Report on an unannounced inspection of

HMP Lewes

by HM Chief Inspector of Prisons

3–4 and 9–13 May 2022

Contents

Introduction

This was a disappointing inspection of a prison that had made some good progress at our 2019 independent review of progress (IRP). There is no doubt that pandemic restrictions have hampered the ambitious governor in her work to improve the jail, but nevertheless the recovery was too slow.

The allocation of work or education was not functioning properly, and so there were no meaningful activities for most prisoners, who were spending 22 hours locked up during the week while workshops and classrooms remained empty. Despite the high level of unemployed prisoners, standards of cleanliness on the wings had deteriorated – rigorous routine cleaning was not taking place. Similarly, many cells had extensive graffiti on the walls that was still visible despite being painted over.

Prisoners were struggling to access some basic needs. For example, new arrivals to the jail were only given one set of clothes, which meant that they had no replacements when items were sent to be washed. They also frequently complained of difficulties with getting phone numbers added to their approved list, so it took a long time for them to make contact with their families. I spoke to one young man, in prison for the first time, who said he had not been able to let anyone know where he was.

The oversight of those at risk of suicide or self-harm was poor with paperwork incomplete or inadequate. It was concerning that many prisoners who were on an assessment, care in custody, and teamwork plan (ACCT) said they did not feel cared for, especially in a jail that contains many vulnerable men who have only recently come into custody.

When we last inspected in 2019, we found that the partnership between health care and the prison was not working effectively. It was, therefore, disappointing at this inspection to find that some of the problems had still not been satisfactorily resolved and that the service to prisoners was not yet good enough. The governor's personal involvement in finding solutions gave us some confidence that these issues could be addressed.

The prison suffered from difficulties with recruiting sufficient high-quality staff in what is a relatively wealthy part of the country. This problem was particularly acute for operational support grades (OSG) and administrative staff; these roles were essential to a properly functioning prison. Security vetting processes were taking so long that prospective recruits were taking jobs elsewhere. The prison had developed a strategy to support new recruits, and the backlog of training was being addressed as pandemic restrictions were lifted. Many staff members were, however, still leaving after short periods of service.

We were pleased to see an improvement in offender management and resettlement services. There were some good functional leaders in place which led to a welcome increase in our score for rehabilitation and release planning, but scores for safety, respect and purposeful activity from our healthy prison tests were not good enough.

Lewes is a difficult prison to staff and run with old buildings that are expensive to maintain, but there needs to be a greater focus on getting some of the basics right. There is the opportunity to build momentum with what could be an effective leadership team to get this prison back on track and make it a better place for prisoners to stay and staff to work. Much will rest on the governor and the deputy who have shown great commitment to the prison through a difficult couple of years to drive forward the necessary improvements.

Charlie Taylor
HM Chief Inspector of Prisons
May 2022

What needs to improve at HMP Lewes

During this inspection, we identified 15 key concerns, of which six 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. **Staff shortfalls in many areas had slowed progress in achieving better outcomes for prisoners.**
2. **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.
3. **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.
4. **Patient care was deficient because of ineffective partnership arrangements**, leading to poor communication with prisoners, reduced nurse staffing levels and inconsistent prisoner escort arrangements.
5. **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.
6. **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.

Key concerns

7. **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.

8. **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.

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

10. **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.

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

12. **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.

13. **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.

14. **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.

15. **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.

About HMP Lewes

Task of the prison/establishment
HMP Lewes is a category B local prison for both adult males and young offender males, with the primary function of receiving prisoners from the courts. It holds both remand and sentenced prisoners.

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 520
Baseline certified normal capacity: 659
In-use certified normal capacity: 617
In use operational capacity: 614

Population of the prison
- An average of 188 new prisoners are received each month (around 2,256 a year).
- 10.5% of prisoners are foreign nationals.
- 25.6% of prisoners are from black and minority ethnic backgrounds.
- 32.2% of prisoners are unsentenced.
- 57% of the population are category C prisoners.
- 3.3% are aged under 21 years.
- There are 52 patients in receipt of opiate substitution treatment and 160 supported by the psychosocial team.
- 94 prisoners were referred for mental health assessment in April 2022, with an average of 145 referrals per month.

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
Prison education framework provider: Weston College
Escort contractor: Serco

Prison group/Department
Kent, Surrey & Sussex

Brief history
Lewes was built in 1853 as the county prison for Sussex. It has a semi-radial design and is half a mile from the town centre. In 2007, an additional house block, the Sussex wing, was completed.

Short description of residential units
There are five main residential wings, two smaller specialised units, a segregation unit and a health care (inpatient) unit. The main residential wings are made up of:
A wing: drugs rehabilitation (capacity: 134)
C wing: general population (capacity: 150)
F wing: vulnerable prisoners (capacity: 147)
M wing: general population (capacity: 94)
L wing: category C unit (capacity: 80)

Two smaller units comprise:
K wing: stabilisation unit (capacity: 22)
G wing: first night centre (capacity: 23)

The segregation unit has a capacity of 16, and the inpatient unit has a capacity of nine.

Governor and date in post
Hannah Lane, 14 January 2019

Leadership changes since last full inspection
None

Prison Group Director
Susan Howard

Independent Monitoring Board chair
Peter Scaramanga

Date of last inspection
Full inspection: 14–25 January 2019
Independent Review of Progress: 2–4 December 2019

Section 1 Summary of key findings

1.1 We last inspected HMP Lewes in 2019 and made 53 recommendations, five of which were about areas of key concern. The prison fully accepted 43 and partially (or subject to resources) accepted six. It rejected four of the recommendations.

1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

Progress on key concerns and recommendations

1.3 Our last inspection of HMP Lewes took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.

1.4 At our last full inspection, we made two recommendations about key concerns in the area of safety. At this inspection, we found that one of those recommendations had been achieved and one had not been achieved.

1.5 We made one recommendation about key concerns in the area of respect. At this inspection, we found that this recommendation had not been achieved.

1.6 We made one recommendation about key concerns in the area of purposeful activity. At this inspection, we found that this recommendation had not been achieved.

1.7 We made one recommendation about key concerns in the area of rehabilitation and release planning. At this inspection, we found that this recommendation had been partially achieved.

Outcomes for prisoners

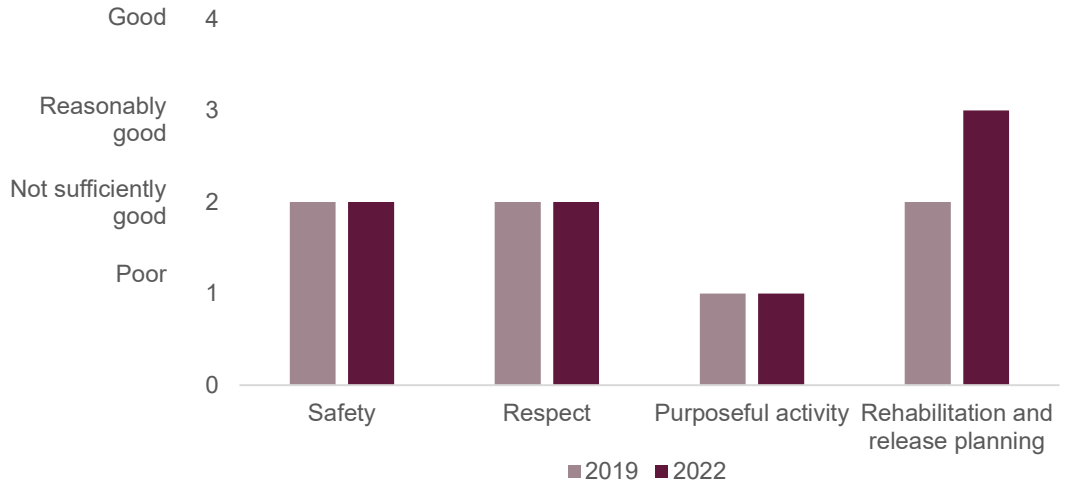
1.8 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.9 At this inspection, we found that outcomes for prisoners had stayed the same in three healthy prison tests and improved in one.

1.10 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and

Probation Service (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP Lewes healthy prison outcomes 2019 and 2022



Safety

At the last inspection of HMP Lewes, in 2019, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained not sufficiently good against this healthy prison test.

1.11 Reception staff were welcoming, but it took too long to process new arrivals. In our survey, less than a quarter of prisoners said that induction covered everything they needed to know, and there was little structured support from peer workers.

1.12 The number of assaults was lower, with fewer serious incidents, than at the time of the last inspection, but there had been an increase in assaults on staff in the last eight months.

1.13 The strategy for managing violence was not sufficiently informed by data analysis, and delays in investigating incidents hindered responsive action. Support for victims of violence was also limited. There were too few incentives to promote good behaviour.

1.14 Although the number of adjudications had decreased since the previous inspection, the documentation often showed a lack of enquiry.

1.15 Recorded use of force incidents had reduced since the last inspection and were declining. However, governance of use of force was weaker and body-worn cameras were not always used.

1.16 Staff on the segregation unit had a good knowledge of the prisoners there, but the regime was very limited, and exercise yards were small and bare.

1.17 Security procedures were generally proportionate and there was good management of intelligence. Steps had been taken to disrupt the supply of drugs into the prison, but in our survey more prisoners than elsewhere said that it was easy to access alcohol.

1.18 There had been four self-inflicted deaths since the last inspection. Actions in response to Prisons and Probation Ombudsman recommendations had been implemented and were reviewed regularly.

1.19 The number of recorded self-harm incidents was similar to that at other local prisons, although six prisoners had accounted for 43% of self-harm incidents in the last three months. There was insufficient oversight of incidents of serious self-harm, and data analysis was too limited to understand the causes of harm, although an analyst had recently taken up post.

1.20 The quality of assessment, care in custody and teamwork (ACCT) case management documentation for prisoners at risk of suicide or self-harm was poor, with inadequate care plans, some late reviews and too many gaps in observations and summaries. Most prisoners we spoke to who were on an ACCT said that they did not feel supported or cared for. There were also weaknesses in the case management of prisoners on constant supervision. However, there had been some good action taken at the safety intervention meetings to support individuals.

Respect

At the last inspection of HMP Lewes, in 2019, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained not sufficiently good against this healthy prison test.

1.21 Three-quarters of respondents to our survey said that they were treated respectfully and that there were staff members they could turn to for help. Staff–prisoner interactions were generally polite and helpful, and we saw some skilful management of challenging behaviour.

1.22 The key worker scheme (see Glossary) remained largely suspended. Only those deemed high risk were identified for contact but received little more than basic welfare checks.

1.23 There had been investment to replace cell furniture, but too many cells contained graffiti. Toilets across the site were mostly in a poor state. On some wings, communal areas were also grubby.

1.24 In our survey, fewer respondents than at similar prisons said that they normally had enough clean clothes, bedding and cleaning materials each week. Problems with water pressure left some wings without hot water, often for days.

1.25 Only 27% of respondents to our survey said that the food at the prison was good or very good, which was much worse than at comparators. Shop provision was reasonable, but newly arrived prisoners could wait up to 15 days for their first full order, leaving them vulnerable to debt.

1.26 The prisoner council had just resumed following the relaxing of COVID-19 restrictions, although there had been some wing-based consultation meetings throughout much of the pandemic.

1.27 Oversight of equality had improved and there was now a dedicated manager, but the area was under-resourced, which meant that some promising plans had not been implemented. Data were not analysed in sufficient depth to identify any disproportionalities.

