



Annual Report
of the
Independent Monitoring Board
at

HMP/YOI Lewes

for reporting Year
February 2018 - January 2019

Published
June 2019



Monitoring fairness and respect for people in custody

TABLE OF CONTENTS

Introductory Sections

Section	Topic	Page
1	Statutory Role	3
2	Executive Summary	4
3	Description of Establishment	7

Evidence Sections

4	Safety	9
5	Equality and Fairness	10
6	Segregation/Care and Separation Unit	11
7	Accommodation (including communication)	12
8	Healthcare (including mental health and social care)	13
9	Education and Other Activities	14
10	Work, Vocational Training and Employment	15
11	Resettlement Preparation	16

	The Work of the IMB	17
	Applications to the IMB	18

1 STATUTORY ROLE OF THE IMB

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.

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.**

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

This report represents the findings of the Independent Monitoring Board (the Board) at HMP Lewes for the period February 2018 to January 2019. IMB evidence comes from observations made on visits, scrutiny of records and data, informal contact with prisoners and staff and prisoner applications.

Main judgements

The Board is concerned about the safety of prisoners in HMP Lewes, evidenced by a large increase in prisoner-on-prisoner violence during the reporting year and the levels of self-harm. The high availability of drugs also affects the stability of the prison and the safety of prisoners (see section 3).

The Board considers the residential accommodation at HMP Lewes is often not decent. The Board considers that the regime offered to prisoners, while more predictable than in recent reporting years, does not allow men to be unlocked enough (see section 7).

The Board is concerned about the number of men, sometimes on open assessment, care in custody and teamwork (ACCTs) who have been kept in the Segregation Unit for long periods of time and the increase in the prison's use of special accommodation, including four times that the Board is aware of that it was used without authorisation (see section 6).

The Board has found that for much of the reporting year the delivery of healthcare services has suffered from staff shortages and poor process and communications which have significantly impacted the care provided for prisoners. Waiting times for routine GP appointments and for the dentist have been in no way comparable to that which would be expected in the community (see section 8).

The Board welcomes the improvements over the last year brought about by the prison's partnership with the charity Spurgeons, who have created a visitors' centre where no facilities previously existed. The Board also welcomes the introduction and training of key workers under the offender management in custody model (OMiC), however it is concerned that actual delivery of sessions has been limited (see section 11).

Are prisoners treated fairly?

The Board sees many examples of staff treating prisoners fairly and acknowledges the efforts made to achieve this. However, the Board considers that prisoners have not always had fair access to healthcare services during the reporting year and that disabled prisoners do not always have fair access to their accommodation.

Further, a backlog in preparing OASys reports, resulting in many men not having sentence plans, is unfair to them as it limits their rehabilitation prospects.

Prisoners making complaints have at times faced considerable delays in receiving responses to their complaints (see paragraph 5.6).

The Board considers that an insufficient induction process (see paragraph 4.6) is not fair to men who are new to prison or HMP Lewes.

Are prisoners treated humanely?

As above, the Board sees many examples of staff treating prisoners with humanity, kindness and great patience. However, the Board considers that the accommodation provided at HMP Lewes often fails to be decent and that, although improved, there are still major failings in the regime offered: men who do not go to work or education are likely to be locked up for more than 22 hours a day. The Board does not consider this humane treatment.

Are prisoners prepared well for their release?

The Board considers that more could be done to prepare men for their release. The lack of activity places for prisoners, coupled with low attendance levels for those that do exist, means that prisoners are not always prepared as for release as well as they could be. Further, the frequent closure of the induction and pre-release centre (IP-RC) reduces the opportunities for prisoners to make resettlement plans.

Main Areas for Development

TO THE MINISTER

The Board, once again, is concerned at the number of prisoners seen over the year who are seriously mentally unwell and kept in conditions, be it accommodation standards or the regime, which are entirely unsuitable for their care or rehabilitation. The same applies to many of the prisoners with learning or other disabilities. Will the Minister review this?

When will the Minister provide the resources required for significant improvements to the standard of accommodation at HMP Lewes, such that it can be considered decent?

