



Report on an unannounced inspection of

HMP Lewes

by HM Chief Inspector of Prisons

9–19 June 2025



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Introduction

Built in the 19th century, HMP Lewes in Sussex is a category B reception and resettlement prison for adult men, holding 558 prisoners at the time of this inspection. The population is characterised by high turnover, with 65% of prisoners on remand or unsentenced and 85% having been at the prison for less than six months. A recurring theme of our inspection was the significant operational challenges this fact creates, particularly in delivering consistent support, purposeful activity, and effective resettlement planning.

Overall, however, we found a prison that, commendably, was evidencing very clear progress. In our healthy prison tests, we judged outcomes to be 'reasonably good' for respect and preparation for release; both improvements compared to our previous 2024 inspection. For safety and purposeful activity, outcomes were assessed as 'not sufficiently good', although this too marked an improvement in the purposeful activity test.

Progress had also been made in reducing violence and improving early days support, but self-harm rates remained high, and safeguarding arrangements were inconsistent. The prison had revised its early days processes, seeking feedback from new arrivals, but late arrivals and poor privacy during safety interviews hindered both the support the prison was able to give and the identification of risk. The use of force had increased, and although oversight had improved, data was not always used effectively to support accountability or identify learning.

Staff-prisoner relationships were a clear strength, with 80% of prisoners reporting respectful treatment by staff. The key worker scheme had improved in coverage but remained inconsistent in quality and frequency. Living conditions varied widely, but while the innovative Lewes Assurance and Multi-Skills (LAMS) prisoner team had refurbished many areas to a good standard, much of the infrastructure remained in poor condition, with graffiti, damaged fittings, and unreliable heating and hot water. Food quality and quantity were a source of significant dissatisfaction, and the applications system was ineffective, leading to frustration and delays in resolving basic issues.

Equality and inclusion work had stalled since the last inspection. Forums for prisoners with protected characteristics were poorly attended and had limited impact. Disparities in treatment, particularly for black and minority ethnic prisoners, remained unaddressed. However, support for neurodivergent prisoners was a notable strength, with a dedicated unit (K wing) offering tailored support from trained staff. The chaplaincy team played a strong and influential role in supporting inclusion and rehabilitation, including for young adults and foreign nationals.

Although time out of cell had improved and the regime was more reliable, 40% of prisoners remained unemployed. Ofsted assessed the overall effectiveness of education, skills, and work as requiring improvement. Attendance at activity was inconsistent, and while the curriculum was broadly appropriate, teaching quality varied, and some tutors failed to stretch more able learners. The

recording of progress in workshops was poor, limiting prisoners' understanding of their skill development. The gym and library were well used and offered a range of activities, but recreational opportunities on the wings were limited. Leaders had responded proactively to the significant and relatively recent rise in the number of remanded and short-stay prisoners by introducing a new strategy and improving coordination between departments. The pre-release team was well led, and initiatives such as the pre-release café and through-the-gate mentoring showed promise. However, 20% of prisoners were still released homeless, and the lack of a strategic housing lead remained a significant gap. Support for obtaining ID and right-to-work documents had improved, with over 600 prisoners assisted in the past year.

We were impressed by the leadership at Lewes. The governor and senior team had maintained a clear set of priorities and fostered a more proactive and collaborative culture that had seen staff morale rise and retention improve. The prison felt calm, ordered and purposeful, and while there was clearly much to do with significant strategic and infrastructure challenges to overcome, there was a confident, can-do approach fostered among leaders that gave us a confidence that the prison could continue to improve.

Charlie Taylor

HM Chief Inspector of Prisons

July 2025

What needs to improve at HMP Lewes

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

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

Priority concerns

1. **Drugs were too freely available and there was not enough support for prisoners with substance addictions.**
2. **Too many prisoners had no work or were not engaged in purposeful activity.** Leaders had increased the number of activity places, but it remained insufficient to meet the population's needs.

Key concerns

3. **Early days support was undermined by increasing numbers of prisoners arriving late.** Safety interviews were not held in private, and information about risk and vulnerability was not always adequately captured.
4. **Levels of recorded self-harm were higher than at most similar prisons.**
5. **Prisoners were very negative about the quality and quantity of food they received.** Lunch portions appeared small, meals were served too early, and serveries were not always supervised.
6. **Too many cells were in a poor condition.** Graffiti was common, fittings were frequently stained or damaged, and very few cells had curtains.
7. **Some prisoners in protected characteristic groups still experienced unequal treatment, and little progress had been made in resolving the disadvantages faced by black, Asian and minority ethnic prisoners.**
8. **The application system to enable prisoners to raise routine requests was not effective.**
9. **Some health care oversight and governance processes were not effective.** This included poor oversight of emergency bags, out-of-date standard operating procedures, some data discrepancies and limited communication with patients regarding applications, medication and general concerns.

10. **Attendance in education, skills and work was not yet high enough.** Though attendance had increased since the previous inspection, it continued to require improvement. Managers regularly scheduled medical, legal, and other appointments for prisoners during activity times, resulting in low and erratic attendance patterns.
11. **Aspects of teaching and learning required improvement.** Tutors did not always check prisoners' understanding before moving on to the next topic, which resulted in some prisoners continuing to make the same mistakes. Tutors also occasionally failed to stretch and challenge more able prisoners, leading to a few of them losing interest in the lesson.
12. **The recording of work skills and behaviours developed in prison workshops was poor.** As a result, prisoners did not fully understand the progress they had made or how their new skills might be useful to them when applying for work in prison or upon release.
13. **There was insufficient visits capacity to meet the needs of the population.**
14. **Key work was not sufficiently focused on supporting sentence progression.** Some recent improvements showed potential but inconsistency in the approach undermined efficacy.
15. **Too many prisoners were released homeless.** Twenty per cent of all prisoners discharged over a 12-month period left without an address to go to.

About HMP Lewes

Task of the prison/establishment

Category B reception and resettlement prison for adult and young adult men.

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

Prisoners held at the time of inspection: 558

Baseline certified normal capacity: 617

In-use certified normal capacity: 614

Operational capacity: 620

Population of the prison

- 285 new prisoners received, on average, each month.
- 65% of prisoners were remanded or unsentenced.
- 85% of the current population had been at Lewes for under six months.
- 144 prisoners were released into the community each month.
- 32% of prisoners came from a minority ethnic background.
- 1,560 prisoners had been referred to substance misuse services in the past year.

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Practice Plus Group

Dental health provider: Time for Teeth Limited

Prison education framework provider: Milton Keynes College

Escort contractor: Serco

Prison group/Department

Kent, Surrey and Sussex

Prison Group Director

James Lucas

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, an additional house block (Sussex wing) was completed. The establishment has a gym, visits hall, multi-faith centre and education centre.

Short description of residential units

Main residential wings:

A wing: general population

C wing: general population

F wing: vulnerable prisoners

M wing: general population

Smaller and specialised units:

L wing: induction wing

K wing: neurodiversity unit (NDU)

G wing: incentivised substance free living unit (Minerva wing)

B wing: care and separation (segregation) unit

Health care inpatient unit

Name of governor/director and date in post

Mark Creaven, July 2023

Changes of governor/director since the last inspection

N/A

Independent Monitoring Board chair

Peter Scaramanga

Date of last inspection

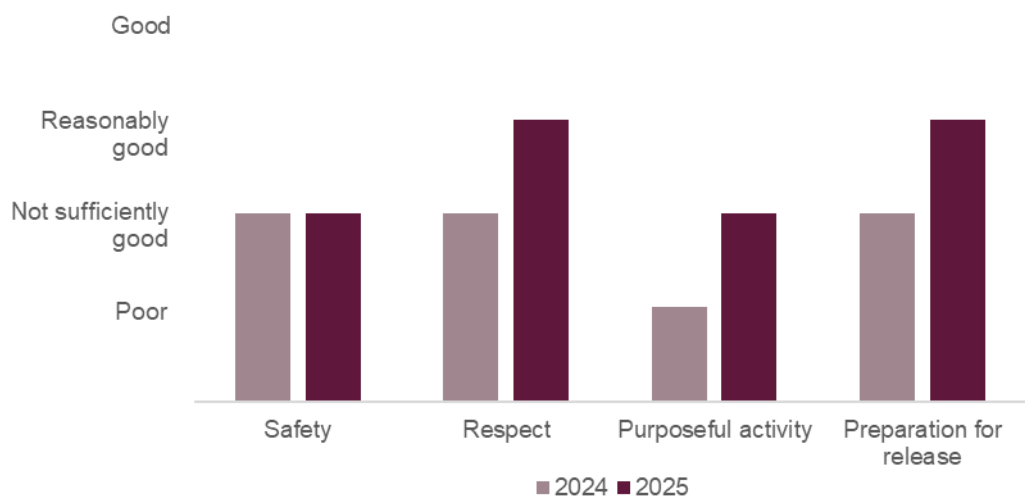
5–16 February 2024

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Lewes, we found that outcomes for prisoners were:
 - not sufficiently good for safety
 - reasonably good for respect
 - not sufficiently good for purposeful activity
 - reasonably good for preparation for release.
- 1.3 We last inspected HMP Lewes in 2024. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Lewes healthy prison outcomes 2024 and 2025



Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection in 2024 we raised 15 concerns, five of which were priority concerns.
- 1.5 At this inspection we found that four of our concerns been addressed, five had been partially addressed and five had not been addressed. One concern was no longer relevant. For a full list of progress against the concerns, please see Section 7.

