



*IMB Annual Report*

*HMP Lewes*

*1<sup>st</sup> February 2010 - 31<sup>st</sup> January 2011*

## Section 1 - Statutory Role of the IMB

1.1.1 *The Prisons Act 1952 and the Immigration and Asylum Act 1999 require every prison and IRC to be monitored by an independent Board appointed by the Home Secretary from members of the community in which the prison or centre is situated.*

1.1.2 *The Board is specifically charged to:*

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

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

### **Diversity statement**

1.1.4 *HMP Lewes IMB is committed to an inclusive approach to diversity which encompasses and promotes greater interaction and understanding between people of different backgrounds including race, religion, gender, nationality, sexuality, marital status, disability and age. We recognize that a fully inclusive approach to diversity must also respond to differences that cut across social and cultural categories such as mental health, literacy and drug addiction.*

1.1.5 *The Board seeks to increase the repertoire of skills and awareness amongst its members of the diverse needs and perspectives of the population within HMP Lewes.*

1.1.6 *All members of Lewes IMB will undertake their duties in a manner that is accessible to everyone within the establishment regardless of their background or social situation. The board will monitor to establish that the interaction between staff, prisoners and visitors is fair and without prejudice. Where this is not the case the board will alert appropriate authorities and individuals including the Governor, senior management, Area Manager and the Prisons' Minister.*

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### Section 3 - Description of the Prison

3.1 HMP Lewes is a local prison, Category B, serving Sussex courts. It holds adult males, both remanded and convicted, and a small number of remanded prisoners aged 18 to 21. The prison's oldest buildings are Victorian, and it was built on a radial design.

3.2 At the end of January 2011 (the end of the reporting year for the Lewes IMB) it held 472. The baseline number for Certified Normal Accommodation (CNA) was 623. This higher figure includes the two wings currently undergoing essential refurbishment. The agreed Operational Capacity during the refurbishment work is 507 prisoners. The total population in Her Majesty's Prison Service at the same time was 84,469.

3.3 The ethnic breakdown at HMP Lewes in January 2011 was:

- Asian or Asian British 2.2%
- Black or Black British 6.8%
- Mixed 1.5%
- Chinese or Other 0.6%
- White British 82.1%
- White Irish or White Other 6.8%

3.4 13.25% of the prisoner population were foreign nationals. Twelve months previously the breakdown was broadly similar, but there has been a 6% reduction in the number of foreign nationals.

3.5 In February 2010 work began to close two residential wings for a long-awaited refurbishment programme. This involved the closure of the Segregation Unit, which for most of the year has been temporarily housed in G Wing. 216 prisoners had to be transferred elsewhere, in addition to all the normal movements to and from a local prison. This whole process was managed very smoothly in the IMB's view, especially as the new database p-nomis had to be introduced at the same time, with a consequent but necessary migration of all information on prisoners, both on paper and on the previous data base. The wings during the reporting year were:

- A wing, a local prison and remand centre holding 134
- C wing, a local prison and remand centre holding 158
- G wing, a temporary Segregation Unit
- K wing, a First Night Centre holding 22
- L wing, for sentenced category C adults holding 80
- M wing, a local prison and remand centre holding 94, mainly Vulnerable Prisoners
- Health Care Centre, with clinics and an inpatient facility holding 19.

3.6 The main Contractors to the prison are:

- *Serco (transport to and from the courts)*
- *DHL (ordering and delivery system for prisoners' Canteen purchases)*
- *3663 (supply of frozen, fresh and dry foods for prisoners' meals)*
- *East Sussex Downs and Weald Primary Care NHS Trust (Healthcare)*
- *The Manchester College (education, learning and skills)*
- *Tribal (independent advice and career guidance)*
- *East Sussex County Council Library Service*
- *Counselling, Assessment, Referral, Advice and Throughcare scheme (CARATs, delivered by the Crime Reduction Initiative (CRI))*

3.7 In addition, several Voluntary Organisations provide significant services. These include:

- *The Prison Fellowship England and Wales (runs Sycamore Tree six week course victim awareness course for prisoners)*
- *The Samaritans (runs the Listener service, whereby prisoners can call on a rota of trained prisoner Listeners at any time and speak of their concerns, in confidence; the Samaritans visit the prison twice a week to train new Listeners and to speak to prisoners on request)*
- *Sussex Pathways (provides a mentoring 'through the gate' scheme)*
- *Citizens' Advice Bureaux (staff advise prisoners near release)*
- *Action for Change (psycho-social and medical treatment for alcohol misusers)*
- *The Mothers' Union (supervision of the crèche during visits)*
- *Brighton Housing Trust (Lewes to Brighton housing project)*
- *The Prince's Trust (peer mentoring by ex-offenders for prisoners leaving prison)*

## Section 4 - Executive summary

### 4.1 - Overall judgement

4.1.1 The overall view of the IMB is that HMP Lewes is a well run and stable establishment with a decent and thoughtful approach towards the prisoners and employees in its care. It is currently undergoing the second phase of refurbishment.

4.1.2 The **Performance Level** dropped from Level 3 to 2 during the year, but has now moved up again. This was due to difficulties with 3 Key Performance Targets: Staff Sickness, prisoner Activities and Mandatory Drug Testing. In addition, the Centre failed to include the Safer Custody Audit submitted by the prison.

4.1.3 **Relationships between staff and prisoners** remain generally very good, and the IMB regularly observes prisoners being treated in a decent, proactive and thoughtful manner. This interaction is frequently commented upon by visitors to the prison, some of them from other establishments. It remains a particular strength of HMP Lewes. Examples are often seen of officers using skilful de-escalation techniques to calm a prisoner and prevent use of force.

4.1.4 **Staff sickness** continues to be astonishingly high. Last March it was described by management as continuing "on its drastic upward curve since November". Levels fluctuate, both in long and short term absences, but despite robust management of the processes, improvement has been slight. The impact of this will be seen throughout this report, with workshops reduced in numbers, classes cancelled, officers having to be redeployed away from tasks such as safer custody work and sentence planning, and individual transfers having to be cancelled. It has also impacted on the consistency of the CCTV monitoring of visits, and the telephone monitoring of high risk prisoners under Public Protection measures. Association has occasionally had to be cancelled on an individual wing. Careful planning and flexibility on the part of staff has ensured that this happens rarely.

4.1.5 A great deal of time has gone into finding ways to implement the **budget cuts**. One Manager E position has been removed, and other management levels have been compressed. Offender Management and Learning and Skills have been amalgamated into one management structure. Staff have had to increase their workloads and responsibilities. The anticipated loss of offending behaviour programmes has not taken place during this reporting year, and the national core day, reduced to 4 ½ days a week two years ago, has not been further reduced. All people interested in the safe and fair running of the Criminal Justice System will keep a



Management structure compressed to aid budget cuts

close eye on the further cuts that will be required. It is difficult to see where further cuts can be made without a negative effect on prisoners.

4.1.6 During the year the second phase of **refurbishment to the establishment** has been taking place, as described in Section 3. The new Segregation Unit should open in the spring and will provide a welcome upgrade to what have been archaic and unsatisfactory conditions. F Wing will open in the summer. In the view of the Board, the prison has managed the temporary arrangements well and the prison has remained secure.

4.1.7 Plans for the refurbished wings include the reintroduction of a **Care and Support Unit**, a wing which will house prisoners with complex needs and those leaving Healthcare, with the aim of supporting and progressing them all towards normal location. The IMB welcomes this plan, as it strongly believes that the Care and Support Unit which used to be housed in the prison was a valuable resource for some of the most vulnerable men.

4.1.8 The **Segregation Unit** will move to B Wing in the spring. This wing sits in the centre of the prison and should provide much better facilities. Its location means that prisoners who occasionally need to be moved to segregation under restraint will not have far to travel from the main wings. The IMB views the Segregation Unit as well-managed, and a more vigorous approach to progressing prisoners out of the unit has largely been successful.

Prisoners will still share an in-cell toilet

4.1.9 **F Wing**, the last main wing at Lewes to be refurbished, is due to reopen in August as a Vulnerable Prisoner Unit, mainly holding remands. The IMB is not satisfied with the redesign of this wing. As previously reported, cells originally built for one prisoner will hold two men, but in contrast to the other wings, there will be **no separate toilet facilities**. The Prison Service appears to consider this acceptable. The IMB does not. In the desire to create as many cells as possible, little provision has been made for interview rooms and association. Far too few showers were built into the plans, but the Governor's intervention has remedied this design fault.

