



HM Prison &
Probation Service

Action Plan: HMP Lewes

Action Plan Submitted 16 July 2019

A Response to the HMIP Inspection 14-25 January 2019

Report Published 14 May 2019

INTRODUCTION

HM Inspectorate of Prisons (HMIP) and HM Inspectorate of Probation for England and Wales are independent inspectorates which provide scrutiny of the conditions for, and treatment of prisoners and offenders. They report their findings for prisons, Young Offender Institutions and effectiveness of the work of probation, Community Rehabilitation Companies (CRCs) and youth offending services across England and Wales to Ministry of Justice (MoJ) and Her Majesty's Prison and Probation Service (HMPPS). In response to the report HMPPS / MoJ are required to draft a robust and timely action plan to address the recommendations. The action plan confirms whether recommendations are agreed, partly agreed or not agreed (see categorisations below). Where a recommendation is agreed or partly agreed, the action plans provides specific steps and actions to address these. Actions are clear, measurable, achievable and relevant with the owner and timescale of each step clearly identified. Action plans are sent to HMIP and published on the HMPPS web based Prison Finder. Progress against the implementation and delivery of the action plans will also be monitored and reported on.

Term	Definition	Additional comment
Agreed	All of the recommendation is agreed with, can be achieved and is affordable.	The response should clearly explain how the recommendation will be achieved along with timescales. Actions should be as SMART (Specific, Measureable, Achievable, Realistic and Time-bound) as possible. Actions should be specific enough to be tracked for progress.
Partly Agreed	Only part of the recommendation is agreed with, is achievable, affordable and will be implemented. This might be because we cannot implement the whole recommendation because of commissioning, policy, operational or affordability reasons.	The response must state clearly which part of the recommendation will be implemented along with SMART actions and tracked for progress. There must be an explanation of why we cannot fully agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.
Not Agreed	The recommendation is not agreed and will not be implemented. This might be because of commissioning, policy, operational or affordability reasons.	The response must clearly state the reasons why we have chosen this option. There must be an explanation of why we cannot agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.



ACTION PLAN: HMCIP REPORT

ESTABLISHMENT: HMP LEWES

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
	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)	Agreed	<p>HMP Lewes will develop a comprehensive Violence Reduction (VR) action plan which will then become the focus of the Safety Strategy specific to HMP Lewes. Progress and outcomes against the VR Action Plan will be monitored monthly through the Safety Meeting.</p> <p>The local Safety Task force will monitor the effectiveness of the Safety Strategy, which will be re-written for 2019-20 to include aspects of the proposed VR Action Plan. HMP Lewes has allocated a dedicated Supervising Officer to lead on VR investigations.</p>	<p>Governor</p> <p>Governor</p>	<p>September 2019</p> <p>October 2019</p>
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)	Agreed	<p>The Head of Safety, in conjunction with the Group Safer Custody Team (GSCT) will work together to produce a Local Self-harm reduction policy based on a robust analysis of self-harm data accompanied by an up to date action plan.</p> <p>A local Safety Task Force has been set up to establish the cause of self-harm. The task force will meet regularly to determine the necessary actions to improve safety levels. Led by the Governor, multi-disciplinary support will be invited from Local and Group leads, partners and key providers.</p>	<p>Governor</p> <p>Governor</p>	<p>September 2019</p> <p>August 2019</p>



			The Safety Task Force, including Healthcare representation (e.g. MH Services) will commission a review of the current ACCT (Assessment, Care in Custody, Teamwork) QA process to specifically raise the standards of ACCT's.	Governor	August 2019
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)	Agreed	<p>Since the HMIP Inspection, Sussex Partnership NHS Foundation Trust (SPFT) have put governance structure systems in place to assess, monitor and drive improvement in the quality and safety of the services provided and effectively address key risks.</p> <p>SPFT have reviewed and will deliver amended healthcare applications processes and access to mental health services detailed fully under recommendations 5.31 and 5.36</p> <p>NHSE will develop a Health Service performance dashboard with all Healthcare service providers that will deliver a monthly report for partners which includes waiting times for GP services, dentist, mental health and primary care. This will be widely available to partners including: the Health Services Partnership Board; Health Partnership Board; HMP Lewes Senior Management Team (SMT).</p> <p>NHSE will complete a clinical audit of the healthcare triage process during August 2019, to ensure consistency of clinical decision making in regard to allocation to the appropriate healthcare provision.</p> <p>NHS England are working with HMP Lewes and all providers to ensure the Governance Structure implemented is robust and working. There will be close scrutiny of the structure via Partnership Board (chaired by NHSE) and the Quality Board (chaired by the Governor).</p>	<p>SPFT</p> <p>SPFT</p> <p>NHSE/SPFT/ MedCo</p> <p>NHSE</p> <p>NHSE</p>	<p>Completed</p> <p>July 2019</p> <p>July 2019.</p> <p>October 2019</p> <p>October 2019</p>
5.4	The prison should provide opportunities for all prisoners to engage with education, skills and work-related	Partly Agreed	This recommendation is Partly Agreed as the prison will not be able to provide opportunities for all prisoners to engage with education, skills and work-related activities as there are insufficient activity places available. We will continue to take	Governor	November 2019



