



Report on an announced inspection of

HMP Lewes

by HM Chief Inspector of Prisons

5–16 February 2024



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Introduction

In 2022, our unannounced inspection of HMP Lewes was concerning enough for us to return for an independent review of progress (IRP) in February last year. Disappointingly during that review, we found that things had got even worse, with some prisoners routinely getting less than an hour out of their cell a day, a shortage of frontline officers and a staff team with low morale. Unusually therefore, I decided that we would conduct an announced inspection, giving the prison six months' notice to prepare.

A new governor arrived at the jail in August 2023 and I am pleased to report that he had begun to make some good progress with the many challenges that faced this run-down, overcrowded Victorian prison. He had worked on improving the capability and confidence of his staff team, of which a high proportion had fewer than two years' experience, and we were pleased to see noticeably better staff-prisoner relationships than during our last two visits. The attrition rate of staff was still high but was lower than at our IRP. The governor had introduced a cooked breakfast which was welcomed by prisoners, although they complained that milk was no longer available. Leaders had improved prisoners' ability to get basic kit such as bedding and clean clothes and a team of skilled prisoners was working around the jail to improve cells and communal areas. It was disappointing that although the prison was cleaner, there remained ingrained dirt in some of the communal areas and rubbish outside had not been cleared away.

The ingress of drugs was a serious problem at Lewes and this was a cause of some of the increases in violence and the use of force. Although there had been a recent reduction in assaults, it was too early to tell if this was the beginning of a trend.

The amount of time that prisoners spent unlocked was better than at the last inspection but was still not as good as we have seen elsewhere. A concerted effort by leaders to improve the reliability of the regime meant that there were no longer the frequent, unplanned cancellations of education or the closure of the library we found on our last visit. There continued to be insufficient activity places for the population and the quality of some of the teaching was not good enough. Assessments had identified the poor literacy and maths levels of many prisoners, but although there was a reading strategy which was much better developed than in other prisons, there were not enough classes to meet this need. Attendance at education was poor, in part due to the scheduling of gym sessions during lesson time.

Our score for our test of preparation for release fell from reasonably good to not sufficiently good, partly because of the pressure that a high-churning remand population was putting on the prison. There was not yet enough provision for remanded prisoners who did not always get their entitlement to visits and had only limited support from the offender management unit in addressing their immediate housing needs. There were some worrying holes in public protection arrangements with only four prisoners subject to phone or mail monitoring, a scarcely credible number in a prison of this type.

We report some serious concerns with the introduction of the end of custody supervised licence scheme that allowed for some prisoners to be released 18 days early. I hope that these are teething troubles and that as the scheme becomes embedded some of these problems will reduce. At Lewes we found too many prisoners released homeless, including on the scheme, and there was some chaotic planning for prisoners who were being released at short notice.

The levels of self-harm at the jail continued to be too high, some of which was no doubt caused by the day-to-day frustrations of prisoners, such as long periods of lock up (particularly at weekends), the poor response to applications, difficulties with booking visits and the amount of time they were spending stuck on remand. Although managers were sighted on some of the causes, not enough progress had yet been made.

This was a more encouraging inspection than at our last two visits to the jail, with an enthusiastic and ambitious governor, an invigorated leadership team, an improvement in staff morale and good support from the prison group director. There is a long way to go at Lewes, which remains a fragile jail with crumbling infrastructure in need of substantial investment, but if the leadership team remains in post I would expect to see further improvements and greater stability at this jail.

Charlie Taylor

HM Chief Inspector of Prisons

March 2024

What needs to improve at HMP Lewes

During this inspection we identified 15 key concerns, of which five should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **Drugs were much too easily available.**
2. **There had not been enough investment in the ageing infrastructure and living conditions were still not sufficiently good.** Prisoners did not always have heating or hot water.
3. **Time out of cell remained very poor for many prisoners and there were not enough activity places for the population.** In our roll checks during the working day, more than half the population were locked up.
4. **Lewes now held a majority of remanded and unsentenced prisoners, but provision had not changed sufficiently to match the population's needs.** For example, there was insufficient support from the offender management unit for remanded prisoners, especially with their immediate housing needs.
5. **Under the end of custody supervised licence scheme (see Glossary), some high-risk prisoners were being released at short notice without sufficient risk management planning.**

Key concerns

6. **Early days support was undermined by increasing numbers of prisoners arriving late, following long journeys from other areas where prisons were full.** Many were not moved to their cells until the early hours of the morning.
7. **Levels of violence were some of the highest for this type of prison and there were not enough incentives to promote positive behaviour.**
8. **Levels of self-harm were high and on an upward trend.** When prisoners used their cell bells, they were not answered promptly, creating additional risks.
9. **Most prisoners did not have regular contact with a named key worker.**

10. **The applications process was ineffective and prisoners often did not get a response.**
11. **Managers did not have enough data to understand outcomes for protected groups and take remedial action.**
12. **Patients needing transfer to hospital under the Mental Health Act continued to wait far too long for a bed.**
13. **Careers information, advice and guidance were ineffective and did not support prisoners to develop the knowledge, skills and behaviour they needed to be successful in their progression.**
14. **Teaching and attendance were poor in too many education classes, particularly mathematics.**
15. **Leaders' quality assurance of education was not effective and they had been too slow to address and rectify the weaknesses in this area.**

About HMP Lewes

Task of the prison

HMP Lewes is a reception and resettlement category B prison for adult and young adult men.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Prisoners held at the time of inspection: 578

Operational capacity: 624

In-use certified normal capacity: 659

Population of the prison

- Average of 213 new prisoners received each month
- About 65 prisoners a month were released
- 55% of prisoners were remanded or unsentenced
- 700 recalled prisoners were held at Lewes in 2023
- 82% of the current population had been at Lewes for six months or less
- 22% of prisoners were from black and minority ethnic backgrounds
- 89 prisoners were foreign nationals
- 316 prisoners were receiving support for substance use

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance use treatment provider: Practice Plus Group

Dental health provider: Time for Teeth

Prison education framework provider: Milton Keynes College

Escort contractor: Serco

Prison group/Department

Kent, Surrey and Sussex

Prison Group Director

James Lucas

Brief history

Lewes was built in 1853 as the county prison for Sussex. In 2007 an additional house block was completed, Sussex Wing.

Short description of residential units

A wing: general population (capacity: 134)

C wing: general population (capacity: 150)

F wing: prisoners convicted of sexual offences and other vulnerable prisoners seeking protection, as well as induction overflow from L wing (capacity: 147)

G wing: enhanced workers unit (capacity: 23)

K wing: neurodiversity unit (capacity: 22)
L wing: induction wing (capacity: 80)
M wing: general population (capacity: 94)
Segregation unit (capacity: 14)
Inpatient unit (capacity: 9)

Name of governor/director and date in post

Mark Creaven, 24 July 2023

Changes of governor/director since the last inspection

Hannah Lane, in post at the last inspection until 9 April 2023

Acting governor, Paul Mason, 10 April – 23 July 2023

Independent Monitoring Board chair

Peter Scaramanga

Date of last inspection

Full inspection: 3–4 and 9–13 May 2022

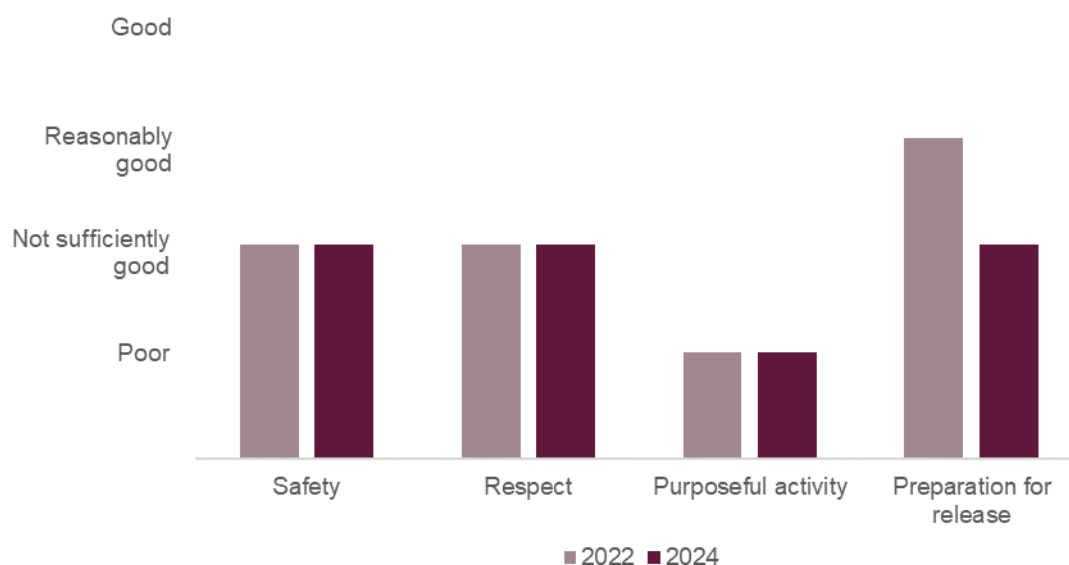
Independent Review of Progress: 20–22 February 2023

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Lewes, we found that outcomes for prisoners were:
- not sufficiently good for safety
 - not sufficiently good for respect
 - poor for purposeful activity
 - not sufficiently good for preparation for release.
- 1.3 We last inspected Lewes in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Lewes healthy prison outcomes 2022 and 2024



Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection in 2022 we raised 16 concerns, six of which were priority concerns.
- 1.5 At this inspection we found that five of our concerns been addressed, eight had been partially addressed and three had not been addressed. Only one

of the priority concerns had been fully addressed. For a full list of progress against the concerns, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found one example of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Example of notable positive practice

- a) Prison Family Support, a small local organisation with enthusiastic caseworkers, helped prisoners from Lewes navigate contact with their children, complementing the family support work of PACT (Prison Advice and Care Trust). This included supporting their involvement at Child in Need conferences and guiding them through the process of their child being adopted. See paragraph 6.4

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners. (For definition of leaders, see Glossary.)

