.10	Is it easy/very easy to attend religious services?	41%	52%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	78%	82%
5.3	Is it easy to make a complaint?	55%	49%
5.5	Have you ever been prevented from making a complaint when you wanted to?	16%	17%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	18%	25%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	70%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	32%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	9%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	80%	82%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	80%	79%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	24%	37%
7.4	Do staff normally speak to you most of the time/all of the time during association?	17%	21%
7.5	Do you have a personal officer?	17%	30%

Key to tables

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SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	52%	44%
8.2	Do you feel unsafe now?	18%	16%
8.4	Have you been victimised by other prisoners here?	49%	28%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	23%	13%
8.5	Hit, kicked or assaulted you?	11%	12%
8.5	Sexually abused you?	0%	2%
8.5	Threatened or intimidated you?	23%	15%
8.5	Taken your canteen/property?	7%	10%
8.5	Victimised you because of medication?	0%	6%
8.5	Victimised you because of debt?	0%	6%
8.5	Victimised you because of drugs?	0%	7%
8.5	Victimised you because of your race or ethnic origin?	3%	4%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%
8.5	Victimised you because of your nationality?	3%	3%
8.5	Victimised you because you were from a different part of the country?	3%	2%
8.5	Victimised you because you are from a traveller community?	0%	3%
8.5	Victimised you because of your sexual orientation?	3%	1%
8.5	Victimised you because of your age?	3%	4%
8.5	Victimised you because you have a disability?	7%	6%
8.5	Victimised you because you were new here?	7%	6%
8.5	Victimised you because of your offence/crime?	23%	6%
8.5	Victimised you because of gang related issues?	3%	4%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	28%	30%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	11%	10%
8.7	Hit, kicked or assaulted you?	4%	5%
8.7	Sexually abused you?	2%	1%
8.7	Threatened or intimidated you?	15%	7%
8.7	Victimised you because of medication?	0%	5%
8.7	Victimised you because of debt?	0%	2%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	2%	3%

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	Percentages which are not highlighted show there is no significant difference		
8.7	Victimised you because of your religion/religious beliefs?	0%	2%
8.7	Victimised you because of your nationality?	4%	1%
8.7	Victimised you because you were from a different part of the country?	0%	3%
8.7	Victimised you because you are from a traveller community?	0%	3%
8.7	Victimised you because of your sexual orientation?	0%	2%
8.7	Victimised you because of your age?	0%	2%
8.7	Victimised you because you have a disability?	4%	4%
8.7	Victimised you because you were new here?	0%	3%
8.7	Victimised you because of your offence/crime?	7%	2%
8.7	Victimised you because of gang related issues?	0%	3%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	13%	19%
9.1	Is it easy/very easy to see the nurse?	21%	44%
9.1	Is it easy/very easy to see the dentist?	5%	9%
9.4	Are you currently taking medication?	63%	58%
9.6	Do you have any emotional well being or mental health problems?	46%	50%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	11%	37%
10.2	Did you have a problem with alcohol when you came into this prison?	13%	20%
10.3	Is it easy/very easy to get illegal drugs in this prison?	20%	43%
10.4	Is it easy/very easy to get alcohol in this prison?	9%	18%
10.5	Have you developed a problem with drugs since you have been in this prison?	0%	14%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	4%	8%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	38%	30%
11.1	Vocational or skills training?	27%	26%
11.1	Education (including basic skills)?	47%	42%
11.1	Offending Behaviour Programmes?	5%	23%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	53%	43%
11.2	Vocational or skills training?	9%	4%
11.2	Education (including basic skills)?	38%	17%
11.2	Offending Behaviour Programmes?	0%	14%
11.4	Do you go to the library at least once a week?	54%	41%
11.5	Does the library have a wide enough range of materials to meet your needs?	46%	46%
11.6	Do you go to the gym three or more times a week?	24%	45%
11.7	Do you go outside for exercise three or more times a week?	23%	47%

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	Percentages which are not highlighted show there is no significant difference		
11.8	Do you go on association more than five times each week?	62%	71%
11.9	Do you spend ten or more hours out of your cell on a weekday?	4%	9%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	44%	37%
12.2	Have you had any problems with sending or receiving mail?	42%	44%
12.3	Have you had any problems getting access to the telephones?	63%	35%
12.4	Is it easy/ very easy for your friends and family to get here?	28%	27%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	33%	30%
13.10	Do you have a needs based custody plan?	3%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	9%	13%



Prisoner survey responses HMP Lewes 2015

Prisoner survey responses (missing data have 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.

