

Report on an unannounced inspection of

HMP Lewes

14, 21-25 January 2019

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by HM Chief Inspector of Prisons

14, 21–25 January 2019

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:





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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Introduction

HMP Lewes is a medium-sized category B local prison. At the time of this inspection it held around 580 male prisoners, both sentenced and on remand. The prison was last inspected in January 2016. On that occasion we found it to be reasonably good in the areas of respect and resettlement, and not sufficiently good in the areas of safety and purposeful activity.

Unfortunately, the findings of this inspection were deeply troubling and indicative of systemic failure within the prison service. HM Inspectorate of Prisons found that in three areas – respect, purposeful activity and rehabilitation and release planning – there had been a decline in performance to such an extent that they all attracted a lower assessment than at the last inspection. In the fourth area, the key one of safety, although performance was not so poor as to drag the assessment to the lowest possible level, it was undoubtedly heading in that direction, unless in the near future there was to be decisive intervention to halt the decline in standards. A good start would be if the findings of this inspection were to be taken more seriously than has been the case in the past. We found that in the three years since the last inspection, a mere 10 out of the 54 recommendations we made on that occasion had been fully achieved. Our experience as an inspectorate is that prisons which pay so little attention to inspection findings will inevitably fail to improve.

What makes the decline at Lewes even more difficult to understand is the fact that two years ago HM Prison and Probation Service (HMPPS) put the prison into what it described as 'special measures'. I have examined the 'Improving Lewes (Special Measures) Action Plan' agreed with senior HMPPS management in August 2018. However, of the 45 action points in the plan, 39 had not been completed and the majority were described as requiring 'major development'. There were over 50 references to reviewing activity in the plan, but a noticeable dearth of hard targets. The results of this inspection clearly showed that, far from delivering better outcomes, two years of 'special measures' had coincided with a serious decline in performance. In short, unless in the future HMP Lewes benefits from strong leadership and a realistic action plan focused on delivering clear, measurable outcomes, it is highly likely that the use of the Urgent Notification procedure will have to be considered at some point.

In terms of safety, there was a great deal of urgent work to be done. Since the last inspection there had been five self-inflicted deaths, and incidents of self-harm had tripled. Meanwhile, there had been an inadequate response to recommendations made by the Prisons and Probation Ombudsman (PPO) in response to those deaths. While levels of violence were broadly similar to those we saw at the last inspection, assaults against staff had risen and a quarter of prisoners felt unsafe at the time of the inspection. There was a backlog of investigations into acts of violence, a situation that clearly inhibited the ability of the prison to take a more informed and proactive approach to violence reduction.

The availability of illicit drugs undoubtedly sat behind much of the violence. Fifty-nine per cent of prisoners told us it was easy to get hold of drugs in the prison, and 14% had acquired a drug habit after entering the jail. Despite this, the devices to detect contraband and drugs had not been working since April 2018, and I was told this was because of 'procurement' difficulties. If 'special measures' was intended to help the prison overcome this type of bureaucratic obstacle, it had failed.

Despite the many weaknesses we found in the performance of the prison, it is notable that 78% of prisoners told us that staff treated them with respect. This was an unusually high figure for this type of prison, and added weight to the notion that the problems at Lewes were not insoluble, but did require significant management intervention. For instance, this report sets out very real weaknesses in the leadership and management of health care in the prison, and also in the provision of sufficient activity for the prisoners. Our colleagues from Ofsted were clear in their view that there was no clear strategy for the delivery of learning and skills, and indeed allocation to activities appeared to be

a matter of luck. During the inspection I saw workshops and classrooms where attendance was very poor, and it was clear that there was insufficient attention being paid to getting prisoners into activities. As a result, while time out of cell was good for those attending activities, it was not so good for those not attending, and we found 40% of prisoners locked in their cells during the working day.

A similar picture emerged in the area of rehabilitation and release planning, where a lack of leadership meant that there was weak strategic management, and the reducing reoffending strategy was out of date. Notably, only one of nine recommendations made in this area at the last inspection had been fully achieved.

Overall, this was a very disappointing inspection. I would recommend readers to look carefully at the detail contained in this report, as it brings into question the utility of 'special measures' if a prison can decline so badly when supposedly benefitting from them for a full two years. It also validates the Inspectorate's new Independent Reviews of Progress, which are specifically designed to give ministers a report of progress against previous inspection reports at struggling prisons such as Lewes. A new governor had taken up post shortly before this inspection, and she will need support from her own management team and from more senior levels in HMPPS if the decline at HMP Lewes is to be arrested and reversed.

Peter Clarke CVO OBE QPM March 2019
HM Chief Inspector of Prisons

Fact page

Task of the establishment
Category B male local/resettlement prison, which also holds category C and D prisoners.

Certified normal accommodation and operational capacity[1]
Prisoners held at the time of inspection: 584
Baseline certified normal capacity: 617
In-use certified normal capacity: 617
Operational capacity: 692

Notable features from this inspection

26% of prisoners were unsentenced.

201 prisoners presented a high or very high risk of harm.

The prison held 85 prisoners who were on the sex offenders register.

54% of prisoners were category C.

Prison status (public or private) and key providers
Public

Physical health provider: Sussex Partnership NHS Foundation Trust and MEDCO
Mental health provider: Sussex Partnership NHS Foundation Trust
Substance misuse provider: The Forward Trust
Learning and skills provider: Novus
Community rehabilitation company (CRC): Kent Surrey and Sussex CRC
Escort contractor: GEOAmey

Prison group
Kent, Surry and Sussex

Brief history
HMP 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 of Lewes. In 2007, a new house block was completed, which created 174 places in two attached wings, plus a new workshop, gym, visits hall, multi-faith centre and several new classrooms. F wing was refurbished in 2012.

[1] 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.

Short description of residential units

A wing: drug and alcohol support (recovery unit) for 134 prisoners
C wing: 150 places
F wing: 178 places for sex offenders and others requiring protection
G wing: first night centre for 23 prisoners
K wing: drug and alcohol stabilisation unit for 22 prisoners
L wing: 80 places
M wing: 94 places
Health care unit: 11prisoners

Name of governor and date in post

Hannah Lane, 14 January 2019

Independent Monitoring Board chair

Mary Bell

Date of last inspection

14-15 December 2015 and 4-8 January 2016

About this inspection and report

A1 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.

A2 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.

A3 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. The tests are:

Safety Prisoners, particularly the most vulnerable, are held safely.

Respect Prisoners are treated with respect for their human dignity.

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

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.

A4 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.

A5 Our assessments might result in one of the following:

- **recommendations**: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections

- **examples of good practice**: impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

A6 Five key sources of evidence are used by inspectors: observation; prisoner 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.

A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

A9 This explanation of our approach is followed by 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).* [2] The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

A10 Details of the inspection team and the prison population profile can be found in the appendices.

A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.[3]

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[2] https://www. justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/

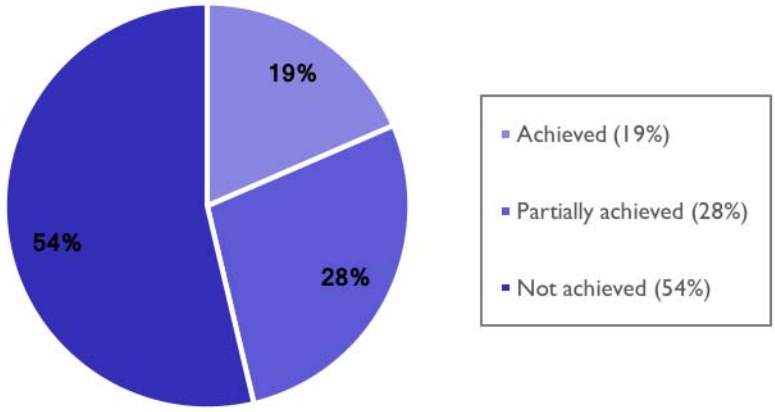
[3] The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

S1 We last inspected Lewes in 2015-16 and made 54 recommendations overall. The prison fully accepted 49 of the recommendations and partially (or subject to resources) accepted two. It rejected three recommendations.

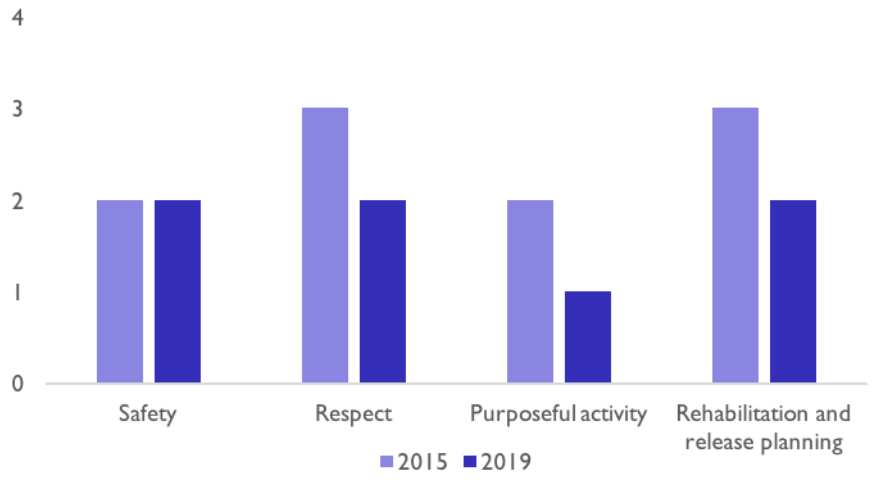
S2 At this follow up inspection we found that the prison had achieved 10 of those recommendations, partially achieved 15 recommendations and not achieved 29 recommendations.

Figure 1: HMP Lewes progress on recommendations from last inspection (n=54)



S3 Since our last inspection, outcomes for prisoners declined in all healthy prison areas apart from safety, which stayed the same. Outcomes were not sufficiently good in safety, respect, and rehabilitation and release planning, and were poor in purposeful activity.

Figure 2: HMP Lewes healthy prison outcomes 2015 and 2019[4]



[4] Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

S4 *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.***

S5 *At the last inspection in 2015-16 we found that outcomes for prisoners in Lewes were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of safety.[5] At this inspection we found that four of the recommendations had been achieved, four had been partially achieved and 9 had not been achieved.*

S6 Prisoners were positive about treatment by escort staff, and escort vehicles were clean and well maintained. Reception processes were generally efficient, although some new arrivals spent too much time waiting there before going to the first night unit. First night interviews were now conducted in a confidential setting and the assessment of risk was reasonable. Many first night cells were in poor condition. Induction was superficial and not sufficiently informative, and not provided for all prisoners.

S7 Levels of violence were similar to those at our previous inspection, but nearly a fifth of assaults were serious and the number of assaults against staff had nearly doubled. The prison did not yet have an effective strategic response to violence. The safer custody team was under-resourced. The management of perpetrators of violence and bullying was usually limited to placing prisoners on the basic level of the incentives and earned privileges (IEP) scheme. There was no ongoing support for victims of violence. Over a quarter of violent incident investigations were outstanding. Investigations had improved recently and were now of reasonable quality. The few self-isolating prisoners were known to the prison, and they reported some good support from wing staff.

S8 The IEP scheme was applied fairly, but there were not enough differentials between the levels of the scheme and they offered few incentives for good behaviour. Managerial oversight of adjudication hearings was insufficient. Adjudication documentation was reasonable overall but a few cases lacked enquiry and explanation. About a quarter of adjudications were dismissed or not proceeded with, often because of avoidable delays, and the number of outstanding police referrals was high.

S9 Use of force had more than doubled since our previous inspection and was higher than similar prisons. The quality of use of force reports was adequate but the documentation, including injury to prisoner forms, was often incomplete. Use of force incidents, including video footage were now scrutinised at a useful weekly meeting, which identified lessons and provided actions. There was extensive staff use of body-worn cameras, although not all planned interventions had been routinely recorded. Video footage generally demonstrated

[5] This included recommendations about substance use treatment, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison area of respect.

effective briefings, good attempts at de-escalation and appropriate use of control and restraint. Baton draws were now regularly reviewed. In one case, the drawing of batons was not justified. Use of special accommodation was high and for lengthy periods, but it was generally justified.

S10 Use of segregation was higher than at similar prisons. Segregation documentation was reasonable but behavioural targets were too generic. Segregation unit staff relationships with prisoners were professional, and prisoners were generally positive about their treatment in the unit. Communal areas were clean, but cells were grubby, with soiled toilets and no lids, and some contained gang graffiti. The two exercise yards were austere and claustrophobic. A high number of prisoners on assessment, care in custody and teamwork (ACCT) case management for risk of suicide or self-harm continued to be held in the segregation unit. The exceptional reasons given to justify this were adequate, but not always regularly reviewed to reflect the prisoner's changing circumstances.

S11 Security arrangements were generally proportionate and did not unnecessarily restrict prisoners' access to the regime. Active measures were taken to combat key threats, including installing overhead netting. The security committee was well attended, but agreed security objectives were not communicated widely. Over 3,000 intelligence reports had been submitted in the previous six months. The processing and management of reports had been improving but too many were still outstanding and resulting actions were not tracked. The mandatory drug testing (MDT) rate, including tests for new psychoactive substances (NPS),[6] was relatively high at 22%. In our survey, half of prisoners said it was easy to get illegal drugs in the prison. Very few suspicion MDT tests were completed. X-ray machines had been out of action since April 2018, and the equipment to detect drugs on incoming post was not yet in use. There was some evidence of effective local corruption prevention processes, but they were not sufficiently promoted to staff.

S12 There had been five self-inflicted deaths since the previous inspection. The death in custody action plan arising from the recommendations of the Prisons and Probation Ombudsman was comprehensive, but most actions had not been implemented. Levels of self-harm were high, with over 300 incidents in the previous six months. There had been small improvements to ACCT processes, but they remained poor overall and lacked sufficient health care input. There was no clear strategy to reduce self-harm based on a robust analysis of data. Although self-harm data were presented at safer custody meetings, there was little documented discussion or actions arising. Serious safeguarding risks to prisoners had not always been recognised and acted on promptly. The Listeners, prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners, were well supported and prisoners had reasonably good access to them.

[6] NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

Respect

S13 *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.***

S14 *At the last inspection in 2015-16 we found that outcomes for prisoners in Lewes were reasonably good against this healthy prison test. We made 20 recommendations in the area of respect. At this inspection we found that four of the recommendations had been achieved, five had been partially achieved and 11 had not been achieved.*

S15 Over three-quarters of prisoners in our survey said that most staff treated them with respect. We did not observe poor conduct by staff, but they were often too passive in managing prisoners. Poor behaviour went unchallenged, including drug use on the wings, and not enough staff encouraged attendance at work or education. The keyworker scheme (allocating named staff to individual prisoners for regular contact) was being rolled out. The scheme had a quality assurance system but feedback on quality was not shared with keyworkers themselves.

S16 Many cells contained graffiti, often abusive, and recent efforts to paint cells were long overdue. Most cells had basic furniture but no lockable cabinets. No cells had curtains. Toilets were reasonably well screened but none had suitable lids, and most showers were in a poor state. Cleanliness was generally poor on the older wings but reasonable on the three newer wings. Outside areas were reasonably clean but we saw rats and a large amount of bird droppings on outside buildings. While most prisoners had their own cells, 67 cells designed for single occupancy were shared by two. Laundry arrangements were adequate but access to basic toiletries was sporadic.

S17 Food was of reasonable quality but meals were served too early. Prison shop arrangements were reasonable and met the need of prisoners. Prisoners employed in the kitchen had not received basic food handling training. Large amounts of waste food were left on serveries.

S18 Prisoner consultative meetings took place monthly and were generally well attended. Points discussed were meaningful and tangible actions were taken. Most prisoners we spoke to were complimentary about prisoner information desks. However, the applications system was not working effectively and lacked monitoring. Staff responses to prisoner complaints generally answered the concerns raised, but too many were late and some were not legible. The library held a reasonable range of legal texts and Prison Service instructions. Legal visits provision was good.

S19 Despite some improvements in the management of equality work, it remained weak. There were quarterly management meetings, but action planning was poor. There was some analysis of equality monitoring data, but not enough was done to understand and act on concerns raised by the data. There had been some celebrations of cultural events. There were few discrimination incident reports. The quality of completed responses was reasonable but not all had had a response.

S20 There were no regular forums for prisoners in protected groups. There was very limited support for foreign nationals, and staff did not use professional interpreters when they should have. Older prisoners and those with physical disabilities were reasonably well cared for on F wing, but there was unmet need on other wings. Transgender prisoners were reasonably content with their treatment. There were substantial gaps in identifying needs for other groups, including Travellers, gay/bisexual prisoners and younger prisoners.

S21 Faith and pastoral care provision by the chaplaincy was very good. Prisoners could access corporate worship and education for all the main religions. The chaplaincy provided good opportunities for prisoners to become involved in victim awareness work.

S22 Many prisoners were very negative about the health services, with two-thirds of prisoners in our survey responding that the overall quality was quite or very bad. Services had deteriorated since our previous inspection, most notably mental health services and the provision of nurse-led primary care. In our survey, over half of prisoners said they had mental health problems. Waiting lists were lengthy and the under-resourced integrated mental health team could not meet the level of need. The range of primary care services was limited and the oversight of prisoners with long-term conditions was poor. The application process for health appointments was very poorly managed. We found 143 outstanding applications, presenting significant risks to prisoner care. Managers did not have accurate data on waiting times.

S23 The inpatient unit continued to provide good quality care for some of the most seriously ill patients. However, it still lacked a therapeutic regime and some of the cells were in poor condition. There were five prisoners receiving funded social care packages, and they received good quality care. The Forward Trust provided good clinical and psychosocial services for prisoners requiring substance use treatment. Prison officers did not always manage medication queues effectively, which continued to compromise confidentiality and increased the opportunity for medication diversion. Dental care was good but some aspects of governance needed immediate attention, particularly the maintenance of fixed equipment.

Purposeful activity

S24 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.***

S25 At the last inspection in 2015-16 we found that outcomes for prisoners in Lewes were not sufficiently good against this healthy prison test. We made seven recommendations in the area of purposeful activity. At this inspection we found that none of the recommendations had been achieved, three had been partially achieved and four had not been achieved.

S26 Time out of cell for prisoners who were working or engaged in activities was reasonably good, but those who were not working could be locked in their cells for up to 23 hours a day. Weekend time out of cell was reasonable. In each of our working day roll checks we found over 40% of prisoners locked behind their doors. There was a well-equipped gym and access was good for prisoners from all units. Some remedial sessions were run, and a few prisoners had benefited from a good sports leadership and management course. The library

was accessible to all for two hours a week on rotation, although some prisoners were not unlocked to attend. It was well stocked, and ran an impressive range of events, which included visiting speakers, well-being sessions and a debating club.

S27 Prison and Novus managers' assessment of learning and skills provision was broadly accurate, but they had been too slow in making improvements. The prison only had enough activity places for about two-thirds of the population. Too many prisoners were unemployed and had little to do. Much of the work was low level and repetitive. Allocation to work and training did not take sufficient account of prisoners' needs or predicted stay, and did not ensure the full and efficient use of the places available. Prison managers understood the challenges facing them but did not have a clear strategy for learning and skills.

S28 The education and training provided by Novus required improvement. Observations of teaching and learning had not been extended to all provision in the prison. The curriculum was narrow, but reasonable for the majority who did not stay for very long.

S29 Teaching, learning and assessment in education and vocational training were not good enough. Teachers' planning did not take sufficient account of individual needs, in particular for the more able. The majority of marking and assessment did not help prisoners to understand what they did well and what they needed to do to improve. Learning peer mentors were well trained and provided effective support and guidance.

S30 Attendance rates were persistently low and over a third of those allocated to education failed to attend. In lessons, training and work, prisoners were well behaved and respectful to their teachers, supervisors and peers. In production workshops, prisoners were productive and disciplined. However, not enough attention was given to developing skills and behaviours for future progression or work. Too few prisoners addressed their lack of qualifications in English and maths, and success rates in these qualifications were low. The majority of prisoners who completed their courses achieved their qualifications. The prison had not ensured that prisoners had access to impartial, high-quality careers information and guidance following the end of the National Careers Service contract.

Rehabilitation and release planning

S31 *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).*[7] ***Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S32 *At the last inspection in 2015-16 we found that outcomes for prisoners in Lewes were reasonably good against this healthy prison test. We made 10 recommendations in the area of resettlement.*[8] *At this inspection we found that two of the recommendations had been achieved, four had been partially achieved and four had not been achieved.*

S33 Visits provision was generally good, although there were no sessions in the morning at weekends when we were told that demand was greatest. Spurgeons ran a welcoming visitors' centre and provided a range of helpful family support, which was being further developed. There were regular family days and a playworker in the visits hall, and a parenting programme was being piloted. The governor ran a bimonthly meeting with visitors, which had resulted in some improvements for families. The visits hall was now a cleaner and brighter environment, with a children's play area for younger children. There was no provision for older children and no toilets for prisoners or their visitors. Prisoners had experienced unacceptable delays of several days, and sometimes weeks, in sending and receiving their mail.

S34 The prison continued to hold a complex mixture of remand and sentenced prisoners, including a sizeable number of sex offenders. The reducing reoffending committee had met only four times in 2018, and OMU managers had attended only two of these meetings. The reducing reoffending strategy was out of date. The criminogenic factors of the population had not been analysed recently. Offender supervisors were now rarely cross-deployed but the OMU was under-resourced. Caseloads were large, with some probation officers managing over 90 cases. Too many OASys assessments were incomplete or late, and the quality was variable. OMU staff contact with prisoners was insufficient and reactive. Offender supervisors and probation officers did not record contact with prisoners on the P-NOMIS Prison Service IT system, which undermined coordinated offender management. The quality of probation officers' initial work was often good but there was a lack of effective follow up.

