

IMB Annual Report

HMP Lewes

1st February 2009 - 31st January 2010

Section 1 - Statutory Role of the IMB

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.

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.*

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.

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Section 3 - Description of the Prison

3.1 HMP Lewes is a busy B Category Local prison for sentenced and remanded men and remanded Young Offenders, serving the courts of East and West Sussex. At the end of January 2010 the Certified Normal Accommodation (CNA) was 623 and the Operational Capacity (Op Cap) was 723. The mean average prison population for the year has been around 661. The number of Young Prisoners (YPs), aged between 18 and 21, has averaged between 16 and 20 during the year. These are either on remand or awaiting sentence.

3.2 HMP Lewes has three radial residential wings (A, B and C) with, beneath A and C wings, K Wing (the First Night Centre) and G Wing (the Induction Unit but also housing a few prisoners who are difficult to locate on other wings). F Wing is a freestanding residential block with the Segregation unit on the lower ground floor. The new Sussex Unit (consisting of two wings) opened in April 2008. It contains 174 single cells. L Wing houses local Category C prisoners while M Wing houses an integrated regime of vulnerable prisoners and trusted generic prisoners. The Healthcare Centre and Kitchen and Reception areas are located in separate buildings. Some of these residential units will change their functions temporarily during the second stage of refurbishment, which starts at the end of this reporting period. B Wing will then become the permanent Segregation Unit.

3.3 The residential wings (except the Sussex Unit) are housed in the original prison buildings, dating from 1853, which are listed as of historic and architectural importance (Grade II). All wings except F Wing have been refurbished. With the removal of Crown Immunity, new-build and building alterations require planning approval from the local authority. HMP Lewes is sensitively located close to the edge of an historic county town on the South Downs. The prison suffers from a severe shortage of car parking space.

3.4 The prison population mix at December 2009 was:

Asian or Asian British	3.2 %
Black or Black British	8.6 %
Mixed	2.7 %
Chinese or other Ethnic Group	0.2 %
White British	81.0 %
White Irish or White Other	4.4 %

The Foreign National population averaged 19.1%.

3.5 The prison is relatively isolated within the prison estate and overwhelmingly serves the courts of Sussex. Between 70% and 80% of prisoners are released into the local community.

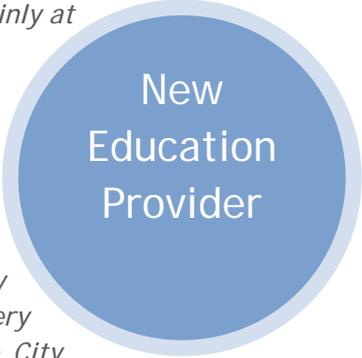
3.6 The prison's immediate catchment area includes Brighton & Hove, which has some of the highest rates of substance misuse and hospital referrals outside London. This means that the prison has to make considerable provision to address these complex needs and the mental and physical health issues which accompany them.

3.7 Healthcare services, including the 19 bed Healthcare Centre at HMP Lewes, are the responsibility of the East Sussex Downs and Weald PCT. Mental Health services are provided by the Sussex Partnership NHS Trust and General Practitioner services by Sussex Forensic Medical Services. All new receptions are seen by Healthcare staff within 24 hours of arrival. Hospital services are provided by the Brighton and Sussex University Hospitals NHS Trust, mainly at the Royal Sussex County Hospital (RSCH).

3.8 The Manchester College has replaced Sussex Downs College as the main provider of education services. Staff in the Lewes Education department have been transferred across to the new employer.

3.9 HMP Lewes has good links with many statutory and voluntary external partners in the delivery of its resettlement programmes. Brighton and Hove City, Hastings Borough and Lewes District Councils have staff seconded to the prison to work on the Preventing Offender Accommodation Loss (POAL) project. Shelter is also active in supporting housing work, and Job Centre Plus addresses employment needs. Debt advice can be obtained through the Citizens Advice Bureau. Sussex Pathways' mentoring on release project is flourishing, and ex-servicemen can find support from the Royal British Legion. Tribal has taken over delivery of the Information, Advice and Guidance project which uses peer advisors to help with Induction and other prisoner queries. BHT delivers the new project to support the accommodation needs of prisoners with a personality disorder. Family days are run by the Brighton and Hove Parenting Team and The Havens Children's Centre, and the Mothers' Union continues generously to provide a crèche service during visiting periods. Patched supports families of drug users, while Alcoholics Anonymous and Action 4 Change deliver a programme and counselling to address alcohol misuse. The Samaritans train the Listeners in Lewes (prisoners who are able to listen to the problems of others in distress), and there is a dedicated telephone service accessible to prisoners who wish to phone the Samaritans direct.

3.10 The analysis of applications at the end of this report shows a sizeable reduction in the number of applications made by prisoners to the IMB. 428 were made in 2009, compared with 578 the previous year. Comment is made in that section.



New
Education
Provider

Section 4 - Executive summary

4.1 - Overall judgement

4.1.1 The end of the last reporting period looked towards the completion of the first phase of New Build and refurbishment at HMP Lewes. Now, in February 2010, the prison is again preparing for a period of reorganisation as the second phase of redevelopment begins.

4.1.2 F Wing, for many years the subject of IMB concerns, is at last to be redeveloped. However, the narrow cells will be re-established for double occupancy, with an in-cell toilet, and the IMB considers this to be an abominable practice in the 21st century. It means that prisoners in these shared cells will continue to sleep, eat their meals, and use the lavatory with only a curtain for privacy.

4.1.3 The decision not to take out every third unit to create separate lavatories for each cell (as was done when A and C Wings were refurbished some years ago) has been attributed to the increase in prisoner numbers and frequent levels of overcrowding. The IMB wrote expressing its concerns to the Deputy Director of Operations. It is, in our view, a wasted opportunity: in-cell sanitation will clearly now remain on F Wing for many years to come, and is demonstrably a step backwards in the decent treatment of prisoners. The Board regards this as inhumane and totally unacceptable.



Shared in-cell
sanitation...
totally
unacceptable

4.1.4 The decant of Vulnerable Prisoners (VPs) following the re-role of Maidstone for that purpose has meant that at last most of the convicted VPs have moved on. The few that remain are mostly serving life sentences. It can be a slow process to find them suitable places in appropriate Lifer Units, and a local prison does not have the resources needed for them to begin their progression. The integrated regime remains on M Wing, with a fairly constant ratio of 60% VPs to 40% generic prisoners. This far-sighted approach has been successful; the rare assaults that have occurred have been between VPs. All prisoners are required to sign a compact accepting the integration.

4.1.5 In the new Sussex Unit L Wing has successfully become a wing fulfilling a local resettlement function. It houses men with short sentences who will be released into the Sussex area. Family ties, accommodation and other important links are better maintained with this local use.

4.1.6 However, the L1 landing is at the time of writing becoming a temporary Stabilisation Unit during the refurbishment. While it is necessary to maintain this process, there may be an impact on the resettlement function of the wing.

4.1.7 During the year most of the infrastructure associated with the New Build has been finished but there are some areas outstanding. These include the long awaited Bricklaying Centre, which is still not quite ready, and the conversion of the old Chapel into a facility for

Control and Restraint (C&R) training. Staff and trainers currently have to travel to HMP Ford for this. Undertaking and updating C&R training is an important Key Performance Target (KPT), and the absence of suitable facilities has impacted on staff time.

4.1.8 At the time of writing, F Wing has started to decant in preparation for its refurbishment. This will reduce the number of convicted prisoners by 158. With additional building works the total number of prisoners will temporarily fall by 213. B Wing will be redesigned as a new and permanent Segregation Unit, which will be an improvement on the current subterranean and damp location in F1, long abhorred by the IMB. Meanwhile G Wing will become a temporary Segregation Unit, losing its function as the Induction Wing. A small number of fragile and vulnerable prisoners had been housed there following the loss of the highly regarded Care and Support Unit and there is no longer a similar unit free to house them. This could impact on Healthcare and Segregation accommodation or cause bed-blocking on the First Night Centre. The IMB is strongly of the view that a small Care and Support Unit would again fulfil a very valuable function, if a suitable location could be found.

4.1.9 The First Night Centre remains on K Wing, but prisoners will go to A1 landing while they complete their Induction, before being dispersed around the main wings.

4.1.10 All these measures, while temporary, will of course impact on prisoners and staff. The percentage of remanded prisoners will increase as only convicted and sentenced men can be relocated. This, and the total reduction of 213 men, will have repercussions for the achievement of targets and the management of wings. Some staff will have to undertake temporary detached duty.

4.1.11 Reception has been an area of concern for the IMB during the year, and frequent inspections highlighted that searches were often cursory. This was unfortunate in a local prison where many prisoners have a drug dependency and it is difficult to stop drugs entering the establishment. Examples had also been seen of prisoners' property not being treated with care. However, the IMB is pleased to note that following a change of management within Reception, recent searching has been observed to be thorough. The IMB continues to receive complaints about property listed on property cards but which cannot be found.