1.28 The quality of discrimination incident report form investigations was good, but some were not completed on time. All responses were quality assured internally by prisoners, and also subject to external scrutiny.

1.29 Around 30% of the population identified as black and minority ethnic, and in our survey these prisoners reported broadly similar perceptions to others, in most areas. Support for foreign national prisoners was limited, particularly for those who did not speak English. Arrangements for transgender prisoners were generally good.

1.30 The chaplaincy provided good pastoral care and was highly regarded by prisoners. Prisoners of all faiths were able to attend corporate worship at least every five weeks, and there were credible plans to return to weekly access in the near future.

1.31 Local delivery and partnership boards had failed to address health care concerns which had been apparent at the last inspection. The health centre was still in need of refurbishment. Around 50% of staff were from an agency, which created risk and instability. However, dedicated staff demonstrated a commitment to the service. The prison struggled to enable health services to run, and ineffective communication was leading to considerable prisoner frustration.

1.32 Reception and screening processes had been strengthened and waiting times for most primary care services were reasonable. However, long-term condition management was fragmented and care plans were not always completed. Substance misuse services had continued to deliver effectively throughout the pandemic and mental health access had improved since the last full inspection, but transfers under the Mental Health Act did not always take place within the national guidelines. Governance of pharmacy services was inadequate and supervision of medicines administration by prison officers was inconsistent, which could lead to diversion. Social care arrangements had improved, but needed enhancement to accommodate more complex needs. Dental services were good.

Purposeful activity

At the last inspection of HMP Lewes, in 2019, we found that outcomes for prisoners were poor against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained poor against this healthy prison test.

1.33 Time out of cell for those in employment off the wing was around four hours a day, but for the many prisoners who were unemployed this was much less, at a maximum of around two hours.

1.34 The library provided a good service, but access was limited to only eight prisoners at a time. Most prisoners could access the gym at least once a week.

1.35 There were too few activity spaces to meet the needs of the population, and around half of prisoners were unemployed. The allocations process was inefficient and there were long waiting lists for most subjects, even though there were spaces available in classes. Too few successfully completed accredited qualifications, and attendance at work and education was also too low.

1.36 There was insufficient focus on improving the quality of provision, in particular within vocational training and work activities. There were too few opportunities for prisoners in industry-related areas to gain accredited qualifications, including those essential for their roles, such as food safety for those handling food.

1.37 Too few prisoners achieved their qualifications because many left the prison before they could finish their course. However, in English and mathematics, prisoners who remained on their course achieved well.

1.38 Tutors within education classes had a thorough understanding of the needs of prisoners with learning difficulties and disabilities. However, in vocational courses and in work, instructors did not know prisoners' individual learning needs, or support them sufficiently well.

1.39 Too few prisoners received useful careers information, advice and guidance, and links with employers were underdeveloped.

Rehabilitation and release planning

At the last inspection of HMP Lewes, in 2019, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection, we found that outcomes for prisoners were reasonably good against this healthy prison test.

1.40 The family support service provided a wide range of interventions both to prisoners and their families, and the social visits experience had

much improved with the lifting of COVID-19 restrictions. Prisoners could only use their in-cell telephones for up to two hours a day, and there were some delays with prisoners receiving mail.

1.41 As both a reception and resettlement prison, the turnover of arrivals and releases was high. It held a diverse and complex population of unsentenced (30%) and sentenced prisoners, including lifers, recalled prisoners, those convicted of sexual offences and immigration detainees.

1.42 Oversight of reducing reoffending work had improved in key areas. There was an up-to-date strategy, with a clear and realistic vision to improve outcomes for prisoners across all pathways out of offending.

1.43 Despite staffing pressures, work to progress prisoners in their sentence was reasonably good. Almost all eligible prisoners had an initial assessment of their risk and needs, and 82% had been reviewed in the last 12 months. Most sentence plans were relevant and of reasonable quality.

1.44 The frequency, and particularly quality, of contact between probation-employed prison offender managers (POMs) and prisoners had improved since the last inspection and was some of the best we had seen recently. The use of the CRISSA (Check in; Review; Intervention; Summarise; Set and agree tasks; Appointment) model was good practice.

1.45 Too many prisoners assessed as eligible for home detention curfew were not released on time, mostly for reasons beyond the prison's control. However, the transfer of prisoners to help progression had been taking place.

1.46 Public protection arrangements were adequate overall, but there were some gaps, particularly with call monitoring. Attendance at the risk management meeting was limited, but risk management arrangements were appropriate, including information sharing between POMs and community offender managers.

1.47 Limited one-to one programme work had been taking place and group work for a larger number of prisoners was due to resume imminently.

1.48 On average, nearly 100 prisoners were released each month, some of whom had been at the prison for only a very short time. The demand for resettlement help was high and planning arrangements were still in transition following the unification of probation services, leaving gaps for some. Only about 65% of sentenced prisoners left the establishment with accommodation to go to on their first night of release.

1.49 The induction and pre-release centre had reopened, enabling prisoners to see a range resettlement support staff face-to-face for help with practical release arrangements.

Notable positive practice

1.50 We define notable positive practice as 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.

1.51 Inspectors found two examples of notable positive practice during this inspection.

1.52 Prisoners were involved in quality assuring responses to discrimination incident report forms. (See paragraph 4.25)

1.53 The use of the CRISSA (Check in; Review; Intervention; Summarise; Set and agree tasks; Appointment) model enabled structured and meaningful contact with between offender managers and prisoners. (See paragraph 6.12)

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 The governor had set clear priorities for the prison which rightly highlighted the need to focus on the 'basics' and create an environment that was 'clean, safe and purposeful'. However, the progress that we recognised at the independent review of progress in December 2019 had largely stalled, for example, parts of the prison were not being kept clean and prisoners could not always get access to basic kit such as enough clean clothes.

2.3 Staff shortfalls at most levels and in many areas had slowed progress. The struggle to recruit operational support grade staff created considerable pressure, with a shortage of around a third. There was also a lack of supervisory officers, custodial managers and administrative staff in the prison, and health care services were dependent on agency staff as half of its positions were unfilled.

2.4 Retention of new staff was poor and too many officers left within a year of coming into post. Prison leaders had developed a 'retention strategy' in response to the high rate of staff attrition, but wider systemic issues relating to failures in recruitment and retention needed to be addressed. There was also a high level of inexperience among prison officers, with 38% having been recruited in the last year. In our staff survey, more than half of respondents described morale at work as low or very low. However, leaders had begun to address the backlog of staff training, including delivery of more accessible 'bite-sized' training, which was positive.

2.5 Poor performance by key partners was an ongoing challenge, as a result of their lack of consistent leadership and recruitment difficulties. However, the prison had worked well in partnership with Gov Facility Services Limited, whose delivery was now improving.

2.6 Partnership and collaboration arrangements between the prison and the health care provider needed to improve, but the recent appointment of prison managers to support health care delivery was a positive step.

2.7 Prison and education leaders had not done enough to improve prisoner engagement in purposeful activities, and Ofsted judged the overall effectiveness of education, skills and work to be inadequate. The education provider had been issued with an improvement notice following performance concerns. However, allocation to activities was

also inefficient and attendance was poor. Although HMPPS lifted its framework for COVID-19 restrictions during the inspection, leaders had no clear plan for increasing the very limited time out of cell for the many unemployed prisoners.

2.8 Although there had been a substantial investment in repairs and refurbishment of around £6 million since the last inspection, living conditions in many areas were still not good enough. Further investment was required from HMPPS – for example, to refurbish showers and the health care centre.

2.9 The strategic management of the reducing reoffending function was better than at the time of the last inspection and there was impressive leadership in the offender management unit.

2.10 Data were not being used by leaders to inform plans and drive forward action in key areas, including safety, equality and reducing reoffending, although the recent appointment of a safety analyst was encouraging.

2.11 Leaders had not paid enough attention to making sure that processes to protect the most vulnerable were effective.

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 Most prisoners said that they had short journeys to the prison from nearby courts and that they were treated well by escort staff. The escort vans we inspected were well maintained. Prisoners were taken off the vans promptly and did not have to wear handcuffs.

3.2 The reception area was clean and staff were welcoming to new arrivals, but the holding rooms were not suitably equipped. The televisions did not work and there was no useful information about the prison, and during our observations of the reception process prisoners were not offered a drink. The showers had also been condemned for several years.

3.3 The length of time taken to process new arrivals was too long, and only 32% of respondents to our survey said that they had spent less than two hours in reception. In the records we saw, one prisoner had spent around eight hours in reception, and the average length of time during the previous two weeks had been around five hours.

3.4 First night interviews were completed in private in reception. However, during the inspection these were completed by officers who were not familiar with the process, which meant that not all prisoners received the most up-to-date information. In addition, some were moved to the first night centre before having their safety risks fully assessed, failing to identify if the prisoners were suitable to share a cell.

3.5 There was little structured support from peer workers. Although a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) and an orderly were in reception, they did not meet all new arrivals routinely.

3.6 All new arrivals were taken to the first night centre and offered a free five-minute telephone call. However, this took place on the wing, in front of other prisoners, which afforded no privacy.

3.7 As a result of insufficient capacity in the first night centre, new arrivals were often located elsewhere in the prison for their first five days of quarantine. Wing staff were aware of new arrivals and additional safety checks were completed throughout their first night at the prison.

3.8 First night accommodation was well equipped, but cells were grubby. The regime on the unit was not good enough, with prisoners spending too long locked in their cells with little purposeful activity (see also section on time out of cell).

3.9 In our survey, only 24% of respondents said that the induction covered everything they needed to know about the prison. Most prisoners received an induction booklet on what to expect at the establishment. This had recently been updated, but it had not been translated into other languages. Staff told us that they would use online automatic translation services if they had a prisoner who did not read or speak English, but this was not effective.

3.10 Recently, the prison had reintroduced a peer worker to meet all new arrivals on their first day, to explain day-to-day life in the prison. Prisoners we spoke to said that they had found this useful, but there were no further formal interviews with wing staff to discuss concerns. However, prisoners' rehabilitation needs were assessed by the prison offender manager in their early days at the prison and appointments were arranged with relevant external agencies.

Managing 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

3.11 The overall levels of violence against staff and prisoners had decreased since the last inspection and the proportion of such assaults that were serious had also declined. In the previous 12 months, there had been 128 assaults against prisoners, of which 10 had been serious. Such assaults had been on a downward trend in this period, but levels were still slightly higher than in similar prisons. The number of assaults on staff was about average for the type of prison, with 93 in the previous year, seven of which had been serious. However, in the last eight months, staff assaults had been increasing.

3.12 In our survey, 28% of respondents said that they currently felt unsafe, which was similar to the proportion at the time of the last inspection and at similar prisons we have recently inspected.

3.13 All violent incidents were investigated, but because of staff shortages some investigations took place several weeks after they had taken place, which hindered responsive action. The casework approach to supporting victims and managing perpetrators through challenge, support and intervention plans (see Glossary) was in place and some good work was being undertaken. However, the number of prisoners on such plans was too limited, and most wing staff did not have a full understanding of, or involvement in, the approach.

3.14 There was insufficient support for victims of violence. The prison had introduced 'resident support action plans' for work with victims. These were intended to be developed in the immediate aftermath of an incident, but because of delays in meeting victims they were often put in place several weeks later, which undermined their usefulness.

3.15 The strategy for managing violence was not tailored to the needs of the population or sufficiently informed by recent data analysis. This meant that the prison had a limited understanding of the drivers of violence, but it was positive that a safety analyst had recently been appointed.