S35 About 200 prisoners presented a high or very high risk of harm. Work to protect the public was sound. Restrictions on contact between prisoners and the public were robustly identified and monitoring arrangements were good. The quality of multi-agency public protection arrangements (MAPPA) assessment reports was exceptionally good, but not all relevant prisoners were assigned a MAPPA level before their release. The inter-departmental risk management committee was largely effective.

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7 Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs which are responsible for work with medium- and low-risk offenders. The National Probation Service has maintained responsibility for high- and very high-risk offenders.

8 This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

S36 Recategorisation arrangements were adequate, with about 30% of boards leading to a lower categorisation. HDC assessments and releases were timely. Many prisoners were transferred without excessive delay, but the lack of a programme needs assessor slowed the transfer of sex offenders to access suitable programmes.

S37 The prison offered two offending behaviour programmes, the Resolve intervention for violent offenders and the Thinking Skills Programme. Staffing shortfalls had meant that only four instead of the scheduled six programmes had run since April 2018. The CRC helped prisoners with basic finance and debt problems, and 40 prisoners had made bank account applications in the previous year. Experienced advisers from the Southdown charity attended the prison every weekday to support prisoners with their housing needs, including support to keep tenancies and address homelessness. Despite their good efforts, 18% of prisoners had been discharged homeless in the previous six months. The Sussex Pathways charity provided a helpful through-the-gate mentoring service and a course on life skills and mindfulness.

S38 In theory, the CRC should have completed a resettlement plan with all prisoners 12 weeks before their release. In practice, this did not always happen and we had found cases of unmet need. Prisoners had poor awareness of the CRC's work and too many did not attend their appointments. There was a lack of coordinated working between the CRC and the OMU. Where plans were completed, there was some useful work to plan for prisoners' release.

Main concerns and recommendations

S39 Concern: Nearly a fifth of all assaults were serious and the number of assaults against staff had nearly doubled. The prison did not yet have an effective strategic response to violence. The safer custody team was under-resourced and there was insufficient follow up of concerns identified at safer custody meetings. The management of perpetrators of violence and support for victims were weak. Too many violent incident investigations were incomplete, and there was no violence reduction action plan.

Recommendation: 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.

S40 Concern: Levels of self-harm were high and there had been five self-inflicted deaths since the previous inspection. Despite this, there was no clear strategy, based on a robust analysis of data, to reduce self-harm. The quality of case management documentation remained poor and lacked sufficient health care input.

Recommendation: 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.

S41 Concern: Health governance structures did not effectively address risks and concerns such as the under-resourced mental health services, long waiting lists and the very poorly managed health care applications process; we found large numbers of applications that had received no action, entailing significant risks to prisoner well-being.

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.

S42 Concern: The prison had insufficient activity places to meet the needs of the population and attendance at allocated activities was poor. Around 40% of prisoners were locked up during the working day.

Recommendation: The prison should provide opportunities for all prisoners to engage with education, skills and work-related activities, and ensure that they do so.

S43 Concern: The strategic management of rehabilitation work was weak. Prison departments did not work closely to reduce the risk of reoffending. Offender management unit staff did not record all contact they had with prisoners on P-NOMIS case notes, which undermined coordinated working. The criminogenic factors in the population had not been addressed. A large number of sex offenders were held yet there was no detailed strategy to reduce their risks.

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.**

Section 1. 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.

1.1 Most prisoners said they had short journeys to the prison and that they were treated well by escort staff. Prisoners were offered refreshments on long journeys, and the escort vans we inspected were clean and well maintained. Disembarkation took place promptly and prisoners did not have to wear handcuffs.

1.2 Discharges to court were dealt with in good time, but prisoners attending court were not always able to a have a shower beforehand.

1.3 Reception processes were generally efficient. In our survey, 78% of prisoners said they had been treated well in reception and 81% that they were searched respectfully. Fewer prisoners than at the last inspection (42% against 68%) said they were in reception for less than two hours, and some prisoners told us they waited over three hours. These increased delays could be attributed to the distance of the first night centre from the reception area, and the time taken for staff to attend reception to conduct the relevant assessments.

1.4 First night interviews now took place in a private and confidential setting, and the assessment of risk was reasonable. Reception was a welcoming environment and well maintained, with some information displayed on the notice boards. Although the holding room contained a Samaritans video message, this was not routinely played for new arrivals. Two Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) worked in reception but did not routinely meet all new arrivals. New arrivals were offered smoking cessation support while in reception, and a telephone call and refreshments were provided in the first night centre.

1.5 Following assessments, all new arrivals were moved to the first night centre where they received, at best, a cursory induction. Although a peer worker was meant to talk them through an induction booklet, this did not happen for all new arrivals, and some were not given the induction booklet.

1.6 Only prisoners new to custody stayed in the first night centre. Others were moved straight on to other wings. Although first night cells had a TV and kettle, many were dirty and in poor condition, with much graffiti, some of it abusive or threatening in nature.

Recommendation

1.7 Prisoners should receive a prompt and comprehensive induction that allows them to understand life in prison.

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

1.8 The prison had a reasonably calm atmosphere. Overall levels of recorded violence were broadly similar to our last inspection and to comparable prisons. In the previous six months, there had been 138 assaults on staff and prisoners and 19 fights, compared with 136 and 26 respectively at the previous inspection. However, nearly a fifth of all assaults (18%) were classed as serious and there had been a significant increase in assaults on staff: there had been 48 assaults on staff in the previous six months, compared with 25 for a similar period at our previous inspection. The prison did not keep separate records of lower level non-violent antisocial behaviour, such as victimisation and bullying, so their extent and impact were unknown.

1.9 The approach to violence reduction was not sufficiently strategic or rigorous. For example, the policy did not identify and robustly address factors such as the high levels of drug-related activity and associated debt in the prisoner population. There was no violence reduction action plan (see main recommendation S39). Attendance at the monthly safer custody meeting was low and did not routinely include prisoner representatives. It usually examined relevant data on violence but there was a lack of follow-up action.

1.10 Although safer custody staff were enthusiastic and committed, the department was insufficiently resourced. The investigation of violent incidents sometimes took too long to complete and 28% were outstanding at the time of the inspection. This meant that there were missed opportunities to identify additional causal factors or establish patterns and trends to learn important lessons (see main recommendation S39). Some older investigation reports that we viewed lacked sufficient rigour, with not all actions completed. However, the quality of reports had recently improved and were now of a reasonable standard.

1.11 Interventions or sanctions for perpetrators of violence were limited to use of the basic level of the incentives and earned privileges (IEP) scheme and formal disciplinary procedures. Victims of violence were offered immediate safeguards but no ongoing support. There was some work with the small number of prisoners of greatest concern through CSIP (challenge, support, intervention plan)[9] case management.

1.12 The prison held well-attended weekly complex needs meetings, which reviewed violent incidents in the previous week, and updates and new referrals for the CSIP process. However, the meeting we attended was brief and did not cover all relevant prisoners.

1.13 Four prisoners were self-isolating at the time of our inspection, all of whom had been identified by the prison. They all had access to a limited regime and were reasonably positive about residential staff, some of whom had actively tried to encourage them to reintegrate and participate more in the regime.

[9] Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

1.14 Prisoner representatives on the wings were intended to have broad remits covering self-harm, violence reduction and equality work, and to be supported by nominated staff 'champions'. However, both staff and prisoners were unclear about their roles, and they were not sufficiently engaged with the safer custody team.

1.15 The IEP scheme was applied fairly but there were too few incentives to encourage positive behaviour. IEP review boards were generally held on time, and we saw some regular and informative entries by keyworkers in prisoners' electronic case notes. Target setting remained inadequate for prisoners on the basic level of the scheme; some were given generic targets, and others had no targets at all.

Adjudications

1.16 The number of adjudications was comparatively high and had increased sharply with 1,175 in the previous six months, compared with 599 at our previous inspection. Many adjudications related to the disobeying of orders, unauthorised items in possession and violence. The independent adjudicator attended at least monthly to hear some of the more serious charges. The adjudication room was adequate but the holding room was blighted by graffiti.

1.17 There were 80 outstanding adjudications at the time of our inspection, as well as a high number of outstanding police referrals (114). Local data indicated that in the previous six months only 35% of adjudications had been proven, with a further 26% dismissed or not proceeded with; many of these were due to procedural errors or avoidable delays in hearings.

1.18 There were some deficiencies in the adjudication documents we looked at, including illegible handwriting, incomplete sections, and some lack of enquiry and explanation of findings. Quality assurance had highlighted similar findings but had not yet sufficiently improved the quality of documentation. Positively, however, many of the records we viewed contained conduct reports.

1.19 The prison collated a range of data on adjudications, but there was little discussion of it at adjudication standardisation meetings, which were usually poorly attended. Adjudication tariffs were rarely discussed or reviewed; this was a weakness in the response to emerging threats and trends in the prison.

Recommendation

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

Use of force

1.21 The number of incidents involving the use of force had more than doubled since our previous inspection, from 102 to 250, and was considerably higher than at similar prisons. It was not clear why force had increased by so much. Although it was paralleled by a rise in assaults against staff, no causal link had been established (see paragraph 1.8 and main recommendation S39). A weekly use of force meeting reviewed all incidents, including video footage from the previous seven days, and helped to identify lessons and provide actions. Monthly use of force meetings were often poorly attended and generated insufficient actions.

1.22 Despite the managerial oversight, local records indicated that some paperwork was outstanding in 18% of all incidents in the previous six months. None of the records we viewed included an 'injury to prisoner' form. However, completed documents were generally adequate.

1.23 Not all planned use of force was routinely video-recorded and we were only able to observe footage from approximately half of relevant cases. The footage that we looked at showed generally good initial briefings, sufficient attempts at de-escalation and appropriate use of control and restraint techniques. However, some staff clearly lacked confidence and competence in the use of restraints; some used fire-retardant hoods unnecessarily, and in one case we saw apparent unreasonable force that managers had not identified or acted on until referred by us. Positively, body-worn video cameras were widely used by staff, but recordings of planned interventions were inadequate, with poor sound quality and a limited visual account.

1.24 Batons had been drawn, but not used, on seven occasions in the previous six months. This was an increase from the two instances at the previous inspection, but broadly similar to other local prisons. Documentation was available in all cases, and indicated that their drawing was justifiable in all but one incident. This incident had not been identified by managers.

1.25 The use of special accommodation was comparatively high, and had increased to 11 instances in the previous six months compared with seven at the previous inspection. The average stay was now for a lengthy period of just under 17 and a half hours. Although use of special accommodation was high, it was justified in nearly all cases. It generally followed the decision to remove items from a cell to restrict a prisoner's ability to self-harm or ligature. One prisoner accounted for five of the 11 recorded incidents for this reason. While initially justified, an earlier test of compliance and willingness to desist from self-harm behaviour might have reduced the length of stay for a prisoner in such conditions.

Recommendations

1.26 Managers should investigate why use of force has increased so substantially and take action to address the findings.

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

Segregation

1.28 There had been 226 uses of segregation in the previous six months, compared with 209 at our previous inspection, which was comparatively high. The average length of segregation was reasonable at 11 days. Most prisoners were segregated to maintain good order or discipline or had refused to leave the unit.

1.29 Communal areas on the unit were clean and bright. Showers offered reasonable privacy and there was a small range of library books. However, the cells were grubby, lacked privacy screening and toilet lids, and most contained graffiti, some gang-related.

1.30 Prisoners we spoke to were generally positive about the treatment from segregation unit staff, and we observed professional relationships and interactions. Prisoners could access daily showers, exercise periods and telephone calls. In-cell education and distraction packs were also available. We were told that risk-assessed prisoners could attend corporate worship, but this rarely happened. The two exercise yards were austere and claustrophobic.

1.31 Reviews of segregated prisoners took place on time and were generally multidisciplinary, but behavioural targets continued to remain generic. Care plans for the management of longer-term prisoners were insufficiently focused on reintegration and lacked detail.

1.32 A total of 49 prisoners segregated in the previous six months had been subject to assessment, care in custody and teamwork (ACCT) case management for risk of suicide or self-harm, including 10 on constant supervision. This was an increase since our previous inspection, and included prisoners who were only accommodated in the segregation unit under constant supervision conditions due to a lack of suitable space elsewhere (see recommendation 1.52). Appropriate authorisation was initially provided but not always regularly reviewed to reflect changing circumstances or ongoing lengthy periods of segregation.

Recommendations

1.33 Segregation accommodation should be clean and free from graffiti.

1.34 All segregation cells should have sufficient privacy screening for toilet areas.

1.35 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.

Security

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

1.36 Security arrangements were generally proportionate and did not unnecessarily restrict prisoners' access to the regime. However, all prisoners were routinely strip searched in reception and when entering the segregation unit. Prisoner free-flow movement to activities was well supervised. Staff supervision of prisoners in residential areas varied. We saw some good interactions between staff and prisoners but also some prisoner antisocial behaviour that went unchallenged (see paragraph 2.1).

1.37 Attendance at the monthly security committee meetings was good but security objectives were not communicated widely to staff. In the previous six months, staff had submitted 3,370 intelligence reports but 603 of these were incomplete. The security department did not track actions developed from intelligence reports and therefore could not confirm that they had been carried out. Security's links with other departments were not sufficiently robust. For example, the department was rarely represented at safer custody meetings.

1.38 Drugs were a key security threat, with drugs thrown over the prison walls contributing to this problem. The prison had taken measures, such as installing overhead netting on exercise yards. However, the two x-ray machines used to detect drugs did not work and had been out of service for a considerable time. Equipment to detect drugs on incoming post was not yet in use. In our survey, almost half of prisoners said it was easy to get illegal drugs in Lewes.

1.39 The mandatory drug testing (MDT) suite was clean and functional, and holding cells were graffiti-free. The random MDT positive rate, including tests for new psychoactive substances (NPS),[10] was relatively high at 21.69%. Suspicion MDT tests requested by the security department were rarely completed.

1.40 Nine prisoners were subject to closed visits at the time of the inspection but only five had been placed on restrictions for reasons directly related to visits.

1.41 There were good systems to manage staff misconduct and adequate local corruption prevention processes.

Recommendations

1.42 The security department should share security objectives across prison departments and monitor these for effectiveness.

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

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

1.44 There had been five self-inflicted deaths since the previous inspection and over 300 incidents of self-harm in the previous six months. Despite these high levels, the prison had no clear strategic plan to reduce self-harm based on a robust analysis of data. (See main recommendation S40.)

1.45 Safer custody meetings were not well attended (see paragraph 1.9). Although data on self-harm were presented to the meeting, there was little documented discussion or actions resulting. The HMPPS safety diagnostic tool was not used to reduce the high number of incidents.

1.46 The prison did not conduct internal investigations into deaths in custody to identify immediate shortcomings. Actions to be taken on the comprehensive death in custody action plans arising from Prisons and Probation Ombudsman (PPO) reports were suitable but most had not been satisfactorily implemented (see also paragraph 2.45).

1.47 The PPO had repeatedly criticised the quality of ACCT documentation. The documentation we examined showed some improvement in quality but remained poor overall. A case manager was now assigned for each prisoner on an ACCT and there were regular case reviews, but care plans were limited and there was insufficient attention to family contact

[10] NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

and keeping prisoners occupied. Many case reviews were not multidisciplinary and this led to a poor assessment of risk. In one case, staff had used the internet to translate in a first case review of a prisoner who spoke no English, which was unacceptable as professional interpreting services were available (see paragraph 2.29). The prisoner had a history of suicide attempts and the assessment of his risk of suicide as low was untenable. We observed a case review held in an open environment and that was regularly disrupted. (See main recommendation S40.)

1.48 Some prisoners on ACCT on normal location were still transferred to the segregation unit when they required constant observation (see paragraph 1.32). The constant watch cell in health care had restricted visibility (see paragraph 2.65).

1.49 The prison did not investigate all serious self-harm incidents. Some investigations were cursory and there was little assessment of how well staff had responded to incidents. Few, if any, learning points were identified.

1.50 Listeners told us that they were well trained and supported. A dedicated Listener suite was being prepared although not yet in use during the inspection.

Recommendations

1.51 Serious incidents of self-harm should be promptly investigated and lessons learned should be widely disseminated among staff. (Repeated recommendation 1.27)

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

Protection of adults at risk[11]

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

1.54 There was a new safeguarding policy but many staff were unaware of it and had limited understanding of the concept of safeguarding. Staff were not sufficiently aware of prisoner risk factors and vulnerabilities. For example, wing staff lacked awareness of prisoners with learning disabilities, and prison records showed there was little use of professional telephone interpreting services to help safeguard non-English speaking prisoners. In some cases reported by staff and prisoners, serious safeguarding risks to prisoners had not been recognised and acted on promptly.

Recommendation

1.55 All staff should receive training on and be familiar with the policy and principles of adult safeguarding.

[11] 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).

Section 2. 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.

2.1 In our survey, 78% of prisoners said staff treated them with respect, against the comparator of 67%. We did not observe any derogatory conduct by staff, but their approach was too passive and poor behaviour often went unchallenged, including obvious drug use and prisoners refusing to attend work and/or education.

2.2 The keyworker scheme[12] was being rolled out: 450 prisoners had a keyworker and 95 staff had undertaken the training, with all relevant staff expected to have completed it by mid-February 2019. There was a quality assurance system; custodial managers were responsible for checking 10% of staff entries on the P-NOMIS Prison Service IT system each week, but did not share feedback on quality with keyworkers themselves to enable them to learn and improve. Some of the entries we looked at were reasonable but others demonstrated that the officer was not actively helping the prisoner to address issues raised.

Recommendation

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

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

2.4 Cleanliness was generally poor on the older wings (A and C), where floors and ceilings had ingrained dirt, but F, L and M wings were cleaner. Outside areas were generally clean but we saw rats during our visit and a large amount of bird droppings on outside buildings (see Appendix IV: Photographs).

2.5 Cells varied in condition but needed redecoration, and many contained abusive graffiti. Recent efforts to repaint cells had been long overdue. Cell furniture was generally worn or

[12] Introduced under a new HMPPS offender management model. Under the scheme, each prisoner should see their keyworker for up to 45 minutes a week to receive additional guidance, support and encouragement.

broken, and there were still no lockable cabinets. No cells had curtains. Prisoners on the newer wings had made makeshift window covering from ripped sheets, and windows on the older wings were so discoloured that they let in very little natural light. Toilets were reasonably well screened and most had seats but none had lids. There were two prisoners sharing in 67 cells designed for single occupancy.

2.6 In our survey, 89% of prisoners said they could shower daily, against the 78% comparator, but most showers were in a poor state and lacked adequate screening.

2.7 Wings had adequate laundry and ironing facilities for prisoners to wash their own clothes. There was a weekly kit change for prisoners to collect clean bedding and clothing. Access to basic toiletries was variable and they were available from some wing offices but not others, and razor blades were not issued on a one-for-one basis.

2.8 A new cell call bell system was being installed and data on its use were limited. The data we did examine showed that some staff response times took up to 24 minutes, which was far too long.

2.9 Prisoners could access their stored property weekly to exchange items and hand in property brought in through visits by application, and there was no backlog with requests. There was a restriction on property allowed in through the post, which was limited to trainers and underwear.

Recommendations

2.10 Cells, wings and outside areas should be kept clean.

2.11 Cells and showers should be refurbished to a decent standard.

2.12 Cell call bells should be answered promptly.

Residential services

2.13 Although the food we tasted during the inspection was of reasonable quality, in our survey only 25% of prisoners said the food was good.

2.14 The kitchen had a four-week menu cycle with options including halal, healthy, vegetarian and vegan meals. Cultural and religious events were well catered for, as were a range of special and medical diets. Long-term sentenced prisoners were not able to cook their own food. There was a twice-yearly survey of prisoners about the food, and discussions about catering at the main prisoner community meeting.

2.15 Serveries were generally clean but a lot of waste food was left on them until the following mornings. The hazards and waste records for wing serveries were not always completed or completed incorrectly, and we routinely found that food was not served at the time it was supposed to be eaten. Main meals were served nearly an hour early and breakfast packs were routinely given out the evening before. Wing servery workers and cleaners wore little or no personal protective equipment, and we observed some servery workers cleaning hot plates and serving food in shorts, vests and flip-flops.

2.16 The main kitchen and catering equipment were generally clean and food trolleys were acceptable. There were 22 prisoners employed in the kitchen but none had received any

basic food handling training. (See recommendation 3.16.) No catering staff or prisoners wore any protective headwear.

2.17 The prison shop arrangements were reasonable. The list of goods available to buy was acceptable and was reviewed quarterly by a prisoner consultation group, with the shop also discussed in the prisoner community meeting. New arrivals were not able to buy goods during their first 24 hours but could buy various reception packs (vape, hygiene or non-smoking), and were also given an advance of £20 if they arrived with no funds.

Prisoner consultation, applications and redress

2.18 Monthly prisoner community meetings were generally well attended, except for poor representation from A and M wings. Discussions were meaningful and related to daily life with tangible actions by the relevant departments.

2.19 Prisoners and staff lacked confidence in the applications system. There were various applications for different services, with no consistent template or tracking system, and the current system was ineffective. Prisoner information desks offered advice for prisoners, who were mostly complimentary about them.

2.20 There were complaints boxes on every wing and complaints forms were readily available. However, in our survey only 34% said they felt they were dealt with fairly and only 18% said they got a response within seven days. The responses we examined generally answered the concerns raised, but too many were late and some handwritten responses were not legible. A quality assurance process checked 10% of responses and provided feedback to authors. A monthly analysis of trends in complaints was distributed to heads of departments. Most staff and prisoners we spoke to did not know that a prisoner could refer the response to the PPO if they were not satisfied with it, and this information was not advertised in the prison.