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders and observations made during the inspection. It does not result in a score.
- 2.2 A new governor had been appointed in summer 2023, prior to the announcement of this planned inspection. He displayed energetic leadership that was enabling the senior team to address some of the significant challenges identified at the last full inspection and review of progress in February 2023. Realistic, yet sufficiently ambitious priorities had been set. These were widely communicated to all staff and publicised across the prison to make clear what was required to improve conditions at the prison.
- 2.3 Some senior leaders were also new to their roles and areas of work but were clearly focused on driving improvement, leading motivated teams in areas such as residential services, reducing reoffending, pre-release and the safety hub. The prison benefited from a dedicated lead from the HMPPS Prison Performance Support Programme (PPSP) who had been brought into the leadership team; this work was more integrated than we have found in similar prisons and had led to some improvement across several areas, such as in communication and the development of the safety team.
- 2.4 The governor had given an honest assessment of the prison's strengths and weaknesses, identifying relevant priorities to drive progress. More generally, leaders had made better use of data to improve in areas such as safety, by tailoring strategies and monitoring performance. However, in areas such as fair treatment, data analysis to drive improvement lacked focus and was underdeveloped.
- 2.5 Staffing shortfalls, identified at the last full inspection, had largely been addressed but factors such as training for new staff meant that not all personnel were available, which inevitably impacted on delivery across the prison. In other key areas, such as offender management, shortfalls continued to have a negative impact on some critical work. While attrition rates remained very high, data indicated that there was clear evidence of improvement, such as fewer prison officers leaving over the previous 12 months. Work to address staff sickness had also been prioritised with appropriate support in place.
- 2.6 Leaders had worked hard to improve morale and although many prison officers were inexperienced, with just under half still in probation, nearly all showed a positive approach to improving the culture of the prison. There

was good focus from leaders on developing staff; for example, using an external programme to increase the capability of middle managers.

- 2.7 Rates of violence, self-harm and the use of illicit drugs remained a concern, but steps had been taken to reduce the supply. The recruitment of a dedicated manager to implement and take forward a more robust drug strategy was a welcome initiative and leaders had made sure there was greater collaborative work between residential, safety and security teams.
- 2.8 Despite some improvement, living conditions across the prison were still not good enough. The prison lacked adequate capital investment from HMPPS to ensure that residential accommodation, including support services such as the catering facilities, were fit for purpose. The leadership team had yet to make significant improvements and many cells were in a poor condition. Likewise, communal areas were ingrained with dirt that had clearly built up over time, and during the inspection, rubbish accrued in external areas for several days before being removed. The recent introduction of the Lewes Assurance and Multi-Skills (LAMS) cell refurbishment team, which included effective use of prisoners' skills, was a positive step to address these concerns (see paragraph 4.4).
- 2.9 Partnership work with the health team was more effective than at the last inspection with regular meetings chaired by the governor. Health leaders displayed energy and drive, including the development of a transformation team focused on patient need and improving patient outcomes.
- 2.10 While leaders had made improvements to the regime, too many prisoners continued to experience poor time out of cell, which could be significantly worse at weekends. The education provision was now operating more consistently, but there was not enough focus on making sure prisoners attended allocated activities. It was positive that newly appointed leaders had accurately evaluated the strengths and weaknesses of the education, skills and work provision. Nonetheless, improvement work was at an early stage and it was too soon to judge the impact. An effective partnership with employers had been established very recently to develop prisoners' employability skills and showed promise.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- 3.1 Leaders had overhauled early days processes to improve the experience of prisoners, although they recognised there was more to do. Population pressures meant an increasing number of prisoners were redirected to Lewes from their local reception prison, meaning they often had lengthy journeys and arrived late.
- 3.2 Reception staff were friendly and new arrivals generally received a drink and something to eat. Stays in reception were mostly short. Prisoners were searched and had their property dealt with before they were moved to the first night centre.



Reception

- 3.3 There was a good focus on settling prisoners in and all necessary assessments were completed, although interviews were not sufficiently

private to allow new arrivals to share concerns with staff. Prisoners had good access to a nurse, peer support and a telephone call, but showers were restricted after 9.45pm. New prisoners appreciated the provision of phone credit, vapes and grocery packs, which helped them to avoid getting into debt.

- 3.4 First night cells were generally clean and well equipped. Those who arrived late, however, were often not moved to their cells until the early hours of the next morning. When there was insufficient space, some prisoners were located to overspill cells across the prison, generally on F wing which housed vulnerable prisoners. Those affected often received no induction and experienced a very poor regime until they could move to the first night centre, as they were not allowed to mix with other prisoners. Shortly before the inspection, some new arrivals had spent four days under this impoverished regime.
- 3.5 The early days timetable included an informative peer-led induction in a comfortable room as well as a visit from the chaplaincy, an introduction to the gym and an education screening. While 75% of survey respondents said they had had an induction, only 40% of those said it covered everything they needed to know. Records were incomplete and we were not confident that all prisoners had been comprehensively inducted.



Induction room

Promoting positive behaviour

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- 3.6 Levels of violence had increased steadily since the last inspection and were high compared to similar prisons. This included serious prisoner-on-prisoner assaults, which during the last 12 months were among the highest of all similar jails. More positively, assaults against staff had decreased in the previous year and levels were below average.
- 3.7 In our survey, over half of prisoners said that they had felt unsafe at the prison during their time there and almost a third said that they currently felt unsafe. Both responses were similar to comparator prisons and our findings at the 2022 full inspection.
- 3.8 Leaders had undertaken some detailed data analysis to identify the causes, times and locations of much of the violence. The safety team worked with other departments to share and develop data and agree actions to combat violence. All incidents were investigated but the redeployment of staff to other duties sometimes delayed the prison's response.
- 3.9 Challenge, support and intervention plans (CSIPs, see Glossary) were in place to manage both the perpetrators and victims of violence. CSIP case managers were undertaking some reasonable work, but as we found at the last inspection, this often failed to translate into any meaningful daily management of individuals to address their behaviour or provide relevant support. Although wing staff knew which prisoners were subject to a CSIP, too often they lacked sufficient awareness to understand the actions needed to address the prisoner's behaviour. This applied not just to perpetrators but also to victims of violence, including those choosing to isolate in their cells. Support for these prisoners was poor and we found little evidence of any attempts to motivate them to take part in the daily regime.
- 3.10 Prisoners who were considered vulnerable, either due to the nature of their offence or because of victimisation from other prisoners, lived on F wing. There were often regime curtailments on the wing when staff were redeployed to fill gaps elsewhere in the prison. This had a significant impact at weekends when staff shortages meant that prisoners could be locked up for 23 hours each day. Although vulnerable prisoners were isolated on F wing, it was positive to see them integrating with other prisoners in some activity areas.
- 3.11 There were not enough incentives to motivate positive behaviour. In our survey, only 18% of respondents said that the culture in the prison

encouraged them to behave and only 17% that there were enough motivational opportunities. G wing provided good incentives – enhanced prisoners could strive for benefits including extra gym sessions, less time locked in their cells and access to better living facilities – but due to its limited capacity, most enhanced prisoners lived elsewhere. The regime for those on the basic level of the incentives scheme was poor and amounted to 1.5 hours unlocked each day and the (almost inevitable) loss of employment. Managers conducted weekly reviews and few prisoners remained on the basic level for long. Managerial oversight of the incentives scheme was good and had resulted in prompt reviews and quality assurance of decisions to promote or downgrade prisoners.

Adjudications

- 3.12 The number of adjudications had risen by around 30% since the last inspection to an average of around 270 per month. Most were for violence, unauthorised possession (often drug related) and for disobeying lawful orders. The increase reflected the rise in violence since the last inspection (see paragraph 3.6) and the high prevalence of drugs (see paragraph 3.25).
- 3.13 Governance and oversight of adjudications were effective. A quarterly adjudication standardisation meeting reviewed a wide range of data and amended tariffs in response to identified themes such as patterns of poor behaviour. The deputy governor quality assured around 10% of all adjudications and shared findings with adjudicators to improve processes where necessary. Few adjudications were outstanding for long and there was only a minimal backlog at the time of the inspection. This included the most serious of charges which were referred to the police or the independent adjudicator.

Use of force

- 3.14 The use of force was on an upward trend. In the previous 12 months, force had been used 578 times, including a few incidents involving batons and PAVA incapacitant spray.
- 3.15 Weekly use of force meetings were chaired by the deputy governor, and reviewed documentation and available footage to address and identify emerging concerns. A range of data were also considered at a monthly meeting. However, while some disparity of force against both young adults and prisoners from a minority ethnic background had been identified, the reasons for this were not yet fully understood or addressed.
- 3.16 Staff statements to justify the use of force were completed adequately in most cases and most uniformed staff generally carried body-worn video cameras (BWVC). However, despite efforts to encourage the use of BWVCs, staff did not always activate them, and the resultant lack of footage limited oversight.
- 3.17 Incidents we reviewed generally indicated that force was necessary and proportionate, and we observed staff making good use of de-escalation

once force had been initiated. Many incidents involved guiding holds or handcuffs; relatively little was prolonged or resulted in full relocation.