	activities, and ensure that they do so. (S42)		<p>steps to optimise the regime provision available within resource limitations.</p> <p>HMP Lewes will encourage activity attendance by:-</p> <p>A new Management Information System (MIS) system will allow HMP Lewes to track more accurately the data around non-attendance and the reasons why. More robust data gathering systems are being developed and the data will be disseminated at monthly Reducing Reoffending meetings and daily at the morning residential meetings.</p> <p>A new allocations process will be introduced that aligns with the Personal Learning Plans (PLPs), and in turn is a reflection of sentence planning and individual need. An Allocations board will be established this board will monitor and evaluate allocations processes.</p> <p>Monthly contracts review meetings have been set up between the Head of Function and Learning and Skills Manager. Delivery will be reviewed against the contracts. Further use of the Directly Procured Services (DPS) funding will be considered at these meetings.</p> <p>The function is working closely with GFSL (Government Facility Services Ltd) to develop Work Parties, the first of which will be a Painting Party.</p>	<p>Governor</p> <p>Governor</p> <p>Governor</p> <p>Governor</p>	<p>September 2019</p> <p>November 2019</p> <p>Completed</p> <p>September 2019</p>
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)	Agreed	<p>The Head of the Offender Management Unit (OMU) will coordinate a detailed strategy for offender management based on criminogenic needs, such as sexual offending. Progress will be monitored monthly through the formation of a multidisciplinary Offender Management Committee.</p> <p>A management check will be developed to ensure that there is a common approach to record-keeping and all Offender Supervisor contact with prisoners is recorded on P: NOMIS (an</p>	<p>Governor</p> <p>Governor</p>	<p>August 2019</p> <p>September 2019</p>



			offender database). The OM Committee will monitor information exchange and joint working within the prison.		
	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)	Partly Agreed	<p>This recommendation is Partly Agreed as the availability of courses and programmes is often outside of the prisons control and progressive transfers are predicated on national availability of accommodation and HMPPS Population Managements ability to provide transport.</p> <p>With oversight from the Head of OMU and the Senior Probation Officer (SPO), sex offenders and indeterminate sentence prisoners will be prioritised for OASys completion to expedite access to offending behaviour programmes or progressive transfers. Offender Supervisors will record on P:NOMIS all actions taken to progress prisoners access to programmes and escalate if transfers are not available.</p>	HMPPS Governor	August 2019
	Recommendations				
	Early days in custody				
5.7	Prisoners should receive a prompt and comprehensive induction that allows them to understand life in prison. (1.7)	Agreed	<p>New induction policies and processes have been developed and published which includes comprehensively revised content to enable a better understanding of prison life.</p> <p>The new induction process has been developed to ensure that every new reception will receive an induction over two days and this will be co-delivered by staff and newly appointed Induction Workers. Records will be kept to track prisoners' progress through the induction process.</p>	Governor Governor	Completed August 2019



	Managing behaviour				
5.8	Adjudication hearings should be held promptly, and police referrals should be actively followed up. (1.20)	Agreed	<p>HMP Lewes ensure that all adjudications are held in a prompt manner. The Custodial Manager (CM) responsible for the Segregation Unit carries out fortnightly adjudications Quality Assurance (QA) checks paying particular attention to appropriately laid charges and timeliness.</p> <p>HMP Lewes ensure that police referrals are actively followed up using a list of outstanding cases provided by the Segregation Unit, the Security department shares weekly updates relating to cases where the police do not wish to proceed in order for the adjudication to be re-heard in a timely manner.</p> <p>Monthly, the Head of Safety will join the CM on the QA process adding an extra layer of assurance and any cases not completed within six weeks will be referred to the Head of Security.</p>	<p>Governor</p> <p>Governor</p> <p>Governor</p>	<p>Completed</p> <p>Completed</p> <p>August 2019</p>
5.9	Managers should investigate why use of force has increased so substantially and take action to address the findings. (1.26)	Agreed	<p>A review will be commissioned to establish what levels of force were in the 6 month period prior to the previous (2016) inspection, and the reasons why force was used. This will then be compared against HMP Lewes's current position and an analysis conducted of the data.</p> <p>Any findings will then be addressed through the Use of Force (UoF) Committee and the weekly UoF meetings. Training delivery will be adjusted to support reduced levels of force where findings indicate this could be achieved.</p>	<p>Governor</p> <p>Governor</p>	<p>August 2019</p> <p>August 2019</p>
5.10	Rigorous governance of use of force (U of F) should ensure that documentation is completed promptly and thoroughly, and that all planned incidents are recorded. (1.27)	Agreed	An enhanced governance process for Use of Force is in place resulting in all in scope incidents being reviewed including all paperwork and available footage. The establishment morning meeting is used to drive completion of UoF documentation through line management structures should the weekly review indicate a low completion rate.	Governor	Completed