TO THE PRISON SERVICE

As with previous years, the Board urges the Prison Service to introduce measures to better look after prisoners' property, particularly during the transfer from one prison to another. The loss of property is very distressing to prisoners.

The Board urges the Prison Service to better coordinate its healthcare contracts in order to bring about a more coordinated and managed service with better outcomes for prisoners.

The Board would also like to know when resources will be put into improving safety for men at the prison, in particular to reduce the ingress and misuse of drugs.

When will the Prison Service provide strip clothing and bedding that is fit for purpose and cannot be used as ligatures?

TO THE GOVERNOR

The Board encourages the Governor to redouble efforts to improve the accommodation conditions for prisoners, including ensuring timely replacement of furniture and that cleanliness is made a higher priority.

The Board urges the Governor to review the regime offered to allow greater hours of unlock for men.

The Board looks forward to the anticipated new incentives and earned privileges (IEP) scheme being introduced and urges the Governor to monitor and investigate any disproportionate treatment of black and minority ethnic (BAME) prisoners.

Improvements

The new visitors' centre, which is provided by the charity Spurgeons, where visitors are welcomed, given refreshments, advice and support, where there were previously no facilities is a great improvement, as is the gym refurbishment and the removal of mould and improvements to the physical look of the Visits Hall.

Making HMP Lewes smoke-free is an improvement in the living environment of many men and the working environment of staff.

The introduction of evening association periods for the larger wings allowed more time out of cell for many men and potentially more opportunities for family contact.

3 DESCRIPTION OF THE PRISON

HMP Lewes is a male, category B local prison serving the courts of East and West Sussex. It accommodates sentenced, unsentenced and remand category B and category C prisoners aged 21 and above as well as young prisoners (aged 18 – 20). It also takes category D men returned from open conditions. In 2016 HMP Lewes was put into special measures.

The certified normal accommodation (CNA) for HMP Lewes is 617; that is the ideal maximum population of the prison. The operational capacity is the 'population which could be accommodated without risk of disruption through overcrowding'. For HMP Lewes the operational capacity is 692. At the end of January 2019 HMP Lewes held 587 prisoners (630 in January 2017).

Most of the prison buildings are Victorian in origin, with the main buildings completed in 1853. A newer block of two wings, Sussex (L and M), was opened in 2008. There are nine residential wings (capacities approximate as cells in use can vary):

A wing: a general wing for drug recovery, housing of around 134

B wing: the Segregation Unit. 16 cells including 2 high risk and 2 special accommodation cells

C Wing: a general wing housing around 150

F Wing: mainly a vulnerable prisoner wing, housing around 173 men

G Wing: the First Night Centre with a capacity of 23

K Wing: a drug/alcohol dependency stabilisation wing housing around 22

L Wing: a wing for sentenced Category C and D prisoners (single cells housing around 80)

M Wing: a general wing (single cells housing around 94)

Health Care Centre (HCC): an acute inpatient facility with 12 cells

There is also a large, well-equipped gym and second sports hall for prisoner use.

The main providers of services to the prison are:

GEO Amey (transport to and from the courts and local prisons)

Government Facility Services Limited (GFSL)

DHL (ordering and delivering prisoners' purchases)

Bidfood kitchen supplies

East Sussex County Council Library Services

NOVUS (education and learning)

Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC)

Southdown Housing

Job Centre

In the area of healthcare there are at least 8 different suppliers:

- Sussex Partnership Foundation Trust (SPFT) (in patients, outpatients, clinics, screenings, dental nurse, pharmacy, in-reach mental health) contracted via National Health Service England (NHSE)
- Optician sole trader subcontracted via SPFT
- Med-Co Secure Healthcare Services Ltd contracted via NHSE providing general practitioner clinics
- Dentist sub-contracted sole trader via NHSE

- Podiatrist sub-contracted via NHSE
- East Sussex Healthcare NHS Trust providing sexual health clinics
- Forward Trust (drug and alcohol recovery)
- Better Healthcare Services – social care contracted via the prison

In addition there are a number of voluntary and other organisations that provide significant services, including: the Samaritans, Spurgeons, Alcoholics Anonymous, Age UK, SSAFA, National Association of Official Prison Visitors, Sussex Pathways, Prison Fellowship, SEAP.