4.1.10 F Wing will only contain one low-mobility cell (i.e. with a wider door for wheelchair access). There will be **no fully disabled facilities** on the wing. It is apparently prison service policy to introduce these into new builds (such as the Sussex Unit) but not into refurbishments. There are insufficient cells for the disabled at Lewes and throughout the prison estate, and the need for them is increasing. One wheelchair user, for whom only a low-mobility cell is available, has to take the arms off his chair to get it through the cell door. This national policy makes a mockery of any commitment to diversity.

4.1.11 In addition to this there is a particular **shortage of disabled cells** in prisons running specific courses, such as the Sex Offenders' Treatment Programme. It has proved difficult, and sometimes

impossible, to move wheelchair bound prisoners out of Lewes and into prisons where they can complete the courses required by their sentence plans as necessary for parole. This in turn causes bed-blocking for other disabled prisoners, who sometimes have to be housed in the hospital wing, isolated from the general population, while having no medical need to be there. Both these consequences are unfair to prisoners. More robust national and area management of this problem is needed.

4.1.12 M Wing has been running as an **integrated wing**, an experiment which the IMB viewed as far-sighted. The ideal composition for a settled regime was deemed to be 60% vulnerable prisoners (VPs) and 40% generic prisoners. The ratio has gradually changed, however, and there is a much higher percentage of VPs, both sex offenders and other men who cannot locate elsewhere. Recently there were two reported instances of M Wing food being contaminated by kitchen workers. There is no formal policy for integrated learning, and the IMB has been informed that there are no VPs currently in the learning centres. Workshop 2, which involves folder assembly, was intended to be an integrated workshop, but once again has become a VP facility. It provides no qualification options.

4.1.13 A **shortage of places for vulnerable prisoners** on M Wing can also lead to bed-blocking on the First Night Centre. If convicted prisoners, particularly Life and Indeterminate Sentenced sex offenders, could be moved on more quickly to prisons more suited to their needs, the situation would be remedied.

4.1.14 The **Integrated Drug Treatment Service (IDTS)** has become more fully integrated into HMP Lewes, and is continuing to develop throughout the estate, easing some of the problems described last year involving large numbers of prisoners on Methadone. See paragraph 6.5.7 for further details.

4.1.15 The first phase of refurbishment is now complete, and the **Bricklaying Centre** is open, providing practical training for jobs on release. The old Chapel has been successfully converted into a **Staff Development Centre**, used for Personal Protection, Control and Restraint, Fire, and Negotiation training. This has saved considerable time and money as staff used to have to travel to HMP Ford for much of this.

4.1.16 The **Induction and Pre-Release Centre** continues to develop, and the pre-release facilities and staffing levels have greatly improved (see paragraph 6.6.1). The staff running the Centre are enthusiastic about its function and their role.

4.1.17 A **lack of air-conditioning** in the Visits Hall was highlighted as a problem last year, but money has been found and it is due to be installed. The IMB has conducted a second survey on the **booking visits** process. Last year extra resources were put in, including an additional member of staff and a second telephone line. Despite this, visitors still reported considerable problems in getting through on the phone, as did IMB members who tested the lines themselves (see

paragraph 6.3.3). The reasons are unclear, as visitor numbers have greatly dropped during the year.

4.1.18 **Purposeful Activity** continues to be one of the hardest targets for the prison to meet. A fuller account is given on paragraph 5.2.18, but it remains difficult to get prisoners to attend. With the temporary drop in numbers the percentage of the population on remand has increased, and remanded prisoners cannot be required to attend work or Education. Gym sessions have been opened outside the core day to accommodate prisoners who are employed or studying. However, staff sickness has played a significant part in the problem across both Education and employment, with cancellation of classes and workshops.

4.1.19 **Nursing levels** in the Healthcare Centre have frequently dipped, and with the process of appointment taking 6 months, filling places is not easy. Last year the IMB welcomed the substantive appointment of a new Head of Healthcare, but he left in July to take up a Governor's post elsewhere. A replacement will not start until March, which has meant the Deputy Head, also the Nurse Consultant Forensic Mental Health, having to cover for 8 months, which has restricted the time available for his own mental health work. See paragraph 5.3.1 for the impact of this. These observations, together with the fact that it took over 2 years to recruit the consultant psychiatrists (who job-share) demonstrate the huge impact that **lengthy NHS recruitment processes** have on the delivery of healthcare.

4.1.20 Although the filling of the psychiatrist's post has meant that prisoners are assessed more quickly for transfer to secure mental health units, the time it can sometimes take for places to become available leads on occasion to **bed-blocking on Healthcare**, with prisoners awaiting admission. These in turn may have to be housed on the First Night Centre, where they can be more closely observed, which itself causes **bed-blocking for new arrivals**, who have to go straight to a main wing.

4.1.21 The **Kitchen** runs well under firm management. The IMB receives few complaints about food, despite the fact that the budget for feeding a prisoner at Lewes is £2.12 per day. However, it is disappointing that NVQs, which had finally been set up, have had to be abandoned due to the prisoner churn. They will be replaced with shorter courses.

4.1.22 **Illegal drugs** continue to be a major problem in this busy local prison close to Brighton (one of the cities with the highest drug use in the UK). Mobile phones play a large part in the smuggling and sale of illegal drugs, and the fight to prevent their entry into the prison, and to recover paraphernalia that does get in, is a constant one. The prison now has 4 dogs to assist in these efforts, and vigilant staff make regular discoveries of mobile phones. Additional outside cameras and the window grilles that are due to be installed should also help to prevent packages being thrown over the wall and

retrieved by prisoners. The recent successful seizing of huge consignments of drugs by the police has created a shortage of some drugs. These and other efforts suggest that there is some decline in illegal drug use within the prison. This is evidenced by a significant improvement in the figures for Mandatory Drug testing.

4.1.23 *P-nomis*, the prison records system introduced last year, has continued to pose considerable problems for staff in some ways, while other initial problems are easing. For example, the Kitchen Manager reported in June that it took 3 hours per week to sort out anomalies on the system. Finance staff consistently report that it can take several hours to download information from p-nomis on Monday mornings before work can start. It used to take 10-15 minutes. This is simply due to slowness of the system. Other problems, such as discrepancies (or “chaos”, as was reported in October) with the Activities list, have to some extent been ironed out as wing staff have become more familiar with the very complex system.

4.1.24 The *Videolink* rooms continue to be underused. They are connected to the Magistrates courts, but not to the Crown Court. Initial outlay of money to create this link would obviously save the MoJ a considerable sum in the long run. NOMs could also make better use of it with probation appointments to other parts of the country being conducted by videolink. The IMB believes that this is an area where more joined up thinking at a national level could utilise resources and save money.

## 4.2 - Questions for the Minister

4.2.1 The IMB would be failing in its duty to ensure that prisoners are treated decently and with respect were it not to raise yet again the subject of in-cell sanitation on F Wing. Given that prisons are now being closed and active steps are being taken to reduce the numbers of people given custodial sentences, can the Minister bring pressure to bear on the Prison Service to restore these cells to single occupancy? The ministerial reply last year stated that it was necessary to ensure that HMP Lewes had sufficient capacity to serve the local courts. This it already has (even while F and B Wings are shut).

4.2.2 The IMB condemns the apparently contradictory approach to Diversity within the Prison Service. While a great deal of resource and time is required to monitor ethnicity in all areas of prison life (such as the Gym, Activities, Segregation, staffing), a policy remains in place which is discriminatory towards the disabled. There are not sufficient places within the prison estate to accommodate the needs of prisoners with mobility problems, and there is a particular shortage of DDA-compliant cells for those in wheelchairs. There is also a shortage of suitable accommodation in prisons that provide offending behaviour courses such as the Sex Offenders’ Treatment Programme (see paragraphs 5.1.6 and 5.1.7), which means that these prisoners cannot complete the work required within their sentence plans as needed for parole. The national policy is to create new disabled cells in new buildings, but not within refurbishments. Does the Minister endorse

this policy, and is he satisfied with the adequacy of the provision of suitable accommodation for prisoners with mobility needs across the estate?

