



Annual Report of the Independent Monitoring Board at HMP/YOI Lewes

**For reporting year
1 February 2021 – 31 January 2022**

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Introductory sections 1 – 3

1. Statutory role of the IMB

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

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

- satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

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

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

2. Description of the establishment

HMP Lewes is a category B local prison for male prisoners in the county town of Lewes. It serves the courts of both East and West Sussex and houses sentenced prisoners, unsentenced prisoners, those on remand, as well as young adults (men between the ages of 18 and 21) in categories B and C. It also takes some category D prisoners returned from open conditions and houses people whose prison sentences have been completed but who are being detained under Immigration Act powers prior to deportation. The operational capacity (the maximum population that could be accommodated without the risk of disruption due to overcrowding) was 560 at the beginning of the reporting year. It had been reduced to this level at the beginning of the Covid-19 pandemic in order to accommodate as many men as possible into single cells, but from June was gradually increased to 604. The certified normal accommodation (uncrowded capacity) is 613. At the end of January 2022, the prison held 568 prisoners. The monthly average number of new prisoners being received at HMP Lewes between October and January was 189.

The main buildings, which are on a fairly small site within the residential area of Lewes, were completed in 1853. A modern block housing two residential wings was added in 2008. There are nine residential wings in total:

A wing: a general wing for drug recovery, with capacity for up to 128 prisoners. Since the Covid-19 pandemic began, this wing has also been used to accommodate prisoners newly arrived into HMP Lewes as a reverse cohort unit (RCU). On 31 January 2022 there were 97 prisoners on this wing.

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

C Wing: a general wing housing around 150.

F Wing: mainly a vulnerable prisoner wing, housing around 125, including, when needed, a RCU for newly arrived prisoners.

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

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

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

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

Healthcare centre (HCC): an acute inpatient facility with around nine cells available.

There is also a large, well-equipped gym and a second sports hall for prisoner use as well as a multi-faith centre and various workshops.

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

GEOAmey (transport to and from the courts and local prisons)

Government Facility Services Limited (GFSL)

DHL (ordering and delivering prisoners' purchases)

Bidfood (kitchen supplies)
East Sussex County Council Library Services
Weston College (for education)
Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC) until 26 June when its services merged with the National Probation Service.
Southdown Housing
Jobcentre Plus
Spurgeons

There are three providers of health and social care:

Practice Plus Group (PPG) is the main service provider contracted via NHSE commissioners, responsible for primary care clinics, including GP and health screenings, the inpatient unit, substance misuse, mental health, pharmacy and crisis response services. It also provides, via subcontractors, the dentist, optician, podiatry and physiotherapy services.

East Sussex Healthcare NHS Trust in partnership with PPG provides sexual health clinics and other screening programmes such as abdominal aortic aneurysm screening, bowel cancer screening and diabetic retinopathy.

Better Healthcare Services (contracted via East Sussex County Council social services) is responsible for social care.

Additionally, there are a number of voluntary and other organisations that provide services, although not all of these organisations have been providing services since the Covid-19 pandemic began. They include: the Samaritans, Age UK, SSAFA, National Association of Official Prison Visitors, Sussex Pathways, Prison Fellowship, The Advocacy People, LOSRAS.

3. Executive summary

3.1 Background to the report

Throughout this reporting year restrictions caused by the Covid-19 pandemic (Covid) have continued, dominating every aspect of the prisoner's life at HMP Lewes. As we reported last year, it is our view that these restrictions have been overwhelmingly to the detriment of prisoners. This year, progress towards unlocking prisoners more often during the day, getting them into work or in-person education or other activities, has been slow and at times set back due to local Covid outbreaks and staff shortages, including healthcare and other support staff, brought about by Covid. Keeping prisoners within 'bubbles' so that they do not mix with more than a limited number of other prisoners has also had an impact on every aspect of their lives.

At various times during this year, prisoners have only been unlocked from their cells for half an hour a day and the 'best' regime offered has been very far from ideal. As stated last year, we cannot know what the long-term impact on prisoners' physical and mental welfare will be of being kept in cells for such long periods.

We do recognise that the purpose behind such strict lockdown rules has been to keep prisoners safer from catching Covid, which has been fairly successful, and note that when there have been outbreaks they have been contained quickly. We also recognise that it is harder for a local prison such as HMP Lewes to offer decent periods of unlock when it has a constant flow of new prisoners coming from the community, who need to be kept separated from others, meaning it has had to run many separate 'regimes' within one day.

Managing Covid has been an enormous undertaking for staff and prisoners alike and the Board does not doubt the efforts of senior management and many members of staff to do this or their desire to run a more open, constructive, prison. However, it is the Board's duty to consider the actual experience for prisoners, which, at a general level, has been poor.

3.2 Main judgements

How safe is the prison?

The Board has observed that prisoners who harm themselves or others are generally monitored quite closely by the prison safety team, who often work hard to assist them. However, this year the number of prisoner-on-prisoner assaults averaged around 12 a month, which is a 12% increase on last year. Reported self-harm decreased but is still an almost daily occurrence.

All prisoners should be safer with the introduction of the new enhanced gate security, as everyone entering the prison is now searched, hopefully reducing the ingress of illicit substances which are often behind cases of bullying and violence. Increased 'finds' of illicit substances should also help.

The Board does not consider that the induction process at HMP Lewes is adequate and believes that a more structured process would allow prisoners to start their sentences with a better understanding of prison life and accordingly be less vulnerable to others.

How fairly and humanely are prisoners treated?

This reporting year has been dominated by Covid and all the complications that its management brings to everyday life for prisoners. The Board recognises that the Governor and the senior leadership team at HMP Lewes have been severely restricted in what they have been able to offer prisoners in terms of regime because of restrictions placed upon them by public health requirements. However, we do not consider that the regime during this year has been humane. For more than two months at least, the planned regime allowed prisoners to be unlocked for just half an hour a day and the 'best' regime during the year, while giving some prisoners around four hours out of their cells a day, still restricted prisoners without work or education to an hour unlocked from their cells each day.

There has been a welcome programme of refurbishment of cells but the main residential areas are often not decent, with constant problems which seemingly take a long time to fix such as broken showers and windows, no toilet lids and pigeons flying around living areas.

The Board is again concerned that prisoners from ethnic minorities (excluding White minorities) may not be being treated fairly in some areas, specifically in use of force and the incentives and earned privileges scheme, where they are disproportionately represented.

How well are prisoners' health and wellbeing needs met?

Last year the Board reported that it had been an 'extraordinary' year and the psychological impact on prisoners of being locked up for a long time every day over such a long period could not be overstated. Sadly, the current year has been very similar and it is observed that the numbers of prisoners being referred to mental health services is high. Some of the funding measures introduced last year to minimise the potential damage to mental health, such as extra 'comfort' food, have unfortunately been removed by HMPPS. The Board is also concerned by its understanding that HMPPS is requiring that all times that prisoners are unlocked from their cells should be 'purposeful', which ignores the mental health benefit of all people to have some unstructured time to socialise with others.

Prisoner wellbeing will have been improved by the opportunities, although fairly limited, to go to in-person education or workshops which started in May. The Board also recognises the lengths that the senior management team have gone to try and ensure a predictable regime for prisoners, which prisoners generally welcome, and to try and find enough staff to open the gym regularly. It is the Board's view that the chaplaincy department plays an important role in the wellbeing of prisoners.