Evidence sections 4 – 11

4 SAFETY

4.1 The Board is concerned about the safety of men in HMP Lewes. In the reporting year, recorded incidents of violence perpetrated by a prisoner on another prisoner rose from 165 to 278, an increase of 68%.

4.2 There have been five deaths in the reporting year. The Board is satisfied that each occurrence has been handled in a respectful and dignified manner. Two have had inquests and the Coroner determined death by natural causes for both. The Coroner has not yet reported on the findings for the remaining three.

4.3 Over the last year 579 ACCT documents have been opened, indicating that a man is at risk from self-harm or suicide. The Board's quality checks of these documents have found occasions where the timings of observations were predictable (for the prisoner's safety they should be unpredictable) or that they were insufficient, care plans poor, and occasional retrospective comments added.

4.4 The misuse of drugs and other illicit substances affects the stability of the prison and the safety of prisoners. Availability and usage of drugs in the prison remains high. Men suffering from "spice attacks" are frequently recorded by the prison and the Board often records the smell of drugs on the wings. In the reporting year searches by the prison included 106 occasions of drugs found, 79 weapons and 27 instances of home-made alcohol.

4.5 From March to November there were no passive dogs to help deter drug entry; there is now one passive dog and still no active dogs. There has been no working x-ray machine in the post room since April and none at all in the prison since May.

4.6 The Board has observed that men given 'anti-rip' clothing and bedding in circumstances when they are making repeated and serious attempts to take their own life are frequently able to rip these and make ligatures from them.

4.7 The mandatory drug testing (MDT) unit has frequently been shut, thus lessening the preventative threat of being caught using drugs. In July the IMB's monitoring revealed that it was closed for 30 sessions and open 21 sessions. The average failure rate from random testing from April to November was 21.56%.

4.8 The Board considers that the induction process at HMP Lewes is insufficient. New prisoners no longer receive an induction at the induction and pre-release centre (IPR-C), rather it is carried out by officers and the orderly on the first night centre (FNC). There have regularly been occasions when new arrivals at HMP Lewes are located directly on to wings other than the FNC.

4.9 The Board has observed significant delays in men receiving their initial health assessment when arriving at HMP Lewes due to lack of available nurses. Men waiting in reception, including new arrivals to prison at a particularly vulnerable time of their sentence, are held in stark holding rooms, which, while re-painting has improved their appearance, have toilets with no lids and are not clean and decent.

4.10 The Board believes the work that the Samaritans carries out at HMP Lewes is crucial to the safety of men. There are 11 trained Listeners who offer valuable and beneficial support to men in a crisis. However, there have been occasions when officers have not been fully aware of the role of Listeners, requiring a reminder that requests to see a Listener should never be declined or time restricted.

5 EQUALITY AND FAIRNESS

5.1 At the end of 2018, 49% of the prison population declared a disability, 11% of whom had been assessed and been given a personal emergency evacuation plan (PEEP) for reduced mobility. Only 12% of those with a PEEP require adult social care. All those requesting social care are referred to Better Health for independent assessment and provision given to all deemed to require it. There are a small number of prisoners who refuse the social care offered.

5.2 Cell doors in many wings are too narrow for wheelchairs to pass through. The Board considers an inability to access one's own cell unaided to be unfair. The wheelchair-using population on the vulnerable prisoner (F) wing have no access to the general exercise area, rather these men are limited to a small outside area close to and within clear sight of A wing where they can be subject to abuse from the men on A wing. Similarly, there is a lack of activity spaces for these men, which results in them having less time off the wing.

5.3 In the Board's view no reasonable adjustments were made to meet the needs of any of the deaf prisoners over the reporting period. The Board is also concerned that the prison does not make adequate arrangements for young offenders. Further, despite a March 2017 HMPPS learning bulletin, the prison makes no provision for prisoners with learning difficulties, including autism.

5.4 The Board is unaware of any documentation for prisoners being produced in languages other than English and has observed that foreign nationals sometimes struggle to make themselves understood to prison officers.