4.2.3 The Minister is also referred to Question 4.3.5 to the Prison Service, below. The specialist needs of Life and Indeterminate Sentenced Prisoners would appear to be insufficiently catered for. It takes a great deal of time to secure a place for any of these men in suitable establishments where they can begin their journey of rehabilitation. Does the Minister agree that there should be a better national approach to this provision?

4.2.4 The IMB is aware that budget cuts are required to be implemented across the service, and believes that so far the management of HMP Lewes has carried these through with minimum impact on prisoners. Further cuts are required over the next two years, and it is unlikely that these will not affect prisoners in many negative ways. Is it the intention of the Ministry of Justice to ensure that prison numbers are reduced, so that the quality of care and rehabilitation within prisons can continue, and at the same time to make sure that there is sufficient money available within the community to engage in substantial and meaningful work to reduce reoffending?

### **4.3 - Questions for the Prison Service**

4.3.1 The IMB refers the Director to the Questions to the Minister, above.

4.3.2 There would be sufficient capacity to serve the local courts even if F Wing were designated for single occupancy. This would comply with requirements for decency, as prisoners would no longer have to share a cell with both a cell-mate and a lavatory. In the view of the IMB, no justification can be found for in-cell sanitation in doubled-up cells. Can the Prison Service try yet again to explain satisfactorily why this doubling up in cells with lavatories is to be implemented and what, in their view, can possibly justify such an affront to common decency?

4.3.3 Would the Director please comment upon the national Diversity strategy, which allows accommodation blocks to be refurbished without the provision of disabled facilities. This would not be allowed in other public buildings or places of work. Why should the prisons be allowed - indeed obliged - to ignore these requirements? Does the Director agree that this makes a mockery of Diversity within the service?

4.3.4 Does the Director also agree that it is unfair to the wheelchair bound prisoners who sometimes have to be held in Healthcare due to shortage of disabled cells? The response may be that there are more of these cells at Lewes than at some other prisons. However, as they are bed-blocked by prisoners needing to go elsewhere to attend courses (see paragraph 5.1.6), it is clear that the problems are interlinked, and more DDA-compliant cells are needed.

4.3.5 *Is there a plan to ensure that suitable accommodation is available in the estate for prisoners with disability needs to attend the courses they need to complete for parole requirements (see paragraph 5.1.7)? It is surely important that all prisoners, able bodied or otherwise, have access to the work required under their sentence plans to promote rehabilitation. In the view of the IMB, this needs a pro-active national approach.*

4.3.6 *It seems that it is still no easier to find suitable specialist places for Life and Indeterminate Sentenced prisoners around the estate. A great many with indeterminate sentences are now over tariff, as they have not been able to access the support and courses required before they can be considered for release. If all prisons are having to put significant staffing resource into finding these places, this cannot make economic sense. Why is there still a shortage of these places, and will this be addressed nationally?*

4.3.7 *Does the Director believe that further budget cuts can be implemented without negative impact on prisoners? Rehabilitation work, staff/prisoner relations, education and association, all play their part in helping to engage offenders, promote rehabilitation and reduce reoffending. Which of these positive aspects of the service will be at risk?*

4.3.8 *Is there scope for saving the service money by better use of the Videolink facility (see paragraph 4.1.25)? It is understood that lack of investment prevents a Videolink being introduced into the Crown Court, and into other parts of the Criminal Justice System. Spending this money now should save much more long-term in the production of prisoners to court, the long journeys made by probation officers, and the facilitation of video visits for those separated by long distance from their families.*

## Section 5 - Areas that must be reported on

### 5.1 - Diversity

5.1.1 The impression of the Board is that attitudes to prisoners with diverse needs at HMP Lewes are generally informed and sympathetic. For instance a prisoner undergoing gender re-assignment has had his needs carefully addressed, in the view of the Board. Another prisoner, confined to Healthcare because of lack of sufficient disabled cells on the wings, was brought every day from Healthcare to his wing for association periods.

5.1.2 Vulnerable prisoners are integrated within one residence wing and share the same visit sessions as generic prisoners. All non-vulnerable prisoners (between 15% and 25% of the total complement) in the integrated wing are required to sign a compact accepting the practice. Outbreaks of intolerant behaviour by prisoners towards the vulnerable have been dealt with promptly when they have occurred. These have been rare on the integrated wing.

5.1.3 Equality Impact Assessments have been introduced in line with national policy, and so far 9 out of the required 17 have been completed. No major issues have emerged; the main outcome has been the need for more materials to be available in foreign languages. With this in mind, a booklet of general but local information is being put together in the six most widely spoken foreign languages. These will aim to familiarise prisoners with unfamiliar terms, such as “free-flow”.

5.1.4 Prisoners who have served in the Armed Forces are identified on Reception and interviewed to offer them extra help. This can then be provided by voluntary organisations such as The Royal British Legion.

5.1.5 There are still issues around the provision of facilities for disabled prisoners and disabled visitors that give concern to both the Disability Liaison Officer and the IMB. The external lift that was installed to provide access to the older wings and to the Visits Centre has broken down at least 8 times during the year, which has resulted in prisoners or visitors with mobility problems having to have their visits in Reception.

Inadequate number of cells for disabled prisoners

5.1.6 There remains a shortage of cells for wheelchair bound prisoners. This is believed to be a national problem. Prisoners needing a fully disabled cell sometimes have to be housed in Healthcare, despite having no medical need to be confined in hospital. There is no requirement to create DDA-compliant cells in refurbishment work, and there will therefore be only one low mobility cell in F wing when it reopens. The need for fully disabled cells continues to grow, but there seems to be no intention within the Prison Service to address this. The IMB views this policy as discriminatory towards disabled prisoners.

5.1.7 Furthermore, it has proved extremely difficult (and in one case apparently impossible) to find prisons willing to take wheelchair bound prisoners who need to do offending behaviour work such as the Sex Offenders' Treatment Programme. These prisoners remain at Lewes blocking cells for others who may need them, and are unable to complete the requirements of their Sentence Plans, which may affect their parole.

5.1.8 Local evacuation plans have now been drawn up for each disabled prisoner to cover emergencies such as fire.

5.1.9 Foreign National work continues to be developed. Links with the United Kingdom Borders Agency (UKBA) have improved, and clinics are usually held twice a month, unless cancelled by UKBA.

5.1.10 The monthly £5 phone credit for Foreign Nationals who do not receive visits has been replaced by a phone card which allows a free 5 minute phone call anywhere in the world.

5.1.11 Little pocket translators are now available on all wings giving basic translation facilities for 20 languages. The Big Word is a dual handset phone line, again available in wing offices, that offers translation services.

5.1.12 Sadly the monthly leaflet raising awareness of Cultural Festivals has had to be abandoned as it is too expensive to print. These are, however, highlighted in the monthly Prison Gazette that is produced by L Wing prisoners.

5.1.13 The number of Racist Incident Report forms remains low, at 2-3 per month. However, there has been an increase in the number of complaints to the IMB about diversity issues. This has been looked at carefully and there is no pattern to the applications; they relate to entirely different matters and the IMB does not believe that the increase is significant.

## **5.2 - Learning and skills**

5.2.1 Prisoners attend the Induction and Pre-Release Centre (IP-RC) in the first days of their stay. While Induction is commenced in the First Night Centre, a further session is delivered by Peer Advisors in the IP-RC. At this point a basic skills assessment is done by Tribal, and a learning pathway opened.

5.2.2 The contract for the provision of classroom-based education is held by The Manchester College. The contract had to be renegotiated as the provider found itself unable to meet its obligations. This resulted in a period of great anxiety for staff, but has now been resolved with only one voluntary redundancy.

5.2.3 The curriculum balance has moved to deliver about 80% for employment skills including numeracy, literacy and English for Speakers of Other Languages (ESOL), and 20% for personal and social development including Art, Design, Creative Writing and History of Art. In the Art studio the number of classes has been reduced from 17

to 5. These follow stricter criteria and are more design-based. Some other courses also include elements of design. Learning is now focussed on two pathways: Business and Enterprise, and Design and Creative Technique.

5.2.4 The range of subjects provided attempts to cover the varied needs in a local prison. The focus (up to 90% of learners) is on National Vocational Qualification (NVQ) Level One, including much work pitched lower, at Entry Level. Only some 10% undertake Level 2 courses, and there is an occasional Level 3 course for Peer Advisors. There are four learners currently involved in distance learning on higher education courses.