Notable positive practice

- 1.6 We define notable positive practice as:

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

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

Examples of notable positive practice

a)	The Lewes Assurance and Multi-Skills (LAMS) team of skilled prisoners carried out refurbishment and repairs across the prison. This was helping to maintain good standards of decency, while saving the prison considerable expense.	See paragraphs 2.9 and 4.10
b)	The neurodiversity unit on K wing provided good support for those prisoners with neurodiverse needs. This included a sensory room and wing activities.	See paragraph 4.30
c)	The health care provider had created a one-page summary for patients attending hospital, which outlined key information about their care and treatment. This had improved communication with the hospital and was helpful for those with disabilities and neurodivergent needs.	See paragraph 4.57
d)	Patients spoke highly of health care staff, who went the extra mile ensuring patients received good person-centred care, including attending hospital appointments with patients who were anxious about life-changing diagnoses.	See paragraph 4.58
e)	Remanded and unsentenced prisoners, who made up 62% of the population, now received support on their arrival from dedicated prison offender managers to address their needs.	See paragraphs 6.10 and 6.11
f)	New arrivals were given the opportunity to purchase additional canteen items once they had completed their induction to support them during their early days and prevent the accumulation of debt.	See paragraph 3.12

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor and his leadership team maintained a clear and realistic set of priorities for the prison through continuous self-assessment. Leaders demonstrated a good understanding of the challenges posed by a complex and high-churn population. In our survey 79% of frontline staff said they understood the governor's priorities, a positive indicator of engagement.
- 2.3 Over the past year, the governor and his team had worked to embed a more positive and proactive culture. They had encouraged staff initiative and strengthened relationships with external agencies. The evidence suggested this had contributed to improved morale, stronger staff-prisoner relationships and better staff retention. The greater visibility and confidence of custodial managers and supervising officers were also important factors in supporting the prison's improvement.
- 2.4 It was a commendable achievement that the prison had recruited a full complement of staff. Staff development had been prioritised, with 81% of operational frontline staff reporting that they felt they had the skills and knowledge to perform their role. Leaders had improved operational stability through pragmatic and thoughtful initiatives, such as delaying prisoner transfers until they had completed basic education. This had also helped reduce disruption experienced by prisoners on short stays. The introduction of a neurodiversity unit and the implementation of the incentivised substance-free living (ISFL) approach were further examples of innovative practice.
- 2.5 Leaders had fostered stronger partnership working across the prison, notably with the reducing reoffending team and through a proactive and well-integrated chaplaincy team, both of which contributed positively to the developing rehabilitative culture. Leaders were visible, accessible, and generally well regarded by staff. Initiatives such as improved key work, increased use of peer support, and a more structured approach to incentives were helping to promote positive behaviour and well-being.
- 2.6 Ofsted found that leaders had improved the range of education and personal development opportunities available. Behaviour in sessions was generally positive, but poor attendance, limited vocational training, and too few activity spaces continued to restrict the quality and impact of purposeful activity.

- 2.7 A robust needs analysis had informed developments in resettlement, and leaders had responded thoughtfully to the needs of remand and short-term recall prisoners, introducing a dedicated strategy and named staff to provide oversight.
- 2.8 There was emerging evidence of stronger quality assurance and more systematic use of data to drive improvement, although oversight in some areas – such as fair treatment, applications and complaints – remained underdeveloped. Consultation forums had yet to deliver consistent or meaningful change, undermining prisoner confidence in these systems.
- 2.9 Living conditions had improved in targeted areas, supported by the effective work of the Lewes Assurance and Multi-Skills (LAMS) team, which delivered cost-efficient repairs. Nonetheless, infrastructure problems – including poor windows, unreliable heating, and limited accessibility for prisoners with reduced mobility – continued to undermine decency.
- 2.10 Leaders had sustained constructive relationships with health partners, and the appointment of a new health care lead had improved coordination and oversight. However, gaps remained in provision, particularly in GP cover during the early days of custody and in psychosocial support for vulnerable prisoners.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 Early days processes had been revised since our last visit. Leaders had consulted people with lived experience of the prison system. They now focused on ensuring prisoners could make a phone call to family or a significant other on their first night, improving interactions with staff, peer support, and decency.
- 3.2 This focus had been effective and was reflected in our survey results. Significantly more prisoners than last time said that they were offered support from another prisoner (47% up from 18%) and something to eat (91% up from 75%) on their first night, and they received PIN phone credit within their first few days (55% up from 13%). Prisoners also reported more positively about access to showers, a phone call, and peer support on their first night than those at other reception prisons we have visited.
- 3.3 As at the last inspection, some of this good work was hindered by the fact that large numbers of prisoners arrived at Lewes late in the evening. Population pressures across the prison estate meant that men remanded to custody straight from courts were frequently diverted to Lewes instead of a prison closer to their home.
- 3.4 Reception was very busy. Staff processed prisoners promptly but courteously. It was positive that new arrivals were offered a hot meal in reception – especially as many had had long journeys – and that they could speak to an Insider (a prisoner who introduces new arrivals to prison life) in private. Most stays in reception were short, and Insiders accompanied men to the early days unit.
- 3.5 Staff on the early days unit were friendly and approachable. They took the time to answer questions from new arrivals and proactively resolve issues where possible.
- 3.6 Given this, it was disappointing that there were missed opportunities on the first night to identify risks and vulnerabilities. First night safety interviews were still not sufficiently private or confidential. They were being held in a busy and noisy office, which may make some people reluctant to divulge information that staff could use to better support the vulnerable. The comprehensive interview template was not always

used effectively, and we observed some questions being skipped or not probed further. An internal investigation into a recent self-inflicted death of a prisoner who had newly arrived at the prison noted that some aspects of his first night interview had been filled in incorrectly. We were also not assured that telephone interpreters were always used where needed (see also paragraph 4.32).

- 3.7 However, where risks were identified, staff generally took appropriate action and three additional welfare checks were made on prisoners on their first night.
- 3.8 The use of distinctive pink application forms to get phone numbers added to prisoners' PINs was reasonably effective in ensuring that the needs of new arrivals were easily visible and prioritised by administrative staff. Although some prisoners continued to experience delays, which was a cause of frustration.
- 3.9 Staff and peer workers ensured that cells were properly equipped. Cells were reasonably clean but, as we saw in other areas of the jail, the condition of some was substandard. Toilets and sinks required deep cleaning, and some cells contained graffiti (see also paragraphs 3.33 and 4.11).
- 3.10 New arrivals received a short verbal presentation from Insiders, as well as an information booklet, which explained what would happen in their first 24 hours and first week, and how to complete basic processes. Nevertheless, we found some new arrivals had not received a booklet and others did not understand, for example, when they could shower. Leaders and peer workers were receptive to this feedback during the inspection and rectified these issues.
- 3.11 Shortly before the inspection, new assurance processes had been introduced to track whether new arrivals had completed all parts of first night processes and the first week induction before they left the unit. This appeared to be a positive initiative, but it was too early for us to judge its effectiveness.
- 3.12 To prevent the accumulation of debt, new arrivals were given an advance to purchase basic hygiene items and vapes on arrival. They were also provided the opportunity to purchase further canteen items once induction had been completed to support them during their first few weeks at the prison.
- 3.13 It was positive that early days Insiders followed up with new arrivals for around three weeks after they had transferred onto the main wings.

Promoting positive behaviour

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

Encouraging positive behaviour

- 3.14 The rate of prisoner assaults was slightly lower than at the last inspection and was now just below the average for all reception prisons.
- 3.15 In the year prior to the inspection, there had been 12 more staff assaults than in the same period before the last inspection. However, the rate had been decreasing since February 2025 and, at the time of our inspection, was average compared to similar prisons.
- 3.16 The safety strategy identified several factors that could contribute to violence. It was positive that some work had been done to mitigate these, such as offering advice and support to avoid debt in prisoners' early days and introducing the ISFL unit to help prisoners stay free from drugs.
- 3.17 During 2024, almost 190 prisoners had started the 'Facing up to conflict' course and 73 men had completed all of the workbooks over a six-week period (see also paragraph 6.24). Likewise, during the 12 months prior to inspection, more than 50 prisoners had also benefited from completing the six-week 'Making sense of emotions' group intervention facilitated by the psychology department.
- 3.18 However, in our survey, 28% of respondents said they felt unsafe at the time of the inspection, and more respondents from a minority ethnic background said they felt this, compared to their white peers (46% compared to 21%).
- 3.19 F wing was used to house prisoners who had been identified as potentially vulnerable, either because of the offence they had been convicted for or other potential threats. It was positive that the prison had sought to integrate these prisoners into the wider regime. They moved to work and education at the same time as prisoners on other wings and could attend these activities together. There was a visible staff presence during prisoner movements, and we did not witness problems during these periods. However, in our survey, far more prisoners from F wing said they had experienced verbal abuse, threats and intimidation from other prisoners.
- 3.20 Some perpetrators of violence, especially those who engaged in repeated acts, were assigned a case manager, who met with them regularly to build rapport and agree a plan to improve their behaviour. Some of these prisoners had been referred to an intervention to help them better manage conflict (see also paragraphs 3.17 and 6.24). However, we found very little evidence of day-to-day support by other staff to help prisoners achieve the targets in their plans.
- 3.21 The incentive scheme had recently been amended to give increased benefits to those on the highest level. In our survey, far more respondents than last time said the prison rewards good behaviour fairly. The incentive scheme was well-managed, and most prisoners downgraded only stayed on the basic regime level for short periods.

- 3.22 Leaders told us that the improvements in time out of cell, availability of work, and living conditions had been introduced to motivate prisoners to behave more positively. The monthly safety strategy meeting reviewed data on recent trends in violence and self-harm. However, there was no action plan that was regularly reviewed to maintain progress and drive further improvement.

Adjudications

- 3.23 The number of adjudications each month was similar to the previous inspection, but about 40% of all hearings were adjourned, often for reasons that could have been avoided, such as ensuring CCTV evidence was available at the hearing. This led to frustration for prisoners, many of whom had also been downgraded to the basic level of the incentives scheme. Leaders had recently put in place measures to address these delays, such as holding extra hearings and mandating that governors who adjourned a hearing had to complete it. At the time of inspection, the backlog had reduced to about 90 outstanding hearings.
- 3.24 It was positive that when sufficient resource was available, the prison offered some prisoners who were found guilty of drug-related charges the opportunity to engage with support from the substance misuse team, rather than receiving a punitive sanction.

Use of force

- 3.25 In the 12 months before the inspection, there had been 715 uses of force. This was a 23% increase since the last inspection and a higher rate than at similar prisons. Just under half of all incidents involved full control and restraint, but 44% of incidents consisted of low-level force, such as guiding holds.
- 3.26 PAVA (see Glossary) had been used twice in the 12 months before inspection. The footage and written statements we reviewed showed that this use was appropriate. Batons had not been used.
- 3.27 In footage we reviewed, staff generally used their positive relationships with prisoners to attempt to de-escalate situations before resorting to force.
- 3.28 Although most operational staff wore body-worn video cameras, footage was not available for all incidents. It was positive that leaders and managers had taken steps to increase camera usage, including spot checks.
- 3.29 Weekly scrutiny meetings were effective. They reviewed around half of incidents and identified good practice and actions to address poor practice or training needs.
- 3.30 Use of force data was not always used effectively to identify and act on patterns, for example, with prisoners with protected characteristics. In monthly strategic use of force meetings, leaders only reviewed data for the previous three months, which limited the usefulness of the

information. There had been some attempts to explore the interlinked issues of violence among, and force used on, young adults, and all debriefs following a use of force on a young adult were now held by the young adult lead.