4.1.12 The Induction and Pre-Release Centre (IP-RC) is now running well and is a good initiative, in the view of the IMB. Peer Advisors play a significant part in the process, and this is beneficial to their clients and themselves. The Information, Advice and Guidance (IAG) process has been awarded Matrix standard. Disappointingly, the pre-release function of the Centre is not yet fully functioning, and attendance by staff dealing with housing, jobs, health and other needs is voluntary. Clearer management, staff detail and timetabling could be of benefit here.

4.1.13 *Delivery of Legal Services advice was transferred to the officers on the First Night Centre, to ensure that all prisoners received any help necessary on arrival. However, the IMB comes across frequent cases where a prisoner needs to speak to an officer to get such advice later in his sentence, or to find another solicitor. The national training for Legal Services Officer has been cancelled, yet this is something prisons are required to deliver. HMP Lewes is trying to source alternative training. This ad hoc method of supply and delivery within the service is far from satisfactory.*

4.1.14 *The newly extended and refurbished Visits Centre now provides disabled access to prisoners and their visitors, and a canteen has been opened to provide refreshments. However, no air-conditioning was installed (the IMB was informed that this was because of the Prison Service's "green" approach to building), and during the summer months the Visits Centre and the Visitor Waiting Rooms became unbearably hot and stuffy. Portable air conditioning units were purchased, but only provided partial respite. It is disappointing that more thought was not given to this design. It was an unacceptable and uncomfortable environment for visitors, prisoners and staff. Furthermore, the external lift installed to give disabled access to the prison is apparently of internal quality and frequently breaks down.*

4.1.15 *The booking of Visits has been a problem observed by the IMB throughout the latter part of the year. So great is their concern that they have conducted a survey on the process, and will report the findings to the Governor. Without exception, visitors reported that it was almost impossible to get through on the Visits Booking telephone line. Not everyone had access to email or was allowed to use it at work. This is a problem still to be accepted and resolved.*

4.1.16 *The new prison officers have completed their probationary period and settled in to their duties, while staff recruited from other establishments are now more familiar with the processes and culture at Lewes. It is frequently remarked upon by visitors and new managers that there is a good rapport between staff and prisoners.*

The IMB does receive occasional complaints about staff, but it is significant that these usually refer to a very few individuals, or are submitted by a prisoner who does not get what he wants.



Staff sickness
is very high
and still
rising

4.1.17 *Staff sickness has remained high and is rising again at the time of writing. This has been an ongoing problem at HMP Lewes. The impact of these absences on both staff and prisoners cannot be overstated.*

4.1.18 *Staff absences have led to occasional loss of Association at weekends. The completion of sentence planning using the Offender Assessment System (OAYSys) continues to suffer. Management has to spend a lot of valuable time trying to resolve the problems of sick absence. Line managers are still sometimes not*

following the due processes, and senior managers work hard to remedy this. The Governor personally oversees some of the cases.

4.1.19 There is a new Governor at HMP Lewes. Mr Eoin McLennan-Murray has moved on after five years to take charge of a resettlement project for the Director of Offender Management, and Mr Robin Eldridge has returned to Lewes as governing Governor. He was most recently employed at the Population Management Unit.

4.1.20 The recruitment freeze on administrative staff persists. However, the IMB has been well served by two different clerks this year and is grateful for their support.

4.1.21 For staff generally, this continues to be an uncertain and unsettling time. Workforce modernisation, though rejected in principle, is being introduced in practice.

4.1.22 Principal and Senior Officers (POs and SOs) face considerable changes of role. It has been observed that in recent years POs have taken a more active role within the prison and now cover a wide range of responsibility. This management tier as we knew it will now disappear and although most will follow a development programme towards becoming an operational manager, those in post face an uncertain future. The role of Senior Officer will also change, which will affect all current SOs and their staff.

4.1.23 A large number of new initiatives and processes continues to come from Headquarters. There is a fast rate of business change, and the national timetabling of these new projects does not always seem designed for optimum delivery. A huge amount of staff training is required, and it is difficult to achieve this and maintain the ongoing training courses that staff also need to undertake. There is little local discretion allowed in the delivery of these big changes. For example, InVision (the staff rostering programme) has been scheduled to come in three weeks after P-NOMIS (the vast computerised record system), and requires the training of 300 staff members. All staff will have to have been trained in P-NOMIS. This twofold change will be very difficult to roll out within a month.

4.1.24 Healthcare has benefited from the substantive appointment of a new Head. It is disappointing that after two years the agreed recruitment of an in-house psychiatrist is still ongoing. Most of the men on the Hospital landing have severe mental health problems, and many are sectioned and moved to secure units. There is still a shortage of places in these, and prisoners often have to wait some time for assessment and referral, and then again for a place to become available.

4.1.25 The Kitchen has flourished under new management and the menus are now more varied with a healthy option at lunchtime. The new Deputy Manager had set up the delivery of NVQs, an opportunity for prisoner qualifications that has been wasted at Lewes for many years. However, at the time of writing these have been temporarily

suspended as the participating prisoners have had to be transferred for the refurbishment. It is hoped to start them again shortly.

4.1.26 The Kitchen and Serveries had been highlighted by the IMB for close attention due to matters raised as unsatisfactory in their reports, but these have now been removed from their Issues and Actions Register, which is a tool used to flag up areas of concern.

4.1.27 Workshops are still being rebuilt. There is now a small Painting and Decorating workshop and the new Bricklaying Centre will shortly open. Both these offer useful training and qualifications, a great improvement on the former light assembly work.

4.1.28 Purposeful Activity has increased but is still a difficult target to achieve. The Incentives and Earned Privileges process is now being used to manage prisoners who fail to attend work or education. Remanded prisoners can choose not to attend.

4.1.29 Drug use continues to be a major problem. Many prisoners come in from Brighton, which has one of the highest levels of drug abuse in the country. Over 50% of prisoners test positive on Reception. The Security department is active in trying to anticipate and prevent the passing of drugs into the prison, but the prison's location in a town, its busy local court, and the resourcefulness of some visitors and prisoners make this a constant battle. The KPT on Mandatory Drug Testing is very difficult to achieve in a prison near to Brighton. The installation of a Body Orifice Security Scanner (BOSS) chair and security portals (when used) make detection of mobile phones easier, but it is still difficult to retrieve these and they provide easy access to drug dealing.

4.1.30 It is estimated that the number of mobile phones illegally held by prisoners is very high indeed. Current technology for blocking the signal around the prison would interfere with local houses, but it is understood that a new system is being piloted within the prison service that would overcome this problem. If it is successful, it is very important that the money is found to implement it at Lewes, a town jail where it is only too easy for illicit items to be thrown over the wall or smuggled in.

4.1.31 The Integrated Drug Treatment System (IDTS) has become well-established at Lewes, and automatic dispensing of Methadone on A and C Wings using iris recognition helps to restrict the drug to those signed up to the programme. However, most prisoners opt for maintenance rather than detox. In January 2010 there were 130 prisoners on a maintenance prescription. The IMB suspects there is a real risk that this choice might be made to avoid transfer away from their families and friends. The two Category C receiving prisons are HMPs Camp Hill and Ford. The former has no IDTS places, and the latter has 8. The same problem applies within the Category B estate. The IMB believes that more thought should have been put into the rolling out of the programme nationally and locally, to ensure that

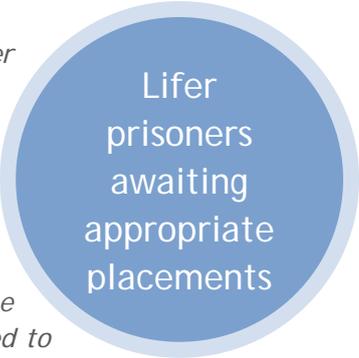


Constant
fight against
illegal drugs
entering
prison

Category B and C prisons had a well-established programme before IDTS was introduced to local prisons such as Lewes. Many of the sentenced prisoners are now bed-blocking and might have to remain at Lewes long term. This local prison is not the place to meet their progression needs, and is not designated to do so.

4.1.32 P-ASRO (Prisoners Addressing Substance Related Offending) continues to be a well-run course. Enhanced Thinking Skills (ETS) has been replaced by the Thinking Skills Programme (TSP, a similar course), and CALM, the anger-management course, has finally been brought in. The IMB - under its remit to be "satisfied as to the range and adequacy of the programmes preparing prisoners for release" - would deplore the cessation of any of these offending behaviour courses, which all contribute to reducing re-offending. They may be at risk under future budget cuts.

4.1.33 HMP Lewes continues to house a backlog of lifer prisoners and those with Indeterminate Sentences for Public Protection (IPPs), due to a shortage of places in specialist Lifer Units. This means that prisoners who are at most need of developing a programme for their period in custody, and engaging in meaningful rehabilitation work, are unable to start this journey for a considerable time. There are approximately 45 at the time of writing; a further 15 or so have been transferred to new accommodation at HMP Swaleside.



Lifer
prisoners
awaiting
appropriate
placements

4.1.34 Despite HMP Maidstone now designating one wing to house Foreign Nationals (FNs), numbers at Lewes remain much the same. FNs currently comprise around 19% of the population. This figure is quite surprising, and is worthy of wider consideration by relevant agencies and government departments.

