



Annual Report of the Independent Monitoring Board at HMP Lewes

**For reporting year
February 2020 – January 2021**

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Introductory sections 1 – 3

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 is situated.

Under the National Monitoring Framework agreed with ministers, the IMB is required to:

- 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
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- 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 IMB 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.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

HMP Lewes is a category B local prison for male prisoners in the county town of Lewes. It serves the courts of both East and West Sussex and houses sentenced prisoners, unsentenced prisoners, those on remand as well as young offenders (men between the ages of 18 and 21) in categories B and C. It also takes some category D prisoners returned from open conditions. Due to the Covid-19 pandemic the operational capacity (the maximum population that could be accommodated without the risk of disruption due to overcrowding) was reduced from 620 to 560 in order to accommodate as many men as possible in single cells. At the end of January 2021 the prison held 548 prisoners. There were 551 in January 2020. The main buildings are Victorian, completed in 1853 with a modern block housing two wings completed in 2008. There are nine residential wings in total. The capacities of the wings, except B wing, are as of 31 January 2021:

A wing: a general wing for drug recovery and, since Covid-19, also for some new arrivals, housing 88. (Up to 128 pre/post Covid-19)

B wing: care and separation unit (CSU). Has 16 cells including two high risk and two special accommodation cells.

C Wing: a general wing housing around 150.

F Wing: mainly a vulnerable prisoner wing, housing around 125. (Up to 147 pre/post Covid-19)

G Wing: the first night centre (FNC) with a capacity of 23.

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

L Wing: a wing for sentenced category C and D prisoners with single cells housing 80.

M Wing: a general wing with single cells housing 94.

Health Care Centre (HCC): an acute inpatient facility with around nine cells available.

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

The main providers of services to the prison during this reporting year were:

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

Weston College for Education

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

Southdown Housing

Job Centre Plus
Spurgeons

There are three providers of health and social care:

Practice Plus Group (PPG) is the main service provider contracted via NHSE Commissioners responsible for primary care clinics, including GPs and health screenings, a ten-bed inpatient unit, substance misuse services, mental healthcare, a pharmacy, and crisis response services. Also, via subcontractors: dental, optical, podiatry and physiotherapy services.

East Sussex Healthcare NHS Trust runs sexual health clinics.

Better Healthcare Services (contracted via social services) are responsible for social care.

Additionally, there are a number of voluntary and other organisations that provide significant services, including: the Samaritans, Alcoholics Anonymous, Age UK, SSAFA, National Association of Official Prison Visitors, Sussex Pathways, Prison Fellowship, SEAP. Not all of these organisations have been providing their services since the Covid-19 lockdown.

3. Executive summary

3.1 Background to the report

This report represents the findings of the Independent Monitoring Board (IMB) at HMP Lewes for the period February 2020 to January 2021. IMB evidence usually comes from observations made on visits, scrutiny of records and informal contact with staff and prisoners as well as through applications from prisoners to the IMB. However, the Covid-19 outbreak has had a significant impact on the IMB's ability to gather information and discuss the contents of this annual report. The IMB has therefore tried to cover as many areas as possible in these difficult circumstances, but inevitably there is less detail and supporting evidence than usual. Our observations are based on limited monitoring in person, (members did not attend the prison in person between 25 March and 06 July), a weekly discussion between the IMB chair and the deputy governor, and ad hoc discussions between IMB members and members of staff. The IMB also had access to prison data, minutes from meetings and regularly attended segregation review boards via telephone. Paper applications from prisoners to the IMB were still made and received and prisoners could also make applications via an 0800 telephone line set up by the IMB secretariat. This has meant a greater reliance on information being relayed to the IMB by staff or prisoners, rather than personal observation by Board members. Ministers are aware of these constraints.

As with the general community, every aspect of the prisoner's life at HMP Lewes has been affected by Covid-19 restrictions, overwhelmingly to their detriment. Some areas are obvious such as many fewer opportunities for education or work and in-person discussions with probation staff, but many aspects such as the long-term impact of being locked in a cell for up to 23.5 hours a day, as was the case during January 2021, both for physical and mental welfare, are currently less clear. Enormous efforts have gone into keeping prisoners safe from catching Covid-19 but, as also reflected in the community, only time will tell what the cost has been.

3.2 Main judgements

How safe is the prison?

Due to the Covid-19 pandemic and a severely restricted regime, where prisoners have been contained in their cells for 23 hours a day for much of the reporting year, the prison has been a lot safer for many prisoners. This is shown in a reduction of violence on the wings, both in prisoner-on-prisoner assaults and assaults on staff. There has also been a reduced level of 'finds' of illicit items and substances in comparison with the previous year. However, despite increased security, the continued use of the Rapiscan scanner in the post room, an increased number of search dogs and the introduction of a body scanner in reception, drugs and other illicit items are still coming in to the prison and are the biggest threat to prisoner safety.

How fairly and humanely are prisoners treated?

This reporting period has coincided with the Covid-19 pandemic. Following the introduction of a significantly restricted regime in response to this, the IMB was concerned about how this would be handled and received. The IMB recognises that the Governor and the senior leadership team (SLT) started planning early in order to keep the virus away from prisoners, to prevent its spread and to provide a fair and consistent system throughout this difficult time. It is to their credit, and the resilience of the wing staff in the daily management of many separate ‘bubbles’ on wings, that there was no spread of cases to the general prison population from those arriving already Covid-19 positive until towards the end of January 2021, which also coincided with the spread of the new variants in the UK. However, although the IMB considers that the regime restrictions during this year were justifiable, being locked in a cell for up to 23.5 hours a day (see section 6.5) and the lack of opportunities for time in the open air, is not humane. The prisoners’ reaction to the restrictions was largely one of tolerance and understanding.

The IMB is concerned that there is evidence that black, Asian and minority ethnic (BAME) prisoners may not always be treated fairly in some areas, specifically that there is evidence of disproportionate use of force against BAME prisoners (see paragraph 4.5.2).

It is of continuing concern to the IMB that, despite the best efforts of the prison to treat all prisoners with decency and respect, it is not humane for those subject to imprisonment for public protection (IPP) sentences to have no set date for release. These are people not sentenced to life imprisonment, but either detained beyond their tariff or, having been released, recalled to prison for a breach, often minor, of their licence conditions. Many are unable to satisfy the parole board that they do not present a danger to the public before they can be released due to the lack of provision of approved rehabilitation courses. According to the Prison Reform Trust¹ this population has nearly tripled in the past five years. IPP was abolished for new cases in 2012 but this change was not applied retrospectively and there are approximately 2,000 people in prison nationally on an IPP recall (see 7.5.8). The IMB considers the mental anguish and despair of these people, for whom there is little hope of release, to be inhumane.