			Specific SPDR (Staff Performance Development Report) objectives for the management of planned incidents, including recording, and UoF paperwork has been introduced for officer grades. Staff performance is reviewed if UoF paperwork is not completed in line with national policy guidelines.	Governor	Completed
5.11	Segregation accommodation should be clean and free from graffiti. (1.33)	Agreed	HMP Lewes have adopted a Quality Assurance process for the checking of all cells and living conditions within the Segregation Unit with fortnightly checks conducted by the Segregation Unit CM and once per month by the Head of Safety. This is captured in the monthly Segregation Monitoring and Review Group Meeting (SMARG).	Governor	Completed
			HMP Lewes ensures that two Orderlies work in the Segregation Unit, one of whom is a dedicated painter.	Governor	Completed
5.12	All segregation cells should have sufficient privacy screening for toilet areas. (1.33)	Not Agreed	HMP Lewes will bid for funding for this work (subject to risk assessment regarding increasing ligature points) however the cost of the work is likely to be prohibitive and will need to be considered in the context of significant national demand for funding against limited resources.	Governor	
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. (1.34)	Agreed	The daily defensible decision making sheet for those located in the Segregation Unit whilst on an assessment, care in custody and teamwork (ACCT) document will be re-written to give clearer scope for the Duty Governor to carry out daily welfare checks to confirm segregation is appropriate, or to raise concerns and identify any actions needed.	Governor	September 2019
			The Head of Safety completes a monthly 20% QA check of 20 day care plans ensuring they are specific to the individual and make reference to the frequency of ACCT reviews if deemed appropriate within the care plan. This is captured in the monthly SMARG meeting.	Governor	Completed
	Security				
5.14	The security department should share security objectives across prison	Agreed	The Head of Security publishes the security objectives from the Security Committee Meeting, via notices to staff, global	Governor	Completed



	departments and monitor these for effectiveness. (1.41)		<p>email and displays in two key locations: Security Department and the main thoroughfare into the prison.</p> <p>Objectives are monitored for effectiveness, through the analysis of the Mercury Intelligence Reports (MIR) relating to each Security Objective and this is fed back to the monthly Security Committee meeting, with associated conclusions, recommendations and actions</p>	Governor	Completed
5.15	Measures to identify and control drug supply, including suspicion testing and use of technology, should be implemented systematically. (1.42)	Agreed	<p>The Itemiser (technology which will identify substances on a number of different items, but will mainly be used on incoming mail) has been installed and required training took place in May 2019. Records are kept to indicate the number of drug detections.</p> <p>Two new X-ray machines are now in use. The required training for their use has been completed and records kept of the items searched and drug finds.</p> <p>The use of suspicion testing will commence by October 2019 following a reorganisation of the work within the department. This will be monitored through performance data and the Head of Security checks the referrals against submitted intelligence reports to ensure testing is being conducted. The statistics will be submitted to the monthly Security Committee Meeting.</p>	<p>Governor</p> <p>Governor</p> <p>Governor</p>	<p>Completed</p> <p>Completed</p> <p>October 2019</p>
	Safeguarding				
5.16	Serious incidents of self-harm should be promptly investigated and lessons learned should be widely disseminated among staff. (1.50, repeated recommendation 1.27)	Agreed	<p>HMP Lewes will refine its process of ensuring all incidents of serious self-harm are investigated by the Safety Management team and a QA of all serious incidents will be completed by the Head of Safety each month. These reports will additionally be assured by the Group Safety support team.</p> <p>HMP Lewes will ensure that lessons learned will be disseminated to staff via the Safety communication links, which may include; Safety emails, Notice to Staff (NTS),</p>	<p>Governor</p> <p>Governor</p>	<p>August 2019</p> <p>September 2019</p>