4.1.35 It is likely that most of what is described above will be affected by the savage budget cuts that are about to be faced. HMP Lewes, in common with all other prisons, has already had to manage significant budget reductions in real terms, while at the same time it has been subject to a programme of investment and development of its fabric. The prison service will have to cope with a 5% reduction in 2010, followed by a further 5% in 2011, and even another 5% in 2010. In a service where frontline staffing has been cut to minimum safety levels, where tiers of management will be abolished, where there has been a long-term freeze on administrative recruitment, and where certain services are already being threatened, what will be left to cut? Senior management is seeking to anticipate and implement ongoing budget cuts in a way that is least harmful to prisoners. But it is impossible to believe that further reductions will not have a massively adverse impact on the regime and programmes offered to prisoners. A possible national reduction in Association hours has been mentioned, as has the abolition of Offending Behaviour programmes. All this, in turn, is likely to raise the levels of re-offending. Years of planning, expenditure, expertise and the development of good work and good morale are bound to be affected. Costs to the public in the long term

will be the unavoidable result. The remit of the IMB is to “satisfy itself as to the range and adequacy of programmes preparing them (prisoners) for release”. The IMB is fearful of the potential effect of these budget cuts, and will monitor them closely over the coming years.

4.1.36 HMP Lewes, like many other prisons we would suppose, is a prison in waiting.

4.2 - Questions for the Minister

4.2.1 The IMB is appalled that the long-awaited and much-deferred refurbishment of F Wing will, despite all protestations, deliver shared cells with in-cell sanitation. The IMB makes no apology for raising this again at such a late stage. It is contrary to the standards laid out in the Prison Service Manual. Despite the pressure on prison places, does the Minister really sanction this as acceptable in the 21st century?

4.2.2 Does the Minister agree that it would be more sensible to look closely at the reasons for the rise in prisoner numbers? Despite a reduction in crime figures, and contrary to evidence that short term custodial sentences do not reduce reoffending, prison is still frequently the preferred method of punishment. Furthermore, loss of employment and housing and the damage to family relationships caused by imprisonment leave much work to be done and expenses to be incurred in meeting resettlement needs. Could more work not be done with sentencers and other agencies to reduce this, leaving more money to be put into developing creative and effective non-custodial sentences?

4.2.3 The IMB finds it surprising that almost 20% of prisoners at HMP Lewes are currently Foreign Nationals. Does the Minister agree that more work needs to be done to find out why this figure is not a representative percentage of the overall population, and to look at what might be done to address this anomaly? It is concerning that sentence-expired detainees are usually held in prison until a week or so before deportation, when they are moved to an Immigration Removal Centre (IRC). Why can secure places not be created in IRCs near to airports, so that prisoners who have committed a serious crime can be safely housed there, rather than in a prison after the completion of their sentence (see page 24)?

Further sweeping budget cuts to come

4.2.4 Budget cuts have already impacted on the Prison Service and levels of management will be reduced. It is impossible to imagine how a 5% further cut for each of the next 3 years will be implemented without severe damage to rehabilitation of prisoners. It is likely that the hours of Association for prisoners and valuable Offending Behaviour courses will be lost. The former are important for the well-being of prisoners and the maintenance of order on the wings. The latter play a significant part in rehabilitation. The needs of prisoners in areas such as sentence planning, housing, job search and personal officer work will be difficult to meet. Interaction with

staff forms an important part in the development of social skills, but the cutting of wing staffing to minimum safety levels impacts on this less obvious benefit. These cuts were planned before the recent recession. Does the Minister accept that they are likely to take the function of custody back towards a basic level, and that the recent progress that has been made in both decency and reducing reoffending is likely to be lost? Can the Minister justify the huge sums of money that have rightly been spent on developing programmes and building expertise, if these will now be abandoned? Will the Minister make every effort to obtain additional funding for the Service - and for its partner in integrated offender management, Probation - or is he prepared to accept that the prisons of England and Wales will slip backwards in comparison with those in other countries?

4.3 - Questions for the Prison Service

4.3.1 The IMB would like to acknowledge the considerable investment that has been made in extending and updating the fabric of HMP Lewes. However, it must make it clear once more that it deplores the redevelopment of F Wing that retains shared cell occupancy with in-cell sanitation. It is acknowledged that demand for prison places is high, and that this is outside the control of the Service itself, but the Board would ask why the Service has agreed to perpetuate a form of accommodation that is utterly degrading to prisoners and contrary to the standards in the Prison Service Manual. If new accommodation has been built with single cell occupancy (Sussex Wing), is it not the case that a wing could be refurbished to the same standard? Will the Prison Service agree to redesignating each cell in F Wing to house one man only?

4.3.2 Will the Prison Service reconsider its policy of "green" building where it creates an environment that is not acceptable for either staff or visitors? This refers to the lack of air-conditioning in the new Visits halls (see page 8). The Interventions suite (currently being developed above the old Boiler House) will experience the same levels of discomfort for the same reason and will put at risk the delivery of Offending Behaviour Programmes in that area. Will money be found to install a more satisfactory and permanent solution to the overheating and lack of ventilation?

4.3.3 Why has Legal Services training been cancelled nationally (see section 4.1.13)?

4.3.4 Does the Prison Service accept that the recruitment freeze on administrative staff, the contraction of management grades and the constant stream of new business changes mean that managers and staff are now having to spend a great deal of time on administrative processes and training which take time and focus away from dealing with prisoners? What plans are in place to alleviate this, and make best use of their skills?

4.3.5 While Lifer numbers have reduced due to the decant of prisoners, what arrangements are being made to cope with the continued backlog of Life-sentenced and Indeterminate-sentenced

prisoners stuck in local prisons like Lewes, where they cannot access the courses and intensive progression work that they need?

4.3.6 There is no real provision for prisoners with severe learning disabilities (see 5.1.10). Adult prisoners with the mental age of a child need particular support and protection, and have no place in an adult jail. Will suitable facilities be put in place for this vulnerable group?

4.3.7 What steps are being taken to cope with the problem of prisoners on methadone maintenance at HMP Lewes (see page 10)? The impact of the high numbers of these prisoners is spread throughout this report. There is clearly an acute shortage of IDTS places in the South East area, and an obvious temptation for prisoners to opt for maintenance rather than detox in order to stay in their local area. Why does no planning seem to have taken place to ensure that there are places to which these prisoners can move?

4.3.8 Will the mobile telephone signal blocking system currently being trialled elsewhere in the estate be brought into Lewes shortly? Does the Prison Service accept the extent to which illicit mobile phones contribute to the importation and use of illegal drugs within the prison? Do they agree that detection takes up a large amount of staffing resource, which could be deployed elsewhere? If the system is accepted, will HMP Lewes, as a town prison close to an area of particularly high drug use, be given it as a priority?

4.3.9 Does the Prison Service share the view of the IMB that a more active role could be taken by Directors of Offender Management and their Regional Custody leads in managing the small number of prisoners who are difficult to locate? Most of these are housed in Segregation Units, and many are unwilling to go onto the main wing of a local prison because of their perceived sense of risk, either from themselves or from others. It is possible that some of these would feel safer in a prison further away, or that others would decide that being located on a wing in their local prison is preferable to being transferred further away from home. It is difficult to transfer a prisoner from a Segregation Unit to another prison. The IMB believes that a more widely managed and instructive approach could help to bring about progressive moves for these men.

Section 5 - Areas that must be reported on

5.1 - Diversity

5.1.1 The function is now managed by a Principal Officer. Sick leave and a lack of available training has resulted in a temporary dip in focus with a number of meetings cancelled. However, the new team is now developing the Diversity agenda, particularly concentrating on the introduction and implementation of new and more comprehensive systems.

5.1.2 It is less than ideal that Diversity training for Diversity staff has been suspended nationally while it is being updated to accommodate the new processes below. This has meant that there is a delay of over six months to obtain training. HMP Lewes's new Diversity team have visited other prisons to gain an understanding of their roles.

5.1.3 The Impact Assessment Programme was suspended in September pending the introduction of a new national system. These new Equality Impact Assessments (EIAs) place wider emphasis on risk elements from all strands of Diversity, i.e. Race, Gender, Gender Identity, Disability, Religion or Belief, Sexual Orientation and Age. The previously centralised prescriptive approach will move to a more localised assessment of individual need. All EIAs will be managed, monitored and driven by NEAT (NOMS Equality Impact Assessment Tool). The NEAT will generate action plans for all risk areas and should allow easier progress chasing and review control. Overall a more straightforward and therefore a more efficient process of risk reduction is anticipated. This work is currently being rolled out and will be fully implemented in February. The IMB welcomes this wider emphasis on all Diversity elements.

5.1.4 Action plans were developed in response to an audit of Standard 48 Race Equality (Prisoners) which identified Community Strategy and Communications Strategy as areas of high priority. The Diversity team is currently addressing this work.

5.1.5 5% of Racist Incident Reports were independently scrutinised by Lewes Group in support of Refugee and Asylum Seekers, which continues to maintain a close working relationship with the prison.