How well are prisoners’ health and wellbeing needs met?

This has been an ‘extraordinary’ year and the psychological impact on prisoners of being locked up for a long time every day over such a long period cannot be understated. HMPPS has gone to great lengths to minimise the damage this may do by not putting anyone on ‘basic’ IEP level, which meant that no one had their television removed, providing extra PIN credit for phones, arranging video visits, in-cell packs for activity, education and faith, and extra crisps, chocolate, and fruit etc. The prison management have also worked to provide a predictable regime for prisoners and provide regular explanations for their decisions through a weekly, then

¹<http://www.prisonreformtrust.org.uk/PressPolicy/News/vw/1/ItemID/954?SkinSrc=%5bG%5dSkins%2fPRT%2fAdmin>

monthly, residents' newsletter. However, the mental anguish cannot be quantified and the results on individuals remain to be seen.

The replacement in April 2020 of multiple healthcare providers with one overall provider of healthcare services, now named Practice Plus Group (PPG), has had a hugely beneficial impact on the healthcare provided in HMP Lewes. PPG have kept residents informed and clinics running throughout the pandemic with waiting list times which the IMB consider to be no longer than those in the general community. There has been improved healthcare coverage during evenings and weekends and better out of hours prescribing.

The lack of availability of beds in mental health hospitals or specialised residential units has meant that men can sometimes wait a long time for a bed, to the detriment of their care, but also putting others at risk and preventing the finite facilities on the inpatient unit being used by others in need.

The support of the family liaison charity, Spurgeons, and their in-cell packs has been beneficial to the well-being of many men in helping them to maintain contact with their families. The IMB is also pleased to report that the chaplaincy department has continued their work during the pandemic and the care and sensitivity shown to prisoners during this difficult time from all individual members of their team has been above and beyond the level expected. Their work has made a significant, positive impact on the well-being of prisoners and the IMB commends them for their dedication.

How well are prisoners progressed towards successful resettlement?

The IMB is concerned that initial screening processes are not robust enough in the assessment of disabilities, particularly learning disabilities, and the lack of support during their time in prison for men with these disabilities holds back their progression towards resettlement. All education and training courses have been suspended during the pandemic which means that prisoners have been unable to use their time productively in preparation for work on release. In-cell packs are an inadequate replacement for accessible English courses for low level learners whose literacy is poor. The loss of face-to-face form filling for release has meant delays for some prisoners and in some cases no pre-release planning. When this is combined with a reluctance on the part of local authorities to assess men for housing prior to release, this has resulted in fewer prisoners getting the support that they need for a smooth transition.

3.3 Main areas for development

TO THE MINISTER

Will the Minister endeavour to increase the number of mental health beds available in residential institutions for men suffering from severe mental health problems, whose needs cannot be catered for in prison, and thereby reducing the length of time these men have to wait for treatment?

Will the Minister engage with the Ministry of Housing, Communities and Local Government to improve the coordination between the prison service and local authorities so that pre-release assessments are completed by both parties in advance of prisoner release in all cases?

Will the Minister recognise the inhumanity of long term IPP prisoners who have no prospect of release and are exacerbating the overcrowding of prisons, and redouble efforts to ensure these men are given a date for release?

Will the Minister recognise the commitment of prison staff during the Covid-19 pandemic and ensure that a Covid recovery fund is available to restore facilities and services for prisoners and recognise the hard work of staff?

TO THE PRISON SERVICE

Will the Prison Service facilitate and fund staff training that has been missed or reduced due to the Covid-19 pandemic?

The IMB urges the Prison Service to find a way to reduce the delays between contracts awarded for significant repairs and improvements and their start dates.

The IMB again asks the Prison Service to improve the transfer of prisoners' property between establishments and set up a better system for investigating, cataloguing and storing lost property.

TO THE GOVERNOR

Will the Governor redouble her efforts to eliminate the disproportionate use of force against BAME prisoners, whether this be by ensuring all staff undertake inclusivity, diversity and awareness training with the aim of improving their understanding of BAME prisoners, or any other means?

Will the Governor ensure that key working sessions and work and education opportunities are reinstated as soon as practically possible to give the prisoners the support and activity that they need for resettlement?

The IMB urges the Governor to take steps to reduce the number of men on an assessment, care in custody and teamwork (ACCT) plan and on constant watch in the care and separation (CSU) unit.

Will the Governor take further steps to ensure that all staff use body worn video cameras (BWVCs) when appropriate, especially in the area of the prison where there is no CCTV?

The IMB encourages the Governor to continue and redouble her efforts under the clean and decent programme, in particular to ensure that at long last in-cell toilets have covers.

3.4 Progress since the last report

The reduction in the number of healthcare providers from eight to three has helped to deliver notable improvements in the delivery of care to prisoners. PPG, the new provider has established a good working relationship with the prison. PPG has also overseen a significant improvement in response to healthcare complaints.

Security has improved with the continued use of the Rapiscan scanner to detect drugs in the post room, the increased number of dogs and the introduction of a body scanner in reception.

Weekly safety intervention meetings (SIM) were introduced in March to ensure coordinated support for prisoners at risk of self-harm (see 4.2.1).

The IMB is pleased to note a significant reduction in the use of special accommodation.

The IMB is pleased to report the setting up of a BAME residents' forum which it views as a very positive step.

Evidence sections 4 – 7

Safety

The presence of drugs, mobile phones and other illicit items continues to affect the stability of wings and results in bullying and debt, the main reason for violence on the wings. The IMB continues to be concerned about the safety of prisoners due to access to drugs and mobile phones.

The prison has increased the number of search dog handlers from two to three and the number of dogs from four to six. In October 2020 a body scanner was installed in reception and between then and 31 January 2021 it was used on 172 prisoners resulting in 44 positive results. The continued use of the Rapiscan scanner in the post room has done much to reduce the ingress of drugs through the post.

Throughout the reporting year there have been numerous intelligence-led cell searches by staff. In the reporting period there were 150 instances of drugs being found, 58 weapons found and 43 finds of fermenting liquids.

4.1 Reception and induction

4.1.1. During the Covid-19 pandemic HMP Lewes continued to accept new prisoners from the courts, with 1936 new receptions during the reporting year, although prison to prison transfer was limited and at times stopped. The induction process was started in reception, where prisoners were screened (including screening for Covid-19 symptoms), given information about life in prison and also leaflets on how to access Listeners, the Samaritans and the IMB. The IMB understands that Listeners (prisoners trained by the Samaritans) remained available in reception throughout the pandemic.

