



Annual Report
of the
Independent Monitoring Board
at
HMP Lewes

for reporting year
1 February 2016 to 31 January 2017

Published
July 2017



Monitoring fairness and respect for people in custody

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1 STATUTORY ROLE OF THE IMB

1.1 The Prison Act 1952 requires every prison to be monitored by an independent Board appointed by the Secretary of State from members of the community in which the prison or centre is situated.

1.2 The Board is specifically charged to:

(1) satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release.

(2) inform promptly the Secretary of State, or any official to whom he has delegated authority as it judges appropriate, any concern it has.

(3) report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

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

2 EXECUTIVE SUMMARY

2.1 Main judgements

2.1.1 There has been a severely restricted, inconsistent regime over the last twelve months which impacted on the quality of life of prisoners. Extensive lock up time adversely affected the fair and humane treatment of prisoners. The times spent in cells have restricted all prisoner activities. Purposeful activities are limited and prisoners are not prepared well for their release. (4.5, 5.6, 7.1, 8.5,9.1,10.2,10.6,11.6)

2.1.2 The prison management have been unable to stem the flow of drugs and mobile phones entering the prison and this has resulted in a recorded increase of bullying and intimidation. (4.8)

2.1.3 There has been an increase in violence against prisoners, staff and acts of self harm. (4.3)

2.1.4 Lack of correct paperwork and recording, including the poor management of ACCTs (a process used for prisoners who are deemed at risk), has been observed on numerous occasions. (4.10, 5.4)

2.1.5 Safety of both prisoners and staff has been of great concern. The frustration felt at being locked up most of the day, with no access to activities or education, coupled with critical staffing levels culminated in a riot in October resulting in 125 prisoners being transferred out of HMP Lewes. Damage resulted in one wing being refurbished and out of use for three months. (4.5, 7.1)

2.1.6 Staff continually strived to make the best they could of a bad situation but low staff morale resulted in high sickness levels and many experienced staff leaving HMP Lewes. The subsequent lack of staff had a severe negative impact on the prison regime which became curtailed (see para 2.1.1 above) and. (4.5,4.6,5.11, 7.9)

2.1.7 The IMB was so concerned that the situation was brought to the attention of the Governor, the Prison Service and the Minister for Prisons. The subsequent lack of timely responses, particularly from the Prisons Minister, and immediate action plans were of deep concern to the IMB. (4.2)

2.1.8 Cancellation of appointments and clinics both within the prison and at outside hospitals were a result of low prison staffing levels. A failure to provide treatment in a timely manner when it is necessary for a prisoner cannot be decent, whatever the reason. (4.4,4.6, 8.5)

2.1.9 The loss of property is endemic in the prison estate. It is virtually impossible to track and find property from other prisons. Prisoner frustration is understandable when valuable documents, photos or clothing items are not returned. (7.8)

2.1.10 The First Night Centre has not functioned adequately as a wing to accommodate newly arriving prisoners. The IMB has raised this issue continually throughout the year. It is important to provide a designated wing to help new prisoners get acclimatised, be assessed and learn about prison life. Instead prisoners staying for weeks and months at a time have taken up the cells. (7.3)

2.1.11 There have been continual problems regarding effective, efficient and timely responses to the repair and upkeep of the buildings and vital equipment. Serious concerns have been raised about the safety of many cells. (7.4,8.4)

2.1.12 In December 2016 due to its ongoing problems, HMP Lewes was designated a failing prison and put into Special Measures. A new Governing Governor and Deputy Governor were appointed at the beginning of January 2017. Lewes is a valuable local prison that serves the courts of Lewes, Crawley, Brighton and Hove and the IMB are pleased it is now getting extra support by being in Special Measures. The IMB welcomes the extra funding and a more robust management style that is able to prioritise a reliable regime, which in turn should offer a safe and decent environment for staff and prisoners.

2.2 Main Areas for Development

2.2.1 TO THE MINISTER

2.2.2 That the Minister ensures that HMP Lewes is sufficiently resourced to enable the operation of a full regime.

2.2.3 That the Minister responds and addresses in a timely manner any IMB concerns that have been brought to their attention.