5.1.6 The IMB received only 3 complaints about racial matters last year, and the number referring to other diversity matters, such as disability issues, dropped from 5 to 1.

5.1.7 Towards the end of the reporting year, the number of Racial Incident Reporting forms submitted has reduced by half (from a typical 27 to 14). The reasons for this are unclear.

5.1.8 The new Co-ordinating Chaplain is now liaising with Diversity staff on a project to raise awareness of cultural and religious issues. January saw the circulation of a new monthly leaflet outlining cultural

events and festivals. Some of these are marked by themed meals served to staff and prisoners.

5.1.9 There remains a shortage of disabled and low mobility cells. The difficulty of moving Vulnerable Prisoner wheelchair users on to suitable programmes in other prisons has effectively resulted in bed-blocking, and disabled prisoners have occasionally had to be housed in the Healthcare Wing because of this, which is unsatisfactory and unfair. (Most inpatients have severe mental health problems, and association is therefore of a limited nature for those with physical disabilities only. Moreover, the disabled cell is downstairs in the mainly outpatient area, and if the prisoner is unable to use the stairlift then there is no means of getting upstairs to the hospital landing.) There will be one new low mobility cell in F Wing following the refurbishment but it is not a fully fitted disabled cell. The IMB would like to see greater provision of suitable cells.

5.1.10 There continues to be apparently no provision for prisoners with Learning Disabilities within the Prison Service. The occasional severely affected prisoner used to be housed in the Care and Support Unit, which was closed when the prison was enlarged. InReach (Mental Health team) now manages these prisoners. This would not be appropriate if they do not have additional mental health issues, but it is better than nothing. So much care is rightly taken over the detention of children, juveniles and young people, but for prisoners with adult bodies and the mental age of children there is no provision, and this is of great concern. They form one of the most vulnerable and fragile parts of the prison population.

5.2 - Learning and skills

5.2.1 During this year The Manchester College (TMC) took over from Sussex Downs College as the provider of education at HMP Lewes and a total of 84 offender learning sites across the country. It failed to calculate the real costs of provision and during the year withdrew from the contract to open negotiations with the Learning and Skills Council. Following this it obtained further funding and will continue as the service provider, but restructuring will be required.

5.2.2 A Curriculum Review will shortly take place which may result in changes to provision. The new curriculum will be shared across the South East and prisoners will be able to continue with courses upon transfer within the area. It is expected that the balance will be approximately 80% delivery of employment skills, language and numeracy, with 20% of personal and social development and art. This is currently the balance on offer at HMP Lewes.

5.2.3 The target is for 62% of prisoners enrolled on educational courses to achieve a qualification.

5.2.4 Tribal is taking over delivery of the Information, Advice and Guidance programme in the Induction and Pre-Release Centre. Following the Basic Skills Assessment, and in line with national practice, a MIAP (Managing Information Across Partners) Learning Plan

will be opened with a unique learner number for each man. A computer programme will record all courses undertaken and all qualifications achieved. This can be taken to any learning establishment in the country, and from it a CV can be devised and presented to future employers/trainers. This is a sensible and long-needed initiative.

5.2.5 Following the initial interview by Tribal, the Learning Plan is taken to Education where further induction and assessment takes place. More time should now be free to make a full diagnostic assessment and to develop a timetable of appropriate courses and learning styles. Where necessary, Literacy and Numeracy are delivered within the workshops to bring these skills up to the levels required by the vocational courses.

5.2.6 There is more focus on pre-release work than previously. This includes short courses such as preparation of a CV, Customer Service Skills, Business Start-Up and work-related certificates such as the CSCS Card (required for working on a building site). Three two-session courses in Mediation have also been delivered. Further practical short courses are to be developed.

5.2.7 Activity places have increased this year. Further development is taking place and Workshop 1, which used to offer 46 places for light assembly, is about to open as a Bricklaying Centre with places for 24. Although this is a reduction in numbers, the meaningless light assembly work will be replaced with work-based training which can lead to qualifications, which is a welcome improvement. In addition, there are 6 useful places in the new Painting and Decorating workshop.

5.2.8 Achieving the KPT on Purposeful Activity places continues to be difficult. Adverse weather this winter did not help when sessions had to be cancelled. However, the Incentives and Earned Privileges (IEP) system is being used to manage non-attendance more robustly. It has taken a while to develop the liaison between classrooms, workshops and wings needed to enforce this, but progress has been made and non-attendance is recorded daily on the wings, with appropriate action being taken. It will always be difficult to get some remanded men into voluntary activities, and the proportion of the population on remand will increase with the decant. An extra Gym session has been laid on for remanded and unemployed men, and this is popular.

5.2.9 It must be hoped that the temporary decant of prisoners during the refurbishment will not mean that activity and education places are lost when the numbers increase.

5.2.10 The PICTA workshop continues to provide worthwhile and interesting activity. It now has 4 staff and about 90 students. There is a 95% exam pass rate. This popular workshop offers courses in cabling and computer repair, as well as a range of other IT qualifications. These will prepare prisoners for jobs that may well be

available in the South East during the preparations for the 2010 Olympics.

5.2.11 *An Employers' Awareness Day recently took place in PICTA, and it is hoped to develop this concept into other educational areas.*

5.2.12 *The Chaplaincy has been reinvigorated with the arrival of the new Co-ordinating Chaplain. A new Buddhist Chaplain completes the team. All major faiths are provided for, and there is access to visiting pastors to fill any unmet needs.*

The Chaplaincy offers a range of activities including a guitar group, an Alpha group, Prison Fellowship on the wings, a Bible Study Group, a Victim Awareness course, a Muslim study group, and Yoga sessions. Other activities planned include groups for drama, film, books and non-religious meditation.

5.2.13 *The Gym continues to be popular with prisoners, but it has been noticed that there is a significant falling off in its use by prisoners on a Methadone prescription. Morning sessions are not well-attended by prisoners awaiting their daily dose at lunchtime. This is yet another hidden consequence of the large number of prisoners on the IDTS maintenance programme being left to languish at Lewes.*

5.2.14 *A Gym Instructor's course was delivered at both Levels 1 and 2 at the end of the year. Unfortunately this has been put on hold until April due to a temporary shortage of Physical Education Instructors. It provides a popular vocational opportunity for prisoners.*

5.2.15 *The Library continues to be well used. There are some new initiatives: Six Book Challenge offers a certificate to prisoners who read six books in six months; the Open Reading group gives a prisoner the opportunity to read and review a book, with the review being put on the Library notice board; a Film Club has been started but has now stopped - it is hoped to reintroduce it and use it as a learning tool within education classes; and the use of Story Book Dads, where a prisoner makes and sends a recording of himself reading a bedtime story to his children, has increased from two to twenty five per month.*

5.3 - Healthcare and mental health

5.3.1 *A new Head of Healthcare was appointed during the year. He has a nursing background, but is seconded from the Prison Service, having at one time been Deputy Governor at HMP Lewes. With this appointment the Deputy Head of Healthcare has this year been able to develop his role as Nurse Consultant Forensic Mental Health. With a Modern Matron in charge of Outpatients (also a former prison officer), and a new Head of InReach (Mental Health service), Healthcare is now well staffed at senior management level.*



Two year
wait for
Consultant
Psychiatrist

5.3.2 However, a Consultant Psychiatrist has still to take up post. Two part time consultants are due to start during the coming year, but there has been an unfortunate delay on the part of the PCT in making these appointments, leaving prisoners with an inconsistent delivery of psychiatric care. The process of appointment seems to be mired in slow-moving bureaucracy and has taken two years. GPs have to write prescriptions in the absence of a psychiatrist, and risk-assess mentally ill patients for their suitability to return to the wings. This should be done under the expertise of the psychiatrist, and poses a potential risk to the prison.

5.3.3 Meanwhile the visiting psychiatrists frequently cancel clinics. Reasons given include annual leave, attending a course and sick absence. Whatever the reason, no cover is given, and the prisoners suffer unfairly. The IMB receives complaints on this subject.

5.3.4 The IMB has also received complaints from staff and prisoners about inconsistency of General Practitioner care, and concerns were raised with the Head of Healthcare over non-attendance on the Hospital landing by one GP. While the IMB acknowledges that medical matters are not part of its remit, it feels bound to report that this is not the first time it has received complaints about this individual. Action has been swiftly taken to log GP visits to the landing.

5.3.5 There still seems to be a high turnover of nursing staff, and recruitment is always ongoing. However, nursing levels have improved, at least in the Hospital, and the posts are well-funded. 3 suspensions pending 2 investigations have left staffing levels short. At the time of writing, out of 8 Outpatient nurses 2 have been suspended, 2 are away sick and 2 have resigned. This means that nurses have to be seconded from the Hospital landing to cover Outpatient work. Most landing staff have mental health training, which creates a good link with the InReach team, who deliver MH services around the prison, and is appropriate for the mainly mentally ill inpatients. Covering outpatient work removes these nurses and their skills from those patients who most need them.