Having welcomed the appointment of Practice Plus Group (PPG) last year, the Board is disappointed to report that there has been a deterioration in the delivery of physical and mental health services during this year. Essential services have still been delivered, and there has been a full programme of Covid vaccinations, but the level of complaints to the Board from prisoners has been high. The Board was extremely concerned by a period when essential medications for long-term conditions (e.g. asthma) were removed from prisoners in reception, and the unavailability of particular medicines at times. Poor communication with prisoners

has also been a problem and there have been long waiting lists for services. It is the Board's view that many of these problems are because of inadequate staffing and an overdependence on agency staff.

How well are prisoners progressed towards successful resettlement?

Covid restrictions meant that for parts of the last year there was no face-to-face education, which is inevitably second-best, and few job opportunities. When open, the number of education and work places available to prisoners is less than 50% of the prison population. This means opportunities to gain skills are limited.

Similarly, resettlement staff spent some of the year only communicating with prisoners on paper or through their doors, again a poor second best. Staff shortages have also meant reduced or slower services by the offender management unit and the probation services.

There has routinely been a backlog in prisoners getting their sentence plans, without which they cannot progress. In addition, organising transfers to prisons which are better able to help prisoners progress through their sentences has often been difficult.

3.3 Main areas for development

TO THE MINISTER

Will the Minister do everything in her power to ensure sufficient funding for capital investment in HMP Lewes' buildings such that the basic accommodation can finally be considered uniformly decent?

Once again the Board asks that the Minister does everything she can to ensure that prisoners who have been detained very many years beyond their tariff dates under indeterminate sentences for public protection are released as soon as is possible. It is the Board's view that the treatment of these prisoners is inhumane.

TO THE PRISON SERVICE

Will the Prison Service recognise the importance for prisoner wellbeing of them being unlocked for unstructured association, particularly when in a prison such as HMP Lewes there are insufficient work and education places for all prisoners?

Will the Prison Service ensure sufficient funding of inter-prison transfer services so that prisoners do not get delayed moving to prisons where their rehabilitation needs can be better met?

TO THE GOVERNOR

The Board asks the Governor to do everything in her power to improve the amount of time prisoners are allowed out of their cells as quickly as possible.

To ensure that as Covid restrictions are eased, remand and sentence-expired foreign national prisoners are treated appropriately and differently from the main sentenced population.

3.4 Progress since the last report

The Board welcomes that in December 2021, HMP Lewes brought in enhanced gate security. This now means that everyone entering the prison is subject to a scan and a search of personal possessions. The Board considers this must have improved safety for prisoners.

The Board welcomes that many cells have been refurbished this year, making them cleaner and more pleasant with better standards of furniture.

The Board welcomes the number of prisoners forums that have been held this year as a positive step in prison management. This gives a better understanding of prisoners who have protected characteristics and the Board encourages this to go further.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 When observed by the Board, and as understood from conversations with prisoners, the initial reception of prisoners at HMP Lewes appears to be well run. Prisoners say that they have, in general, been treated decently and with respect while being interviewed and searched. The Board has observed men having safety measures explained to them, such as the purpose of Listeners (Samaritans-trained prisoners), and how to keep oneself safe in prison.

4.1.2 HMP Lewes receives prisoners later than other local prisons in nearby counties which can result in prisoners still being 'processed' late into the evening, sometimes nearing midnight. The Board is concerned that this inevitably can cause staff to speed through information that prisoners need and there have been occasions during the year when first night phone calls have been postponed to the following day.

4.1.3 Problems with the availability or consistency of healthcare staff have also been noted. For example, on 3 July it was reported that three men arriving in reception could not be screened due to shortages of healthcare staff at the weekends, and on 12 November the absence of nurses in reception for 1.5 hours caused a significant delay to the reception process. The use of agency staff (see section 6) caused more problems if they were not trained to use keys, and so needed to be escorted, and/or were not able to access the national offender management information system (NOMIS).

4.1.4 The Board's biggest concern regarding reception was the practice, noted throughout the year, of prisoners having prescribed medication removed from them during the reception process and not being able to get it back for several days. Although many medicines are not permitted in prison, in some cases this has meant the removal of medication for long-term conditions such as asthma or diabetes, or the removal of antibiotics and pain relief. The Board considers that it was potentially very dangerous to remove such medications and dealt with several applications from prisoners who were anxiously waiting several days for their long-term medication to be re-prescribed. The Board understands that there was a misunderstanding on the part of healthcare reception staff and the correct process of verifying medication was reiterated to staff by PPG in November 2021. Now prisoners arriving with prescribed medications hand them in and the nurses will send sufficient amounts to the wing for them to be continued until they can be checked and verified by the GP.

4.1.5 The Board has major concerns about how most prisoners are introduced to prison life once they leave the reception area. While the 'first night interview' in reception will cover some basic information about prison life, as stated above the Board considers it likely to be too late in the evening and too soon into a sentence for a prisoner to properly take in the information given. In addition, the 'first night in custody' booklet, which staff will go through with prisoners, is then kept with their paperwork in the staff office, not with the prisoner.

4.1.6 Some prisoners will go to the first night centre (FNC) which is set up to provide information and advice to new prisoners, while others will go to the RCU) on A wing

or, on occasion, F or K wing. In none of these settings is there a subsequent structured induction, leaflets seem to be available sporadically, and the Board has observed that prisoners often have to rely on each other to find out information such as about how to get PIN numbers added (so that external calls can be made). A wing staff have told Board members they do not have the time to carry out any in-depth induction for new prisoners. Senior management have told the Board throughout the year that while there are plans to improve it, this has not yet happened. As a consequence, it is the Board's view that prisoners are open to other prisoners' negative influence, loneliness and uncertainty at a very vulnerable time of their sentence.

4.1.7 The Board has, however, observed the safety team's particular care for individual prisoners. For example, just before a prisoner reached the age of 18 and prior to arriving at HMP Lewes, the head of safer custody along with a member of operational staff visited this young person, who had been remanded into custody in a secure mental health unit. They explained to him the daily routines of a prison and gave him the opportunity to ask any questions he might have about HMP Lewes. They met him in reception on his arrival and he was then visited every day for the period he spent on the FNC until he was sufficiently settled to move onto main location.

4.2 Suicide and self-harm, deaths in custody

4.2.1 There were 347 reported incidents of self-harm over the reporting year, as compared to 378 in the previous year, a reduction of 8.2%. Nonetheless this shows that self-harm is a daily occurrence at HMP Lewes. Anecdotally, the Board observes that a good proportion of self-harm is apparently carried out in order to draw attention to a problem, such as not receiving medication. Other prisoners, not self-harming, have stated that in their view, that would be the way to get a problem sorted. The Board is concerned that some prisoners feel they need to resort to self-harm to get attention.

4.2.2 There has been a consistently high number of prisoners with open assessment, care in custody and teamwork (ACCT) documents over the reporting year. These are care plans put in place when a prisoner is at risk of suicide or self-harm. The number open at any one time increased by 15.5% on the previous reporting year and a total of 596 were open during the year (as compared to 516 in the previous year). The number open peaked on 18 October at 41. At the same time there were regularly two men on constant supervision, one of whom, due to a shortage of dedicated facilities on the inpatient unit, was regularly accommodated in the CSU. The Board does not consider this to be a suitable location.

4.2.3 Special accommodation, when items of furniture, bedding or sanitation are removed from a cell for the prisoner's safety, was used on 12 occasions during the year, which is a marked increase on three times last year.