5.2.5 The prison's facilities for education are very good, with rooms both in the Education block and in the Sussex Unit. However prisoners' attendance at classes they have enrolled for is often a problem. For example, IMB Members have observed some full classes studying, with an infectious enthusiasm, History of Art or Creative Writing, but also classrooms that are only frequently half full. The prison is aware of this problem, which is not a new one.

5.2.6 There is currently no official policy on integrated learning (whereby generic and vulnerable prisoners attend activities together). PICTA, chaplaincy courses, and some football are integrated. There are currently no VPs attending the learning centres (workshops that provide opportunities for qualifications).

5.2.7 Prisoners tend to seek work activities rather than education, though the rates of pay are the same. Some prisoners have already done most of the courses on offer, in other prisons or during earlier stays at HMP Lewes. Vocational qualifications of varying lengths and levels are available in Bricklaying, Building Cleaning (BICS), the Construction Industry Safety Scheme (CSCS), Horticulture, Catering, Painting and Decorating, and the Prison ICT Academy (PICTA).

5.2.8 Early in 2010 the qualifications obtained through PICTA formed a significant part of results achieved, but in recent months, through long-term staff absence, less than half of the potential learner places have been filled. It is a pity that this popular and practical resource, which is thought to be the largest PICTA in the country, is not in full use.

5.2.9 The IMB has also observed that numbers in the BICS (industrial cleaning) workshop are low, despite this facility providing a useful qualification for work.

5.2.10 It has proved difficult for prisoners to complete the 12 week City and Guilds Bricklaying course, as the pressure on prison places means they often have to be transferred. An additional shorter introductory course is now running: this National Open College Network (OCN) course enables prisoners to be assessed for suitability for the City and Guilds course, and offers two units of accreditation while also giving them an OCN certification. Learning and Skills management has continued to develop options that fit with the

transient population of a local prison. When the refurbished accommodation opens in the autumn the pressures of the prisoner churn should diminish, making it easier for courses to be completed.

5.2.11 Other work activities include folder assembly, catering assistant (kitchen or in the wing servery), wing cleaner, and orderly. A few men are employed in the aviary or in the prison gardens. Prisoners can also be Listeners or Peer Advisors. Some prisoners hold more than one of these trusted positions.

5.2.12 All these activities are allocated to prisoners who apply for them through the weekly Activities Forum.

5.2.13 The Library is well used by prisoners and has a large stock of CDs and DVDs as well as books and magazines. Schemes such as Story Book Dads, Book Club for M wing, Toe by Toe and the Six Book Challenge are run from the Library to encourage reading and involvement with prisoners' children. Some of these had to be temporarily suspended earlier in the year when the Library was without a Librarian for a time. Following the introduction of p-nomis it was reported that prisoners were sometimes not getting sent to the Library when they were due, and numbers were low. The solution has been to detail the list of prisoners for the Library outside the p-nomis system.

5.2.14 The Chaplaincy is active at HMP Lewes, and organises a variety of activities for prisoners. As well as faith study groups, these include yoga, stress reduction and relaxation, guitar classes and a film discussion group. It runs Alpha evenings and Sycamore Tree (restorative justice) courses, and The Mothers' Union delivers a parenting course. In addition, the Chaplaincy arranges eight Family Days, when prisoners can chat and play with their children and partners for a day inside the prison during a school holiday. The IMB observed one father playing 'peek-a-boo' with his joyful toddler, over and over again. Such interactions must be of tremendous importance in cementing relationships and perhaps in reducing re-offending.

5.2.15 Numbers attending worship have risen during the year, and all faiths are valued. It continues to prove difficult to find leaders for some faiths: currently Sikh and Hindu chaplains are being sought. Bereavement counselling is also available through the Chaplaincy. Sussex Pathways, a charity set up by the previous Chaplain to provide through the gate mentoring, has been the recipient of significant lottery funding to develop its work.

5.2.16 In the Gymnasium, there has continued to be some shortage of Physical Education Instructors within the prison and this has meant that vocational opportunities for prisoners have been lost. The Personal Best course, which trained prisoners in stewardship with a view to employment at the London Olympics, has sadly been stopped as its funding has been withdrawn by Brighton and Hove City Council.

5.2.17 A new and more flexible programme has enabled more prisoners to attend classes, and Gym sessions are run out of the core

day for those who are employed or attending Education. There continue to be sessions for remedial needs, the over 45s, Young Prisoners, the Segregation Unit and Healthcare. The last two are infrequently attended. There is also a Weightlifting Club and a separate session for Vulnerable Prisoners.

5.2.18 This year, following the reduction in numbers (from February 2010) sufficient purposeful activities have been available for the target of 22 hours a week per prisoner to be reached at last. Purposeful activity includes all work, education and training opportunities. However, as soon as the refurbished wings are back in use, and prisoner numbers revert to normal in summer 2011, there is likely to be a shortage once more.

5.2.19 The fact that overall attendance is poor (approximately 60% overall, against a target of 80%) combined with a high rate of staff absence (7<sup>th</sup> across HMPS) and occasional timetabling clashes has tended to result in too many prisoners doing little except sit in their cells. A number of Education classes have had to be cancelled over the year due to staff sickness and lack of sessional workers. More are to be recruited. The prison is very aware of the importance of improving activity rates, and of the complexity of the issue. Strenuous efforts are being made to improve matters, but as remanded prisoners are not obliged to attend activities, and staff sickness remains so very high, this is likely to remain a constant battle.

### **5.3 - Healthcare and mental health**

5.3.1 The Health Care Centre (HCC) has been without a substantive Head since July. For the third time, the Deputy Head has had to step up to run the Healthcare service. This has impacted on his work as Nurse Consultant, Forensic Mental Health, and his therapeutic treatment of prisoners has been greatly reduced. A new Head is due to start in March, which has meant a gap of eight months.

5.3.2 Staffing levels have fluctuated throughout the year, particularly in outreach nursing. At one point during the summer only 40% of posts were filled. This had improved, but suspensions and staff leaving have, at the time of writing, reduced the numbers to around two thirds. It is unfortunate for everyone that it takes 6 months from recruitment to starting the job, and that a speedier process has not been found.

5.3.3 There are 19 cells for in-patient prisoners in the Centre, including one DDA-compliant cell (equipped for a wheelchair user), and they are usually all occupied. Sometimes the prison has to try to locate a man waiting for admission. This can cause bed-blocking in the First Night Centre. In addition, there is a variety of clinics operating by appointments. Five General Practitioners (GPs) visit to cover medical clinics each weekday morning, with about 30 prisoners usually seen. If the clinic time runs out, prisoners come back in the afternoon. A triage system operates where nurses assess the need for

prisoners to see the GP, or to be signed as sick. There are also 3 evening clinics and a GP is on call for emergencies on Saturdays.

5.3.4 Two consultant psychiatrists job-share a post, and this provision since September has speeded up the transfers to secure mental health units. This is vital for those whose needs are not met by a prison environment, and who should not be kept there a day longer than necessary. The two year delay in making these appointments, and the not infrequent cancellation of clinics by external psychiatrists, meant that Mental Health services had to be put on the prison's Risk Register during the year. The IMB has not received complaints about psychiatric clinics being cancelled since these appointments. In addition, prisoners often find their prescribed medication changes after admission, and this makes them anxious. Swift access to psychiatric advice is important, even if it may not reduce a prisoner's complaint that a drug he has been prescribed in the community is no longer available in the prison.

5.3.5 The Pharmacy is now refurbished and fully staffed, and supplies medication to the wings. Methadone is dispensed on A and C Wings by computer though an iris-recognition process, and swallowed in front of a nurse.

5.3.6 A year ago the IMB reported its concern that nursing staff were at times looking after potentially violent prisoners without any prison officers being in the immediate area. The Board is pleased that there are now officers in the HCC all the time. Medical staff find this helpful, and the officers are able to deal with prison related matters. The officers will be trained in minor clinical procedures, lowering the boundary between officer and nursing care. Appointments at outside hospitals are sometimes missed through the unavailability of prisoner escorts. This situation has also improved, although staff sickness levels in the prison do still give rise to some cancellations.

5.3.7 130 inoculations against influenza were given this year, compared with 50 in 2009. There were 13 influenza cases during the winter, and one of these prisoners had to go to hospital.

5.3.8 A range of clinics is held in the HCC, including dentistry, smoking cessation, sexual health, over-60s, post-traumatic-stress disorder and the heart clinic.