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	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		46	128
SECTION 1: General information			
1.2	Are you under 21 years of age?	2%	6%
1.3	Are you sentenced?	100%	64%
1.3	Are you on recall?	9%	7%
1.4	Is your sentence less than 12 months?	13%	18%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	4%
1.5	Are you a foreign national?	9%	12%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	98%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	20%	17%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	9%
1.1	Are you Muslim?	11%	6%
1.11	Are you homosexual/gay or bisexual?	0%	5%
1.12	Do you consider yourself to have a disability?	24%	41%
1.13	Are you a veteran (ex-armed services)?	2%	10%
1.14	Is this your first time in prison?	27%	44%
1.15	Do you have any children under the age of 18?	51%	51%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	28%	17%
2.5	Did you feel safe?	78%	71%
2.6	Were you treated well/very well by the escort staff?	72%	73%
2.7	Before you arrived here were you told that you were coming here?	70%	59%
2.8	When you first arrived here did your property arrive at the same time as you?	80%	80%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	65%	70%
3.2	When you were searched in reception, was this carried out in a respectful way?	93%	80%
3.3	Were you treated well/very well in reception?	80%	70%

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
	When you first arrived:		
3.4	Did you have any problems?	73%	81%
3.4	Did you have any problems with loss of property?	23%	14%
3.4	Did you have any housing problems?	13%	18%
3.4	Did you have any problems contacting employers?	0%	5%
3.4	Did you have any problems contacting family?	33%	36%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%
3.4	Did you have any money worries?	9%	24%
3.4	Did you have any problems with feeling depressed or suicidal?	13%	31%
3.4	Did you have any physical health problems?	27%	25%
3.4	Did you have any mental health problems?	23%	35%
3.4	Did you have any problems with needing protection from other prisoners?	3%	12%
3.4	Did you have problems accessing phone numbers?	24%	32%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	71%	76%
3.6	A shower?	33%	24%
3.6	A free telephone call?	69%	70%
3.6	Something to eat?	76%	64%
3.6	PIN phone credit?	16%	20%
3.6	Toiletries/ basic items?	49%	50%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	50%	42%
3.7	Someone from health services?	84%	68%
3.7	A Listener/Samaritans?	23%	19%
3.7	Prison shop/ canteen?	23%	16%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	51%	38%
3.8	Support was available for people feeling depressed or suicidal?	34%	30%
3.8	How to make routine requests?	44%	29%
3.8	Your entitlement to visits?	41%	24%
3.8	Health services?	56%	32%
3.8	The chaplaincy?	44%	31%
3.9	Did you feel safe on your first night here?	91%	62%
3.10	Have you been on an induction course?	84%	73%
3.12	Did you receive an education (skills for life) assessment?	75%	62%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	49%	28%
4.1	Attend legal visits?	47%	43%
4.1	Get bail information?	11%	10%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	36%
4.3	Can you get legal books in the library?	56%	39%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	62%	54%
4.4	Are you normally able to have a shower every day?	100%	89%
4.4	Do you normally receive clean sheets every week?	28%	67%
4.4	Do you normally get cell cleaning materials every week?	80%	70%
4.4	Is your cell call bell normally answered within five minutes?	37%	30%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	76%	62%
4.4	Can you normally get your stored property, if you need to?	44%	25%
4.5	Is the food in this prison good/very good?	11%	11%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	51%	68%
4.8	Are your religious beliefs are respected?	33%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	42%	49%
4.10	Is it easy/very easy to attend religious services?	49%	49%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	86%	79%
5.3	Is it easy to make a complaint?	56%	49%
5.5	Have you ever been prevented from making a complaint when you wanted to?	10%	19%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	30%	21%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	63%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	31%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	7%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	82%	81%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	82%	78%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	39%	32%