4.2.4 A spot check by the Board of the time that it took for staff to answer emergency cell bells showed that, during the approximately three and half hours of data that was reviewed from 4 November 2021, although the majority of bells were answered in

less than five minutes, some were left up to 15 minutes. The Board recognises that prisoners abuse the use of these bells. Nonetheless this was concerning for prisoners' safety. Similarly, the Board has found incidents of the wrong cell cards being outside a prisoner's cell. This risks several potential safety problems such as the wrong prisoner being unlocked.

4.2.5 New ACCT documentation was introduced at HMP Lewes in July. The Board noted that while some staff felt that it enabled them to monitor prisoners better, others found it difficult to use. The Board is concerned that in order to make the recording of their observations easier, on some wings staff take the document apart and use only the observations page. This means that anyone not familiar with the prisoner on an ACCT would not know about their history and identified triggers, which could affect their self-harm or suicidal intentions on any given day.

4.2.6 There have been seven deaths in custody during this reporting period. Sadly, two of these were apparently self-inflicted. One was of natural causes, four more of apparent natural causes, including two prisoners who died with Covid. The Board has monitored the prison management and staff's actions following deaths and is content that they are treated in a sensitive and compassionate way.

4.3 Violence and violence reduction, self-isolation

4.3.1 During the reporting year, prisoner-on-prisoner assaults increased by 12% and prisoner-on-staff assaults reduced by 23%, as compared to the previous reporting year. Prisoner-on-prisoner assaults averaged around 12 a month.

4.3.2 The Board has observed that the weekly safety intervention meeting, at which prisoners on open ACCTs are discussed as well as those of concern due to violence, self-isolating or other issues, is generally a robust consideration of how to help each individual.

4.4 Use of force

4.4.1 There was a welcome decrease in the number of incidents requiring the use of force over the reporting period. The Board also considers there has been an improvement in the identification of the reasons for force being used, a breakdown of the individual prisoners involved and the need to refer for either CSIP (challenge, support and intervention plan: a violence reduction intervention) or mental health support.

4.4.2 The monthly use of force meetings have been held on an irregular basis and were not always well attended. However, this has been mitigated by generally regular and thorough weekly use of force meetings held in compliance with the Lammy Review where all use of force footage was reviewed.

4.4.3 The Board is once again disappointed to report that over the reporting period there was a disproportionate use of force against prisoners whose ethnicity has been identified as Black African, Caribbean or British (B1, B2 and B9). This group represents approximately 11% of the prison population but accounted for 21% of

force used over the reporting year. There was an underrepresentation of all other ethnic groups. See also section 5.4.

4.4.4. Failure to complete use of force paperwork makes the force used by an individual officer unlawful. The Board is concerned that there are 28 cases of incomplete paperwork outstanding.

4.4.5 In November, PAVA, an incapacitant spray, was used by the national team at HMP Lewes and appropriate procedures followed. Members of the Board present at the time were content that care and thought went into the decision to authorise its use, which was to prevent the threat of serious self-harm by the prisoner, and potential harm to officers, after protracted negotiations had failed.

4.5 Preventing illicit items

4.5.1 The Board welcomes the fact that in December 2021 an enhanced gate security system was introduced. This now means that everyone entering the prison is subject to a scan and a search of personal possessions, when previously staff were only searched very infrequently. All prisoners arriving at HMP Lewes continue to be subject to a full body scan.

4.5.2 There are three dog handlers located at HMP Lewes, each having a passive and an active dog. National dedicated search teams (DSTs) assist in the searching at HMP Lewes and have attended the prison on a monthly basis.

4.5.3 There are regular finds of illicit substances on or within post arriving at HMP Lewes, including purportedly privileged legal post. Total post testing positive on the Rapiscan scanner were 820 items of ordinary post and 61 items marked as legally privileged post.

4.5.4 Searches during the year also found 100 weapons, 130 finds of fermenting liquids, 109 mobile phones and 283 'unknown substances' (probably drugs), all of which are an increase on the previous reporting year. The Board does not know whether this is because of more attempts to get illicit items into the prison but considers it may be due to increased DST support. Either way, the presence of illicit substances can be the cause behind bullying, debt and insecurity in the prison and the main reason for violence.

4.5.5 The mandatory drugs testing (MDT) function was closed until August. Once testing restarted, staff deployment elsewhere meant the unit was not open often. For example, in September it was open for seven of a possible 62 sessions (the fewest times) and in October it was open for 25 of a possible 62 sessions (the greatest number of times). Of the tests that were completed, there were three (of 15) positive suspicion tests (tests on someone there has been intelligence about) and six (of 106) positive random tests. There was no mandatory target for testing in place.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.1 The main fabric of HMP Lewes residential accommodation is old, frequently described by the Board as grubby and often seemingly uncleanable. This year, however, there has been improvement, with the refurbishment of cells on most of the older residential wings. Each cell was repainted and installed with new, white wood furniture rather than old metal bedframes. This had the additional benefit of giving some prisoners employment and a chance to be out of their cells. Some communal areas have also been painted making them cleaner and brighter. Funding for the clean and decent project stopped at the end of July but the member of staff who was given the specific role to oversee cell refurbishments showed passion and drive to improve conditions for prisoners.

5.1.2 However, the Board notes once again that none of the prisoner toilets in HMP Lewes have lids. This means that all meals are eaten within feet of an open toilet, or indeed sitting on it, which is neither decent nor humane.

5.1.3 Works on the new boiler for Sussex wing were completed in the spring, which was welcome, although the Board still received complaints about the heating and hot water supplies the following winter, both of which appeared to be patchy at least. Complaints to the Board about cell temperatures have also been caused by broken windows.

5.1.4 The Board observes that repairs often seem to take a very long time. For example, the Board first noted that doors were missing on some of the showers stalls in the F wing showers on 2 March and reported them as having been replaced at the end of September. Two showers in the CSU (out of three) and one in the inpatients unit (out of two) were out of order throughout much of the year. For the entire year, the Board has reported on broken windows/ inadequate netting on F wing such that pigeons come onto the wing. The Board does not consider it decent for prisoners to have pigeon droppings all over where they live.

5.1.5 The showers on the 2s landing (the ground floor) of C wing have been out of order for many months. This meant that a disabled prisoner could not access a shower for at least four weeks and had to resort to strip washing. After the Board's intervention, showers for this prisoner were facilitated on another wing. Hot water has been inconsistent in the inpatients unit and, as it has been for many years, the toilet in one of the two the outpatients holding rooms is visible from the corridor as it has no door.

5.1.6 The Board has often observed showers to be dirty, filthy toilets, overflowing bins and food not cleared from serveries. Some of this may be attributable to timing, in that prisoners have been locked up again before having had a chance to clean, for example after the lunch service. However, the Board also often observes cleaners sitting and chatting on the wings rather than actively working.

5.1.7 The Board does not consider it decent that layers of rubbish are caught outside the C wing windows, notwithstanding that getting rid of this rubbish requires the external grilles to be removed by external contractors. It also appears to be a security problem: in August a weapon was found under several layers of rubbish

and, when grilles were emptied in November, a mobile phone was found hidden within the rubbish.

5.1.8 There have been problems with the fire detection systems, particularly on F wing, at several points during the year. Although promptly seen to, in early April emergency domestic smoke detectors were installed inside cells, leaving vulnerable prisoners with access to small batteries, often used to self-harm. Alarms then had to be moved outside cells again until the proper system was fixed.