5.3.6 Current clinics include Sexual Health, Chronic Disease, Over 60s, Smoking Cessation and Hepatitis C. In addition, a Dental and Facial Maxillary Clinic is held twice monthly. Prisoner clinics for medication issues have been set up with the Pharmacy and Outpatient nurses. These provide prisoners with the opportunity to discuss their medication. Many applications are made to the IMB on this subject, which of course is outside their remit, and the clinics seem a good idea, even though so far attendance is light.

5.3.7 A second Pharmacist has joined the team, and this should enable the range of pharmaceutical services to be extended. This person is trained to prescribe.

5.3.8 Smoking is now allowed in Healthcare. This is a reversal of the previous policy, which banned smoking in line with policy across all other medical establishments.

5.3.9 *Non-attendance at outside hospital appointments continues to be a problem and is a not infrequent subject of complaint to the IMB. The IMB has been given different reasons for this. Among these it seems that sometimes prisoners refuse to attend and sometimes prisoners are transferred before the date. At the very least, this seems to be a waste of NHS resources.*

5.3.10 *Resourcing bed-watches also makes big demands on staff resource. The need varies greatly from month to month, depending on individual patients. It is funded by the PCT, but escorts are provided by prison staff. Staff are flexible in trying to support this and it should be acknowledged that an officer and a PO gave up Christmas Day to escort a prisoner to hospital when no volunteers could be found within the prison or the area.*

5.3.11 *There are currently two prison officers in Healthcare, one part-time. This is welcomed by the IMB, as they provide useful knowledge of prison processes for the prisoners, they are Control and Restraint (C&R) trained should a prisoner become violent, and are available to escort prisoners if necessary. There is usually quite a large number of prisoners in Healthcare with severe mental illness, and the IMB's view, not shared by all, is that officers have a part to play in keeping the environment safe. Nursing staff are not trained in C&R techniques.*

5.3.12 *Implementation of the Integrated Drug Treatment Service (IDTS) means that large numbers of prisoners are now on a Methadone maintenance prescription. Indeed, only around 5-10% choose the detox option. Dispensing has been made easier with the introduction of two iris recognition dispensers at the medical hatches on A and C Wings. The measured amount is dispensed by computer and swallowed in front of a nurse.*

5.3.13 *Healthcare now provides regular statutory attendance at Segregation Reviews, something which has been an occasional problem highlighted in previous reports. The nurses attending, however, do not always have knowledge of the prisoners, and do not always bring their medical records, making the attendance often more of a box ticking exercise than a useful function. As there are often men in Segregation with significant MH problems, it is important that there is proper medical input into any decision to continue segregation.*

5.3.14 *Mental Health services continue to be developed by the Nurse Consultant Forensic Mental Health. Prisoners are still having to wait too long for places in secure Mental Health units where they can start suitable treatment once sectioned. Rightly, this may not be delivered within prison Healthcare, but only in an appropriate specialist facility. Those waiting over twelve weeks are flagged up by the Department of Health. There still seems to be a shortage of this vital provision both locally and nationally. Need is likely to grow with the increase in multiple and early drug use and chaotic lifestyles, and is currently not being met. This has been, and remains, of great concern.*

5.3.15 *It is hoped that the much delayed appointment of the Consultant Psychiatrists may make the assessment and referral processes smoother and swifter.*

5.4 - Safer custody

5.4.1 *The Safer Community Policy statement at HMP Lewes states that the prison "is committed to taking a proactive approach in fostering a safer community that is free from violence. Ensuring that all staff and prisoners contribute to and benefit from a safe, non-threatening environment."*

5.4.2 *The Safer Custody Team develop and manage all aspects relating to a safer community within the prison, addressing self-harm, bullying and violence by setting policy and strategy for each area and by ensuring that all staff and prisoners are aware of the policies and what action they should take.*

5.4.3 *A number of events were held at the end of the reporting year to assist in promoting and achieving a safer community for all who live and work in HMP Lewes. Staff and prisoner surveys were conducted but the results are as yet unknown.*

5.4.4 *The Suicide Prevention Co-ordinator (SPC) continues to closely monitor all ACCT (Assessment, Care in Custody, Teamwork) documents on the wings and reports weekly to all staff regarding numbers of open documents, quality of entries, timeliness of reviews, etc.*

5.4.5 *The SPC is working on a method of identifying trigger points for prisoners that could raise their vulnerability to distress and self harm. For example, the start of a high profile trial, a particular anniversary or imminent release are all possible triggers.*

5.4.6 *290 (280 in 2008) ACCT documents were opened during this reporting period. There have been between 15 and 28 open at any one time during the year.*

5.4.7 *There were 90 (119) recorded incidents of self harm.*

5.4.8 *There were 3 deaths during the period with inquests pending.*

5.4.9 *Staff training in ACCT Foundation is good. ACCT Case manager training for Senior Officers has not been well supported due to the inability of the candidates to be released from duty rota to attend the sessions. (There is currently a shortage of substantive SOs at Lewes.) However, this shortfall is now being addressed.*

5.4.10 *There is still concern among senior managers that the importance of full and proper use of ACCT documents is not always consistent. The IMB has observed instances of this, both on the wings and in Healthcare.*

5.4.11 *There is excellent support from the Samaritans who attend the monthly Safer Custody meetings. The Samaritans train and support Listeners, prisoners who are able to listen to the problems of their peers if needed.*

5.4.12 *Listener numbers fell dramatically earlier in the year to 6 but have now risen to 18. Listeners are retained as far as possible but can be lost due to release or transfer, sometimes to Category D establishments as part of their own progression.*

5.4.13 *Improvements in anti-bullying and violence reduction measures have been introduced. Officers on wings have been identified to take these as areas of special interest but as yet have not received any training.*

5.4.14 *100 (45) Safer Community Monitoring books have been opened during the year. These are used to observe and manage offenders who are suspected of or known to be bullying others.*

5.4.15 *Safer Custody monthly meetings are reasonably well attended and officers from the wings make every effort to attend. Security representation has been poor. All closed ACCT documents are scrutinised at the meetings.*

5.4.16 *The Safer Custody Team at Lewes works hard to try to ensure a safe environment for everyone who lives, works or visits and are to be commended for their efforts in what can be a difficult environment. The local area has a higher than average substance misuse population as well as higher than average levels of self harm and drug related deaths in the community. The remand status of one third of the population also makes those prisoners more vulnerable to self harm and suicide.*

5.5 - Segregation unit

5.5.1 *The Segregation Unit at HMP Lewes is housed in the basement of F Block. This building dates from middle of the nineteenth century. There are 17 cells as well as two used for Special Accommodation, one for Constant Observation, offices and a room used for Adjudications. There are two small adjoining exercise yards with a fence between them.*

5.5.2 *The cell windows are small by modern standards and only exist on one side of the building. Walls are thick and dampness causes blistering to the plaster and paintwork. There is water ingress from time to time. Each cell has a WC screened by a curtain, though the curtain is often removed by the prisoner. Eight of the cells have no power socket, which means that no TV, kettle or music player can be used unless the prisoner can afford batteries, which is unlikely. These cells are mainly used for Cellular Confinement.*

5.5.3 *Despite the difficulty of providing a humane regime in this depressing environment, the Board feels that the officers in the Unit provide a high standard of care and are well managed. They use*

considerable skills in calming prisoners, in de-escalating confrontations, and in encouraging the men's acceptance of the necessary restrictions. This has improved steadily over the year.

5.5.4 Most of the prisoners held in the Segregation Unit are there under Rule 45 for Good Order or Discipline or their Own Interest (GOoD). A minority are held under Rule 53 (Pending Adjudication) or Rule 55 (Cellular Confinement). GOoD cases are reviewed by a governor after 72 hours and then once a fortnight. The prisoner under review usually attends for the whole time, though some turn down the opportunity to attend. The IMB has attended all but one of the fortnightly reviews. Only once in the reporting year has the IMB had concerns about the continued segregation of a prisoner, and these concerns were informally and quickly resolved. A representative from Healthcare also attends, although the attendees frequently do not bring the medical records and often have no knowledge of the prisoner and his medical issues. In the IMB's view, this diminishes the value of the review in making a full and fair assessment of the suitability of continued segregation.

5.5.5 The IMB is now notified of every prisoner newly admitted to the Unit, for whatever reason. A member of the Board sees most new arrivals in their first 72 hours.

5.5.6 Prisoners are normally offered daily exercise, a shower, in-cell education and a daily phone call. The duty governor, a nurse from Healthcare, and a member of the chaplaincy team visit every day. The IMB speaks to every prisoner once a week.

5.5.7 Changes arising from the revised version of PSO (Prison Service Order) 1700 were implemented at HMP Lewes from September 2009. One resultant problem is the need to enter a comment every hour, in the Segregation History sheet, about each prisoner serving a period of Cellular Confinement. It is difficult for these very frequent, necessarily brief comments (e.g. "Still asleep, on left side") to be of any real value.

5.5.8 The previous system required an hourly signature only, with a paragraph of more informative comment three times a day. The IMB suspects that the old system may be found in due course to have provided more information on a prisoner's state.