- 3.18 While leaders believed anti-ligature clothing was used infrequently, there was no log to confirm this. The three records we reviewed indicated proper justification and that clothes were returned within a few hours.
- 3.19 The unfurnished cell (see Glossary) had only been used twice in the last year and only for short periods. However, only one use was adequately justified.

Segregation

- 3.20 The segregation unit was calm, clean and managed well. Staff displayed a thorough knowledge of those in their care, and the interactions we saw were supportive and courteous.
- 3.21 The use of segregation was similar to the last inspection with around 400 over the previous 12 months. Partly due to the transient nature of the population, very few prisoners remained on the unit for extended periods. The average stay was less than seven days and most prisoners returned to their normal location.
- 3.22 Segregation cells were in a reasonable condition and were quickly painted or repaired as needed. Communal areas of the unit were clean and there were two exercise yards outside, both of which were small, bare cages.
- 3.23 The daily regime on the unit consisted of a telephone call, a shower and just 30 minutes of outdoor exercise, which meant that some prisoners spent over 23 hours a day locked in their cells. Prisoners still accessed the exercise yards individually, with no consideration given to conducting a risk assessment to establish if individuals could safely exercise together. Subject to risk assessment, prisoners could access two short gymnasium sessions per week; for other prisoners, trained staff attended the unit to lead PE sessions on the yards. Access to library materials was good and educational packs were available on request.
- 3.24 Oversight of the unit by the segregation monitoring and review group was regular. It provided an adequate level of scrutiny, although some data analysis (such as the disparity in the number of black prisoners in segregation compared with other groups) had not been adequately addressed (see paragraph 4.24).

Security

Expected outcomes: Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.

- 3.25 Leaders understood the primary threats to the establishment, most notably the prevalence of drugs brought in by drones and thrown over the wall. The risk of violence, debt and the development of an illicit economy of contraband were increasing as a result and this was reflected in our survey, where more prisoners than in comparator prisons said that drugs and alcohol were available in the prison. The number of positive results from random mandatory drug testing was far too high at 28%.
- 3.26 Intelligence was collected from across the prison, with around 1,000 intelligence reports received each month. The security team analysed and processed these efficiently to understand the emerging and ongoing threats to security. Responses to intelligence were swift and around two-thirds of all intelligence-led searches were successful in recovering contraband. Managers were supported by the HMPPS regional search teams, which included drug and alcohol detection dogs. It was disappointing that many suspicion drug tests, requested as a direct result from intelligence, were not completed, often due to redeployment of staff, limiting leaders' understanding of the scale of drug misuse.
- 3.27 Attendance at the monthly security committee meetings was good and representatives from the security department attended other key forums, such as the monthly safety meeting. Monthly security objectives were communicated to the wider staff group by various means, including eye-catching posters, but not all staff we spoke to fully understood how they could contribute.
- 3.28 Police intelligence officers were a key element of the security team and links to wider crime prevention agencies were also strong, supporting the prison's understanding of the impact of organised crime groups. Joint work was also underway to address the entry of drones delivering drugs and other contraband.
- 3.29 Most physical security arrangements were proportionate. The prison had responded well to security breaches reported elsewhere within the prison estate and conducted regular covert tests to assess its own procedures, which had led to some positive changes to bolster overall security. Briefings for relevant staff groups followed to make sure learning was embedded.

Safeguarding

Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- 3.30 Since our last inspection in 2022 there had been one self-inflicted death. Two other deaths were attributed to other non-natural causes linked to substance misuse, and the cause of a further death was not yet known. There was good oversight of the implementation of recommendations made by the Prisons and Probation Ombudsman, including those relating to health care provision, and learning was reinforced with staff every six months.
- 3.31 The rate of self-harm was rising and above the average of other reception and resettlement prisons. In the last year, 210 individuals had carried out 632 acts of self-harm. Leaders and managers understood the reasons for much of the self-harm and were working towards addressing some of the common causes, which was positive. Frustrations often included the lack of response from staff to basic requests and poor mental health, in addition to isolation and boredom caused by not enough time unlocked or meaningful activity.
- 3.32 Formal structures to address self-harm were developing. The strategy and action plan to reduce self-harm and suicide were suitably comprehensive, and the safety meeting was well attended and reviewed a range of data. The weekly safety intervention meeting (SIM) focused appropriately on supporting the most vulnerable, including those at risk of self-harm or suicide.
- 3.33 Leaders were sighted on the weaknesses in the quality of assessment, care in custody and teamwork (ACCT) case management and were addressing them. Despite this, there was still a lack of consistent and multidisciplinary case management, and care plans were often limited. In our survey, only half of those who said they had been supported through the ACCT process felt cared for by staff. Prisoners we spoke to were generally more positive, with most saying they had at least one member of staff they could turn to.
- 3.34 The 65 uses of constant supervision in the last year were split across the health care and segregation units. However, the latter was not an appropriate location for those in crisis. Some prisoners experienced lengthy periods under constant supervision, including one for almost three months. While most felt reasonably well looked after and staff generally engaged with them, they had little to keep them occupied and often had a poor regime.

- 3.35 At the time of the inspection, there were 11 trained Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). While leaders promoted prisoner access to them, this did not always happen consistently and in our survey only 39% said it was easy to speak to a Listener. There were very few suitable locations for Listeners to speak to those in crisis.

Protection of adults at risk (see Glossary)

- 3.36 The local safeguarding adults strategy was properly focused and there were links with the local authority safeguarding adults board. While most staff we spoke to did not have a good awareness of safeguarding, the safety team were told about legitimate concerns, although none had resulted in a formal referral.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes: Prisoners are treated with respect by staff throughout their time in custody and are encouraged to take responsibility for their own actions and decisions.

- 4.1 Staff-prisoner relationships were generally positive and, in our survey 70% of respondents said they were treated with respect. We saw some very positive engagement and many staff were compassionate and caring in their approach. However, prisoners were often frustrated by a lack of response to basic requests, and some staff lacked the confidence or experience to challenge low-level rule breaking, such as vaping.
- 4.2 While 75% of prisoners responding to our survey said they had someone to turn to if they needed help, the delivery of formal key work (see Glossary) was poor. Less than 6% of expected key work sessions had been delivered in the previous six months. Prisoners were generally prioritised through the SIM (see paragraph 3.32) and although the number of sessions delivered had marginally improved in the previous month, very few benefited from having a regular key worker. This was reflected in our survey, where only 51% of prisoners who said they had met with a key worker found them helpful (see paragraph 6.9).
- 4.3 Leaders recognised that the role of peer worker was underdeveloped. Very few of the existing roles, including first night centre and safer custody orderlies, had clear job descriptions or effective oversight.

Daily life

Expected outcomes: Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

- 4.4 Managers had introduced good systems for monitoring cell conditions and gathered data which was used to set priorities for a refurbishment programme. They had deployed two officers and a team of prisoners with relevant skills to carry out this work. The team – Lewes Assurance and Multi-skills (LAMS) – were enthusiastic about their work and achieved good standards, often at a significant saving compared to quotes received by

external contractors. Many cells had been repainted and fitted with previously missing items, such as toilet seats and lids and privacy curtains. Managers had also employed other prisoner work groups to clean and repaint landings and communal areas on most wings.



C wing cell after refurbishment

- 4.5 These programmes had made some good progress, but outcomes were limited by ageing prison buildings which had received inadequate investment over a long period of time. Many cells remained in unsatisfactory condition and a small number were poor, with heavily stained toilets, faulty electric fixtures and dilapidated furniture. Problems with boilers on some wings had led to periods during the winter when cells were unheated. Cleanliness had improved, but some stairs and landings still required deep cleaning to remove ingrained dirt. Outside areas were clean but, in some places, there was evidence that rubbish had built up.



Poor decoration in A wing cell



A wing repainted landings

- 4.6 In our survey 82% of prisoners said they could shower every day. Most shower rooms had been refurbished, but some (for example on A wing) were not properly cleaned and on some wings they were inadequately screened from the landings. The hot water supply was unreliable on most

wings and on the reception wing only one of the three shower rooms had hot water.

- 4.7 Managers had improved procurement for and stock control of clothing and cleaning materials so that sufficient supplies were available. Prisoners had recently been allowed to wear their own clothes and new laundry facilities had been installed on all wings. However, in our survey, less than half of those responding reported having good access to clean bedding, compared with almost two-thirds in comparator prisons.
- 4.8 In our survey only 22% of prisoners said that cell bells were answered promptly. We frequently observed bells ringing for longer than five minutes, and in one case for more than 20 minutes without a response from staff. Managers did not have accurate data on response times because the monitoring system was defective.
- 4.9 The focus on new arrivals, coupled with staff shortages in reception, meant that prisoners often waited several weeks before they could collect their stored property or clothes and personal deliveries. However, following consultation, additional staff had been deployed to support deliveries (see paragraph 4.15). During the inspection week most of this backlog had been cleared.

Residential services

- 4.10 Meals were served too early – on weekdays a cold lunch was served from 11.15am and the main evening meal from 4.15pm. At weekends the main hot meal was served at 11.30am and prisoners were given their cold evening meal pack at the same time, with no other access to food until the next morning.
- 4.11 Menu choices followed a four-week cycle and prisoners could choose from five options each day, including Halal, non-Halal, vegetarian and vegan dishes. Portion sizes were adequate for the main hot meal, but breakfast and lunch portions were small.
- 4.12 In our survey, only 19% of prisoners, compared with 38% in similar prisons, said the food was good or quite good. The kitchen had recently introduced a hot breakfast on weekdays, which prisoners welcomed, but many were disappointed that breakfast milk cartons were no longer provided. Managers believed that this had contributed to the very negative response. The kitchen manager attended the prisoner consultation meeting and there were comments books available on most wing serveries.
- 4.13 The main kitchen's flooring and work areas were very worn, but it was reasonably clean and most equipment was working. Up to 25 prisoners were employed and they received basic hygiene training but no further opportunities for accreditation of work skills. Most serveries and food trolleys were in reasonable condition, but the servery on A wing was dirty. Servery workers did not always wear appropriate protective clothing, and records indicated that food temperature checks were not always carried out.