- 3.31 In the 12 months prior to inspection, special accommodation had been used 14 times for six individuals. Most incidents related to people under constant supervision in the segregation unit who had furniture and items removed from their cell to prevent self-harm. The associated documentation did not demonstrate that all of these uses were appropriately authorised, nor that prisoners were monitored at sufficiently frequent intervals while under special accommodation conditions.

Segregation

- 3.32 The use of segregation was similar to the previous inspection. The average length of stay was about six days. The prison did not routinely create a documented plan for those who stayed for prolonged periods on the unit, to help plan potential re-integration. However, we saw examples of creative work to support gradual returns, such as taking prisoners to spend a few hours each day on the wing where they would be returning.
- 3.33 The unit was clean, although cells were tired with some graffiti and plastic toilets that had become stained beyond cleaning. There were two small cage-like yards that did not include anywhere to sit or any static exercise equipment.
- 3.34 The regime remained very limited and was delivered in the morning, so prisoners spent long periods locked in their cells, although it was positive that education staff attended, and some prisoners were taken to the gym twice a week.
- 3.35 Many staff on the unit were new to segregation duties. We observed respectful interactions and a patient approach taken with some challenging prisoners. Prison data suggested that, over the previous 18 months, there had been a slight reduction in the number of times force had been used in the unit.

Security

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

- 3.36 Leaders had identified the ingress of drugs and mobile phones as the main threats to security and stability in the prison. Security procedures, such as searching, were proportionate and did not unduly restrict the regime. The free-flow movement of prisoners, where they were able to

make their own way to secure areas of the prison, was efficient and orderly (see also paragraph 5.2).

- 3.37 The security team provided regular training to improve staff awareness and skills in areas such as evidence gathering. The team also regularly shared security objectives with staff to encourage the submission of relevant intelligence. As a result, there had been an increase in useful intelligence about prisoners involved in the illicit economy.
- 3.38 Intelligence was reviewed promptly. Where this suggested a cell-search would be appropriate, they were generally carried out without delay, and there was a high rate of illicit items and associated evidence being recovered. In the 12 months before our inspection, the prison had also completed over 150 suspicion drug tests, with a positive result rate of 77.9%.
- 3.39 Despite this, drugs remained too readily available. In the year to May 2025, more than 180 incidents were reported of prisoners being under the influence of drugs. In April 2025, almost a third (32.26%) of random drug tests were positive, which was above the average rate for reception prisons.
- 3.40 Since June 2024, the prison had suspended random drug testing to focus on offering support for prisoners with addictions. However, the substance misuse team had been under-resourced throughout this period. This limited the work they could do, other than for those who had just arrived or were about to be released. In our survey, 15% of respondents said they had developed a drug or alcohol problem at the prison, and none of these prisoners said they had received help to manage it.
- 3.41 Many cell windows remained vulnerable to delivery of illicit items by drones, the rate of which was above average for reception prisons. The listed building status meant that grills could not be fitted to the exterior. There had also been some weaknesses in CCTV systems, but funding had been made available to ensure coverage in vulnerable areas.
- 3.42 The security team worked with residential staff to coordinate cell movements to disrupt the opportunity for ingress of items by drone. The team also worked closely with local and regional police, taking part in joint searching initiatives and high visibility patrolling. In the 12 months prior to inspection, there had been two successful joint operations between the prison and police that had resulted in custodial sentences for drone pilots.

Safeguarding

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

Suicide and self-harm prevention

- 3.43 Since the last inspection, there had been one self-inflicted death, in April 2025. The prison's internal review appropriately identified some areas for improvement in early days, physical security and emergency response. However, it was not clear what action had been taken as a result, and some key leaders and managers had not yet seen the report.
- 3.44 In June 2024, a year before this inspection, the Prisons and Probation Ombudsman (PPO) published a report relating to a previous self-inflicted death in June 2023. Although the ombudsman did not make any formal recommendations, he drew the governor's attention to a number of areas for improvement. These included the lack of a key worker scheme, the poor mental health support, night staff not carrying cell keys, and awareness among wing staff about debt issues. It was not clear what action had been taken in direct response to this to help prevent future deaths, although improving key work and reducing debt had since been identified as key actions in the prison's wide-ranging action plan to reduce self-harm.
- 3.45 Oversight of PPO recommendations had lapsed. Recommendations were logged, but leaders were unable to evidence that they were reviewed frequently enough to ensure ongoing compliance. Some actions had been marked as achieved and archived – no longer reviewed at all – yet had ongoing relevance to the two most recent self-inflicted deaths.
- 3.46 Self-harm rates were 10% lower than at the previous inspection but remained higher than at most similar prisons. However, levels of self-harm had been showing a steady decrease over the past six months, which leaders attributed to an improved regime. Leaders understood the drivers for self-harm and were taking action to address these.
- 3.47 The prison benefited from specialist units like K (neurodiversity) and G (ISFL) wings, as well as the health care inpatient unit. These wings provided good levels of multidisciplinary support and calmer environments for those prisoners with very complex needs who may otherwise have spent time in segregation or under constant supervision.
- 3.48 However, day-to-day care and support for most prisoners who were supported by the ACCT (assessment, care in custody and teamwork, see Glossary) process was not good enough. ACCT reviews and key work entries did not always demonstrate sufficient focus on proactively addressing prisoners' underlying issues. For example, by actively assisting or even encouraging prisoners into purposeful activity that would help alleviate boredom and enable them to earn money and have more time out of cell.
- 3.49 In our survey, only 38% of those prisoners supported by the ACCT process said they felt cared for by staff. Many of those prisoners we spoke to did not feel that staff were uncaring, but they were frustrated

that their issues, such as PIN numbers not being added and long waits to see the mental health team, had not been resolved.

- 3.50 Access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to their peers) remained reasonable. However, there were still too few appropriate spaces for them to meet, with no dedicated suites and, on some wings, no private rooms at all. This meant that prisoners had to talk to Listeners in the laundry room. Although there were some good peer workers in reception and the early days unit (see paragraphs 3.4 and 3.10), new arrivals did not have the opportunity to meet with a Listener on arrival. This was a missed opportunity.
- 3.51 Constant supervision had been used 81 times, for 49 different prisoners, in the 12 months prior to inspection. Constant supervision cells in the segregation and health care units remained an unsuitable environment for prisoners in crisis. They had a poor regime and too little to occupy them, although leaders had plans to introduce activity packs to encourage more interaction with the officers detailed to supervise them.
- 3.52 On at least 10 occasions, prisoners under constant supervision in the segregation unit had clothing, bedding and other items taken away from them to create special accommodation conditions (see paragraph 3.31). This was not always properly authorised or justified, and the fact that it did not happen to the similar number of prisoners under constant supervision in the health care unit calls into question the legitimacy of these decisions.

Protection of adults at risk (see Glossary)

- 3.53 Links with the local authority safeguarding board remained reasonable, and there was evidence that concerns about some individuals had been appropriately referred externally.
- 3.54 Most wing staff we spoke to said they would refer any prisoners they were concerned about to the safer custody department, which was appropriate. However, we found many of these officers were not always aware of a broad enough range of signs of vulnerability or harm.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Staff-prisoner relationships were good. In our survey, 80% of prisoners said that they felt respected by staff, compared to 65% in similar prisons.
- 4.2 We observed positive, respectful interactions between staff and prisoners on and off the wings. Residential units were settled, and staff demonstrated reasonably good knowledge of the men held on their units. Since the last inspection, staffing levels had improved and changes had been made to the daily routine, giving staff more opportunities to build rapport with prisoners (see paragraphs 5.1 and 5.2).
- 4.3 Prisoners told us they were frustrated with the pace of the applications system (see also paragraph 4.24) but they generally spoke positively about staff and their willingness to assist them with issues.
- 4.4 Key work had improved significantly, with 27% of expected sessions delivered in the six months before the inspection, up from 6% at the previous inspection.
- 4.5 Most prisoners had an allocated key worker. However, quality and consistency varied, sessions often lacked focus on progression, and frequent staff changes disrupted continuity. Leaders had introduced regular staff training and quality assurance processes to address these issues.

Daily life

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

Living conditions

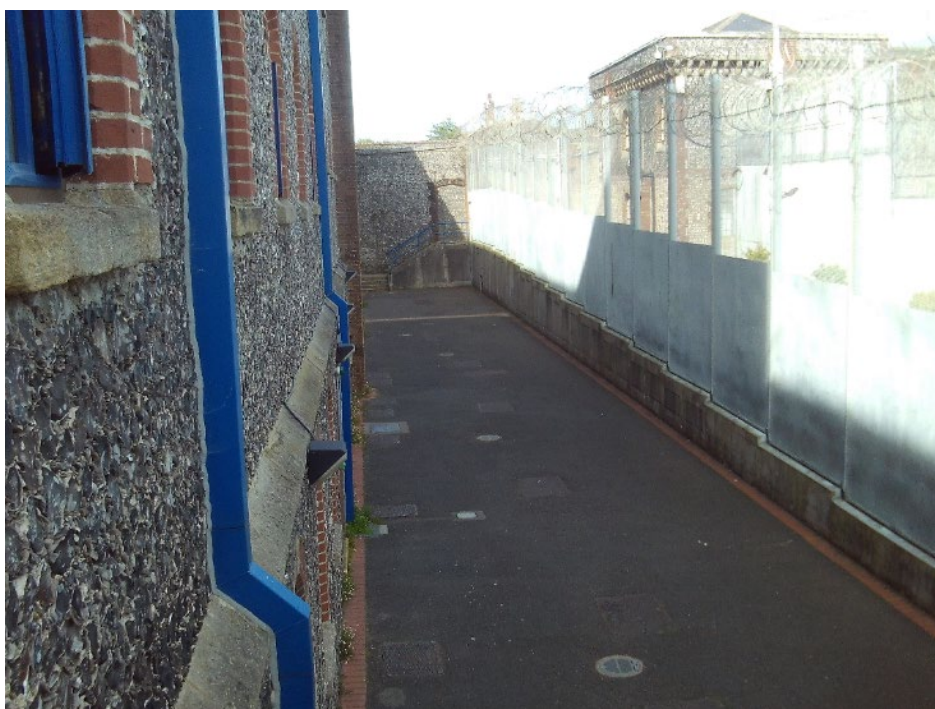
- 4.6 Since the last inspection, some good work had taken place to refresh the fabric of parts of the site, including the refurbishment of some

communal areas. This was encouraging, but the prison's ageing infrastructure meant that investment was still needed on most wings.