5.1.9 At various points during the year, the Board has received reports of clothing shortages and prisoners not being able to change their clothes as often as is decent. For example, in September there was a shortage of towels and clothing so that prisoners on Sussex could not exchange their clothes for two weeks. In October there were no socks available one week and no shoes in sizes 8-12. It was also reported by staff to the Board that there was only enough clothing for newly arrived prisoners to have one set of everything.

5.1.10 A hot meal is served at lunchtime, usually before noon, with tea and breakfast packs being handed out at the same time. For a short period in the autumn, tea packs were given to prisoners later in the afternoon so that they could be properly refrigerated once made in the morning. Unfortunately, regime restrictions reversed this again.

5.1.11 The budget for food is £2.14 per prisoner per day. In the summer the additional national funding for extra food that was introduced at the beginning of Covid was withdrawn. It is the Board's view that these 'extras' were important to the stability and safety of the prison and had gone some way to mitigate the inhumanity of the regime offered.

5.2 Segregation

5.2.1 There are 16 cells on the care and separation unit (CSU), including two high risk and an additional two special accommodation cells, one of which has been out of use for a considerable period of time. The unit is always kept very clean and tidy.

5.2.2 However, the Board notes that repairs to the showers on the second floor have been waiting for nine months and the Wallgate water system, which allows officers to shut off water to cells individually, has also not been working for a similar period of time. The latter means that on occasions when one cell is being deliberately flooded, the water has had to be turned off for neighbouring cells too.

5.2.3 Prisoners on the unit have no access to televisions but in-cell phones, wind up radios, books and puzzles are provided. However, the Board was disappointed to note that for three months between March and June there were no radios available.

5.2.4 Each month an average of 38 prisoners were in the CSU, equating to approximately seven percent of the prison's population. The Board also notes that on average eight prisoners were held in the CSU while on an open ACCT each month which the Board considers high. Over 90% of the men segregated were under 50 with most, around 80%, between 22-40 years old.

5.2.5 The most common reasons for a prisoner being on the CSU (except for the good order and discipline of the prison – GOOD) during 2021 were for having an unauthorised article in possession and disobeying a lawful order.

5.2.6 Fourteen prisoners stayed on the unit for more than 42 days, the authorisation for which was done on time. In the Board's view, the staff made considerable efforts to engage with these prisoners to persuade them to return to normal location. The Board is aware that some prisoners deliberately attempt to be moved or remain on the CSU, in order to avoid the drugs and debt on the wings. Another contributing factor could be because, with the exception of a television, the regime during this year has been similar to that of the rest of the prison.

5.2.7 In spite of the PSI (Prison Service instruction) requirement for a GP to attend the CSU three times every week, the Board was made aware on 28 May that a GP had not attended since April. Reports of GPs not having visited the CSU on a regular basis continued throughout the reporting year and although, due to a Covid update to the PSI, nurses were sometimes allowed to visit in place of doctors, the Board considers that this was too regular an occurrence to be acceptable. The Board saw evidence that senior prison managers also felt this unacceptable, escalating their concerns, but it appears the healthcare provider, PPG, did not have the staff (see section 6).

5.2.8 The segregation, monitoring and review group meetings (SMARG) were held monthly. The Board has attended a number of these meetings and considers them effective in reviewing the reasons for segregation and the ethnicity, age, religion and any disabilities of those held in the CSU.

5.2.9 The Board notes that these SMARG figures show that in three months of the year the number of Black prisoners segregated was twice what might be expected given the number of Black prisoners in the prison. Although this is an improvement when compared to the previous reporting year (see also section 5.4).

5.2.10 The adjudication standards review committee also met regularly during 2021 to review the outcomes of adjudications. The Board welcomes that data is used to analyse the reasons prisoners are adjudicated, their age and ethnicity and which wing they live on so that trends and potential problems are monitored.

5.3 Staff-prisoner relationships, key workers

5.3.1 The key worker scheme, which envisages prison officers individually managing around five to six prisoners and meeting them for 45 minutes face to face, weekly, on a one-to-one basis, did not take place as intended during the reporting year. All prisoners were allocated a key worker but the majority of prisoners have never met their key worker.

5.3.2 Initially the prison allocated 24 prisoner key worker sessions per day. However, it was only able to deliver an average of five sessions a day.

5.3.3 Management at HMP Lewes sought to mitigate the problem by asking staff to carry out daily 'wellbeing' checks of a short conversation with all prisoners to check that they were okay. The Board has observed these to happen, albeit that they are fairly cursory, but cannot verify that they always took place. In addition, 25-35

vulnerable 'men at risk' across all wings, as well as those on ACCTs (including post-closure), on CSIPs and in both the inpatients unit and the CSU were identified. The Board was told that these prisoners were prioritised and spoken to each week either face to face, through the door or by phone. However, the Board notes that this accounts for less than 10% of the current prison population.

5.3.4 Many members of staff are new to their jobs and are unaccustomed to working with more than a few prisoners out of their cells at any one time. Both staff and prisoners have raised informal concerns about this with the Board.

5.4 Equality and diversity

5.4.1 In this reporting year there has been an increase in the number of prisoners' forums held. Meetings for prisoners representing faith groups, foreign national prisoners, LGBTQ prisoners, prisoners from ethnic minorities (excluding White ethnic minorities), veterans, Gypsy, Roma and Traveller prisoners, over-50s and under-25s were held. Discussions at these forums attempted to cover comparable subjects such as prisoners' thoughts on use of force, the discrimination incident reporting form (DIRF) system and the complaints system. Although limited in their breadth as Covid restrictions meant that only prisoners from one wing could attend any meeting, and only a few being held for each group, they have been a means for increased understanding by senior staff of prisoners and their needs, which is welcome.

5.4.2 The diversity and inclusion meeting, which takes an overview of action, was held three times during the reporting year. The Board welcomes that there was a prisoner representative at the December meeting (reviewing July-September data). This meeting gives an opportunity for management to look more holistically at diversity and equality issues such as whether the fact that ethnic minority prisoners are disproportionately young as compared to the general prison population is connected to the level of use of force against ethnic minority prisoners. However, discussion has lagged behind the data to be discussed and only at the end of March 2022 was the data for September to December scrutinised. It is also not clear to the Board that discussions translate to a meaningful change in outcomes for prisoners, given concerns about the disproportionate use of force against ethnic minority prisoners persist, adjudication figures (below) and the incentives scheme figures identified in section 5.6.

5.4.3 This year HMP Lewes has received a large increase in DIRFs, with 64 being logged and processed as DIRFs, compared to 44 last year. Having monitored some responses, the Board is satisfied that they are carried out thoroughly and respectfully with decent discussions with the complainant and officers. Sixteen of the complaints were upheld. The Board welcomes that in one case reviewed, although the complaint had not been upheld, lessons to learn were nonetheless suggested to some staff. The volume of DIRFs has, however, prevented the lead member of staff progressing many other planned works in the area of diversity and inclusion. The Board welcomes that regular DIRF forums have also been set up where a couple of prisoners from ethnic minority groups have reviewed anonymised DIRFs and discussed with staff how they have been dealt with.