3.16 In our survey, only 37% of respondents said that the incentives or rewards in the prison encouraged them to behave well, and only 28% that they had been treated fairly by the scheme, which was far lower than at the time of the last inspection (46%). There were limited incentives at the enhanced level, and some that were in the incentives policy, such as extra gym sessions and visits, were not taking place in practice. The basic level of the scheme focused on punishment rather than interventions to improve behaviour. Behaviour improvement targets were often generic and not tailored to the specific circumstances.

Adjudications

3.17 There had been 1,048 adjudications in the last six months, which was lower than in the same period leading up to the last inspection. In the last year, 55% of cases had been proven, while 23% had been either dismissed or not proceeded with, often because of delays or procedural errors. Adjudication paperwork often showed a lack of enquiry.

3.18 The deputy governor reviewed about 10 adjudications each month and any deficiencies or areas for improvement were fed back. A quarterly adjudication standards meeting undertook a good analysis of a range of data, but there was limited follow-up of identified issues.

Use of force

3.19 There had been 428 recorded use of force incidents in the previous 12 months, which was lower than at the time of the last inspection, and they were on a downward trajectory. Most of these incidents were spontaneous and low level – for example, the use of guiding holds – and handcuffs were not used routinely. There had been no baton strikes and officers did not have incapacitant spray.

3.20 Governance of use of force was weaker than at the time of our independent review of progress in December 2019. Not all footage of incidents was viewed in the weekly use of force committee meeting documentation had not been quality assured for six months. Monthly use of force meetings to monitor trends were not held regularly. We were told that a recently appointed use of force coordinator would be quality assuring all documentation and there were plans to quality assure a further 10% at senior level, which was encouraging.

3.21 All planned incidents were subject to video recording, but too few body-worn cameras were activated to capture valuable evidence during unplanned incidents. The footage we viewed showed that some opportunities to de-escalate incidents had been missed, resulting in some unnecessary force being used. For example, a prisoner had not been given an instruction to comply with staff before a pain technique was used.

3.22 Documentation we looked at gave a good account of what had led up to an incident of force. Improvements had continued to be made in completing this paperwork, and at the time of the inspection only 21 officers' reports were incomplete and there were 'injury to prisoner' assessments for most incidents.

3.23 Training in approved use of force methods had been paused during most of the pandemic, and the prison had only one use of force instructor in post, which meant that only 51% of staff were in date with their training.

3.24 The use of special accommodation had reduced since the last inspection and had been used only once in the last 12 months.

Segregation

3.25 The segregation unit had experienced staff who displayed a very good knowledge of the prisoners in their care. We observed generally good interactions between them and prisoners on the unit. Around 200 prisoners had been segregated in the last six months, which was slightly fewer than at the time of the last inspection. Most prisoners spent around a week in the unit, but in the previous six months, four individuals had spent over a month there.

3.26 Cells were generally in reasonable condition, but they were sparsely furnished and toilets were unscreened, and some were dirty. Damage to the floors in two of the showers had put them out of use, although funds had been secured for their refurbishment. All prisoners in the unit were sharing the two other showers, which, with paint flaking off the ceiling, were also in need of refurbishment. The communal areas of the unit were kept clean. There were two exercise yards outside the unit, both of which were small, bare and cage-like.

3.27 The regime on the unit consisted of a daily shower and 30 minutes' outdoor exercise, which meant that prisoners spent over 23 hours a day locked in their cells. Prisoners were taken out to the yards individually, with no consideration given as to whether any of them could safely undertake exercise together. Recently, a PE instructor had come to the unit twice a week to offer circuit training to prisoners during their exercise period, which was positive.

3.28 Most segregation documentation was completed correctly, and processes and reviews were carried out in a timely manner. Reintegration planning took place, but was not always comprehensive.

Segregation monitoring and review group meetings provided oversight and scrutiny of the use of segregation.

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 use and effective drug supply reduction measures are in place.

3.29 Physical security arrangements were generally proportionate. The prison had identified, and was responding to, the key threats that it faced, most notably the use of drugs and alcohol. A body scanner used on all arriving prisoners had identified 96 illicit items in the previous 12 months. An 'itemiser' (a machine used to detect drugs in or on items such as paper) was used on all incoming post. Searching was generally proportionate, although all prisoners arriving in the segregation unit were strip-searched without a risk assessment being undertaken.

3.30 In the previous six months, staff had submitted 3,278 intelligence reports, which was similar to the number at the time of the last inspection. The prison had identified that reports were not coming from across the prison, including areas where there were known to be issues, and was taking steps to raise awareness of the reporting process. Reports were considered in a timely manner and, unlike at the time of the last inspection, these were tracked. There was good analysis of data, both to inform responses to known threats and identify new ones. A total of 122 targeted searches based on intelligence had been undertaken in the previous six months, and yielded a range of illicit items. At the time of the inspection, there was no backlog of search requests.

3.31 Attendance at the monthly security committee meetings was generally good and representatives from the security department attended other key forums, such as the monthly safety meeting. While there had been efforts to communicate security objectives to staff across the prison, including through noticeboard displays and email communications, few staff members that we spoke to knew what they were.

3.32 In our survey, 37% of respondents said that it was easy to get drugs in the prison, which was similar to the proportion at the time of the last inspection. Mandatory drug testing had been suspended at the beginning of the pandemic; although it had resumed in 2021, it had been suspended again after only a few months before resuming in March 2022. Results during both periods suggested lower rates of drug use than at the time of the previous inspection.

3.33 In our survey, more prisoners then in comparable prisons we have inspected recently said that it was easy to access alcohol (37% versus

17%), which supported the prison's focus on tackling the production and supply of illicitly brewed alcohol ('hooch'), but also suggested that more needed to be done to address it.

3.34 Links with the police were good and police intelligence officers worked well with the security team. There was inter-agency work to manage identified extremists. The prison was actively tackling staff corruption.

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

3.35 There had been four self-inflicted deaths since the last inspection. Actions in response to Prisons and Probation Ombudsman recommendations had been implemented and were reviewed regularly in the monthly safety meetings, to make sure that practices were embedded.

3.36 There had been 393 recorded self-harm incidents in the last 12 months. The prison was managing some complex prisoners, six of whom had accounted for 43% of self-harm incidents in the last three months. The number of recorded incidents was similar to that at other local prisons.

3.37 The prison had insufficient oversight of incidents of serious self-harm; for example, there were no records of how many incidents were serious 'near-misses', and investigations to understand the underlying causes and identify lessons learnt were not completed routinely.

3.38 The quality of assessment, care in custody and teamwork (ACCT) case management documentation was poor, with inadequate care plans to reflect the prisoner's needs, risks, triggers and support required. Some reviews were late and there were too many gaps in the completion of the required observations and summaries by officers. Most prisoners we spoke to who were on an ACCT said that interactions with staff were often cursory and that they did not feel supported or cared for. Quality assurance of documentation had failed to highlight some of the deficits that we identified.

3.39 There were also weaknesses in the case management of prisoners on constant supervision. Case reviews were often held by custodial managers, and in one case we considered that the prisoner could have benefited from senior management input because of the complexities of his risks. Case reviews were not always timely, we found a personal emergency evacuation plan that had not been completed, and daily supervisor entries in ACCT documentation were often missed. The

prison had only two constant supervision cells, one of which was located in the health care department and the other in the segregation unit. This meant that too often these prisoners were held in the segregation unit, which was not a suitable environment for those in crisis.

3.40 There had been some good action taken at the safety intervention meetings. These were held weekly, to discuss individuals on open ACCTs, and were well attended. Some additional multidisciplinary meetings had been held for more complex prisoners, to provide further support.

3.41 The local strategy to reduce self-harm had not been reviewed since 2020, and data analysis was too limited to understand its causes. However, a recently appointed analyst (see also paragraph 3.15) had begun this work. The safety meetings to discuss self-harm were well attended, but without a detailed analysis there was limited action to reduce self-harm overall.

3.42 Prisoners could call the Samaritans from their in-cell telephones, and access to Listeners was good. However, there were no Listener suites, which meant that sessions were often held in unsuitable locations, such as laundry rooms on the wings.

3.43 A safer custody hotline to enable families to report concerns about self-harm or suicide was well managed and used regularly. It was staffed during office hours, and at other times there was an answerphone, which was checked and followed up every day by the safer custody team. Alternatively, in emergencies, families could contact the main switchboard, which was staffed 24 hours a day.

Protection of adults at risk (see Glossary)

3.44 The prison had suitable links with the local safeguarding adults board, and a nominated safeguarding lead attended board meetings quarterly.

3.45 The prison's adult safeguarding policy included information about abuse and neglect, and how staff should report these. Most wing staff we spoke to were not familiar with the policy, but we were confident that they would raise any concerns they had to a manager. Referrals for identifying and discussing prisoners at risk were considered at the monthly safeguarding committee meetings; these had been paused throughout the pandemic, but had restarted recently.

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 In our survey, 75% of respondents said that staff treated them with respect, and the same proportion said that they had a member of staff they could turn to, which was similar to the situation at the time of the last inspection. We saw interactions across the prison that were generally polite, friendly and helpful. We also witnessed skilful management of some very problematic prisoners, with staff taking the time to defuse potentially difficult situations. By contrast, we also observed staff shouting prisoners' surnames across the landings, which was disrespectful. Most prisoners we spoke to were able to cite staff members who were helpful, but too often they told us of frustrations in getting things done by a staff group that was over-reliant on using the applications system, rather than dealing with prisoners' problems first hand. On several occasions, when discussing this, prisoners used the term 'HMP Tomorrow'.

4.2 We saw some low-level poor behaviour, such as vaping on landings, disregard of clothing rules and the playing of very loud music, going largely unchallenged.

4.3 The key worker scheme (see Glossary) remained suspended, except for prisoners deemed to present a high risk either to themselves or others. Contact with these individuals was organised centrally, using whichever staff were allocated that day. This prevented the provision of continuous quality support and the development of supportive relationships. In the records we saw, less than half of these sessions had taken place. Electronic case notes showed little more than enhanced welfare checks and did not provide a picture of good-quality engagement.

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 Levels of cleanliness on some of the wings were poor, notably A, C and M wings. Walls, stairways, showers and especially floors were grubby, with ingrained dirt left unattended. This was reflected in our survey, where only half of respondents said that communal areas were normally clean, which was much worse than at comparator prisons. A renewed effort was made to rectify this during the inspection, which produced a considerable improvement. External areas were generally clean and there had been a concerted effort to address the vermin issues we had found at the last inspection. However, pigeons and seagulls remained a problem, mainly due to food being thrown from cell windows.

4.5 A programme of refurbishment had led to an improvement in the quality and quantity of in-cell furniture, but there was a huge amount of graffiti in cells. We spoke to wing painters, who told us of their frustrations as the sometimes-offensive graffiti often remained visible beneath a coat of fresh paint. Curtains were in short supply and many windows had been painted over as a result, leaving cells dark and dingy. Many toilets were filthy and scaled, and those on the newer L and M wings were not designed to have either seats or lids. The availability of toilet screening varied across the site.

In-cell graffiti

In-cell toilet

4.6 Our survey results were much worse than at similar prisons in relation to the supply of clean clothes, bedding and cleaning materials. The initial issue of clothing and bedding had been reduced to just one set of clothes and one bedsheet. Staff told us of chronic shortages of prison-issue clothing, which, coupled with confusion about exchange processes, meant that some prisoners waited several weeks to obtain enough kit.

