

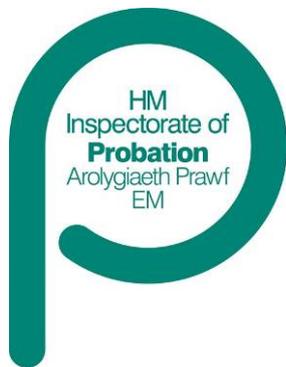
Report on an unannounced inspection of

HMP Exeter

by HM Chief Inspector of Prisons

15–26 August 2016

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



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Glossary of terms

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

Introduction

HMP Exeter is a category B local prison that accepts all adult and young offenders committed to prison by the courts in Devon, Cornwall and Somerset. Prisoners are also sent to Exeter from further afield, and at the time of this inspection there were 490 being held there.

This inspection found that there had been a clear decline in outcomes for prisoners in three of the four healthy prison tests. The symptoms of this decline were clear to see. The number of violent incidents was far higher than at other local prisons and than at the time of our previous inspection. Too many prisoners felt unsafe in the prison, there were high levels of self-harm and there were serious concerns about some aspects of health care provision. Prisoners spent too much time locked in their cells, so that too few managed to take part in activities, and there were some real weaknesses in offender management.

Nevertheless, we were impressed by the determination of the management team to lead the staff in delivering a service to prisoners in what were undoubtedly challenging circumstances. It was clear that the biggest challenge facing the prison was that at the time of the inspection there were insufficient staff to run a predictable and resilient regime. We were told that the prison was suffering a shortfall of 13 prison officers and that on the penultimate day of the inspection there were only 29 officers on duty. This situation was apparently exacerbated by the long recruitment process for new staff, which far exceeds the notice period for departing members and means that there is no prospect of immediate respite. Both the governor and chair of the IMB separately expressed frustration at the delays caused by the recruitment process. The prison had also lost staff to other local employers, including Devon and Cornwall Constabulary. The line between what was safe for prisoners and staff and what would be unsafe was a narrow one, and the management team at Exeter had to make fine judgements around this on a daily basis.

The inspection found that the staff shortage was having a tangible effect on outcomes for prisoners, with too many unable to attend education or activities. We carefully considered whether the management team could have done more to mitigate the impact of staff shortages, and although there were some issues that were not directly related to this matter and could be addressed, it was difficult to see how outcomes could have been significantly better given the staffing shortfalls.

If the shortage of staff provided the backdrop to the difficulties at HMP Exeter, the foreground was filled by the challenges of drugs, violence and prisoners suffering from mental health issues. These were, of course, intertwined, and each in their own way was exacerbated by the impact of staff shortages.

Despite all these difficulties, the details of which are set out in the body of this report, it is notable that prisoners told us that the staff treated them with respect, and it was clear to us that the relationship between prisoners and staff was fundamentally sound. It was to the enormous credit of senior managers and staff alike that they were persisting in their determination to do what they could to provide a decent and respectful environment for the men in their care.

However, there was a real and troubling concern that the situation at HMP Exeter was fragile. The reality was that outcomes for prisoners had declined markedly since the previous inspection. Unless the regime at the establishment could be improved, violence reduced and the prevalence of drugs and other contraband addressed, further declines would be almost inevitable.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

December 2016

Fact page

Task of the establishment

HMP Exeter is a male category B local and resettlement prison holding prisoners, including young adults, from the courts of Cornwall, Devon and Somerset.

Prison status (public or private, with name of contractor if private)

Public

Region/Department

South-West

Number held

482

Certified normal accommodation

326

Operational capacity

561

Date of last full inspection

29 July – 9 August 2013

Brief history

Built in 1853, HMP Exeter is a Victorian prison of radial design, with three wings positioned around the centre. In the late 20th century, D wing was added and, more recently, education blocks were built. In the last few years, a refurbished reception, a new visits hall and a social care unit (F wing) have been introduced.

Short description of residential units

A wing – holds 194 remand or sentenced and convicted adults and young offenders.

B wing – is the vulnerable prisoner wing, holding 87 remand or sentenced and convicted adults and young offenders.

C wing – holds 189 remand or sentenced and convicted adults and young offenders. The C4 landing houses prisoners requiring integrated drug treatment.

D wing – is the enhanced living unit, holding 80 remand or sentenced and convicted adults and young offenders.