5.5 The number of discrimination incident report forms (DIRFs) reduced from 33 in the last reporting year to 19 this year. However, in the Board's view this reduction appears to be the result of failures by the business hub to forward complaints relating to equality issues to the relevant department, rather than an actual decrease. The Board welcomes the fact that a new DIRF tracking scheme has been introduced.

5.6 Staffing shortages in the business hub this year, and apparent failures by some members of prison management responsible for responding, meant that at times there were considerable delays in the dealing with prisoners' complaints.

5.7 At the end of 2018 there was a disproportionately high number of Black, Asian and Minority Ethnic (BAME) prisoners on the basic level of the incentives and earned privileges (IEP) scheme and similarly a disproportionately low number of BAME prisoners on the IEP enhanced level.

5.8 There is a regular forum held for the LGBTQ population. However, there are no BAME, elderly or LGBTQ members of the prisoner consultative group. Although the prison held four equalities meetings during the year, this was only achieved because there were two meetings held in January 2019.

5.9 The chaplaincy team continue to be very proactive in the prison. The Board welcomes the work they do to interview men six to eight weeks prior to release, assisting where possible those who are leaving without any accommodation. They are hampered by not having a dynamic relationship with the CRC. Unfortunately, the prison management have on occasion used faith rooms for non-faith activities.

6 SEGREGATION/CARE AND SEPARATION UNIT

6.1 There have been numerous personnel changes over the reporting period. The staff continue to display both skill and patience in running this very challenging environment; however the changes have led to some failures to follow the appropriate procedures set out in the relevant Prison Service instructions (PSIs). It is also unfortunate that as in the previous reporting period there are no staff on the unit who have undertaken any form of mental health training, although they are regularly required to care for men who have severe mental health issues.

6.2 Processes relating to segregation review boards (SRBs) are understood and generally adhered to and, although initially poor, it is pleasing to note that over the reporting year attendance by a healthcare professional has become more consistent. The Board has observed that attendance at SRBs by the same healthcare professional leads to a better understanding of the man being reviewed and accordingly potentially a better outcome for him. Additionally, there is a much-improved completion rate for the safety algorithms. The board attended 329 individual SRBs over the reporting period.

6.3 The problem of relocating men to alternative locations persists; over the reporting period there were 15 men located in the segregation unit for a period in excess of 42 days, six men located for a period in excess of 84 days, one man located for a period of 126 days and one man located for a period in excess of 168 days. This a marked increase from the previous reporting period.

6.4 There has also been a marked increase in the use of special accommodation in comparison with the previous reporting period. There was authorised use of special accommodation on 16 occasions and a further four times it was used without authorisation. Additionally, some observation recordings were not compliant with the PSI and written retrospectively.

6.5 The temperature in the special accommodation cell has regularly been less than that required by the PSI resulting in men in special accommodation or on constant watch being cold. In addition, the Board is concerned at a number of constant watches being undertaken in the segregation unit, which would be more appropriately managed in a clinical setting by healthcare personnel; this is partly due to the in-patient constant watch facilities not being fit for purpose.

6.6 The number of men located in the segregation unit on open ACCTs continues to be a concern, as segregating the mentally unwell can cause more harm; as does the number of ACCTs opened for men following their arrival on the unit.

6.7 The Board continues to have a good relationship with the unit; all notifications of new arrivals are made in a timely manner as are the notification of the reviews. The Board continues to see every man on the unit at least once a week as well as at their reviews.

6.8 The monthly SMARG meetings are held regularly and the data and statistics are well researched and presented.

7 ACCOMMODATION (including communication)

7.1 The Board considers that the accommodation provided at HMP Lewes is often not decent. The Board has observed throughout the year that wing landings, showers and cells are often unclean. Showers are observed to have mould, broken tiles and broken benches. Toilets in shared areas such as kitchens and holding rooms are frequently filthy. The Board acknowledges that some areas of the prison have been repainted during the year, but considers it insufficient.

7.2 The Board frequently observes rats in the prison grounds. Attempts to eliminate them appear to have failed.

7.3 HMP Lewes uses many cells to accommodate two men which are only designated as single cells; for example in November the number of prisoners held two to a cell designed for one was 70. Spot checks by the Board of furniture in cells has found that men often have missing items. In September wing staff were asked to carry out an audit of cells. Spreadsheets seen by the Board found, for example, that of the 60 cells listed on A wing, 12 had comments such as "sink off wall/blocked" and 22 had some sort of missing furniture. The Board has observed some recent improvement in the provision of furniture but still is concerned that men are not given decent cell conditions. In-cell toilets do not have lids.