4.7 Wing laundries were available for washing personal clothing. Most of these were in working order, although the domestic machines in place often broke down because of their extensive use. Industrial-grade machines had been bought, but the prison was still waiting for them to be fitted.

4.8 In our survey, only 78% of respondents said that they could shower daily, which was much worse than at the time of the last inspection. Some of the shower rooms had undergone refurbishment and others were due to be renovated later in the year. Problems with the water supply made some shower areas unusable for days at a time, with F wing the most badly affected, often with no water at all. Remedial work was under way to address this at the time of the inspection.

4.9 Prisoners could access their stored property weekly, to exchange items and hand in property brought in through visits, by application. There was no backlog in these requests at the time of the inspection, but we were told that staff shortages often caused delays. There were delays in prisoners' property following them on from other establishments, leaving them with few clothes and personal possessions.

Residential services

4.10 In our survey, only 27% of prisoners said that the food at the prison was good or very good, which was much worse than at comparator prisons (43%). There was no formal opportunity to comment on food service, there were no comments books available at the point of service, there had been no establishment-wide food survey since 2019 and the main prisoner council had only just restarted following the pandemic. However, there were relatively few formal complaints about the food and we received few negative comments during the food services we observed.

4.11 Food was produced in a four-week menu cycle, with options including halal, healthy, vegetarian and vegan meals. Cultural and religious events were catered for, as were a range of special and medical diets, provided in consultation with the health care department. Meals continued to be served too early, at 11am and 4pm during the week. On Monday to Thursday, there was a cold lunch and a hot evening meal; this was reversed on Friday to Sunday. The meagre breakfast packs were issued on the day before consumption.

4.12 There were few opportunities to self-cater and only L wing (nominally an enhanced wing) had microwave ovens available for use.

4.13 The kitchen appeared disordered; stores were piled up in food preparation areas, and the main office was cluttered and messy. Equipment was mainly in good order and we were told that repairs were carried out within reasonable timeframes. Few kitchen workers wore the correct clothing and even fewer had undergone any food hygiene training (see paragraph 5.27). However, the kitchen was cleaned thoroughly at the end of each day and had been left in a reasonable condition when we visited during our night inspection.

4.14 Supervision of meal service was inadequate on some wings and we saw both disparities in portion size and poor behaviour. Serveries were generally clean, but some food trollies were in a very poor state, with burned-on food debris. Personal protective equipment was in short supply and we saw some prisoners cleaning on the wings and then serving food in the same clothes, often wearing trainers or flip-flops and shorts.

Food trolley

4.15 Shop orders took a week to arrive and were issued at cell doors, to prevent bullying. Shop arrangements for newly arrived prisoners were poor. Although they could buy emergency packs, they could wait up to 15 days for their first full shop order, which left them vulnerable to getting into debt. Catalogue provision was reasonable, but was sometimes affected by low staffing levels in reception, leading to delays in the issuing of goods.

Prisoner consultation, applications and redress

4.16 The monthly prisoner council had only just restarted following the relaxing of COVID-19 restrictions. There had been some wing-based consultation meetings throughout much of the pandemic, where prisoner representatives had been given the opportunity to discuss issues with wing managers.

4.17 Complaint boxes and forms were readily available across the prison. However, in our survey only 44% of respondents said that it was easy to make a complaint, which was much worse than at the time of our last inspection, 24% said that complaints were dealt with fairly and 20% said that they were responded to within seven days.

4.18 Records we reviewed showed that complaints were normally answered within allowed timescales, and the complaint responses we saw were polite and generally answered the concerns raised. Residential issues and property were routinely the main reasons for complaint, but there was no formal analysis of available data to establish the root causes.

4.19 The application system had been revised recently. We saw much confusion over this, from prisoners and staff alike, with a range of

previous versions of the application form was still in circulation. Most prisoners that we spoke to had little faith in the process. We saw a stack of unactioned applications dating back over a week on one office desk. There was no tracking system; a record of applications submitted to staff had been introduced recently, but this was yet to become embedded across the prison.

4.20 The offender management unit provided bail information to prisoners arriving from court and prepared information packs for the courts, to make sure that, where appropriate, prisoners were given every opportunity to be remanded on bail rather than in custody. It also provided and issued the recall packs for those recalled to prison following breaches of licence conditions (see also paragraph 6.13).

4.21 The library held a range of legal texts and Prison Service Instructions. Where necessary, extracts of these could be photocopied for prisoners. Access to legal visits was still subject to COVID-19 restrictions, which potentially extended the waiting times for visit slots. In our survey, only 36% of respondents said that it was easy to attend legal visits, which was far worse than at the time of the last inspection (66%). A video-link court facility was located in reception, enabling hearings at courts to take place remotely, thus reducing the need for prisoners to attend in person. This facility was also well used for face-to-face conferencing with community offender managers, and on occasion to facilitate inter-prison visits.

Equality, diversity and faith

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) and any other minority characteristics 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.

Strategic management

4.22 The strategic oversight of equality had improved, but the area was under-resourced, and the diversity and inclusion team consisted only of the senior leader and the recently introduced dedicated manager. Much of the manager's time was taken up with maintaining the action plan and investigating complaints about discrimination, which meant that some promising plans and initiatives had not been implemented.

4.23 The prison had an equality action plan, but actions and priorities were not identified in a systematic or data-driven way. The prison did not have an up-to-date needs analysis to enable it to have a better understanding of its population. In addition, it did not routinely analyse data in sufficient depth to identify disproportionate outcomes for

prisoners with protected characteristics which could have fed into strategic action planning.

4.24 Identified actions and priorities were instead drawn from the very limited consultation held with prisoners. Forums for each protected characteristic, led by a named member of the senior leadership team with responsibility for that area, were held, on average, every six months, with between only one and three prisoners in attendance. However, some useful and relevant actions came out of these meetings; for example, additional haircare and skincare items had been added to the shop list following consultation with black prisoners at the race/ethnicity forum.

4.25 A total of 83 discrimination incident report forms (DIRFs) had been received in the previous 12 months, representing a notable increase since the last inspection. The prison attributed this to its work to increase awareness of DIRFs among staff and prisoners. The quality of investigations was good, but some were not completed on time. All responses were quality assured internally by leaders, and a recent initiative saw small numbers of prisoners invited to meetings, to review redacted versions. All responses were also subject to external scrutiny.

Protected characteristics

4.26 Around a quarter of the population identified as black and minority ethnic. In our survey, this group reported broadly similar perceptions to other prisoners in most areas. However, many we spoke to from this group felt that the allocation to work activities was unfair, but because of the lack of relevant data analysis, the prison was not in a position to investigate and respond to this perception.

4.27 At the time of the inspection, there were 55 foreign national prisoners at the prison, comprising just over 10% of the population. The largest groups were Albanian (10 prisoners) and Irish (six prisoners). Support for those who did not speak English was limited; there were too few translated materials available and professional telephone interpreting services were not always used when needed.

4.28 Care for most prisoners with disabilities was reasonable. There were cells that had been adapted as required (for example, with handrails), two cells that had wet rooms, and a separate wheelchair-accessible shower on F wing. Prisoners had carers, where needed, and two trained disability orderlies on F wing helped six prisoners with a variety of daily tasks.

4.29 However, in our survey, only 21% of respondents who considered themselves to have a disability said that they were getting the support they needed. We also saw instances of the needs of prisoners with disabilities not being met. Vulnerable prisoners with mobility issues told us that that they had difficulty in accessing work opportunities, and the PE sessions held during the pandemic for prisoners who used wheelchairs had stopped since the reopening of the gym at the end of 2021.

4.30 In our survey, older prisoners reported more positive perceptions than other prisoners in a number of areas. For example, more said that staff treated them with respect (96% versus 71%). However, retired prisoners were not provided with any additional time out of cell and therefore were locked up as much as unemployed prisoners, which was poor. In addition, much of the specialised support for older prisoners had ended at the start of the pandemic and had not yet restarted – for example, the weekly sessions run by the University of the Third Age.

4.31 Arrangements for transgender prisoners were generally good and they were treated with respect by prisoners and staff.

Faith and religion

4.32 At the time of the inspection, prisoners of all faiths were able to attend corporate worship at least every five weeks, with religious education classes and smaller faith group meetings held every two weeks. However, there were credible plans to return to weekly access for all in the near future. The chapel and multi-faith room facilities were reasonable.

4.33 In our survey, many more prisoners than at similar prisons we have inspected recently said that their religious beliefs were respected (75% versus 61%), that they could speak to a chaplain of their own faith if they wanted to (74% versus 56%) and that they were able to attend religious services if they wished (76% versus 40%).

4.34 The chaplaincy provided good pastoral care and was highly regarded by prisoners. It also ran courses, such as victim awareness, conflict resolution and bereavement support, and provided pastoral support to prisoners before they were released.

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.

4.35 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 issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

4.36 Practice Plus Group delivered health services, with sub-contract arrangements for the dentist. A health needs assessment undertaken in 2019 no longer reflected the needs of the population.

4.37 Partnership working arrangements were ineffective. Local delivery and partnership boards had failed to address issues which had been apparent at the last inspection. The health care centre was still in need of refurbishment. We saw uncollected bags of clinical waste and rubbish that had accumulated in the entrance, and the waiting rooms were extremely poor environments. This had been highlighted in infection prevention and control audits and on the service risk register, and had been escalated to the partnership board on several occasions.

4.38 Despite these partnership issues, the health provider had good governance oversight and had taken steps to mitigate risk and address service shortfalls. Risks were reviewed during regular quality improvement and performance meetings.

4.39 Incidents were well reported and investigated locally, and recommendations from Prisons and Probation Ombudsman investigations had been actioned. All staff, including agency staff, had access to the incident reporting system, and such reporting was encouraged, to allow identification of issues and concerns. Regional managers had oversight of incidents, to monitor themes and share lessons learned.

4.40 The health care application process needed review, to make sure that prisoners were informed about their appointments. There was a large number of missed appointments, due to cancelled clinics and a lack of prison staff to escort prisoners to the health care centre. Officers did not routinely give out appointment slips. However, during the inspection health care staff reviewed this process and agreed to take slips to the wings, to ensure their timely delivery.

4.41 The prison struggled to enable health services to run, and ineffective communication was leading to considerable prisoner frustration. Despite some health care forums taking place in 2021, managers acknowledged the need to improve communication with prisoners.

4.42 Around half of health care staff were agency or bank staff, which created risk and instability. However, dedicated staff demonstrated a commitment to the service, and the provider was taking all available steps to recruit substantive staff. Most staff told us that they felt supported and could see that improvements were being made, but some individual teams felt less well supported. Supervision arrangements were in place, which agency and bank staff could access.

4.43 There was an audit schedule, but this was currently under review after managers identified that audit findings were not consistent with patient feedback. A recent infection prevention and control audit had highlighted that clinic rooms did not meet infection prevention standards consistently. The issue was highlighted on the service risk register and mitigating actions were taken where possible.

4.44 There was a confidential health complaints process. Complaints were well managed and themes identified, and these fed into the service

action plan. Issues raised in complaints reflected prisoner frustration with access to health care services.

Promoting health and well-being

4.45 There was no active, whole-prison approach to health promotion because of the constraints of the pandemic, with little cross-department working and an absence of health champions to support and promote health care among peers. However, health care resources had been targeted towards priority risk areas. The reception process was used to promote vaccination and immunisation programmes, which had resulted in an improvement in the identification of clinical risk and in access to treatment. The prison had successfully managed several sustained COVID-19 outbreaks, and staff were keen to further develop a broader health promotion offer to prisoners.