Servery on F wing

- 4.14 The prison shop offered around 600 items, including 30 fresh fruit and vegetable options. However, less than half of those answering our survey and only 13% of foreign national prisoners said that they could buy the things they needed, compared with 51% of British prisoners. Many items, such as spices, sauces and tinned vegetables, required cooking, but for most prisoners there were no cooking facilities.

Prisoner consultation, applications and redress

- 4.15 Consultation arrangements had been recently re-established. A prisoner consultation group (PCG) had met twice since December 2023. Forums had been organised on each of the wings to enable staff and prisoners to raise issues, which could be taken to the PCG if not resolved on the wing. A standard agenda covered most aspects of prison living conditions. Minutes showed discussion of a range of issues and there had been some tangible results. For example, additional staff had been deployed to speed up delivery of parcels sent to prisoners (see paragraph 4.9).
- 4.16 However, these arrangements were too recent to have had much effect and few prisoners were involved. Wing forums were attended by between three and six prisoners, some of whom also attended the PCG, which had 12 prisoner attendees. Most prisoners were not aware of the meetings, and only 40% of those responding to our survey said that they were consulted about issues affecting them. Where there was greater focus on engagement, such as in health services, there was clear evidence of improvement (see paragraphs 4.37 and 4.38).

- 4.17 The applications process was not effective. Many prisoners told us that applications did not receive a response. In our survey only 25% said that they were answered within seven days, compared with 46% in similar prisons. There were no management checks on the quality or timeliness of responses. Managers had recognised this and were introducing new procedures, based on setting up prisoner information desks (PIDs) on each wing to handle applications. This work was at an early stage, with only the C wing PID operating at the time of the inspection.
- 4.18 The oversight of complaints was better; complaint forms and post boxes were available on the wings, and forms were collected each night. Business hub staff recorded all complaints and monitored compliance with the return dates. In 2023, around 85% of complaints had been answered on time. Replies were quality checked before being sent to the prisoner and those we saw were generally polite and addressed the complaint well. However, prisoners' trust in the system was low – in our survey, only 45% said complaints were dealt with fairly. Managers had only recently begun to analyse data to identify trends and areas of concern.
- 4.19 There was no provision to help remanded prisoners with bail applications. Prisoners could arrange meetings with their legal representatives by video link or in person, but demand was high and recently there had been waiting times of around six weeks; this had reduced to two weeks at the time of the inspection. The library held an up-to-date stock of legal reference texts and prisoners could book sessions to study them.

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary), or those who may be at risk of discrimination or unequal treatment, are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

- 4.20 Support for prisoners with protected characteristics had deteriorated, but a new diversity manager was beginning to re-establish systems to monitor and promote fair treatment. She had published a diversity and inclusion framework, setting out an action plan with objectives for this area and a calendar of awareness-raising events. A small number of equality peer workers and disability supporters had been appointed.
- 4.21 Forums, convened by senior leaders for each of the protected characteristics, had restarted. Efforts were being made to recruit prisoner representatives following initial poor attendance and some, such as those for disabled prisoners and veterans, were now better established. There had been some positive outcomes: for example, managers were purchasing

improved wheelchairs and seats to increase access for disabled prisoners to outside exercise.

- 4.22 Managers aimed to involve relevant outside agencies in the protected characteristic forums. This included work with a national organisation supporting Gypsy, Roma and Traveller groups, and a developing link with a local charity providing help to refugees and asylum seekers.
- 4.23 A quarterly prison-wide diversity and inclusion meeting, attended by the governor, had met twice to receive reports from the forums and monitor progress against the action plan. Managers recognised that there was not enough data on outcomes for prisoners with protected characteristics, and were planning to introduce improved analysis to provide the detail needed to make decisions.
- 4.24 There were indications of disparities in outcomes for some groups. For example, prison data indicated that those under 25 years old were more likely to be subject to use of force, and there were worse outcomes for black prisoners than white prisoners in some areas, including the use of segregation (see paragraph 3.24). There had been little action to investigate and address these disparities, or to consider the needs of other groups such as LGBT and older prisoners. Our survey also indicated disparities: foreign national prisoners were much less positive about applications and complaints than British prisoners, and Muslim prisoners reported worse outcomes than non-Muslims in some areas.
- 4.25 At the time of the inspection, there was one transgender prisoner; recently there had been three. Case review records indicated proper concern for the welfare of these prisoners and that appropriate adjustments had been made to their regime. In 2023, a forum comprising 19 staff had been addressed by transgender prisoners, which had helped to raise understanding to support the needs of this group.
- 4.26 A neurodiversity manager had been appointed and a small wing was being developed to provide for the needs of prisoners with neurodivergent conditions, although it was too early to assess the impact. Managers were planning for better induction screening procedures to identify those most in need of this support. The health provider delivered regular mental health awareness training to prison staff (see paragraph 4.73).
- 4.27 In 2023, 34 discrimination incident report forms (DIRFs) had been submitted, which was fewer than the average for comparable prisons. Those we examined had been investigated thoroughly and responses evidenced appropriate discussions with the complainant, followed by reasonable outcomes. All responses were quality assured by prison managers and an independent organisation. Despite this, evidence from prisoner forums suggested that the prisoner awareness of the system and trust in it remained low. The diversity manager had produced a useful guidance pack for investigators and had started holding meetings where prisoners were shown anonymised complaints and discussed the quality of the responses.

Faith and religion

- 4.28 The chaplaincy provided excellent support for prisoners. The team was visible and engaged effectively in many aspects of prison life, including induction, attendance at leadership meetings, staff training and, when they were made aware of them, assessment, care in custody and teamwork (ACCT) reviews.
- 4.29 The chapel and multi-faith room were pleasant and well-used spaces, with a suitable washing facility. Leaders prioritised attendance at corporate worship and in our survey far more respondents than the comparator (87% compared with 61%) said they could attend. Where there were no chaplains for some faith groups, the chaplaincy did what was possible to make sure prisoners could observe their faith.
- 4.30 Alongside extensive pastoral support, the chaplaincy delivered a rich programme of classes, study groups and interventions from which prisoners really benefited (see paragraph 6.19). They also administered a very proactive and well-used Official Prison Visitor Scheme (see paragraph 6.4).

Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

- 4.31 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.32 NHS England commissioned Practice Plus Group (PPG) to deliver health care services and Time for Teeth delivered dental services. The health needs analysis (HNA) was out of date, but we were advised that work was underway to review it.
- 4.33 Overall, health services had improved significantly since the last inspection. Clinical leadership across all pathways was driving service improvement and staff we spoke to felt supported in their roles. Staffing levels had improved markedly.
- 4.34 Partnership working was now effective and characterised by good relations between the provider and the prison. This was underpinned by monthly local delivery board meetings chaired by the governor. There was a strong focus on making sure patients attended health appointments and 'did not attend' rates were low.

- 4.35 Clinical governance arrangements were robust and focused on delivery and improvements in patient care. An impressive suite of local and regional governance meetings meant that leaders had very good oversight of services, and clinical audit was being used effectively to improve performance. Similarly, leaders had good oversight of clinical incidents and shared learning was disseminated. The head of health care reviewed actions from Prisons and Probation Ombudsman deaths in custody reports regularly (see paragraph 3.30).
- 4.36 Daily lunchtime 'buzz' meetings were well attended by all teams and provided a useful forum for sharing patient information and any service updates.
- 4.37 Patients now had a voice in the prison, with an experienced patient engagement lead present on all wings every day and facilitating health care forums with patients each month.
- 4.38 Health care complaints were well managed. Responses we sampled addressed the issue raised and contained the necessary escalation route if the complainant remained dissatisfied. Increased patient engagement had resulted in a reduction in the number of complaints received.
- 4.39 Staff training met the required standard, with embedded supervision arrangements and very good access to professional development for all staff. At the time of the inspection, three clinicians were being funded to advance their clinical skills. Three trained professional nurse advocates (PNA) were also delivering restorative supervision to address the emotional needs of staff. Leaders had also recently implemented safeguarding supervision for staff.
- 4.40 The provider's focus on improving staff well-being was admirable. Investment in facilities guaranteed that staff had access to good rest areas and monthly health care heroes recognised good practice.
- 4.41 We observed staff who knew their patients and treated them with compassion, dignity and respect. Health care staff used SystemOne (the electronic clinical record system) and the records we reviewed met professional standards, describing patient need well with an appropriate care plan.
- 4.42 Clinical areas in the health centre and on the wings were clean and generally met infection prevention standards. Investment had been secured to improve the waiting areas in the health centre, which were stark.
- 4.43 Emergency resuscitation equipment was strategically located, in good condition and checked daily. Clinical staff were trained to provide immediate life support and were available 24 hours a day, and we were advised that an ambulance was called promptly in an emergency.

Promoting health and well-being

- 4.44 There was no health promotion strategy, but the patient engagement lead was ensuring targeted information, in line with the NHS calendar of awareness, was provided in the health centre and across the prison.
- 4.45 There were effective systems to prevent and manage communicable diseases. All new arrivals were screened for blood-borne viruses. Prisoners could access NHS health checks, screening and immunisation programmes.
- 4.46 The provider was using health peer workers effectively and a new cohort were about to begin training for their role. Supervision for peer workers was facilitated regularly.
- 4.47 Prisoners had timely access to sexual health services provided by the local hospital. Condoms were well-advertised as being available from health care and pharmacy.
- 4.48 Prisoners were reviewed before their release to determine what support was needed, including medicines and ongoing referrals. Patients were supported to register with a GP in the community.