5.4.4 The Board has looked at the data generated by the prison about how ethnic minority prisoners are treated in the incentives scheme, use of force, adjudications and segregation as compared to the prison's ethnic minority population as a whole (excluding White minorities). As set out in section 5.6, the Board has concerns about the numbers of ethnic minority prisoners who are put onto basic. Last year the Board raised concerns about the number of Black prisoners segregated: its analysis of the same data this year showed an improvement but there was still disproportionality.

5.4.5 Regarding adjudications, in quarters 3 and 4 of 2021 (July- December) the number of Black prisoners being put on report and facing an adjudication was significantly higher, at 22% and 20% respectively, than their representation in the prison population as a whole (around 11%). The Board welcomes the fact that when there are repeated actions against one prisoner, analysis is made of which officers are responsible for this.

5.4.6 Numbers of disabled prisoners in HMP Lewes, which is self-declared, average more than 300, the majority of whom declare a mental illness. Personal emergency evacuation plans are in place for around 20 prisoners and are prominently displayed in wing offices. As noted in several previous reports, due to lack of an alternative, disabled prisoners on F wing have to exercise near A wing, where they can be subject to abuse. Unfortunately, the television signal at HMP Lewes can be poor and the Board has had frequent complaints from a deaf prisoner who cannot receive subtitles on all channels.

5.4.7 The opening of a clinic room on F wing in June, where the majority of prisoners over 60 live, has allowed less mobile prisoners easier access to healthcare.

5.4.8 Sussex University Migration Law Clinic was approved to provide free legal advice to foreign national prisoners on asylum and immigration matters, facilitated by the Lewes-based charity LOSRAS, which should be a positive help for prisoners who are facing deportation at the end of their sentences.

5.5 Faith and pastoral support

5.5.1 As last year, it is the Board's view that the chaplaincy team have worked hard this year to overcome the restrictions put on their work by the Covid regime restrictions in order to provide faith and pastoral support to prisoners. Because faith groups were not restarted until the end of May, and corporate worship until September (and both being restricted again at various other times due to Covid), prisoners affiliated to particular faiths were visited individually by their relevant chaplain on a weekly basis. For example, in July, the chaplaincy team made 1581 individual visits, made up of 376 Muslim, 552 Roman Catholic, 542 Church of England and 101 others.

5.5.2 When faith groups were restarted, the bubble system meant prisoners only had the opportunity to attend every six weeks and those from smaller wings and the RCU not at all. Corporate worship, from September to when services were stopped again in December, was also rotated weekly by wing over six weeks. Prisoners were also

given the opportunity to attend a mid-week faith group on a two-weekly rota during this period.

5.5.3 The chaplaincy team also fulfilled their statutory work of daily visits to healthcare, K wing, the CSU, new receptions and discharges. Priority was also given to visiting prisoners on open ACCTs and attending their review when possible and relevant.

5.5.4 In addition, the chaplaincy team provided pastoral support, such as visiting prisoners who received bad news or providing memorial services for prisoners and signposting prisoners to other services. The Board is of the view that the work of the chaplaincy team makes a consistent positive benefit to the lives of prisoners at HMP Lewes.

5.6 Incentives schemes

5.6.1 Having been suspended at the start of the Covid, the incentives scheme was reintroduced in March with specific Covid modifications, particularly that removal of a television should be at the last resort. The senior management's aim at this time was to try and manage behaviour more on the wings and avoid using the CSU as much, which the Board welcomes in principle. Moving prisoners down to basic level (potential reduction in access to canteen, television and time out of cell) had to be approved by the residence governor while being at the enhanced level (increased privileges such as wearing own clothes and potential increased time out of cell) was managed by wing staff. From 8 October the decision to downgrade to basic was returned to wing staff.

5.6.2 Very small numbers of prisoners were put onto basic between May and July. From August onwards, in line with national instructions, HMP Lewes began to remove 'Covid mitigations' (see also paragraph 5.1.11) and numbers began to increase with 17 occurrences in August, 34 in September and 37 in January 2022. Between August and January an average of 24 prisoners each month were moved from standard to enhanced.

5.6.3 Data on ethnicity and the incentives scheme only began being collected by the prison in May. The Board has reviewed some of this data and found that while the ethnicity of those prisoners moved up to enhanced has been broadly in line with the rest of the prison's population, those moved to basic have, in several months, been disproportionately prisoners from ethnic minorities (excluding White minorities). For example, in August it was 71%, September 47%, November 35%, December 48% and January 2022 57%, as compared to an ethnic minority (excluding White ethnic minorities) population of around 21%. This is of concern to the Board (see also section 5.4).

5.7 Complaints

5.7.1 This year there has been a more proactive management process for complaints to the prison. The average number of daily life complaints received monthly between February 2021 and January 2022 was 73. Of these 72% were completed within the seven-day response window, an 8% improvement on the last reporting year. The predominant issue has been property.

5.8 Property

5.8.1 Although property is still the dominant subject for complaints to the prison, applications to the Board regarding property have reduced this year. With regard to property within the establishment, applications are down 24%, from 29 to 22 and regarding property on transfer or in another establishment applications are down 57%, from 30 to 13.

6. Health and wellbeing

6.1 Healthcare general

6.1.1 There have been many challenges in the provision of healthcare services this year because of Covid outbreaks, mass vaccinations and testing requirements. However, it is the view of the Board that there has been a deterioration in the delivery of health services. We consider this to be due mainly to inadequate staffing and an overdependence on agency staff. Healthcare vacancies, which have almost doubled over the year, have been a major issue with recruitment, especially for mental health staff, being the biggest challenge.

6.1.2 Managing Covid has again dominated the year. Covid-positive prisoners in isolation (PIU - see section 6.5 below) each required a daily welfare check from healthcare staff, and with large numbers of staff also absent for Covid-related reasons, this presented a challenge. A lot of effort was put into the vaccination programme, which was consistent with the timetable of vaccinations in the country as a whole, and by mid-April 90% of men in cohorts 1-9 had been vaccinated. However, the younger cohorts were more reluctant to take the vaccine and, despite considerable efforts to encourage decliners from health and prison staff, by the end of the year just over 48% of prisoners remained unvaccinated. Two prisoners died in this reporting year with Covid.

6.1.3 Lateral flow testing started on staff in mid-February and on prisoners at the beginning of March. All men were tested in reception and again on day five and twice before transfer. Mask wearing among some staff has been patchy and in June a nurse, who later tested positive, treated nine men in a clinic with her mask lowered. This caused the prisoners present and two of her colleagues to self-isolate, one prisoner claimed to be symptomatic and another self-harmed as a result of this. Many prisoners remained resistant to wearing masks.

6.1.4 The Board received 146 applications regarding healthcare this year, which is an increase of 70% on the last reporting year. Many of these were to do with medication issues and waiting times for appointments, but we also received a number of applications regarding healthcare concerns and the complaint system itself. Prisoners were often unaware that a conversation with a healthcare professional was a verbal response to what they considered a complaint (but PPG called a 'concern'). Many did not realise that if they were not happy with this verbal response it was necessary to submit a separate stage one complaint. This was exacerbated by the changeover to a new complaints reporting system in July. Better signage on the healthcare complaints boxes helped in the second half of the year and healthcare concerns reduced from 33 concerns raised in February 2021 to eight in December 2021 and seven in January 2022, with only one of these being escalated to a stage one formal complaint.

6.1.5 The Board is aware that relations between some prison officers and nursing staff have become strained during the year, potentially impacting the health treatment for the men. We urge all parties concerned to work together to resolve these issues quickly and to maintain a good working relationship within the establishment.