Primary care and inpatient services

4.46 Reception and screening processes had been strengthened to make sure that clinical risk was prioritised. Advanced nurse practitioners saw all new arrivals, to ensure continuity of their prescribed medications before a GP review. Immediate needs were identified, with appropriate onward referrals. Secondary health screening was generally completed within seven days.

4.47 Waiting times for most primary care services were acceptable and the range of services offered were appropriate to need. However, too many appointments were unattended, which resulted in wasted clinical time, and prisoners' perceptions of both the access to and quality of health care services were poor.

4.48 GP clinics ran every weekday and prisoners could access emergency care promptly. There was no waiting list to see the GP, and the next routine appointments were available within one week. Primary care nursing cover was available 24 hours a day, but the absence of effective clinical leadership, staff shortages and a lack of escorting officers resulted in an ad hoc clinic schedule and a reactive service, with regular cancellations. All treatments were delivered in the health care centre.

4.49 The management of those with long-term conditions was irregular, and care plans were not completed routinely. A long-term condition nurse was due to start imminently, and care plan training was scheduled for all staff. There was a policy to support the transfer of prisoners with palliative care needs to an alternative prison with better facilities to meet these. Other discharge arrangements were suitable.

4.50 A visiting podiatrist, physiotherapist and sexual health nurse attended the prison regularly. However, access to clinical space was limited and meant that some appointments were delivered in rooms without a couch, for example. An optician delivered regular clinics, but waiting times for some prisoners had exceeded 38 weeks, which was unacceptable.

4.51 External hospital appointments were well managed, with low cancellation rates. When cancellations occurred, clinical staff made sure that prisoners were rebooked and prioritised according to clinical need.

4.52 There was a policy for clinical and prison staff to work together to run the inpatient unit. The team provided good-quality care to prisoners residing on the unit, but staff shortages led to a restricted regime there, with limited activities to support their well-being. The inpatient environment was inadequate and some cells were in a poor condition, even though we had highlighted this at the previous inspection.

Social care

4.53 Social care arrangements had improved since the last inspection. There was now an up-to-date memorandum of understanding outlining how prisoners could access a social care package (see Glossary). A designated social care provider delivered personal care, and prisoners we spoke to who received this were complimentary about their care. The prison had a designated single point of contact and logged all referrals and their outcomes. However, peer support workers were not sufficiently well trained or supervised. In addition, prisoners with extensive care needs (needing more than two visits a day) could not be accommodated on-site. We saw the records of one prisoner who had been unable to return to the establishment from hospital because of care support needs that could not met.

Mental health care

4.54 Mental health services were provided by Practice Plus Group, which had introduced a new model for the early days in custody, whereby all prisoners were now screened by a mental health professional on arrival. This had improved the immediate identification of mental health needs.

4.55 Staff retention was problematic, with five nurse vacancies and one of the substantive staff members being a general nurse. Despite this, the backlog of initial assessments created by the ongoing staff shortage was being resolved, with the longest wait now being three weeks.

4.56 No officers had accessed mental health awareness training recently, except for segregation unit staff, although there had been some limited training covering emotional distress and agitation.

4.57 In our survey, 69% of respondents said that they had a mental health need. There were weekly allocation and complex case reviews, which worked well. A new service manager had been recruited to coordinate and integrate all aspects of care. Approximately 145 referrals per month were being received. Staff shortages, a lack of prison officer escorts and COVID-19 restrictions had had an impact on the team's ability to provide a full range of mental health care, and only 11% of respondents to our survey said that it was easy to see a mental health worker.

4.58 Staffing gaps were filled with agency staff, and by bringing in staff from other areas to reduce the backlog and facilitate the new early days model (see above). A skill mix review and model adjustments had been agreed, to improve patient access. Group work was not currently offered; this meant that all interventions were one to one, which was resource intensive but addressed most need. The psychologist offered supervision to staff, but records were inconsistent, so we were unable to assess this.

4.59 The health records we reviewed were of a reasonable standard. Assessments, care plans and risk assessments were in place. The care programme approach was used for those with a severe and enduring mental health diagnosis. External health records were requested when a prisoner arrived without any clear history or medications. There were arrangements for those whose release, court appearance or transfer were planned.

4.60 There was good access to a consultant psychiatrist, with a three- to six-week wait, depending on need. It was not clear whether responsibility for medication reviews lay with the GP or the consultant psychiatrist, and this needed to be made more transparent. This had led to legitimate prisoner frustration when medicines had occasionally been stopped or curtailed without consultation or explanation. The mental health service manager knew of this concern and had plans to resolve it.

4.61 Initial assessment, care in custody and teamwork (ACCT) case management reviews were attended by mental health practitioners, and the newly implemented duty worker role would make sure that this continued.

4.62 Transfers under the Mental Health Act did not always take place within the national guidelines, but all those waiting for a transfer were monitored closely by mental health staff, in partnership with the health commissioners.

Substance misuse treatment

4.63 Substance misuse services were provided by Practice Plus Group. These had proved resilient and the team worked well with other departments, responding to security referrals and contributing to the prison drug strategy, although meetings of this group had waned because of the pandemic, staff shortages and other pressures.

4.64 There was no recent needs assessment, and this needed to be revisited to make sure that the service met future demands. Prisoners arriving at the establishment received a thorough screening and had access to specialist substance misuse practitioners, who could retrieve NHS summary care records to ensure continuity of care. Any new arrivals who were drug and/or alcohol dependent were housed on the stabilisation unit and received additional monitoring and access to first night prescribing, which was flexible and reflected individual need.

4.65 There were several vacancies in the clinical treatment team filled by agency workers, with leadership delivered by a primary care advanced nurse practitioner and specialist GP, but generally cover was meeting need. A clear referral pathway had been established, with the clinical and psychosocial teams working collaboratively to offer harm minimisation advice, deliver individual support and complete regular joint reviews. At the time of the inspection, there were 52 patients in receipt of opiate substitution treatment and 160 supported by the psychosocial team. Facilities on the wings were poor and we were told that, although joint reviews took place, these could be rushed and were not always conducive to prisoners' well-being, sometimes being held in communal wing areas or cramped, untidy interview rooms.

4.66 Service user feedback was sought, but was not undertaken systematically, and because of pandemic constraints there was little opportunity to develop peer mentors. Records we reviewed showed regular individualised support and interventions being provided, but the quality of care plans was variable. Psychosocial support workers delivered a range of interventions, and each had a caseload of about 20. There were some limits to the interventions that were available, some of which had been imposed by Practice Plus Group, including curtailment of group work. Although there were plans to deliver groups and reintroduce peer working, the timescales for these to occur were not clear. Mutual aid via Alcoholics Anonymous and Cocaine Anonymous had taken place through correspondence and via telephone, but full meetings were due to reconvene in the month after the inspection. Discharge planning was effective, with good links to local community services. Naloxone training (to reverse the effects of opiates) and general service information was provided before release.

Medicines optimisation and pharmacy services

4.67 As a result of staff vacancies, pharmacy staff were required to cover both dispensary duties and medicines administration on the wings, which was limiting opportunities to improve medicine optimisation services. In-possession risk assessments were undertaken, supported by a limited number of cell checks to confirm that prisoners complied with their medication regime. However, there was a lack of oversight to provide assurance that in-possession risk assessments and cell checks were undertaken in a timely manner.

4.68 Pharmacy technicians and nurses administered medicines from the wings three times a day. Staff spoke to prisoners who did not take their medicines, and escalated concerns. Confidentiality during medicines administration was limited and there was inconsistent queue supervision on a number of wings, which increased the risk of diversion.

4.69 Prescribing and administration were recorded on SystmOne (the electronic clinical record). Pharmacists reviewed all medicines clinically before they were dispensed on-site. One pharmacist had just started a weekly clinic with a focus on mental health, and a general pharmacy-led clinic was planned, although with no imminent start date.

4.70 Prisoners had had access to medicines without the need to see a doctor, through a minor ailment policy and patient group directions (PGDs), which authorise appropriate health care professionals to supply and administer prescription-only medicine. While local policies and PGDs were available and used by staff, there was a lack of oversight of these processes. For example, a new member of staff was working under the minor ailments policy following limited training and supervision; only one nurse was named on the printed PGDs; and staff described how they could access two different versions of the PGDs. There were processes to make sure that medicines were available out of hours, and for transfer, release and court appearances.

4.71 Governance of medicines was inadequate. The pharmacy technicians had no access to supervision, and the available data and incident reports indicated that processes were not always effective and could result in medicine shortages. Staff told us that decisions concerning the formulary (the list of medications used to inform prescribing) were made at a service medicines and therapeutics meeting. However, pharmacy staff did not attend this and minutes were not circulated, which meant that the effectiveness of this meeting was limited.

Dental services and oral health

4.72 Dental services were delivered by Time For Teeth, which had continued to offer access to a full range of treatments during the recent localised COVID-19 outbreaks. The small team was committed, flexible and enthusiastic, providing six sessions every week. Governance was sound. Facilities were appropriate and clean. Equipment was fully maintained and all safety certificates were up to date.

4.73 Waiting times were short and the dentist undertook some triage on the wings when regime restrictions curtailed access to the health centre. On two afternoons during the inspection, prison staff struggled to get any prisoners to clinics because of a lack of staff, which was wasteful of clinical time.

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 activities which support their rehabilitation.

5.1 In our roll checks, around 50% of the population were locked up, and many told us of tedious days on end with nothing to do. The prison operated a split regime, with off-wing work allocated either in the morning or afternoon only. This meant that only 15% of the population were engaged in off-wing work at any one time, with around a further 11% employed in wing-related activities, such as cleaning or working on the servery.

5.2 The amount of time unlocked for working prisoners was around four hours a day during the week, which included 45 minutes of 'domestic' time (for showers, cell cleaning, making applications and so on) and up to 45 minutes' exercise on the exercise yards. For others, however, this was much less, at around two hours a day for most and only one hour for those on the reverse cohort units (see Glossary). At weekends, all prisoners could expect to be unlocked for just 90 minutes a day, which was poor.

SOS message

5.3 The prison moved out of COVID-19 regime restrictions during the inspection and planned to move to a new regime in the week after. We were concerned at how poor the offer was, with the split regime and wing 'bubbles' remaining. This meant that time unlocked for the many unemployed on weekdays would remain at a maximum of around two hours a day.

5.4 The library provided a good service, with a wide range of books and DVDs. However, access was limited as it was only open four days a week and just eight prisoners from a wing could attend at any one time, in an allocated weekly slot. Although there were some books in languages other than English, these did not reflect the languages spoken by the prison population.

5.5 The library had continued to run Storybook Dads (an initiative which enables prisoners to record stories for their children) during the pandemic for a small number of prisoners, and three or four prisoners a month were currently taking part. Support for those who could not read was limited, although at the time of the inspection two prisoners were taking part in a pilot project, whereby they were learning to read using DVDs provided by the Shannon Trust (which provides peer-mentored reading plan resources and training to prisons).

5.6 Most prisoners could access the gym at least once a week, including at weekends. However, there were few activities available, other than the use of gym equipment. The outdoor sports pitch was not currently in use and adaptations previously made to the sports hall meant that it could not be used for other team games or sports.