5.5.9 Another new provision under the revised PSO is for a Care Plan to be drawn up for every prisoner after a stay of 30 days. However there is no guidance for the content of this, or suggested format, or timescale for review. These aspects mean that the Care Plan has in the IMB view little impact.

long periods of segregation may damage prisoners' mental health

5.5.10 In 2008 the prison recommenced the meetings of the Segregation Monitoring and Review Group (SMARG), to scrutinise the paperwork and data on the Unit and on Adjudications. This renewed focus resulted in a higher standard of accuracy and compliance, and the improvement has been maintained

during 2009. However the IMB believes that it is important to continue rigorous monitoring, as members still notice occasional errors in record-keeping.

5.5.11 The Unit now measures the average (mean) number of days prisoners spend there, in order to have a base figure for comparison when evaluating initiatives designed to reduce length of stay. It is accepted that a long period of segregation tends to be injurious to a prisoner's mental health.

5.5.12 From 1st September 2009 to February 3rd 2010, 68 prisoners ended a period of segregation. They had been segregated either under Rule 45 (GOoD) or Rule 53 (Pending an Adjudication) or Rule 55 (for a period of Cellular Confinement as an outcome of an Adjudication). Their average stay was 17 days, and the range was from 2 to 187 days. Prisoners with longer stays are not included in these figures as their segregated period has not yet ended.

5.5.13 As periods spent under Rules 53 and 55 are self-limiting, because of the maxima laid down, it is the Rule 45 prisoners whose mental health may be impaired by six months or more of understimulation in the Unit, despite the best efforts of officers to provide some elements of progression and challenge.

5.5.14 The majority of prisoners in the Segregation Unit tell the IMB and the prison that they have no wish to locate on an ordinary large wing. They say they prefer the quiet atmosphere, the extra attention from officers, the single cells, and being away from other prisoners. They quite frequently claim that they are not safe on the main wings of a busy local prison due to outside matters. Others say that they do not trust themselves to behave on a large wing with the temptations of drugs, or the difficulty of containing their own aggression, and do not wish to jeopardise their chances of parole by being placed there. This is a difficult problem to solve.

5.5.15 In Spring 2010 the Segregation Unit will move so that the whole of F Block can be refurbished. The prison intends to use the move to introduce a more effective policy to persuade prisoners who refuse to leave segregation to do so, in their own interests. The IMB and the prison will next year monitor the average length of stay, and the range in days, as an approximate measure of the policy's impact.

5.5.16 The IMB believes that these measures could be usefully adopted in other prisons. Doing so would enable progress on this important and neglected issue to be evidenced. It questions why the DOM and Regional Custody Leads do not take a more pro-active role in the management of segregated prisoners throughout the estate, enabling those who believe they are at risk at Lewes, or have other reasons for being elsewhere, to be transferred more easily out of segregation and into different prisons.

5.5.17 Adjudications are regularly monitored by IMB members, who receive the monthly statistics. A good system of analysis has been developed, showing charges laid by wing, by individual officers, and by

offence. This enables any potential issues or discrepancies to be swiftly addressed.

5.5.18 For many years there has been a tendency by some staff to use the Adjudication process rather than the Incentives and Earned Privileges (IEP) scheme to manage difficult prisoners. Despite management efforts it has proved difficult to change the practice. However, in the last two months, it appears that this is starting to improve.

Section 6 - Other areas of concern or excellence

6.1 - Foreign Nationals

6.1.1 Despite the opening of a new Foreign National wing at HMP Maidstone, FN numbers at Lewes have not diminished, and average over 19% of the current population. A snapshot of figures on January 31st showed 31 remanded and 43 convicted FN prisoners. There were 5 sentence-expired detainees. These men frequently make applications to the IMB as they find it difficult to understand their continued detention in a prison. This also seems unfair to the IMB. Even if they were convicted of a serious crime, there should be appropriate secure places in Immigration Removal Centres (IRCs) for Foreign Nationals whose sentences have expired, pending resolution of deportation/right to stay issues. In practice, prisoners are often only moved to an IRC when deportation is imminent.



Foreign National prisoners sometimes held after sentence has expired

6.1.2 The Foreign Nationals (FN) Senior Officer is managed by Residence but also works closely with the Diversity team. FN information packs are now available on all wings.

6.1.3 Induction can be done interactively in 9 foreign languages on the computers in the Induction and Pre-Release Centre, and additional information is available in a read-only format for other languages.

6.1.4 Clinics are held fortnightly by the UK Border Agency (UKBA) but this is not sufficient capacity to meet demand. Their immigration needs would more likely be met in a prison or removal centre dedicated to FNs. Although HMP Lewes is covered by the Croydon branch of the UKBA, staff from Portsmouth attend the clinics on their behalf, which would not appear to be an efficient way of dealing with FN issues.

6.2 Kitchen

6.2.1 During the first part of the reporting year, the IMB continued to have concerns about the Kitchen and Serveries, and highlighted these as areas for close monitoring. Serveries were often seen to be dirty, and orderlies often either did not have, or did not wear, the appropriate clothing. The apportioning of food was not monitored carefully by wing staff, and certain prisoners were observed to receive

larger portions than others. This was not helped by food coming from the Kitchen in variable quantities, making fair distribution difficult.

6.2.2 With the advent of a new Catering Manager last summer there has been gradual improvement. He has initially focussed on developing management and staffing. A new Kitchen Manager is also now in post. Menus are more varied, and the IMB receives fewer complaints about the quality of food.

6.2.3 A healthy option is offered at lunchtime. The government-recommended 5 portions of fruit and vegetables a day are available, but not usually chosen.

6.2.4 Portions are still variable from time to time: chip scoops have been sourced but broken. Some prisoners still seem to be given larger portions by their peers than others. This could only be remedied by closer staff observation and action. Principal Officers were tasked with monitoring Servery problems and the Serveries have recently been observed to be much cleaner on most IMB inspections. There are occasional exceptions. The Catering Manager takes an active part in visiting the Serveries and checking the food comments book.

6.2.5 In collaboration with the Diversity team, themed days have been revived to celebrate different cultural festivals and events. A special meal has just been served to staff to celebrate Chinese New Year, and similar quarterly events are planned for staff and prisoners.

6.2.6 NVQs were introduced by the new Kitchen Manager, an office and training room were set up, and Level 1 was started with 7 candidates. Level 2 was due to be offered. However, with the current decant of prisoners all these men have been transferred and the programme has had to be postponed. It is hoped eventually to have all 25 kitchen workers engaged in NVQs. This would require them to remain at Lewes for 3 months.

6.2.7 Links are to be developed with outside catering establishments, such as hotels, in order to promote employment for the qualified prisoners on their release.

6.2.8 Kitchen staff and prisoners now work in the new Staff Mess, and provide refreshments in the Visits Hall, where previously there were no such facilities.

6.2.9 Inspections by the Regional Catering Manager, a representative from Environmental Health, and the IMB, have all noted improved hygiene standards.

New Induction
and Pre-
Release
Centre
opened

6.3 Induction

6.3.1 The new Induction and Pre-Release Centre (IP-RC) was opened in March 2009. Induction is delivered to groups each morning and is attended by representatives from Learning and Skills, Probation and other departments.

6.3.2 The IP-RC is an open, well-lit and comfortable room with a central area for the delivery of presentations, and 12 individual workstations on which prisoners can access details of programmes and activities. There are 4 screened areas for consultations or reading.

6.3.3 Peer Advisors are trained to deliver Information, Advice and Guidance (IAG) to other prisoners. This has proved to be a welcome and successful initiative, both for the Advisors and the advised. The Advisors can obtain NVQs in Advice and Guidance and clearly take pleasure and pride in their work.

6.3.4 Foreign Nationals can access information on the computers in a range of languages, and can obtain details of their wing representatives from Peer Advisors.

6.3.5 Prisoners take a Basic Skills Assessment on the computers, and are then interviewed by an Advisor. A Learning Plan is opened using the national Managing Information Across Partners (MIAP) system, and each prisoner is given a unique learning number. This plan, number, and a record of all achievements can be accessed at all learning establishments in the UK. The plan is based on a prisoner's needs and goals through the Employment, Education and Training (ETE) Pathway, and is further developed by the Education Department. At the time of writing, Tribal is taking over delivery of this function.

6.3.6 In order to try to engage prisoners in genuinely purposeful activity, they are unable to apply for work or education until they have attended Induction and had an assessment. At this point, they may make an application for their activities of choice. These are referred through a weekly Activities Forum which allocates places according to prisoner choice, suitability, and availability of resource.

6.3.7 The IMB has created a short powerpoint presentation which can be accessed on the workstations. They hope that it will soon be possible to show this to the group via DVD. It covers the background and role of the IMB, and explains how to make an application to see them.

6.3.8 Prisoners continue to be housed on the First Night Centre (FNC) on K Wing, and during the next phase of refurbishment will move to A1 Landing to continue their Induction. At times when prisons are full, bed-blocking can extend down to K Wing, making it difficult to move prisoners on and vacate space for new arrivals. This is an unfortunate consequence of overcrowding: the FNC with its small size and dedicated staff is an important initial step towards full integration into the prison. The first night in prison is a potentially vulnerable time for many.