			monthly Safety Meeting and weekly Safety Information meeting.		
5.17	Constant observation cells should allow clear sight of the prisoner at all times, and should not be located in the segregation unit. (1.51)	Partly Agreed	<p>This recommendation is Partly Agreed as the removal of constant observation cells in the segregation unit could dramatically impact on the prisons ability to support those requiring this level of supervision in safe accommodation.</p> <p>These cells are used only when the cell in healthcare is not appropriate, however the prison is currently reviewing the use of accommodation across the establishment for constant watch cells, safer cells and listener suites.</p> <p>All constant observation cells at HMP Lewes are of an adequate standard to ensure sight of prisoners at all times. The restricted visibility of the constant watch cell in Healthcare has been rectified by replacing the damaged electro-chromatic glass door with a standard Perspex constant watch cell door.</p>	<p>Governor</p> <p>Governor</p> <p>Governor</p>	<p>September 2019</p> <p>Completed</p>
5.18	All staff should receive training on and be familiar with the policy and principles of adult safeguarding. (1.54)	Agreed	<p>HMP Lewes will explore opportunities for safeguarding training for appropriate staff through the Sussex council's adult safeguarding board.</p> <p>HMP Lewes will ensure that staff are aware of and be familiarised with the local Safeguarding policy. This will also be included in the Staff Induction process for new or non-directly employed staff.</p>	<p>Governor</p> <p>Governor</p>	<p>October 2019</p> <p>October 2019</p>
	Staff-prisoner relationships				
5.19	Managers should ensure that staff actively support prisoners and challenge poor behaviour. (2.3)	Agreed	<p>HMP Lewes has recently published several new local policies on Decency and Offensive Materials to support challenges to poor behaviour.</p> <p>The current Incentives and Earned Privileges (IEP) policy is not effective, the national Incentives framework has been published (July 2019) and a six month implementation period will allow HMP Lewes to introduce an Incentives policy</p>	<p>Governor</p> <p>Governor</p>	<p>Completed</p> <p>February 2020</p>



			<p>focussed on encouraging positive behaviour and challenging poor behaviour appropriately. This policy implementation will be locally championed by Custodial Managers who will lead the staff groups in achieving this.</p> <p>To measure the impact and effectiveness the prison will develop the following:</p> <ul style="list-style-type: none"> • QA processes for Custodial Managers to oversee the use of behavioural tools such as CSIP (to challenge and provide interventions for prisoners using violence), Keywork, IEP and Adjudications • Monthly reviews of IEP figures by the Head of Residence • Residential Manager attendance at the monthly Safety, Security meetings and the quarterly Adjudication Standards Meeting to support and promote ways for staff to challenge behaviour effectively • A joint approach to understanding and addressing through relevant consequences, non-attendance at activities • Continued development of HMP Lewes's Officer group to empower them to uphold basic standards 	Governor	February 2020
	Daily life				
5.20	Cells, wings and outside areas should be kept clean. (2.10)	Agreed	<p>A programme of work has been scheduled to take place across the residential function to improve decency and living conditions. This includes:</p> <ul style="list-style-type: none"> • Implement reviewed cleaning schedules • Ongoing painting programmes • Review systems for stock cleaning materials on residential units and implement a system of ordering and replenishing to ensure sufficient stock is maintained. • Driving performance of cleaning through 'Know your Job' sheets and the SPDR process. 	Governor	October 2019



			<ul style="list-style-type: none"> • Linking IEP Policy to cell cleanliness • Key Workers promoting cleanliness during their weekly 45 minute prisoner contact sessions. <p>To support this work, Heads of Functions will ensure:</p> <ul style="list-style-type: none"> • The prison reviews its current stores processes and procedures to ensure sufficient stock levels are consistently available. • Resident Working Parties working with Government Facility Services Ltd (GFSL) • The current numbers of cleaner employment roles are considered and ensure the opportunities and efficiency of this work is maximised. 	Governor	August 2019
5.21	Cells and showers should be refurbished to a decent standard.	Partly Agreed	<p>This recommendation is Partly Agreed as although HMP Lewes has successfully secured major maintenance funding for £125,000, this is to refurbish some shower areas on A and K wings only.</p> <p>An Estate Investment Proposal (EIP) bid has been submitted and approved for shower refurbishment on C and G wings with a view to this being financed during 2022/23 financial year. Refurbishment of additional showers will be dependent upon the allocation of very limited resources across the whole estate.</p> <p>To support the five year cycle of painting contracted to GFSL, locally, a prisoner led painting program will continue to ensure all residential accommodation is redecorated, however full cell refurbishment across the prison is unlikely to be affordable. Standards will be monitored as part of the Living Standard checks, conducted through the residential management team.</p>	<p>Governor</p> <p>Governor</p> <p>Governor</p>	<p>March 2020</p> <p>Completed</p> <p>Completed</p>
5.22	Cell call bells should be answered promptly. (2.11)	Agreed	A Residential CM Quality Assurance process will be implemented across residential tasks which will include the expectation to answer cell call bells promptly. There is a limited electronic system to measure response times across all	Governor	Completed