7.4 Immediately prior to the beginning of this reporting period (January 2018) a new regime was introduced, which was then modified in October 2018. The Board welcomes the introduction of a once a week evening association periods for four of the wings, extended to two evenings per week in October, as this both allowed more time out of cell and more opportunities for men to speak to families and friends when available in the early evening.

7.5 The Board also welcomes the increased predictability of the regime. However, the Board considers there are still major failings in the regime offered: men who do not go to work or education are likely to be locked up for more than 22 hours a day and Board spot checks found around 50% of men remaining locked in their cells on A, C and F wing during the working day. For those who do leave the wing, unlock time is around nine hours a day. Planned and unplanned lock-downs continue, including two weekdays a month for staff training. Men are locked up to eat all their meals, with the evening meal served at the very early time of 4.30pm and breakfast packs for the following morning served at the same time. Exercise is offered at 7.45am, which in the winter is barely light and, given men are not issued with coats, potentially extremely cold.

7.6 During the year the post room has frequently been closed due to staff shortages; delays to incoming and outgoing mail of several days have been reported to the Board. The Board was particularly disappointed to observe that there were delays in dealing with post in the run up to Fathers' Day in June.

7.7 HMP Lewes' kitchen works on a budget of £2.02 per man per day. In July 110 questionnaires were returned in a kitchen survey of prisoners: 59% thought menu choices 'average' and most thought the portion sizes were 'average'. Serveries are often observed to be unclean, equipment damaged and orderlies not wearing whites or hats.

7.8 The Board continues to receive regular complaints from men about lost property, more than 70% of which are when a prisoner is transferred from one prison to another. This can be extremely distressing, particularly if items of sentimental value are lost.

8 HEALTHCARE (including mental health and social care)

8.1 The Board has found that for much of the reporting year the delivery of healthcare services has suffered from staff shortages and poor process and communications which have significantly impacted on the care provided for prisoners.

8.2 The appointment-setting process for outpatients is not well understood, managed or consistently applied, which results in multiple re-booked appointments and unwell men potentially dropping off the list as others are prioritised ahead of them. Further, during an eight-week period (December/January) around 50% of booked primary care appointments were not attended. The Board considers the process is not fit for purpose.

8.3 The Board has found that waiting lists for routine GP and dentist appointments have been unacceptably long at various times: in the six months May-October the wait to see a GP was an average of 12 weeks, and in June and January, the waiting time for the dentist was 10-12 weeks. The dentistry contract has no contingency in place to cover the dentist's holiday or sick absences. In addition, the integrated mental health team typically had in excess of 50 residents waiting for an assessment appointment, with some men waiting many months to be seen.

8.4 The Board considers that the complaint management process remains poor and provides little opportunity for an overarching view of healthcare delivery. Each service provider manages their own complaints, and the quality of responses and the integrity of the data is variable. There were typically 20-30 complaints a month to the two main providers and the consistent themes throughout the year were access and waiting times, and not getting the medication wanted. Whilst there has been some limited prisoner consultation, it lacked credibility with the prisoners and there has been limited User Voice presence.

8.5 The providers' ability to deliver the full range of healthcare services was significantly hampered by numerous staffing vacancies. Aside from long waiting times, the impact included reduced services/programmes and on occasions, healthcare professionals unavailable to attend segregation reviews (see paragraph 6.2). The last few months of the year saw an improving picture.

8.6 Healthcare screenings in reception have been hampered by poor facilities and levels of secondary screens within the 72-hour target continued to be disappointing.

8.7 The in-patient unit has a limited regime and remains, in the Board's view, an inappropriate environment for men presenting with serious mental health issues. Whilst there is much evidence that the residents are treated with care and compassion, there are instances where suitable placements cannot be found for seriously unwell men.