5.7 A twinning project with Brighton and Hove Albion Football Club started during the inspection. Twelve prisoners were on the course, which would lead to a qualification in sports coaching. No other PE qualifications were offered at the time of the inspection (see also paragraph 5.15).

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.

5.8 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: Inadequate

5.9 The process to allocate prisoners to education, skills and work activities was inefficient. Leaders did not make sure that classroom, training and workshop spaces were used to meet fully the needs of the population. For example, staff allocated prisoners to work roles for which they did not have suitable skills or qualifications. Although there were long prisoner waiting lists for most subjects, many classroom spaces had not been filled. Approximately half of the prison population was unemployed.

5.10 Despite studying on only a part-time basis, in too many cases prisoners left lessons early or arrived late because they needed to attend appointments, such as with the health care department. As a

consequence, they lost opportunities to practise new skills and develop a readiness for working life.

5.11 The prison did not have enough activity spaces for the entire population. In particular, this affected the many prisoners who only had the opportunity to study in the afternoons because of the nature of the prison regime.

5.12 There had been a substantial number of staff vacancies, which had caused instability and had had a negative impact on leaders' ability to offer a full curriculum. At the time of the inspection, leaders had managed to fill some key vacancies, but had not recruited successfully to important staff and managerial roles in work and vocational areas.

5.13 Leaders had not rectified the deficiencies found at the previous inspection, with none of the recommendations achieved. 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 teaching and training that prisoners received. The actions that leaders set focused too closely on the completion of processes, rather than on measuring the impact of their actions.

5.14 The prison's pay policy did not incentivise prisoners to enrol on education courses such as mathematics and English. Although leaders had advanced plans to introduce a revised policy with better pay rates for those who wanted to study, this new policy had not been implemented at the time of the inspection. As a result, prisoners preferred to undertake menial work roles rather than study, as they earned more money by doing so.

5.15 Leaders did not provide enough opportunities for prisoners in workshops or industries to gain accredited qualifications. There were only very limited opportunities for prisoners to study towards qualifications in the gym (see also paragraph 5.7).

5.16 Prisoners faced long delays before they completed an induction to education, skills and work. They did not know quickly enough about the work or study opportunities available at the prison. The information that they received in induction sessions did not focus closely enough on their individual needs and aspirations, or the length of their stay at the prison. Managers had not made sure that the induction process met the needs of prisoners who spoke little English.

5.17 The provision of careers information, advice and guidance (CIAG) was too limited because it did not reach enough prisoners. As a result, too many had not received any help with their next steps, or future career goals. When CIAG was available, staff offered effective one-to-one support sessions.

5.18 Leaders had not developed sufficient links with external employers, to support prisoners both in prison and after release. Leaders were aware of this and had developed plans to work with more employers. The

small number of prisoners who studied health and safety in construction benefited from positive links to construction employers.

5.19 Leaders had not established opportunities for prisoners to undertake work or learning opportunities via release on temporary licence.

5.20 Education managers had focused closely on staff development. Teachers took part in useful training activities that improved their classroom practice. For example, they developed their ability to help prisoners with learning difficulties and/or disabilities (LDD). Education managers were both rigorous and supportive during quality assurance activities. They had useful professional discussions with teachers, at which they focused closely on strategies to improve teaching performance.

5.21 Most teachers and trainers had appropriate qualifications. Those that taught education classes were particularly well qualified. A few vocational teachers lacked the same level of expertise in their subject areas.

5.22 Prison and education leaders had devised a curriculum that met the needs of the prison population. For example, they had used local employment information to make sure that there was an appropriate focus on industries such as catering and construction.

5.23 In education classes, managers had made useful adaptations to the curriculum to support prisoners with low levels of knowledge in English and mathematics, mental health issues or little formal experience of education. Teachers used project-based activities to develop the confidence of the few prisoners attending, while also introducing them to basic English and mathematical concepts.

5.24 Teachers sequenced well the topics that they taught. For example, catering teachers in the prison's staff mess first developed prisoners' knowledge of food safety and basic food preparation. They made sure that prisoners had grasped these fundamental requirements before they learned about more complex cooking and barista skills.

5.25 Education-based teachers used assessment well to assess prisoners' progress and to plan future teaching sessions. They asked probing questions and provided helpful feedback, which helped prisoners to gain a deeper knowledge of topics that they studied. Teachers also provided ample opportunities for prisoners to practise the knowledge and skills that they had gained. For example, they supported those who studied English for speakers of other languages (ESOL) to practise their pronunciation effectively.

5.26 Education leaders had recently reintroduced a peer mentoring course. Trainee peer mentors worked well with teachers to support prisoners. They were highly motivated and enthusiastic about their new roles.

5.27 Too many vocational teachers and instructors did not plan curriculums that enabled prisoners to develop substantial new knowledge or skills

that were important for their job roles. For example, most of the prisoners who worked in the kitchen or on the serveries did not complete basic training or qualifications to provide them with knowledge of handling food safely, despite this qualification being available in the prison (see also paragraph 4.13).

5.28 Vocational teachers and instructors did not use assessment effectively. They did not assess prisoners' starting points sufficiently well, and set tasks for prisoners which were not challenging enough. These teachers and instructors gave prisoners feedback that was unhelpful and unsupportive.

5.29 Prisoners who worked in roles on the wings were too often under-occupied. They completed tasks quickly, then spent the rest of their working hours chatting to peers or wing staff. Staff did not allocate prisoners to wing orderly roles effectively. As a result, prisoners in orderly roles had lower levels of skill, knowledge and experience than those in roles with less responsibility.

5.30 Prisoners who studied subjects such as English, mathematics, information and communications technology, and ESOL developed substantial new knowledge and skills. However, too few completed accredited qualifications in these subjects because they left the prison before their final assessments. Those who remained at the prison passed qualifications in these subjects at high rates. Too few passed qualifications in food safety.

5.31 The standards of practical work that prisoners produced were too low. Although the few prisoners who worked in the staff mess produced high-quality practical work, the work of those in the kitchen or on the wings did not meet industry standards.

5.32 The small number of prisoners who studied via distance learning rightly valued the support that prison and education staff gave them. This helped them to complete assignments successfully. However, they could not access all of their course resources or type up assignments because they did not have sufficient access to information technology equipment, or to the virtual campus (internet access for prisoners to community education, training and employment opportunities).

5.33 Education teachers had a thorough understanding of the individual needs of prisoners with LDD. They supported these prisoners well – for example, through effective classroom strategies to help those with attention-deficit hyperactivity disorder. Teachers and instructors in work and vocational training did not have the same thorough knowledge of prisoners' LDD needs.

5.34 Education leaders and teachers provided an effective personal development curriculum. Prisoners discussed social issues, values of tolerance and respect, and positive attitudes during lessons. Teachers were also responsive to the need to develop prisoners' character and confidence for learning, which helped to ease reticent individuals into their studies. In work and vocational training, however, teachers and

instructors did not provide the same opportunities to meet prisoners' personal development needs.

5.35 Prisoners' attendance and punctuality at work and education sessions were not good enough. Too many arrived late to sessions because of delays to unlocking. Attendance was high in areas such as the staff mess, but too low in education classes.

5.36 Most prisoners were well behaved during lessons and in their work areas. They prepared themselves for education and work activities promptly on arrival at workshops and classrooms, and showed respectful attitudes towards one another. A minority used inappropriate language when they referred to their peers, or broke rules unchallenged – for example, by vaping in areas where this was not allowed (see also paragraph 4.2).

5.37 Although most prisoners who were not allocated to any education, skills or work activities continued to apply for jobs and education courses, a large number had become demotivated because they did not believe they would get a place on a course or a job, or because they did not know enough about the opportunities that were available.

5.38 Prisoners felt safe while they studied and worked, and knew how to report any concerns.

Section 6 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.

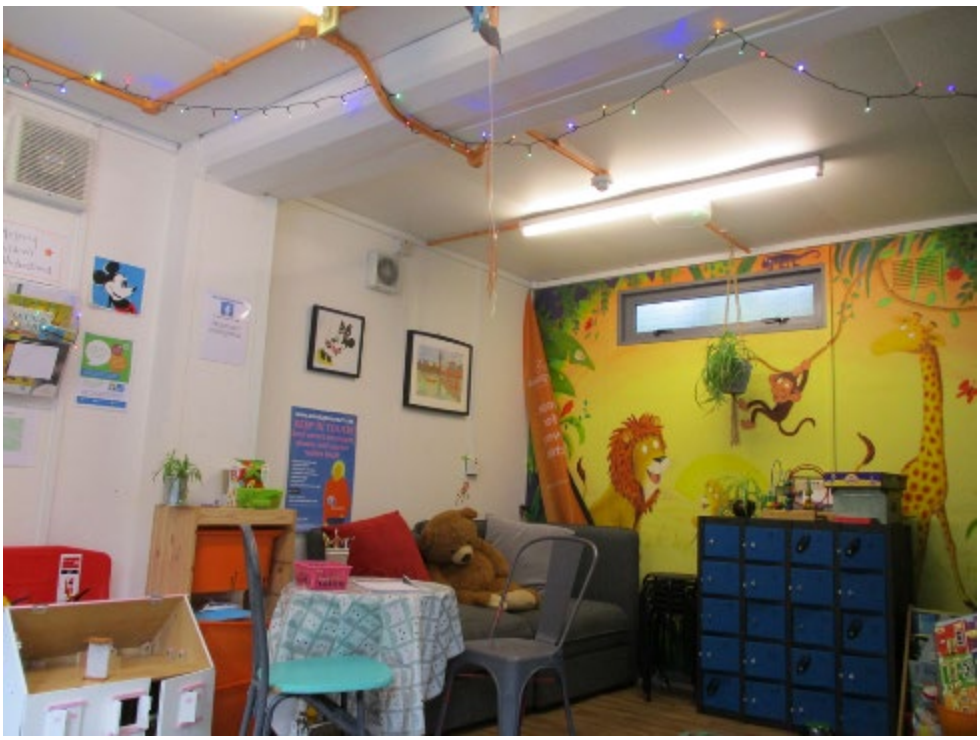
Children and families and contact with the outside world

Expected outcomes: The prison 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 The family support provider delivered a good service. Staff offered a wide range of valuable help and interventions both to prisoners and their families, and had remained active, adapting their approach creatively, throughout the COVID-19 restrictions. Some non-accredited self-study courses were on offer to help prisoners develop their skills in areas such as parenting babies and teens; strengthening families ties; relationships and personal growth. Since the onset of the pandemic, about 790 of these study packs had been completed, as well as a wide range of activity packs to encourage and improve communication between prisoners and their families. The team carried out one-to-one case work, including helping prisoners with complex issues – for example, by liaising with children's services for ongoing child protection hearings. Staff had set up a social media platform to enable greater communication with families, and family days were due to resume in the coming weeks.

6.2 The visitors centre was run by the family support service and, although small, was a warm and welcoming environment to greet families, answer queries and offer support. The relaxing of COVID-19 restrictions had improved the overall quality of the visits experience considerably, both for prisoners and their families. The café had reopened, children could now use the play area and physical contact was allowed.

6.3 There were two visit halls. One was a small, stark space serviced by a lift. It was used for those with mobility issues (as well as for legal visits) and had basic baby changing facilities but no toilets. The main hall was larger, clean and pleasant, featuring a well-resourced play area for younger children, but there were still no toilets or baby changing facilities available there.