Landing in need of refurbishment (left) and refurbished G wing

- 4.7 Outdoor areas were generally clean, though rubbish had collected around some wings where it had been thrown from cell windows. We were told that the prison had secured funding to replace many windows, which would help to address this. Some exercise yards, particularly on A and F wings, were bare and austere.



F wing exercise yard

- 4.8 Cleanliness on wings remained reasonably good, though some showers needed deep cleaning.
- 4.9 Leaders had maintained good systems for monitoring the state of cells through weekly checks, alongside quality assurance by senior leaders. It was positive to see that cells were being checked routinely, and issues identified for prompt resolution.

- 4.10 The impressive LAMS team of skilled prisoners, led by two dedicated officers, continued to operate cross the prison. They conducted repairs and refurbishments that provided significant savings compared to outside contractors. We saw numerous cells that the team had refurbished to a good standard. They had also undertaken some substantial projects in communal areas, refurbishing floors, and on the neurodiversity unit, as well as K wing. Local records showed that the team were busy, and LAMS workers we spoke to were very positive about their work.



Refurbished Cells

- 4.11 Despite this, some cells remained in unsatisfactory condition, with stained toilets and sinks and damaged fittings. Graffiti was common across wings and very few cells had curtains, resulting in prisoners improvising their own (see also paragraph 3.33).



Damaged sink fitting (top), cell with makeshift curtains (bottom, left), Cell in worn condition (bottom, right)

- 4.12 In the absence of a permanent solution to gas supply issues, the prison continued to rely on temporary boilers, which were unreliable; there remained times when the prison suffered periodic hot water and heating failures.
- 4.13 The prison was using an external laundry. Wings also had washing facilities, but prisoners told us that the machines struggled to keep up with demand. In our survey only 47% of prisoners told us they could get clean bedding every week, compared to 62% at similar prisons.



On-wing laundry

- 4.14 In our survey, only 26% of prisoners said that their cell call bells were usually answered within 5 minutes. Leaders had recently begun monitoring response times, which indicated that around a third of cell call bells were responded to late.

Residential services

- 4.15 Meals continued to be served too early, with lunch served from 11.15am and the evening meal from 4pm. At weekends, prisoners were given their evening meal and the next day's breakfast at the same time as their lunch.
- 4.16 Prisoners were very negative about the food. In our survey, only 20% said that the food was very or quite good, compared to 33% in similar prisons. Prisoners frequently expressed frustration at the quality and quantity of food they were provided.



Evening meals

- 4.17 Prisoners received a hot meal every day and a hot breakfast four days a week, which was positive. Some portion sizes we observed were small, particularly for the lunch meal.
- 4.18 Serveries and trolleys were reasonably clean, though supervision at mealtimes required improvement. No servery workers were wearing appropriate clothing, some were not making use of separate halal utensils, and prisoners and staff told us about food running out, which meant some prisoners returning late from activities had less choice.
- 4.19 Few wings had facilities to enable communal eating. Only the ISFL wing had any equipment for prisoners to cook their own food.
- 4.20 The kitchen was tired but reasonably clean. Prisoners working there received basic hygiene training and could progress to a level 2 qualification.



The kitchen

- 4.21 Leaders had run a recent survey with prisoners about the food. However, it was disappointing that the catering manager was not attending the regular prisoner consultation group.
- 4.22 The prison shop provided a good range of products including fresh fruit and vegetables, and prisoners on the enhanced incentive level could order a selection of chilled goods. In our survey 63% of prisoners said it sold the things they needed, compared to 47% at the last inspection.
- 4.23 Canteen delivery was managed well through on-wing hatches. Staff from the external provider supported this and ensured that any missing items were logged and dealt with promptly.

Prisoner consultation, applications and redress

- 4.24 The applications system was not fit for purpose. Many prisoners expressed frustration that they could not get basic requests dealt with (see also paragraph 4.3). The paper-based system was not tracked, which led to applications taking far too long to be answered. During our inspection we found evidence of applications going unanswered for almost two months. Leaders were well sighted on these issues and were developing creative solutions using technology to try and improve the outcome for prisoners. However, these were not yet in place and prisoners were not aware of the potential solutions, which was leading to more feelings of frustration.
- 4.25 The complaints process was reasonably good, but there were some key weaknesses in the health care complaints system and prisoners' trust in the systems was low (see paragraph 4.46). Over a third of complaints submitted were upheld, staff properly investigating the issues raised. Responses were brief but polite.
- 4.26 Recent steps had been taken to refresh consultation arrangements, but they were not yet fully effective, and it was too soon to see evidence of improvements. Both the prisoner council and wing forums had been reintroduced. However, many prisoners told us that they were not aware they took place.
- 4.27 In our survey, only 31% of prisoners said that it was easy to attend legal visits, which was significantly worse than in similar prisons. The high turnover of remand prisoners meant that the demand for legal visits was high, and these visit slots could often be fully booked. It was more positive that two bail information officers had been appointed to assist prisoners with their applications to the court.

Fair treatment and inclusion

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

- 4.28 It was disappointing that, since the last inspection, work towards ensuring fair treatment and inclusion had stalled. Leaders had held some forums for prisoners who shared protected characteristics, but most were poorly attended and had resulted in little meaningful change.
- 4.29 The recent appointment of a new lead had brought renewed focus on fair treatment and inclusion, and data discussed at the equalities meetings had improved. However, there was not enough strategic focus on overall improvement of inclusion and the action plan was not based on the specific needs of prisoners and staff. Too few actions

were identified, and disparities impacting those with protected characteristics were not adequately explored.

- 4.30 Support for neurodiverse prisoners was good. A specialised wing (K wing) had been developed, with sensory needs in mind, and at the time of our inspection, the unit housed 12 prisoners. A sensory room was provided, along with wing activities supervised by a staff group trained by the neurodiversity manager.



K wing

- 4.31 Disparities found at the last inspection remained, with too little done to address the inequalities around race. Prison data, for example, evidenced black prisoners as being more likely to have force used against them, and more likely to be segregated, than other prisoners. A need for better staff cultural awareness had also been identified during a prisoner forum. Prisoners felt that staff did not understand their cultural background and that this could cause miscommunication, but none of this had yet led to any meaningful action.
- 4.32 Targeted work to address disproportionality amongst some groups had improved. Leaders had appointed dedicated middle managers to support key groups, such as young adults and foreign national prisoners. The young adult lead was proactive, working with the chaplaincy team to develop support groups, reduce violence, and promote access to interventions. Support for foreign nationals also included partnership work with chaplaincy and a local community refugee organisation, although the use of translation services remained inconsistent.
- 4.33 The prison's environment was unsuitable for many disabled prisoners, with only one wheelchair-accessible cell. The prison's environment was unsuitable for many disabled prisoners, with only five wheelchair-

accessible cells. Some were housed in inappropriate cells, making mobility difficult. Disability peer support workers supported movement around the site but lacked adequate training and supervision (see paragraph 4.64).



Cell for disabled prisoner

- 4.34 Investigations into discriminatory incidents were reasonable and around 34% of these complaints were upheld. However, prisoners told us they lacked confidence in the system. The new diversity and inclusion lead had identified the need to raise awareness about the process and had already undertaken training sessions with staff. Quality assurance processes had been introduced, including external scrutiny of responses.

Faith and religion

- 4.35 The impressive chaplaincy team was active throughout the prison, working collaboratively with other departments on non-faith-based projects such as supporting young adults, working with community groups for foreign nationals and bringing in official prison visitors.
- 4.36 Faith provision and pastoral support was good, and 79% of survey respondents said that they could attend religious services if they wanted to. The chaplaincy team completed all their statutory duties, including visiting the segregation unit and meeting all new arrivals.
- 4.37 Many prisoners have benefited from a range of faith-based groups and courses, which linked to the prison-wide safety strategy. This included the living with loss and facing up to conflict courses.



The chapel

Health, well-being and social care

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

- 4.38 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found a breach of regulations and issued a request for an action plan/s following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 4.39 Practice Plus Group (PPG) was the main health provider and they subcontracted dental provision to Time for Teeth Limited.
- 4.40 Partnership working between the prison, PPG and NHS England (NHSE) was generally robust. We saw several examples of collaborative working, but there were still some inconsistencies with officer supervision at medicine queues and access to health appointments.
- 4.41 NSHE monitored the contract through quality assurance visits, regular meetings and data analysis. Quarterly partnership board meetings were well attended and provided strategic overview. We saw detailed presentations which we were told formed the basis of the local delivery quality board meetings. However, there were no minutes to record

attendance or monitor the effectiveness of these meetings, which was a gap.

- 4.42 The head of health care and deputy provided strong leadership with clear direction, driving service improvements to enhance patient care and staff felt supported by them. However, some governance processes were not fully embedded, and oversight of these areas needed strengthening.
- 4.43 A proactive approach to recruitment and retention had paid dividends for most teams and there had been a significant increase to permanent roles with more staff due to start over the next few months. This included some additional posts funded by NHSE to support the under-resourced integrated substance misuse team.
- 4.44 Adverse clinical incidents were investigated thoroughly and lessons learnt were shared through meetings and a weekly staff bulletin. There was a proactive approach to safeguarding which was impressive, and the deputy head of health care was an active member of the East Sussex safeguarding board.
- 4.45 Reasonable progress had been made with some of the health recommendations arising from the death in custody reports. However, several standard operational procedures, including one recommended to be reviewed by the PPO, were out of date, which was poor.
- 4.46 The enthusiastic patient engagement lead attended the wings each day and promptly addressed issues raised, which was positive. There were few formal complaints, and sampled responses were appropriate and outlined the escalation route if the complainant remained dissatisfied. However, some patients had raised issues they wanted to be treated as a complaint, but that had been handled as a concern. This meant they did not receive a formal response. Instead, they were offered a handwritten summary of the discussion held with them which did not fully answer the queries raised. We also found that some wings did not have a supply of complaint forms. This was rectified during the inspection.
- 4.47 We observed mostly kind and professional interactions between staff and patients. Professional development was encouraged, compliance with mandatory training was reasonable and training sessions had been booked for some of the areas, such as immediate life support, to bring them into line with expected standards. Most health staff had regular supervision, but the primary care team had some gaps which were being addressed. Safeguarding supervision was available for staff and all new starters had a comprehensive induction.
- 4.48 Clinical areas in the health centre and on the wings were clean and generally met infection prevention standards.
- 4.49 PPG had an annual audit schedule and most audits showed reasonable compliance. However, a few were poor, and little progress had been made on them when re-audited. This included the

‘emergency preparedness’ audit. When we checked the emergency bags, we found a few out-of-date items and some health staff were unaware of where they were located.