			units at HMP Lewes, a covert testing system will be put in place.		
5.23	The applications system should be streamlined and monitored to ensure that it meets prisoner needs. (2.21)	Agreed	<p>A full review of the application system at HMP Lewes has taken place. From this new style general applications and wing applications were introduced along with a log to help track the progress of an application. This has reduced the number of 'specialist' applications.</p> <p>A QA process will be implemented across the residential functions, delivered by Residential CMs and this task will be added to the CM assurance process for wing based activities.</p>	Governor	Completed
				Governor	July 2019
5.24	Responses to complaints should be clear, legible and address the concerns raised. (2.22)	Agreed	<p>The processes and standards expected from staff when answering complaints has been communicated by Governors Notices through emails. All complaint responses are returned to the Business Hub, who complete a 100% quality assurance on the response, checking for legibility and the quality of the response before then sending back to the prisoner.</p> <p>The Head of Business Assurance will complete a monthly 10% check of complaints received and provides feedback to managers to ensure continuous improvement in standards of responses.</p>	Governor	Completed
				Governor	August 2019
	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. (2.35)	Agreed	<p>To improve the Equalities provision for residents at HMP Lewes, members of the Senior Leadership Team (SLT) have each taken on responsibility for a specific protected characteristic.</p> <p>Each quarterly Equalities meeting, chaired by the Head of Safety, will discuss issues raised from regular protected characteristic forums held in the previous quarter and qualitative feedback from these forums will also be supported by analysis of the equalities monitoring data, which measures recorded outcomes for those with protected characteristics.</p>	Governor	August 2019
				Governor	October 2019



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. (2.36)	Agreed	<p>HMP Lewes will review its use of interpretation and translation services to ensure they are effective</p> <p>The Safety team will co-ordinate awareness training to staff in key identified areas; Reception, FNC and Segregation on the use of the service. The training will include the availability and expected signposting of the service and that sensitive and confidential matters requiring interpretation will only be done via the service.</p> <p>Use of interpretation services will be monitored at the quarterly Equalities meeting.</p>	<p>Governor</p> <p>Governor</p> <p>Governor</p>	<p>August 2019</p> <p>October 2019</p> <p>October 2019</p>
	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. (2.51)	Agreed	<p>Supervision and mandatory training processes and monitoring is now in place and reviewed on a weekly basis via the Team Lead meeting. SPFT report supervision and Core 10 (healthcare monitoring tool) mandatory training via staffs 'My Learning' system on weekly basis and this is reconciled with local supervision records.</p> <p>This is monitored via Contract Management Boards as is a requirement of GC9 (an NHSE standard commissioning contract) in NHSE.</p>	<p>Sussex Partnership NHS Foundation Trust (SPFT)</p> <p>NHSE</p>	<p>Completed</p> <p>Completed</p>
5.28	All health care should be delivered in a clinically appropriate setting that meets infection control standards. (2.52)	Agreed	<p>Since the inspection an initial Infection and Prevention control audit has taken place and an Infection Control plan is in place with fortnightly audits being conducted by the Trust Physical Health Team. The most recent score demonstrates 95% compliance.</p> <p>The majority of the residual work required to deliver full standards compliance has been ratified by the Service Delivery Manager and the necessary work has been completed as reactive repairs.</p>	<p>SPFT</p> <p>GFSL</p>	<p>Completed</p> <p>Completed</p>
5.29	There should be a prison-wide strategy and approach to support health	Agreed	HMP Lewes will work with all Healthcare providers, NHSE and Public Health England (PHE) to develop and maintain a Health	Governor / NHSE / SPFT /	April 2020



	promotion and well-being activities. (2.56)		and Wellbeing Promotion activity strategy. Implementation of the Strategy will be monitored via the HMP Lewes Healthcare Quality Board, attended by healthcare providers and partners. The strategy will be reviewed by Public Health England Health and Justice Lead for the South East as part of the Partnership Board.	MedCo / Public Health England	
5.30	Waiting times for patients should be regularly monitored to ensure prompt access to care. (2.67)	Agreed	NHSE will develop a Health Service performance dashboard with SPFT and MedCo that will deliver a monthly report for partners which includes waiting times for key lines of activity, including: GP services; dentist; mental health; primary care. The Dashboard will be monitored regularly through the HMP Lewes Quality Board and NHSE Commissioners.	NHSE/SPFT/Me dCo	August 2019
5.31	Applications for health care appointments should be reviewed and actioned without delay. (2.68)	Agreed	A review of the process for delivering Healthcare appointments was led by NHSE and a workshop was completed with SPFT staff, producing a revised process for healthcare application in February 2019.	NHSE	Completed
			A System is now in place for all Healthcare Applications to be collected, registered, triaged and returned with the appropriate appointment indicated. There is a target for the process of applications of 24hrs by Healthcare Administration. This process is monitored in the SPFT Dashboard which is presented to monthly HMP Lewes Healthcare Quality Board and Forensic Healthcare Service (FHS) Quality and Governance Forum.	SPFT/NHSE	Completed
			A new process has been agreed with SPFT and Medco which will continue to be monitored via Contract Meetings.	SPFT/MedCo	Completed
5.32	The reasons for prisoner non-attendance at health care appointments should always be recorded and reviewed. (2.69)	Agreed	A process is now in place to record non-attendance (DNA), Cancellations and attendance. These are now monitored on the SPFT Dashboard and reviewed at HMP Lewes Healthcare Quality Board and FHS (Forensic Healthcare Service). Quality and Governance Forum.	NHSE/SPFT	Completed
				SPFT/MedCo	August 2019