5.3.9 6 prisoners have now been trained as Carers, and this new initiative allows prisoner Carers to be matched with prisoners with physical disabilities on M Wing, to the benefit of all.

5.3.10 During the year the new electronic medical records system was introduced. Staff need two computers on their desks, as this is separate from the p-nomis prison records system. The IMB is concerned that this means Healthcare staff are unable to bring records to Segregation Reviews, and cannot therefore respond to many of the queries raised during the reviews.

5.3.11 There have continued to be occasions during the year when medical staff have been late in arriving for the Segregation Reviews, causing delay and inconvenience to other attendees. At a review in May the nurse was 25 minutes late, resulting in the governor having to miss an important meeting. Sometimes the nurse attending has only been asked to do so at the last minute, and has therefore been unable to read the medical notes of the prisoners being reviewed. This is despite the fact that Segregation staff supply the names some hours beforehand and that the Reviews are always held at the same time fortnightly. This makes the Healthcare presence, which is obligatory, often meaningless.

## 5.4 - Safer custody

5.4.1 The Safer Custody team aims to develop a safer community within the prison, addressing self-harm, bullying and violence by setting strategies and ensuring that staff and prisoners are aware of what action they should take.

5.4.2 Prisoners thought to be at risk of self-harm are assessed to see if an Assessment, Care in Custody, Teamwork document (ACCT) should be opened for them. The Safer Custody Coordinator monitors ACCT documents and reports weekly to all staff regarding numbers, quality of entries, and timeliness of reviews. Following the self-inflicted death of a prisoner who was facing trial, a data base is now in place to identify those who may become distressed and self-harm at particular trigger points, such as an upcoming trial or a particular anniversary.

5.4.3 250 ACCT forms were opened or managed in 2010 compared to 278 in 2009. This decrease is proportionate to the reduced prisoner population.

5.4.4 However there were 140 incidents of self-harm reported in 2010 compared to 94 in 2009. This represents a considerable increase (+ 48%), with the highest monthly figure of 19 in June 2010, despite the fact that for much of the year prisoner numbers have been reduced. The reasons for this are not clear, and could be complex.

5.4.5 There was one death in custody in January 2010; the inquest is pending. In July 2010 the Prisons and Probation Ombudsman's draft report on the death made recommendations about care for prisoners as they approach a court hearing, especially where the case concerns alleged family violence, or is high-profile. Following a death in custody in December 2009, the Ombudsman's investigation in 2010 led to a number of recommendations for improvement in protocols and training for responding to medical emergencies. There was one serious incident of self-harm in October. The Board asked the prison to review its reportable incidents protocol so that the IMB is immediately informed of life-threatening incidents, and the prison responded promptly and positively to this.

5.4.6 Good work has been undertaken in staff ACCT training and a recent audit merited Green. However, due to temporary promotion

there are at the time of writing 8 Senior Officers who require ACCT Case manager training, plus 6 Healthcare staff.

5.4.7 ACCT documents are fully reviewed at Safer Custody meetings and IMB observations support the conclusion that there has been significant improvement in their application and use. Some omissions are still noticed by the IMB; these have included failure to hold a review by the due date, and failure to enter details of next of kin.

5.4.8 Listeners are prisoners trained by the Samaritans to listen to prisoners in distress. They can be called at any time, day or night. Numbers fell to 8 but are now back up to 20, and training is now undertaken twice per year in an endeavour to compensate for the periodic drops in numbers due to transfers.

5.4.9 Measures to reduce violence continue and an officer has been trained in anti-bullying measures. However staff shortages, in which the high staff absence rates play a part, mean that specialist officers are at times redeployed to landing duties, which impacts on work such as violence reduction.

5.4.10 Safer Community Monitoring books are used, and 112 were opened during 2010, to manage prisoners who are suspected of bullying others. In addition, a new initiative allows visitors who suspect bullying to report it by using Violence Concern Forms (available in the Visits Centre). There is also a Safer Custody Hotline which is accessible from outside and inside the prison, whereby anyone can alert officers to their concerns over the well being of prisoners.

## **5.5 - Segregation unit**

5.5.1 The Segregation (Care and Separation) Unit at HMP Lewes provides humane conditions, good staffing and good security for the prisoners who spend time there. Importantly in the view of the IMB, the number of prisoners held in the unit has reduced in comparison with previous years. Staff manage the prisoners well, and record-keeping has continued to be good.

5.5.2 The accommodation, temporarily in G Wing because of the refurbishment of other wings, works reasonably well. The room used for adjudications is small and not completely sound-proof. However it is not unsuitable for the limited period it will be in use. The cells themselves are lighter and feel more airy than those used before. A member of the Board speaks to every prisoner in segregation once a week; this conversation is held privately according to the wishes of the prisoner and the member.

5.5.3 Prisoners are held under Prison Rules 45, 53 or 55. The IMB is now informed within 24 hours of any new prisoner admission. Those under R45 (for Good Order Or Discipline and Own Interest) are reviewed in the first 72 hours, and then every two weeks. The IMB has attended every fortnightly review panel, and more than half of the 72 hour panels. The latter are by definition arranged at short notice.

5.5.4 Specialist attendance at these review panels has been good throughout the year, with a nurse from Healthcare now always present. However the IMB has observed again, as reported last year, that on occasion the nurse has not checked the medical records before attending. This is in spite of the fact that Segregation Unit officers ring at the beginning of the day to remind the HCC of the review that afternoon, and send details of the prisoners involved.

5.5.5 When no effort has been made to find out about the prisoners under consideration, the nurse either contributes nothing to the discussion about the effect of segregation on the prisoner's mental health, or (worse) makes an inaccurate guess.

5.5.6 This could be dangerous, and always diminishes the ability of the review to make a proper assessment of the appropriateness of continued segregation. There is no point in a representative attending if s/he has nothing to say. It is time this problem was solved.

5.5.7 On the rare occasions when the IMB has felt that procedures were not properly followed, the matter has been brought to the notice of relevant senior staff and resolved informally. An example has been a discrepancy between the reason for segregation entered on the form and the reason given to the prisoner. The prison management has been responsive in these matters.

5.5.8 Some prisoners stay a long time in segregation because it is difficult to transfer them anywhere else. However a comparison between July - December 2010 and a similar period the year before shows that the average lengths of stay, for any reason, for prisoners leaving the Segregation Unit reduced from 17 to 13 days. The comparative ranges were from 2 - 187 (in 2009) to 2 - 474 days in 2010.

5.5.9 This reflects pro-active attempts to move prisoners to normal location where possible, and awareness of potential ill-effects on mental health of solitary confinement for a prolonged period.

5.5.10 Those who stay for more than a month have a care map drawn up, though these do not often show any progression. After three months' stay in segregation, a prisoner's details are sent to the Area office for review. However during the year no response has ever, it appears, been received from Area. In the IMB view, the requirement should either be ended or become a real review.

5.5.11 The Board is impressed by the way the paper records surrounding segregation processes are kept. Errors are quite rare, and none have been major. The safety algorithm is always completed in time, and a governor's authority always given. Full statistics are presented to the Segregation Monitoring and Review Group (SMARG). This now meets monthly, and although attendance is low, the checking of the records is careful.

5.5.12 Adjudications are held most mornings. The quarterly Adjudications Standards meeting monitors the statistics and adjusts the tariff to meet current needs. The IMB has observed a sample of

adjudications, both internal and external, and also these meetings. Where observed, the processes were both thorough and fair.

5.5.13 All adjudications relating to positive Mandatory Drug Tests or refusal to take the test, and all relating to the discovery of mobile phones, are referred to the Independent Adjudicator. This is a District Judge, who has the power to impose added days to a prisoner's sentence. These referrals reflect the determination by the prison to try to limit illegal drug use.

5.5.14 On occasion a dirty protest has been threatened or started, or special accommodation has had to be used. These occurrences have all been brief, and often only lasted a few hours. Segregation staff, and indeed many other staff, have been highly skilled in de-escalating situations of tension, and training is ongoing.

5.5.15 The prison's own monitoring of the use of force has improved significantly during the year. Monthly meetings are held for which IMB observers are actively sought. Video and paperwork monitoring is robust, and any training issues are immediately addressed. The IMB has not observed many uses of the Control and Restraint procedures as these cannot usually be planned much in advance.