2.2.4 TO THE PRISON SERVICE

2.2.5 To support HMP Lewes, whilst in Special Measures to achieve fair and humane environment, with clear objectives and outcomes.

2.2.6 That staffing levels are achieved to ensure a safe environment and that the prison can offer the range of services to meet the objectives of the establishment.

2.2.7 That Service Provider procedures are simplified to provide a quicker and more efficient service to the prison with particular emphasis on the building and repair works.

2.2.8 That the loss of prisoners' property between establishments is robustly addressed with an effective and updated system to aid tracking and recovery of items.

2.2.9 That HMP Lewes prison information, On the MOJ website, advertises the correct Information about visiting times and information regarding the prison.

2.2.10 TO THE GOVERNOR

2.2.11 Sufficient staffing levels are paramount to the safe running of the establishment and the IMB asks that staff retention is more closely managed and challenged regularly.

2.2.12 That staff are made aware of any recommended procedures and protocols which are then adhered to with particular emphasis on ACCT (Assessment Care in Custody Teamwork) documents and the use of correct emergency codes (code blue/code red).

2.2.13 That there is a clear plan to challenge the use of drugs, bullying and violence.

2.2.14 That Healthcare appointments both inside and outside the prison are professionally managed and executed.

2.2.15 That the First Night Centre is not used as an extension of other wings and prisoners are moved onto normal location in a timely manner.

2.3 Improvements

2.3.1 In January 2017 HMP Lewes has become a training centre for new Prison officers.

2.3.2 All Serious Incidents attended by the IMB were dealt with extremely well with an emphasis on the safety of the prisoners and staff involved.

2.3.3 Chaplaincy provides a continually consistent support to staff, prisoners and their families.

2.3.4 Library and Education services have proved to be innovative in their approach to prisoners by offering in-cell services.

3 DESCRIPTION OF THE PRISON

3.1 HMP Lewes is a Category B, local resettlement prison, serving Sussex courts. It holds both remanded and convicted prisoners including a small number of young prisoners aged 18 to 21. The number of Foreign Nationals has averaged around 70 during the year. The majority of the prison is of Victorian origin. A new block was completed in 2008 consisting of 174 single cells.

3.2 The CNA (Certified Normal Accommodation) is the ideal maximum population of the prison. In January 2016 the baseline number for CNA was 617. The Operational Capacity relates to the 'population which could be accommodated without risk of disruption through overcrowding'. For HMP Lewes the Operational Capacity is currently 692.

3.3 At the end of January 2017 HMP Lewes held 510 prisoners (655 in 2016). This reduction was due to the closure of one wing after the riot. The total male population in Her Majesty's Prison Service at the end of January 2017 was 81,533.

The prison's residential areas consist of 10 wings:

- A wing Drug recovery capacity 134
- B wing Segregation Unit capacity 14
- C wing General Wing capacity 150
- G wing Care and Support Unit (CASU) capacity 23
- F wing Mainly Vulnerable Prisoners capacity 147
- F1 First Night Centre capacity 30
- K wing Integrated Drug Treatment System (IDTS) capacity 22
- L wing Sentenced C and D category capacity 80
- M wing Sentenced B and C category capacity 94

- HCC Health Care Centre – Acute inpatient facility capacity 12

B The main contractors to the prison are:

- GEO Amey (transport to and from the courts and local prisons)
- Serco (transport to and from prisons)
- Carillion (from June 2015) Support Service Company (responsible for all works and stores)
- Tascor (transport for Foreign Nationals for bail hearings and deportation/repatriation flights)
- DHL (ordering and delivery of prisoners' purchases from earnings)
- 3663 (supply of frozen, fresh and dry foods for prisoners' meals)
- Sussex Partnership NHS Foundation Trust (all inpatient and outpatient care, opticians, dentist)
- Medco (GP Services)
- RAPt The Rehabilitation for Addicted Prisoners trust.
- NOVUS, part of The Manchester College (Education, Learning and Skills)
- KSS (Kent Surrey and Sussex), CRC (Community Rehabilitation Company)
- Tribal (careers advice)
- East Sussex County Council Library Service

All the above organisations and their services have been approved and appointed at a National Level. In addition, a number of voluntary and other organisations provide significant services. These include Alcoholics Anonymous, Job Centre Plus, National Association of Official Prison Visitors, National Careers Service, SSAFA ,The Prison Fellowship, The Samaritans, The Shannon Trust.