			SPFT and Medco have put systems in place but are yet to demonstrate learning from these figures. NHSE will work with them to ensure the "what if" questions are addressed with learning refined and any remedial actions agreed and implemented from lessons learned.		
5.33	Prisoners with long-term health conditions should receive regular reviews by trained staff, informed by an evidence-based care plan. (2.70)	Agreed	<p>Nurse led Long Term Condition registers and Clinics are in place, which will include timely regular reviews depending on specific condition and provide patients with individual plan of care developed in consultation with the patient.</p> <p>Ongoing staff training is facilitated by Primary care staff from HMP Ford and Trust Physical Health Team, led by the Deputy Chief Nurse.</p>	<p>SPFT</p> <p>SPFT</p>	<p>Completed</p> <p>Completed</p>
5.34	External hospital appointments should not be cancelled. (2.71, repeated recommendation 2.63)	Not Agreed	This recommendation is Not Agreed for operational reasons, as HMP Lewes cannot provide a guarantee that hospital appointments will never be cancelled. However, external appointments will be not be cancelled without the prior agreement of the Duty Governor who will record the operational reasons why it may be necessary to do so and ensure that priority is given to high risk clinical cases under the advice of clinical staff.	Governor	
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)	Agreed	HMP Lewes will liaise directly with the key stakeholders and providers for Adult Social Care (East Sussex County Council) to produce and agree an updated Memorandum of Understanding. This will be reviewed biennially and co-ordinated by the Head of Safety.	Governor	September 2019
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)	Agreed	<p>The referral waiting list was cleared in February 2019. The referral list is reviewed daily and prioritised, risk assessed and each case allocated for action. The Care Quality Commission (CQC) action plan managed by SPFT, provides a detailed overview of the expectations, interventions and work carried out to ensure delivery against this recommendation.</p> <p>NHS England have facilitated a workshop for healthcare providers and HMP Lewes to map the healthcare applications</p>	<p>SPFT</p> <p>NHSE Commissioning</p>	<p>Completed</p> <p>Completed</p>



			<p>process for patients and identify potential changes that directly reduce waiting times for healthcare interventions. Waiting times will be monitored via a performance dashboard reported to key partners.</p> <p>The therapeutic interventions programme has been refreshed and negotiations are underway with the HMP Lewes SMT to support and enable this programme to be delivered within the prison.</p> <p>NHS England Health & Justice Programme Management Office will work with HMP Lewes and Healthcare providers to map patient journeys and develop demand and capacity planning.</p>	<p>Manager SE</p> <p>SPFT</p> <p>NHSE/SPFT/Governor</p>	<p>Completed</p> <p>August 2019</p>
5.37	There should be a regular substance use strategic meeting to support the implementation and development of the strategy. (2.96)	Agreed	<p>A monthly substance misuse strategy review meeting has been set up. This will be overseen by the Head of Reducing Reoffending and will be attended by Safer Custody, Security and Forward Trust.</p> <p>The strategy is reviewed within the Quality Improvement Board (QIB) and the Terms of Reference were drawn up at the first meeting.</p>	<p>Governor</p> <p>Governor</p>	<p>Completed</p> <p>Completed</p>
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)	Agreed	<p>The in-possession policy has been revised and distributed to staff. Risk assessments are completed and regularly reviewed for all patients receiving in-possession medication. Weekly reports are generated to ensure risk assessments are monitored as required by the CQC action plan managed by SPFT.</p> <p>The weekly in possession reports are generated from SystmOne (A patient database detailing lifetime contact with health services) by the SPFT Business manager. Systems issues that create incorrect reports (which can be corrected via a manual check) have been raised with TPP SystmOne (the</p>	<p>SPFT</p> <p>SPFT</p>	<p>Completed</p> <p>Completed</p>