Primary care and inpatient services

- 4.49 A nurse completed an initial health screen of new arrivals, which enabled continuity of care and made sure that health needs were identified and appropriate onward referrals made. Secondary reception screens were completed within expected timescales.
- 4.50 There was good clinical oversight of the patient application system, led by the GP who made sure that patients were seen by the most appropriate clinician, resulting in minimal waiting times. Primary care nurses now had access to clinical rooms on each wing. There was a hard-working primary care team, supported by experienced and skilled leaders, who were motivated to help patients.
- 4.51 NHS England's quality and outcomes framework was used effectively to support the identification and monitoring of patients with long-term conditions. Skilled nurses, led by an experienced nurse prescriber, liaised with the GP and external specialists to ensure a coordinated approach. Regular clinics were held and patients had appropriate evidence-based care plans.
- 4.52 There was a good range of primary care and allied health professional clinics with reasonable waiting times. Secondary care appointments were well managed, including monitoring of patients who required a two-week or 18-week referral. Despite some staff shortages, there were few cancellations by the prison and clinical triage of patients was undertaken where needed. Telemedicine appointments were being used when appropriate.

- 4.53 Patients with complex needs were subject to enhanced multidisciplinary oversight arrangements with weekly meetings to make sure care was coordinated and effective. A multidisciplinary team, led by the GP, held a weekly safer prescribing meeting which provided good clinical oversight of the prescribing practice for opiate and other potentially tradable medicines.
- 4.54 Pre-release arrangements were thorough, including help to register with a GP if needed. On release, prisoners were reviewed by a nurse, and received a summary of their care and an appropriate supply of any prescribed medication.
- 4.55 The inpatient unit was managed jointly by the prison and health care staff and, at the time of the inspection, held seven patients. Patients we spoke to were complimentary about the care they received but all raised concerns about their limited time out of cell. Apart from a weekly art therapy group, there were no other therapeutic activities to help support well-being.
- 4.56 All the inpatients had regularly reviewed care plans and the psychiatrist reviewed every patient weekly.

Social care

- 4.57 Social care arrangements were in place between East Sussex County Council (ESCC) and the prison. Although there was a memorandum of understanding between them, the document required signing and dating by all parties.
- 4.58 There was a robust referral pathway in place and there were good links between the prison, ESCC and the health care occupational therapist.
- 4.59 The prison disability and inclusion lead managed and monitored referrals to ESCC and kept a database to make sure assessments and outcomes were followed up and completed promptly.
- 4.60 We were told that patients could make self-referrals but saw no evidence of information about social care or patient referral forms around the prison.
- 4.61 Agincare (contracted by ESCC) provided domiciliary personal care to six patients, all of whom had individual care plans. Those patients we spoke to were positive about their carers and the occupational therapist.
- 4.62 Equipment to assist with activities of daily living was sourced by the occupational therapist. Within their cells disabled patients had access to portable bells for summoning emergency assistance.
- 4.63 There were three disability orderlies on F wing who had a good understanding of their roles and job descriptions. The occupational therapist supported them and had provided training on pushing wheelchairs.
- 4.64 There were good processes for release and transfers, as well as continuity of care following release.

Mental health

- 4.65 The integrated mental health team provided a seven-day service. There was strong leadership of the service, with good governance arrangements to manage risk to patient safety.
- 4.66 The initial health screening for new arrivals identified mental health need and they were referred to the mental health team appropriately. The referral system was open to anyone wishing to contact the team with concerns for a patient, including prison officers. Referrals were triaged daily and any patients with an urgent need were seen within 24 hours of referral. Patients did not wait longer than two weeks for a routine assessment.
- 4.67 A psychologist had recently joined the team and a range of one-to-one and group psychological interventions were now available. Reflective practice was also being implemented for the team to complement the weekly multidisciplinary team meeting.
- 4.68 A team of mental health practitioners supported a caseload of approximately 65 patients. The team had regular contact with their patients and supported discharge planning, liaising with the community mental health teams ahead of release.
- 4.69 Following gaps in provision, a psychiatrist was now in post, but waiting times were too long at approximately four months. This was being addressed through additional clinic sessions. The psychiatrist offered weekly support to patients on the inpatient unit, which was positive.
- 4.70 Joint working with substance misuse colleagues was limited, although this was improving with the co-location of the teams and increased staffing levels. This team liaised with the primary care team to make sure of timely monitoring for patients in receipt of mental health medicines and that this was coordinated with primary care colleagues.
- 4.71 The mental health team strived to attend all initial ACCT reviews but this was challenging due to poor communication and organisation from the prison. The records reviewed for ACCT attendance and other mental health interventions were comprehensive and showed that patients received a thorough risk assessment. Care planning was person-centred and of a high standard.
- 4.72 At the time of the inspection, three patients were waiting to transfer to a secure hospital under the Mental Health Act and all of these waits had breached the 28-day guideline. We were advised that, despite escalating the issue to NHS England commissioners, patients requiring transfer regularly faced lengthy waits.
- 4.73 Mental health awareness training was delivered to prison staff every month.

Support and treatment for prisoners with addictions and those who misuse substances

- 4.74 PPG delivered clinical substance and psychosocial support. There was an up-to-date drug strategy document and collaborative partnership working between the service and the prison. It was disappointing that attendance at the drug strategy meeting was poor.
- 4.75 All new arrivals had their substance misuse needs assessed and their prescribing was checked and confirmed before being continued.
- 4.76 There were 98 patients accessing opiate-substitution therapy (OST). Clinical support was very good and prescribers had the necessary skills and experience. Those in receipt of OST were subject to regular reviews in line with evidence-based practice, which was jointly undertaken with the psychosocial team.
- 4.77 The psychosocial team delivered good one-to-one support to 169 prisoners, including clinical patients. Staffing vacancies and the pressure caused by the end of custody supervised licence scheme (see Glossary and paragraph 6.13) were resulting in some cancelled pre-arranged individual sessions. Disappointingly, there was no group work and no peer mentors. All patients suspected of illicit drug use met with the psychosocial worker, were offered harm minimisation advice and were encouraged to engage with the service.
- 4.78 The patient records we viewed on SystmOne were brief and not all patients had recovery plans in place, which was poor.
- 4.79 Prison officers we spoke to knew how to make a referral to the team. However, due to staffing issues, none had received any recent training to understand substance misuse. There was a weekly Alcoholics Anonymous meeting and the substance misuse service was actively trying to source other mutual aid resources.
- 4.80 Service user feedback was being reviewed by the new primary care patient engagement lead to improve service delivery.
- 4.81 Effective discharge planning included harm reduction and relapse prevention advice. Appointments with community teams were made to continue treatment and support patients.
- 4.82 Naloxone treatment and training to prevent-opiate overdose was offered, based on individual need, and we saw evidence of this during the inspection.

Medicines optimisation and pharmacy services

- 4.83 Overall, PPG delivered pharmacy services in a safe and effective manner and had made many improvements to the service. Two regular pharmacists provided cover for each other when needed and the pharmacy had recently recruited several permanent staff and currently employed two locums.

- 4.84 Patient risk assessments were attached to SystmOne and medicine administrations were well recorded. Sixty-three per cent of patients received their medicines in possession, which was up from 49%. Not-in-possession medicines were supplied as named-patient medicines with appropriate labelling and a dispensing audit trail. A formulary (a list of medications used to inform prescribing) was being used most of the time. Used and missed medicine doses were recorded on SystmOne. The reason for supplying an over-the-counter remedy was recorded and these were monitored, with regular requests highlighted to the pharmacist. There was appropriate provision of medicines (two-week supply) for patients being transferred or released. Interventions were communicated to prescribers using SystmOne. Pharmacy staff made sure that appointments were booked for patients if they needed a review with the prescriber.
- 4.85 Medicines administration was led by pharmacy technicians three times a day with night-time medicines currently given as in possession. Pharmacy technicians highlighted safeguarding concerns to the pharmacist and these were escalated to the custody officer, or further if needed. Safeguarding concerns were recorded on Datix, the NHS risk management system. The way officers supervised medicine queues was inconsistent, which created unnecessary risks. Posters were displayed at the hatches reminding patients and staff that medicines would not be supplied if identification was not shown. There was no lockable storage in the cells. Spot checks of cells were infrequent, but they did happen occasionally.
- 4.86 Recent improvements had been made to the prescriptions process, such as prescription reprints, which were now only ordered by the lead pharmacist. Pharmacists were available for patients who requested a medication review and while regular clinics were infrequent, there were plans to facilitate them.
- 4.87 Medicines were stored securely in the pharmacy and treatment rooms. Many controlled drug cabinets in the prison had been replaced by more suitable ones. The cabinets in the pharmacy were due to be replaced and moved to inside walls. Temperature-sensitive medicines were kept in suitable fridges, but recently the temperatures for a fridge in primary care had not been checked daily. The maximum temperature on the day of the inspection was 11.2 degrees Celsius and this error had not been reported to the pharmacy. The out-of-hours cabinet was well stocked, but the stock control sheets were not accurately recorded and we found medicines that had expired.
- 4.88 Pharmacy staff underwent a comprehensive induction programme and had regular team meetings.

Dental services and oral health

- 4.89 Time for Teeth provided a good range of community-equivalent dental treatments, including some minor surgical procedures which had reduced the number of patients needing an external referral. The dental nurse was trained in oral health education and delivered one-to-one advice to patients,

as well as following national oral health promotion campaigns and providing group educational sessions to patients.