4 SAFETY

4.1 Communication in the Security Department is disjointed and of poor quality but is slowly improving. Meetings have often been cancelled due to operational needs and the lack of continuity has had an adverse impact on the prisons ability to plan.

4.2 Serious concerns regarding the safety of both prisoners and staff has been raised by the IMB on numerous occasions with the Prison Management Team, Deputy Director of Custody (DDC) and the Minister for Prisons. Although the concerns were recognised by all of the above, insufficient concrete and sustainable actions were put into place to tackle these issues.

4.3 Violence on the wings continued to increase over the year with Use of Force being used over 30 times. In December alone there were 14 spontaneous incidences, with prisoners putting themselves and others at risk. The National Tactical Response Unit was called upon 6 times during the reporting period. 653 incidences were recorded, up from 531 in the previous year. Twenty-two of these were classed as serious. Few prisoners have been placed on Violence Reduction Programmes. Despite the increase in violence on a day-to-day basis only 73 of these were reported through the official channels.

4.4 Outside hospital appointments were cancelled due to staff being unavailable for escort. Unplanned lockdowns, constant juggling to find enough staff to work on main wings, difficulty in accessing prisoners for Healthcare appointments and a lack of a predictable and sustainable regime led to anger and frustration.

4.5 In October 2016 due to concerted indiscipline, staff lost control of a wing. This resulted in The National Tactical Response Unit taking control of the situation and 125 prisoners were subsequently decanted to other prisons. Thankfully there were no serious injuries but the wing was badly damaged and unusable for three months whilst being refurbished.

4.6 The shortage of staff has impacted on all areas of the prison and both staff and prisoners have expressed their concerns for their individual and group safety. There was a continuous problem associated with staff sickness/absence. Staff were deployed at short notice to areas with which they were not familiar. Many experienced and long serving officers resigned. Staff from other agencies felt they could not go onto some of the wings for their own safety. After the incident in October, there appeared to be a gradual improvement in the safety of the establishment. Both staff and prisoners appeared to feel safer and this has continued with the start of a return to a more stable and predictable regime.

4.7 In December a new initiative resulted in a recruitment programme, with training taking place within the prison. This has resulted in more staff being available on the wings that are enthusiastic and willing to learn and has ensured the beginnings of prisoners being out of cell undertaking purposeful activities. It is hoped that there are enough experienced staff to assist in the continued training and support of these new officers.

4.8 There has been a continual increase in the illegal access to drugs and mobile phones. Over the year there was a move away from the use of New Psychoactive Substances (NPS) to other substances. Drugs and mobile phones lead to an increase in bullying and debts amongst the Prison population.

4.9 Whilst Mandatory Drug Testing (MDT) Key Performance Targets for the number of random tests performed were met for most of the year, only 2 out of 28 planned tests took place in October and 26 out of 28 for November. 22 suspicion tests were undertaken in April, however, just 25 suspicion tests were carried out during the remaining eight months of the year (an average of 3 tests per month). From April until December MDT was closed for 77% of the time.

4.10 The poor standard of ACCT documents was of great concern throughout most of the reporting period. Following a serious incident there have been improvements but more work needs to be done in training and monitoring.

4.11 There have been eight Deaths in Custody of which seven were due to natural causes. An investigation for only one of these has been completed and recommendations from the Prisons and Probation Ombudsman (PPO) have been implemented. Due to confidentiality the rest cannot be included in this report. It is disappointing that the outcomes are still awaited over a year after the date of death in at least two cases. The IMB offer sympathy to relatives, friends, staff and prisoners who were close to the individuals.