2.21 There were still no trained legal services staff in the prison and no bail information scheme for prisoners arriving from court. The library held a reasonable range of legal texts and Prison Service instructions, and could photocopy documents for prisoners, but there were no facilities to send faxes to legal representatives. There were good facilities for legal visits, which were available every weekday, with nine private booths, seven of which had facilities to view CCTV footage if required. In our survey, 66% of prisoners said it was easy to attend legal visits. An Access to Justice laptop, enabling eligible prisoners to progress legal proceedings, was available but few prisoners knew of its existence and it had not been used for some time.

Recommendations

2.22 The applications system should be streamlined and monitored to ensure that it meets prisoner needs.

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

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[13] 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

2.24 The strategic management of equality and diversity had improved but was still generally weak. The quarterly equality action team meeting was well attended, including by the governor and deputy governor. However, the resulting action plan was not sufficiently comprehensive, and actions were not time-bound.

2.25 There was some analysis of equality monitoring data, to determine any systematic biases or discrimination against groups with protected characteristics, but this was in its infancy and still to produce results (see paragraphs 2.29 and 2.36). Wing staff who were identified to promote equality and diversity were unengaged and prisoner equality representatives were ineffective. Although there had been some meetings for prisoners from some groups with protected characteristics, there were no regular forums for the specific protected groups (see recommendation 2.37). There had been a few events to celebrate diversity, such as Black History Month in October 2018.

2.26 Only 11 discrimination incident reporting forms (DIRFs) had been submitted in the second half of 2018. The quality of investigation had been reasonable, but we saw two that had not had a response.

Protected characteristics

2.27 In our survey, responses from black and minority ethnic prisoners were generally similar to those of white prisoners. However, there had been no forum or other assessment of need for this group since the previous inspection. The prison had failed to investigate equality monitoring data that showed consistent adverse treatment of mixed heritage prisoners under the incentives and earned privileges (IEP) scheme.

2.28 Prisoners from Traveller backgrounds told us that they did not feel discriminated against in the prison, but complained that the prison had done nothing to recognise them as a group with a specific identity, and there was very little provision for them. While 13% of prisoners in our survey self-identified as being from the Traveller community, the prison's population statistics had identified only about 2%.

2.29 A significant proportion of the population, around 10%, were foreign nationals, including six still detained having served their sentence. The prison had nothing in place to understand the needs of this group. Wing staff did not know how to use the professional telephone interpreting service, and the prison could not provide evidence of expenditure on the service in the previous six months. One prisoner who spoke no English was assessed for an ACCT without an interpreter, with staff using an online translation service for his first case

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

review (see paragraph 1.46). Several immigration detainees told us they were not receiving monthly detention progress reports from the Home Office and so did not know their position, and the prison could provide no evidence these were being served.

2.30 Adult social care was in place for five disabled prisoners on F wing, and those we spoke to were content with the provision. They also all had a paid prisoner carer who brought meals and shop purchases, cleaned their cell, and helped do laundry (see paragraph 2.73). We found some unmet need on other wings, with prisoners with significant disabilities with no paid carers or multidisciplinary care plans. Although they received some informal support, this was not effectively supervised.

2.31 There had been adjustments to cells where needed on F wing. One cell had an electric bed that converted to a chair, and a disabled-access shower, which could be used by other prisoners who required it. Wheelchair users could access parts of the prison such as visits and the chapel. Disabled prisoners also had access to a small exercise area, which was an improvement since the last inspection. However, those on F wing who could not work because of their disability were still locked in their cell during the day, which was unacceptable.

2.32 Two voluntary organisations visited the prison each week to run activities for older prisoners. The written feedback we saw for one such event was very positive.

2.33 There were personal emergency evacuation plans (PEEPs) for prisoners who needed them on all wings. However, the two we looked at in detail had not been reviewed since 2017.

2.34 Although equality monitoring data had indicated potential disproportionate adverse treatment of 21 to 24 year olds under the IEP scheme and adjudication process, the equality action team had taken no action to investigate or understand this.

2.35 There had been a useful forum in May 2018 covering the needs of gay, bisexual and transgender prisoners, but it had been a one-off event and not been followed up. A member of staff from the equality team was pursuing access to magazines for gay and bisexual prisoners. The prison's three transgender prisoners were generally content with their treatment but had problems getting their preferred clothing.

Recommendations

2.36 The distinct needs of prisoners with protected characteristics should be identified and addressed, with effective use made of equality monitoring data.

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

Faith and religion

2.38 Faith and pastoral care provision was very good. Prisoners could access corporate worship and education for all the main religions, and the chaplaincy told us that there were generally no problems with prisoners being unlocked to attend. The chapel and multi-faith rooms were adequate facilities. The prisoners we talked to who used the chaplaincy services were positive about their experience.

2.39 The chaplaincy facilitated prisoner attendance at funerals subject to risk assessment. We were told of one case where a prisoner not able to attend an outside funeral was helped to hold a small memorial service inside the prison.

2.40 Although a member of the chaplaincy attended all senior leadership meetings, they were often not invited to participate in ACCT reviews, and had to send reminders to ensure this happened.

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.

Strategy, clinical governance and partnerships

2.41 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)[14] and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. CQC identified regulatory breaches during the inspection and is currently considering enforcement action under the Health and Social Care Act 2008. The CQC issued three 'requirement to improve' notices following the inspection (see Appendix III). The regulatory breaches identified will be followed up with the health care provider.

2.42 Primary health care, inpatients, pharmacy and mental health in-reach services were provided by Sussex Partnership NHS Foundation Trust, GP services by Medco and substance misuse services by The Forward Trust.

2.43 A health needs assessment from June 2017 no longer reflected the needs of the population. Partnership meetings, contracts review and quality assurance meetings did not effectively manage risk. Although the prison's relationships with partners were improving, its ability to support the health care function (for example, by providing staff as escorts) remained a significant issue and affected patient access. Health services had deteriorated since our previous inspection.

2.44 There were mechanisms for reporting and monitoring serious incidents, and action plans were developed. There was some evidence that lessons were learned from incidents.

2.45 There had been 16 deaths since our previous inspection, five of which were self-inflicted. Not all the health-specific Prisons and Probation Ombudsman (PPO) recommendations from reports into these deaths had been achieved. Of most concern was the number of clinicians with out-of-date life support training and the lack of input into ACCT reviews. (See also paragraphs 1.46 and 1.47 and main recommendation S40).

2.46 The health care application process was ineffective (see paragraph 2.62). Inconsistencies in processing applications and rebooking appointments, particularly for the GP clinics, meant the service was unable to ascertain accurate waiting time data, which was a concern. (See main recommendation S41.)

[14] 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.

2.47 Many prisoners were very negative about the health care. In our survey, 67% of prisoners said that the overall quality of the health service was quite bad or very bad. Prisoner consultation through forums was good, but we saw no evidence of service developments based on feedback.

2.48 Staff felt supported and were positive about the new clinical leadership after a period of flux. The provision and uptake of clinical and managerial supervision was not consistent across the teams, and integrated working between them was poor. Some teams were under-resourced, which affected access and waiting times.

2.49 There was no clinical audit schedule, but there had been several audits in the past 12 months. The clinical environment did not meet current infection prevention and control standards, which had not improved since our previous visit. Emergency bags were well equipped and checked regularly.

2.50 There was a confidential health complaints process. An average of 25 complaints a month were submitted, mostly about access to clinicians and medicines. Responses were reasonable, but not always prompt.

2.51 Health care waiting rooms were unsuitable. Unplanned primary care, urgent care and administration of evening medicines took place in cells, which created safeguarding risks to staff and patients.

Recommendations

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

2.53 All health care should be delivered in a clinically appropriate setting that meets infection control standards.

Promoting health and well-being

2.54 There were few health promotion activities, and there was currently no prison-wide approach to promoting health and well-being. There was limited health-related information for prisoners in the outpatient waiting areas or on the wings. There were no health-specific peer workers, although the Trust was looking to develop this role.

2.55 Prisoners were offered screening for blood-borne viruses, and there were hepatitis B and C clinics. There was a targeted approach to immunisations and vaccinations, including influenza, pneumonia and shingles. Access to age-appropriate screening was improving, with eligible prisoners routinely offered screening for conditions such as bowel cancer and abdominal aortic aneurysm. The prison had been smoke-free since April 2018, and prisoners had good access to smoking cessation support.

2.56 A visiting specialist provided a regular sexual health clinic. Condoms were available for prisoners, although these were not well advertised.

Recommendation

2.57 There should be a prison-wide strategy and approach to support health promotion and well-being activities.

Primary care and inpatient services

2.58 All new arrivals received a prompt reception health screen from a nurse. Immediate needs were identified and referrals made. Information for prisoners about the health services required updating. The room used for reception health screens was in an extremely poor state, and work to improve the environment was due to start. Most prisoners received a second health screen within seven days.

2.59 GP clinics ran every weekday morning and on Saturday afternoons, and prisoners could access emergency care promptly. Although Medco and the Trust had acted to improve access over the last year, current waiting times for a routine GP appointment were unclear, in part due to problems with the application process.

2.60 Prisoners complained of long waits for appointments. The management of prisoner applications for health appointments was very poor. We found 143 non-actioned applications dating back to the beginning of December 2018, which presented an unacceptable risk and significantly delayed prisoners' access to care. (See main recommendation S41.)

2.61 Primary care nurses were available every day from 7am to 7pm. The service struggled to implement a broad clinic schedule because of staff vacancies and the difficulty in prisoners attending the department. A limited range of primary care clinics took place in the morning only, which further limited access to care. Staff did not always use waiting lists for clinics, and this required a complete review. Nurse-led primary care provision had declined since our previous inspection. Nurses ran wound care, blood and secondary health clinics from the outpatient unit. Wound care clinics had recently started on F wing, and more wing-based care was planned. We observed positive interactions between health professionals and patients.

2.62 The overall management of long-term conditions was poor, and patients did not have care plans to inform their ongoing care. Management was GP-led and ad hoc. There were no regular specialist nurse-led clinics. Systems for managing older prisoners and patients with palliative care needs were also underdeveloped.

2.63 A visiting optician, podiatrist and sexual health specialist attended the prison regularly, but prisoners requiring other services, such as physiotherapy and audiology, had to wait too long to attend external appointments. Escort cancellation rates remained too high, although the provider ensured that prisoners were rebooked and prioritised according to clinical need.

2.64 The management of patients who did not attend appointments was inconsistent. Reasons were not routinely recorded or followed up.

2.65 Clinical staff managed admissions to the 10-bed inpatient unit well and the team continued to provide good quality care, but the unit still lacked a therapeutic regime. Health service responsibility for constant watch prisoners stretched resources, as did the wider model of inpatient team care, which included crisis management on the wings, reception screening, segregation assessments and completing prisoner escort records. This wider activity prevented nurse-led therapeutic interventions on the unit. The inpatient environment needed attention and some cells were still in a poor condition, in particular the constant watch cell, which had poorly designed panelling that restricted visibility (see recommendation 1.52).

2.66 Health discharge arrangements were suitable, with prisoners due for release receiving seven days' supply of any prescribed medication and a summary record of their care.

Recommendations

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

2.68 Applications for health care appointments should be reviewed and actioned without delay.

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

2.70 Prisoners with long-term health conditions should receive regular reviews by trained staff, informed by an evidence-based care plan.

2.71 External hospital appointments should not be cancelled. (Repeated recommendation 2.63)

Social care

2.72 The strategic approach to social care between the prison and East Sussex County Council was underdeveloped. There had been no review of the memorandum of understanding and information-sharing agreement between the parties since 2015, and meetings involving key stakeholders were irregular.

2.73 Screening procedures to identify prisoners with social care needs were appropriate. Prisoners and staff we spoke to knew how to request support, and referrals and assessments were prompt. Carers from Better Healthcare currently provided regular support to five prisoners on F wing, who were complimentary about the care they received (see paragraph 2.30). Carers' access to prisoners across the wider prison had recently improved.

2.74 The provider maintained ongoing care records, and prisoners kept copies of their care plans in their cell. Residential staff had access to information about prisoners' social care needs.

Recommendation

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

Mental health care

2.76 There was a high level of mental health need in the prison. Over half the prisoners in our survey told us they had a mental health problem, but only 28% of them said they had been helped with it while in the prison.

2.77 The integrated mental health team (IMHT) was available between 8am and 4pm on weekdays. Pending the arrival of a permanent team leader, the team comprised a senior mental health nurse who worked three days per week, and two mental health practitioners (both also registered as occupational therapists) who worked full-time, alongside a registered mental health nurse. In addition, the team received regular input from a senior psychologist, cognitive behavioural therapist, an occupational therapy technician and an art therapist. A part-time consultant psychiatrist was shared with the inpatient unit, and a specialist registrar

attended the prison one day a week. There were two full-time mental health practitioner vacancies.

2.78 The team used a 'stepped care' model, and carried a caseload of 50 patients, 13 of who were managed under the care programme approach.

2.79 Not all prison officers had received mental health awareness training within the last year, but those we spoke to knew how to refer prisoners to the service.

2.80 Referrals to the team were regularly received via reception, prisoners and other agencies in the prison, and they were triaged each weekday using information on the SystmOne clinical IT system. There had been 570 referrals in the previous six months.

2.81 At the time of inspection, there were 71 patients on the open referrals list, some of who had been waiting for up to four months. Those we looked at had been triaged via their case notes, but if this did not trigger a high enough priority they risked being left on the open referrals list and could deteriorate without the team being aware. Patients were prioritised according to risk, and those of most concern were discussed at a weekly referrals meeting. At the time of inspection, 44 patients had been assessed as requiring intervention. Over half were waiting to see the psychiatrist, with the longest wait at four months.

2.82 The service had deteriorated since our previous inspection. Staffing vacancies, coupled with the high number of referrals, meant that the team struggled to meet patients' mental health needs promptly.

2.83 The team mainly provided individual sessions focusing on anxiety and mood management, trauma stabilisation and management of personality disorder. Record keeping was generally good and the care plans we saw were comprehensive. Structured groupwork was limited. The team had developed self-help resources, which included in-cell work packs.

2.84 The mental health team attended ACCT reviews for patients already known to the service, and visited the segregation unit three times a week with the GP.

2.85 In the previous six months, there had been 24 transfers to secure mental health services and only two had taken more than two weeks. Care plans were comprehensive and patients were complimentary about the care they received.

Recommendation

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

Substance use treatment[15]

2.87 The Forward Trust provided both clinical and psychosocial services for prisoners with substance use issues. The team generally worked well with the rest of the prison, but was not always invited to the daily briefing; this was a missed opportunity to share information. There was no regular prison-led drug strategy meeting to support the overall substance use strategy, which had only very recently been published.

[15] In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

2.88 Prison officers we spoke to had not received any recent substance use awareness training, although they knew how to refer prisoners to the service. Prisoners were referred to the service following their initial reception screen and by other staff following concerns, positive drug tests and adjudications; they could also self-refer.

2.89 A team of drug and alcohol practitioners supported a caseload of 150 prisoners and provided a range of interventions, both one to one and in groups. Space for interventions on the wings was too limited and compromised confidentiality.

2.90 A family worker provided useful support and worked closely with staff in the visitors' centre. Support was available through Alcoholics Anonymous, and there were plans to introduce Narcotics Anonymous. Five peer supporters provided one-to-one support and input into group sessions.

2.91 The overall governance of the service was good, and the team received regular feedback to inform service development though structured questionnaires post-treatment. The risk register and service improvement plan ensured concerns and developments were monitored.

2.92 Although the clinical and psychosocial teams were well integrated, links with the primary care team were less well developed, particularly in ensuring service referrals following call-outs to prisoners under the influence of substances. There was a newly appointed dual-diagnosis lead to support prisoners with both mental health and substance use issues.

2.93 In our survey, a third of prisoners told us they had arrived in the prison with a drug problem. At the time of inspection, 53 prisoners were receiving opiate substitution therapy. First night prescribing meant that new arrivals needing stabilisation were seen promptly. Those who developed a problem while in the prison were managed adequately. Close monitoring during initial stabilisation was well managed. Reviews took place according to national guidance, and daily team meetings were able to identify prisoners of concern quickly and ensure appropriate support. Prisoners had good access to the team and referrals were dealt with promptly.

2.94 K wing was used as a stabilisation and detoxification unit, and provided a therapeutic environment. Although A wing was referred to as the 'recovery' wing, we saw no evidence of a recovery ethos there; prisoners on the wing told us it was not a recovery wing, and staff said they had received no extra training to work there.

2.95 There was good discharge planning for prisoners who used the service, and 36% of those leaving the prison in the previous three months had been trained in naloxone use (to manage substance misuse overdose) and given it on release.

Recommendation

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

Medicines optimisation and pharmacy services

2.97 There were two regular pharmacists, and pharmacy technicians administered most of the medicines on weekdays. Pharmacists provided medicine review clinics, but these were infrequent and at the request of the patient. There had been a lack of suitable rooms on the wings for the pharmacists to provide other clinics, but a new treatment room had been opened on F wing.

2.98 Around 70% of patients received their medicines in possession, with the rest receiving supervised administration. Prisoners did not have lockable storage in their cells. We found several patients with no completed risk assessments attached to their record on SystmOne. Medicine administrations were well recorded on SystmOne.

2.99 The technicians had received training from the nursing staff in administering medicines, and worked under a written procedure. Medicines were administered three times a day at 8am, 11. 30am and 5pm. Night time medicines could be administered by inpatient nursing staff to prisoners in their own cells, but this was unusual. We noted that there was no officer present to supervise medication administration on L and M wings and were told this was not uncommon. We also observed other areas and times where drug administration was not well supervised by prison officers.

2.100 Patient group directions (which enable nurses to supply and administer prescription-only medicine) were limited to vaccinations. Patients could request over-the-counter remedies from the nurse or technician, and the supply was recorded on SystmOne.

2.101 Medicines were stored securely, and temperature-sensitive medicines were kept in suitable fridges, which were monitored. Methadone was supplied as stock and named-patient medicines, and administered by the separate substance misuse service.

2.102 The medicines management committee met monthly. There was generally poor attendance from the medical team in the prison. There had been an audit of the prescribing levels of some tradeable medicines, but this was not routinely discussed at every meeting. The pharmacy team was unable to obtain the prescribing levels when we asked.

Recommendations

2.103 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. (Repeated recommendation 2.71)

2.104 Custody officers should manage queues during medication collection times to maintain confidentiality and minimise potential bullying and diversion of supplies (Repeated recommendation 2.72)

2.105 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.

Dental services and oral health

2.106 An independent dentist, supported by a dental nurse from the Trust, delivered a community-equivalent range of treatments, including maxillofacial (face and jaw) surgery.

2.107 Although there were four commissioned dental sessions only two were currently held because of poor access to prisoners in the afternoon. Patients waited up to 13 weeks for a routine dental appointment, which was too long, although those requiring urgent treatment could access care quickly (see main recommendation S41).

2.108 The dental team conducted audits, including x-ray quality and decontamination processes, to monitor safety and quality of the service. The nurse had implemented a range of policies and procedures to support the service, although some documentation required updating, including the radiation protection and health and safety files. The dental team had only recently been included in key meetings with the other health providers and the prison.

2.109 The dental suite did not meet current infection control standards and equipment, including the x-ray machine, was not regularly maintained and certificated. The dentist told us that he had raised concerns about the maintenance of fixed equipment with the prison, but no further action had been taken at the time of our inspection.

2.110 Clinical records contained necessary information, and relevant information was shared more widely via SystmOne.

Recommendations

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

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

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

Section 3. 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 and are encouraged to engage in activities which support their rehabilitation.

3.1 Prisoners who were working or engaged in activities could spent about nine hours out of the cells on each weekday. However, unemployed prisoners could be locked in their cells for up to 23 hours a day. Prisoners could exercise outside each day but for only 30 minutes. Evening association lasting an hour and a quarter took place twice weekly on all wings on a rota basis and was not often cancelled. Time out of cell at weekends was reasonable at five hours and 15 minutes, although in the previous three months there had been six incidents of regime shutdown for half a day at the weekend on at least one wing. During each of our three working day roll checks, over 40% of prisoners were locked behind their doors, which was lower than at the previous inspection but still too high. (See main recommendation S42.)

3.2 The gym was large and in good condition, with free weights and cardiovascular equipment, and the sports hall had been converted into a cross-fit gym. Prisoners underwent a gym induction and those from all wings, including vulnerable prisoners, had good access to the gym. There were remedial sessions for older prisoners and those on the inpatient unit. The prison had recently run a sports leadership course in conjunction with Brighton and Hove Albion FC, completed by 12 prisoners, with a second one due to commence, but the range of courses was still limited. Team sports were held on an outside pitch, and prisoners and staff had taken part in events to raise money for charity.

3.3 The library, open Monday to Thursday, was a good and well-stocked facility run by East Sussex County Council. It was accessible two hours a week per wing, but was by appointment and sometimes prisoners were not unlocked to attend. The maximum number of prisoners per session was 25, with average attendance at around 15. The library had held an impressive range of events, including visiting speakers, well-being sessions and a debating club. The library also facilitated Storybook Dads (enabling prisoners to record a story for their children), and around 25 prisoners had participated in the previous year. Computers were old but functional, and prisoners could use them to write letters and print off documents.