Visitors centre

Main visits hall play area

6.4 Prisoners could have two social visits per month, each lasting one and a half hours, regardless of their sentencing status, which was particularly unfair for those on remand, who were entitled to more. Visits ran seven days a week and were organised in 'bubbles' by wing, on a rota basis. Some prisoners, depending on their wing and when they booked their visits, were not always able to use their full

entitlement, but arrangements were due to change imminently, which would address this.

6.5 Prisoners now had in-cell telephones, which was positive, but they could only use them for up to two hours a day. The 'email a prisoner' scheme was an efficient and valued means for prisoners to keep in touch with their families and friends. Secure video calling (see Glossary) was less popular, and only about 60% of available slots were used. There continued to be some delays with prisoners receiving their postal mail.

Reducing risk, rehabilitation and progression

Expected outcomes: Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

6.6 The establishment was both a reception and resettlement prison, and the turnover of arrivals and releases was high. It held a diverse and complex population of unsentenced (30%) and sentenced prisoners, including lifers, recalled prisoners, those convicted of sexual offences and immigration detainees.

6.7 Oversight of reducing reoffending work had improved in some key areas, but there was still more to be done. Meetings now took place regularly, and while prison-wide attendance was sometimes variable, it enabled useful sharing of information and some action planning across areas pertinent to effective resettlement.

6.8 There was an up-to-date strategy, illustrating a clear and realistic vision to improve outcomes for prisoners across all pathways out of offending, but it was undermined by the lack of a comprehensive and up-to-date needs analysis. More frequent and dynamic use of data to keep abreast of, and plan for, the changing needs of the population was lacking, but there were well-formulated plans which would generally address this deficit.

6.9 Most convicted prisoners (83%) were serving sentences of over one year, of which 43% were serving long sentences of four years or more. Staffing capacity was an ongoing challenge in some important areas key to the core function of the offender management unit (OMU). Case managers were operating at just over half of their capacity and recruitment into the four vacant posts remained difficult. Although operational prison offender managers (POMs) were often redeployed to undertake other duties (see below), some reasonably good work to progress prisoners in their sentence was taking place.

6.10 Nearly all eligible prisoners had an initial assessment of their risk and needs, and 82% had had some form of review in the last 12 months. From the sample we reviewed, all but one had a sentence plan, and

nearly all of these were relevant and of a sufficiently good standard – better than we usually see.

6.11 In our survey, 76% of respondents who had a custody plan said that they knew what they needed to do to achieve their objectives. In our discussions with prisoners, they reported generally positively about the support and interaction they had with their offender managers. However, key work (see Glossary) to help with sentence progression was not taking place, leaving offender managers carrying out tasks that could otherwise have been undertaken by key workers (see also paragraph 4.3).

6.12 The frequency, and particularly quality, of contact between probation-employed POMs and prisoners had improved since the last inspection and was some of the best we had seen recently. The OMU was up to full strength, in terms of probation-employed POM capacity. For those working full time, they held about 40–45 cases each, which was low by general standards in the closed male estate. The senior probation officer had introduced the use of the CRISSA (Check in; Review; Intervention; Summarise; Set and agree tasks; Appointment) model to enable structured and meaningful contact between offender managers and prisoners. However, the frequent redeployment of operational POMs for between 25 and 80 hours a month, often at short notice, meant that their time was taken away from offender management work, resulting in contact with prisoners often being reactive and task driven.

6.13 A bail information officer provided valuable support and worked hard to triage those who were potentially eligible to apply for bail. Given that about 30% of the population was on remand, this was an extremely useful resource (see also paragraph 4.20).

6.14 The prison held 69 prisoners serving life or indeterminate sentences. Some of these had been recalled and were waiting for a parole board decision before they could move on. They were allocated appropriately to probation-employed POMs, but there was little specific provision for this group and no support for those on remand who were likely to receive a life sentence.

6.15 The prison did not use release on temporary licence (ROTL) to help prisoners with their rehabilitation, but in the last six months one had been released on special purpose licence ROTL (see Glossary) because of terminal illness.

6.16 Arrangements to assess those eligible for home detention curfew were timely. However, difficulties beyond the prison's control, such as long waits to verify suitable addresses and the lack of both provision and affordability of Bail Accommodation and Support Service accommodation, meant that too many of those confirmed as eligible were not released on time. In the last 12 months, 45 prisoners had been released beyond their eligibility date, the longest having waited about 51 days; at the time of the inspection, 11 prisoners were waiting beyond their eligibility date, the longest for 97 days.

Public protection

6.17 About 40% of sentenced prisoners were assessed as presenting a high/very high risk of harm to others. The monthly risk management meeting considered these prisoners, as well as those who were subject to multi-agency public protection arrangements (MAPPA), in reasonable time, usually at one and three months before their release. However, attendance at these meetings was limited and not interdepartmental.

6.18 Risk management arrangements were appropriate, including the sharing of information between POMs and community offender managers (COMs), and confirmation of MAPPA management levels, but were not always timely. Enduring shortages of community probation officers across the London area particularly added to this challenge.

6.19 The quality of most risk management plans was fairly good. Where COMs had requested input into MAPPA meetings, the content of MAPPA F reports (the prison's contribution to these meetings) was reasonable. They were thorough and informative, and countersigned by an appropriate manager, but not all were dated and some lacked analysis of the breadth of information they contained.

6.20 On arrival, prisoners were screened appropriately for public protection concerns and those needing monitoring arrangements were identified. At the time of the inspection, there were 212 such prisoners. Twelve of these were subject to 'high' monitoring, which meant that they were prioritised based on their high risk and should have had their calls listened to daily, with no delays, and their mail read. However, because of staff shortages, there were delays in monitoring their calls, in some cases in excess of two months. The other 200 prisoners were categorised as 'low' level. While their mail was screened appropriately, they too should also have been subject to some form of telephone monitoring, but they were not. For both of these cohorts, the prison did not know what the prisoners had been saying in their calls, or the potential risks they posed.

6.21 Monitoring arrangements for too many rolled on without appropriate or informed authorisation, and those categorised as 'low' level who were having their mail monitored might not have needed this to have continued for as long.

Categorisation and transfers

6.22 Initial categorisations were mostly completed on time and recategorisation reviews, which were now digitalised, were up to date.

6.23 In the last 12 months, 11 prisoners had moved to open conditions and 120 of those convicted of sexual offences had been transferred to other prisons to help their progression. However, timely transfers were often hampered, mainly because of a lack of availability of transport and, in some cases, ability to provide moves for single prisoners. Other delays were attributed to limitations on the acceptance criteria at other prisons,

COVID-19 restrictions and the lack of available spaces. At the time of the inspection, nine prisoners were due to transfer to a category D prison, the longest having waited 11 months, and 21 prisoners convicted of a sexual offence were waiting to move, the longest having waited eight months.

Interventions

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

6.24 The prison had undertaken some good work recently to begin to understand the potential treatment needs of the population, but more work needed to be done to understand the actual need, to plan for and sequence prisoners' sentence progression appropriately.

6.25 Although Lewes was not a training prison, it offered the accredited Thinking Skills Programme (TSP; designed to help prisoners develop cognitive skills to manage their risks). As with the rest of the prison estate during the COVID-19 restrictions, the curtailment of offending behaviour programme delivery meant that some who needed to move to other prisons to undertake treatment inventions had not been able to. However, limited one-to-one work had taken place and TSP group work for a larger number of prisoners was due to restart in June 2022.

6.26 The chaplaincy had resumed delivery of non-accredited courses, including the Sycamore Tree programme (a volunteer-led victim awareness programme), and 16 prisoners had completed it since October 2021. There were established plans to roll this out to more prisoners over the coming year, and also the delivery of some non-accredited courses in subjects such as victim awareness.

6.27 In our survey, 57% of respondents who were expecting to be released in the next three months said that they needed help sorting out their finances and only 21% said that anyone was helping them to do this. The on-site pre-release team offered basic support to some sentenced prisoners assessed as presenting a low or medium risk of harm, such as sending out debt management packs; arranging telephone calls to creditors; and help with applying for bank accounts and duplicate birth certificates. However, there was no longer any support for those needing specialist debt advice.

6.28 Department for Work and Pensions staff had returned on-site in October 2021 and now provided face-to-face support for setting up initial benefits claim appointments on release.

Release planning

Expected outcomes: The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

6.29 The demand for resettlement help was high, with an average of nearly 100 prisoners being released each month. Many prisoners leaving the establishment had been there for only a very short time, which added to the challenges of timely and effective release planning.

6.30 Resettlement planning arrangements were still in transition following the unification of probation services, and the full delivery model was not yet fully operational.

6.31 The on-site pre-release team was operating at reduced capacity, but, along with POMs, worked hard to capture the resettlement needs of prisoners soon after their arrival. Prisoners' assessed risk of harm, release area and sentencing status determined who was responsible for their support needs. This left gaps for some, in particular for those on remand, for whom there was no dedicated resettlement support.

6.32 The pre-release team could now only work with prisoners assessed as presenting a low or medium risk of harm. Those assessed as presenting a high/very high risk of harm were the responsibility of the COM. Despite efforts from staff resulting in some good outcomes for all prisoners, resettlement planning arrangements were not always in place soon enough to make sure that needs could be addressed adequately.

6.33 Interventions Alliance offered accommodation support on only two mornings a week for those being released to the Kent, Surrey and Sussex area. For all other prisoners, housing needs were the responsibility of the COM. Prison data showed that only about 65% of sentenced prisoners left with accommodation to go to on their first night of release.

6.34 Accommodation in the local area was provided as part of the Community Accommodation Service Tier 3 pilot programme to reduce homelessness among prison leavers; this was a good initiative and had provided valuable help for some since its inception.

6.35 The induction and pre-release centre had reopened, enabling prisoners to see a range of resettlement support staff in-person, for help with practical resettlement arrangements before their release.

6.36 The pre-release team had developed comprehensive discharge packs, offering a range of useful information, tailored according to prisoners' release areas. Discharge arrangements were adequate, although at the time of the inspection there were no discreet holdalls available to give to prisoners for carrying their belongings.

Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

Priority concerns

1. **Staff shortfalls in many areas had slowed progress in achieving better outcomes for prisoners.** The difficulties in recruiting and retaining staff at all levels were having an impact on the delivery of services throughout the prison.

2. **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.

3. **Areas of the prison were unacceptably dirty.** Cleaning standards and routines were inconsistent across the prison. Some communal areas were grubby. Many cells contained graffiti and toilets were filthy.

4. **Patient care was deficient because of ineffective partnership arrangements.** Services to patients were being negatively affected by poor communication with prisoners, reduced nurse staffing levels and inconsistent prisoner escort arrangements. Health care environments had not improved.

5. **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. Access to the open air remained too limited, at only 45 minutes a day, and the weekend routine was poor.

6. **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.

Key concerns

7. **The prison had a limited understanding of the current drivers of violence 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.

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

9. **Prisoners had insufficient clothing and bedding.** They were not given enough kit on arrival and subsequent arrangements to make sure that they had enough clothing and bedding were poor.

10. **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.

11. **Prisoners with serious mental health problems waited too long before being transferred to hospital.** Transfers under the Mental Health Act did not always occur within the national guidelines. This meant that access to urgent care and treatment for acutely unwell prisoners was delayed.

12. **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.

13. **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.

14. **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.

15. **Monitoring arrangements for those with public protection concerns were not fully effective.** Prisoners' telephone calls were not listened to when they should have been; arrangements for too many

rolled on without appropriate authorisation, and those who were having their mail monitored might not have needed this for so long.