Promoting health and well-being

- 4.50 Enthusiastic health staff delivered regular health promotion interventions based on national campaigns. The prison held some events but there was no overall prison-led coordinated approach.
- 4.51 Telephone translation services were used for health consultations, but health promotion information was currently only displayed in English, which was a gap.
- 4.52 New arrivals were offered screening for blood-borne viruses. NHS age-related health checks and screening programmes were delivered appropriately, although data was not captured accurately. There was a proactive approach to improve immunisation uptake and good links with the UK Health Security Agency (UKHSA) for any communicable disease outbreaks, or advice if needed.
- 4.53 Kent Community Health NHS Foundation Trust provided sexual health services, including full sexually transmitted infection (STI) screenings, examinations and treatment. Condoms could be requested confidentially by prisoners.

Primary care and inpatient services

- 4.54 New arrivals to the prison received an initial health screening by a registered nurse with appropriate referrals made to other services. Secondary health screenings were mostly completed within the NICE guidance timeframe. There was a high turnover and volume of new arrivals, with some arriving late at night. This was a potential risk to patient safety, but there was 24-hour nursing cover. It also caused pressure on services the following day. Several patients told us they had experienced delays in receiving their medicines during the early days in custody.
- 4.55 The patient application system had clinical oversight to ensure patient need was prioritised appropriately. However, communication with patients needed to improve regarding the outcome of their applications, medication changes, or unforeseen delays to prescriptions.
- 4.56 There was access to an appropriate range of primary care and allied health professionals. Waiting times for these services were reasonable. There had been a high non-attendance rate for some health appointments. This was reducing, but there were still too many no-access visits due to patients not being escorted by officers to their appointments.
- 4.57 External hospital appointments were well managed, despite the high turnover of the population. The provider had created a one-page summary for patients attending hospital, which outlined key information

about their care and treatment. This was particularly helpful for those with disabilities and neurodivergent needs.

- 4.58 Long-term conditions had effective oversight by skilled staff, ensuring patients' health monitoring and personalised care plans were completed. Patients spoke highly of staff, who went the extra mile to ensure they received good person-centred care. This included attending hospital appointments with patients who were anxious about life-changing diagnoses.
- 4.59 The inpatient unit was managed jointly by the prison and health care staff and the admission criteria was under review. The regime was poor and there was a lack of therapeutic activity. At the time of the inspection the unit was full. All patients were under the care of the mental health team, and some were acutely mentally unwell and awaiting transfer to hospital. They all had up-to-date care plans and were reviewed by the psychiatrist every week, and the GP when needed.
- 4.60 Patients were seen by a health care professional prior to release. They were supported to register with a GP in the community. An appropriate provision of medicines was supplied, or an electronic prescription was generated, which could be collected from any community pharmacy.

Social care

- 4.61 An effective and responsive social care provision was informed by a comprehensive memorandum of understanding, agreed by all parties. There was good oversight through regular social care updates and partnership board meetings.
- 4.62 East Sussex County Council (ESCC) undertook the required assessments and commissioned Agincare to provide individualised care and support plans. If they wished, copies of these plans were given to prisoners receiving care. Care staff were suitably supervised. Four prisoners were in receipt of social care, and they told us that they were content that their needs were met and they were happy with the service provided.
- 4.63 The patient engagement lead informed all new arrivals how to access social care. Anyone could refer prisoners to the local authority for support, through a single point of referral.
- 4.64 Disability reps were available on some wings to support patients with daily tasks. However, they reported that they did not receive training or regular supervision, and this carried risks (see also paragraph 4.36).
- 4.65 A small number of adapted rooms were available for those with complex equipment needs but this did not always meet the needs of the population. Work was underway to create an additional room in the outpatients wing.
- 4.66 We saw evidence of effective pre-release planning and transfer of care arrangements to community providers.

Mental health

- 4.67 The well-led mental health team provided a seven-day service and delivered a reasonable range of interventions and support for patients through a stepped model of care. This included guided self-help, individual and group sessions run by nurses and assistant psychologists.
- 4.68 There had been gaps within the team due to a variety of reasons, including vacant posts and sickness which had impacted the effectiveness of the service. However, this had recently improved, and the team were now able to deliver more timely assessments and interventions.
- 4.69 Referrals were received from a variety of sources, including from reception, and were reviewed daily. The team strived to see all urgent referrals within 48 hours and routine referrals within five days. Due to the capacity of the existing team, these targets had sometimes been exceeded by a few days but had dramatically reduced during the previous six months. Following assessment, appropriate interventions were agreed at a weekly referral and allocation meeting. The overall team caseload was relatively small with approximately 43 patients. Care plans, progress notes and risk assessments were of a good standard. Nine patients with severe and enduring needs received appropriate support under the Care Programme Approach.
- 4.70 Due to recruitment issues, there had been a lengthy gap in psychiatry provision, but this was now covered by a permanent psychiatrist. There was a seven-week wait to see the psychiatrist, but this was reducing, and any urgent need was prioritised by the team. Physical health checks for patients on antipsychotic medication and mood stabilisers were completed.
- 4.71 The team prioritised attendance at all initial ACCT reviews and those on their caseload. They were not always informed of the time of the meetings, and they were working with the prison to try to improve this.
- 4.72 Acutely unwell patients continued to wait too long for transfer to hospital under the Mental Health Act. This was due mainly to a lack of available beds. It also meant too many patients needed to be detained under the Mental Health Act as they were leaving the prison.
- 4.73 Efforts to connect with community mental health teams (CMHTs) to provide continuity of care were made and were generally effective.
- 4.74 Regular mental health awareness training had been delivered to officers, but this had paused due to staffing pressures within the team.

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

- 4.75 The integrated substance misuse service (ISMS) was well led. There was very good collaborative working between the team and the drug strategy lead, and regular attendance at drug strategy meetings.
- 4.76 All new arrivals were assessed during reception health screening and the records we reviewed showed that urine testing and appropriate screenings were undertaken to determine treatment. The primary care team had received additional training about specific screenings and how to manage alcohol and substance withdrawal.
- 4.77 The ISMS prioritised those with the most need and patients requiring regular checks and observations to manage detoxification were seen at appropriate times by the clinical team. They also checked with community prescribers to verify the prescription before being continued.
- 4.78 There was a non-medical prescriber who completed most of the opiate substitution therapy (OST) prescribing with other prescribers available during the day to cover this. There were some gaps in on-site prescribers for evening reception screening, but additional GP sessions were being organised to mitigate this.
- 4.79 There were approximately 51 patients in receipt of OST, but treatment options were limited. Patients were subject to regular prescribing reviews, but these were not currently undertaken jointly with the psychosocial team.
- 4.80 The psychosocial team was stretched due to vacancies and being under-resourced to meet the increasing demands of the population. Referrals to the team had increased over the previous four months and the small team were supporting 147 prisoners.
- 4.81 They aimed to see all routine referrals within five days but were not always meeting this target. All patients suspected of illicit drug use were seen, offered harm minimisation advice and encouraged to engage with the service. They were still running a group called Self-Management and Recovery Training (SMART). SMART was a programme that provided training and tools for people to address their problematic and addictive behaviours. Participants told us it was valued to aid their recovery.
- 4.82 The patient records we viewed on SystmOne were brief. Not all patients had recovery plans in place, but this was under review.
- 4.83 There were weekly Alcoholics Anonymous and Cocaine Anonymous meetings but no peer workers, which was a gap.

- 4.84 Prison officers we spoke to knew how to make a referral. Some had received training to understand substance misuse issues and naloxone training (to counter opiate overdose), which was positive and had recently been used.
- 4.85 Minerva wing, the incentivised substance free living unit (ISFL), had dedicated substance misuse officers and drug testing every two weeks. There was a selection panel to live there which involved the ISMS team manager. Prisoners living on the unit valued the community ethos, the support they offered to each other and the added incentives such as yoga, recovery events and communal cooking.
- 4.86 Discharge planning included harm reduction and relapse prevention advice. Appointments with community teams were made to continue treatment. Patients were offered naloxone training and naloxone prior to release.

Medicines optimisation and pharmacy services

- 4.87 Medicines were dispensed by an in-house registered pharmacy. Dispensing processes were safe and robust. All medicines were supplied to the wings on a named-patient basis.
- 4.88 A full-time pharmacist clinically reviewed all prescriptions. At the time of our inspection, the pharmacist did not currently run any face-to-face clinics with patients so there was little opportunity for patients to discuss medication issues.
- 4.89 The pharmacist and lead pharmacy technician attended regular 'safer prescribing' meetings, and the prescribing of high-risk and tradeable medicines was monitored. However, sometimes changes to medication were made without patient involvement. There was no secure storage for medicines in cells. The pharmacy technicians completed compliance cell checks, targeting those who had been identified as being a potential concern.
- 4.90 Initial risk assessments for in-possession (IP) medication were completed on arrival. They were reviewed at least every 12 months or if a patient's circumstances changed. Sixty per cent of patients had their medicines IP and 40% received their medicines at the hatches on the wings. All viewed IP risk assessments were adhered to. Pharmacy technicians routinely completed medicines reconciliation within 72 hours.
- 4.91 Medicines administration was competently led by pharmacy technicians and pharmacy assistants three times a day. There was provision for night-time medicines to be administered by nursing staff. The policy to follow up those who did not attend to collect their medicines was adhered to.
- 4.92 Queues were not consistently well managed by officers and there was often no supervision at all. There was crowding and raucousness at the hatches which could increase the risk of bullying and diversion of

medicines. Staff reported that they sometimes received abuse. The hatches had recently been covered with Perspex sheeting to prevent patients reaching through the bars. This had improved the safety of the team, but it had also created a barrier to communication as patients could often not hear what pharmacy staff were saying to them.