4.1.2. During the reporting year it has been brought to the IMB's attention by a small number of prisoners that they have 'slipped through' the induction process and been located straight into the reverse cohorting unit (RCU) (see 6.5.3) without proper introduction to prison life. This means that those prisoners are not, for example, given any insight into how the prison works, how to contact relevant agencies with problems and how to keep in touch with their families. The IMB also receives frequent applications concerning the length of time it takes, following the induction process, to get PIN numbers for phones. Overall the IMB has concerns that the induction process has not been sufficiently robust.

4.2 Suicide and self-harm, deaths in custody

4.2.1. A self-harm reduction summit in March 2020 resulted in the introduction of a weekly safety intervention meeting (SIM) where all prisoners subject to an assessment, care in custody and teamwork (ACCT) plan, or otherwise of concern, are subject to a review, which the IMB has observed to be rigorous. The SIM is supported by the safety team, healthcare, In Reach (mental health services), the

Practice Plus drug and alcohol support team, the psychology department and chaplaincy. Custodial managers from each residential wing are required to submit up-to-date reports on all of their relevant prisoners.

4.2.2. The IMB has been told that during the reporting year there has been a reduction in the incidents of self-harm, although reports of incidents remain frequent, and the number of ACCTs opened is comparable to the last reporting period.

4.2.3. There were two deaths in custody during the reporting period and the IMB are satisfied that they were handled in a respectful and dignified manner.

4.2.4. Regrettably, due to limited access to the prison due to the Covid-19 restrictions, there has been a reduction in the numbers of trained Listeners and therefore their availability to the prisoners (see also section 7.2.6 on peer mentoring).

4.3 Violence and violence reduction, self-isolation

Over the reporting period there has been a reduction in the number of prisoner-on-prisoner assaults and prisoner-on-staff assaults. There was also a reduction in the number of men referred to CSIP (violence reduction intervention) although, due to Covid-19, this process was only continued in a limited form having been suspended regionally.

4.4 Prisoners with specific vulnerabilities

4.4.1. In its report for the year 2019-2020, the IMB expressed its concern that prison conditions can be entirely unsuitable for people with learning or other disabilities. In her response to the report, the then prisons minister Lucy Frazer pointed to appropriate courses for staff on the MyLearning platform. Unfortunately, no non-mandatory staff training has taken place during the pandemic and neither was the prison able to easily identify if any staff had undertaken such courses. Accordingly, the IMB does not consider things have improved for such prisoners.

4.4.2. The IMB has noted several occasions where additional care has been given to some very vulnerable men by staff, particularly in the CSU, and by the Governor and the SLT, who have gone above and beyond their responsibilities to ensure the safety of these men and give them help towards their future wellbeing.

4.5 Use of force

4.5.1. There is a comprehensive weekly review of all use of force paperwork, and footage from CCTV and body worn video cameras. This has resulted in a welcome reduction of outstanding paperwork and any issues raised are subject either to advice and guidance to staff, or referred for management review, which may result in disciplinary procedures. A weekly review meeting is held, in accordance with

government recommendations following the Lammy review, and includes a representative of prisoners' interests. There are monthly meetings reviewing all information regarding the use of force.

4.5.2 The prison's own statistics appear to show a disproportionate use of force in respect of BAME prisoners. Over a seven-month period from April 2020 to October 2020 the average BAME population of the prison was around 17%, but they accounted for 32.71 % of uses of force, a considerable disproportion. There have been numerous discussions at the monthly use of force meeting regarding the introduction of unconscious bias, or similar, training but this has not yet been possible as national unconscious bias training was withdrawn and a viable alternative option has not yet been found (see section 5.4.3 on equalities).

4.5.3. Of further concern to the IMB is that training restrictions during the Covid-19 pandemic have resulted in a shortage of staff trained in advanced use of force and also that staff were used in planned removals when their training was not up to date.

4.5.4. There has been an increase in the wearing of body worn video cameras although the IMB is aware that there seems to be a reluctance to use these cameras, which the IMB believes are important for the security of staff and prisoners particularly in the area of the prison where there is no CCTV coverage.

4.6 Substance misuse

4.6.1. Throughout the year the IMB has regularly seen reports of men being unresponsive in their cells, thought to be under the influence of an illicit substance. The prison has a Rapiscan scanner to detect the ingress of drugs through the post and, as stated above, has increased the number of search dogs and handlers. The new body scanner in reception is also helping in the detection of illicit substances.

4.6.2. Mandatory drug testing (MDT) was suspended in March and resumed from October until 26 December 2020. Figures from February to December 2020 indicate 20.56% testing positive, which is marginally in excess of the nationally set target of 20%. The IMB notes that this is not as good as the previous reporting year when the positive figure was 17.9%.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.1. Many areas of HMP Lewes, including the residential wings, look worn out, tatty and in need of paint. However, the IMB was pleased to note that some of the showers that have previously been criticised as being uncleanable were refurbished this year. A refurbishment of the showers on A and K wings was completed in early March, but due to problems with the floor in the showers on the A wing 3s landing, the showers on this landing have still not been taken into use. The showers in the kitchen were out of use in July, and in mid-November the shower in the inpatients unit had been out of use for up to five weeks. Prisoners had to be taken downstairs to use the shower in the disabled cell. In November, both of the showers in use in the CSU were in poor condition. The water pressure was so weak that residents had to lean their bodies against the walls to get wet. It was not possible to turn off the shower completely on the CSU on the upper floor. By 23 December the upstairs shower, although not mended, was deemed to be “acceptable” but the downstairs shower was not repaired until 20 January 2021. The IMB considers that the time taken to make repairs to showers is unacceptable.

5.1.2. Many of the toilets in cells still do not have lids. The IMB does not consider this to be decent or hygienic, especially as residents are currently in their cells for up to 23 hours a day and are eating their meals in their cells. A toilet in one of the constant watch cells in the CSU was blocked for a long time between March and April. The resident in this cell had the use of another toilet during the day but only this one during the night.

5.1.3. At the beginning of November, the IMB became aware of fluctuating temperatures in the Sussex block (L and M wings). A temporary boiler had been installed to heat the block until the boiler could be replaced. However, this was unable to heat the cells, only the landings, due to the cells having an underfloor heating system which could not be regulated. Temperatures were fluctuating between being too hot and being too cold. The relevant prison service instruction (PSI) states that the temperature should be no lower than 19 degrees but on 8 December a spot check on both wings found many cells to be consistently below this temperature, with one cell on L wing being only 13.5 degrees and a disabled cell on M wing being only 15 degrees. Extra bedding was given to those who required it and engineers were deployed to keep the temperature up, but at the end of this reporting period work had still not started on the replacement boiler.