6.4 Reception

6.4.1 For much of the year the IMB has been observing and reporting what have appeared to be regular lapses in searching procedures, and occasional lack of care with prisoners' property.

There has recently been a change in Reception management, and more thorough searching is now being seen.

6.4.2 A recently installed Body Orifice Security Scanner (BOSS) chair and security portal are actively being used and are contributing to the finding of prohibited items. (However, since the items are rarely recovered and it has since been decided that this evidence is not valid in an Adjudication, the use of this expensive equipment has become of questionable value.)

6.4.3 The increase in prisoner numbers together with large amounts of property being brought in by prisoners from other establishments are causing problems with the prison's limited storage capacity. The IMB noted on one occasion that a prisoner arrived from a prison on the Isle of Wight with 7 bags. This should not be happening.

6.5 Offender Management Unit

6.5.1 During the year, HMP Lewes has introduced several useful initiatives designed to encourage resettlement of prisoners and reduce re-offending.

6.5.2 These include Preventing Offender Accommodation Loss (POAL). This innovative project helps prisoners on short sentences to avoid losing a secure tenancy whilst in custody, and means they are less likely to be without accommodation when they are released. Partners include three local councils who contribute staff to work within the prison.

6.5.3 A similarly successful local project is the Lewes2Brighton co-operative venture to find supported housing for those released prisoners who suffer from a personality disorder and therefore find it difficult to secure and retain accommodation in an open market. Nationally, almost half the prison population with mental health problems had, according to the Revolving Doors Agency, no fixed address on leaving prison. Local community partners include Revolving Doors, the Brighton Housing Trust, the Police, and Healthcare services. Funding has generously come from Lloyds TSB. This valuable initiative has maintained ex-prisoners, who have not been out of prison for more than two weeks for many years, safely in the community as they adjust to life outside jail.

6.5.4 These two short-term projects do nothing to alleviate the problem of dealing with housing needs for the rest of the prison population. Since one housing officer was declared surplus within the required budget cuts and has now left, the remaining part-time officer is hard-pushed to meet current need.

6.5.5 The numbers of prisoners who are of no fixed abode (NFA) on release has decreased somewhat over the year. However it is possible that some of those quoting a relative's home as their accommodation address do so in order to apply for End of Custody Licence (ECL, 18

days' early release). Thus the improved figures may overstate the situation. This early release scheme will cease in March.

6.5.6 Several Children and Family Days have been held during the year, with a good attendance. Visitors have remarked (IMB survey) that they appreciate how helpful and friendly officers are to them, and how much this means when the prisoner's family is under great stress.

6.5.7 Visitors do however also say in the survey that it is very difficult to book an ordinary social visit to a prisoner by telephone, because the phone is constantly engaged. Not all visitors have access to email. One of the resettlement pathways is to ensure a prisoner maintains his relationships. By doing so, he is less likely to re-offend when released. Visits are the most important part of this, and it is therefore important that this problem is solved. The survey will shortly be presented to the Governor.

6.5.7 The Offender Assessment System (OASys) was developed by the Prison and Probation Services to assess a prisoner's likelihood of re-offending and the risk of serious harm. A sentence plan is then drawn up to manage and reduce these risks. However there has been a backlog in assessments at HMP Lewes for most of the year, with more than 70 prisoners not assessed when they should be. The backlog has diminished somewhat over the twelve month period (to 50-60), and now with more trained officers it is hoped that this will be further reduced. The IMB will continue to monitor this.

6.5.8 During the year one prisoner was released in error a few days before he should have been. The IMB feels that the prison has taken this mistake very seriously, and has put measures in place to ensure it does not recur.

6.5.9 During the year the Enhanced Thinking Skills (ETS) programme and its successor, the redeveloped Thinking Skills Programme (TSP) have been successfully delivered. These are among the courses designed to encourage prisoners to recognise and change the behaviour patterns that led to their offences. A course new to Lewes - Crisis, Aggression, Limitation and Management (CALM) - has recently been introduced, and has been praised by external audit. It is important that programmes that are effective in this way are continued, and the IMB is greatly concerned that these will be under threat when the next round of harsh budget cuts is imposed.

6.5.10 The new Induction and Pre-release Centre (IP-RC) has now opened. While it is providing a more reliable induction service for the constantly changing prisoner population, the development of the pre-release service has been slow. This may be because the management of the Centre falls under Learning and Skills, and the focus is on Induction and the Learning Pathway. Random visits by the IMB have found little sign of pre-release work going on, and because of delays in obtaining Headquarters' approval it has taken a year to get the Job Centre Plus point installed.

6.5.11 *If the pre-release function of the Centre raises the percentage of prisoners who leave with secure accommodation and employment, it will have done a great deal to reduce re-offending in Sussex. However, attendance by the resettlement team is voluntary and their workload is high. There is a risk of an excellent opportunity being lost.*

6.6 Drug Strategy

6.6.1 *HMP Lewes is close to the city of Brighton and Hove, which has one of the highest levels of drug use in the country. Many prisoners come from this area, and over 50% test positive on Reception. The high level of drug dependency makes it difficult for the prison to meet its target of 8% on the random Mandatory Drug Testing programme (MDT). This was slashed from 15% last year. (Update: MDT failures were 9.79 at the year end in April.)*

6.6.2 *In addition to this, there is a constant attempt to smuggle drugs into the prison. HMP Lewes is situated in a town, and packages are thrown over the walls. It has both Crown and Magistrates' Courts, and there is a constant movement of prisoners in and out of the prison. Prisoners are mainly local men, and most receive visitors. 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.*

6.6.3 *The prison works closely with the police to address this. Staff are vigilant and proactive in passing on suspicions about illegal activity. Both random and targeted searches are conducted on each wing. There are now four dogs trained to detect drugs and these are deployed around the prison and at the point of entry for prisoners' visitors. Unfortunately funding does not stretch to the employment of nightly patrols to intercept packages over the wall.*

6.6.4 *The smuggling of mobile phones and simcards poses a big problem to security as it enables drug dealing to be carried on both within and beyond the prison. Although metal detecting devices are used, prisoners are inventive in secreting these items and they can often not be retrieved.*

6.6.5 *The new technology currently being trialled which blocks the signals to mobile phones would be a welcome addition to the fight against drugs. Current technology is unsuitable for use as it would interfere with the reception in neighbouring houses.*

6.6.6 *Funded by the Crime Reduction Initiative (CRI), CARATS (Counselling, Assessment, Referral, Advice and Throughcare) continues to provide the assessments, one to one work and some group work with those prisoners who have a substance abuse problem. It has been 3 1/2 workers short since last summer, which has limited the amount of 1:1 work it can deliver. CARATS sees around 65 new cases a month within the prison (this compares with 8-9 new cases within the*

community). At the time of writing it has an active caseload of 210, with 110 suspended.

6.6.7 Prisoners are seen within 24 hours of referral from the First Night Centre. They have a Care Plan by day 5. A new information clinic is about to start using peer mentors and drug strategy representatives.

6.6.8 Courses available include Healthy Balanced Lifestyle and Healthy Balanced Diet (both delivered in conjunction with the Gym), a new Relaxation course, Overdose Aid and Alcohol Awareness (1 session). There is also a further new motivation course entitled Change is Possible (1 session).

6.6.9 In addition, Lewes offers the offending behaviour programme P-ASRO (Prisoners Addressing Drug Related Offending). This comprehensive course is highly successful both in its number of completions and its quality of delivery.

6.6.10 The Integrated Drug Treatment Scheme (IDTS) has enabled Healthcare and CARATS to work together. Recently small group sessions have been established with a CARAT worker and a Substance Misuse Nurse.

6.6.11 Most prisoners (around 95%) opt for the maintenance option on IDTS, rather than detoxification. The scheme was established to ensure continuity of care and treatment both within the prison and without, following a high level of drug related deaths in prisoners returning to the community. However, prisoners on maintenance cannot be transferred to a prison unless that prison is also delivering IDTS. As most sentenced prisoners from Lewes go to Camphill or the Sheppey Cluster, which between them have very few places indeed, they have to remain at Lewes, which as a local prison is not suitable for their longer term needs. It appears that the strategy for the implementation of IDTS was not fully thought through at area level, allowing a receiving prison to roll it out before the training prisons. Problems with and possible reasons for the high numbers of methadone dependant prisoners are referred to in the Executive Summary.