## Section 6 - Other areas of concern or excellence

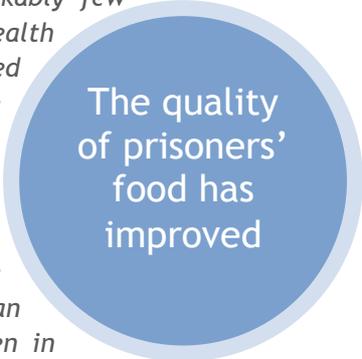
### 6.1 Catering & Kitchens

6.1.1 Over the last year the Board has monitored a continued improvement in prison catering. There are remarkably few complaints by prisoners. A recent environmental health audit has confirmed that high standards are maintained in the Kitchen and Serveries and morale in the service is visibly higher.

6.1.2 Menus have recently moved from four to five choices and from a four to five week rotation. A daily vegan option has now been introduced and the service has been nominated for an award by the Vegan Prisoner Support Group. Work has been undertaken in partnership with Healthcare to improve the dishes available to those on special diets for medical reasons and with the Chaplaincy to ensure that all faith requirements are met.

6.1.3 This has been achieved despite the continued pressure to use resources increasingly efficiently and the tighter management of portion numbers and sizes. However this is an area the Board will continue to monitor.

6.1.4 Due to the constant churn of prisoners in the overcrowded estate, it has been necessary to abandon attempts to enable Kitchen workers to achieve NVQs. This is disappointing, as a great deal of time planning had been put into the scheme, and prison kitchens offer good training opportunities for prisoners. NVQs are being replaced with 7017: An Introduction to the Hospitality Industry. This is a modular



The quality of prisoners' food has improved

course which lasts about 3 months. It incorporates the Level 2 Food Safety Hygiene Certificate (also available separately), and units on preparation, cooking, healthy eating and customer service.

## 6.2 Reception

6.2.1 Early in the year the IMB observed some inconsistencies in the searching process, but this has now been addressed. Although there are some applications to the IMB from prisoners complaining about their property, the proportion of these has reduced from 20% of all applications in 2006 to 15% in 2010. (Some of these refer to property in other prisons). This is to the credit of Reception and Wing staff.

## 6.3 Visitors & Visitor Centre

6.3.1 The new Visits Hall is a spacious facility. A small cafeteria for visitors' refreshments is run by prison orderlies, and there is a play area for young children staffed by The Mothers' Union. However less than half the available social visits are booked, so the resource is not well used and visits sessions have been reduced. It is not clear why this should be so, even taking the lower population into account.

6.3.2 Visitors can book a visit by email or by phone. Since autumn 2009 the IMB has been concerned about the difficulty of booking by phone. A survey of social visitors was conducted, and their views showed how frustrating it was for relatives and friends to find that the prison Visits Booking line was engaged almost solidly for days at a time. The process for booking visits by email was reported to be good, and when at last the phone was answered, prison staff were helpful and courteous.

6.3.3 HMP Lewes responded positively to these findings, and employed additional staff hours and opened a second line in July 2010. The IMB therefore undertook a follow-up questionnaire, and in addition rang the line themselves 85 times throughout January 2011, to research the effect.

6.3.4 Although the process was rated more highly on the survey this time, visitors still reported great difficulties in getting through on the phone, and only 7 of the members' calls to the booking line, all in the published hours, were answered. It is difficult to reconcile this with the reduced number of booked visits, and the reason remains unclear. The prison has not received complaints about the problem, but the IMB feels it is not functioning well enough, for whatever reason, to provide a reasonable service for relatives and friends of prisoners.

## 6.4 Security

6.4.1 Mobile phones and SIM cards inside the prison continue to be a problem. The number of phones in prisoners' possession is thought to have remained fairly constant over the year. This remains of concern, as they can be used to organise crime and to harass victims.

6.4.2 140 prisoners over a 12 month period were restricted to closed visits (where a screen is used to prevent contact) because of indications by the drug dogs. Additional cameras (now installed) and the forthcoming window grilles on C Wing should strengthen the prison's defences against illicit items. The IMB welcomes the introduction of the new Crime and Security Act 2010, which will make it a criminal offence to have a mobile phone (or indeed any component of an item that can receive or transmit information electronically) in possession, rather than just to bring one in.

6.4.3 There was a significant shortfall in the monitoring of high risk prisoners under public protection measures earlier in the reporting year. This was entirely due to staff sickness and lack of available cover, and led to the issue being placed on the prison's Risk Register. Fortunately, this has now been rectified. At the end of the year there were 132 prisoners on these measures, with the 32 rated as high risk being fully monitored. There have also been considerable spells when the visits cameras have not been monitored, for the same reason.

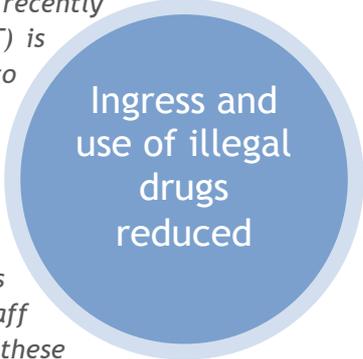
## 6.5 Drugs

6.5.1 In December 2010 under Mandatory Drug Testing (MDT), 9% of the prisoner population tested was found to have recently taken illicit drugs. This Key Performance Target (KPT) is difficult to meet in a local jail, but strenuous efforts to restrict the supply of illegal drugs, together with a national shortage of some of them, means that this year the prison is likely to achieve its target.

6.5.2 Attempts to smuggle drugs into the prison continue, and the throwing of packages over the walls is a regular occurrence. Large numbers of visitors, staff and service deliveries enter the prison each day. All these movements provide potential for the smuggling of drugs and other illegal items. About 50% of prisoners test positive for recent drug use on admission.

6.5.3 Most prison staff are vigilant and proactive in passing on suspicions about illegal activity. Both random and targeted searches are conducted on each wing. There are four dogs trained to detect drugs, two active, for searching the premises, and two passive, for searching people. These are deployed around the prison and at the point of entry for visitors. Planning approval has recently been gained for the installation of window grilles on C wing, which will make it impossible for prisoners to fish for packages of drug and mobile phone paraphernalia which are frequently thrown over the adjacent wall. Additional cameras have been installed to cover this area more closely.

6.5.4 The Crime Reduction Initiative (CRI) provides the CARATs (Counselling, Assessment, Referral, Advice and Through-care scheme) contract which continues to deliver assessments, individual work and some group work with those prisoners who have a substance abuse



Ingress and  
use of illegal  
drugs  
reduced

problem. A recent CARATs audit judged the work “excellent”, noting that staff have worked hard to ensure that the service provided at HMP Lewes is of a high standard and showed improvements.

6.5.5 Prisoners are seen by a CARATs worker within 24 hours of referral from the First Night Centre. They have a Care Plan by day five.

6.5.6 Lewes offers the offending behaviour programme P-ASRO (Prisoners Addressing Drug Related Offending). This course is highly successful, both in its number of completions and its quality of delivery, receiving a 100% audit report in February 2011. Due to the high number of prisoners on Methadone maintenance, a course was piloted in May which included such prisoners. It was successful, and the practice has continued.

6.5.7 The Integrated Drug Treatment Scheme (IDTS) has continued to develop and August’s audit awarded a rating of Excellent. Despite the quality of this programme within HMPS Lewes, last year’s IMB report highlighted the many and varied problems caused by the lack of IDTS places in prisons to which prisoners could move. This resulted in virtual bed-blocking in this local prison. Slowly other parts of the estate are catching up, and it has since become easier to transfer prisoners on a Methadone maintenance programme.

6.5.8 Meanwhile the focus of the programme has changed, following clarification from the National Treatment Agency. All prisoners serving sentences of 26 weeks or more are encouraged to undergo detoxification. Most accept the offer, and the integrated strategy offers programmes (such as P-ASRO), group and individual support (through CARATs), and a gradual reduction in medication (Methadone). This has somewhat reduced the number of prisoners on a maintenance prescription. A small number are given Suboxone. This medication, buprenorphine with naloxone, requires close supervision, and prisoners are separated for their own safety, as it is a drug for which bullying might occur.

6.5.9 Prisoners approaching release are risk-assessed for potential danger from drugs in the community. Staff try to put in place all necessary support with housing, jobs, benefits etc. For prisoners considered at risk of returning to drug use and perhaps accidentally overdosing on release, options such as a blocking drug or limited re-toxification, may be discussed. Above all, the aim is to keep people safe from illegal drugs in the prison, through the gate, and within the community.