5.1.4. During the Covid-19 pandemic, all prisoners, apart from those in the CSU, were provided with a television, although those on F wing have not been working properly and will need extra funding to make them comparable with other wings.

5.1.5. However, there were improvements. Deep cleaning of the toilets on C wing early in the year was done twice in order to be acceptable to management and in September there was a successful programme of descaling of the toilets in the CSU where a drill was used to remove the limescale. The cells in the CSU were all painted at the same time and various communal areas around the prison have been painted.

5.1.6. During the first lockdown, wing cleaning was done for 1 hour 45 minutes in the morning and between four and five o'clock in the afternoon. Handles etc were cleaned, cells that had previously had suspected cases of Covid-19 were deep cleaned and the showers cleaned. With the start of the Clean & Decent project in late 2020 better chemicals and equipment were purchased for targeted cleaning. A system for checking every cell monthly for decency has been started and recycling waste bins, which are emptied daily, have been installed on landings. Deep cleaning parties have been working on the wings between 5.30 and 7.30 in the evenings.

5.1.7. Coats are not supplied to prisoners and, as a result, many do not take exercise outdoors in wet or cold weather.

5.1.8. Before the first lockdown it was often observed that meals were being served door to door on C and F wings due to staff shortages. Because of the difficulty of serving socially distanced meals during the Covid-19 regime the hot meal of the day is served from 11.00am and tea and breakfast packs are distributed at the same time. The landings take it in turns to be the first to be served at 11.00am. The 32 prisoners registered for Ramadan were given their hot boxes at 5pm and these remain warm until 9pm. Otherwise their regime was the same as the others apart from not being unlocked to be served lunch.

5.2 Segregation

5.2.1. There are 16 cells on the care and separation unit (CSU), including two high-risk and an additional two special accommodation cells. The unit is always kept very clean and tidy; however repairs to the showers and the blocked toilet in the constant watch cell have been unacceptably slow to happen (see 5.1.1 and 5.1.2 above).

5.2.2. Over the reporting year there was a consistent group of staff on the unit, although some changes did take place as a result of time limits applied to working in this stressful environment. The average number of staff assigned to the unit was 10.75, of whom 73% were first aid trained, 83% were suicide and self-harm (SASH) trained and 43% were trained in the understanding of mental health issues that affect the prisoners. At all times there was a minimum of three ACCT assessors.

5.2.3. All segregation review boards (SRBs) over the reporting period were held within the correct time limits and all safety algorithms, with the exception of one, were completed in time. There has been consistency in attendance of SRBs by all involved parties including healthcare staff, who appear to have been well informed about the prisoners being reviewed. It should be noted that officers in the CSU have also been consistent in assisting the remote monitoring by calling the IMB using a speakerphone.

5.2.4. All 20-day care plans for prisoners have been submitted and approved on time and correctly and all the authorisation forms for those staying over 42 days have been submitted on time and correctly. The IMB is aware of 4 prisoners during this year who were segregated for periods greater than 100 days.

5.2.5. The average monthly number of prisoners spending time in the CSU over the reporting year was 31. Over the year 62 prisoners arrived with an ACCT already open and 18 had ACCTs opened while in the CSU. Although this is a reduction on last year the IMB still considers this to be high.

5.2.6. There were 17 constant watches undertaken in the CSU, due to a suitable cell not being available in the inpatients unit. Although these were undertaken by healthcare staff, the IMB does not consider the CSU to be a suitable environment for men on constant watch.

5.2.7. Special accommodation, where items of furniture or bedding are removed from a cell for the prisoner's safety, was used on three occasions during the year and the IMB is pleased to note that this is a significant reduction since last year.

5.2.8. The IMB remains concerned about the number of prisoners who refuse to locate back to a normal wing at the end of their segregation due to worries about drugs, debt, bullying and violence.

5.2.9. The segregation, monitoring and review group meetings (SMARG) are held monthly and discussions include the data relating to ethnicity, age, religion and any disabilities of those held in the CSU. Where this data has indicated that there is a disproportionate segregation of any group of prisoners, there has been a discussion as to why they have been segregated and staff have satisfied themselves that this was done correctly.

5.3 Staff-prisoner/detainee relationships, key workers

Before the Covid-19 pandemic the key working programme was close to being delivered in line with national requirements but once the regime was restricted it became difficult to continue. All key working was suspended nationally on 1 April. Staff were encouraged to use the unlock time to try to have quality conversations with residents. Key working started again in mid to late June but only for around 60 vulnerable prisoners who were not resident in the CSU or inpatients unit as those men were already receiving extra support. The sessions were delivered by in-cell telephone, face-to-face where social distancing allowed, and, if neither of these were possible, through the cell door. As the pandemic continued and staff became ill or had to isolate, this became harder to sustain. The IMB noted that in the week starting 16 November 2020 53 half-hour key working sessions were planned but only 80% of these were estimated to have been delivered. In the week starting 11 January 2021 60 key working sessions of 30 minutes each were planned but only 50% of these were estimated to have been delivered. As the prison averages 60 prisoners in priority groups for key working every week the IMB does not consider this to be adequate.

5.4 Equality and diversity

5.4.1. At the beginning of the reporting year there was a push by senior management to increase the focus on understanding and supporting prisoners with protected

characteristics, but Covid-19 restrictions or other issues meant that not as many of the actions were undertaken as hoped.

5.4.2. The IMB welcomes that forums were held for both BAME prisoners and staff, including the Governor attending a BAME prisoners' forum. A faith forum was also held. Disappointingly, at the BAME forum, prisoners said that they felt that they suffered from racial discrimination at HMP Lewes in respect of use of force, and that they were more likely to be put on report and less likely to be employed. Further discussions suggested that staff lack understanding around different cultural mannerisms and communication styles. This is of concern to the IMB.

5.4.3. The prison's own data for use of force show again, that force is used disproportionately against BAME prisoners (see 4.5.2). The IMB has raised this as a concern throughout the year. Unfortunately, plans to incorporate equalities training into regular staff training were not able to go ahead due to limits on non-mandatory training during Covid-19 restrictions.