Section 7 - The work of the board

7.1 *The year has been a busy one for board members as numbers are low. Recruitment has not taken place since the appointment of two new members early in 2009. Two members have been given sabbaticals during the year, and one has resigned. The Board has been stretched to cover the monitoring effectively. There are now eleven members, and active recruitment is underway. Despite ongoing efforts, it is difficult to achieve a diverse balance of members on the board. It does require a large input of time to monitor effectively, and it is not easy to find a wide range of people who are able to give this. The potential membership of the board is now twenty one but members feel this could be unwieldy to manage, and are looking to increase it to sixteen.*

7.2 *Members attend prison service training where useful and when time allows (Diversity, Conditioning and Personal Safety being examples of this). The Board Development Officer organises two Board training sessions annually, one being a Team Performance Review, the other covering such matters as Contingency Training, computer skills, dealing with difficult applications or developing Areas of Special Interest. Members have also made a visit to HMP Downview, and received a visit from the IMB at HMP Maidstone.*

7.3 *The Board has continued to have three members on rota each week. One visits the statutory areas (Kitchen, wings, Healthcare and Segregation Unit), one deals with applications, and the third monitors other areas of the prison. The aim is for all areas to be covered over the course of the year, and a wall chart "tick list" enables members to see at a glance which areas have not been visited. Members sit as occasional observers on a range of prison meetings, such as Safer Custody, Diversity, SMARG, Finance Committee and Use of Force. The Chairman also observes the monthly Senior Management Team meeting. All members have Areas of Special Interest to cover, with the aim of ensuring that the prison is monitored as efficiently and effectively as possible. Prison managers and staff are invited to speak at IMB monthly meetings: recent guests have been managers from Finance, Violence Reduction, Vocational Training and the Kitchen, and the Hostage Negotiators' Co-ordinator also made a presentation. The National Council Representative attended the April meeting.*

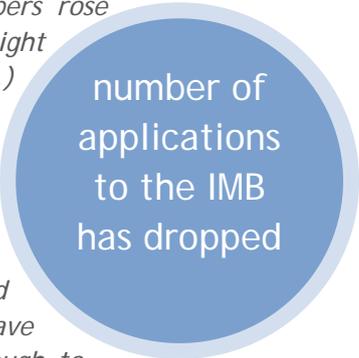
7.4 *The IMB maintains an Issues and Actions Register to ensure that areas of concern are closely monitored. This is reviewed at each meeting, and items are opened or closed as necessary. Issues on the Register at some point during the year include the Kitchen and Serveries, Portion control, Diversity, Reception, Recruitment, Induction, Segregation, Healthcare, Sussex Unit heating, Canteen and Visits booking. Pleasingly, most of these are removed after a few months.*

7.5 *Boards' budgets are currently under review by the Secretariat. It has been found that these vary greatly, and not always in proportion to the size or needs of the establishments. The Lewes budget is small*

and is usually overspent. It would not be possible to monitor effectively on a lower sum than is currently claimed for (and indeed not all members claim expenses at all, something that they could choose to change at any time). It is important that sufficient funds are allocated to allow the IMB - all volunteers in public service - to fulfil its remit and monitor adequately.

Number of Board Meetings held	12
Recommended complement of Board members	21
Number of Board members at start of reporting period	13
Number of Board members at end of reporting period (note one member on sabbatical)	12
Number leaving	1
Number joining	0
Number of attendances at meetings other than Board meetings	61
Total number of visits to the prison (including all meetings)	544
Total number of applications received	428
Total number of segregation reviews held	26
Total number of segregation reviews attended	25

7.5 The most notable feature of the following analysis of applications is that the number of applications to the IMB has greatly dropped. In 2007 there were 448 separate applications and the prison Certified Normal Location (CNA) was 449. When the CNA went up to 623 in 2008 with the opening of the new wings, the applications rose to 578. (It should be noted that the prisoner numbers rose gradually during that spring so comparative numbers might have been a little higher, had it been full all the time.) However, by the end of 2009, applications for the year had gone down to 428. This would suggest a more settled population, whose needs are being more successfully met. Areas that have gone up are Wing/Cell Allocation (the quality of accommodation varies greatly from wing to wing), Segregation and Healthcare. There are a number of factors that could have caused these rises, but evidence is not conclusive enough to report. Occasionally, a single prisoner can skew statistics. Increases of a third and a quarter for Segregation and Healthcare respectively, however, do warrant close consideration. Canteen is now delivered by DHL, and applications about this are significantly down. Those regarding Parole hearings are also much lower; it may be that external processes have been speeded up. The IMB at Lewes is fortunate in having a member who draws up a quarterly analysis of applications,



number of applications to the IMB has dropped

showing numbers by wing and by subject, and comparing these with previous years.

Code	Subject		2007	Total	2008	Total	2009	Total
A	Accommodation	A1 – cell quality	14		11		14	
		A2 – wing/cell allocation	15	29	11	22	15	29
B	Adjudications and Segregation	B1 – adjudications – internal	4		10		12	
		B2 – adjudications – external	1		2		6	
		B3 – Rule 49 segregation	4	9	3	15	4	22
C	Diversity	C1 – racial issues referred to prison staff	5		2		3	
		C2 – racial issues not referred to prison staff	2		2		0	
		C3 – other diversity issues e.g. disability	3	10	5	9	1	4
D	Education / employment / training / regimes	D1 – education / employment	15		64		36	
		D2 – IEP	4	19	5	69	24	60
E	Family / visits	E1 – visits	30		34		20	
		E2 – resettlement issues	4		4		7	
		E3 – mail / pin phones	21	55	67	105	41	68
F	Food / kitchen related	– food / kitchen issues	23	23	16	16	6	6
G	Health related	– health issues	65	65	43	43	54	54
H	Property	H1 – property related to previous prison	20		45		28	
		H2 – property related to current prison	35		28		19	
		H3 – canteen / Argos / facilities list	27	82	29	102	17	64
I	Sentence related	I1 – basic sentence (inc. remand time)	14		14		13	
		I2 – HDC	7		3		13	
		I3 – immigration / deportation	4		9		6	
		I4 – categorisation	6		18		9	

		<i>I5 – police days</i>	0		2		0	
		<i>I6 – ROTL</i>	5		5		3	
		<i>I7 – Parole Board</i>	23	59	17	79	4	48
<i>J</i>	<i>Staff / prisoner related</i>	<i>J1 – applications about staff</i>	14		24		18	
		<i>J2 – applications about prisoners</i>	2		2		0	
		<i>J3 – applications from staff</i>	0	16	1	27	0	18
<i>K</i>	<i>Transfers</i>	<i>- transfers</i>	27	27	35	35	24	24
<i>L</i>	<i>Miscellaneous</i>	<i>L1 – miscellaneous</i>	54	54	56	56	31	31
	<i>Total number of applications</i>		448	448	578	578	428	428

Section 8 - Glossary of Prison related abbreviations

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

<i>HDCED Earliest Date of Release on HDC</i>	<i>NACRO National Association for Care & 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 & Boiler Ho. used for ETE</i>
<i>ICA1/2 Initial Categorisation & Classification Forms for Adults/YOs</i>	<i>NOMS National Offender Manager Service - amalgamation of the Prison & Probation Services</i>
<i>IDU Inmate Development Unit</i>	<i>OASYS Offender Assessment System - computerised risk & 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 & Allocations - a Reception task</i>
<i>IMB Independent Monitoring Board</i>	<i>OCN Open college network</i>
<i>IND Immigration & 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 & 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 & 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 Principal Officer</i>	<i>SIN Staff Information Notice</i>
<i>POA Prison Officers' Association - the main trade union</i>	<i>SIR Security Information Report</i>
<i>POELT Prison Officer Entry Level Trainee</i>	<i>SLA Service Level Agreement</i>
<i>POPO Prolific and Other Priority Offender</i>	<i>SMARG Segregation and Monitoring Review Group</i>
<i>PPO Prisons and Probation Ombudsman</i>	<i>SMT Senior Management Team</i>
<i>PPP Public Protection Panel</i>	<i>SO Senior Officer</i>
<i>PS Prison Service</i>	<i>SPDR Staff Performance & Development Record - reviewed annually</i>
<i>PSI Prison Service Instruction</i>	<i>TOIL Time Off in Lieu (of payment)</i>
<i>PSO Prison Service Order - see www.hmprisonservice.gov.uk/resources/centre/psispsos/listpsos</i>	<i>TSU Technical Support Unit - part of PS responsible for repairs/installations ("Works")</i>
<i>RFW Removal from Wing - a punishment</i>	<i>TUPE Transfer of Undertakings (Protection of Employment) - staff transfer</i>
<i>ROAD Remission of Added Days (up to 50%)</i>	<i>VDT Voluntary Drugs Testing</i>
<i>ROM Regional Offender Manager</i>	<i>VO Visiting Order - sent out by prisoners, allows named people to visit</i>
<i>ROR Restoration of Remission - now ROAD; Risk of Reconviction;</i>	<i>VTC Vocational Training Centre</i>
<i>ROTL Release on Temporary Licence - e.g. to work in mess; town visits; home leave</i>	<i>Gold Commander Headquarters controller for serious incidents</i>
<i>ROWD Review of Works Departments (may involve privatisation/civilianisation)</i>	<i>Silver Commander Person in establishment in charge of serious incidents</i>
<i>RRA Assistant to the RRLO</i>	<i>Bronze Commander Local Sub Commander for serious incidents</i>
<i>RRLO Race Relations Liaison Officer</i>	<i>Operation Tornado System to provide extra staff and resources for serious incidents</i>
<i>SAU Standards Audit Unit</i>	
<i>SCG Safer Custody Group</i>	
<i>SED Sentence Expiry Date</i>	
<i>SEO Senior Executive Officer</i>	