5 EQUALITY AND FAIRNESS

5.1 Due to staff shortages The Equality Action Team was not fully staffed with the result that Equality meetings could only be held at sporadic intervals in 2016. 47 Discrimination incidents (DIRFs) were recorded and all investigations were completed within the target period. There are 65 foreign nationals and at the end of the reporting year HMP Lewes was holding 11 detainees on IS91 (authority to detain on completion of custodial sentence). The United Kingdom Border Force (UKBF) visit on a regular basis.

5.2 The Prison Consultative Meetings take place but there is often a delay in the action of agreed outcomes.

5.3 Prisoners have a good awareness of the various complaints processes open to them.

5.4 With the increase in violence statistics it is disappointing that the incentives and earned privileges (IEP) scheme is not used more as a tool to help manage and control violence fairly and equally.

5.5 There were continuing problems with managing the often complex needs of older prisoners. Staff strove to ensure that individuals were dealt with in a fair and consistent manner but the regime and particularly the fabric of the prison make it extremely difficult. The wing which houses Vulnerable Prisoners has a number of experienced and caring staff, who have good relationships with the prisoners and are sensitive to the needs of all those classified under the protective characteristics of the Equality Act, as well as the elderly.

5.6 Staff shortages resulted in closures of the Post Room or deployment of staff unfamiliar with the system. The process for delivering mail is such that it is often not dealt with until the day after being delivered to the prison by Royal Mail. The 'email a prisoners system' deals with about 50 emails a day and tends to work well but due to staff shortages these are not always delivered to the recipient within 48 hours of arriving.

5.7 All prisoners have access to phones, however, with the curtailed regimes the access is not always family friendly, especially for those whose relatives are working or with children at school.

5.8 Three family days were offered compared to six in the last reporting year but the eligibility criteria is rigorous and not available to the majority of prisoners.

5.9 The majority of visitors book through the email system on the Ministry of Justice website but the information regarding visiting times and other prison information is out dated and incorrect even though the page has recently been updated.

5.10 The Visits area is large, light and airy but often dirty and lacking in facilities for children. Access to toilets is difficult and the lift for disabled visitors is often broken. Planned refurbishments have not taken place. The restricted regime made it difficult for prisoners to get their lunch prior to the start of visits. The staff in the Visits arrival office are fair and helpful and understands it is a stressful time for a visiting family.

5.11 Religious services were adversely affected in July, by the restricted regime, with groups cancelled including Jehovah Witness, Hindu, Pagans and Islamic. The Chaplaincy team collected prisoners from wings to mitigate further lack of attendance. The Chaplaincy Team continues to be extremely proactive and has to be commended for its efforts to provide a fair and equal service to all prisoners against a background of a severely curtailed regime.

6 SEGREGATION/CARE AND SEPARATION UNIT

6.1 Particular skills are essential for staff in this area and, like the rest of the establishment, staffing levels were an issue with both the numbers and experience severely diluted. Despite the challenging working conditions, staff coped, demonstrating skill and much patience.

6.2 There are 14 cells including two high risk and two special observations cells and there were numerous occasions when the unit was full. Damage to cells increased and this led to cells being out of action. There has been a sharp increase in the number of prisoners on open ACCTs being held in the Segregation Unit, from 6.3% in 2015 to 16.5% in 2016.

6.3 It is essential that processes are adhered to in this area and documentation is up to date and correct. Paperwork was raised for the use of Special Accommodation on 17 occasions; however, there have been occasions when these cells were used for short periods of "cooling down" with no paperwork being raised.

6.4 Reviews are done on time and well attended by those concerned. The IMB attended 80 % of planned and short notice reviews and the prisoners were encouraged to engage in the process.

6.5 The Unit has a robust and good relationship with the IMB. The IMB sees all prisoners in the Unit on a weekly basis at a minimum and the IMB attends the Segregation, Monitoring and Review Group (SMARG) which should be held monthly but were held intermittently during the year.

6.6 The problems of relocating prisoners either within HMP Lewes or to other prisons became more difficult. The difficulty in relocation of prisoners back to wings has been exacerbated by their refusal to move, often due to fear for their personal safety. The transfer to other establishments including Secure Mental Health Units has been particularly difficult due to the lack of space within the Prison system and mental health secure units.