- 4.90 A dentist delivered clinics on two days each week, with a nurse on site three days per week. Applications to see the dentist were triaged by the dental nurse and waiting lists were prioritised according to patient need. Any patients in pain or with an urgent need could be seen in the next available clinic, and pain medication or antibiotics were prescribed by the GP where appropriate. Waiting times to see the dentist were approximately 10 weeks, which was reasonable.
- 4.91 The dental team worked flexibly to meet the demands of the high turnover of remand prisoners. The dental nurse triaged patients on the wings when possible and additional clinical time was made for patients with complex needs.
- 4.92 The dental clinic was well equipped with a separate decontamination area and equipment was serviced and maintained appropriately. There were good governance arrangements and patients gave positive feedback about the services they accessed.

Section 5 Purposeful activity

Prisoners are able and expected to engage in activity that is likely to benefit them.

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 Time out of cell was poor for many prisoners. In our roll checks, taken during the working day, we still found over half of the population locked up. Only a third of the population were participating in any purposeful activity, with around 10% of those involved in on-wing work such as cleaners and orderlies. The regime had improved slightly since the last full inspection and our review of progress visit, but too many prisoners remained unemployed and only out of their cells for fewer than two hours a day. Time out of cell was similarly poor for prisoners on the basic level of the incentives scheme, while the limited time out for the small number of inpatients was further compounded by a lack of therapeutic activity (see paragraph 4.55).
- 5.2 The small number of prisoners on G wing, the enhanced living unit (see paragraph 3.11), fared much better and could expect around 9.5 hours out of their cells on the days when they had evening association.
- 5.3 Curtailments to the regime at weekends resulted in some prisoners being unlocked for just an hour each day, which was very poor. This was not monitored by managers, who were unable to demonstrate any consistency to the routine.
- 5.4 The working day was too short and by design only allowed for a two-hour session each morning and afternoon, which included movement to and from work. Although managers worked hard to minimise delays to the regime, we calculated that, at best, actual working time was closer to 1.5 hours each session, which was a long way from a normal working day and did not instil a sufficient work ethic.
- 5.5 Time in the open air was too short and took place very early which discouraged participation in winter when it was almost dark. Exercise periods were only 30 minutes long, and this included time moving from cells and back.
- 5.6 Senior leaders were aware of the paucity of the regime. There were advanced plans to restructure staff attendance and shift systems for deployment later in 2024 to enable a greater focus on prisoner participation in activity.

- 5.7 Despite short staffing, the PE department managed to run a good service on weekdays. There were currently 2.5 full-time-equivalent instructors instead of six, but another had been brought in temporarily and two newly qualified staff were due to start. There were only two evening sessions, which were reserved for the small number of enhanced prisoners on G wing, and the PE facilities were closed at weekends. The lack of staff also meant that the all-weather pitch was rarely used, and the team were not currently able to offer any formal PE qualifications that prisoners could use on release. However, the sports hall had been refurbished and team sports had been reintroduced. Creative use of dynamic purchasing system (DPS) funding (where the governor was able to buy goods and services that larger prison education contracts were unable to provide) had allowed Brighton Table Tennis Club to come into the prison to deliver sessions with the prisoners, and for yoga sessions to be held.
- 5.8 About half the population had used the gym in recent months. However, allocation to PE sessions lacked adequate oversight. On some wings, the attendance list was prepared by a prisoner orderly, which was potentially unfair. Prisoners were also able to miss education classes and go to the gym without challenge, and there was no monitoring of the participation of specific groups, such as older or black and minority ethnic prisoners.
- 5.9 Prisoners really valued the library, run by East Sussex County Council, which offered a good, reliable service four days a week, and spoke highly of the three part-time staff. Prisoners visited the library during their education induction and could apply to join, and then use it once a week, although there were no sessions on Friday or at weekends. The library stock was varied and could be replenished. There had been a reduction in the number of sessions cancelled in the previous 12 months because of a lack of prison staff to facilitate access.
- 5.10 The library offered a variety of enrichment activities such as a chess club, events with visiting authors and a slam poetry event compered by a prisoner. Innovations included a 'reading aloud' club for the general population and a club for staff to read the same books as the book club on the vulnerable prisoner wing, which allowed staff and prisoners to share their opinions and help to improve relationships.

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

- 5.11 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness: Inadequate

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Inadequate

Leadership and management: Requires improvement

- 5.12 Recently appointed prison leaders and managers had evaluated the strengths and weaknesses of the education, skills and work provision accurately. They had carefully focused on providing a programme of education, skills and work that enabled prisoners to follow a meaningful and individualised learning pathway. Prisoners developed the knowledge and skills they required to support their life and career ambitions on release. However, leaders' many actions to improve were at an early stage and it was too soon to judge the impact.

- 5.13 Leaders planned a curriculum that met the needs of the many prisoners whose stay at the prison would be circa three months. They provided clear pathways through education and work, preparing prisoners for progression through the secure estate or towards release and employment. Leaders had not ensured that there were adequate spaces in education, skills and work. Too many prisoners were unemployed or in part-time education, skills or work.

- 5.14 Leaders had reviewed the prison's local pay policy. However, it still did not incentivise prisoners to enrol on education courses such as mathematics and English. As a result, prisoners preferred to undertake work roles rather than study, as they earned more money by doing so.
- 5.15 Leaders systematically used the results of the recent prisoner needs analysis to inform the courses offered. They identified that approximately two-thirds of prisoners arrived at the prison with very low levels of literacy and numeracy. As a result, a significant majority of courses taught focused on the development of English and maths skills. However, there were insufficient spaces available for those prisoners ready to progress to level 1 in English and mathematics and as result they spent too long on a waiting list.
- 5.16 Leaders had a good understanding of the local employment opportunities for prisoners once released. They were implementing well-considered plans to increase the number of spaces available and had made reasonable progress in aligning their curriculum to these employment needs. They had formed collaborative partnership working with large employers to establish academies in paint spraying and dry lining. However, these were not yet in place.
- 5.17 Managers had planned a comprehensive two-week induction programme for prisoners which included basic training in health and safety and food safety. This prepared them for work in wing cleaning and the kitchens. However, too few prisoners attended their allocated sessions. The prisoners who attended understood how they could use their time productively in prison. They completed a personal learning plan, detailing their aims and aspirations. Staff set realistic progress targets for prisoners aligned to the knowledge, skills and behaviours they needed to develop in order to be successful in their next steps.
- 5.18 Allocations staff carefully considered prisoners starting points including their literacy levels, disabilities and neurodivergent needs. As a result prisoners were appropriately allocated to education, skills and work activities that met their needs. They developed new knowledge, skills and behaviours that enabled them to make progress. For example, prisoners who had improved their reading levels were able to read to their children. Prisoners working in waste management calculated the profits made from recycling scrap metal.
- 5.19 Leaders' quality assurance of education was not effective. Education and prison managers met frequently to review formally the education provision. However, these meetings focused on performance and data, and not sufficiently on the quality of provision. As a result, teaching was of inconsistent quality and managers had not ensured that identified areas for improvement were supported through targeted training and supportive action plans.
- 5.20 Prisoners' attendance at education lessons was poor. Too many prisoners did not attend their allocated education courses, many of which were unauthorised absences where, for example, prisoners attended the gym.

Too many prisoners were slow to enter the classroom and settle into their learning on arrival. Where teaching was good, such as ESOL (English for speakers of other languages), art, peer mentoring, industries and work, attendance was consistently good.

- 5.21 Prisoners in the care and support (segregation) unit did not benefit from sufficient support that enabled them to continue their education during time off the wing. As a result, they missed valuable time in their studies and were often withdrawn from their course.
- 5.22 Managers ensured that classrooms, workshops and most vocational skills environments were conducive to learning. The prison's virtual campus facility (see Glossary) had limited functionality and content. As a result, the small number of prisoners studying through distance learning did not get the support they needed, such as timely feedback from their tutors, which negatively impacted their progress.
- 5.23 Teachers and instructors used an appropriate range of assessment methods effectively to check prisoners' understanding and to prompt recall. For example, in projects, teachers used worksheets on symmetry to assess prisoners' understanding as they completed mirrored drawings. In maths, prisoners started lessons with a recap exercise of basic arithmetic questions and undertook mock exams to establish readiness for external assessments. In English, prisoners received helpful feedback on classwork that supported them to improve punctuation and sentence structure.
- 5.24 Leaders had proficiently implemented the prison's reading strategy. Leaders and managers focused on embedding reading in all aspects of prison life. Their promotion of 'reading is everybody's job and not just education classes' had positively impacted the promotion of reading and literacy throughout the prison. Instructors and tutors had completed training in phonics and recognising and understanding prisoners' neurodiverse support needs. As a result, staff had an increased understanding of the barriers prisoners with low literacy faced. Prisoners were, for example, supported to access previously inaccessible services through completion of applications.
- 5.25 Prisoners preparing for release benefited from the well-planned employer fairs. Prisoners who attended the fairs were equipped with good quality CVs. They attended interviews confidently which resulted in the majority of prisoners receiving job offers on their release from prison. However, too few of the invited prisoners attended the fair.
- 5.26 Leaders, through their curriculum reviews, had identified many of the issues recognised by inspectors during inspection. Managers' implementation of action plans to support improvements had been too slow which had significantly impacted the progress of planned improvements. Consequently, only two out of the four recommendations from the previous inspection had been fully achieved.
- 5.27 Leaders' quality assurance arrangements for education were generic and lacked sufficient focus on identifying tutors' and instructors' strengths and

areas for development. Development plans lacked consistency and were not embedded in all quality assurance activities. As a result, the small number of teachers who were less confident or less effective in their teaching were not supported effectively to develop their teaching practice.