F wing – is a social care unit, holding 11 prisoners; it also contains the Jubilee Suite, a palliative care room for terminally ill prisoners.

Name of governor/director

Pete Elbourn

Escort contractor

GeoAmey

Health service provider

Dorset Healthcare University NHS Foundation Trust

Learning and skills providers

Weston College

Independent Monitoring Board chair

Penny Hart

Community rehabilitation company (CRC)

Devon, Dorset and Cornwall CRC

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

Safety	prisoners, particularly the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

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

Summary

Safety

- S1 *Prisoners spent long periods in courts cells and on vans before arriving at the prison. First night interviews were very good but some prisoners were located in poorly prepared cells. Too few prisoners felt safe on their first night. Levels of violence were high and many prisoners said that they felt unsafe. The levels of self-harm were high. There had been 10 self-inflicted deaths since the previous inspection and there was one suspected self-inflicted death shortly after the current inspection. The quality of assessment, care in custody and teamwork (ACCT) documentation was variable. Security responses were generally proportionate to the risks faced by the prison. Adjudication hearings were fair. Use of force and of the special cell were not properly recorded. The segregation unit was in poor condition but staff–prisoner relationships there were reasonably good. The substance misuse service was very good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2 *At the last inspection in 2013 we found that outcomes for prisoners in Exeter were reasonably good against this healthy prison test. We made 16 recommendations in the area of safety. At this follow-up inspection we found that seven of the recommendations had been achieved, two had been partially achieved and seven had not been achieved.*
- S3 Many journeys to the prison were long and prisoners often spent many hours in court cells before the start of their journey. However, most said that escort staff had treated them well. They were also positive about reception staff, although reception processes often ran into the evening owing to the late arrival of vans. First night safety interviews were good but not always conducted in private. Choices Consultancy Services (a third sector organisation that assisted offenders and their families) provided good support. Allocation of first night cells was random and some prisoners were put into dirty cells without anything to keep them occupied. In our survey, fewer prisoners than at the time of the previous inspection said that they had felt safe on their first night. There was insufficient written information about the prison, and the induction programme provided only a brief overview of prison life.
- S4 Over half of the prisoners in our survey said that they had felt unsafe during their time at the prison and a quarter currently felt unsafe, both of which were far worse than at the time of the previous inspection. The number of violent incidents was very high, and far higher than at other local prisons. The violence reduction committee had only met three times in the previous six months, which was insufficient, given the levels of violence. Low-level violent incidents were investigated adequately.
- S5 There had been 10 self-inflicted deaths since the previous inspection and one suspected self-inflicted death shortly after the current inspection. Self-harm levels and the number of assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm were far higher than at other local prisons. The quality of ACCT documents was variable and some were closed before all risks had been addressed. The daily safer custody briefing was helpful. Complex case management meetings showed some good individualised support, and wing staff attending them were able to receive advice on cases from a psychiatrist. Wing staff had not received training in safeguarding adults but those we spoke to were sensitive to the vulnerabilities of most prisoners and we were confident that they would raise concerns appropriately.

- S6 Physical security measures were generally proportionate. Intelligence gathering was comprehensive and security information was analysed well. Target searching had led to some significant finds but was not carried out with sufficient frequency. Security objectives reflected the current issues facing the prison and these problems were tackled by a well-coordinated whole-prison approach. The drug strategy committee and security department worked well together. The drug supply reduction strategy and action plan were good. Mandatory drug testing showed that drug use was declining but suspicion tests were rarely conducted.
- S7 The incentives and earned privileges scheme was applied reasonably, although targets for those on the basic level were insufficiently focused on improving behaviour.
- S8 The number of adjudications was far higher than at similar prisons, and reflected the high levels of violence and related issues. Adjudications were generally fair and well monitored. The number of incidents involving the use of force was high and had increased sharply. Monitoring and oversight of such incidents were poor. The special cell was used too often without the necessary authorisation being completed. Written recording of incidents was poor, making it difficult for us to judge whether the use of force and special accommodation had been justified in all cases, and always implemented as a last resort.
- S9 The use of segregation was similar to that at other local prisons. The segregation unit was dark and grubby. Most prisoners were held there for short periods and many returned to normal location. Reintegration and care plans for those complex prisoners who were segregated for long periods were good. The regime on the unit was adequate but sometimes curtailed by staff redeployment. Relationships between staff and prisoners on the unit were reasonably good.
- S10 The substance misuse service was very good, and much improved. Anxiety groups and welfare checks were good initiatives. However, regime curtailment caused delays in methadone administration and restricted the delivery of some interventions.