8.8 The Board acknowledges that there have been attempts to improve the way healthcare services are delivered. Nurse triage was put in place, some out-patient clinics are now being delivered on the wings to address the logistics challenges of collecting the men, and at the end of the year efforts were being made to better understand the reasons for high levels of missed appointments.

8.9 The prison went smoke-free in April 2018, and a programme implemented by the pharmacy team supported by gym officers ensured that the transition went smoothly. The smoking cessation activity has continued, with 220-240 men supported each month. Feedback from participants of programmes run by Forward Trust (alcohol and substance misuse) was excellent.

8.10 Across the various service providers the Board has seen many instances of high quality multi-disciplinary care, as well as compassion and 'going the extra mile' to help the residents.

9 EDUCATION AND OTHER ACTIVITIES

9.1 Activities are broadly divided into two categories: work and training (including education and work placements, such as industry placements and wing and kitchen positions) and other activities and enrichment (which includes attendance at the gym, library and other approved courses etc.). For 2018/19 there were around 370 work and training places and 170 other activities and enrichment places.

9.2 The education department has been on a quality improvement plan, as it had problems with staffing skills and concerns were raised about work-based learning. In addition, allocations and attendance rates were lower than required. The current supplier, Novus, did not have its contract renewed and Western College will be taking over in April 2019.

9.3 Attendance levels in education are low at about 60%, a high number of which are 'unauthorised', which often means a prisoner refusing to attend and not being required to by wing officers. Attendance is also adversely affected by clashes with other appointments, for example health appointments and court appearances.

9.4 The Board welcomes the flexibility of the education department which will see men on the wings when there are no prison officers available to open the education centres,.

9.5 The Board welcomes the introduction of Level 2 barista NVQ qualification during the reporting year; it considers this is a valuable employment skill. A new twinning project with Brighton and Hove Albion football club delivers a sports leadership Level 2 NVQ. Peer mentoring training is available to NVQ Level 2 and designed to encourage other men to take up and attend education.

9.6 Unfortunately the NVQ Level 1 in food preparation was suspended due to staffing issues. Construction skills certification scheme (CSCS) courses have been offered periodically through the year; however in one case only 33% of participants passed.

9.7 The library continues to provide an excellent and important service in the prison, running groups such as the Debating Club and Read Aloud Book Club, its 'Pinned Up' literary festival and schemes such as Story Book Dads. Staff will go on to the wings to reach men who cannot come to them.

10 WORK, VOCATIONAL TRAINING and EMPLOYMENT

10.1 HMP Lewes' 2018-19 delivery plan had a target of 105 work spaces to be achieved by September 2018. Despite the introduction of new activities/qualifications during the year, by September there were only 81 places. In the Board's view there are not currently enough activity places for all the men.

10.2 The Board is also concerned that too few prisoners are employed. According to the prison's own information, at any one time around 50% of prisoners will be employed, 33% will be unemployed due to the high turnover (see below) and the rest will be unemployed because they do not wish to engage. Work is currently under way to improve the processes for engagement and the ability to monitor reasons for non-compliance.

10.3 Initial skills assessments are offered to all prisoners and are required before they can take up employment or training. HMP Lewes has a 30%+ churn of prisoners every month; although the average stay is 26 weeks, 55% of the Lewes population have an average length of stay of only five weeks and 48% of those only two weeks. This often makes it difficult to get men into work before they leave HMP Lewes.

10.4 Three workshops, repackaging airline headphones, making lobster pots and recycling textiles, provide consistent work experience (although the latter two to only the vulnerable prisoner wing) in addition to opportunities with the grounds party, clothing and exchange store and the prison kitchens as well as the usual and popular wing orderly jobs. Around 26 prisoners are employed in the prison kitchens. The atmosphere in the workshops is positive and the men appreciate the time spent out of their cells. No formal qualifications are offered via the workshops but functional learning through Novus is available in all work areas and there are employment opportunities from the textile recycling workshop for those released into the London area.

10.5 Unfortunately staffing shortfalls (and occasionally a shortage of materials) have resulted in a number of closures. As with education, other claims on prisoners' time also impacts on their ability to attend work. Overall, year to date attendance in the workshops has been disappointing and ranges between 49% (Workshop 1) and 65% (Workshop 4), at January 2019. The performance in the CU095a metric "hours worked in industry" sits at 58.67%, which is below target.