			<p>database provider) by NELCSU (An organisation commissioned to provide the NHS with specialist advice).</p> <p>SPFT have implemented a programme of audits of areas of healthcare delivery to support delivery of improvements, including medicines storage, required following the joint HMIP Inspection and Care Quality Commission (CQC) Visit.</p>	SPFT	Completed
5.39	Prison 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)	Agreed	<p>Each wing will allocate a member of staff to supervise medicine hatches.</p> <p>This specific task will be added to the wing staff detail sheet highlighting staff tasks for the day. This will ensure a specific member of staff has been identified for this task every day.</p> <p>A QA process will be implemented across the residential functions, delivered by Residential CMs and this task will be added to the CM assurance process for wing based activities</p>	<p>Governor</p> <p>Governor</p> <p>Governor</p>	<p>July 2019</p> <p>July 2019</p> <p>July 2019</p>
5.40	The medicines management committee should meet regularly and be attended by relevant stakeholders. Prescribing levels of tradable medicines should be monitored and discussed at the meetings. (2.105)	Agreed	The HMP Lewes Medicine Management meeting is held on a monthly basis and is chaired by SPFT, the healthcare provider and includes representatives from Medco, the GP service provider. NHS England ensures that monitoring of tradable medication has been added as a standing agenda item.	NHSE Commissioning Manager SE/ SPFT	Completed
5.41	Prisoners should have access to routine dental appointments within six weeks. (2.111)	Agreed	<p>The profiles for HMP Lewes were altered in October 2018 to allow for additional health related activity to facilitate this. NHSE are aware and the dentist has indicated they could increase provision to allow additional appointments on a weekly basis.</p> <p>This is to be progressed by the commissioning team and HMP Lewes health leads</p>	<p>NHSE / Dentist Governor</p> <p>NHSE/SPFT</p>	<p>Completed</p> <p>September 2019</p>
5.42	All dental equipment, including the x-ray machine, should be regularly serviced and certified. (2.112)	Agreed	Since the inspection the dental equipment and x-ray machine has been serviced.	<p>GFSL/NHSE/SP FT</p> <p>Governor</p>	<p>Completed</p> <p>September 2019</p>



			HMP Lewes will liaise with partners to understand the service requirements. A process will be implemented to ensure that the equipment is regularly serviced and certified. This will be done through HMPPS procurement (IProc) system.		
5.43	The provider should maintain an up-to-date file to document local arrangements for radiation protection. (2.113)	Agreed	NHSE will ensure the provider maintains an up to date file to document arrangements for radiation protection.	NHSE	October 2019
	Time out of cell				
5.44	All prisoners should have at least one hour in the open air each day. (3.4)	Not Agreed	This recommendation is not agreed as the core day provides the mandatory requirement within Prison Service Instruction (PSI) 75/2011 – Residential Services, of a minimum of 30 minutes time in open air per day.	Governor	
	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)	Agreed	<p>As of April 2019, Weston College took over as the education provider for HMP Lewes. The new Management Information System (MIS) CURIOUS will be implemented which will enable more robust data gathering.</p> <p>To improve the quality of teaching and learning a PIAP (Ofsted) Post Inspection Action Plan) and TQMP (Teacher Quality Management Plan) were developed following the inspection.</p> <p>A schedule of Learning Walks (OTL – observations of teaching & learning) and a schedule of re-observations is in place. This will allow identification of developmental needs and the development of a robust CPD (Continuing Professional Development) profile for all underperforming instructors and tutors. Three CPD training events are planned to address these training needs.</p> <p>The monthly and quarterly regional PEF (Prison Education Framework) performance meetings will ensure the prison and</p>	<p>Governor</p> <p>Weston College / Governor</p> <p>Weston College / Governor</p> <p>Governor</p>	<p>September 2019</p> <p>March 2020</p> <p>Completed</p> <p>Completed</p>



			education provider deliver a joined up approach to addressing the recommendations from the current OFSTED inspection.		
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)	Agreed	<p>A full needs analysis will be carried out to establish the suitability of the current curriculum and any changes that may be required. This will be completed in conjunction with the Regional Learning and Skills lead.</p> <p>New worker roles are being developed which will include pre-requisite vocational training e.g. painting, cleaning and food hygiene. This training will be undertaken prior to employment.</p> <p>Functional skills are already embedded in the training curriculum and this is reviewed weekly as part of the learning walks that take place.</p> <p>Progression routes are being identified and these will be used by the Information, Advice and Guidance (IAG) workers. The development of Progression Plans will support a joined up approach to progression.</p>	<p>Governor</p> <p>Governor</p> <p>Governor</p> <p>Governor</p>	<p>July 2019</p> <p>July 2019</p> <p>Completed</p> <p>July 2019</p>
5.47	Prisoners working in the kitchen and on the wings should receive suitable training. (3.16)	Agreed	<p>Prisoners allocated a new position working in the kitchen will complete the Food Safety Handling course before taking up the role or as soon as is reasonably practical. The first course is due to run in July. This will also be implemented for all new wing servery workers.</p> <p>A timetable will be devised to ensure prisoners already in these positions receive the necessary training. HMP Lewes are working with Weston College to increase the number of courses held.</p> <p>There is currently no formal training for wing cleaners. HMP Lewes are in discussion with Weston College about running COSHH (Control of Substances Hazardous to Health) training as an interim whilst WAMITAB (Waste Management) courses are being developed.</p>	<p>Governor</p> <p>Governor</p> <p>Governor</p>	<p>July 2019</p> <p>December 2019</p> <p>December 2019</p>