Recommendation

3.4 All prisoners should have at least one hour in the open air each day.

Education, skills and work activities (Ofsted)[16]

Expected outcomes:
All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners. [17]

3.5 *Ofsted made the following assessments about the education, skills and work provision:*

Overall effectiveness of education, skills and work:	***Inadequate***
Achievements of prisoners engaged in education, skills and work:	*Inadequate*
Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:	*Requires improvement*
Personal development and behaviour:	*Inadequate*
Leadership and management of education, skills and work:	*Inadequate*

Management of education, skills and work

3.6 Prison managers did not have a clear strategy or plan to develop and improve learning and skills. Progress in making much needed improvement had been too slow, and the quality of provision had declined since the previous inspection.

3.7 The prison had only enough activity places for about two-thirds of the population. Around 40% of prisoners were unemployed. Allocations to work and training did not take sufficient account of prisoners' needs or predicted length of stay, and did not ensure the full and efficient use of the places available. Despite the lack of activity places, too many education classes were underused. Arrangements to ensure that prisoners attended their education classes and to identify reasons for non-attendance were ineffective, and attendance remained stubbornly low. (See main recommendation S42.)

3.8 Prisoners did not have access to impartial careers information and guidance following the end of the National Careers Service contract. As a result, they did not have a clear view of the options open to them on their release.

3.9 The education and vocational training provided by Novus required improvement. Prison and education managers' assessment of the quality of teaching and learning was broadly accurate, but actions to raise standards had yet to have a significant impact.

3.10 The focus on English and mathematics was appropriate for the majority of prisoners who only stayed for a short time. Managers had plans to provide more shorter programmes to ensure that more prisoners completed them, but progress in implementing these was slow.

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[16] This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

[17] In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

Provision for those who stayed longer, or had higher-level skills and qualifications, was limited and narrower than at the previous inspection. Managers were planning additional opportunities in horticulture, waste management and the gymnasium, but these were not yet available. There was no provision of training, including the safe use of chemicals, for prisoners undertaking cleaning duties or basic food handling training for those working in the kitchen (see paragraph 2.16).

3.11 There were effective non-accredited programmes to help engage prisoners in education, and to introduce English and mathematics through art and music. A significant minority of prisoners who took this first step back into education progressed to further study.

3.12 Managers had taken action to hold prisoners from moving to another prison while they completed their training, and this had shown a positive impact on the achievement of qualifications in a few vocational areas.

3.13 Prisoner pay rates for education and work sessions were comparable. However, as some courses ran for just one or two days a week and most work was full time, prisoners attending education could be on much less pay, which could be a disincentive to attend education. Enrolments for part-time education courses were low.

Recommendations

3.14 Prison and Novus managers should ensure that the quality of education and training is at least good.

3.15 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.

3.16 Prisoners working in the kitchen and on the wings should receive suitable training.

Quality of provision

3.17 Much teaching, learning and assessment did not meet the different needs of prisoners and required improvement (see recommendation 3.14). Too often, the most able prisoners were not challenged to work at the level at which they were capable, and did not progress quickly enough. A significant minority of prisoners did not receive feedback that helped them know what they needed to do to improve their skills, knowledge and understanding. A small minority of teachers prepared and used resources that were of poor quality and included spelling and grammatical errors. A few teachers lacked confidence in tackling and correcting English and mathematics in prisoners' work.

3.18 Prisoners' individual learning plans were not shared across the prison to inform the planning of further activities or used to build on previous learning. Too few teachers set prisoners purposeful medium and long-term targets. As a result, prisoners were not always clear what progress they were making or what they needed to do next (see recommendation 3.14).

3.19 Too many prisoners with additional learning needs did not receive effective support and, as a result, they often did not make the progress of which they were capable. Learning support assistants were not used effectively in lessons.

3.20 A few teachers and tutors made effective use of questioning and prompting to confirm prisoners' understanding and knowledge. In these sessions, prisoners worked towards learning goals that were appropriate for their stage of development, received clear, concise and constructive feedback, and made good progress.

3.21 Most prisoners in project-based, non-accredited workshops developed their literacy skills well through the medium of art. For the majority who attended, this provided an effective way to develop their confidence and re-engage with education.

Personal development and behaviour

3.22 Attendance at activities was low, particularly in education, where over a third of allocated prisoners failed to attend. (See main recommendation S42.) The few prisoners who attended activities behaved well and showed a positive attitude to keeping themselves and others safe. They respected each other's views and opinions, and focused well on the tasks set.

3.23 Too much work was repetitive and mundane, although most prisoners in classrooms and workshops were productive and disciplined. Work focused on delivering contracts rather than developing employment skills or preparing prisoners for release (see recommendation 3.15). The excessive number of wing workers were underemployed and lacked a positive work ethic. The recent introduction of English and mathematics outreach to work areas was beginning to engage more prisoners in education, and to promote the importance of English and mathematics for employment.

3.24 Learning mentors provided prisoners with additional help during theory and practical sessions. They gave effective support and guidance to prisoners as directed by teachers and instructors.

Outcomes and achievements

3.25 Prisoners' outcomes and achievements were inadequate. Too few prisoners undertook qualifications in subjects likely to improve their chances of employment on release, including in English and mathematics (see recommendation 3.15). The overall qualification success rate was high for education, mainly in the non-vocational and non-accredited courses that dominated the curriculum. This masked the achievement rates for English and mathematics, which were not high enough and were particularly low for level 1 mathematics. Most prisoners on the few vocational training programmes available successfully achieved their qualifications.

3.26 Too many prisoners did not complete their courses; only around a half of those who began English and mathematics courses completed them, often because they were moved to another prison. A very small number of prisoners gained employment on release with the companies who had contracts with the prison, or through associated companies.

Section 4. 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.

4.1 Visits took place seven days a week, but there were no sessions in the morning at weekends, when we were told that demand was greatest. Visits could be booked by telephone, online and when leaving the current visit. Some visitors said it was hard to get through to the telephone line at times, although when we called it was answered quickly.

4.2 Spurgeons children's charity ran the welcoming visitors' centre seven days a week and provided a range of helpful family support, including advice for first-time visitors. It was intended to develop this work further, particularly directly with prisoners to help them manage relationships with their children and family. Spurgeons had piloted a parenting programme with three prisoners, and there were regular and well-attended family days. The governor ran a bimonthly meeting with visitors, which had resulted in some improvements for prisoners' families.

4.3 There were two visits halls. A small one on the first floor, which was serviced by a lift and could accommodate nine prisoners, was used for those with mobility issues. The main visits hall was now a cleaner and brighter environment; the fixed furniture had been replaced with brightly coloured chairs and tables, the hall had been repainted and artwork displayed. There was a recently refurbished children's play area, which was well equipped for young children and supervised by a playworker during some sessions, but there was no provision for older children. There were still no toilets for prisoners or visitors, and no baby changing facilities in the visits hall. Visitors had to go back to the gate to use the toilet and prisoners to return to their wing, which lost valuable visits time. A small shop run by prisoners sold snacks but not hot food. Prisoners and their visitors were permitted reasonable physical contact during visits.

4.4 Prisoners had experienced unacceptable delays of several days, and sometimes weeks, in sending and receiving their mail. Managers attributed this to a variety of problems, including staff shortages and a broken franking machine. Some wing telephones were broken, but prisoners did not report problems accessing them and we saw no long queues to use them.

Recommendations

4.5 The visits hall should provide toilets for visitors and prisoners, and baby changing facilities.

4.6 Prisoners' incoming and outgoing mail should be processed promptly with no long delays.

Good practice

4.7 *The governor ran a bimonthly meeting with visitors, which had resulted in some improvements for prisoners' families.*

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.

4.8 The prison continued to hold a complex mixture of unsentenced (26%) and sentenced prisoners (74%), including lifers, recalled prisoners, immigration detainees and those convicted of sexual offences.

4.9 The strategic management of rehabilitation work was weak. The reducing reoffending committee had met only four times in 2018, with the last meeting three months previously. A representative from the offender management unit (OMU) had only attended two meetings. The reducing reoffending strategy was out of date, and the prison had not analysed the criminogenic factors of the population to inform its strategy. Departments did not work closely or strategically together to reduce risk. There was no strategic document explaining how the OMU, the accredited interventions team, the community rehabilitation company (CRC)[18] and the reducing reoffending department would work together to rehabilitate prisoners. (See main recommendation S43.)

4.10 The OMU comprised a manager, senior probation officer, four probation officers, four offender supervisors and 13 business administrators. A further two offender supervisors were due to start. Offender supervisors were now rarely cross-deployed to other duties in the prison. However, caseloads were large and some probation officers managed over 90 cases. We found some examples of good offender management but overall the unit lacked focus. There was no strategy document outlining the work of the unit or the staff's various roles. OMU staff did not see new arrivals as part of their induction (see paragraph 1.5). Team meetings were not minuted and there was no action plan to drive improvements or formal staff supervision. Probation officers, however, did assist offender supervisors in improving the quality of their practice. OMU staff lacked proper facilities to do their job effectively; there were no dedicated private interview rooms and the video-link booth could only sit one person comfortably. Not all OMU staff had access to National Probation Service's online case management system, NDelius, which hindered good offender management.

[18] Since May 2015, rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders. The National Probation Service has maintained responsibility for high- and very high-risk offenders.

4.11 Too many OASys (offender assessment system) assessments were incomplete or late. At the start of our inspection, 64 prisoners had not been assessed who should have been. A further 59 prisoners who had been assessed now had out-of-date assessments. The unit attempted to prioritise potential high-risk cases but this did not obviate the risks of having so many prisoners without an up-to-date assessment.

4.12 The quality of OASys assessments and sentence plan objectives was variable. There were no minimum requirements for contact between the offender supervisors, probation officers and prisoners, and OMU staff contact with prisoners was insufficient and reactive. In three cases managed by offender supervisors that we examined, the offender supervisor had not seen or contacted the prisoner. It was clear that many prisoners had no contact with the OMU and others were only seen at trigger points, such as parole hearings. This meant that offender supervisors did not follow up sentence plan targets to ensure that they were met. In contrast, we found some positive work by keyworkers (see paragraph 2.2), whose contact with prisoners was very regular, often weekly, and much of it was recorded in detail on P-NOMIS electronic case notes. Some key workers were helping, encouraging and advising prisoners. The quality of probation officers' initial work was often good but it was not always effectively followed up

4.13 Probation officers and offender supervisors did not record the contact they had with prisoners on P-NOMIS. Instead the OMU recorded contact in Word files that were difficult to read, as they mainly consisted of unedited copies of emails. These notes were not available to other departments in the prison or probation staff in other prisons. This failing seriously undermined good coordinated offender management. (See main recommendation S43.)

4.14 Prisoners serving indeterminate sentences made up 19% of the population but there was no specific provision for this group. There was also no strategy for managing the large number of prisoners convicted of sex offences. (See main recommendation S43.)

Recommendations

4.15 **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.** (Repeated recommendation 4.15)

4.16 **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.**

Public protection

4.17 At the time of the inspection, 201 prisoners were assessed as presenting a high or very high risk of harm. Work to protect the public was good. The OMU thoroughly screened and identified any restrictions for prisoners in contacting the public, and procedures to implement and review child contact procedures were adequate. There were 105 prisoners with restrictions in place. Prisoners complained to us of delays in having the telephone numbers of friends and family security cleared, but we found no unnecessary delays in the cases we examined, although there had been long delays previously. Mail and telephone monitoring arrangements were sound.

4.18 The prison held 169 prisoners whose cases were managed by the National Probation Service, and all were potentially in scope for multi-agency public protection arrangements (MAPPA).

4.19 The prison's inter-departmental risk management committee met once a month and was largely effective; its work was underpinned by a good local operating procedure. The committee reviewed all high-risk monitoring cases and MAPPA 2 and 3 cases (the higher levels of risk). Probation officers submitted exceptionally good intelligence reports (MAPPA Fs) that were used to determine a prisoner's MAPPA level. The ones were reviewed were thorough, informative and analytical. Not all relevant prisoners were assigned a MAPPA level before their release, even though OMU staff contacted external offender managers for this eight and six months before the prisoner was released.

Recommendation

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

Good practice

4.21 *The quality of MAPPA intelligence reports (MAPPA Fs) was very good. They drew on evidence from a wide range of sources, and provided an excellent analysis of risk.*

Categorisation and transfers

4.22 Ten per cent of the population were category B prisoners, 54% category C, 5% category D and the remainder were uncategorised. Arrangements to review prisoners' categorisation status were adequate, but they were not invited to attend their categorisation boards and were only informed of the board's decision by letter rather than face to face. In the previous six months, 108 recategorisation boards had been held, with 20 prisoners recategorised from category B to C, and 13 from C to D.

4.23 Once recategorised, many prisoners were swiftly transferred to more suitable prisons but the transfer of sex offenders was slow. The prison held 85 registered sex offenders but there was no programme needs assessor to evaluate their needs and suitability for offending behaviour programmes. (See main recommendation S43.)

4.24 Arrangements for home detention curfew (HDC) were adequate. In the previous six months, the prison had approved 36 prisoners' applications for HDC.

Recommendation

4.25 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. (Repeated recommendation 4.25)

Interventions

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

4.26 The lack of up-to-date OASys risk assessments and sentence plans impeded the delivery of effective and sequenced interventions to address prisoners' offending behaviour. The prison offered two accredited offending behaviour programmes: the Thinking Skills Programme (TSP) and Resolve (a moderate intensity programme to reduce violence). Staffing shortfalls had meant that in the year 2018-19, the prison had run only four programmes (two Resolve and two TSP) instead of the intended six programmes (two Resolve and four TSP), with only 33 prisoners in total undertaking an accredited offending behaviour programme.

4.27 The chaplaincy ran a non-accredited, six-week victim awareness course, Sycamore Tree, in which prisoners met victims of crime. The course ran four times a year with about 20 prisoners at a time. The accredited programmes team also did some one-to-one work with prisoners and had helped train keyworkers (see paragraph 2.2). The Sussex Pathways charity[19] did some restorative justice work with a small number of prisoners. In the financial year to date, five prisoners had written restorative letters to their victims and three attended face-to-face meetings with them. Sussex Pathways ran Pathways to Change, a life skills and mindfulness course, for prisoners before their release. The course offered a weekly two-hour session over six weeks. From April to November 2018, 59 prisoners had completed the course. The prison did not release prisoners on temporary licence to aid their rehabilitation.

4.28 The CRC helped prisoners with basic finance and debt problems, and in 2018 helped 40 prisoners to apply to open a bank account. A debt adviser from Sussex Pathways attend one morning a fortnight to help prisoners with more complex debt problems. A representative from Jobcentre Plus attended four days a week. Prisoners could not apply for universal credit while in prison, but the Jobcentre Plus representative arranged appointments in the community where they could then apply.

4.29 CRC resettlement officers were aware of their statutory duty to refer someone who could become homeless to the local authority, and we saw examples of referrals made. The CRC had contracted Southdown[20] to provide specialist housing advice to prisoners. A very experienced representative from Southdown attended five days a week to help prisoners maintain tenancies and reduce the numbers discharged homeless. Despite the good efforts of the CRC and Southdown, too many prisoners were released homeless: 18% of all discharges had no accommodation in the previous six months. The problem was largely caused by a lack of private and public housing in the south east. Local authority emergency housing was also limited and the tests for entry were high; only prisoners with priority needs were accepted. Local authorities would not help prisoners from out of their area.

4.30 Sussex Pathways provided a helpful through-the-gate mentoring service. A volunteer keyworker from the community met prisoners up to 12 weeks before release to help create an action plan. This keyworker then met the prisoner at the gate and helped them access services outside prison, and supported the prisoner for up to six months. From April to November 2018, 23 prisoners had been met on the day of release.

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[19] A small third sector organisation that aims to help prisoners resettle back into the community successfully. www.sussexpathways.org.uk

[20] A third sector organisation that offers support to vulnerable people in Sussex to help them lead a fuller life. www.southdown.org

4.31 At our last inspection, the CRC ran the My Solutions rehabilitation programme, a range of modules and interventions that helped prisoners prepare for their release. However, the programme was not currently running due to a lack of CRC resettlement officers.

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.

4.32 The CRC assessed all prisoners' resettlement needs shortly after arrival and, in theory, 12 weeks before release. In practice, not all prisoners were seen 12 weeks before release. We found cases of unmet need. Too many prisoners were unaware of the CRC's work and many did not attend appointments to plan for their release. A CRC peer worker had been recruited shortly before our inspection, but his profile was too low and he could not move around the prison. The CRC did not attend induction for new arrivals (see paragraph 1.5). Cooperation and joint working between the CRC and OMU were poor, with little coordinated action to identify and assist prisoners' resettlement. Resettlement plans, when completed, were good, and there was some good referral and signposting to help prisoners prepare for their release. Plans to recruit additional resettlement officers were due to increase the CRC's capacity from April 2019.

Recommendation

4.33 **All prisoners should have their resettlement needs assessed before release on licence.** (Repeated recommendation 4.34)

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendations — To the governor

5.1 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)

5.2 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)

5.3 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)

5.4 The prison should provide opportunities for all prisoners to engage with education, skills and work-related activities, and ensure that they do so. (S42)

5.5 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)

Recommendation — To the governor and HMPPS

5.6 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, repeated recommendation 4.25)

Recommendations — To the governor

Early days in custody

5.7 Prisoners should receive a prompt and comprehensive induction that allows them to understand life in prison. (1.7)

Managing behaviour

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

5.9 Managers should investigate why use of force has increased so substantially and take action to address the findings. (1.26)

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

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

5.12 All segregation cells should have sufficient privacy screening for toilet areas. (1.34)

5.13 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)

Security

5.14 The security department should share security objectives across prison departments and monitor these for effectiveness. (1.42)

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

Safeguarding

5.16 Serious incidents of self-harm should be promptly investigated and lessons learned should be widely disseminated among staff. (1.51, repeated recommendation 1.27)

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

5.18 All staff should receive training on and be familiar with the policy and principles of adult safeguarding. (1.55)

Staff-prisoner relationships

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

Daily life

5.20 Cells, wings and outside areas should be kept clean. (2.10)

5.21 Cells and showers should be refurbished to a decent standard. (2.11)

5.22 Cell call bells should be answered promptly. (2.12)

5.23 The applications system should be streamlined and monitored to ensure that it meets prisoner needs. (2.22)

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

Equality, diversity and faith

5.25 The distinct needs of prisoners with protected characteristics should be identified and addressed, with effective use made of equality monitoring data. (2.36)

5.26 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)

Health, well-being and social care

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

5.28 All health care should be delivered in a clinically appropriate setting that meets infection control standards. (2.53)

5.29 There should be a prison-wide strategy and approach to support health promotion and well-being activities. (2.57)

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

5.31 Applications for health care appointments should be reviewed and actioned without delay. (2.68)

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

5.33 Prisoners with long-term health conditions should receive regular reviews by trained staff, informed by an evidence-based care plan. (2.70)

5.34 External hospital appointments should not be cancelled. (2.71, repeated recommendation 2.63)

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

5.36 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)

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

5.38 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, repeated recommendation 2.71)

5.39 Custody officers should manage queues during medication collection times to maintain confidentiality and minimise potential bullying and diversion of supplies (2.104, repeated recommendation 2.72)

5.40 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)

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

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

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

Time out of cell

5.44 All prisoners should have at least one hour in the open air each day. (3.4)

Education, skills and work activities

5.45 Prison and Novus managers should ensure that the quality of education and training is at least good. (3.14)

5.46 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)

5.47 Prisoners working in the kitchen and on the wings should receive suitable training. (3.16)

Children and families and contact with the outside world

5.48 The visits hall should provide toilets for visitors and prisoners, and baby changing facilities. (4.5)

5.49 Prisoners' incoming and outgoing mail should be processed promptly with no long delays. (4.6)

Reducing risk, rehabilitation and progression

5.50 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, repeated recommendation 4.15)

5.51 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)

Public protection

5.52 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)

Release planning

5.53 All prisoners should have their resettlement needs assessed before release on licence. (4.33, repeated recommendation 4.34)

Examples of good practice

5.54 The governor ran a bimonthly meeting with visitors, which had resulted in some improvements for prisoners' families. (4.7)

5.55 The quality of MAPPA intelligence reports (MAPPA Fs) was very good. They drew on evidence from a wide range of sources, and provided an excellent analysis of risk. (4.21)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Coordinating inspector
Bev Alden	Inspector
Paddy Doyle	Inspector
Michael Dunkley	Inspector
Deri Hughes-Roberts	Inspector
Kam Sarai	Inspector
Nadia Syed	Inspector
Darren Wilkinson	Inspector
Elizabeth Walsh	Lead health inspector
Tania Osborne	Health inspector
Tim Byrom	Care Quality Commission inspector
Simon Denton	Pharmacy inspector
Phillip Romain	Ofsted lead inspector
Christopher Dearnley	Ofsted inspector
Judy Lye-Forster	Ofsted inspector
Charli Bradley	Researcher
Catherine Shaw	Researcher
Holly Tuson	Researcher
Claudia Vince	Researcher

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2015-16, first night support was inadequate. Most new arrivals were not accommodated in the first night unit and substantial risks were not addressed. Levels of violence were high and the violence reduction policy was not implemented properly. The level of self-harm was relatively low but prisoners at risk did not receive sufficient support. The care and support unit performed a useful function. Security was proportionate and good work had been undertaken to reduce the use of new psychoactive substances (NPS) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects). Force and special accommodation were used more frequently than at the previous inspection; documentation and governance were poor. The use of segregation was high, but the conditions were reasonable and most prisoners were reintegrated promptly. Substances misuse services were generally good. ***Outcomes for prisoners were not sufficiently good against this healthy prison test.***

Main recommendations

The risks associated with a prisoner's first hours and days in prison should be offset by systematic support on arrival and during their first night and early days in the prison. New arrivals should be placed in suitable accommodation. (S41)
Not achieved