5.4.4. Given the above concern, the IMB has also looked at whether there is a tendency by staff to disproportionately adjudicate or segregate BAME prisoners, specifically those falling under the black or black British categories. The data presented at the monthly SMARG meeting (see 5.2.9) raised concerns with the IMB about whether these residents were being disproportionately segregated in some months. The IMB has discussed this data with the CSU Governor and custodial manager and acknowledges their case that when such discrepancies arise, they have satisfied themselves that the individuals in question have been appropriately segregated. However, the IMB notes that the SMARG meeting is not able or required to consider whether there is a wider equalities context in each case. Data on ethnicity and adjudications were not available for the first nine months of the calendar year, but the IMB notes that November showed that 22% of adjudications were against B1, B2 and B9 residents compared to a prison population of 11%.

5.4.5. In contrast, an audit of jobs in September found that, notwithstanding the fears expressed in the BAME prisoners' forum (see 5.4.2), there was a higher percentage of BAME prisoner workers than is reflective of the population percentage. This is being monitored every month and no discrimination by ethnicity has been found.

5.4.6. Forty-four discrimination incident report forms (DIRFS) were received by HMP Lewes during the reporting year, including from staff. The majority were about race. When the IMB was approached about staff behaviour on one wing, senior management identified that 'banter' had slipped into being inappropriate and clamped down on it.

5.4.7. More than 50% of Lewes prisoners self-declare as disabled, the biggest group being those with mental illness. Again, training for staff in these areas has been limited due to lack of staff training throughout the reporting year. Lewes remains a prison that presents difficulties for the physically disabled. As set out in previous years, mobility restricted prisoners from the vulnerable prisoner wing have no access to the general exercise area, using an area close to and within clear sight of A wing, where they can be subject to abuse from prisoners on that wing. The IMB very much welcomes that the cell on the vulnerable prisoners' wing which contains a disabled

shower was taken out of occupation so that all those needing it can have access to it. However, there have been significant delays in effecting repair/replacement of the chairlifts in F wing and the inpatients unit which have been out of action for much of the year as have the lifts accessing visits.

5.4.8. During the reporting year around 70 foreign nationals were in HMP Lewes at any one time. At the beginning of the reporting year, an immigration officer held surgeries in the prison and was available to prisoners once a month. This officer worked remotely and did not go into the prison between the end of March and July.

5.4.9. From March the Lewes Organisation in Support of Refugees and Asylum Seekers (LOSRAS) began to be promoted in the prison. It is a Lewes-based charity who will make social visits to foreign nationals who do not get a visitor. Every foreign national is written to on a monthly basis explaining LOSRAS and asking if they want to be put in touch with them.

5.4.10. The equalities department at HMP Lewes has tried to run a diversity calendar throughout the year, promoting causes such as suicide awareness week, Black history month and deaf awareness week. However, this has been inevitably limited in its scope during this year and relies mostly on posters in residential areas.

5.5 Faith and pastoral support

5.5.1. Because of Covid-19 restrictions, the chaplaincy department had very reduced numbers throughout the year: seven of a possible 25 chaplains were working in April 2020, up to 15 by the end of December, and none of the 28 chaplaincy volunteers. Despite this, the chaplaincy department completed statutory rounds (such as daily visits to the inpatients unit, CSU and K wing, all new receptions and those due for discharge that day), visited every resident on an open ACCT and attended SRBs. Corporate worship has not been permitted since the end of March 2020, however the IMB has noted that individual chaplains have worked extremely hard in order to provide faith support, making weekly 'door-to-door' visits to those residents registered to their particular faith, including providing tailored in-cell activities.

5.5.2. The chaplaincy department has also provided pastoral support both for staff and residents, including memorials for those unable to attend funerals. The very hard work of the chaplaincy department is to be commended.

5.6 Incentives schemes (IEP)

5.6.1. The IEP system was suspended when lockdown restrictions were introduced, with prisoners no longer being put onto 'basic' level to manage behaviour, the most obvious outcome of which was that all prisoners, except those in the CSU, had access to a television.

5.6.2. At times during the year the IMB was aware of incidents of 'informal' punishments of prisoners by staff, for example reducing their unlock time or serving

their food at their door, without Governor-level approval. Given an already extremely limited regime (see section 6.5), the IMB believes this was potentially not fair and certainly not humane and a strong governance process for such decisions should be followed. However, the IMB notes and welcomes that when senior management was aware of such occasions, they swiftly sought to rectify the situation or ensure it did not happen again.

5.7 Complaints

The average number of daily life complaints received monthly between February 2020 and November 2020 to HMP Lewes from prisoners was 83. Of these 64% were answered within the prison's expected timescales which the IMB does not consider to be adequate.

5.8 Property

There was a near 100% increase in applications by prisoners to the IMB regarding property lost within the establishment this year. However, the loss of property failing to follow a prisoner on transfer can be even more distressing. There were four applications between December and January from different men all of whom were missing property on transfer from HMP Ford alone. The IMB considers the loss of property on transfer between establishments to be a national problem.

5.9 Post

During the reporting year, the IMB has had concerns about the treatment of Rule 39 (legally privileged) post arriving in the prison. It is a fundamental right for prisoners to be able to correspond in confidence with their legal advisers. Records kept by the post room showed an average of five legitimate Rule 39 letters being opened in error every month. In addition to that, the IMB noticed reports of several incidents where the procedures set out in the PSI 49/2011, which instructs prisons on how to observe Rule 39, were not being followed: post purporting to be Rule 39 post but suspected of containing illicit substances was being sent straight to the security department without prisoners being given the opportunity for the letter to be opened in front of them and governor approval for any actions was not always sought. In the year to 27 November 2020, 17 Rule 39 letters had been "seized" in such a way. New guidelines for staff were issued in November but, following another case when an unauthorised article was found in a letter without the prisoner being given the opportunity to be present, they were updated again in January.

6. Health and wellbeing

6.1. Healthcare general

6.1.1. The new service provider, Care UK, renamed Practice Plus Group (PPG), took over the provision of healthcare from Sussex Partnership Foundation Trust in April 2020 just as the first national Covid-19 restrictions were put in place. Despite the immediate challenge of the pandemic, coupled with embedding new ways of working and loss of some personnel, the IMB considers that the team coped remarkably well with continuity of care in response to the ever-changing situation. They continued to deliver services during the pandemic comparable to, indeed often greater than, those available in the community. They kept prisoners informed via the prison residents' newsletter about which clinics were running, as well as typical wait times to help manage prisoners' expectations. The Care Quality Commission (CQC) gave positive feedback about their responsiveness and readiness for the pandemic.

6.1.2. The reduction in the number of healthcare providers from eight to three suppliers has meant notable improvements in the delivery of care to prisoners. PPG has put in place additional services such as physiotherapy, an on-site paramedic and a long-term conditions specialist nurse, as well as improved staffing and coverage across the services. The IMB notes the improved coverage during evenings and weekends, with access to a GP remotely during evening receptions as well as improved out of hours prescribing.