6.5.10 Action for Change, which provides assistance and support for prisoners suffering from alcohol abuse, was introduced last year utilising the services of one part-time Alcohol nurse and one part-time Alcohol worker. The IMB welcomes this positive move, as alcohol plays a large part in many offences, particularly those of a violent nature.

## 6.6 Preparation for Release and Resettlement

6.6.1 The Pre-Release function of the Induction and Pre-Release Centre (IP-RC) has developed over the year, and a Job Point has been installed. Prisoners are called up automatically 8 weeks before release, and offered the services of Job Centre Plus, Tribal, Sussex Pathways and The Prince's Trust. The last two offer through the gate mentoring. The Prince's Trust mentors are peer mentors, that is, former prisoners themselves. CV writing is included in Education classes, and in addition, a CV format is supplied by Job Centre Plus and help with the CV can be given by Tribal.

6.6.2 Peer Advisors are continuing to be trained, and offer considerable assistance to prisoners both in the IP-RC and on the wings, both with Induction and with resettlement needs. Funding comes from the Skills Funding Agency, via Manchester College, through Tribal, to the prison (a good example of the complexity of government funding streams). Thirty have so far been trained, but the nature of the prisoners who are most suitable means that they are likely to be transferred to D Category establishments, so the programme is a rolling one. 16 have achieved the full accreditation with another 8 on the way. They acquire good skills to take with them into the community

6.6.3 A variety of outside agencies attend the Centre. They include Sussex Pathways, the Brighton Housing Trust, the Lewes2Brighton Project, Sussex Probation, Tribal, Healthcare, Job Centre Plus, and now The Prince's Trust. Prisoners seem to respond well to what is offered, and the IMB has observed job interviews being arranged for them with empathy and thoughtfulness. The IMB views the IP-RC as a model of good practice.

6.6.4 Housing needs are met by the Housing Officer, and two part time council employees who cover needs in the boroughs of Eastbourne and Hastings through the Preventing Offender Accommodation Loss (POAL) project. The Housing Officer spends much of his time seeking housing in other areas, particularly rural locations. Councils now only accept electronic applications, but these cannot be accessed from prison computers. This is a national problem affecting most prisoners, and requires a national solution. Those covered by POAL are exempt from the problem, as their needs are addressed directly through the council.

6.6.5 It continues to take a great deal of staff time to find a suitable and available place for each Life or Indeterminate Sentenced Prisoner in other prisons. While there is a slightly reduced number of both during the refurbishment, it is anticipated that this will rise when F Wing reopens. The most difficult category of prisoner to move on is a disabled prisoner who has received a Life or Indeterminate sentence for an offence of a sexual nature. Given the importance of rehabilitating these men (disabled or otherwise) for public safety, it does not seem sensible to maintain a shortage of places within the prison estate.

6.6.6 The huge backlog of OASys (sentence planning) reports has been considerably diminished. However, due to staff sickness the trained officers still have to be frequently redeployed to the wings, which impacts on this work.

6.6.7 In July the IOM Through the Gate scheme was initiated to address the needs of short term prisoners who may be most likely to reoffend. Those who fit particular criteria are identified in the IP-RC or may be nominated by community teams. They are then given an Offender Supervisor and offered extra support in custody, and the opportunity to access extra support on release. Between July and January 118 men were offered this provision, and 42 accepted. (The target is a take up rate of 60%. At the time of writing it is 62%, as more provision becomes available in the community.)

6.6.8 Offending behavior programmes have not so far been axed due to budget cuts, and the Prisoners Addressing Substance-Related Offending (PASRO, the Thinking Skills Programme (TSP) and the Controlling Anger and Learning to Manage It (CALM) courses are all well thought of, both by auditors and by prisoners. It is to be hoped that courses of this quality will continue as further levels of financial cuts are implemented.

## 6.7 Prisoner/Staff relations

6.7.1 Relationships between prisoners and staff are generally observed by the IMB to be very good. This has frequently been commented on by visitors to the prison. Officers have often been observed using highly developed de-escalation skills with volatile prisoners. This has particularly been noted in the Reception area, and the Segregation Unit.

## 6.8 Complaints Procedures

6.8.1 The Board has monitored the prison Complaints process on a sampling basis and found good practice. A quality control check means that responses from wing officers which do not fully address the prisoner's complaint are sometimes returned to be re-written. It is interesting to note that the numbers of complaints per prisoner have reduced during the year, to much the same extent that applications to the IMB have reduced over the same period. The IMB does not monitor complaints to the NHS, though a high number of IMB applications are complaints about Healthcare, and these are referred to the medical complaints procedure. Prisoners seem well aware that they may contact the Prison and Probation Ombudsman if unsatisfied with the prison's response.



Complaints to the IMB and prison significantly reduced

## Section 7 - The work of the board

### 7.1 Activity

7.1.1 5 new members were appointed during the year, one of whom left after a very short time. The Board is in the healthy position of having 16 members, including 4 new members who should all be fully trained by the time the prisoner numbers increase with the re-opening of F wing in summer 2011.

7.1.2 All members are encouraged to attend in-house prison training, particularly that on Diversity, Conditioning, Personal Safety and the p-nomis data-base. At some board meetings a speaker from the prison gives an overview of his or her area of responsibility to keep members up to date. The aim is to have a speaker at each meeting, but due to busy workloads and sickness, the speakers frequently cancel.

7.1.3 The Board held one local training day this year which included the Team Performance Review. From the results of the discussion at this review, an Action Plan was drawn up, and is reviewed quarterly at board meetings.

7.1.4 Members also attended several national training events including courses for the new Chairman, Vice Chairman and Board Development Officer, a short course on mental health in prisons and the IMB conference.

7.1.5 A visit to HMP Maidstone gave insight into the regimes there, which the Board found useful as many prisoners transfer from HMP Lewes to HMP Maidstone.

7.1.6 Throughout January 2011 the Board undertook two types of surveys into the ease with which visitors could book a visit to a prisoner. One survey logged telephone calls and the other asked visitors to complete a questionnaire. Results are given in Section 6.

Recommended Complement of Board Members	21
Number of Board members at the start of the reporting period	12
Number of Board members at the end of the reporting period	16
Number of new members joining within the reporting period	5
Number of members leaving within reporting period	2
Total number of Board meetings during reporting period	11
Average number of attendances at Board meetings during reporting period	8.7
Number of attendances at meetings other than Board meetings	80

Total number of visits to the prison (including all meetings)	414
Total number of applications received	264
Total number of segregation reviews held	48
Total number of segregation reviews attended	32

## 7.2 Applications

7.2.1 For the purposes of this report applications to the IMB include formal written applications together with a small number of ad hoc applications taken by members during their rota visits. In all cases where a prisoner raised identifiably different topics during the application these were recorded and categorised as separate applications.

7.2.2 During the twelve months, January 2010 to December 2010, the number of applications to the IMB totalled 264. This represented an average of 0.044 applications per prisoner or one application per approximately 23 prisoners per month.

7.2.3 Data on the number of applications and the daily prisoner population has been recorded by the IMB since 2005. During the period 2005 - 2008 the average number of applications per prisoner remained largely static at around 0.076 applications per prisoner per month. However in each of the last two years there has been a gradual reduction in this number to 0.054 in 2009 to the 0.044 for the current reporting year. This represents a reduction in the number of applications per prisoner of some 42% compared with the average levels of 2005-8. Data for the first quarter of 2011 indicates that this reduced level of applications has been maintained.

7.2.4 During the reporting year the topics of applications were generally well spread amongst the different categories with the most common three categories amounting to slightly over one third, 36%, of the total number of applications. By category those relating to health issues were the largest single category with 40 applications (15%), followed by mail and telephones with 30 applications (11%), and property related with 25 applications (10%). The data for 2009 revealed the same categories within the top three, and with health issues again dominating, this time at 13%, but the positions of property related and mail and pin phones were reversed at 11% and 10% respectively.

7.2.5 Further analysis of the applications on health issues has shown that these cover a wide range of topics with the most frequent being related to the quantity and type of drugs prescribed to the prisoners. The prisoner is referred to the Medical Complaints process to deal with these.

7.2.6 The use of this routine analysis of prisoner applications, which is produced quarterly for board meetings, is useful to the Board in their rota visit inspections and their areas of special interest.