7 ACCOMMODATION (including communication)

7.1 There has not been a consistent, predictable and fair regime for over twelve months. From May to January the planned regime was extremely restricted, such that each wing was only opened either in the morning or in the afternoon and there was no free-flow. Additionally this regime was frequently changed. Accordingly access to showers, phones, purposeful activities, Healthcare clinics, Drug and Alcohol Recovery Programmes, Education and the Library, was seriously affected. Unplanned lockdowns increased and prisoners, on occasions, not unlocked for over 24 hours.

7.2 Staff were assigned at short notice to wings where they are not familiar with prisoners and process. Both prisoners and staff were in a situation whereby they had no idea what would be happening from one day to the next. Records of lockdowns are not available.

7.3 The First Night Centre has been of particular concern to the IMB. The failure to transfer prisoners to other locations has resulted in prisoners being kept on this location for months. There is severely limited allocation in the wing regime for exercise, time out of cell, activities, association, and education. Despite repeated challenges by the IMB to the Senior Management Team, this situation remained unsatisfactory.

7.4 The fabric of the buildings and the overall maintenance of these became significantly worse. Cells in both the Segregation and Healthcare inpatient units are not fit for purpose and there were closures due to damage and safety. The shower access for disabled prisoners is neither decent nor dignified.

7.5 Increased rubbish, including food waste outside the wings, exacerbated the infestation of vermin and pigeon excrement. This has not been addressed in a timely manner and the response by Carillion, the agency responsible for all works and stores, continued to be slow and unsatisfactory.

7.6 The catering budget is £2.02 per prisoner per day. A roll and soup is provided at approximately 11.45 am, a cooked hot evening meal is provided at 4.00 pm when prisoners are provided with a breakfast pack of cereal and tea and coffee provisions. All meals are eaten in cell. Despite regular equipment failure the kitchen provides a good service, bearing in mind the restrictions of cost and equipment, although attention to cleanliness in the changing areas is often lacking. All special diets are carefully scrutinised and the kitchen does well to meet the needs.

7.7 The availability of kit including boxer shorts, socks and tee shirts has improved. The laundry service was transferred to a new provider and this resulted in a good service being provided. The canteen facilities list and mail order catalogue are readily available to the prisoners and appear to work well.

7.8 Prisoners property was adequately managed within the prison however prisoners losing their property on transfer was a massive problem. There was no effective process for chasing property from one prison to another. The IMB now recommends that prisoners make complaint to the PPO but many important documents and personal belongings are sometimes lost forever.

7.9 During the reporting period there was no personal officer scheme making it difficult for prisoners to access information and to build a staff-prisoner relationship. Due to this, knowledge of individual prisoners was limited. Despite the deplorable situation, staff and prisoner relationships were positive, both groups recognising that the poor situation arose through lack of external intervention. The very recent influx of new prison officers (POELTS) is welcomed but it is clear that the lack of experienced staff makes it difficult to ensure good practice on a day to day basis.

8 HEALTHCARE (including mental health and social care)

8.1 Overall patients are treated fairly, with recognition of their individual needs. Healthcare is available equally to all prisoners with an assessment within 24 hours of reception. Prisoners know of the Healthcare complaints system with wing boxes that are emptied daily by Healthcare staff and not by prison officers. There is a target of five days for an initial response.

8.2 Healthcare staff have a good awareness of patients' rights to social care. Numbers are low but staff, and occasionally patients, know how to initiate a request for social care and a service was provided to those eligible after assessment.

8.3 The Prison, Healthcare and NHS Commissioners have a good relationship and are willing to challenge each other. They strive to find solutions to problems together and meet on a regular basis.

8.4 The Healthcare accommodation continues to be a concern. Cells are not fit for purpose with particular emphasis on elderly, end of life care and those with the potential to self-harm. Efforts were made by the Healthcare provider and the prison to address this situation but progress was limited. Healthcare staff have to be congratulated on managing these prisoners with care and compassion in a challenging environment.