- 4.93 Controlled drugs were well managed and audited frequently. However, there were some omissions in the records held on the wings, usually involving corrections. Medicines requiring refrigeration were stored appropriately and fridge temperatures were monitored daily.
- 4.94 There was provision for the supply of medicines out-of-hours. There were supplies of emergency medicines in the health care wing but there was no audit process to record what stock was currently held, which needed to be rectified. Stocks of medicines used by the substance misuse service, such as diazepam and naloxone injection, were stored securely in the wing treatment rooms. There was a range of remedies available such as analgesics and hay fever remedies for the pharmacy technicians to supply via patient group directions. Paracetamol tablets were available for patients to buy from the canteen list. The pharmacist had raised concerns about this and had asked for them to be removed to ensure adequate monitoring of use.

Dental services and oral health

- 4.95 Time for Teeth Limited provided a full range of NHS dental health services, including some minor surgical procedures, reducing the need for external referrals. A dentist was available two days per week, with an additional day every two weeks. Dental nurses were available three days each week.
- 4.96 The average waiting time for a routine appointment was 12 weeks, which was too long, although there were arrangements for patients requiring urgent treatment.
- 4.97 Patients had difficulty accessing their appointments, mainly due to changes with the regime. The provider was working with the prison to improve access to appointments.
- 4.98 Dental care records were detailed and complete. Patients gave positive feedback about the services provided.
- 4.99 The dental treatment room and decontamination areas were clean. Equipment was serviced and maintained appropriately. Some policies and procedures needed to be improved as they were incomplete or undated.

Section 5 Purposeful activity

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

Time out of cell

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

- 5.1 Since the last inspection, leaders had prioritised improving the daily routine and time out of cell had consequently increased. In our roll checks during the working day, however, we found a third of the population locked up (compared to more than half at our last inspection).
- 5.2 The prison regime was more reliable than at our previous inspection, and prisoners were able to attend activities and appointments on morning and afternoon 'free flow' movements, rather than being escorted by staff. Most prisoners were reliably receiving an hour of open-air exercise each day, except for the 12% of prisoners who were working full-time off their wings.
- 5.3 Around 40% of prisoners were unemployed, which was too many. Time out of cell for these men had improved significantly, however, and they now received around four-and-a-half hours unlocked on weekdays. At weekends, prisoners received around five-and-a-half hours unlocked, which was better than we often see.
- 5.4 At the time of our inspection, the prison had around 100 activity spaces that were unfilled. Leaders had made some good efforts to engage unemployed prisoners with the regime through regular forums to encourage attendance and understand the barriers to employment. The prison had also held an internal 'jobs fair' for unemployed prisoners, to make them aware of the opportunities available.
- 5.5 The prison's working day had also improved. Work sessions in the morning and afternoon lasted for two-and-a-half hours, compared to less than two hours at our last visit.
- 5.6 Prisoners on the enhanced level of the incentives scheme now received one-and-a-half hours of evening association on the wings during the week, which was positive. Enhanced prisoners who were working could receive around nine hours unlocked each weekday.
- 5.7 There was too little to do on wings during association periods. Most wings had little in the way of recreational equipment besides individual ping pong tables, and there were few on-wing activities taking place. K

wing, the neurodiverse unit, and G wing, the ISFL, were exceptions to this. Both units were well-equipped and welcoming.



On-wing ping pong tables

- 5.8 The gymnasium was made up of a sports hall, cardiovascular exercise room and outdoor football pitch. Equipment was in reasonably good condition, though the football pitch was somewhat worn.



Gymnasium sports hall and football pitch

- 5.9 Staffing had improved, and the gym now provided a good timetable of sessions throughout the week, including specialised sessions for older prisoners, the neurodiversity unit and, positively, some prisoners held in segregation. Additional evening and weekend gym sessions were available for enhanced prisoners.
- 5.10 Access to the gym was good. In our survey 43% of prisoners said that they could attend three times a week or more, compared to 24% at similar prisons. Despite this, local data showed that on average only 43% of prisoners had attended the gym in the past four months, which required further exploration by leaders.
- 5.11 Prisoners could complete a level 3 first aid course in the gym, and plans were in place to expand the number of qualifications offered. Several external organisations attended the prison to work with the gym, including a weekly yoga class, a well-attended twinning programme with Brighton and Hove Albion Football Club and a community football group who visited monthly to play with prisoners.

- 5.12 The library was run by East Sussex County Council, and prisoners spoke highly of the librarian and her assistant. The library was welcoming and busy. It offered a good space for prisoners to read, socialise and play board games. A reasonable stock of books, DVDs and audiobooks was available, and prisoners could order specific titles from the community on request. The selection of foreign language texts was limited, however, given the significant population of foreign national prisoners.



The library

- 5.13 The library was open four days a week, with almost no curtailments in the six months prior to our visit. Around 500 prisoners visited the library each month, and the library team conducted daily outreach visits for prisoners who were unable to attend.
- 5.14 The library hosted a range of activities which were popular with prisoners, including a reading group, philosophy and chess clubs and a writing workshop. Storybook Dads, a scheme allowing prisoners to read a book to their children, was running regularly, alongside the Reading Ahead challenge encouraging prisoners to improve their literacy.

Education, skills and work activities



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

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of

concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Requires improvement.

- 5.16 Leaders and managers had implemented a suitable curriculum. They had carried out an appropriate needs analysis that took account of the prison's population, regional and national employment needs and prisoners' feedback. Leaders were swift to react to a significant recent increase in the population of remand prisoners. They adapted the curriculum to meet the needs of this population, whose average length of stay was just six weeks.
- 5.17 Leaders and managers provided activities that met the education and employment needs of the population. These included opportunities to participate in workshop activities such as refurbishing airline headphones and preparing tea packs for the prison population. In addition, prisoners could join one of several work parties that carried out refurbishment maintenance across the estate.
- 5.18 Leaders had a well-established process for allocating prisoners to purposeful activity, which they had recently strengthened. The allocations team took into account prisoners' suitability for particular types of education, skills and work (ESW) activities and allocated them accordingly. As a result, staff allocated most prisoners to activities that met their needs and career plans.
- 5.19 Prison leaders and managers did not provide enough activity spaces to meet the needs of the population. The proportion of prisoners who were unemployed had declined from the time of the previous inspection to 40%, but remained much too high, which managers acknowledged. A large majority of the unemployed population were remand prisoners who could decline to participate in the prison's activity regime as they had not yet received a conviction.
- 5.20 Leaders had implemented an equitable pay policy. Any potential disincentive to attending ESW activity, such as the higher pay and bonus opportunities offered in a few of the industrial workshops, was minimised.
- 5.21 The prison education framework provider, Milton Keynes College, had implemented a purposeful and flexible curriculum in response to the

education needs of the prison population. Prisoners benefited from a curriculum that enabled them to develop new knowledge and skills that supported their progression in the prison and on release. ESW activities were well-planned and enabled prisoners to learn, and to develop their knowledge and confidence.

- 5.22 College tutors in English, mathematics, English for speakers of other languages (ESOL) and art were well-qualified and experienced in these subjects. Several English tutors had a sound grasp of phonics and of how prisoners at entry levels learn to develop and apply language skills. Tutors used their understanding of prisoners' knowledge and skills at the start of their course well to shape what and how they taught them. Tutors explained topics well, demonstrated new concepts clearly, and used appropriately demanding resources and tasks. These helped prisoners develop skills to read, write, and carry out basic calculations. Pass rates for ESOL, mathematics and art were high.
- 5.23 College managers had implemented an effective outreach programme in English and mathematics. This helped many prisoners, often those experiencing mental ill health, to participate in learning. Tutors typically delivered weekly one-hour individual sessions that prisoners valued. At the time of the inspection, around 15 men were receiving this support on their wing.
- 5.24 Tutors and instructors used helpful teaching strategies to support prisoners' understanding of new concepts. They ordered the curriculum, so that prisoners improved their understanding over time. Tutors and instructors used quizzes, games, explanations and demonstrations. They provided enough opportunities for prisoners to return to topics and practise what they had learned. As a result, prisoners gained more confidence in their abilities. For example, in a newsletter writing class, prisoners developed basic literacy skills such as writing simple sentences, using upper and lower case correctly and improving spelling through activities such as word searches and crosswords.
- 5.25 Instructors sequenced the work that prisoners completed in workshops to help them improve their skills. However, instructors did not use the booklets designed to record prisoners' progress and skills development. Most booklets were incomplete or completed poorly. As a result, prisoners were not fully aware of their progress in developing valuable skills or how they could improve.
- 5.26 Most tutors and instructors gave developmental verbal and written feedback. They outlined what prisoners had done correctly and what they needed to do to improve. However, in English, the feedback that tutors provided occasionally lacked detail. This limited prisoners' opportunities to know clearly how they could improve.
- 5.27 Tutors and instructors provided appropriate support for prisoners with additional learning needs. For example, they used coloured overlays for those with dyslexia, fidget toys for prisoners with limited attention spans, and de-escalation and 'timeout' strategies for those who

struggled to manage their behaviour and emotions. As a result, these prisoners made good progress and achieved qualifications in line with their peers.

- 5.28 Prisoners produced work of a standard that met, or occasionally, exceeded course requirements. For example, prisoners studying art worked with precision and care to create good-quality drawings and paintings in a range of artistic genres. In a newsletter production class, prisoners learned how to use publishing software to produce graphic images and how to create and edit content.
- 5.29 In a few lessons, tutors did not consistently check prisoners' understanding of lesson content. In these instances, prisoners had limited opportunities to commit new learning to long-term memory. As a result, they made mistakes, for example, in the pronunciation of words or in understanding the difference between words that can have a similar meaning, such as 'tablets' and 'medication'.
- 5.30 Tutors did not consistently teach at a pace that aligned with prisoners' abilities. They sometimes conveyed new information too rapidly. This did not allow sufficient time for prisoners to absorb the information before introducing new content. In ESOL and English, tutors did not always offer sufficient opportunities to stretch and challenge more able prisoners. This resulted in a few prisoners losing interest and becoming bored.
- 5.31 Prison and college managers had collaborated effectively to strengthen quality improvement arrangements. They identified accurately the key strengths and weaknesses of their provision. However, prison managers had not yet extended quality improvement arrangements to skills and work activities. As a result, their grasp of the strengths and weaknesses in these areas was insufficient.
- 5.32 Prisoners had good access to digital resources. Leaders had purchased round 50 laptop computers which prisoners, particularly those who chose to remain on the wing, could borrow and use in their cell. These computers contained software to help prisoners write a CV, complete study modules on topics such as preparing for an interview, working in different job sectors such as customer services and retail, and staying safe. As a result, these prisoners were better prepared for life after custody.
- 5.33 Prison staff planned and delivered an appropriate induction programme to support the transition into custody for new arrivals. They accurately assessed prisoners' prior knowledge and experience and used this information to select a curriculum pathway linked to their future career aspirations. However, attendance to education induction was often poor and, as a result, some prisoners were not fully aware of the opportunities available to them.
- 5.34 Following the previous inspection, leaders and managers had appointed a new careers, information, advice and guidance (CIAG) provider. New arrivals now received a detailed CIAG interview which

covered their previous experience and qualifications, alongside their career and study aspirations. CIAG staff completed a detailed personal learning plan for each prisoner which the prison's allocations team used to identify and allocate promptly prison activities that met their needs and aspirations. Prisoners rightly commented favourably on the care and support they received from CIAG staff.