The prison should take a rigorous approach to identifying, investigating and dealing with violence, which should be significantly reduced. (S42)
Not achieved

Recommendations

Prisoners appearing in court should have the opportunity to have a shower every day. (1.4)
Not achieved

At risk and vulnerable prisoners should be placed in locations where they have safe access to the regime. (1.19)
Achieved

There should be structured case management and care planning arrangements for prisoners located in the care and support unit. (1.20, repeated recommendation 1.24)
Partially achieved

Serious incidents of self-harm should be promptly investigated and lessons learned should be widely disseminated among staff. (1.27)
Not achieved (recommendation repeated, 1.51)

All staff should receive regular ACCT and safer custody training, including on procedures for entering cells where life is at risk. The ACCT process should underpin good care for prisoners at risk of self-harm, clearly identifying needs and providing multidisciplinary risk assessment and management. (1.28)
Not achieved

Constant observation cells should not be located in the segregation unit. (1.29)
Not achieved

All prisoners requiring support to meet their social care needs should be managed through care plans to identify what action is required and monitor their requirements. (1.32)
Achieved

All security action should be tracked to ensure it is carried out promptly. (1.39)
Not achieved

Security measures should be proportionate. In particular, closed visits should only be imposed for reasons directly related to visits and strip-searching should be intelligence-led in all areas. (1.40)
Not achieved

The IEP scheme should be applied consistently and should motivate prisoners to change their behaviour. (1.44)
Partially achieved

Managers should ensure that adjudications are conducted fairly and with integrity, and that proceedings are not undermined by administrative errors. All records should demonstrate an adequate exploration of charges before a finding of guilt. (1.48)
Not achieved

All use of force incidents, including use of special accommodation, should be properly authorised and correctly and comprehensively recorded. There should be sufficient managerial oversight and incidents, videos and documentation should be effectively reviewed. (1.52)
Partially achieved

Anti-ligature clothing should only be used in exceptional circumstances with proper justification, and authorisation and usage should be logged and monitored. (1.53, repeated recommendation 1.34)
Achieved

Prisoners should not be held in the segregation unit because of a lack of space in other units. (1.60)
Achieved

A substance misuse strategy committee should oversee and implement the strategy, ensure coordinated working between departments, and include representatives from security. (1.69, repeated recommendation 1.79)
Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2015-16, the prison was generally clean and in good repair, but too many cells had inadequate furniture. Not all prisoners had adequate clothing. Staff-prisoner relationships were good. Equality and diversity work was weak and some outcomes were poor. Faith provision was very good. Responses to complaints were usually prompt and addressed the main issues. Health services were reasonably good overall. Most food was reasonable. ***Outcomes for prisoners were reasonably good against this healthy prison test.***

Main recommendation

Governance and management oversight of diversity should ensure that the needs of all prisoners with protected characteristics are identified, assessed and met, and that the negative perceptions of particular groups are understood. (S43)
Partially achieved

Recommendations

Cells should be adequately furnished and hold only as many prisoners as they are designed for. (2.6)
Not achieved

Staff should answer all emergency cell bells promptly and ensure that emergency fire equipment is unlocked and ready to use at night. (2.7)
Not achieved

Prisoners should have good daily access to phones. (2.8)
Achieved

Key information should be available in an appropriate range of foreign languages, and interpreting and translation services should be used appropriately. Prisoners should not be used to interpret for sensitive or confidential matters. (2.22)
Not achieved

Older prisoners with care needs and those with a disability should be supported by an integrated care plan and a PEEP where necessary, and their carers should have regular oversight and support. (2.23)
Partially achieved

Prisoners over the age of retirement should not be routinely locked up during the day and should not have to pay for televisions. (2.24)
Not achieved

Legal services should be available, especially for those on remand. (2.34)
Not achieved

The emergency resuscitation equipment should be in good order with an effective monitoring system. Prison staff should receive training in first aid and resuscitation. (2.48)
Partially achieved

The health complaints process should be confidential. All responses should be respectful, consistent and timely and address the issues raised providing prisoners with an adequate explanation. (2.49)
Achieved

All prisoners should receive a health screening on reception to ensure that their immediate health needs are met and their safety is assured. Duel handsets should be readily available in the first night centre so effective communication can take place with prisoners who need telephone translation services. (2.61)
Partially achieved

Waiting times for primary care services, including the optician, should not exceed waiting times in the community; the application process for internal health care appointments should be reviewed to ensure all prisoners have access without compromising confidentiality. (2.62)
Not achieved

External hospital appointments should not be cancelled and custody escort arrangements should meet the health care needs of the prison population. (2.63)
Not achieved (recommendation repeated, 2.71)

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. (2.71, repeated recommendation 2.99)
Not achieved (recommendation repeated, 2.103)

Custody officers should manage queues during medication collection times to maintain confidentiality and minimise potential bullying and diversion of supplies. (2.72)
Not achieved (recommendation repeated, 2.104)

All health professionals should ensure that they prescribe, handle and administer all controlled drugs in line with legislation, national guidance and professional standards. This should include the contemporary recording in the controlled drug register of all controlled drugs administered. (2.73, repeated recommendation 2.100)
Achieved

Transfers under the Mental Health Act should take place within the current transfer guidelines. (2.83)
Not achieved

Custody staff should have mental health awareness training so they can take appropriate action when a prisoner has mental health problems. (2.84)
Not achieved

All catering equipment should be thoroughly cleaned before use and maintained in good working order or replaced. (2.90)
Achieved

All prisoners involved in food preparation and delivery should be provided with appropriate clothing. (2.91)
Partially achieved

Purposeful activity

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

At the last inspection, in 2015-16, time out of cell was inadequate. Activities were better managed but there were too few spaces for the population and induction into activities was poor. Although attendance in education and work had improved, there were too many unused places. The quality of education and vocational training was adequate. Achievements in English, maths and some vocational training were low in the previous year but were now improving. The library and physical education (PE) provision were good and prisoners had good access to both. ***Outcomes for prisoners were not sufficiently good against this healthy prison test.***

Main recommendation

All prisoners who are able to participate in activities should be purposefully occupied during the working day. All activity places should be filled. (S44)
Not achieved

Recommendations

All prisoners should have at least one hour in the open air each day. (3.5)
Not achieved (recommendation repeated, 3.4)

All prisoners should have a comprehensive work and training induction, as well as the mandated education assessment. (3.12)
Partially achieved

The observations of teaching and learning should be extended to all areas of learning across the prison and best practice should be shared to further improve teaching and learning. (3.13)
Not achieved

Skills action plans should be used to systematically inform allocations to activities and ensure that training and work meet prisoners' identified needs and predicted length of stay. (3.19)
Not achieved

Classroom and workshop opportunities should be used to help prisoners understand the importance of maths and English in the workplace. (3.24)
Partially achieved

The prison should provide a range of accredited qualifications in the gym. (3.40)
Partially achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2015-16, the prison managed a complex population with varied needs. Provision for longer-term prisoners was insufficient. Strategic management of resettlement was adequate. The community rehabilitation company (CRC) was effective and supported prisoners' resettlement well. Offender supervision did not sufficiently support prisoners through their sentence. There were some weaknesses in public protection work. Re-categorisation processes and assessments were reasonable, but some sex offenders were not making progressive moves. Resettlement work was generally good but too many prisoners were released without accommodation. Visits provision was adequate. Not enough was done to promote contact with family. ***Outcomes for prisoners were reasonably good against this healthy prison test.***

Recommendations

A whole prison approach to offender management, based on a robust needs analysis, should be developed. It should include improved joint working and information exchange, and a detailed strategy for managing the large number of sex offenders. (4.8)
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)
Not achieved (recommendation repeated, 4.15)

Non-English-speaking prisoners' phone calls and letters should be translated to ensure effective monitoring for public protection issues. (4.19)
Achieved

MAPPA levels should be confirmed at least six months before release and the IRMT should carry out its public protection responsibilities in full. (4.20)
Partially achieved

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)
Not achieved (recommendation repeated, 4.25)

All prisoners should have their resettlement needs assessed before release on licence. (4.34)
Not achieved (recommendation repeated, 4.33)

The number of prisoners being released homeless should be more carefully monitored and action should be taken to reduce the number. (4.38)
Partially achieved

The prison should provide a visitors' centre offering shelter and amenities for waiting visitors. (4.47)
Achieved

The visits hall should offer more comfortable facilities, including access to toilets for visitors and prisoners. (4.48)
Partially achieved

A range of family support services should be provided to all prisoners. (4.49)
Partially achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Sussex Partnership NHS Foundation Trust
Location: HMP Lewes – Prison Healthcare Department
Location ID: RX2DC
Regulated activities: Treatment of disease, disorder or injury; Diagnostic and screening procedures

Action we have told the provider to take

The table below 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 9 – Person-centred care	9 - (1) The care and treatment of service users must – (a) be appropriate, (b) meet their needs, and (c) reflect their preferences.

How the regulation was not being met:

The management of long-term health conditions did not ensure that patients received person-centred based on an assessment of their needs and preferences:

- Patients with an identified long-term health condition were not managed in line with national guidance. Service managers told us that patients with long-term health conditions did not currently have care plans in place. There were no nurse-led appointments or clinics to regularly review and manage long-term health conditions.

- Not all patients with an identified long-term health condition were prioritised for review when their clinical history indicated on-going need. Records showed that nursing staff recorded a known epileptic patient as non-compliant with their medication for around three weeks but did not take any further action. The patient's health significantly deteriorated during this period of non-compliance.

- The systems in place to manage long-term health conditions were not effective. Registers and waiting lists of patients with long-term health conditions were not up to date, and did not reflect the current patient population.

The mental health team were not meeting patients' mental health needs in a timely way:

- Seventy-one patients on the waiting list for a mental health assessment waited up to four months for a full assessment of their needs. There was a risk that these patients could deteriorate significantly before coming to the attention of staff.

- Forty-four patients had been assessed as requiring clinical intervention following an initial mental health assessment. Twenty-six of these patients were waiting to see the psychiatrist, and the longest wait for an appointment was four months. The waiting list for a psychologist appointment was two months.

Regulation 17 – Good governance	17 - (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part.

How the regulation was not being met:

Governance systems and processes did not sufficiently assess, monitor and drive improvement in the quality and safety of the services provided:

- The system for managing prisoner applications for health appointments was ineffective, and impacted significantly on prisoners' timely access to care and treatment. During the inspection, we found 143 unactioned application forms dating back to the beginning of December 2018.

- There was no effective oversight and analysis of the reasons for nonattendance
at health appointments. Reasons for non-attendance at health appointments were not routinely recorded on the electronic clinical record. When patients did not attend, the process for re-booking appointments was inconsistent, and some patients were not re-booked at all.

- Records of the management of the risk of patients keeping prescribed medicines within their possession were incomplete. Around 70% of patients receiving prescribed medication kept their medicines in-possession. On 21 February 2019 the trust confirmed that 121 of the eligible 403 patients receiving in-possession medication did not have completed risk assessments attached to their electronic clinical record.

- There was no effective system in place to monitor or record compliance with

required managerial or clinical supervision, particularly for primary care staff.	
Regulation 18 - Staffing	18 - (2) Persons employed by the service provider in the provision of a regulated activity must – (a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
How the regulation was not being met: Staff access to supervision required improvement: • The provision and uptake of clinical and managerial supervision was inconsistent across the teams. The main concern was found amongst primary care staff. Staff that we spoke to had not accessed formal managerial supervision since September 2018. Weekly reflective practice for staff had just started and was not yet embedded.	

Appendix IV: Photographs

Bird droppings on a sign



Bird droppings



Cell



Outpatients waiting area



Segregation cell



Appendix V: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Status	18–20 yr olds	21 and over	%
Sentenced	13	306	53.3
Recall	3	87	15
Convicted unsentenced	7	47	9
Remand	10	90	16.7
Civil prisoners	0	2	0.3
Detainees	0	7	1.2
Indeterminate	0	27	4.5
Total	**33**	**566**	**100**

Sentence	18–20 yr olds	21 and over	%
Unsentenced	18	150	28
Less than six months	1	44	7.5
Six months to less than 12 months	2	23	4.2
12 months to less than 2 years	1	44	7.5
2 years to less than 4 years	2	31	5.5
4 years to less than 10 years	6	123	21.5
10 years and over (not life)	1	63	10.7
ISPP (indeterminate sentence for public protection)	0	19	3.2
Life	0	30	8.2
Total	**33**	**566**	**100**

Age	Number of prisoners	%
Under 21 years	33	5.5
21 years to 29 years	179	29.9
30 years to 39 years	191	31.9
40 years to 49 years	99	16.5
50 years to 59 years	53	8.8
60 years to 69 years	26	4.3
70 plus years: *maximum age=88*	18	3.0
Total	**599**	**100**

Nationality	18–20 yr olds	21 and over	%
British	28	500	88.1
Foreign nationals	4	61	10.9
Not stated	1	5	1.0
Total	**33**	**566**	**100**

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	17	142	26.5
Uncategorised sentenced	2	13	2.5
Category B	0	60	10
Category C	2	319	53.6
Category D	0	30	5.0
Other	12	2	2.3
Total	**33**	**566**	**100**

Ethnicity	18–20 yr olds	21 and over	%
White			
British	14	407	70.3
Irish	1	3	0.7
Gypsy/Irish Traveller	2	11	2.2
Other white	3	37	6.7
Mixed			
White and black Caribbean	2	7	1.5
White and black African	1	3	0.7
White and Asian	1	4	0.8
Other mixed	0	5	0.8
Asian or Asian British			
Indian	0	3	0.5
Pakistani	0	3	0.5
Bangladeshi	0	5	0.8
Other Asian	2	10	2.0
Black or black British			
Caribbean	2	31	5.5
African	3	19	3.7
Other black	0	6	1.0
Other ethnic group			
Arab	1	3	0.7
Other ethnic group	0	4	0.7
Not stated	1	5	1.0
Total	**33**	**566**	**100**

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.2
Church of England	1	103	17.4
Roman Catholic	4	69	12.2
Other Christian denominations	4	64	11.4
Muslim	10	73	13.9
Sikh	0	5	0.8
Hindu	0	1	0.2
Buddhist	0	13	2.2
Jewish	0	9	1.5
Other	0	7	1.2
No religion	14	219	38.9
Not stated	0	2	0.3
Total	**33**	**566**	**100**

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	**%**	**Number**	**%**
Less than 1 month	3	0.5	84	14.
1 month to 3 months	6	1.0	116	19.4
3 months to six months	2	0.3	64	10.7
Six months to 1 year	2	0.3	82	13.7
1 year to 2 years	2	0.3	44	7.3
2 years to 4 years	0	0	22	3.7
4 years or more	0	0	4	0.7
Total	**15**	**2.5**	**416**	**69.4**

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	4	2.4	55	32.7
1 month to 3 months	11	6.2	46	27.4
3 months to six months	2	1.2	36	21.4
Six months to 1 year	1	0.6	9	5.4
1 year to 2 years	0	0	3	1.8
2 years to 4 years	0	0	1	0.6
Total	**18**	**3.0**	**150**	**25.0**

Appendix VI: Prisoner survey methodology and results

Prisoner survey methodology

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.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.[21]

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.[22] In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.[23] Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 14 January 2019, the prisoner population at HMP Lewes was 583. Using the sampling method described above, questionnaires were distributed to 194 prisoners. We received a total of 157 completed questionnaires, a response rate of 81%. Seventeen prisoners declined to participate in the survey, and 20 questionnaires were either not returned at all, or returned blank.

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21 Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

22 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

23 For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Lewes. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.[24] Missing responses have been excluded from all analyses.

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Lewes 2019[25] compared with those from other HMI Prisons surveys[26]

- Survey responses from HMP Lewes in 2019 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Lewes in 2019 compared with survey responses from HMP Lewes in 2015

Comparisons between different residential locations within HMP Lewes 2019

- Responses of prisoners on vulnerable prisoner unit (F wing) compared with those from the rest of the establishment.

Comparisons between sub-populations of prisoners within HMP Lewes 2019[27]

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- Responses of prisoners from Traveller communities compared with those of prisoners not from Traveller communities.
- British nationals' responses compared with those of foreign nationals.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- Disabled prisoners' responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.[28]

In the comparator analyses, statistically significant differences are indicated by shading.[29] Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between

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[24] Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

[25] Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

[26] These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

[27] These analyses are carried out on summary data from selected survey questions only.

[28] A minimum of 10 responses which must also represent at least 10% of the total response.

[29] A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p<0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

Survey summary

Background information

1.1 What wing or house block are you currently living on?

A wing	28 (18%)
C wing	34 (22%)
F wing	39 (25%)
G wing	3 (2%)
K wing	3 (2%)
L wing	23 (15%)
M wing	22 (14%)
Health care unit	1 (1%)
Segregation unit	4 (3%)

1.2 How old are you?

Under 21	7 (4%)
21 - 25	28 (18%)
26 - 29	19 (12%)
30 - 39	53 (34%)
40 - 49	29 (19%)
50 - 59	10 (6%)
60 - 69	6 (4%)
70 or over	4 (3%)

1.3 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	95 (63%)
White - Irish	1 (1%)
White - Gypsy or Irish Traveller	11 (7%)
White - any other White background	18 (12%)
Mixed - White and Black Caribbean	3 (2%)
Mixed - White and Black African	1 (1%)
Mixed - White and Asian	0 (0%)
Mixed - any other Mixed ethnic background	2 (1%)
Asian/ Asian British - Indian	0 (0%)
Asian/ Asian British - Pakistani	2 (1%)
Asian/ Asian British - Bangladeshi	1 (1%)
Asian/ Asian British - Chinese	0 (0%)
Asian - any other Asian Background	2 (1%)
Black/ Black British - Caribbean	7 (5%)
Black/ Black British - African	2 (1%)
Black - any other Black/ African/ Caribbean background	2 (1%)
Arab	3 (2%)
Any other ethnic group	0 (0%)

1.4 How long have you been in this prison?

Less than 6 months	92 (59%)
6 months or more	63 (41%)

1.5 Are you currently serving a sentence?

Yes	88 (57%)
Yes - on recall	24 (16%)
No - on remand or awaiting sentence	41 (27%)
No - immigration detainee	1 (1%)

1.6 How long is your sentence?

Less than 6 months	15 (10%)
6 months to less than 1 year	9 (6%)
1 year to less than 4 years	27 (18%)
4 years to less than 10 years	31 (20%)
10 years or more	19 (13%)
IPP (indeterminate sentence for public protection)	5 (3%)
Life	4 (3%)
Not currently serving a sentence	42 (28%)

Arrival and reception

2.1 Were you given up-to-date information about this prison before you came here?

Yes	25 (16%)
No	113 (74%)
Don't remember	15 (10%)

2.2 When you arrived at this prison, how long did you spend in reception?

Less than 2 hours	65 (42%)
2 hours or more	79 (51%)
Don't remember	10 (6%)

2.3 When you were searched in reception, was this done in a respectful way?

Yes	122 (81%)
No	25 (17%)
Don't remember	3 (2%)

2.4 Overall, how were you treated in reception?

Very well	30 (20%)
Quite well	89 (59%)
Quite badly	24 (16%)
Very badly	5 (3%)
Don't remember	4 (3%)

2.5 When you first arrived here, did you have any of the following problems?

Problems getting phone numbers	71 (46%)
Contacting family	71 (46%)
Arranging care for children or other dependants	5 (3%)
Contacting employers	11 (7%)
Money worries	44 (29%)
Housing worries	37 (24%)
Feeling depressed	76 (49%)
Feeling suicidal	31 (20%)
Other mental health problems	50 (32%)
Physical health problems	39 (25%)
Drug or alcohol problems (e.g. withdrawal)	33 (21%)
Problems getting medication	56 (36%)
Needing protection from other prisoners	16 (10%)
Lost or delayed property	30 (19%)
Other problems	27 (18%)
Did not have any problems	13 (8%)

2.6 Did staff help you to deal with these problems when you first arrived?

Yes	47 (32%)
No	85 (59%)
Did not have any problems when I first arrived	13 (9%)

First night and induction

3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement	117 (76%)
Toiletries / other basic items	67 (44%)
A shower	35 (23%)
A free phone call	91 (59%)
Something to eat	118 (77%)
The chance to see someone from health care	82 (54%)
The chance to talk to a Listener or Samaritans	37 (24%)
Support from another prisoner (e.g. Insider or buddy)	23 (15%)
Wasn't offered any of these things	6 (4%)

3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean	10 (6%)
Quite clean	51 (33%)
Quite dirty	43 (28%)
Very dirty	43 (28%)
Don't remember	7 (5%)

3.3 Did you feel safe on your first night here?

Yes	102 (67%)
No	39 (26%)
Don't remember	11 (7%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	32 (21%)	113 (76%)	4 (3%)
Free PIN phone credit?	43 (29%)	104 (69%)	3 (2%)
Numbers put on your PIN phone?	41 (28%)	101 (70%)	3 (2%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes	46 (31%)
No	56 (37%)
Have not had an induction	48 (32%)

On the wing

4.1 Are you in a cell on your own?

Yes	75 (49%)
No, I'm in a shared cell or dormitory	78 (51%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes	40 (27%)
No	96 (64%)
Don't know	13 (9%)
Don't have a cell call bell	1 (1%)

4.3 Please answer the following questions about the wing or house block you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	75 (50%)	73 (48%)	3 (2%)
Can you shower every day?	136 (89%)	16 (10%)	1 (1%)
Do you have clean sheets every week?	99 (65%)	53 (35%)	1 (1%)
Do you get cell cleaning materials every week?	91 (61%)	56 (37%)	3 (2%)
Is it normally quiet enough for you to relax or sleep at night?	94 (63%)	53 (35%)	3 (2%)
Can you get your stored property if you need it?	42 (28%)	69 (45%)	41 (27%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or house block (landings, stairs, wing showers etc.)?