6.2 Physical healthcare

6.2.1 Covid restrictions on not mixing bubbles and limiting the number of prisoners who could wait in the outpatients holding cells caused a reduction in the number of men able to attend clinics and an inflation in the waiting lists. In February 2021 there were 110 prisoners waiting for an appointment with a GP. Urgent cases were triaged by a paramedic and seen within three days, but routine appointments were on hold and remained so into March. When the two GPs resigned in April there were 87 on the waiting list with routine appointments waiting four weeks to be seen. The GP waiting list dropped to 60 in May and has reduced month by month since then, in part due to the introduction of a remote GP service in May. By the end of the year the average wait for an appointment with a GP was three weeks.

6.2.2 Missed outpatient appointments were a factor in making clinics less efficient and a robust system to record why they had not attended has not been in place this year. Additionally, the timing of the only hot meal of the day coincided with the last few appointments in clinics and, as a result, some prisoners chose not to risk missing their meal by going to clinic appointments.

6.2.3 Dental equipment was reported as out of order on 22 April and treatment in clinics became limited until it was repaired in May. In June the dentist's chair was broken and the only men treated were emergencies with the waiting list rising up to 168 until the chair was repaired in August. By the end of the year the waiting time for a new appointment with the dentist was six weeks.

6.2.4 The bulk of the applications to the Board concerning healthcare are to do with medications not being prescribed, being reduced or ceasing altogether. As well as medication being removed from men in reception (see section 4.1) there have also been regular issues surrounding the delivery of medication to wings. The Board considers it only fair that prisoners receive their prescribed medication at the correct time. Some problems have been caused by the bubble system, in that pharmacy technicians arrived on a wing to find that the 'wrong' bubble was out and they did not have the right men to dispense to, but many problems were due to shortages of staff and dependence on agency cover at weekends. Examples include:

- on Sunday 4 July only essential medications were issued due to staff shortages and no medication was delivered at all to A wing or L wing or the smaller units and reception and there were problems on following days;
- on 20 October C wing dispensing did not happen until officers reminded healthcare that it had been overlooked.

The lack of consistency and highly variable dispensing times continued throughout the year.

6.2.5 There have also been some issues with medication not being available in the prison to be dispensed. This was first reported to the Board in August. In September we had reports of the prison not having Mirtazapine in stock for two nights and in October a man on the CSU missed at least one dose of Olanzapine, an anti-psychotic drug, because there was none in the prison. On 20 October healthcare staff informed the prison that they had a shortage of methadone and would not be

able to dispense it that morning. Transfers and court appearances were prioritised, and once the drug was received into the prison the morning dispensing, which should commence at 8am, was finally started at 1.30pm.

6.2.6 The removal of medications is also often to do with pain management drugs such as Pregabalin or Gabapentin. NICE guidelines, updated in April 2021, recommend that these should not be prescribed except in exceptional circumstances. They are more widely prescribed in the outside community and prisoners still come into reception with them in possession. The reduction or cessation of these drugs has regularly been a cause for self-harm and in May 2021 they were included in the MDT suspicion testing programme. Medications are reviewed by a panel of healthcare professionals and men with complex needs are referred to pain management clinics. The outcomes of such reviews are relayed to the prisoner by letter although the Board considers that a face-to-face explanation would be more appropriate and possibly help men to understand the clinical decision behind the change.

6.3 Mental health

6.3.1 As in the last reporting year the Board notes that access to mental health services were limited by Covid and staff shortages. In February 2021 there were 44 men on the waiting list to see the psychiatrist, who was working remotely and typically able to see about five patients a week, amounting to a nine-week wait. The mental health waiting list had 51 men on it who were prioritised on need. By June the psychiatrist was working in the prison for one day a week and visited on some Saturdays in order to attempt to clear the backlog. By the end of the year the psychiatrist was working for two days a week but there was a clear need for more time. The mental health practitioners report that they have caseloads that are too large to manage alongside their other tasks, which include attending ACCT reviews and discharge planning. There were 126 prisoners referred to the mental health services in November, 99 in December and 124 in January.

6.3.2 The lack of adequate provision for men needing specialist beds in mental health hospitals or residential units continues to be a problem. In February 2021 there were five men waiting to transfer, the following month this had reduced to four, two of whom had breached target dates. In November there were two men waiting for a bed which reduced to one in December.

6.4 Social care

6.4.1 The buildings at HMP Lewes are old and do not have facilities for prisoners in need of social care. There is no hoist, and when, in the middle of the year, a vulnerable prisoner was not able to get out of bed without one he became more dependent on his twice-daily visits from social care workers to perform the most personal care. Any wheelchairs needed by prisoners on F wing have to be of a

narrow gauge in order to go through the cell doors. There are currently no facilities for palliative or end of life care.

6.4.2 The Board welcomes that at the beginning of June 2021 an occupational therapist was appointed to work for three full days a week. He visits and provides support to the elderly and disabled and organises activities for the men on the inpatients unit once a week. This has been a positive development and it is hoped that he will be able to do more on other wings once the Covid restrictions have been lifted. However, it is not possible for him to authorise the purchase of equipment such as wheelchairs, disabled toilet seats, rails etc without the resident being triaged by the approved NHS provider which causes unnecessary delays.

6.5 Exercise, regime

6.5.1 In the Board's view, the regime in this reporting year has not been humane. Prisoners have been locked up for very long periods of time and daily time in the open air has often not been permitted.

6.5.2 In February until the second week of March, men were unlocked from their cells for 30 minutes each day for time in the open air or a shower/domestics on alternate days, as well as once briefly to collect their lunch, tea packs and the following day's breakfast pack. Because of a Covid outbreak in February, F wing prisoners had an even more restricted regime, being unlocked in groups of three cells at a time every third day. Throughout the year, most prisoners testing positive for Covid and so in isolation (PIU) received two showers and one period of time in the open air during their 10-day isolation, with their meals and medication being delivered to their doors.

6.5.3 From 8 March the regime was eased so that each day prisoners were unlocked for half an hour domestics/showers and half an hour time in the open air, a total of one hour. Often these two periods were run together and with the daily regime starting at about 8.30 am, it could mean by 9.30am prisoners were locked up again until the following day. With a rotation of bubbles so that the same group was not always early (which the Board supports), this could mean that a bubble's next unlock, except briefly to collect meals at lunchtime, was over 24 hours later.

6.5.4 From 17 May, HMP Lewes moved to Stage 3 with one hour domestics and half an hour time in the open air each day. However, at various times, including several weeks in July and August, Covid outbreaks and staff shortages caused it to return to the strict regime of 30 minutes' time in the open air, 30 minutes' domestics, alternating daily.

6.5.5 From the end of September, HMP Lewes moved to Stage 2 which allowed bigger bubbles and the restarting of off-wing activities such as education and workshops (see section 7.2). Monday to Thursday 'unlock regime' was given either in the morning or afternoon, with activities during the other time.

6.5.6 The Board's concern, expressed to senior management at the time, was that for those prisoners not attending work or education, the Stage 2 regime was worse than Stage 3, as unlock time was reduced again to 30 minutes in the open air and 30 minutes for domestics, leaving prisoners in their cells for almost 23 hours a day,

while if a prisoner was able to get a job or go to education their regime was improved. As set out in section 7 of this report, HMP Lewes does not have enough places for all prisoners to attend activities. Prisoners also complained to the Board that the short period of domestics was rarely enough time to speak to staff or submit applications if needed. The weekend unlock regime was slightly better at one and a half hours for domestics and 30 minutes in the open air. Covid outbreaks further curtailed the regime for some wings at various times in November and the beginning of December so that exercise was not offered daily to all prisoners.