- 5.28 Leaders and managers had not ensured that prisoners received effective careers, information, advice and guidance. The provision was insufficient to meet the needs of the prison population. Long-term vacancies had resulted in prisoners not receiving reviews of their progress against their personal learning plans or access to pre-release courses. Consequently, prisoners did not receive the support they needed for their education, training or employment within the prison, or on release.
- 5.29 Instructors were knowledgeable and enthusiastic about their vocational areas of work. They ensured prisoners worked in realistic working environments and completed tasks with increasing complexity. For example, in waste management prisoners confidently used paper bailing machines and inspected and tested electronic components to assess suitability for recycling. Prisoners working on projects developed skills in painting, carpentry and flooring. They learned skills such as estimating, budgeting and record keeping, which prepared them for their future careers.
- 5.30 Prisoners produce written and practical work of appropriate quality. Prisoners benefited from frequent helpful feedback which showed them how to improve. Prisoners in art utilised a wide range of mediums to create visually realistic works effectively. The industry standard work seen in facilities, refurbishment and maintenance teams was of high quality.
- 5.31 Managers did not ensure that prisoners in work and skills used the skills workbooks to capture the range of employability skills and behaviours they had developed. Consequently, they were not able to reflect on the range of sector-specific employability and transferrable skills they had acquired.
- 5.32 Managers had implemented an engaging personal development curriculum. Prisoners could attend sessions in music, table tennis and yoga. Through the library prisoners accessed poetry and reading groups, philosophy workshops and visits by published authors. Prisoners combined the elements of performance, writing, competition and audience participation in slam poetry sessions, which reinforced their confidence in reading aloud.
- 5.33 Leaders and managers from Milton Keynes College had taken over the management of education from Weston College at the start of April 2023. They had established an appropriate curriculum for English and mathematics at entry level. Tutors did not use the information gathered at the start of courses about prisoners' prior experience, knowledge and interests sufficiently well to set appropriate targets for their English, mathematics and personal skills development. Opportunities to move to higher levels were too few, with long waiting lists.

5.34 Prisoners said that they felt safe in education, training and employment activities. Leaders and managers provided a safe environment where bullying and harassment were not tolerated.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes: The prison understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 6.1 Visits provision had not yet recovered from pandemic restrictions. There were no morning or early evening social visits and only five sessions a week in the main visits hall for a maximum of 105 prisoners. This was not enough for a population of nearly 600, particularly given the number of new prisoners arriving each week and the big increase in remanded prisoners, who were entitled to more social visits. More prisoners were being redirected to Lewes from areas like London and Hampshire (see paragraph 3.1), but there were not enough secure social video call sessions (see Glossary) for their families; just 20 prisoners could access one of these each week. Not enough was done to promote and engage prisoners in these opportunities.
- 6.2 The experience for visitors with disabilities was notably worse than for other visitors. They had to use a separate visits area with lift access on the floor below the main hall; this could only be booked by phone and calls to the booking line took much too long to be answered. These visitors also had to ask staff to bring them refreshments from the tea bar in the main hall.
- 6.3 The main hall was attractive, but the tea bar did not sell any healthy options. The visitors' centre outside the prison had been condemned and was out of use, but there were plans to replace it. There was temporary seating for visitors in the gate search area.



Visits hall

- 6.4 More positively, there was good access to extended family days. Up to 40 prisoners could attend each of these events, which were run by the Prison Advice and Care Trust (PACT, see Glossary) and took place 10 times a year. Other support to help prisoners maintain family ties had improved with the introduction of two enthusiastic caseworkers from Prison Family Support, a local organisation which helped prisoners navigate contact with their children. The organisation also provided support via its involvement at Child in Need conferences and guidance through the adoption process. This was a welcome innovation and complemented the work delivered by PACT, which could only provide one full-time-equivalent worker under the current contract. The Official Prison Visitor Scheme delivered by the chaplaincy (see paragraph 4.30) was very active; there were currently 12 volunteers engaged with nine prisoners who otherwise would not have had any social visits. The Storybook Dads scheme, which allowed prisoners to record stories for their children in the library, was also running well, with 64 prisoners recording a story since April 2023.

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

- 6.5 Provision did not fully match the needs of Lewes' current population, which had changed and was increasingly transient; 82% of prisoners had been at Lewes for six months or less. About 55% were now remanded or unsentenced, an increase from 30% at the 2022 full inspection, and this figure had recently been as high as 65%. Increasing numbers of prisoners came from other parts of the country, having been redirected due to prison population pressures in high-density areas like London (see paragraph 3.1). There had been a dramatic reduction in prisoners with indeterminate sentences, down from 69 at the last full inspection to just 11. A well-evidenced population needs analysis had recently been developed but was not yet supported by an action plan.
- 6.6 There was not enough help for the majority of remanded and unsentenced prisoners, especially with their housing needs. They received some initial help from the pre-release team to make phone calls to landlords and employers but had no ongoing support from the offender management unit (OMU), the pre-release team or a key worker. A contract was now in place for Interventions Alliance to provide two workers from April 2024 to assist this population with their accommodation needs. However, Interventions Alliance had failed to provide a similar worker for the sentenced population over the last 12 months (see paragraph 6.25).
- 6.7 In 2023, about 700 recalled prisoners had been held at Lewes but there was too little help for those who were recalled multiple times to avoid the cycle of release and recall. Too many were released homeless, only to be recalled to Lewes within days (see paragraph 6.24).
- 6.8 Less than half the population were sentenced and most of them had an up-to-date offender assessment system (OASys) assessment and sentence plan. Some of these assessments showed a particularly good understanding of the impact of trauma on the individual's offending behaviour.
- 6.9 The OMU was reasonably well staffed, but uniformed prison offender managers (POMs) were still occasionally deployed to other duties. POM caseloads were manageable, they had a good knowledge of the individuals they were working with and contact with prisoners was generally very good, particularly with men on longer sentences. However, most prisoners did not have a regular key worker to support their resettlement and progression (see paragraph 4.2).
- 6.10 Recategorisation decisions were usually based on a current OASys assessment, which was positive. Where a progressive move was a possibility, POMs discussed options with the prisoner and liaised with the

relevant prisons. However, most transfers were dictated by available spaces across the estate rather than individual prisoners' sentence plan goals.

- 6.11 There had been steady progress in transferring prisoners convicted of sexual offences to dedicated training prisons, and 55 had moved out in the previous 12 months. However, some remained on the vulnerable prisoner wing without access to the right interventions. A recent needs analysis suggested up to 60 of these men might need access to an accredited programme that Lewes did not offer.
- 6.12 Only 41 prisoners had been released on home detention curfew in the previous 12 months, which was very low for such a busy reception prison. Reasons for this included the limited availability of community accommodation service housing locally and late sentence calculations because of a lack of administrative staff in the OMU. Literacy levels within the population were low (see paragraph 5.15) and not enough was done to promote and explain the scheme to prisoners in simple terms. In addition, the many new and inexperienced wing staff did not always understand who was entitled to apply and how the process worked.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.13 This inspection took place soon after the introduction of the end of custody supervised licence (ECSL) scheme, which allowed some prisoners to be released up to 18 days before their conditional release date. The uncertainty this created was undermining good, safe release planning and risk management. Release dates for some high-risk prisoners had been brought forward at short notice, forcing already stretched resettlement agencies to redraw existing plans from scratch in as little as two or three weeks. Community offender managers (COMs) were not always aware of the scheme or how soon the prisoner they supervised would be released. Some appeals for the original release date to be reinstated, supported by managers in the prison, had been turned down despite clear risk issues. Remarkably, homelessness was not a barrier to some of these early releases if it was judged that a further 18 days in prison was unlikely to allow for accommodation to be secured. In some instances, arrangements were so last-minute that licences were still being prepared on the day of release.
- 6.14 In one case, a high-risk prisoner had his release date brought forward under the ECSL scheme, despite having a history of stalking, domestic abuse and being subject to a restraining order. He was a risk to children and subject to an exclusion zone that included the local authority responsible for trying to house him. He also had serious health issues. There were no available spaces in approved premises and he had to be accompanied on the day of release. Eventually, emergency accommodation was found in another area that evening. A full OASys risk assessment had not been completed.

- 6.15 During our visit, another high-risk prisoner with significant class A drug misuse issues and a recent history of suicidal thoughts and self-harm was released from the segregation unit to homelessness under the ECSL scheme. This release took place despite appeals for the decision to be reversed and staff having serious concerns for his and the public's safety. He was recalled to custody before the inspection had ended.
- 6.16 More generally, the volume of receptions and releases made oversight of high-risk releases challenging. Not all were discussed at the monthly interdepartmental risk management meeting or far enough ahead of release to realistically address gaps in planning. The meeting only considered high-risk releases who were going out in the following month. There was, however, evidence of regular dialogue and good release planning between POMs and COMs in individual cases. POMs routinely attended multi-agency public protection arrangements (MAPPA) meetings (see Glossary), which was good practice. The quality of written contributions to MAPPA panels was mixed and only some of those we checked were sufficiently analytical.
- 6.17 Public protection work was not staffed adequately. Only four prisoners were subject to phone and mail monitoring at the start of this inspection, which was very few for such a busy prison with a high number of prisoners remanded or convicted for domestic abuse or sexual offending. We found examples where worrying information did not prompt a period of monitoring to assess risk. In one case, a prisoner was known to have been grooming children by making phone calls from a previous prison, but there had been no work at Lewes to determine if he was still doing this.
- 6.18 We were not assured that restrictions on contact were always implemented. Staff working in areas like the mailroom did not routinely consult alerts on Nomis, the prison national offender management information system and the most reliable source of information, but were using an incomplete database instead.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.19 Overall, there was a good range of interventions. The chaplaincy offered the Sycamore Tree course on victim awareness which had been completed by 42 prisoners in the previous 12 months. They also ran Living with Loss, designed to help small groups of prisoners deal with bereavement and understand how unaddressed grief could affect their behaviour; 17 men had completed this course in 2023. The Quaker chaplain facilitated Facing up to Conflict, an in-cell correspondence course that 17 prisoners were currently engaging with.
- 6.20 About 40 prisoners were due to complete the accredited Thinking Skills Programme in the current financial year, although the increase in remanded

prisoners and shorter sentences had made recruitment to this longer intervention a challenge. Sussex Pathways, a local charity, delivered the Pathways to Change course, which encouraged prisoners to think about their lifestyles, approach to conflict and emotional well-being, and 45 men had completed this shorter intervention since April 2023. The same charity also ran some restorative justice work and six sentenced prisoners at Lewes were currently engaged in this. Although about 100 current prisoners were identified as perpetrators of domestic abuse, there were no short interventions for them.