6.1.3. There continued to be significant use of agency, bank and locum staff, because of recruitment difficulties, which raises concerns about continuity of care, although there was continuity in some temporary personnel. There was long-term remote working by the psychiatrist, although consultation via in-cell phones mitigated some of the impact for patients.

6.1.4. The IMB has been monitoring healthcare complaint levels during the year. It has increased confidence in the resolution of complaints and notes the benefit of PPG committing to respond in the first instance by talking with the prisoner directly. Whilst typically 15-25 'concerns' were raised each month, very few healthcare complaints were escalated to their stage 1 complaint procedure. The most frequent complaints continue to be dissatisfaction with changes to medication and waiting times for access to services. This was mirrored in applications to the IMB.

6.1.5. It appears that PPG has established a good working relationship with the prison and the IMB has seen strong evidence of greater integration across the range of healthcare and prison functions. Healthcare personnel attended the residents' forum and conducted prisoner feedback surveys to feed into their action planning and User Voice, a charity which exists to support rehabilitation by working with marginalised people in and around the criminal justice system to ensure that policy makers and practitioners hear their voices, has been re-engaged.

6.1.7. Support for men with long-term conditions during the year was variable, with significant backlogs building throughout the restrictions. A long-term conditions nurse (a new role funded by NHS England) took up the post in January 2021, which the IMB welcomed.

6.2 Physical healthcare

6.2.1. Routine healthcare was significantly curtailed for much of the year, however there was a triage process in place for men to access emergency GP and dental appointments, typically within a few days. Waiting times for appointments were, at times, significant as clinics and capacity were constrained by the pandemic and reduced movement of residents, as well as the approval processes to re-introduce the higher risk healthcare services such as dentistry and the optician. There was a phased return to more normal clinics/service delivery by the autumn, although effective monitoring of attendance and reasons for non-attendance at clinics remained a problem for much of the year.

6.2.2. The IMB welcomes the fact that blood borne virus (Hepatitis B/C and HIV) finger prick testing was incorporated into reception processes, and many new cases were identified that would have been missed in the past. The delay in health screening of prisoners after their arrival in prison (“72-hour screening”) peaked at over 330 men by September, although focused efforts reduced this over a number of weeks, with a new target being monitored for all men to be seen within a week of leaving the Covid-19 isolation period.

6.2.3. The IMB continued to be frustrated by the lack of delivery of clinic facilities on wings which have been promised this in one form or another for over two years. Lack of suitable space for healthcare practitioners to see their patients not only impacts decency and care, but reduces clinical capacity thus increasing waiting times for the prisoners.

6.3 Mental health

6.3.1. The IMB continues to be disappointed about the lack of provision of adequate specialist mental health places for prisoners in hospitals and/or residential units. All too often men with complex mental health needs wait months for suitable spaces and are not getting the specialist care they need. On occasions men were kept in the CSU on constant watch because suitable space was not available on the inpatient unit. An additional consequence of this is that other residents who may need to be on the inpatient unit cannot access a bed.

6.3.2. The IMB notes that access to mental health services was limited by both the Covid-19 pandemic and recruitment challenges, although the crisis team continued its work. Waiting times built during the year, with a peak of 96 men waiting for an appointment in August. Typically, prisoners were waiting seven to nine weeks for an appointment with the psychiatrist. Mental health and substance misuse practitioners were only able to carry out limited face-to-face work with prisoners, all programmes were stopped and one-to-one work was limited throughout the year. Both teams made efforts to create self-help materials and support their patients via in-cell phones.

6.4 Social care

6.4.1. Figures for August to January show that eight prisoners monthly were receiving social care, provided by Better Healthcare services. The IMB has received a few applications from prisoners suggesting that their care is insufficient and have found the safer custody team responsive to carrying out new assessments to try and meet these needs.

6.4.2. There are regular referrals for adult social care, however there is currently no adequate or decent provision for elderly prisoners requiring hoists. The IMB is aware of one prisoner who had to be returned to hospital due to the lack of this facility.

6.5 Exercise, regime

6.5.1. As set out in previous years, the IMB considered that the regime offered during February and March, prior to the pandemic, had major failings, particularly the extensive times prisoners were locked up. For example, men who did not go out to work or education were locked up for more than 22 hours a day. The IMB welcomed the Governor's announcement that staff 'training day lockdowns', which were additional lockdowns of prisoners on consecutive days, were to be changed to alternate Mondays during March.

6.5.2. Unfortunately, because of the pandemic, the regime offered to prisoners then became even more restricted. From 26 March, and the commencement of lockdown across the country, the prison was placed on a reduced regime and, in order to maintain social distancing, up to twelve men at a time were unlocked for 30 minutes of domestics and 30 minutes of outdoor exercise. This was in line with national policy. This was further reduced to between six and eight men at a time for serving meals.

6.5.3 Prison to prison transfers were stopped and there were three groups in the Covid-19 management process as well as men on normal location: the reverse cohorting unit (RCU) for men arriving from court and needing to self-isolate for 14 days, the protected isolation unit (PIU), for men exhibiting symptoms, and the shielding group for clinically vulnerable prisoners. From the middle of May the OpCap was reduced by 60 to enable these three cohorts to be in single cells as far as possible. Daily welfare checks and meals delivered to the door for these groups were done by staff in PPE.

6.5.4 From 23 July, the regime was relaxed to allow 20 men out of cell at any one time which allowed an increased regime of 45 minutes exercise and 45 minutes for domestics. The exception was the RCU which still only allowed 12 men out of cell at one time, with 30 minutes for domestics and 30 minutes exercise. Weekend regime restrictions were noted throughout July and August when, due to staff shortages, exercise or domestics were offered on alternate days.

6.5.5. In November there was a clear routine being followed, and being run in a controlled manner. None of the men the IMB spoke with raised any issues about the regime. Those asked confirmed they were getting 45 minutes exercise and 45 minutes for domestics. Unfortunately, from December, staff shortages due to Covid-19 illness or isolation, made the 45-minute regime increasingly hard to maintain and it was reduced back to 30 minutes. From 4 January 2021, on the main residential wings, 30 minutes of daily unlock was only offered either for time in the open air, or for domestics, but not for both every day.

6.5.6. When visits recommenced on 27 July, exercise and domestics on L and M wing started happening early in the morning due to staff being needed for escort duties to visits in the afternoon. This made for a very long day for prisoners as they were locked up again by about 10.00 and, apart from collecting their food at 11.00, not released again until the following day.