11 RESETTLEMENT PREPARATION

11.1 The Kent, Surrey and Sussex CRC is required to produce a resettlement plan for all residents prior to discharge. However, the often short period of time for which a man is at HMP Lewes immediately prior to discharge (for example, three weeks) often means that the plan is less comprehensive than it should be and results in some resettlement areas not being adequately addressed. The Board is aware, for example, that despite the efforts of Southdown Housing, a specialist housing and care provider in Sussex, a lack of accommodation on release remains a significant problem with around 18% of men being discharged as homeless.

11.2 In addition, the IP-RC, where prisoners will go to see the CRC, was frequently closed during the year due to staff shortages. For example, in October it was closed for nine full days and seven half days. This inevitably reduces the ability of the CRC to see prisoners and help them prepare for release. The basic custody screening tool (BSCT) Part 3, which is when resettlement plans are made for prisoners 12 weeks before release, cannot be done on the wing when the IP-RC is shut.

11.3 One of the key initiatives in the reporting year was the introduction of key workers as part of the new OMiC model, which was rolled out from 30 September 2018. The Board welcomes the important role that key workers can have in helping men in prison, including reducing tension and violence, and has had some very positive feedback from staff and men about it. However, despite good numbers of trained key workers, the actual delivery of sessions was below planned.

11.4 The Board welcomes an improvement in the completion of the BCST Part 1 to 98.6%. The BSCT Part 2 rate was 96.7%.

11.5 There has been a regular backlog of 80 to 90 OASys reports, meaning that men do not have sentence plans. This makes it difficult for them to know how to progress through their sentence, e.g. via transfer or accredited programmes, and to comply with parole conditions. Increased staffing and efforts to ensure these personnel are not redeployed to wings had reduced the backlog to 59 at the end of the reporting period; however the Board considers that no prisoner should be left without an up-to-date sentence plan.

11.6 The prisons runs two cognitive skills programmes, Resolve and TSP, aimed at reducing violence and offending respectively. Although important to prisoners' rehabilitation, staffing problems meant that in 2018 fewer courses were run and in 2019 Resolve has not been run.

11.7 To help maintain family links, the Lewes Visitors Centre opened in May 2018 in the grounds of the prison. It is run by volunteers from Spurgeons, a family services charity. The centre is open daily, providing seating, children's play areas, toilets and baby-changing facilities, where previously there were none. Staff also offer refreshments, advice and emotional support to families. They are also able to make referrals to other departments such as safer custody and housing. A governor holds bi-monthly surgeries in the Visitors Centre.

11.8 Spurgeons, in close partnership with operational staff at Lewes, offer other services which include family days, enhanced visits, homework club, supervised play and group work.

11.9 The Board welcomes the physical improvements made in the Visits Hall which was repainted and had new furniture, both of which made it a considerably more welcoming place.

B Section – Work of Board

BOARD STATISTICS	
Recommended Complement of Board Members	17
Number of Board members at the start of the reporting period	9
Number of Board members at the end of the reporting period	12
Total number of visits to the Establishment	573
Total number of segregation reviews attended	329

C Section - Applications

Code	Subject	Current reporting year	Previous reporting year
A	Accommodation including laundry, clothing, ablutions	17	13
B	Discipline including adjudications, IEP, sanctions	5	5
C	Equality	4	4
D	Purposeful Activity including education, work, training, library, regime, time out of cell	14	18
E 1	Letters, visits, phones, public protection restrictions	45	43
E 2	Finance including pay, private monies, spends	14	6
F	Food and kitchens	5	4
G	Health including physical, mental, social care	72	50
H 1	Property within this establishment	25	22
H 2	Property during transfer or in another establishment or location	47	32
H 3	Canteen, facility list, catalogue(s)	14	5
I	Sentence management including HDC, ROTL, parole, release dates, re-categorisation	38	40
J	Staff/prisoner concerns including bullying	29	36
K	Transfers	21	10
	Total number of IMB applications	340	288

Note, there were an additional 28 applications in the current year that were classed as miscellaneous or unknown.