- 5.35 Leaders and managers ran well-organised events attended by employers committed to recruiting ex-offenders. Leaders promoted these events well, which engaged and motivated prisoners well. For example, they set up traffic marshalling simulations for prisoners interested in jobs involving guiding and instructing drivers and operators to move safely vehicles on roads and construction sites. Prisoners enjoyed attending these events, and many received job offers in construction, warehousing and logistics, and hospitality.
- 5.36 Prison managers offered a range of recreational activities during the day and evenings to help prisoners develop hobbies, health and well-being, and personal development. These included music, rap and poetry performances, yoga, table tennis, chess clubs, and a 10-week philosophy group. However, staff did not make all prisoners aware of these activities, and participation required improvement.
- 5.37 Most prisoners had a reasonable understanding of life in modern Britain. They could articulate how they were developing skills as active citizens and recognise the value and relevance of democracy, respect, mutual tolerance, and liberty in the context of prison.
- 5.38 Prisoners reported they felt safe when participating in purposeful activity. Their attitudes to education, training and work were positive. Prisoners' behaviour during activity sessions was good. They were polite and courteous during activities and demonstrated respect for their peers, staff, and visitors. Relationships between prisoners and tutors and instructors were mutually respectful.
- 5.39 Attendance to scheduled purposeful activities required improvement. Prison and college managers acknowledged this weakness and had developed appropriate strategies to tackle this problem. This included training staff to make better use of the available sanctions to encourage prisoners to attend and working more actively with prison officers to encourage attendance to class. These initiatives had had some recent positive impact, but it was too soon to judge their longer-term success.
- 5.40 Leaders promoted a culture of reading and had a suitable reading strategy in place. They had made a good start in implementing the strategy and rightly prioritised support for the weakest readers. Managers provided access to books on each wing. Prisoners attended reading groups, book clubs, and talks by local writers. Particularly well-attended events included a popular 'Poetry Slam', talks by visiting authors organised by the charity 'Penned Up' and a creative writing group organised by library staff. Shannon Trust volunteers provided training for the reading mentors in phonics to help emerging readers. They deployed this training to assist library staff in delivering the

weekly Emergent Readers' book club. Many prisoners read books for pleasure, as well as to support their studies. However, leaders did not promote the reading strategy in some areas, such as industries and workshops.

Section 6 Preparation for release

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

Children and families and contact with the outside world

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

- 6.1 Family support was delivered by PACT (see glossary) and Prisoners Family Support, a dedicated service run by two caseworkers based in the prison. The caseworkers provided valuable help to families such as liaison with social services on a broad range of child-related issues, including child in need conferences and adoption. The two organisations worked well together to support both prisoners and their families.
- 6.2 Since our last inspection, leaders had increased the number of social visits slots each week and had created reserved slots for those in early days. However, there was insufficient capacity to meet the needs of a transient population, not every prisoner could have a visit each month, and prisoners told us that they could wait several weeks for a visit.
- 6.3 Leaders organised 10 family days each year which were well received by prisoners. Up to 40 prisoners could have visits on these days, and each was themed with activities and enrichment.
- 6.4 Chaplaincy and PACT were providing support for those who did not receive social visits; each prisoner was spoken to and offered help to reconnect with family or friends. Official prison visitors were utilised, and 11 volunteers came in to visit those who did not have social visits (see paragraph 4.35).
- 6.5 The visits hall was a welcoming environment. It was bright and there was a well-stocked children's area that was staffed by volunteers from PACT. There was a tea bar that was run by prisoners, but the selection of food offered was not as varied or as healthy as we have seen in similar establishments. In our survey, 75% of respondents said that their visitors were treated respectfully by staff.



Visits hall

- 6.6 The visitors centre remained closed, as it had been at the time of the last inspection. This limited the ability for the family services provider to give face-to-face support to families. Funding had been approved to reopen the centre and leaders had created a pleasant waiting space in the entrance of the prison for visitors to use instead.



Waiting area

- 6.7 Prisoners told us that delays in the application system impacted their ability to maintain contact with family and friends, specifically getting

phone numbers and visitors approved (see paragraph 4.24). We also found some issues with phones during our visit. Some cells had damaged ports and prisoners told us they could wait several weeks for these to be fixed. However, in our survey 87% said that they were able to use a phone every day, which was in line with similar prisons.

Reducing reoffending

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

- 6.8 Leaders demonstrated a good understanding of the prison population, supported by a comprehensive whole-prison needs analysis. This analysis formed the basis of the reducing reoffending strategy and helped shape the provision of services for a changing demographic. The leadership team worked collaboratively, holding regular reducing reoffending meetings to review outcomes across various resettlement pathways, such as accommodation and education.
- 6.9 Leaders had responded to better align provisions with the changing prison population. As noted in the last inspection, the proportion of prisoners on remand or unsentenced remained high and, at this inspection, was 62%.
- 6.10 With a new strategy in place, remanded prisoners could now expect help on arrival for their immediate needs, from dedicated oversight by a prisoner offender manager (POM), an initial meeting with a pre-release team representative, assistance from third sector providers and support leading up to their release. While it was too early to assess long-term outcomes, these changes marked a clear and positive shift since the previous inspection.
- 6.11 Furthermore, two full-time bail information officers had been appointed to support remanded prisoners. Their duties included facilitating the bail process and helping individuals understand their legal options regarding the court process and potential release (see paragraph 4.26).
- 6.12 At the time of our inspection, 13% percent of the population had been recalled to custody, which accounted for around 70 prisoners. To support this group, two POMs were assigned to meet all fixed-term recalls (14 or 28 days) and short sentences (28 days or less) and serve as points of contact between them and community partners. This was a positive development, enabling more consistent oversight of those serving very short periods in custody.
- 6.13 The offender management unit (OMU) was supported by an experienced, knowledgeable and collaborative leadership team. Approximately 22% of the population required sentence planning and offender management. Managers demonstrated a clear commitment to improving practice and outcomes for prisoners, which was evident through initiatives and a willingness to adapt. This direction filtered through the wider team, who demonstrated a good understanding of

risk, supported by regular supervision and case discussions that helped maintain quality.

- 6.14 Of the sample we reviewed, most had up-to-date offender assessment system (OASys, see Glossary) assessments and sentence plans. However, the risk management plans lacked sufficient focus on custodial risk and management and primarily focused on community-based risks. This somewhat reduced their effectiveness.
- 6.15 Prisoners reported inconsistency in key work, often repeating concerns to multiple staff without resolution. This fragmented approach undermined trust and made it difficult to build meaningful relationships. While records indicated that support had been offered, there was little evidence of follow-up or action taken. Recent improvements showed potential, but the approach was not yet embedded or sufficiently focused on supporting sentence progression (see paragraphs 4.4 and 4.5).
- 6.16 There were only around 13 indeterminate sentenced prisoners (ISPs, see Glossary). These were managed by probation-employed POMs, with appropriate input from psychologists and multi-agency oversight. Complex or repeat recall cases were rated against their risk and reviewed in line with need. Where appropriate, progression plans were developed, and cases were considered at the regional imprisonment for public protection (IPP) meeting. Collaboration with community partners helped identify next steps, although some delays were unavoidable where individuals were awaiting sentence.
- 6.17 Initial categorisations were completed promptly, and with approximately 30 transfers occurring each week, the process was efficiently managed.

Public protection

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

- 6.18 The prison continued to face challenges associated with a high volume of receptions and releases, averaging 240 admissions and 200 releases per month in the 12 months prior to inspection. Despite this high turnover, measures were in place to maintain oversight of all prisoners prior to release.
- 6.19 Improvements to the inter-departmental risk management meeting had led to better attendance, including engagement from community partners. Enhanced oversight of the process had increased confidence that all high-risk cases were now reviewed within this forum prior to release. This was further strengthened by the senior probation officer maintaining direct oversight of all high-risk prisoners three months before their scheduled release date.

- 6.20 MAPPA (see Glossary) contributions were of a high standard and, notably, the quality remained consistent regardless of whether they were completed by a prison- or probation-employed POM, which was unusual to see. Most demonstrated confident risk analysis, with some clearly highlighting risks likely to persist both in custody and the community. This supported effective risk management and provided valuable insight into each case.
- 6.21 Considering the prison's high population of remanded prisoners and those convicted of serious offences, it was notable that only four individuals were subject to communication monitoring; an unexpectedly low figure. In one case from our sample, a prisoner with a known history of domestic abuse had maintained contact with a partner, despite disclosures made in custody and references to ongoing relationship difficulties. There was no evidence that these concerns had been followed up or that the associated risks had been reviewed. In the absence of documented oversight, it was unclear whether the potential for continued harmful behaviour had been reconsidered. This was a potential missed opportunity to assess the need for monitoring.
- 6.22 Prisoners were appropriately screened on arrival to identify whether they posed a risk to children and arrangements were well communicated. Mailroom staff displayed sufficient knowledge of how to identify prisoners subject to child contact restrictions or monitoring, which provided a reliable safeguard and reflected good communication and accountability across departments.

Interventions and support

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

- 6.23 The thinking skills programme had been the primary accredited intervention offered by the prison. However, due to the increase in remanded prisoners and shorter sentences, recruitment to this longer intervention had been a challenge, and the programme had been removed.
- 6.24 A good range of other programmes were available. For example, the chaplaincy provided a supportive and valued presence in the prison, offering an impressive range of interventions. Prior to the Sycamore Tree victim awareness course being suspended nationally (in February 2025 at Lewes), 65 prisoners had successfully completed this in the preceding 12 months. One-to-one bereavement support was offered to anyone suffering a recent loss. The structured Living with Loss course was aimed at those suffering from long-term bereavements and helping them to understand how unaddressed grief could affect their behaviour. In 2024, 19 prisoners had completed this course and 48 prisoners were expected to complete it in 2025. The Quaker chaplain facilitated Facing up to Conflict, an in-cell correspondence course. In 2024, this had been

completed by 48 prisoners and 43 prisoners in the first six months of 2025.