6.5.7. Pre-Covid-19, access to the gym was restricted due to a national shortage of qualified instructors. In March 2020 there were only two physical education instructors (PEIs) when the aim was to have six. The result was that no courses were able to run at that time. The gym was out of use during the lockdown but a number of PE sessions on the exercise yards were organised when it was eased. In October these were suspended due to the two PEIs both being on long-term absence. At the end of this reporting period the gym remained closed due to national Covid-19 restrictions.

6.5.8. Throughout the year prisoners have mostly been understanding and compliant with the regime but the impact on their psychological wellbeing must not be underestimated.

6.6 Soft skills

Because of lack of time out of cell due to the Covid-19 pandemic, many activities – for rehabilitation, worship, education as well as exercise – were halted, or done individually through the cell door. We do not know how much this and the very long time spent in their cells will impact on the men’s mental health and rehabilitation.

7. Progression and resettlement

The IMB recognises that purposeful activity at HMP Lewes during the reporting year was severely impacted by the Covid-19 pandemic. From the March lockdown onwards, classrooms and most workshops were closed, any group work or meetings were severely restricted and tutors were not allowed onto the wings to see prisoners.

7.1 Education, library

7.1.1. At the onset of lockdown, education provision and library facilities within the prison ceased. The IMB noted that the lockdown also coincided with the departure of both the education manager and the deputy manager which has resulted in a number of managerial issues throughout the year.

7.1.2. The restart was slow as the numbers of staff going into the establishment were initially very few. Therefore, education provision at HMP Lewes was delivered through in-cell packs with prisoners having no direct contact with teaching staff. The IMB recognises this was far from ideal although the packs, developed internally, were designed to meet the needs of the local population.

7.1.3. The IMB noted that the initial uptake of these in-cell education packs developed for English, Maths and ESOL (English for speakers of other languages) was disappointing. Much of this was due to the logistical problems of getting the packs to the wings, then delivered to the right cells. This was also hampered by the lack of opportunity for the education team to follow up or being able to use the in-cell telephony effectively.

7.1.4. The IMB was, however, pleased to note that, even after this slow start, as of 31 January 2021 around 130 prisoners were doing in-cell education. This is slightly more than the number of prisoners who would usually be offered classroom education.

7.1.5. The initial learning assessment packs, which give the education provider a more accurate picture of an individual's learning levels, continued to be distributed during the pandemic. Between 100 to 200 packs were sent out each month and, although the initial response was poor with only around a 35% response rate, the IMB is pleased to note that this increased later in the year to around 50%.

7.1.6. The IMB is concerned about the levels of literacy of prisoners at HMP Lewes, especially as so much of the education provision during the pandemic was through in-cell packs. The IMB understands that around half of the prisoners' initial English assessments were graded as entry level one, two or three. The IMB stresses the importance of the prison developing accessible English courses for low level learners.

7.1.7. The IMB is also concerned that prisoners with potential learning difficulties and disabilities were not clearly identified through the screening processes available during the pandemic. The IMB understands that, during this period, only three prisoners were identified as having learning difficulty and disability needs out of 244 assessed, and that there were no actual referrals passed to tutors. The IMB notes

the prison has recognised that this is clearly not an accurate reflection of the needs of the current prisoners and is reviewing this situation.

7.1.8. On a positive note, the IMB welcomes the introduction, at the end of the 2020, of wider curriculum project packs, which are bespoke to Lewes. These cover topics including painting and decorating, food safety, horticulture and art.

7.1.9. The IMB is also pleased to note that the library was back up and running and dealing with book requests as soon as staff were allowed into the prison towards the end of May and has spoken to prisoners who have found them invaluable. In addition, the careers staff have worked throughout the pandemic to produce personal learning plans for prisoners.

7.2 Vocational training, work

7.2.1. Most of the work and industries roles at HMP Lewes were affected by the pandemic restrictions in some way, either through having to have smaller groups or being shut down completely.

7.2.2. Smaller 'bubbles' and the inability to mix prisoners from different wings meant a number of areas and workshops could not be filled to capacity. Other roles such as orderly positions in the chapel, gym and education were not open at all.

7.2.3. The IMB notes that workshop one, which hosts waste management, was operating with only five prisoners working. In non-Covid-19 times the workshop would aim to accommodate up to 30 prisoners with two waste management industry training and advisory board (WAMITAB) instructors. During the pandemic period no training for qualifications was being offered.

7.2.4. Workshop four, which hosts industrial cleaning, the clothing exchange and stores area, also operated with similarly restricted numbers, while the other two workshops hosting textiles and multi-skills were shut from March 2020.

7.2.5. The IMB is concerned that one of the biggest and most serious fallouts from the Covid-19 pandemic has been the peer mentoring by prisoners of vulnerable prisoners. Peer mentoring is one of the most trusted, responsible and highest paid roles at Lewes and the prison aims to have around 30 peer mentors. However, with the restrictions preventing peer mentors working across different wings, and the inability to offer the qualification due to lockdown, there were no peer mentors operating at Lewes at the end of the reporting period.

7.2.6. The programmes team at HMP Lewes expected to run five courses aimed at reducing re-offending and improving behaviour, involving around 50 residents during the year. They completed one Resolve programme, a general aggression treatment programme, for 10 men just before the end of March 2020. However, once the Covid-19 pandemic hit, the programmes were all closed and the staff redeployed. The only other programme which was undertaken, during a period of restriction easing, was the thinking skills broad cognitive behaviour programme. Five prisoners

undertook the course with one-to-one tuition. The IMB notes that the Resolve programme, scheduled to start in January 2021, has been delayed.

7.3 Offender management, progression

7.3.1. Key work sessions under the offender management in custody (OMiC) model were impacted significantly after the initial lockdown. Whilst the target was for key workers to be allocated the next working day, sessions were suspended for a period of time during the initial lockdown period (see 5.3).

7.3.2. Basic custody screening tool1 (BCST1) completion was high, at or near 100% within 72 hours throughout the year. Offender managers (OMs) contacted prisoners by letter, though this sometimes involved knocking on the door and explaining the process. Prisoners were additionally advised to speak to officers on the wing about contact with OMs to avoid any delay to sentence planning arising from the application process.

7.3.3. There has been a sustained improvement in reducing the backlog in offender assessment system (OASys) reports, without which prisoners do not have sentence plans. The number of outstanding reports was 18 in January 2021 compared to 29 in January 2020 and the OASys backlog was 23 in June 2020 compared to the maximum of 68 in May 2019. Sentence planning was largely conducted using the in-cell telephone system. However, a prisoner's ability to fulfil objectives for sentence planning has been difficult with such long periods of being locked in cells.