	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)	Not Agreed	This recommendation is Not Agreed as this is budget dependent and funds have not been identified for this work. HMP Lewes will explore the feasibility and cost to introduce a toilet and baby changing facilities to the visits hall. Notices will be displayed in the Visitors Centre and waiting area, to make visitors aware of the lack of provision or alternative at this time.	Governor	
5.49	Prisoners' incoming and outgoing mail should be processed promptly with no long delays. (4.6)	Agreed	At the time of the inspection, delays in processing prisoners incoming and outgoing mail was due to staff shortages within the post room and HMP Lewes was unable to complete this work on a regular basis. A current national recruitment campaign is now in place and will support the prison to ensure that the profiled task of managing post room staffing is prioritised appropriately. Staffing levels will be assured at the daily operation morning meeting and the post room will maintain steady operating procedures by introducing a new franking machine, x-ray and itemiser.	Governor Governor	September 2019 July 2019
	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)	Agreed	The Head of the Offender Management Unit (OMU) will coordinate an overarching strategy for the management of offenders that identifies the minimum expectation of contact, giving priority to those at the greatest risk of harm. This strategy will be aligned to the Offender Management in Custody (OMiC) model, the policy for custodial sentence planning and case management. HMP Lewes will drive the current OASys (Risk management tool) backlog prioritisation plan to enable more timely identification of prisoner needs and to introduce weekly monitoring returns from Prison Offender Managers (POMs) to record progress. OASys and the process to manage, monitor	Governor Senior Probation Officer/Governor	August 2019 August 2019



			and quality assure will be embedded in the Offender Management Strategy.		
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)	Partly Agreed	<p>This recommendation is Partly Agreed because the planned installation of an expanded Video Conferencing package at HMP Lewes has been delayed subject to national funding. The Reconfiguration Project Lead has informed HMP Lewes that it will be September before an update on funding and project progression will be received.</p> <p>HMP Lewes will conduct a Prison Offender Manager (POM) recruitment campaign to provide full profiled resources to facilitate OMiC case management delivery.</p> <p>A review of office space will be conducted where capacity and usage will be monitored and reviewed against session allocation to ensure suitable private spaces for interviews is available. Progress will be provided for the monthly leadership meeting by the OMiC Lead.</p> <p>The OMiC project team are working with digital studio to provide a solution that enables HMP POMs to access the documents they require from NDelius (A probation offender database), however all seconded Probation Officers at Lewes have access to NDelius and provide information to Prison Offender Managers (POMs) upon request.</p>	<p>Governor</p> <p>Governor</p> <p>Governor</p> <p>HMPPS/ National Probation Service</p>	<p>September 2019</p> <p>August 2019</p> <p>October 2019</p> <p>Completed</p>
	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)	Partly Agreed	<p>This recommendation is Partly Agreed as the setting of MAPPA level out of the prisons direct controls, being determined and set externally by the MAPPA board. HMP Lewes' OMU, however, works with and checks progress with external Offender Managers (OMs) and escalate any concerns arising on the setting of MAPPA levels. .</p> <p>The Head of OMU will coordinate an Offender Management Strategy to include the current practise for community Offender</p>	<p>National Probation Services</p> <p>Governor</p>	<p>Completed</p> <p>August 2019</p>



			<p>Managers to be contacted 6 months prior to release in order to determine MAPPA (an analysis of risk of reoffending) levels are set.</p> <p>The monthly Interdepartmental Risk Management meeting (IDRM) will be used as a forum to identify those due for release who are MAPPA eligible and identify those within 6 months of release with no risk level set. In these cases the prison will evidence request for this to be actioned by the MAPPA board.</p> <p>All Level 2 and 3 cases to be discussed monthly at the IDRM to inform MAPPA F submission.</p>	<p>Governor</p> <p>Governor</p>	<p>August 2019</p> <p>August 2019</p>
	Release planning				
5.53	All prisoners should have their resettlement needs assessed before release on licence. (4.33, repeated recommendation 4.34)	Agreed	The Offender Management Unit (OMU) Committee has been set up with the purpose of developing a collaborative approach between OMU/Community Rehabilitation Company (CRC)/Reducing Reoffending Officer (RRO) and prison officer Key Workers. The group will evaluate and monitor the effectiveness of prison wide progression plans and group will be established between OMU, the Reducing Reoffending function and Kent and Sussex CRC to work collaboratively to evaluate and monitor the effectiveness of prison wide progression plans and positive outcomes for prisoners.	Governor	August 2019

Recommendations	
Agreed	43
Partly Agreed	6
Not Agreed	4



Total	53
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