- 6.25 Prisoners who had access to the Coracle Inside programme valued the chance to explore new subjects, which helped them identify interests and potential. While it did not offer formal qualifications, it broadened thinking about education and employment by exploring topics such as construction and health and safety, as well as newer topics like coding and sustainability. The interactive short courses supported positive personal development, digital confidence and in-cell education. For many, the programme opened new ideas around work and further training that they had not previously considered.
- 6.26 Additionally, the third sector provider Sussex Pathways delivered the Pathways to Change course, which supported prisoners to reflect on previous choices they had made, as well as restorative initiatives. They also offered a through-the-gate mentoring service which aided prisoners on the day of release (see paragraph 6.35). A good number of prisoners had accessed these services.
- 6.27 All prisoners aged 25 or younger completed the Choices and Changes maturity screening, allowing maturity levels to be factored into sentence planning, even where time constraints limited further progression. Although very few completed the full programme due to the high turnover, we came across one prisoner whose POM had delivered the intervention.
- 6.28 With a single point of contact, identification processes for care leavers (prisoners up to the age of 25 who had previously been in the care of the local authority) was strong. The OMU had established clear links with care leaver services across West Sussex, East Sussex, and Brighton and Hove. Each area attended the prison on a rotational basis. The regional teams provided more targeted input, including advice on finances, education, entitlements and housing support. A monthly drop-in session had begun for young adults, with one of the first two sessions delivered. While still early in its delivery, this showed promising signs of becoming a more consistent feature of provision.

Returning to the community

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

- 6.29 At the time of this inspection, 140 prisoners were released, on average, each month. This is compared to 60 prisoners each month at the time of the last inspection. As a result, there was high demand for resettlement services.
- 6.30 Efforts to help prisoners prepare for their release had improved. The pre-release team had moved to a new location, forming part of a central hub for resettlement services. The team was well led by a

senior probation officer. Good joint working between POMs, community offender managers and pre-release team staff enabled better release planning for all prisoners. Resettlement needs were reliably identified by the pre-release team and, where needed, action taken to support prisoners.

- 6.31 In collaboration with the OMU, a pre-release cafe had been introduced to support individuals approaching their release date. This brought together professionals under one roof, to help prisoners prepare for their release into the community. The first event focused on substance dependency issues, providing an opportunity to build connections and engage with support services ahead. Access to the pre-release cafe was offered during the week prior to release.
- 6.32 The continued lack of a strategic housing lead had maintained a service gap. Approximately 20% of prisoners were released homeless, around half of whom were from a different resettlement area.
- 6.33 Prisoners were well supported in obtaining right-to-work documents, helping to improve their prospects for a successful return to the community. More than 600 prisoners received assistance in obtaining birth certificates, 127 bank accounts were opened and over 50 driving licences were issued.
- 6.34 Practical support on the day of release was reasonable. Due to the closure of the prison visitors centre (see paragraph 6.6), there was no departure lounge for prisoners to complete basic tasks such as to seek advice or charge their mobile phones, but funding had been approved to reinstate this during the summer.
- 6.35 Prisoners released to the local area were offered through-the-gate mentoring support by Sussex pathways. In the 12 months prior to inspection, 67 prisoners had accessed this.

Section 7 **Progress on concerns from the last inspection**

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2024, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

Drugs were much too easily available.

Not addressed

Key concerns

Early days support was undermined by increasing numbers of prisoners arriving late, following long journeys from other areas where prisons were full. Many were not moved to their cells until the early hours of the morning.

Partially addressed

Levels of violence were some of the highest for this type of prison and there were not enough incentives to promote positive behaviour.

Addressed

Levels of self-harm were high and on an upward trend. When prisoners used their cell bells, they were not answered promptly, creating additional risks.

Partially addressed

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2024, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

There had not been enough investment in the ageing infrastructure and living conditions were still not sufficiently good. Prisoners did not always have heating or hot water.

Not addressed

Key concerns

Most prisoners did not have regular contact with a named key worker.

Not addressed

The applications process was ineffective and prisoners often did not get a response.

Not addressed

Managers did not have enough data to understand outcomes for protected groups and take remedial action.

Partially addressed

Patients needing transfer to hospital under the Mental Health Act continued to wait far too long for a bed.

Not addressed

Purposeful activity

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

At the last inspection, in 2024, we found that outcomes for prisoners were poor against this healthy prison test.

Priority concerns

Time out of cell remained very poor for many prisoners and there were not enough activity places for the population. In our roll checks during the working day, more than half the population were locked up.

Partially addressed

Key concerns

Careers information, advice and guidance were ineffective and did not support prisoners to develop the knowledge, skills and behaviour they needed to be successful in their progression.

Addressed

Teaching and attendance were poor in too many education classes, particularly mathematics.

Partially addressed

Leaders' quality assurance of education was not effective and they had been too slow to address and rectify the weaknesses in this area.

Addressed

Preparation for release

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

At the last inspection, in 2024, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

Lewes now held a majority of remanded and unsentenced prisoners, but provision had not changed sufficiently to match the population's needs. For example, there was insufficient support from the offender management unit for remanded prisoners, especially with their immediate housing needs.

Addressed

Under the end of custody supervised licence scheme (see Glossary), some high-risk prisoners were being released at short notice without sufficient risk management planning.

No longer relevant

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Preparation for release

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations*. *Criteria for assessing the treatment of and conditions for men in prisons* (Version 6, 2023) (available on our website at [Expectations – HM Inspectorate](#))

[of Prisons \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk)). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Ian Dickens	Team leader
Lindsay Jones	Inspector
Harriet Leaver	Inspector
David Owens	Inspector
Nadia Syed	Inspector
Dionne Walker	Inspector
Rick Wright	Inspector
Jasmin Clarke	Researcher
Emma Crook	Researcher
Tareek Deacon	Researcher
Sophie Riley	Researcher
Maureen Jamieson	Lead health and social care inspector
Sarah Campbell	Health and social care inspector
Tania Osborne	Health and social care inspector
Lindsay Woodford	General Pharmaceutical Council inspector
Bev Gray	Care Quality Commission inspector
Emily Hempstead	Care Quality Commission inspector
Jai Sharda	Lead Ofsted inspector
Dave Baber	Ofsted inspector
Diane Koppit	Ofsted inspector
Andrea McMahon	Ofsted inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find.

ACCT

Assessment, care in custody and teamwork – case management for prisoners at risk of suicide or self-harm.

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

End of custody supervised licence (ECSL)

A scheme intended to tackle overcrowding, which entails prisoners being released up to 70 days early and having their supervised licence in the community extended. Restrictions apply for certain categories of offences. ECSL started in October 2023 and ended in September 2024 (see SDS40).

Family days

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

Indeterminate sentence prisoner (ISP)

Generic term referring to both life sentence prisoners and those serving indeterminate sentences for public protection.

Key worker scheme

The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison

officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Leader

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

MAPPA

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

Offender assessment system (OASys)

Assessment system for both prisons and probation, providing a framework for assessing the likelihood of reoffending and the risk of harm to others.

Offender management in custody (OMiC)

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

PAVA

Pelargonic acid vanillylamide – incapacitant spray classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

PACT (Prison Advice & Care Trust)

Charity providing practical and emotional support to prisoners, their children, and families across England and Wales.

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

SDS40

A scheme intended to tackle overcrowding where prisoners serving a standard determinate sentence only spend 40% of their sentence in prison instead of 50% and their time on probation in the community is extended. Restrictions

apply for certain categories of offences. SDS40 replaces ECSL and releases commenced in September 2024.

Secure video calls

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

Social care package

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

Special purpose licence ROTL

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

Temporary presumptive recategorisation scheme (TPRS)

A scheme intended to tackle overcrowding, which requires governors to fast-track prisoners to open establishments without the usual restrictions. Restrictions apply for certain categories of offences. TPRS was introduced in March 2023.

Time out of cell

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

Appendix III Care Quality Commission action plan request



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

The inspection of health services at HMP Lewes was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see [Working with partners – HM Inspectorate of Prisons \(justiceinspectorates.gov.uk\)](http://justiceinspectorates.gov.uk)). The Care Quality Commission issued a request for an action plan / requests for action plans [delete as required] following this inspection.

Breach of regulation

Provider: Practice Plus Group

Location: HMP Lewes

Location ID: F3T4X

Regulated activities: Diagnostic and Screening Procedures
Treatment of disorder, disease or injury

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

1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—
 - a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
 - b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
 - c. maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the

care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

- d. maintain securely such other records as are necessary to be kept in relation to—
 - i. persons employed in the carrying on of the regulated activity, and
 - ii. the management of the regulated activity;
- e. seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;
- f. evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

How the regulation was not being met:

- The provider had not always ensured effective systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk arising from the carrying on of the regulated activities. We found that not all staff knew the location of emergency equipment, we found emergency dressings past their expiry date and injectable medicine to treat hypoglycaemia that was not properly stored.
- The provider had not always assessed, monitored and improved the quality and safety of the services provided in the carrying on of the regulated activity. We found gaps in staff supervision, and a lack of evidence to demonstrate processes were in place to carry out prescribing audits and appropriate ongoing assurance of competency of staff.
- The provider had not always ensured effective systems to manage records relating to governance arrangements. This included local operating procedures that were overdue review, lack of records relating to local delivery board meetings and progress of actions, discrepancies of data, safety netting of referrals, and GP waiting list process.
- The provider had not always ensured complaints were always thoroughly recorded, investigated, analysed and appropriately stored for the purposes of continually evaluating and improving services. We found concerns from patients that had not been recorded and responded to in line with the complaints process.
- The provider had not always maintained securely an accurate, complete and contemporaneous record in respect of each patient, including decisions taken in relation to the care and treatment provided. This included that we found a lack of records to demonstrate that patients were informed about decisions following their applications to healthcare, delays to prescribing in early days was not well documented or explained to the patient, patients were not always involved in decisions about their changes to their medication, and information about sexual health services was not stored on a confidential standalone IT systems.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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