7.3.4. The IMB welcomes the appointment in January 2021 of an officer specifically charged with helping men on remand with bail issues, for example sorting out their housing needs so that they can serve their bail in the community.

7.4 Family contact

7.4.1. With the start of the first lockdown for the Covid-19 pandemic, social visits were cancelled and not restarted until 27 July. The uptake after this was not high but this was thought to be for reasons due to Covid-19, as visits were socially distanced and no physical contact was allowed between prisoners and their families, including children. Several visits had to be cancelled due to the lifts, both inside and outside, being out of order and some prisoners and visitors not being able to access flat visits. The external lift continued to be out of order for much of the reporting period.

7.4.2. Video visits, known as Purple Visits, were started on 1 September. These enabled some elderly and disabled residents who had not been able to access flat visits to see their families. Prisoners are allowed a half hour video visit once a month. Although these video visits have proved to be a good way for men to keep in touch during lockdown they have not been without problems. Not all families have access to suitable technology and initially the photo ID registration of visitors via an app was difficult. The screen freezes if an unauthorised person appears or if there are sudden movements or inappropriate language. The IMB understands that it was not always emotionally easy for men to see their families in their home setting when they were

undergoing such a strict regime. The take-up has been lower than might have been expected, for example in the week starting 4 January 2021 on average only 50% of the nine visits per day were used.

7.4.3. The charity, Spurgeons, offers family support to prisoners. During the Covid-19 pandemic they have delivered self-study courses such as parenting, new dads, mindfulness etc to cell doors. There are also swap packs where fathers and families can complete each other's input. Spurgeons also set up a families' Facebook page to aid communications with prisoners' families throughout the year. They usually work with around 10% of the prison population but during the Covid-19 pandemic and the reduced access to prisoners their case load has been lower.

7.4.4. In-cell telephony, including the ability to dial into cells from specific points in the prison, is now available on all wings although some delays in sorting PIN numbers due to staff shortages in the business hub caused frustration early in the year. The addition of an extra £5 PIN credit for every prisoner during the Covid-19 pandemic was welcomed by all.

7.5 Resettlement planning

7.5.1. The induction and pre-release centre (IPRC) houses the Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC), which manages the through-the-gate service, Southdown Housing and Jobcentre Plus. Resettlement preparation has been structurally affected by the restricted Covid-19 regime. During lockdown staff had to withdraw from face-to-face working. Each staff member only worked in the prison for four hours on two days of the week. Otherwise they worked from home and relied on paper-based assessments of prisoners through the internal mail. The IMB has been advised that, as the national rules only allow five working days from start to finish for this assessment process, it has been very difficult to complete the assessment within this timescale. Staff were able to use in-cell telephony while in the prison but have reported that this has been challenging for many prisoners. It often depended on whether handsets in cells were working and plugged in and on getting the men to engage with staff. Often staff were dependent on getting a form to the prisoner, having him fill it in and returning it to them within the time frame. The IMB was told this was harder when, due to the pandemic, many wing staff were off sick or isolating and were not available to help prisoners fill in their forms.

7.5.2. Non-English speakers had further problems in that the process of having assessments translated was put on hold. The Big Word translation service could not be used because it is only possible when face to face with the resident.

7.5.3. However, some non-literate men have been helped by the use of in-cell telephones as they do not have to worry about filling in the form themselves.

7.5.4. Basic custody screening tool 2s (BCST2s) and BSCT3s have been more problematic to carry out than the initial screening. In 2019, 93% against the 95% target level for seeing service users within five days of entering prison was achieved.

As the lockdown kicked in, the number of BCST2s completed fell from 69% in March to an average of 34% over the next two months.

7.5.5. Funding has been provided by the Ministry of Justice, for the duration of the pandemic, to enable the housing team to support prisoners at risk of leaving prison homeless with up to 56 nights' accommodation, and support to move onto settled accommodation, if all other options have been exhausted. The IMB understands that the provision of local authority housing is a big challenge as often local authorities will only give a prisoner an address once he has been released or, worse, will not assess him for housing until he has been released. Not knowing where they are going to live after they are released can enormously increase anxiety levels.

7.5.6. Released men are now given a resettlement package with information about release and contact details for relevant agencies. Again, there is no provision for non-literate or non-English-speaking men.

7.5.7. The system being reliant on the internal distribution and return of forms has often meant that the forms did not reach the prisoner that they were intended for. This meant delays for some prisoners and in some cases, no pre-release planning. The difficulties are understandable but it remains the fact that fewer prisoners are getting the support that will enable a smoother transition to release.

7.5.8. It is of continuing concern to the IMB that, despite the best efforts of the prison to treat all prisoners with decency and respect, it is not humane for those subject to imprisonment for public protection (IPPs) to have no set date for release. During the reporting period there was an average of 13 IPP prisoners living in HMP Lewes.

8. The work of the IMB

Board statistics

Recommended complement of Board members	17
Number of Board members at the start of the reporting period	11
Number of Board members at the end of the reporting period	10 + 2 on sabbatical
Total number of visits to the establishment	121
Total number of segregation reviews attended	85

Applications to the IMB

At the end of April 2020 the IMB national secretariat set up an 0800 number for prisoners to make applications to their local IMB. The funding for this will continue for the duration of the Covid-19 pandemic. Prisoners were still able to send paper applications and the IMB at HMP Lewes continued to collect these as often as possible. There has been an increase of 49% in applications to the IMB over the reporting year, which may have been largely driven by the freephone service with many men finding it easier to call using their in-cell telephones. A small number of men made a large number of repeat calls to the applications line which will have exaggerated the increase in these figures.

Applications for healthcare issues continue to be the highest percentage received, although they have reduced from 23% last year to 20% this year. Applications for property lost during transfer has reduced from 13% of the total to 7% but this may be attributable to the infrequency of transfers during this period.

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	9	26
B	Discipline, including adjudications, IEP, sanctions	3	11
C	Equality	5	11
D	Purposeful activity, including education, work, training, library, regime, time out of cell	10	15
E1	Letters, visits, telephones, public protection restrictions	21	30
E2	Finance, including pay, private monies, spends	6	16
F	Food and kitchens	12	8
G	Health, including physical, mental, social care	67	86
H1	Property within this establishment	15	29
H2	Property during transfer or in another establishment or location	37	30
H3	Canteen, facility list, catalogue(s)	18	7
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	39	48
J	Staff/prisoner concerns, including bullying	44	66
K	Transfers	9	12
L	Miscellaneous, including complaints system	N/A	46
	Total number of applications	295	441



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