8.5 Due to the restricted regime and lack of prison staff, it was often not possible to escort prisoners to appointments at clinics within the prison. Furthermore external appointments were also regularly cancelled due to lack of escorting prison staff. Sometimes this was because of other urgent prisoner medical needs that took precedence. There was a sharp rise in the need for bed watches at the local hospital. These

require at least 2 members of prison staff and some ran into weeks and were a further drain on the already low staffing level.

8.6 It is commendable that 96% of eligible prisoners were given the flu vaccination: the highest percentage that has been administered. Group and individual sessions were developed to help reduce anxiety, depression, control emotions and cope with trauma etc. Due to the lack of prison staff, only around 20 % of these groups sessions took place.

8.7 Transfers to secure units were lengthy and there is little doubt that this impacted on the condition of the individual. Protocols and paperwork were not always adhered to, which have resulted in a number of serious issues.

8.8 Medication often had to be delivered cell to cell due to lockdowns. This meant it took twice as long as when prisoners could attend the medical room on the wings. Outpatient care including dental, audio and optical were also severely affected with long waits for assessment, treatment and delivery of aids. Prisoners therefore tend to have a poor view of Healthcare provision. Missed and cancelled appointments and changes in delivery of medication, all lead to frustration, particularly when prisoners were locked up for long periods.

8.9 The provider for Drug and Alcohol Recovery Programs was changed in October 2016 when RAPt was appointed. The Rehabilitation for Addicted Prisons trust provides a range of services that cover case management and advice services and drug and alcohol treatment. As a result of the regime, the inability of staff to get access to prisoners continued to be an issue for the entire period. During the month of May there were 185 incidents of non-access and of these 54 % were as a result of prisoners being unavailable due to regime problems. Non access figure for the period 1st June to 30th September are unavailable. There are no figures from Rapt for non access in November but it was recorded that it took 2 hours to see only 25 prisoners.

8.10 It is a concern that Rapt have been slow to fully recruit several staff members. For the months of October to December they screened on average 125 men a month and 42 % were taken on to the caseload.

9 EDUCATION AND OTHER ACTIVITIES

9.1 The restricted regime dramatically impacted on the standard of education offered with one hundred per cent of prisoners unable to access the education centre, and thus have no opportunity to interact in a group setting.

9.2 Both the education provider Novus and the East Sussex library service, which includes the art department as well as the library, had their services seriously affected. They offered an alternative extensive outreach service. These departments took work to the wings or workshops and either engaged with prisoners there or gave out educational tasks to complete in cells. Whilst this benefits prisoners who prefer not to interact with other prisoners, this method does not allow for the development of social skills.

9.3 Library attendance dropped from 1321 in April to 130 visits in June. Initiatives such as Story Book Dads, Turning Pages, Reading Ahead and Family Time all suffered. There was no reading group in 2016. However by the end of 2016, 412 prisoners had signed up to the library outreach service resulting in 929 library visits throughout 2016. The Library service went beyond their contract by delivering books on to the wings.

9.4 Although there were gym sessions provided throughout the period, these were often curtailed and cancelled.

10 WORK, VOCATIONAL TRAINING and EMPLOYMENT

10.1 The prison activities team encourages all prisoners to apply for work and all new prisoners are allocated time to complete an Initial skills assessment (ISA) so they can then apply for work. There is then a follow up with the education department a week later.

10.2 The restricted regime made purposeful activity difficult to deliver and difficult for prisoners to engage with. At the beginning of the reporting year 59% of prisoners (not including retired and sick prisoners) were allocated an activity. Whilst this rose to 68% by the end of the reporting year the figures are below the IMB's expectations.

10.3 Thirty eight per cent of HMP Lewes's prison population was in full time work of nine sessions a week, however wing workers, most of whom are cleaning, are the majority of full time workers. Attendance for workshop based purposeful activities was in excess of 80%. The attendance figures for other areas are difficult for the staff to interpret due to variables such as; court appearances, medical appointments, prisoners allocated to more than one job.

10.4 The IMB believes that considering the number of prisoners at HMP Lewes there was not enough purposeful activity available both with regards to types and ranges of courses and spaces available. In cell work, such as Poppy badge making, increased the total percentage of activities but the IMB believes that there should be more accredited purposeful activities available that would really be beneficial on release.