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, arrival and first night procedures were generally good, but induction was weak. The prison was relatively calm and levels of violence were similar to those at the previous inspection. However, many incidents were serious and the management of violence reduction work was not sufficiently rigorous or strategic. Use of force was high; management scrutiny of incidents had improved, and documents and recordings showed that force was generally proportionate. The segregation unit was managed reasonably well but cells were in a poor state. There had been some improvements to security, but aspects of procedural security were not sufficiently robust. Efforts to reduce the supply of drugs were undermined by lack of use of technology. Self-harm was high and there had been five self-inflicted deaths since the previous inspection. Management processes for at-risk prisoners remained weak, and not enough Prisons and Probation Ombudsman (PPO) recommendations had been achieved. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The prison should develop a comprehensive violence reduction action plan, which is driven forward by a sufficiently resourced safer custody team and regularly monitored to establish its effectiveness. (S39)
Achieved

The prison should implement a strategy to reduce self-harm, which is based on a robust analysis of self-harm data and delivers consistently good care for prisoners at risk of self-harm through multidisciplinary assessment, care in custody and teamwork (ACCT) case management. (S40)
Not achieved

Recommendations

Prisoners should receive a prompt and comprehensive induction that allows them to understand life in prison. (1.7)
Not achieved

Adjudication hearings should be held promptly, and police referrals should be actively followed up. (1.20)
Achieved

Managers should investigate why use of force has increased so substantially and take action to address the findings. (1.26)
No longer relevant

Rigorous governance of use of force should ensure that documentation is completed promptly and thoroughly, and that all planned incidents are recorded. (1.27)
Partially achieved

Segregation accommodation should be clean and free from graffiti. (1.33)
Achieved

All segregation cells should have sufficient privacy screening for toilet areas. (1.34)
Not achieved

At-risk prisoners on assessment, care in custody and teamwork (ACCT) case management who spend lengthy periods in segregation should be regularly reviewed to ensure that segregation remains the most suitable location for them. This review should be clearly documented and justified as part of the ACCT management system. (1.35)
Achieved

The security department should share security objectives across prison departments and monitor these for effectiveness. (1.42)
Not achieved

Measures to identify and control drug supply, including suspicion testing and use of technology, should be implemented systematically. (1.43)
Achieved

Serious incidents of self-harm should be promptly investigated and lessons learned should be widely disseminated among staff. (1.51)
Not achieved

Constant observation cells should allow clear sight of the prisoner at all times, and should not be located in the segregation unit. (1.52)
Partially achieved

All staff should receive training on and be familiar with the policy and principles of adult safeguarding. (1.55)
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, staff–prisoner relationships were reasonably good, but staff were too passive in their management of prisoners. The newer parts of the prison were generally clean, but the older units were not, and some cells were in a poor state, including graffiti and ingrained dirt. Prisoner consultation was reasonable. The applications system was not effective. Responses to complaints addressed the issues raised but were often late. Equality and diversity work had been improving but was still weak. Faith provision was very good. There were substantial weaknesses in health provision, especially mental health and nurse-led primary care. Substance misuse services were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Health governance structures should be robust enough to identify and effectively address key risks and concerns, and should ensure that prisoners have prompt access to all health services. (S41)
Not achieved

Recommendations

Managers should ensure that staff actively support prisoners and challenge poor behaviour. (2.3)
Achieved

Cells, wings and outside areas should be kept clean. (2.10)
Not achieved

Cells and showers should be refurbished to a decent standard. (2.11)
Not achieved

Cell call bells should be answered promptly. (2.12)
Partially achieved

The applications system should be streamlined and monitored to ensure that it meets prisoner needs. (2.22)
Not achieved

Responses to complaints should be clear, legible and address the concerns raised. (2.23)
Achieved

The distinct needs of prisoners with protected characteristics should be identified and addressed, with effective use made of equality monitoring data. (2.36)
Not achieved

Interpreting and translation services should be used whenever needed. Prisoners and staff should not be used to interpret for sensitive or confidential matters. (2.37)
Not achieved

All health care staff should receive regular clinical and managerial supervision, and be up to date with mandatory training. (2.52)
Achieved

All health care should be delivered in a clinically appropriate setting that meets infection control standards. (2.53)
Not achieved

There should be a prison-wide strategy and approach to support health promotion and well-being activities. (2.57)
Not achieved

Waiting times for patients should be regularly monitored to ensure prompt access to care. (2.67)
Achieved

Applications for health care appointments should be reviewed and actioned without delay. (2.68)
Not achieved

The reasons for prisoner non-attendance at health care appointments should always be recorded and reviewed. (2.69)
Achieved

Prisoners with long-term health conditions should receive regular reviews by trained staff, informed by an evidence-based care plan. (2.70)
Not achieved

External hospital appointments should not be cancelled. (2.71)
Achieved

The prison should work with key stakeholders to produce an updated memorandum of understanding and information-sharing agreement for social care provision. (2.75)
Achieved

Prisoners referred to the service should be reviewed and assessed promptly, and offered a suitable range of mental health interventions within agreed timescales. (2.86)
Achieved

There should be a regular substance use strategic meeting to support the implementation and development of the strategy. (2.96)
Achieved

In-possession medication should be prescribed, reviewed and administered by health care professionals adhering to an up-to-date policy and risk assessment that reflects the range of medications prescribed, up-to-date prescribing

guidelines, robust risk assessment of patient and medication, and appropriate storage of such medicines/doses. (2.103)
Achieved

Custody officers should manage queues during medication collection times to maintain confidentiality and minimise potential bullying and diversion of supplies (2.104)
Not achieved

The medicines management committee should meet regularly and be attended by relevant stakeholders. Prescribing levels of tradeable medicines should be monitored and discussed at the meetings. (2.105)
Achieved

Prisoners should have access to routine dental appointments within six weeks. (2.111)
Achieved

All dental equipment, including the x-ray machine, should be regularly serviced and certified. (2.112)
Achieved

The provider should maintain an up-to-date file to document local arrangements for radiation protection. (2.113)
Achieved

Purposeful activity

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

At the last inspection, in 2019, time out of cell had improved but over 40% of prisoners were still locked up during the working day. The library and gym provision were good. Leadership and management of learning, skills and work were inadequate, with little substantive progress since the previous inspection. There were insufficient activity places and attendance at them was poor. Prisoners who did attend behaved and engaged well. The quality of teaching and learning was not consistently good. Achievements in most vocational training were high, but poor in English and maths. Outcomes for prisoners were poor against this healthy prison test.

Key recommendation

The prison should provide opportunities for all prisoners to engage with education, skills and work-related activities, and ensure that they do so. (S42)
Not achieved

Recommendations

All prisoners should have at least one hour in the open air each day. (3.4)
Not achieved

Prison and Novus managers should ensure that the quality of education and training is at least good. (3.14)
Not achieved

Prisoners should have access to a wide range of activities and accredited qualifications, particularly in English and mathematics, which can support their career aspirations and increase employability on release. (3.15)
Not achieved

Prisoners working in the kitchen and on the wings should receive suitable training. (3.16)
Not achieved

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 2019, the children's charity Spurgeons provided good and developing support to prisoners' families. The visits environment had improved. The strategic management of rehabilitation work was weak. Although there was some good work, especially by probation officers, the offender management unit (OMU) was under-resourced and too reactive. Too many offender assessment system (OASys) assessments were incomplete or late. Public protection procedures were generally robust. Categorisation and home detention curfew (HDC) processes were reasonably effective. Release plans were not always done where needed. Too many prisoners were released without stable accommodation, despite good efforts by the community rehabilitation company (CRC). Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

There should be a prison-wide approach to offender management, based on a robust needs analysis. It should include effective joint working and information exchange, a common approach to record-keeping, and a detailed strategy for managing the large number of sex offenders. (S43)
Partially achieved

Recommendations

Sex offenders and indeterminate sentence prisoners should be able to address their offending behaviour by means of progressive transfers to other prisons if they cannot attend appropriate courses at HMP Lewes. (4.25)
Partially achieved

The visits hall should provide toilets for visitors and prisoners, and baby changing facilities. (4.5)
Not achieved

Prisoners' incoming and outgoing mail should be processed promptly with no long delays. (4.6)
Not achieved

All eligible prisoners should have an up-to-date OASys assessment. Offender management should proactively engage prisoners and focus on progression and the reduction of risk of harm. (4.15)
Achieved

Offender management unit (OMU) staff should have access to suitable resources to facilitate offender management work, including sufficient private interview rooms, suitable video-conferencing facilities and the NDelius case management system. (4.16)
Partially achieved

The prison should work with external offender managers to ensure MAPPA levels are confirmed at least six months before the prisoner's release. (4.20)
Partially achieved

All prisoners should have their resettlement needs assessed before release on licence. (4.33)
Not achieved

Appendix I About our inspections and reports

Her Majesty's 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, police and 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 to benefit them.

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 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 Her Majesty's 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 provides a summary of our inspection findings 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 summarises the areas of concern

from the inspection. Section 8 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
Sara Pennington	Team leader
Paul Rowlands	Inspector
Natalie Heeks	Inspector
Jade Richards	Inspector
Christopher Rush	Inspector
Lindsay Jones	Inspector
Martyn Griffiths	Inspector
Alec Martin	Researcher
Elenor Ben-Ari	Researcher
Rachel Duncan	Researcher
Amilcar Johnson	Researcher
Sophie Riley	Lead researcher
Steve Eley	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Sue Melvyn	Pharmacist
Dayni Turney	Care Quality Commission inspector
Malcolm Irons	Care Quality Commission inspector
Saul Pope	Ofsted inspector
Lynda Brown	Ofsted inspector
Tilly Kerner	Ofsted inspector
Tony Gallagher	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.justiceinspectorates.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.

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.

Offender management in custody (OMiC)
The Offender Management in Custody (OMiC) model, being rolled out across the closed male prison estate, 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.

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).

Reverse cohort unit (RCU)
Unit where newly arrived prisoners are held in quarantine for between seven and 10 days.

Secure 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 visit 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).

Special purpose licence ROTL
Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

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.

Appendix III Care Quality Commission Requirement Notice

Care Quality Commission (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

The inspection of health services at HMP Lewes was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/). The Care Quality Commission issued 'requirement to improve' notice/s following this inspection.

Provider

Practice Plus Group Limited

Location

HMP Lewes- Prison Healthcare Department

Location ID

1-8618211198

Regulated activities

Treatment of disease, disorder, or injury and Diagnostic and screening procedures.

Action we have told the provider to take

This notice shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014)

Regulation 17: Good Governance

How the regulation was not being met

Long term condition management

- There was a lack of oversight of long-term condition management. There were no systems in place to ensure that annual reviews were completed with patients, and there was no oversight of care plans to ensure these were completed for patients with a long-term condition.

Medicines Optimisation

- Pharmacy staff were required to cover both dispensary duties and medicines administration on the wings three times a day which was limiting opportunities to improve medicine optimisation services.
- There was a lack of oversight to provide assurance that in-possession risk assessments and cell checks were undertaken in a timely manner.
- Whilst local policies and PGDs were available and used by staff there was a lack of oversight of these processes. For example, a new member of staff was working under the minor ailments policy following limited training and supervision, only one nurse was named on the printed PGDs and staff described how they could access two different versions of the PGDs.
- Governance processes were not robust; for example, pharmacy technicians lacked access to supervision, and data including incident reports indicated processes were not always effective and could result in medicines shortages.

Appendix IV 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.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: http://www.justiceinspectorates.gov.uk/hmiprisons/

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