- 6.21 Overall, there was not enough provision to help prisoners manage their finances. They had good access to two workers from the Department for Work and Pensions, but it was not yet possible to activate a benefit claim at the point of release. They could also open a bank account and 77 prisoners had done so since April 2023. However, there were no money management courses and no specialist advice to help men tackle serious debts.
- 6.22 The position of prison employment lead had been vacant for some time and the role was underdeveloped compared to similar prisons. About five prisoners each month were employed within six weeks of release.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.23 About 65 prisoners were released from the gate each month, resulting in a high demand for resettlement services. The pre-release team was now well led and fully staffed following some recruitment challenges. They were based in a welcoming open plan area which prisoners could visit, but an officer's presence was required and occasionally staff shortages prevented appointments from going ahead. Nonetheless, prisoners' resettlement needs were reliably identified by the team. Joint working between POMs, COMs and the pre-release team to plan for release was good.
- 6.24 About 20% of prisoners were released as street homeless, including some under the ECSL scheme (see paragraph 6.13). Accommodation support was limited due to the long-term absence of the strategic housing specialist, but the pre-release team manager had stepped in and was building good links with local authorities to help address homelessness.
- 6.25 About two-thirds of releases were people from Kent, Surrey or Sussex and they relied on Interventions Alliance, the local commissioned rehabilitative service provider, for housing support. However, this organisation had not provided an accommodation worker at Lewes for a year. A manager had visited the prison once a week in the interim, but her caseload was excessive. A new worker had recently been recruited, but would only attend

the prison twice a week, which was not enough to address the levels of need among the population.

- 6.26 The remaining third of releases were prisoners from areas such as Hampshire and London and they relied on remote help from different commissioned rehabilitative services providers. Although the pre-release team could facilitate some housing assessments with these providers by telephone, the prison did not have enough video link facilities for the amount of remote communication currently required.
- 6.27 Stonepillow, a local charity, was able to use money from the levelling-up fund (a government initiative) to secure private rental accommodation for some prisoners from Sussex who were ready for tenancy. They visited once a week and had found housing for about 20 prisoners in the last quarter, helping them with a deposit and initial rent payments.
- 6.28 Sussex Pathways offered some good through-the-gate support and had met and escorted 31 local men on their release since April 2023. Otherwise, support on the day of release was very limited. Prisoners spent too long in unpleasantly hot holding rooms and were unable to charge their mobile phones, despite being told that they should call their probation officer on route if they were going to be late for their first appointment. There was no departure lounge outside the gate, so most prisoners were released onto the street with no chance to shelter from the weather, make calls, have a hot drink or plan for their onward journey.

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

The following is a summary of the main findings from the last inspection report and a list of all the concerns raised, organised under the four tests of a healthy prison.

Leadership

Priority concern

Staff shortfalls in many areas had slowed progress in achieving better outcomes for prisoners.

Partially addressed

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2022, outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concern

The most vulnerable prisoners were not sufficiently well cared for. The quality of ACCT documentation was poor, including weaknesses in the case management of prisoners on constant supervision. Serious incidents of self-harm were not investigated routinely to understand the causes.

Partially addressed

Key concerns

Violence at the prison was still too high and there was limited understanding of the causes and how to respond to them. The strategy and action plan for dealing with violence were not informed by thorough analysis of available data, or of available intelligence.

Partially addressed

Insufficient attention was paid to risks for new arrivals. Some prisoners were moved to the first night centre before having their safety risks fully assessed, this failed to identify if they were suitable for sharing a cell.

Partially addressed

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2022, outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

Areas of the prison were unacceptably dirty. Cleaning standards and routines were inconsistent, some communal spaces were grubby. Many cells contained graffiti and toilets were filthy.

Partially addressed

Patient care was deficient because of ineffective partnership arrangements, leading to poor communication with prisoners, reduced nurse staffing levels and inconsistent prisoner escort arrangements.

Addressed

Key concerns

Insufficient attention was paid to risks for new arrivals. Some prisoners were moved to the first night centre before having their safety risks fully assessed, this failed to identify if they were suitable for sharing a cell.

Addressed

Prisoners had insufficient clothing and bedding. They were not given enough kit on arrival or on the wings.

Addressed

Primary care lacked effective clinical leadership and was too dependent on agency staff, leading to gaps in patient care. Prisoners expressed frustration with health care services as clinics were cancelled routinely and communication was poor. Long-term condition management was fragmented and services were largely reactive.

Addressed

Prisoners with serious mental health problems waited too long before being transferred to hospital.

Not addressed

Purposeful activity

Prisoners are able and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2022, outcomes for prisoners were poor against this healthy prison test.

Priority concerns

Time out of cell for prisoners was inadequate. Although COVID-19 restrictions were lifted during the inspection, there were no plans to increase time out of cell for the many unemployed prisoners.

Not addressed

Allocation to activity was inefficient and leaders did not use classroom and workshop places well enough. Prisoners were allocated to wing roles that they did not have the skills or qualifications for. There were also long waiting lists for most subjects, although there were spaces available in classes. As a result, approximately half of the prison population was unemployed and too few prisoners successfully completed accredited qualifications.

Partially addressed

Key concerns

Leaders had not made progress with improving education, skills and work since the previous inspection. Although leaders and managers held regular meetings where they discussed education, skills and work, they did not place enough focus on improving the quality of the curriculum. The actions that leaders set focused too closely on the completion of processes, rather than on measuring the impact of their actions.

Partially addressed

Prisoners in several work areas had not completed basic training or qualifications that were important for their roles. For example, those working in the kitchen or on the serveries did not routinely complete basic training or qualifications to provide them with knowledge of how to handle food safely. Those prisoners that took food safety qualifications did not pass in high enough numbers.

Addressed

The provision of careers information, advice and guidance (CIAG) was too limited. Too many prisoners had not received any CIAG for their next steps or future career goals. Leaders had not developed sufficient links with external employers who could support prisoners both in prison and after release.

Partially addressed

Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

At the last inspection, in 2022, outcomes for prisoners were reasonably good against this healthy prison test.

Key concern

Monitoring arrangements for those with public protection concerns were not fully effective. Prisoners' telephone calls were not listened to when they should have been and some mail may have been monitored for longer than was necessary.

Not addressed

Appendix I About our inspections and reports

HM Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For men's prisons the tests are:

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

Prisoners are able and expected, to engage in activity that is likely to benefit them.

Preparation for release

Preparation for release is understood as a core function of the prison. Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by HM Prison and Probation Service (HMPPS).

Outcomes for prisoners are good.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

Outcomes for prisoners are reasonably good.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant) and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Ian Dickens	Team leader
Sally Lester	Inspector
Steve Oliver-Watts	Inspector
Kellie Reeve	Inspector
Paul Rowlands	Inspector
Jonathan Tickner	Inspector
Alicia Grassom	Researcher
Emma King	Researcher
Samantha Rasor	Researcher
Shaun Thomson	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Jennifer Oliphant	General Pharmaceutical Council inspector
Dayni Johnson	Care Quality Commission inspector
Carolyn Brownsea	Ofsted inspector
Viki Faulkner	Ofsted inspector
Diane Koppit	Ofsted inspector
Cliff Shaw	Ofsted inspector

Appendix II Glossary

We try to make our reports as clear as possible and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary, available on our website at: <http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>

Certified normal accommodation (CNA) and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

End of custody supervised licence (ECSL) scheme

Allows some prisoners to be released up to 18 days before their conditional release date.

Family days

Many prisons, in addition to normal visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

Key worker scheme

The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Leader

In this report the term 'leader' refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

MAPPA

Multi-Agency Public Protection Arrangements: the set of arrangements through which the police, probation and prison services work together with other agencies to manage the risks posed by violent, sexual and terrorism offenders living in the community, to protect the public.

Offender management in custody (OMiC)

The Offender Management in Custody (OMiC) model, which has been rolled out in all adult prisons, entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

Prison Advice and Care Trust (PACT)

An independent UK charity that provides practical services for prisoners and prisoners' families. First established as the Catholic Prisoners Aid Society in 1898, PACT works at several prisons across England and Wales.

Protected characteristics

The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protection of adults at risk

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Secure social video calls

A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

Social care package

A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

Time out of cell

Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Unfurnished cell

A cell that is totally unfurnished or does not contain basic items of furniture, used for the temporary confinement of a violent or refractory prisoner to prevent them injuring themselves or others, damaging property or creating a disturbance.

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey and comparator documents showing the results of the survey, are published alongside the report on our website.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

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This publication is available for download at: <http://www.justiceinspectrates.gov.uk/hmiprisons/>

Printed and published by:
HM Inspectorate of Prisons
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E14 4PU
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