Very clean	17 (11%)
Quite clean	64 (42%)
Quite dirty	43 (28%)
Very dirty	27 (18%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good	3 (2%)
Quite good	34 (23%)
Quite bad	61 (40%)
Very bad	53 (35%)

5.2 Do you get enough to eat at mealtimes?

Always	16 (10%)
Most of the time	30 (19%)
Some of the time	65 (42%)
Never	43 (28%)

5.3 Does the shop / canteen sell the things that you need?

Yes	99 (66%)
No	45 (30%)
Don't know	6 (4%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	116 (78%)
No	33 (22%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes	102 (67%)
No	50 (33%)

6.3	**In the last week, has any member of staff talked to you about how you are getting on?**	
	Yes	53 (35%)
	No	99 (65%)
6.4	**How helpful is your personal or named officer?**	
	Very helpful	30 (19%)
	Quite helpful	27 (18%)
	Not very helpful	12 (8%)
	Not at all helpful	5 (3%)
	Don't know	24 (16%)
	Don't have a personal / named officer	56 (36%)
6.5	**How often do you see prison governors, directors or senior managers talking to prisoners?**	
	Regularly	9 (6%)
	Sometimes	21 (14%)
	Hardly ever	106 (69%)
	Don't know	17 (11%)
6.6	**Do you feel that you are treated as an individual in this prison?**	
	Yes	56 (37%)
	No	95 (63%)
6.7	**Are prisoners here consulted about things like food, canteen, health care or wing issues?**	
	Yes, and things sometimes change	13 (9%)
	Yes, but things don't change	46 (30%)
	No	57 (38%)
	Don't know	36 (24%)

Faith

7.1	**What is your religion?**	
	No religion	52 (34%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	68 (45%)
	Buddhist	4 (3%)
	Hindu	0 (0%)
	Jewish	3 (2%)
	Muslim	19 (13%)
	Sikh	1 (1%)
	Other	4 (3%)
7.2	**Are your religious beliefs respected here?**	
	Yes	75 (49%)
	No	12 (8%)
	Don't know	14 (9%)
	Not applicable (no religion)	52 (34%)
7.3	**Are you able to speak to a chaplain of your faith in private, if you want to?**	
	Yes	68 (44%)
	No	13 (8%)
	Don't know	21 (14%)
	Not applicable (no religion)	52 (34%)

7.4	**Are you able to attend religious services, if you want to?**	
	Yes	90 (58%)
	No	10 (6%)
	Don't know	2 (1%)
	Not applicable (no religion)	52 (34%)

Contact with family and friends

8.1	**Have staff here encouraged you to keep in touch with your family / friends?**	
	Yes	38 (25%)
	No	116 (75%)
8.2	**Have you had any problems with sending or receiving mail (letters or parcels)?**	
	Yes	93 (61%)
	No	59 (39%)
8.3	**Are you able to use a phone every day (if you have credit)?**	
	Yes	140 (91%)
	No	14 (9%)
8.4	**How easy or difficult is it for your family and friends to get here?**	
	Very easy	17 (11%)
	Quite easy	46 (30%)
	Quite difficult	34 (23%)
	Very difficult	43 (28%)
	Don't know	11 (7%)
8.5	**How often do you have visits from family or friends?**	
	More than once a week	7 (5%)
	About once a week	21 (14%)
	Less than once a week	62 (41%)
	Not applicable (don't get visits)	60 (40%)
8.6	**Do visits usually start and finish on time?**	
	Yes	37 (42%)
	No	52 (58%)
8.7	**Are your visitors usually treated respectfully by staff?**	
	Yes	67 (77%)
	No	20 (23%)

Time out of cell

9.1	**Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?**	
	Yes, and these times are usually kept to	73 (48%)
	Yes, but these times are not usually kept to	58 (38%)
	No	20 (13%)

9.2 How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?

Less than 2 hours	51 (34%)
2 to 6 hours	75 (49%)
6 to 10 hours	10 (7%)
10 hours or more	7 (5%)
Don't know	9 (6%)

9.3 How long do you usually spend out of your cell on a typical Saturday or Sunday?

Less than 2 hours	31 (20%)
2 to 6 hours	108 (71%)
6 to 10 hours	6 (4%)
10 hours or more	1 (1%)
Don't know	6 (4%)

9.4 How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?

None	3 (2%)
1 or 2	23 (15%)
3 to 5	41 (27%)
More than 5	76 (50%)
Don't know	9 (6%)

9.5 How many days in a typical week do you get association, if you want it?

None	6 (4%)
1 or 2	33 (22%)
3 to 5	60 (40%)
More than 5	38 (25%)
Don't know	14 (9%)

9.6 How many days in a typical week could you go outside for exercise, if you wanted to?

None	7 (5%)
1 or 2	17 (11%)
3 to 5	31 (20%)
More than 5	90 (59%)
Don't know	7 (5%)

9.7 Typically, how often do you go to the gym?

Twice a week or more	70 (46%)
About once a week	11 (7%)
Less than once a week	10 (7%)
Never	60 (40%)

9.8 Typically, how often do you go to the library?

Twice a week or more	6 (4%)
About once a week	39 (26%)
Less than once a week	34 (23%)
Never	72 (48%)

9.9 Does the library have a wide enough range of materials to meet your needs?

Yes	39 (27%)
No	33 (23%)
Don't use the library	72 (50%)

Applications, complaints and legal rights

10.1 Is it easy for you to make an application?

Yes	106 (72%)
No	30 (20%)
Don't know	12 (8%)

10.2 If you have made any applications here, please answer the questions below:

	Yes	No	Not made any applications
Are applications usually dealt with fairly?	68 (48%)	63 (45%)	10 (7%)
Are applications usually dealt with within 7 days?	38 (27%)	91 (65%)	10 (7%)

10.3 Is it easy for you to make a complaint?

Yes	93 (61%)
No	34 (22%)
Don't know	25 (16%)

10.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	30 (22%)	58 (42%)	51 (37%)
Are complaints usually dealt with within 7 days?	15 (11%)	69 (51%)	51 (38%)

10.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes	30 (21%)
No	82 (57%)
Not wanted to make a complaint	33 (23%)

10.6 In this prison, is it easy or difficult for you to. . .

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	56 (38%)	43 (29%)	28 (19%)	19 (13%)
Attend legal visits?	79 (56%)	15 (11%)	25 (18%)	21 (15%)
Get bail information?	16 (12%)	28 (21%)	48 (35%)	44 (32%)

10.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes	59 (40%)
No	66 (45%)
Not had any legal letters	23 (16%)

Health care

11.1 How easy or difficult is it to see the following people?

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	3 (2%)	11 (7%)	34 (23%)	91 (60%)	12 (8%)
Nurse	7 (5%)	37 (26%)	29 (20%)	54 (38%)	17 (12%)
Dentist	1 (1%)	4 (3%)	25 (17%)	92 (62%)	27 (18%)
Mental health workers	4 (3%)	16 (11%)	22 (15%)	60 (41%)	43 (30%)

11.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	11 (8%)	26 (18%)	23 (16%)	52 (36%)	34 (23%)
Nurse	21 (15%)	32 (23%)	25 (18%)	33 (23%)	31 (22%)
Dentist	6 (4%)	15 (10%)	15 (10%)	43 (30%)	64 (45%)
Mental health workers	7 (5%)	18 (13%)	15 (11%)	39 (28%)	62 (44%)

11.3 Do you have any mental health problems?

Yes	79 (55%)
No	65 (45%)

11.4 Have you been helped with your mental health problems in this prison?

Yes	23 (16%)
No	58 (40%)
Don't have any mental health problems	65 (45%)

11.5 What do you think of the overall quality of the health services here?

Very good	2 (1%)
Quite good	29 (20%)
Quite bad	35 (24%)
Very bad	63 (43%)
Don't know	18 (12%)

Other support needs

12.1 Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?

Yes	66 (45%)
No	80 (55%)

12.2 If you have a disability, are you getting the support you need?

Yes	15 (11%)
No	43 (31%)
Don't have a disability	80 (58%)

12.3 Have you been on an ACCT in this prison?

Yes	31 (22%)
No	113 (78%)

12.4 If you have been on an ACCT in this prison, did you feel cared for by staff?

Yes	19 (13%)
No	12 (8%)
Have not been on an ACCT in this prison	113 (78%)

12.5	**How easy or difficult is it for you to speak to a Listener, if you need to?**	
	Very easy	34 (23%)
	Quite easy	32 (22%)
	Quite difficult	8 (5%)
	Very difficult	6 (4%)
	Don't know	67 (46%)
	No Listeners at this prison	0 (0%)

Alcohol and drugs

13.1	**Did you have an alcohol problem when you came into this prison?**	
	Yes	29 (20%)
	No	119 (80%)
13.2	**Have you been helped with your alcohol problem in this prison?**	
	Yes	12 (8%)
	No	17 (11%)
	Did not / do not have an alcohol problem	119 (80%)
13.3	**Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?**	
	Yes	49 (33%)
	No	99 (67%)
13.4	**Have you developed a problem with illicit drugs since you have been in this prison?**	
	Yes	21 (14%)
	No	127 (86%)
13.5	**Have you developed a problem with taking medication not prescribed to you since you have been in this prison?**	
	Yes	20 (14%)
	No	126 (86%)
13.6	**Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?**	
	Yes	21 (15%)
	No	32 (22%)
	Did not / do not have a drug problem	90 (63%)
13.7	**Is it easy or difficult to get illicit drugs in this prison?**	
	Very easy	46 (31%)
	Quite easy	26 (18%)
	Quite difficult	4 (3%)
	Very difficult	9 (6%)
	Don't know	62 (42%)
13.8	**Is it easy or difficult to get alcohol in this prison?**	
	Very easy	20 (14%)
	Quite easy	25 (17%)
	Quite difficult	11 (7%)
	Very difficult	19 (13%)
	Don't know	73 (49%)

Safety

14.1	**Have you ever felt unsafe here?**	
	Yes	88 (59%)
	No	62 (41%)
14.2	**Do you feel unsafe now?**	
	Yes	38 (26%)
	No	106 (74%)
14.3	**Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)**	
	Verbal abuse	55 (37%)
	Threats or intimidation	44 (30%)
	Physical assault	25 (17%)
	Sexual assault	7 (5%)
	Theft of canteen or property	45 (31%)
	Other bullying / victimisation	26 (18%)
	Not experienced any of these from prisoners here	71 (48%)
14.4	**If you were being bullied / victimised by other prisoners here, would you report it?**	
	Yes	57 (39%)
	No	88 (61%)
14.5	**Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)**	
	Verbal abuse	40 (28%)
	Threats or intimidation	30 (21%)
	Physical assault	12 (8%)
	Sexual assault	5 (4%)
	Theft of canteen or property	10 (7%)
	Other bullying / victimisation	27 (19%)
	Not experienced any of these from staff here	85 (60%)
14.6	**If you were being bullied / victimised by staff here, would you report it?**	
	Yes	68 (46%)
	No	80 (54%)

Behaviour management

15.1	**Do the incentives or rewards in this prison (e. g. enhanced status) encourage you to behave well?**	
	Yes	67 (46%)
	No	50 (34%)
	Don't know what the incentives / rewards are	28 (19%)
15.2	**Do you feel you have been treated fairly in the behaviour management scheme (e. g. IEP) in this prison?**	
	Yes	68 (46%)
	No	38 (26%)
	Don't know	24 (16%)
	Don't know what this is	17 (12%)

15.3 Have you been physically restrained by staff in this prison in the last 6 months?

Yes	15 (10%)
No	134 (90%)

15.4 If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?

Yes	6 (4%)
No	10 (7%)
Don't remember	0 (0%)
Not been restrained here in last 6 months	134 (89%)

15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?

Yes	17 (12%)
No	128 (88%)

15.6 If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	6 (43%)	8 (57%)
Could you shower every day?	12 (75%)	4 (25%)
Could you go outside for exercise every day?	13 (76%)	4 (24%)
Could you use the phone every day (if you had credit)?	11 (69%)	5 (31%)

Education, skills and work

16.1 Is it easy or difficult to get into the following activities in this prison?

	Easy	Difficult	Don't know	Not available here
Education	95 (66%)	22 (15%)	26 (18%)	1 (1%)
Vocational or skills training	49 (35%)	36 (26%)	53 (38%)	2 (1%)
Prison job	57 (40%)	58 (41%)	27 (19%)	1 (1%)
Voluntary work outside of the prison	1 (1%)	28 (22%)	52 (40%)	49 (38%)
Paid work outside of the prison	2 (2%)	27 (20%)	49 (37%)	55 (41%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	57 (42%)	43 (32%)	35 (26%)
Vocational or skills training	40 (31%)	32 (25%)	57 (44%)
Prison job	39 (30%)	51 (39%)	41 (31%)
Voluntary work outside of the prison	17 (14%)	19 (15%)	88 (71%)
Paid work outside of the prison	21 (17%)	18 (14%)	87 (69%)

16.3 Do staff encourage you to attend education, training or work?

Yes	60 (43%)
No	68 (48%)
Not applicable (e. g. if you are retired, sick or on remand)	13 (9%)

Planning and progression

17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)

Yes	38 (27%)
No	101 (73%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes	32 (84%)
No	4 (11%)
Don't know what my objectives or targets are	2 (5%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	23 (62%)
No	12 (32%)
Don't know what my objectives or targets are	2 (5%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	12 (33%)	5 (14%)	19 (53%)
Other programmes	13 (38%)	6 (18%)	15 (44%)
One to one work	12 (34%)	6 (17%)	17 (49%)
Being on a specialist unit	2 (6%)	3 (9%)	27 (84%)
ROTL - day or overnight release	3 (9%)	3 (9%)	26 (81%)

Preparation for release

18.1 Do you expect to be released in the next 3 months?

Yes	43 (30%)
No	67 (46%)
Don't know	35 (24%)

18.2 How close is this prison to your home area or intended release address?

Very near	8 (19%)
Quite near	16 (37%)
Quite far	12 (28%)
Very far	7 (16%)

18.3 Is anybody helping you to prepare for your release (e. g. a home probation officer, responsible officer, case worker)?

Yes	16 (37%)
No	27 (63%)

18.4 Are you getting help to sort out the following things for when you are released?

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	6 (14%)	24 (56%)	13 (30%)
Getting employment	1 (2%)	25 (60%)	16 (38%)
Setting up education or training	3 (7%)	17 (41%)	21 (51%)
Arranging benefits	4 (9%)	23 (53%)	16 (37%)
Sorting out finances	2 (5%)	21 (53%)	17 (43%)
Support for drug or alcohol problems	9 (23%)	11 (28%)	20 (50%)
Health / mental health support	6 (14%)	19 (45%)	17 (40%)
Social care support	2 (5%)	15 (37%)	24 (59%)
Getting back in touch with family or friends	3 (7%)	10 (24%)	29 (69%)

More about you

19.1	**Do you have children under the age of 18?**	
	Yes	76 (52%)
	No	71 (48%)
19.2	**Are you a UK / British citizen?**	
	Yes	130 (90%)
	No	15 (10%)
19.3	**Are you from a traveller community (e. g. Gypsy, Roma, Irish Traveller)?**	
	Yes	18 (13%)
	No	126 (88%)
19.4	**Have you ever been in the armed services (e. g. army, navy, air force)?**	
	Yes	8 (6%)
	No	136 (94%)
19.5	**What is your gender?**	
	Male	146 (99%)
	Female	0 (0%)
	Non-binary	1 (1%)
	Other	0 (0%)
19.6	**How would you describe your sexual orientation?**	
	Straight / heterosexual	141 (96%)
	Gay / lesbian / homosexual	3 (2%)
	Bisexual	1 (1%)
	Other	2 (1%)
19.7	**Do you identify as transgender or transsexual?**	
	Yes	3 (2%)
	No	140 (98%)

Final questions about this prison

20.1	**Do you think your experiences in this prison have made you more or less likely to offend in the future?**	
	More likely to offend	15 (11%)
	Less likely to offend	71 (50%)
	Made no difference	55 (39%)

HMP Lewes 2019

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP Lewes 2019 are compared with the following HMIP survey data:

- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (17 prisons). Please note that this does not include all local prisons.

- Summary statistics from HMP Lewes 2019 are compared with those from HMP Lewes 2015. Please note that we do not have comparable data for the new questions introduced in September 2017.

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** less than 1% probability that the difference is due to chance*

			HMP Lewes 2019	All other local prisons surveyed since September 2017	HMP Lewes 2019	HMP Lewes 2015
	Number of completed questionnaires returned		157	2,962	157	180
		n=number of valid responses to question (HMP Lewes 2019)				
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	*n=156*	5%	5%	5%	4%
	Are you 25 years of age or younger?	*n=156*	22%	21%	22%	
	Are you 50 years of age or older?	*n=156*	13%	13%	13%	19%
	Are you 70 years of age or older?	*n=156*	3%	1%	3%	6%
1.3	Are you from a minority ethnic group?	*n=150*	17%	26%	17%	17%
1.4	Have you been in this prison for less than 6 months?	*n=155*	59%	61%	59%	
1.5	Are you currently serving a sentence?	*n=154*	73%	70%	73%	73%
	Are you on recall?	*n=154*	16%	12%	16%	8%
1.6	Is your sentence less than 12 months?	*n=152*	16%	20%	16%	17%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	*n=152*	3%	3%	3%	5%
7.1	Are you Muslim?	*n=151*	13%	13%	13%	8%
11.3	Do you have any mental health problems?	*n=144*	55%	50%	55%	
12.1	Do you consider yourself to have a disability?	*n=146*	45%	40%	45%	37%
19.1	Do you have any children under the age of 18?	*n=147*	52%	53%	52%	52%
19.2	Are you a foreign national?	*n=145*	10%	9%	10%	11%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	*n=144*	13%	6%	13%	8%
19.4	Have you ever been in the armed services?	*n=144*	6%	7%	6%	8%
19.5	Is your gender female or non-binary?	*n=147*	1%	1%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	*n=147*	4%	4%	4%	3%
19.7	Do you identify as transgender or transsexual?	*n=143*	2%	2%	2%	
	ARRIVAL AND RECEPTION					
2.1	Were you given up-to-date information about this prison before you came here?	*n=153*	16%	17%	16%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	*n=154*	42%	35%	42%	68%
2.3	When you were searched in reception, was this done in a respectful way?	*n=150*	81%	77%	81%	84%
2.4	Overall, were you treated very / quite well in reception?	*n=152*	78%	75%	78%	

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	Number of completed questionnaires returned		**157**	**2,962**	**157**	**180**
		n=number of valid responses to question (HMP Lewes 2019)				
2.5	When you first arrived, did you have any problems?	*n=154*	**92%**	**88%**	**92%**	**79%**
2.5	Did you have problems with:					
	- Getting phone numbers?	*n=154*	**46%**	**46%**	**46%**	**30%**
	- Contacting family?	*n=154*	**46%**	**48%**	**46%**	**36%**
	- Arranging care for children or other dependents?	*n=154*	**3%**	**4%**	**3%**	
	- Contacting employers?	*n=154*	**7%**	**7%**	**7%**	**4%**
	- Money worries?	*n=154*	**29%**	**29%**	**29%**	**21%**
	- Housing worries?	*n=154*	**24%**	**24%**	**24%**	**18%**
	- Feeling depressed?	*n=154*	**49%**	**48%**	**49%**	
	- Feeling suicidal?	*n=154*	**20%**	**19%**	**20%**	
	- Other mental health problems?	*n=154*	**33%**	**29%**	**33%**	
	- Physical health problems?	*n=154*	**25%**	**19%**	**25%**	**25%**
	- Drugs or alcohol (e.g. withdrawal)?	*n=154*	**21%**	**24%**	**21%**	
	- Getting medication?	*n=154*	**36%**	**31%**	**36%**	
	- Needing protection from other prisoners?	*n=154*	**10%**	**11%**	**10%**	**9%**
	- Lost or delayed property?	*n=154*	**20%**	**21%**	**20%**	**17%**
	For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	*n=132*	**36%**	**30%**	**36%**	**32%**
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	*n=153*	**77%**	**70%**	**77%**	**74%**
	- Toiletries / other basic items?	*n=153*	**44%**	**54%**	**44%**	**49%**
	- A shower?	*n=153*	**23%**	**29%**	**23%**	**26%**
	- A free phone call?	*n=153*	**60%**	**49%**	**60%**	**70%**
	- Something to eat?	*n=153*	**77%**	**76%**	**77%**	**68%**
	- The chance to see someone from health care?	*n=153*	**54%**	**62%**	**54%**	**73%**
	- The chance to talk to a Listener or Samaritans?	*n=153*	**24%**	**25%**	**24%**	**21%**
	- Support from another prisoner (e.g. Insider or buddy)?	*n=153*	**15%**	**20%**	**15%**	
	- None of these?	*n=153*	**4%**	**5%**	**4%**	
3.2	On your first night in this prison, was your cell very / quite clean?	*n=154*	**40%**	**28%**	**40%**	
3.3	Did you feel safe on your first night here?	*n=152*	**67%**	**61%**	**67%**	**69%**
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	*n=149*	**22%**	**31%**	**22%**	**18%**
	- Free PIN phone credit?	*n=150*	**29%**	**54%**	**29%**	

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Number of completed questionnaires returned	157	2,962	157	180
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- Numbers put on your PIN phone? *n=145*	28%	33%	28%	