6.5.7 On 21 December, HMP Lewes returned to Stage 3 in line with national requirements. Prisoners were given 30 minutes in the open air and an hour's domestics. By the beginning of January, staff shortages were very high and the regime was further restricted to 30 minutes in the open air or 30 minutes of domestics on alternate days. Accordingly, some prisoners ended this reporting year with as bad a regime as they started it, namely 23.5 hours a day locked up in their cells.

6.5.8 The gym was completely closed until 24 May when it was opened for limited groups with the regime allowing one session for prisoners on the larger wings each week. It was closed again in July when there was a Covid outbreak but reopened at the beginning of August, although closed to various wings at times when they had wing-based Covid outbreaks. From September some prisoners had the opportunity to go to the gym twice a week and sessions were offered at the same time as domestics periods, although prisoners were given an opportunity to shower in the gym. At the beginning of January 2022, the gym was completely closed again, but as staff numbers began to rise it was reopened in the last week of January.

6.5.9 The Board has observed that remand prisoners and foreign national prisoners who have completed their sentences but are being held in prison under Immigration Act powers prior to deportation are treated in the same way as the rest of the sentenced population of the prison when it comes to regime and access to exercise,

6.6 Drug and alcohol rehabilitation

6.6.1 In this Covid-dominated year and the need for new receptions to be isolated, cells on the dedicated wing for people with addictions have regularly had to be used for the RCU. Those with addictions have been located all around the prison, which has made the work of the substance misuse service (SMS) much more difficult.

6.6.2 During Covid outbreaks or regime closure SMS staff were not able to go onto wings and work had to be done through in-cell packs or via in-cell telephones. Between August and December they were able to have more face-to-face contact, and prisoners had full assessments with a practitioner and were allocated key workers. There has been a reduction in staff numbers this year and no running of programmes. Group work was not possible due to the need to keep prisoners in bubbles and not to mix between wings. Men were still seen pre-release and supported on release, with staff making follow up and rehabilitation appointments for them.

6.6.3 Fellowship groups such as Alcoholics Anonymous, Cocaine Anonymous and Narcotics Anonymous stopped coming into the prison in March 2020 and have not resumed.

6.7 Soft skills

6.7.1 In-cell workbooks were given out for relaxation, mindfulness and stress whereas pre-pandemic this work would have been done in small groups.

7. Progression and resettlement

As with every other area of life at HMP Lewes, Covid restrictions and staff shortages severely curtailed the ability of the prison to provide purposeful activities for prisoners during the reporting year. By the Board's calculation, based on prison-supplied figures, and despite all work only being part-time to maximise participation, the places available in work or education during this year added up to less than 50% of the prison population. In the Board's view, purposeful activity is not only about the skills gained from the activity, but the chance for prisoners to get out of their cells and interact with other prisoners, which can be crucial to their mental health and physical wellbeing and ultimate resettlement.

7.1 Education, library

7.1.1 Education was mostly delivered through in-cell packs supported by in-cell telephony. From mid-June, there was also appointment-only face-to-face tutoring on the wing for those prisoners who were doing in-cell packs. On average, in the months of February to September 2021, 77 packs of art, 51 packs of English, 55 packs of maths and 22 packs of ESOL (English as a second language) were delivered monthly to the cells. The completion rates for the above four subjects were 59%, 72%, 75% and 63% respectively. The theory parts of accredited courses like customer service, food safety and others were also delivered to the cell. The Board notes and welcomes that the prison put developing access to English and maths courses for low-level learners as a priority.

7.1.2 From the end of September, in-person classes were offered in English, maths, art, customer services and peer-to-peer mentoring, but with reduced capacities of six or eight prisoners in each classroom. Prisoners who could not attend the class due to work could continue to do in-cell packs and meet the tutor on the wing every Friday afternoon. These classes were once again closed mid-December due to the increased Covid restrictions.

7.1.3 Excluding the in-cell packages, which were substantially reduced when classes were open, there were about 80 maximum spaces related to any form of education/training available daily. Given an average of 560 men living in HMP Lewes daily, this meant only 14% of prisoners being able to attend any form of education out of their cell. In the Board's view remote learning is inevitably a less good option than face-to-face learning, and such a low capacity is very disappointing.

7.1.4 In addition, the courses chosen by prisoners depend on their individual learning plan (ILP) which records basic skills and identified needs. These were at times difficult to complete due to staff shortages and limited access to men in the RCU, thus further reducing potential access to education.

7.1.5 In September the weekly pay given to prisoners attending education was reduced from £9 to £6.50. Anecdotally, the Board was told by prisoners that this reduced their incentive to go to education.

7.1.6 Accredited work-related courses such as painting/decorating, food safety, horticulture, music (InHouse Records) and barista training were all also affected by the various Covid restrictions.

7.1.7 Following complaints from prisoners, at several points during the year the Board monitored whether education and work were being allocated fairly in terms of prisoners' ethnicity. The Board found no cause for concern.

7.1.8 Although the library itself was closed for most of the year, staff delivered books to prisoners on the wings throughout the year. On average the library delivered to the wings more than 200 books/reading materials a month, to meet the requests of prisoners. The Board commends the library staff's continued persistence in going onto all wings to support prisoners.

7.1.9 In addition, the library staff distributed donated books to all wings and refreshed supplies on a monthly basis. Under the 'books for the first nighters' initiative, books were made available to all new receptions on the RCU.

7.1.10 From 27 September to 21 December the library was open to prisoners, who told Board members how much they appreciated it. Despite being limited to eight people at a time, it received a total of 622 prisoners.

7.2 Vocational training, work

7.2.1 In the same way as education, most of the work and employment roles were disrupted by Covid restrictions: either being shut down completely or having to operate at much reduced capacity in order to avoid mixing prisoners from different wings and/or bubbles. Other roles, such as orderly positions in the gym, education and chapel, were very much dependent upon whether they were open or not.

7.2.2 There are four workshops – waste management, industrial cleaning, multi-skills and textiles. The textiles workshop has not been operating since the start of the pandemic as there is no work. The multi-skills workshop (painting and decorating, an accredited self-employment course) was briefly open in the autumn when restrictions were lessened but still operated at a capacity of only four people. Waste management is an accredited course and work combined, and although it has been operating throughout the year it only accommodates eight prisoners a day, while the industrial cleaning accommodates five to six workers a day.

7.2.3 In light of the above the Board has monitored the number of work placements available to prisoners and notes, for example, that in July that there were about 160 jobs across 22 separate roles. Most of the work (40% of the jobs available) was wing-based jobs, and work in the kitchen accounted for another 20% of the total. For a prison which is housing around 560 people on a typical day, 160 job spaces means that only 28% of prisoners could participate in any form of work.

7.2.4 All work that was available was on a part-time basis so that more men could have some work. The Board welcomes that all men were being paid as if they were working full-time while the prison regime was in its most restrictive phase, although this changed from September.

7.3 Offender management, progression

7.3.1 The Board's experience this year is that when it receives applications about offender management issues, it is very often because the prisoner is anxious to

know what is going on with their sentence, progression or their forthcoming release. The Board has found that when asked, offender managers often know the answer to a query, but that they have not yet communicated it to the prisoner. The Board considers timely updating of prisoners is only fair and humane.