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
7.4	Do staff normally speak to you most of the time/all of the time during association?	27%	18%
7.5	Do you have a personal officer?	42%	21%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	31%	52%
8.2	Do you feel unsafe now?	7%	20%
8.4	Have you been victimised by other prisoners here?	18%	39%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	9%	18%
8.5	Hit, kicked or assaulted you?	12%	12%
8.5	Sexually abused you?	3%	1%
8.5	Threatened or intimidated you?	9%	20%
8.5	Taken your canteen/property?	5%	10%
8.5	Victimised you because of medication?	7%	4%
8.5	Victimised you because of debt?	7%	4%
8.5	Victimised you because of drugs?	7%	5%
8.5	Victimised you because of your race or ethnic origin?	3%	4%
8.5	Victimised you because of your religion/religious beliefs?	7%	3%
8.5	Victimised you because of your nationality?	5%	2%
8.5	Victimised you because you were from a different part of the country?	3%	2%
8.5	Victimised you because you are from a traveller community?	0%	3%
8.5	Victimised you because of your sexual orientation?	0%	2%
8.5	Victimised you because of your age?	7%	3%
8.5	Victimised you because you have a disability?	5%	6%
8.5	Victimised you because you were new here?	7%	6%
8.5	Victimised you because of your offence/crime?	7%	11%
8.5	Victimised you because of gang related issues?	9%	2%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	27%	30%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	9%	11%
8.7	Hit, kicked or assaulted you?	4%	5%
8.7	Sexually abused you?	3%	1%
8.7	Threatened or intimidated you?	3%	12%
8.7	Victimised you because of medication?	4%	3%

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.7	Victimised you because of debt?	3%	1%
8.7	Victimised you because of drugs?	3%	1%
8.7	Victimised you because of your race or ethnic origin?	3%	3%
8.7	Victimised you because of your religion/religious beliefs?	4%	0%
8.7	Victimised you because of your nationality?	0%	3%
8.7	Victimised you because you were from a different part of the country?	4%	1%
8.7	Victimised you because you are from a traveller community?	0%	3%
8.7	Victimised you because of your sexual orientation?	4%	0%
8.7	Victimised you because of your age?	4%	0%
8.7	Victimised you because you have a disability?	4%	4%
8.7	Victimised you because you were new here?	3%	3%
8.7	Victimised you because of your offence/crime?	3%	3%
8.7	Victimised you because of gang related issues?	3%	2%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	14%	19%
9.1	Is it easy/very easy to see the nurse?	38%	37%
9.1	Is it easy/very easy to see the dentist?	5%	9%
9.4	Are you currently taking medication?	57%	61%
9.6	Do you have any emotional well being or mental health problems?	30%	55%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	30%	30%
10.2	Did you have a problem with alcohol when you came into this prison?	24%	16%
10.3	Is it easy/very easy to get illegal drugs in this prison?	48%	33%
10.4	Is it easy/very easy to get alcohol in this prison?	18%	15%
10.5	Have you developed a problem with drugs since you have been in this prison?	14%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	6%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	57%	23%
11.1	Vocational or skills training?	37%	22%
11.1	Education (including basic skills)?	53%	40%
11.1	Offending Behaviour Programmes?	35%	12%

Key to tables

	Any percentage highlighted in green is significantly better	L and M wings	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
	Are you currently involved in any of the following activities:		
11.2	A prison job?	69%	38%
11.2	Vocational or skills training?	5%	5%
11.2	Education (including basic skills)?	18%	25%
11.2	Offending Behaviour Programmes?	23%	5%
11.4	Do you go to the library at least once a week?	43%	45%
11.5	Does the library have a wide enough range of materials to meet your needs?	43%	46%
11.6	Do you go to the gym three or more times a week?	54%	33%
11.7	Do you go outside for exercise three or more times a week?	46%	37%
11.8	Do you go on association more than five times each week?	86%	63%
11.9	Do you spend ten or more hours out of your cell on a weekday?	21%	3%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	40%
12.2	Have you had any problems with sending or receiving mail?	35%	47%
12.3	Have you had any problems getting access to the telephones?	17%	52%
12.4	Is it easy/ very easy for your friends and family to get here?	33%	25%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	49%	25%
13.10	Do you have a needs based custody plan?	5%	4%
13.11	Do you feel that any member of staff has helped you to prepare for release?	18%	10%