<b>Code</b>	<b>Subject</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
A	Accommodation	20	30	22	29	7
B	Adjudications and Segregation	10	9	15	22	3
C	Diversity	12	10	9	4	8
D	Education / employment / training / regimes	36	19	69	60	21
E	Family / visits	91	56	105	68	51
F	Food / kitchen related	7	23	16	6	6
G	Health related	45	64	43	54	40
H	Property	98	82	102	64	39
I	Sentence related	65	63	79	48	25
J	Staff / prisoner related	26	18	27	18	29
K	Transfers	46	27	35	24	19
L	Miscellaneous	36	47	56	31	16
<b>Total number of applications</b>		<b>492</b>	<b>448</b>	<b>578</b>	<b>428</b>	<b>264</b>

## Section 8 - Glossary of Prison related abbreviations

<b>AA</b> Administrative Assistant	<b>CRI</b> Crime reduction initiative
<b>ABS</b> Anti-Bullying System	<b>CSH</b> Contracted Service Hours (pre-agreed paid overtime)
<b>ACCT</b> Assessment, Care in Custody & Teamwork - replacement for F2052SH	<b>CSU</b> Commissioning Support Unit
<b>ACR</b> Automatic Conditional Release	<b>DASU</b> Drug and Alcohol Support Unit
<b>AO</b> Administrative Officer	<b>DH</b> Dog Handler
<b>ARD</b> Automatic Release Date	<b>EDR</b> Earliest Date of Release
<b>ATOS</b> Company responsible for assessing long-term sick	<b>EMU</b> Estates Management Unit
<b>BCU</b> Briefing and Casework Unit - PS unit handling adjudication appeals	<b>EO</b> Executive Officer
<b>BME</b> Black & Minority Ethnic	<b>EPDG</b> Estates Planning & Development Group
<b>BOV</b> Board of Visitors - now IMB	<b>EGP</b> Ex Gratia Payment
<b>C &amp; R</b> Control & Restraint	<b>ETA</b> Employment & Training Allocation
<b>C2W, CTW</b> Custody to Work - pre-release focus on housing, employment and lifestyle issues	<b>ETE</b> Employment/ Training/ Education
<b>CARATS</b> Counselling, Assessment, Referral, Advice & Throughcare Scheme - drug & alcohol team	<b>ETS</b> Enhanced Thinking Skills - an OBP
<b>CC</b> Cellular Confinement - a punishment	<b>F2050</b> Prisoner's basic record
<b>CCD</b> Criminal Casework Department (Croydon)	<b>F2052A</b> Prisoner's wing record
<b>CLAIT</b> Computer Literacy and Information Technology	<b>F2052SH</b> Record for prisoner currently at risk of self-harm
<b>CCT</b> Criminal Casework Team (part of Home Office Immigration & Nationalities Dept)	<b>FLED</b> Facility Licence Eligibility Date (when prisoner may be considered for ROTL)
<b>CMU</b> Case Management Unit - work on sentence planning & progress	<b>FOCUS</b> Financial Outstations and Central Unified Systems - the PS accounting system
<b>CNA</b> Certified Normal Accommodation	<b>GOOD</b> Good Order or Discipline - Segregation under Rule 45/49 (historically GOAD)
<b>CRD</b> Conditional Release Date	<b>HCC</b> Health Care Centre
	<b>HDC</b> Home Detention Curfew - the Tag

<i>HDCED Earliest Date of Release on HDC</i>	<i>NACRO National Association for Care &amp; Resettlement of Offenders</i>
<i>HEO Higher Executive Officer</i>	<i>NC The National Council for IMBs</i>
<i>HMCIP Her Majesty's Chief Inspector of Prisons</i>	<i>NEC National Exchange Centre- building between VTC &amp; Boiler Ho. used for ETE</i>
<i>ICA1/2 Initial Categorisation &amp; Classification Forms for Adults/YOs</i>	<i>NOMS National Offender Manager Service - amalgamation of the Prison &amp; Probation Services</i>
<i>IDU Inmate Development Unit</i>	<i>OASYS Offender Assessment System - computerised risk &amp; needs assessment</i>
<i>IEP Incentives and Earned Privileges - Prisoners can be on Basic, Standard or Enhanced</i>	<i>OBP Offending Behaviour Programme</i>
<i>IG Instruction to Governors</i>	<i>OCA Observation, Classification &amp; Allocations - a Reception task</i>
<i>IMB Independent Monitoring Board</i>	<i>OCN Open college network</i>
<i>IND Immigration &amp; Nationality Department</i>	<i>OLASS Offender Learning and Skills Service (part of LSC)</i>
<i>IRC Immigration Removal/Reception Centre</i>	<i>OSG Operational Support Grade</i>
<i>JSA Job-Seekers Allowance</i>	<i>OI/OR/OP Own Interests/ Request/ Protection - Segregation under Rule 45/49</i>
<i>JSAC Job Simulation &amp; Assessment Centre (for officers seeking promotion to SO)</i>	<i>PASRO Prisons Addressing Substance-Related Offending - an OBP</i>
<i>KPI/KPT Key Performance Indicator/Target</i>	<i>PCO Prison Custody Officer</i>
<i>LDR Latest Date of Release</i>	<i>PCT Primary Care Trust - National Health component responsible for healthcare</i>
<i>LED Licence Expiry Date</i>	<i>PEI/O Physical Education Instructor/Officer</i>
<i>LIDS Local Inmate Database System - IMB can use this to check location, dates, etc.</i>	<i>PER Prisoner Escort Record</i>
<i>LSC Learning &amp; Skills Council</i>	<i>PESO/PEPO Physical Education Senior/Principal Officer</i>
<i>MAPPA Multi-Agency Public Protection Arrangements</i>	<i>PIN Prisoner Information Notice</i>
<i>MDT Mandatory Drugs Testing</i>	<i>PMU Population Management Unit (central)</i>
<i>MSL Minimum Staffing Level</i>	
<i>MQPL Measuring the Quality of Prison Life</i>	

<i>PO</i> Principal Officer	<i>SIN</i> Staff Information Notice
<i>POA</i> Prison Officers' Association - the main trade union	<i>SIR</i> Security Information Report
<i>POELT</i> Prison Officer Entry Level Trainee	<i>SLA</i> Service Level Agreement
<i>POPO</i> Prolific and Other Priority Offender	<i>SMARG</i> Segregation and Monitoring Review Group
<i>PPO</i> Prisons and Probation Ombudsman	<i>SMT</i> Senior Management Team
<i>PPP</i> Public Protection Panel	<i>SO</i> Senior Officer
<i>PS</i> Prison Service	<i>SPDR</i> Staff Performance & Development Record - reviewed annually
<i>PSI</i> Prison Service Instruction	<i>TOIL</i> Time Off in Lieu (of payment)
<i>PSO</i> Prison Service Order - see <a href="http://www.hmprisonservice.gov.uk/resources/psispos/listpsos">www.hmprisonservice.gov.uk/resources/psispos/listpsos</a>	<i>TSU</i> Technical Support Unit - part of PS responsible for repairs/installations ("Works")
<i>RFW</i> Removal from Wing - a punishment	<i>TUPE</i> Transfer of Undertakings (Protection of Employment) - staff transfer
<i>ROAD</i> Remission of Added Days (up to 50%)	<i>VDT</i> Voluntary Drugs Testing
<i>ROM</i> Regional Offender Manager	<i>VO</i> Visiting Order - sent out by prisoners, allows named people to visit
<i>ROR</i> Restoration of Remission - now <i>ROAD</i> ; Risk of Reconviction;	<i>VTC</i> Vocational Training Centre
<i>ROTL</i> Release on Temporary Licence - e.g. to work in mess; town visits; home leave	<i>Gold Commander</i> Headquarters controller for serious incidents
<i>ROWD</i> Review of Works Departments (may involve privatisation/civilianisation)	<i>Silver Commander</i> Person in establishment in charge of serious incidents
<i>RRA</i> Assistant to the <i>RRLO</i>	<i>Bronze Commander</i> Local Sub Commander for serious incidents
<i>RRLO</i> Race Relations Liaison Officer	<i>Operation Tornado</i> System to provide extra staff and resources for serious incidents
<i>SAU</i> Standards Audit Unit	
<i>SCG</i> Safer Custody Group	
<i>SED</i> Sentence Expiry Date	
<i>SEO</i> Senior Executive Officer	