7.3.2 The Board notes that there have been four governors of the offender management unit in the reporting year and there have been a lot of staff shortages. In addition, the work of the offender management unit should be supported by key work, which has not been taking place.

7.3.3 The Board welcomes that remote video-conferencing facilities were set up during the year for legal visits, and also a dedicated facility for prisoner discussions with probation services. The latter in particular had often been not possible as priority had been given to video links to courts.

7.3.4 Very few behavioural programme places were available during the reporting year with only some one-to-one courses being offered.

7.3.5 The completion rate of assessments of prisoners on arrival – the basic custody screening tool (BSC1s) – ran at nearly 100% during the reporting year, but they were all done without seeing the prisoner in person, which in the Board's view is inevitably a poor second best. BSC2s (resettlement plans) were done on paper or over the phone throughout the reporting year. A monthly average of just under 80% were completed within the specified time frame of five working days.

7.3.6 Prisoners need an offender assessment system (OASys) report in order to have a sentence plan, without which they cannot progress. During this reporting year there was routinely a backlog in completing these. For example, on 1 September 2021 the backlog was 21 prisoners, 20 October it was 23 prisoners and in December 10 prisoners.

7.3.7 Throughout this reporting year, the Board has been advised that transfers to other prisons have been difficult with buses only regularly going to a couple of prisons. The transfer of single residents has been very hard to organise for apparent cost reasons and there has also been an apparent unwillingness of receiving prisons to take prisoners. The Board recognises this is usually not in the control of HMP Lewes staff, but nonetheless regrets that prisoners are not moved more speedily and easily to places where they can get appropriate programmes and help with progressing through their sentence.

7.3.8 The Board continues to deplore the fact that there are still prisoners serving indeterminate sentences for public protection (IPP prisoners). In response to its 2020-2021 annual report, the then Prisons' Minister, Alex Chalk, stated that post-tariff prisoners who are still assessed to be posing a high risk of committing further violent or sexual offences have a complex set of risks and needs which must be addressed before the Parole Board can consider release.¹ He noted this was complex work. HMP Lewes, as a local prison, is a wholly unsuitable location for this kind of work as there is very limited or no access to appropriate courses, even in non-Covid times. We have been advised that the prison psychologist does try to support IPP prisoners *post* being refused by parole or recalled.

¹ Letter of 23 July 2021 from Alex Chalk MP, Parliamentary Under Secretary of State for Justice, to Selena Bevis, Chair, Independent Monitoring Board

7.3.9 Members of the Board spent some time in October speaking in detail to some of the IPP prisoners living in HMP Lewes and found the facts of their cases to be shocking: 10, 11 or 12 years beyond their initial tariffs, these prisoners have completed literally many tens of courses while in prison but cannot seem to progress. They expressed an overwhelming sense of hopelessness. That there are prisoners still unreleased from IPP sentences is, in the Board's opinion, cruel and inhumane. On 17 November 2021 there were 32 such prisoners in HMP Lewes, some on recall.

7.4 Family contact

7.4.1 While the prison management made it a priority to keep some kind of social visits open during Covid restrictions, opportunities for prisoners to receive visits in person were restricted throughout the year and not available at all until 22 May 2021.

7.4.2 When social visits were restarted, prisoners were allowed one visit per month, all from the same household, and with no physical contact between prisoners and visitors (except for children under 10), social distancing and mandatory wearing of masks.

7.4.3 When the prison went into Stage 2, two adults could visit from different households and restrictions on hugging were suspended. Food was also available for visitors to buy during the visit. However, individual wings had their visits stopped if they were subject to a Covid outbreak.

7.4.4 Remote video calls (delivered during the reporting period by Purple Visits) continued throughout this year and were welcomed by those prisoners who used them, although this was not a very high rate (about 30 calls a week in June) and there was spare capacity.

7.5 Resettlement planning

7.5.1 At the beginning of the reporting year, staff working on resettlement planning were all working remotely and interaction with prisoners was all done on paper. By April, they were back in the prison four days a week and using the in-cell telephone system to speak to prisoners or talk to them through their cell doors. The latter in particular means that conversations will not be private; the former is not private if the prisoner shares a cell.

7.5.2 Some prisoners returned to seeing support services in the induction and pre-release centre in May 2021 but it closed again at various points during the year when regime restrictions tightened. It resumed again in January 2022 but only for residents who had completed their quarantine period.

7.5.3 The new unified Probation Service began on 26 June 2021. The Board understands that the immediate impact on resettlement service delivery at HMP Lewes was minimal. Added to this, access to prisoners on the wing has been increasingly difficult due to Covid restrictions reducing face-to-face contact

7.5.4 The Board has been told that resettlement arrangements have been complicated by the increased number of prisoners arriving from out of area courts such as Southampton and Portsmouth. Lack of suitable housing solutions for prisoners being released is also a serious problem. Covid restrictions meant it was difficult to carry out home visits out of area, to enter properties to carry out assessments to identify, for example, the number of bedrooms in the property. Community offender managers have been forced to source a number of alternative locations where the initial property has been found to be unsuitable at short notice although additional short-term funding, known as CAS3, has helped in securing accommodation.

The work of the IMB

Because of Covid restrictions, the Board began this reporting year making some visits in person but mostly dealing with applications remotely and listening in to segregation review boards (GOOD reviews) over the telephone. As the year progressed, the Board did more and more of its monitoring in person, including returning to attending GOOD reviews in person (from July) and having face-to-face discussions with prisoners, while maintaining an appropriately cautious approach, such as not going onto particular wings during Covid outbreaks.

Of the applications the Board received this year, 24% were about healthcare (20% last year), 14% were about letters/visits/telephones, 11% staff/prisoner concerns and 10% about accommodation.

The total received, which were a mixture of paper applications and via the 0800 phone line, was a 41% increase in applications compared to the previous reporting year (which in itself was a 49% over the previous year). The biggest proportionate increases from last year were letters/visits (a rise of 183%), equality (155%) and accommodation (142%). The Board considers that the increase in applications about letters etc may be attributable to prisoners not receiving a good induction to prison life (see section 4.1), and the increase in applications about equality may have been attributable to one or two prisoners.

The Board notes a decrease in applications about property, which it welcomes.

Board statistics

Recommended complement of Board members	17
Number of Board members at the start of the reporting period	10 + 2 on sabbatical
Number of Board members at the end of the reporting period	9
Total number of visits to the establishment	242
Total number of shifts on the 0800 telephone line	27 (one member)
Total number of segregation reviews attended	201

Applications to the IMB (including via the 0800 telephone line)

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	26	63
B	Discipline, including adjudications, incentives scheme, sanctions	11	21
C	Equality	11	28
D	Purposeful activity, including education, work, training, library, regime, time out of cell	15	26
E1	Letters, visits, telephones, public protection restrictions	30	85
E2	Finance, including pay, private monies, spends	16	22
F	Food and kitchens	8	12
G	Health, including physical, mental, social care	86	146
H1	Property within this establishment	29	22
H2	Property during transfer or in another establishment or location	30	13
H3	Canteen, facility list, catalogue(s)	7	10
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	48	55
J	Staff/prisoner concerns, including bullying	66	66
K	Transfers	12	15
L	Miscellaneous, including complaints system	46	37
	Total number of applications	441	621



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