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		n=number of valid responses to question (HMP Lewes 2019)				
3.5	Have you had an induction at this prison?	*n=150*	**68%**	**82%**	**68%**	**73%**
	For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	*n=102*	**45%**	**48%**	**45%**	
ON THE WING						
4.1	Are you in a cell on your own?	*n=153*	**49%**	**33%**	**49%**	
4.2	Is your cell call bell normally answered within 5 minutes?	*n=150*	**27%**	**20%**	**27%**	**31%**
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	*n=151*	**50%**	**54%**	**50%**	**56%**
	- Can you shower every day?	*n=153*	**89%**	**78%**	**89%**	**91%**
	- Do you have clean sheets every week?	*n=153*	**65%**	**60%**	**65%**	**56%**
	- Do you get cell cleaning materials every week?	*n=150*	**61%**	**49%**	**61%**	**72%**
	- Is it normally quiet enough for you to relax or sleep at night?	*n=150*	**63%**	**53%**	**63%**	**64%**
	- Can you get your stored property if you need it?	*n=152*	**28%**	**22%**	**28%**	**30%**
4.4	Are the communal / shared areas of your wing or houseblook normally very / quite clean?	*n=151*	**54%**	**55%**	**54%**	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	*n=151*	**25%**	**35%**	**25%**	
5.2	Do you get enough to eat at meal-times always / most of the time?	*n=154*	**30%**	**29%**	**30%**	
5.3	Does the shop / canteen sell the things that you need?	*n=150*	**66%**	**58%**	**66%**	**47%**
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	*n=149*	**78%**	**67%**	**78%**	**81%**
6.2	Are there any staff here you could turn to if you had a problem?	*n=152*	**67%**	**69%**	**67%**	**79%**
6.3	In the last week, has any member of staff talked to you about how you are getting on?	*n=152*	**35%**	**29%**	**35%**	**36%**
6.4	Do you have a personal officer?	*n=154*	**64%**	**56%**	**64%**	
	For those who have a personal officer:					
6.4	Is your personal or named officer very / quite helpful?	*n=98*	**58%**	**46%**	**58%**	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	*n=153*	**6%**	**6%**	**6%**	
6.6	Do you feel that you are treated as an individual in this prison?	*n=151*	**37%**	**39%**	**37%**	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	*n=152*	**39%**	**39%**	**39%**	
	If so, do things sometimes change?	*n=59*	**22%**	**34%**	**22%**	
FAITH						
7.1	Do you have a religion?	*n=151*	**66%**	**68%**	**66%**	**71%**
	For those who have a religion:					
7.2	Are your religious beliefs respected here?	*n=101*	**74%**	**67%**	**74%**	
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	*n=102*	**67%**	**65%**	**67%**	

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7.4	Are you able to attend religious services, if you want to? *n=102*	88%	84%	88%	

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CONTACT WITH FAMILY AND FRIENDS						
8.1	Have staff here encouraged you to keep in touch with your family / friends?	*n=154*	25%	25%	25%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	*n=152*	61%	56%	61%	44%
8.3	Are you able to use a phone every day (if you have credit)?	*n=154*	91%	81%	91%	
8.4	Is it very / quite easy for your family and friends to get here?	*n=151*	42%	45%	42%	
8.5	Do you get visits from family/friends once a week or more?	*n=150*	19%	24%	19%	
	For those who get visits:					
8.6	Do visits usually start and finish on time?	*n=89*	42%	44%	42%	
8.7	Are your visitors usually treated respectfully by staff?	*n=87*	77%	71%	77%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	*n=151*	87%	81%	87%	
	For those who know what the unlock and lock-up times are supposed to be:					
9.1	Are these times usually kept to?	*n=131*	56%	48%	56%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	*n=152*	34%	36%	34%	32%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	*n=152*	5%	4%	5%	7%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	*n=152*	20%	50%	20%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	*n=152*	1%	1%	1%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	*n=152*	50%	41%	50%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	*n=151*	25%	45%	25%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	*n=152*	59%	47%	59%	
9.7	Do you typically go to the gym twice a week or more?	*n=151*	46%	38%	46%	
9.8	Do you typically go to the library once a week or more?	*n=151*	30%	40%	30%	44%
	For those who use the library:					
9.9	Does the library have a wide enough range of materials to meet your needs?	*n=72*	54%	57%	54%	59%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	*n=148*	72%	65%	72%	80%
	For those who have made an application:					
10.2	Are applications usually dealt with fairly?	*n=131*	52%	47%	52%	58%
	Are applications usually dealt with within 7 days?	*n=129*	30%	32%	30%	46%
10.3	Is it easy for you to make a complaint?	*n=152*	61%	53%	61%	50%
	For those who have made a complaint:					
10.4	Are complaints usually dealt with fairly?	*n=88*	34%	26%	34%	33%
	Are complaints usually dealt with within 7 days?	*n=84*	18%	21%	18%	27%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	*n=112*	27%	30%	27%	

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** less than 1% probability that the difference is due to chance*

			HMP Lewes 2019	All other local prisons surveyed since September 2017	HMP Lewes 2019	HMP Lewes 2015
	Number of completed questionnaires returned		157	2,962	157	180
		n=number of valid responses to question (HMP Lewes 2019)				
	For those who need it, is it easy to:					
10.6	Communicate with your solicitor or legal representative?	*n=127*	44%	41%	44%	
	Attend legal visits?	*n=119*	66%	58%	66%	
	Get bail information?	*n=92*	17%	16%	17%	
	For those who have had legal letters:					
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	*n=125*	47%	50%	47%	46%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	*n=151*	9%	25%	9%	
	- Nurse?	*n=144*	31%	47%	31%	
	- Dentist?	*n=149*	3%	11%	3%	
	- Mental health workers?	*n=145*	14%	20%	14%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	*n=146*	25%	40%	25%	
	- Nurse?	*n=142*	37%	51%	37%	
	- Dentist?	*n=143*	15%	25%	15%	
	- Mental health workers?	*n=141*	18%	24%	18%	
11.3	Do you have any mental health problems?	*n=144*	55%	50%	55%	
	For those who have mental health problems:					
11.4	Have you been helped with your mental health problems in this prison?	*n=81*	28%	34%	28%	
11.5	Do you think the overall quality of the health services here is very / quite good?	*n=147*	21%	34%	21%	
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	*n=146*	45%	40%	45%	37%
	For those who have a disability:					
12.2	Are you getting the support you need?	*n=58*	26%	26%	26%	
12.3	Have you been on an ACCT in this prison?	*n=144*	22%	23%	22%	
	For those who have been on an ACCT:					
12.4	Did you feel cared for by staff?	*n=31*	61%	47%	61%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	*n=147*	45%	45%	45%	

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** less than 1% probability that the difference is due to chance*

		HMP Lewes 2019	All other local prisons surveyed since September 2017	HMP Lewes 2019	HMP Lewes 2015
	Number of completed questionnaires returned	157	2,962	157	180
	n=number of valid responses to question (HMP Lewes 2019)				
ALCOHOL AND DRUGS					
13.1	Did you have an alcohol problem when you came into this prison? *n=148*	20%	23%	20%	19%
	For those who had / have an alcohol problem:				
13.2	Have you been helped with your alcohol problem in this prison? *n=29*	41%	59%	41%	67%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)? *n=148*	33%	34%	33%	32%
13.4	Have you developed a problem with illicit drugs since you have been in this prison? *n=148*	14%	17%	14%	11%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison? *n=146*	14%	12%	14%	
	For those who had / have a drug problem:				
13.6	Have you been helped with your drug problem in this prison? *n=53*	40%	49%	40%	62%
13.7	Is it very / quite easy to get illicit drugs in this prison? *n=147*	49%	51%	49%	
13.8	Is it very / quite easy to get alcohol in this prison? *n=148*	30%	26%	30%	
SAFETY					
14.1	Have you ever felt unsafe here? *n=150*	59%	61%	59%	48%
14.2	Do you feel unsafe now? *n=144*	26%	29%	26%	17%
14.3	Have you experienced any of the following from other prisoners here:				
	- Verbal abuse? *n=147*	37%	39%	37%	
	- Threats or intimidation? *n=147*	30%	36%	30%	
	- Physical assault? *n=147*	17%	21%	17%	
	- Sexual assault? *n=147*	5%	3%	5%	
	- Theft of canteen or property? *n=147*	31%	31%	31%	
	- Other bullying / victimisation? *n=147*	18%	21%	18%	
	- Not experienced any of these from prisoners here *n=147*	48%	47%	48%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it? *n=145*	39%	35%	39%	
14.5	Have you experienced any of the following from staff here:				
	- Verbal abuse? *n=142*	28%	33%	28%	
	- Threats or intimidation? *n=142*	21%	26%	21%	
	- Physical assault? *n=142*	9%	13%	9%	
	- Sexual assault? *n=142*	4%	2%	4%	
	- Theft of canteen or property? *n=142*	7%	11%	7%	
	- Other bullying / victimisation? *n=142*	19%	18%	19%	
	- Not experienced any of these from staff here *n=142*	60%	55%	60%	
14.6	If you were being bullied / victimised by staff here, would you report it? *n=148*	46%	46%	46%	

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			HMP Lewes 2019	All other local prisons surveyed since September 2017	HMP Lewes 2019	HMP Lewes 2015
	Number of completed questionnaires returned		**157**	**2,962**	**157**	**180**
		n=number of valid responses to question (HMP Lewes 2019)				
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	*n=145*	**46%**	**37%**	**46%**	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	*n=147*	**46%**	**34%**	**46%**	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	*n=149*	**10%**	**14%**	**10%**	**8%**
	For those who have been restrained in the last 6 months:					
15.4	Did anyone come and talk to you about it afterwards?	*n=16*	**38%**	**19%**	**38%**	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	*n=145*	**12%**	**9%**	**12%**	
	For those who have spent one or more nights in the segregation unit in the last 6 months:					
15.6	Were you treated well by segregation staff?	*n=14*	**43%**	**55%**	**43%**	
	Could you shower every day?	*n=16*	**75%**	**49%**	**75%**	
	Could you go outside for exercise every day?	*n=17*	**77%**	**57%**	**77%**	
	Could you use the phone every day (if you had credit)?	*n=16*	**69%**	**45%**	**69%**	
EDUCATION, SKILLS AND WORK						
16.1	In this prison, is it easy to get into the following activities:					
	- Education?	*n=144*	**66%**	**52%**	**66%**	
	- Vocational or skills training?	*n=140*	**35%**	**27%**	**35%**	
	- Prison job?	*n=143*	**40%**	**33%**	**40%**	
	- Voluntary work outside of the prison?	*n=130*	**1%**	**4%**	**1%**	
	- Paid work outside of the prison?	*n=133*	**2%**	**4%**	**2%**	
16.2	In this prison, have you done the following activities:					
	- Education?	*n=135*	**74%**	**72%**	**74%**	**53%**
	- Vocational or skills training?	*n=129*	**56%**	**55%**	**56%**	**45%**
	- Prison job?	*n=131*	**69%**	**70%**	**69%**	**66%**
	- Voluntary work outside of the prison?	*n=124*	**29%**	**32%**	**29%**	
	- Paid work outside of the prison?	*n=126*	**31%**	**32%**	**31%**	
	For those who have done the following activities, do you think they will help you on release:					
	- Education?	*n=100*	**57%**	**58%**	**57%**	**46%**
	- Vocational or skills training?	*n=72*	**56%**	**57%**	**56%**	**39%**
	- Prison job?	*n=90*	**43%**	**42%**	**43%**	**38%**
	- Voluntary work outside of the prison?	*n=36*	**47%**	**50%**	**47%**	
	- Paid work outside of the prison?	*n=39*	**54%**	**56%**	**54%**	
16.3	Do staff encourage you to attend education, training or work?	*n=128*	**47%**	**45%**	**47%**	

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		HMP Lewes 2019	All other local prisons surveyed since September 2017	HMP Lewes 2019	HMP Lewes 2015
	Number of completed questionnaires returned	157	2,962	157	180
	n=number of valid responses to question (HMP Lewes 2019)				
	PLANNING AND PROGRESSION				
17.1	Do you have a custody plan? *n=139*	27%	27%	27%	
	For those who have a custody plan:				
17.2	Do you understand what you need to do to achieve your objectives or targets? *n=38*	84%	76%	84%	
17.3	Are staff helping you to achieve your objectives or targets? *n=37*	62%	45%	62%	
17.4	In this prison, have you done:				
	- Offending behaviour programmes? *n=36*	47%	43%	47%	
	- Other programmes? *n=34*	56%	42%	56%	
	- One to one work? *n=35*	51%	36%	51%	
	- Been on a specialist unit? *n=32*	16%	21%	16%	
	- ROTL - day or overnight release? *n=32*	19%	17%	19%	
	For those who have done the following, did they help you to achieve your objectives or targets:				
	- Offending behaviour programmes? *n=17*	71%	71%	71%	
	- Other programmes? *n=19*	68%	65%	68%	
	- One to one work? *n=18*	67%	67%	67%	
	- Being on a specialist unit? *n=5*	40%	50%	40%	
	- ROTL - day or overnight release? *n=6*	50%	50%	50%	
	PREPARATION FOR RELEASE				
18.1	Do you expect to be released in the next 3 months? *n=145*	30%	31%	30%	
	For those who expect to be released in the next 3 months:				
18.2	Is this prison very / quite near to your home area or intended release address? *n=43*	56%	58%	56%	
18.3	Is anybody helping you to prepare for your release? *n=43*	37%	44%	37%	
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation? *n=43*	70%	66%	70%	
	- Getting employment? *n=42*	62%	62%	62%	
	- Setting up education or training? *n=41*	49%	50%	49%	
	- Arranging benefits? *n=43*	63%	69%	63%	
	- Sorting out finances? *n=40*	58%	58%	58%	
	- Support for drug or alcohol problems? *n=40*	50%	52%	50%	
	- Health / mental Health support? *n=42*	60%	58%	60%	
	- Social care support? *n=41*	42%	42%	42%	
	- Getting back in touch with family or friends? *n=42*	31%	42%	31%	

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			HMP Lewes 2019	All other local prisons surveyed since September 2017	HMP Lewes 2019	HMP Lewes 2015
	Number of completed questionnaires returned		157	2,962	157	180
	n=number of valid responses to question (HMP Lewes 2019)					
18.4	Are you getting help to sort out the following for when you are released, if you need it:					
	- Finding accommodation?	*n=30*	20%	31%	20%	
	- Getting employment?	*n=26*	4%	20%	4%	
	- Setting up education or training?	*n=20*	15%	15%	15%	
	- Arranging benefits?	*n=27*	15%	23%	15%	
	- Sorting out finances?	*n=23*	9%	17%	9%	
	- Support for drug or alcohol problems?	*n=20*	45%	42%	45%	
	- Health / mental Health support?	*n=25*	24%	24%	24%	
	- Social care support?	*n=17*	12%	17%	12%	
	- Getting back in touch with family or friends?	*n=13*	23%	26%	23%	
FINAL QUESTION ABOUT THIS PRISON						
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	*n=141*	50%	48%	50%	

HMP Lewes 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners
Please note that these analyses are based on summary data from selected survey questions only.

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		Black and minority ethnic	White	Muslim	Non-Muslim
	Number of completed questionnaires returned	25	125	19	132
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 25 years of age?	40%	18%	37%	20%
	Are you 50 years of age or older?	4%	15%	0%	15%
1.3	Are you from a minority ethnic group?			56%	12%
7.1	Are you Muslim?	40%	7%		
11.3	Do you have any mental health problems?	43%	57%	25%	59%
12.1	Do you consider yourself to have a disability?	25%	49%	13%	50%
19.2	Are you a foreign national?	25%	7%	24%	8%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	15%	18%	12%
	ARRIVAL AND RECEPTION				
2.3	When you were searched in reception, was this done in a respectful way?	88%	81%	77%	82%
2.4	Overall, were you treated very / quite well in reception?	76%	80%	68%	79%
2.5	When you first arrived, did you have any problems?	88%	93%	84%	92%
	For those who had any problems when they first arrived:				
2.6	Did staff help you to deal with these problems?	40%	35%	20%	37%
	FIRST NIGHT AND INDUCTION				
3.3	Did you feel safe on your first night here?	68%	67%	61%	67%
3.5	Have you had an induction at this prison?	65%	69%	74%	68%
	For those who have had an induction:				
3.5	Did your induction cover everything you needed to know about this prison?	67%	39%	57%	44%
	ON THE WING				
4.2	Is your cell call bell normally answered within 5 minutes?	29%	26%	37%	24%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	58%	48%	42%	50%
	- Can you shower every day?	88%	89%	84%	89%
	- Do you have clean sheets every week?	64%	64%	68%	64%
	- Do you get cell cleaning materials every week?	58%	61%	67%	61%
	- Is it normally quiet enough for you to relax or sleep at night?	67%	62%	68%	61%
	- Can you get your stored property if you need it?	29%	28%	33%	26%

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	25	125	19	132
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	36%	29%	26%	30%
5.3 Does the shop / canteen sell the things that you need?	57%	68%	78%	64%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	71%	79%	63%	79%
6.2 Are there any staff here you could turn to if you had a problem?	71%	67%	67%	67%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	42%	34%	32%	35%
6.6 Do you feel that you are treated as an individual in this prison?	38%	36%	28%	38%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	70%	76%	68%	74%
7.3 Are you able to speak to a chaplain of your faith in private, if you want to?	30%	77%	53%	68%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	24%	23%	28%	24%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	60%	63%	61%	61%
8.3 Are you able to use a phone every day (if you have credit)?	92%	91%	100%	89%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	64%	80%	67%	78%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	36%	32%	29%	34%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	6%	12%	4%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	38%	57%	50%	54%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	48%	77%	61%	73%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	35%	54%	39%	54%
10.3 Is it easy for you to make a complaint?	58%	61%	63%	62%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	33%	35%	39%	33%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	24%	28%	31%	27%

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	25	125	19	132
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	0%	11%	5%	9%
- Nurse?	13%	35%	29%	31%
- Dentist?	0%	4%	0%	4%
- Mental health workers?	4%	16%	0%	16%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	25%	30%	0%	30%
11.5 Do you think the overall quality of the health services here is very / quite good?	8%	24%	13%	21%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	20%	28%	50%	25%
SAFETY				
14.1 Have you ever felt unsafe here?	58%	59%	56%	61%
14.2 Do you feel unsafe now?	33%	26%	25%	27%
14.3 Not experienced bullying / victimisation by other prisoners	63%	44%	65%	45%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	36%	41%	46%	39%
14.5 Not experienced bullying / victimisation by members of staff	58%	61%	44%	62%
14.6 If you were being bullied / victimised by staff here, would you report it?	46%	45%	67%	43%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	39%	48%	40%	46%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	33%	50%	27%	49%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	8%	10%	6%	10%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	13%	6%	12%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	39%	49%	39%	47%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	32%	27%	33%	26%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	43%	66%	60%	61%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3 Is anybody helping you to prepare for your release?	33%	36%	67%	32%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	60%	49%	53%	50%

HMP Lewes 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners who reported that they had a disability compared with those who did not.
- responses of prisoners who reported that they had mental health problems compared with those who did not.
Please note that these analyses are based on summary data from selected survey questions only.