10.5 Recognized qualifications are minimal and extremely difficult to obtain when a prisoner is transferred to another prison before the end of their course.

10.6 Industries involving lobster pots, recycling and pallets were successful with local employers but offered limited spaces of on average 56. Despite repeated assurances throughout the year, intended new workshop industry based roles did not transpire. Furthermore it is unfortunate that due to lack of trained effective staff workshops close when a staff member is unavailable.

11 RESETTLEMENT PREPARATION

11.1 Over the reporting period, the Offender management unit (OMU) was fully staffed, yet uniformed staff that work in it, such as Offender Supervisors, were often re-deployed to the wings if there were staff shortages. This caused delays for Offender Assessment System (OAsys) and Sentence planning. However the main targets of re-categorisation and reports for the parole and courts were completed in time.

11.2 Not all eligible prisoners had an up-to-date OASys assessment. There was a concerted effort to manage the OASys process, by offering staff over-time, but the backlog doubled rising from an average of 37 to 77 cases during the year.

11.3 Not all prisoners had an up to date sentence plan. Sentence planning meetings did not always take place because key staff were unavailable. Without a sentence plan it is difficult for prisoners to progress and set targets prior to release.

11.4 MAPPA (Multi Agency Public Protections Arrangements) processes worked well with prisoners screened for public protection issues on arrival and mail and home calls monitored when appropriate. Non-English speaking phone calls and letters are translated to ensure effective monitoring.

11.5 Kent Surrey and Sussex (KSS) is the contracted provider for the Community Rehabilitation Company (CRC) services at HMP Lewes. They have developed a comprehensive work plan defining clear targets. KSS received between 60 and 80 applications from prisoners per month and the aim is for an individual to be seen within three working days of the application being received.

11.6 The regime affected the services provided by KSS with the frequent closure of the induction and pre release centre. For example in November 116 prisoners were referred for release and of these 27 had no contact with KSS.

11.7 In the reporting year OMU had a completion rate of 70 % for the Basic Custody Screening Tool (BCST) part 1. Unfortunately because this is not part of a Key performance Target (KPT) other areas were given priority. Despite the difficulties in accessing the CRC, KSS completed 96.93 % of the BCST part 2, achieving 1042 out of 1075 prisoner assessments. In addition they worked with between 80 and 120 prisoners with regard to Through the Gate (TTG) services. There are no collected record numbers as the National Offender Management Unit do not record TTG services. KSS only began collecting data from November 2016.

11.8 KSS CRC have regular contact with outside probation and a good working relationship. At twelve weeks prior to release KSS CRC identify who the community responsible officer (RO) is once a resettlement plan has been completed. The work that is going to be delivered and its time frame is then agreed with the RO.

11.9 KSS provides Citizen Cards on request and were able to assist prisoners in opening bank accounts. It is regrettable that the plan to provide suitable prisoners with a Construction card (funds resourced by Job Centre plus), had to be abandoned as a result of the restricted regime.

D Section – Work of Board

BOARD STATISTICS	
Recommended Complement of Board Members	17
Number of Board members at the start of the reporting period	12
Number of Board members at the end of the reporting period	14
Total number of visits to the Establishment	409
Total number of segregation reviews attended	79

E Section – Applications

Code	Subject	Current reporting year	Previous reporting year
A	Accommodation including laundry, clothing, ablutions	11	17
B	Discipline including adjudications, IEP, sanctions	6	3
C	Equality	7	5
D	Purposeful Activity including education, work, training, library, regime, time out of cell	13	25
E 1	Letters, visits, phones, public protection restrictions	32	36
E 2	Finance including pay, private monies, spends	8	5
F	Food and kitchens	6	2
G	Health including physical, mental, social care	27	58
H 1	Property within this establishment	24	6
H 2	Property during transfer or in another establishment or location	43	42
H 3	Canteen, facility list, catalogue(s)	4	5
I	Sentence management including HDC, ROTL, parole, release dates, re-categorisation	33	39
J	Staff/prisoner concerns including bullying	33	41
K	Transfers	9	11
	Total number of IMB applications	256	295