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		Have a disability	Do not have a disability		Mental health problems	No mental health problems
	Number of completed questionnaires returned	66	80		79	65
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	15%	28%		14%	31%
	Are you 50 years of age or older?	17%	10%		11%	16%
1.3	Are you from a minority ethnic group?	9%	23%		12%	19%
7.1	Are you Muslim?	3%	18%		5%	19%
11.3	Do you have any mental health problems?	80%	34%			
12.1	Do you consider yourself to have a disability?				65%	20%
19.2	Are you a foreign national?	3%	16%		5%	16%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	18%	7%		18%	5%
	ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	75%	88%		78%	86%
2.4	Overall, were you treated very / quite well in reception?	80%	78%		73%	84%
2.5	When you first arrived, did you have any problems?	99%	85%		99%	82%
	For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	32%	39%		33%	38%
	FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	66%	70%		67%	67%
3.5	Have you had an induction at this prison?	70%	66%		64%	73%
	For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	38%	51%		39%	49%
	ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	22%	31%		18%	39%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	41%	59%		40%	63%
	- Can you shower every day?	88%	91%		90%	89%
	- Do you have clean sheets every week?	55%	72%		56%	75%
	- Do you get cell cleaning materials every week?	69%	57%		58%	67%
	- Is it normally quiet enough for you to relax or sleep at night?	52%	73%		58%	71%
	- Can you get your stored property if you need it?	32%	24%		25%	33%

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Green shading shows results that are significantly more positive than the comparator

Blue shading shows results that are significantly more negative than the comparator

Orange shading shows significant differences in demographics and background information

No shading means that differences are not significant and may have occurred by chance

Grey shading indicates that we have no valid data for this question

** less than 1% probability that the difference is due to chance*

	Have a disability	Do not have a disability	Mental health problems	No mental health problems
Number of completed questionnaires returned	66	80	79	65
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	29%	32%	28%	33%
5.3 Does the shop / canteen sell the things that you need?	56%	75%	63%	72%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	73%	82%	72%	86%
6.2 Are there any staff here you could turn to if you had a problem?	63%	73%	63%	75%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	37%	33%	33%	37%
6.6 Do you feel that you are treated as an individual in this prison?	39%	35%	36%	37%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	66%	83%	69%	84%
7.3 Are you able to speak to a chaplain of your faith in private, if you want to?	55%	72%	63%	70%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	20%	29%	23%	28%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	64%	60%	68%	55%
8.3 Are you able to use a phone every day (if you have credit)?	92%	93%	90%	94%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	68%	83%	71%	83%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	40%	27%	42%	21%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	5%	3%	1%	6%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	52%	55%	54%	52%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	76%	67%	72%	72%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	51%	53%	45%	63%
10.3 Is it easy for you to make a complaint?	68%	58%	68%	58%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	32%	40%	22%	57%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	31%	22%	36%	13%

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Grey shading indicates that we have no valid data for this question

** less than 1% probability that the difference is due to chance*

	Have a disability	Do not have a disability	Mental health problems	No mental health problems
Number of completed questionnaires returned	66	80	79	65
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	8%	10%	7%	13%
- Nurse?	30%	33%	31%	32%
- Dentist?	2%	5%	0%	8%
- Mental health workers?	10%	17%	16%	12%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	23%	39%	28%	
11.5 Do you think the overall quality of the health services here is very / quite good?	15%	25%	19%	25%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	26%		18%	64%
SAFETY				
14.1 Have you ever felt unsafe here?	69%	51%	68%	47%
14.2 Do you feel unsafe now?	36%	18%	31%	16%
14.3 Not experienced bullying / victimisation by other prisoners	37%	57%	41%	58%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	45%	34%	42%	36%
14.5 Not experienced bullying / victimisation by members of staff	48%	72%	50%	75%
14.6 If you were being bullied / victimised by staff here, would you report it?	43%	47%	44%	48%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	44%	49%	47%	47%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	43%	50%	42%	56%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	14%	5%	13%	3%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	16%	6%	16%	5%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	47%	47%	46%	49%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	23%	32%	23%	35%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	64%	61%	59%	65%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3 Is anybody helping you to prepare for your release?	44%	27%	39%	29%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	50%	52%	47%	55%

HMP Lewes 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners aged 25 and under are compared with those of prisoners over 25
- responses of prisoners aged 50 and over are compared with those of prisoners under 50
Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

Green shading shows results that are significantly more positive than the comparator

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Orange shading shows significant differences in demographics and background information

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Grey shading indicates that we have no valid data for this question

** less than 1% probability that the difference is due to chance*

	25 and under	Over 25	50 and over	Under 50
Number of completed questionnaires returned	35	121	20	136
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 21 years of age?	20%			5%
	Are you 70 years of age or older?		3%	20%	
1.3	Are you from a minority ethnic group?	30%	13%	5%	19%
7.1	Are you Muslim?	21%	10%	0%	15%
11.3	Do you have any mental health problems?	36%	61%	47%	57%
12.1	Do you consider yourself to have a disability?	31%	50%	58%	44%
19.2	Are you a foreign national?	20%	8%	5%	11%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	10%	13%	5%	14%
ARRIVAL AND RECEPTION				
2.3	When you were searched in reception, was this done in a respectful way?	76%	83%	90%	80%
2.4	Overall, were you treated very / quite well in reception?	79%	79%	84%	78%
2.5	When you first arrived, did you have any problems?	85%	93%	95%	91%
	For those who had any problems when they first arrived:				
2.6	Did staff help you to deal with these problems?	30%	37%	47%	33%
FIRST NIGHT AND INDUCTION				
3.3	Did you feel safe on your first night here?	68%	67%	60%	68%
3.5	Have you had an induction at this prison?	70%	67%	68%	68%
	For those who have had an induction:				
3.5	Did your induction cover everything you needed to know about this prison?	39%	46%	39%	46%
ON THE WING				
4.2	Is your cell call bell normally answered within 5 minutes?	22%	28%	40%	25%
4.3				
	- Do you normally have enough clean, suitable clothes for the week?	55%	48%	45%	50%
	- Can you shower every day?	85%	90%	84%	90%
	- Do you have clean sheets every week?	56%	67%	79%	62%
	- Do you get cell cleaning materials every week?	52%	63%	79%	58%
	- Is it normally quiet enough for you to relax or sleep at night?	61%	63%	67%	62%
	- Can you get your stored property if you need it?	21%	30%	26%	28%

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Grey shading indicates that we have no valid data for this question

** less than 1% probability that the difference is due to chance*

	25 and under	Over 25	50 and over	Under 50
Number of completed questionnaires returned	35	121	20	136
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	27%	31%	55%	26%
5.3 Does the shop / canteen sell the things that you need?	72%	64%	60%	67%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	79%	77%	90%	76%
6.2 Are there any staff here you could turn to if you had a problem?	66%	67%	80%	65%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	31%	36%	30%	36%
6.6 Do you feel that you are treated as an individual in this prison?	44%	35%	30%	38%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	82%	72%	87%	72%
7.3 Are you able to speak to a chaplain of your faith in private, if you want to?	55%	70%	88%	62%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	15%	27%	40%	22%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	64%	60%	50%	63%
8.3 Are you able to use a phone every day (if you have credit)?	91%	92%	95%	91%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	74%	78%	100%	73%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	24%	36%	30%	34%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	6%	15%	3%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	30%	57%	75%	49%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	63%	75%	75%	72%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	52%	52%	69%	49%
10.3 Is it easy for you to make a complaint?	61%	61%	70%	60%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	32%	35%	60%	31%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	16%	29%	8%	29%

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** less than 1% probability that the difference is due to chance*

	25 and under	Over 25	50 and over	Under 50
Number of completed questionnaires returned	35	121	20	136
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	9%	9%	10%	9%
- Nurse?	22%	33%	35%	30%
- Dentist?	6%	3%	5%	3%
- Mental health workers?	9%	15%	5%	15%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	39%	27%	22%	29%
11.5 Do you think the overall quality of the health services here is very / quite good?	12%	24%	16%	22%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	13%	28%	30%	25%
SAFETY				
14.1 Have you ever felt unsafe here?	47%	62%	60%	58%
14.2 Do you feel unsafe now?	16%	30%	20%	28%
14.3 Not experienced bullying / victimisation by other prisoners	58%	45%	40%	49%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	31%	42%	65%	36%
14.5 Not experienced bullying / victimisation by members of staff	61%	59%	74%	57%
14.6 If you were being bullied / victimised by staff here, would you report it?	38%	49%	65%	43%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	30%	51%	61%	44%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	33%	50%	65%	44%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	18%	8%	5%	11%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	16%	11%	0%	14%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	41%	49%	47%	47%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	27%	28%	20%	29%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	71%	60%	50%	64%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3 Is anybody helping you to prepare for your release?	33%	39%	40%	37%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	61%	47%	47%	51%

HMP Lewes 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of foreign national prisoners are compared with those of British national prisoners
- responses of prisoners from Traveller communities are compared with those of prisoners not from Traveller communities
Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

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Grey shading indicates that we have no valid data for this question

** less than 1% probability that the difference is due to chance*

	Foreign national	British national	Traveller	Non-traveller
Number of completed questionnaires returned	15	130	18	126
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 25 years of age?	40%	19%	17%	21%
	Are you 50 years of age or older?	7%	15%	6%	15%
1.3	Are you from a minority ethnic group?	36%	12%	0%	17%
7.1	Are you Muslim?	29%	10%	17%	12%
11.3	Do you have any mental health problems?	29%	58%	81%	50%
12.1	Do you consider yourself to have a disability?	14%	48%	69%	42%
19.2	Are you a foreign national?			6%	11%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	7%	13%		
ARRIVAL AND RECEPTION				
2.3	When you were searched in reception, was this done in a respectful way?	92%	80%	65%	83%
2.4	Overall, were you treated very / quite well in reception?	100%	76%	78%	78%
2.5	When you first arrived, did you have any problems?	80%	92%	94%	90%
	For those who had any problems when they first arrived:				
2.6	Did staff help you to deal with these problems?	20%	36%	18%	38%
FIRST NIGHT AND INDUCTION				
3.3	Did you feel safe on your first night here?	53%	69%	75%	66%
3.5	Have you had an induction at this prison?	54%	69%	61%	69%
	For those who have had an induction:				
3.5	Did your induction cover everything you needed to know about this prison?	86%	40%	27%	46%
ON THE WING				
4.2	Is your cell call bell normally answered within 5 minutes?	64%	23%	11%	30%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	60%	47%	28%	52%
	- Can you shower every day?	87%	90%	94%	89%
	- Do you have clean sheets every week?	87%	63%	61%	68%
	- Do you get cell cleaning materials every week?	80%	58%	67%	60%
	- Is it normally quiet enough for you to relax or sleep at night?	80%	61%	67%	64%
	- Can you get your stored property if you need it?	40%	28%	39%	28%

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** less than 1% probability that the difference is due to chance*

	Foreign national	British national	Traveller	Non-traveller
Number of completed questionnaires returned	15	130	18	126
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	40%	29%	28%	31%
5.3 Does the shop / canteen sell the things that you need?	60%	68%	56%	68%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	86%	76%	60%	80%
6.2 Are there any staff here you could turn to if you had a problem?	73%	66%	50%	70%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	33%	34%	28%	36%
6.6 Do you feel that you are treated as an individual in this prison?	36%	36%	28%	37%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	83%	75%	75%	77%
7.3 Are you able to speak to a chaplain of your faith in private, if you want to?	67%	68%	69%	68%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	21%	25%	18%	25%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	43%	64%	53%	62%
8.3 Are you able to use a phone every day (if you have credit)?	93%	92%	94%	92%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	100%	74%	75%	75%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	27%	33%	28%	32%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	7%	5%	28%	2%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	60%	54%	50%	56%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	57%	74%	67%	74%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	46%	53%	35%	55%
10.3 Is it easy for you to make a complaint?	47%	65%	67%	62%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	40%	36%	36%	36%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	11%	26%	36%	24%

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Grey shading indicates that we have no valid data for this question

** less than 1% probability that the difference is due to chance*

	Foreign national	British national	Traveller	Non-traveller
Number of completed questionnaires returned	15	130	18	126
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	7%	10%	6%	11%
- Nurse?	31%	33%	19%	35%
- Dentist?	0%	4%	0%	4%
- Mental health workers?	14%	15%	11%	15%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	75%	26%	23%	31%
11.5 Do you think the overall quality of the health services here is very / quite good?	14%	21%	13%	21%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	0%	28%	27%	27%
SAFETY				
14.1 Have you ever felt unsafe here?	64%	58%	75%	56%
14.2 Do you feel unsafe now?	15%	27%	63%	22%
14.3 Not experienced bullying / victimisation by other prisoners	50%	48%	29%	51%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	62%	38%	38%	41%
14.5 Not experienced bullying / victimisation by members of staff	79%	59%	38%	65%
14.6 If you were being bullied / victimised by staff here, would you report it?	71%	44%	50%	48%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	54%	46%	33%	48%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	46%	48%	33%	50%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	0%	11%	40%	6%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	13%	40%	8%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	64%	45%	29%	49%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	39%	27%	23%	28%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	40%	66%	33%	64%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3 Is anybody helping you to prepare for your release?	0%	40%	33%	37%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	75%	48%	50%	50%

HMP Lewes 2019

Comparison of survey responses from different residential locations

In this table responses from the vulnerable prisoner unit (F wing) are compared with those from the rest of the establishment (A, C, G, K, L and M wings).

Shading is used to indicate statistical significance*, as follows:

Green shading shows results that are significantly more positive than the comparator

Blue shading shows results that are significantly more negative than the comparator

Orange shading shows significant differences in demographics and background information

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Grey shading indicates that we have no valid data for this question

** less than 1% probability that the difference is due to chance*

		Vulnerable prisoner unit (F wing)	Rest of the establishment (A, C, G, K, L and M wings)
	Number of completed questionnaires returned	39	113
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	3%	5%
	Are you 25 years of age or younger?	5%	30%
	Are you 50 years of age or older?	31%	7%
	Are you 70 years of age or older?	10%	0%
1.3	Are you from a minority ethnic group?	5%	22%
1.4	Have you been in this prison for less than 6 months?	54%	63%
1.5	Are you currently serving a sentence?	90%	66%
	Are you on recall?	23%	13%
1.6	Is your sentence less than 12 months?	15%	16%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	4%
7.1	Are you Muslim?	0%	18%
11.3	Do you have any mental health problems?	61%	52%
12.1	Do you consider yourself to have a disability?	55%	40%
19.1	Do you have any children under the age of 18?	36%	59%
19.2	Are you a foreign national?	5%	13%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	10%	13%
19.4	Have you ever been in the armed services?	8%	5%
19.5	Is your gender female or non-binary?	3%	0%
19.6	Are you homosexual, bisexual or other sexual orientation?	10%	2%
19.7	Do you identify as transgender or transsexual?	3%	2%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	10%	19%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	44%	43%
2.3	When you were searched in reception, was this done in a respectful way?	82%	83%
2.4	Overall, were you treated very / quite well in reception?	85%	76%

Shading is used to indicate statistical significance*, as follows:

Green shading shows results that are significantly more positive than the comparator

Blue shading shows results that are significantly more negative than the comparator

Orange shading shows significant differences in demographics and background information

No shading means that differences are not significant and may have occurred by chance

Grey shading indicates that we have no valid data for this question

** less than 1% probability that the difference is due to chance*

		Vulnerable prisoner unit (F wing)	Rest of the establishment (A, C, G, K, L and M wings)
	Number of completed questionnaires returned	39	113
2.5	When you first arrived, did you have any problems?	92%	91%
2.5	Did you have problems with:		
	- Getting phone numbers?	44%	47%
	- Contacting family?	44%	47%
	- Arranging care for children or other dependents?	0%	5%
	- Contacting employers?	3%	9%
	- Money worries?	21%	30%
	- Housing worries?	18%	26%
	- Feeling depressed?	54%	47%
	- Feeling suicidal?	28%	16%
	- Other mental health problems?	44%	29%
	- Physical health problems?	31%	23%
	- Drugs or alcohol (e.g. withdrawal)?	18%	22%
	- Getting medication?	36%	36%
	- Needing protection from other prisoners?	18%	7%
	- Lost or delayed property?	18%	20%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	50%	32%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	72%	78%
	- Toiletries / other basic items?	49%	44%
	- A shower?	18%	26%
	- A free phone call?	62%	60%
	- Something to eat?	69%	81%
	- The chance to see someone from health care?	46%	57%
	- The chance to talk to a Listener or Samaritans?	31%	23%
	- Support from another prisoner (e.g. Insider or buddy)?	18%	15%
	- None of these?	3%	4%
3.2	On your first night in this prison, was your cell very / quite clean?	41%	40%
3.3	Did you feel safe on your first night here?	54%	73%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	24%	22%
	- Free PIN phone credit?	32%	28%
	- Numbers put on your PIN phone?	31%	29%
3.5	Have you had an induction at this prison?	72%	67%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	50%	44%

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ON THE WING			
4.1	Are you in a cell on your own?	39%	51%
4.2	Is your cell call bell normally answered within 5 minutes?	38%	24%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	54%	49%
	- Can you shower every day?	95%	86%
	- Do you have clean sheets every week?	69%	64%
	- Do you get cell cleaning materials every week?	74%	57%
	- Is it normally quiet enough for you to relax or sleep at night?	62%	65%
	- Can you get your stored property if you need it?	39%	25%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	76%	49%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	34%	22%
5.2	Do you get enough to eat at meal-times always / most of the time?	36%	28%
5.3	Does the shop / canteen sell the things that you need?	60%	68%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	90%	76%
6.2	Are there any staff here you could turn to if you had a problem?	85%	62%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	39%	34%
6.4	Do you have a personal officer?	49%	69%
	For those who have a personal officer:		
6.4	Is your personal or named officer very / quite helpful?	68%	57%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	0%	7%
6.6	Do you feel that you are treated as an individual in this prison?	37%	39%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	44%	37%
	If so, do things sometimes change?	29%	20%
FAITH			
7.1	Do you have a religion?	62%	67%
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	78%	75%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	79%	64%
7.4	Are you able to attend religious services, if you want to?	88%	91%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	33%	21%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	67%	59%
8.3	Are you able to use a phone every day (if you have credit)?	92%	90%
8.4	Is it very / quite easy for your family and friends to get here?	60%	37%
8.5	Do you get visits from family/friends once a week or more?	26%	17%
	For those who get visits:		
8.6	Do visits usually start and finish on time?	40%	42%
8.7	Are your visitors usually treated respectfully by staff?	83%	75%

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TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	97%	82%
	For those who know what the unlock and lock-up times are supposed to be:		
9.1	Are these times usually kept to?	58%	55%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	18%	36%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	5%	5%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	18%	20%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	1%
9.4	Do you have time to do domestics more than 5 days in a typical week?	49%	50%
9.5	Do you get association more than 5 days in a typical week, if you want it?	23%	26%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	54%	60%
9.7	Do you typically go to the gym twice a week or more?	26%	55%
9.8	Do you typically go to the library once a week or more?	28%	30%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	63%	50%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	84%	68%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	58%	52%
	Are applications usually dealt with within 7 days?	36%	29%
10.3	Is it easy for you to make a complaint?	72%	58%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	40%	35%
	Are complaints usually dealt with within 7 days?	10%	22%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	28%	24%

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	For those who need it, is it easy to:		
10.6	Communicate with your solicitor or legal representative?	47%	44%
	Attend legal visits?	70%	67%
	Get bail information?	17%	18%
	For those who have had legal letters:		
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	37%	49%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	13%	8%
	- Nurse?	34%	29%
	- Dentist?	5%	3%
	- Mental health workers?	14%	14%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	32%	23%
	- Nurse?	50%	32%
	- Dentist?	15%	15%
	- Mental health workers?	19%	16%
11.3	Do you have any mental health problems?	61%	52%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	50%	20%
11.5	Do you think the overall quality of the health services here is very / quite good?	29%	17%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	55%	40%
	For those who have a disability:		
12.2	Are you getting the support you need?	31%	26%
12.3	Have you been on an ACCT in this prison?	31%	16%
	For those who have been on an ACCT:		
12.4	Did you feel cared for by staff?	67%	67%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	66%	38%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	18%	18%
	For those who had / have an alcohol problem:		
13.2	Have you been helped with your alcohol problem in this prison?	29%	53%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	26%	33%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	13%	13%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	11%	14%
	For those who had / have a drug problem:		
13.6	Have you been helped with your drug problem in this prison?	33%	46%
13.7	Is it very / quite easy to get illicit drugs in this prison?	49%	47%
13.8	Is it very / quite easy to get alcohol in this prison?	34%	26%

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SAFETY			
14.1	Have you ever felt unsafe here?	69%	55%
14.2	Do you feel unsafe now?	30%	25%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	56%	29%
	- Threats or intimidation?	51%	22%
	- Physical assault?	26%	14%
	- Sexual assault?	5%	5%
	- Theft of canteen or property?	41%	27%
	- Other bullying / victimisation?	28%	14%
	- Not experienced any of these from prisoners here	28%	56%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	59%	33%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	25%	28%
	- Threats or intimidation?	17%	22%
	- Physical assault?	8%	8%
	- Sexual assault?	0%	5%
	- Theft of canteen or property?	0%	10%
	- Other bullying / victimisation?	19%	20%
	- Not experienced any of these from staff here	67%	60%
14.6	If you were being bullied / victimised by staff here, would you report it?	59%	41%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	50%	46%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	56%	44%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	8%	11%
	For those who have been restrained in the last 6 months:		
15.4	Did anyone come and talk to you about it afterwards?	0%	50%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	5%	10%
	For those who have spent one or more nights in the segregation unit in the last 6 months:		
15.6	Were you treated well by segregation staff?	0%	50%
	Could you shower every day?	0%	80%
	Could you go outside for exercise every day?	0%	82%
	Could you use the phone every day (if you had credit)?	100%	60%

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EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	74%	63%
	- Vocational or skills training?	35%	35%
	- Prison job?	37%	43%
	- Voluntary work outside of the prison?	0%	1%
	- Paid work outside of the prison?	0%	2%
16.2	In this prison, have you done the following activities:		
	- Education?	76%	72%
	- Vocational or skills training?	49%	56%
	- Prison job?	64%	70%
	- Voluntary work outside of the prison?	27%	28%
	- Paid work outside of the prison?	27%	31%
	For those who have done the following activities, do you think they will help you on release:		
	- Education?	64%	57%
	- Vocational or skills training?	65%	56%
	- Prison job?	52%	41%
	- Voluntary work outside of the prison?	67%	42%
	- Paid work outside of the prison?	67%	52%
16.3	Do staff encourage you to attend education, training or work?	62%	43%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	24%	29%
	For those who have a custody plan:		
17.2	Do you understand what you need to do to achieve your objectives or targets?	78%	86%
17.3	Are staff helping you to achieve your objectives or targets?	78%	59%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	33%	50%
	- Other programmes?	33%	63%
	- One to one work?	44%	52%
	- Been on a specialist unit?	22%	9%
	- ROTL - day or overnight release?	0%	23%
	For those who have done the following, did they help you to achieve your objectives or targets:		
	- Offending behaviour programmes?	100%	69%
	- Other programmes?	100%	67%
	- One to one work?	100%	62%
	- Being on a specialist unit?	100%	0%
	- ROTL - day or overnight release?		60%

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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	28%	31%
	For those who expect to be released in the next 3 months:		
18.2	Is this prison very / quite near to your home area or intended release address?	73%	50%
18.3	Is anybody helping you to prepare for your release?	18%	44%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	82%	66%
	- Getting employment?	55%	65%
	- Setting up education or training?	46%	50%
	- Arranging benefits?	73%	59%
	- Sorting out finances?	64%	55%
	- Support for drug or alcohol problems?	50%	50%
	- Health / mental Health support?	64%	58%
	- Social care support?	46%	40%
	- Getting back in touch with family or friends?	27%	32%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	11%	24%
	- Getting employment?	0%	5%
	- Setting up education or training?	0%	20%
	- Arranging benefits?	13%	16%
	- Sorting out finances?	0%	13%
	- Support for drug or alcohol problems?	0%	60%
	- Health / mental Health support?	14%	28%
	- Social care support?	0%	17%
	- Getting back in touch with family or friends?	33%	20%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	51%	52%



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