Respect

S11 *The standard of cleanliness and maintenance of residential units varied greatly and too many cells were in a poor condition. Relationships between staff and prisoners were good. The strategic management of equality was underdeveloped and not enough was done to meet the needs of protected groups. Faith services were good. Complaints were responded to appropriately but some were late. We were not assured that the health service was being delivered safely and met patients' needs. Services for the many prisoners with mental health problems were good. The food provided was reasonably good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S12 *At the last inspection in 2013 we found that outcomes for prisoners in Exeter were reasonably good against this healthy prison test. We made 21 recommendations in the area of respect.² At this follow-up inspection we found that seven of the recommendations had been achieved, one had been partially achieved, and 13 had not been achieved.*

S13 Outside areas were generally clean and well maintained. Communal areas on the residential units were reasonably clean. The cleanliness and quality of cells varied greatly. Many were

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

poorly furnished, and had graffiti and missing windows. Many showers on the residential units were dirty and strewn with discarded clothing. There was good access to stored property but the 'own clothes' policy was too restrictive. The quality and quantity of prison-issue clothing for many prisoners were problematic.

- S14 In our survey, most prisoners said that most staff treated them respectfully. Interactions between staff and prisoners were mostly polite and helpful. Most prisoners were positive about the staff. Consultation with prisoners was weak.
- S15 The strategic management of equality lacked focus and equality action team meetings were held too infrequently. The analysis of available monitoring data was good but out of date. Prisoners could not declare all their protected characteristics confidentially on arrival. Investigations into discrimination incidents were of good quality, and responses were timely and considered. The equality forum was helpful but not an adequate substitute for consultation with specific protected groups. Prisoners with disabilities reported more negatively than other prisoners in many areas of our survey. Not enough adjustments had been made to meet their needs and some struggled to cope. The over-50s forum was good but, other than a dedicated gym session, there was little provision for this group. There was some good support for veterans but no other targeted provision for protected groups.
- S16 The chaplaincy offered a good, flexible service. It provided a number of services, including bereavement counselling and an official prison visitor scheme.
- S17 Replies to complaints were polite and addressed the issues raised, although some were late. The analysis of complaints was unsophisticated. Arrangements for legal visits were good. The library held a wide range of legal textbooks but there was minimal support for prisoners applying for bail.
- S18 Deficiencies in governance meant that the service provider was not fully aware of all the clinical risks. Primary care services required improvement. Too many prisoners did not attend their appointments. The treatment of long-term conditions was inconsistent. Pharmacy services were generally good. The dental service lacked safety certificates for equipment; waiting lists were too long; and there were too many missed appointments. The mental health service was good and worked closely with the prison. There were not enough social care staff to meet prisoners' needs.
- S19 The Care Quality Commission (CQC) found breaches of the relevant regulations and has issued three requirement notices. (See Appendix III.)
- S20 In our survey, only 20% of prisoners said that the food was good. There was good consultation with prisoners about the food. The prison shop arrangements were adequate but some new prisoners waited too long for their first order.

Purposeful activity

S21 *Prisoners spent too much time locked in their cells and therefore were not purposefully active. The management of learning and skills was good. The prison provided enough activity places for the population but they were not fully utilised and too many sessions were cancelled. Teaching, training and achievements were good. The library provision was good. The sports facilities were in need of refurbishment and too few prisoners were engaged in physical activity. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S22 *At the last inspection in 2013 we found that outcomes for prisoners in Exeter were not sufficiently good against this healthy prison test. We made seven recommendations in the area of purposeful activity. At this follow-up inspection we found that three of the recommendations had been achieved, one partially achieved and three had not been achieved.*

S23 The regime was often curtailed, which limited the amount of time unlocked. For full-time workers and cleaners, time out of cell was reasonable, at around eight and a half hours, but for many prisoners it could be as little as two hours a day. In our roll checks, we found over 45% of prisoners locked in their cells, which was far too many.

S24 The management of learning, skills and work was good. Strategic planning of the provision was very good, with an appropriate range of courses to meet the needs of the population, in conjunction with the regional prisons to which most prisoners would transfer, so that they could complete their courses there. There was a robust system for managing the quality of partners and purposeful activities. Performance data were used well. Regime and staffing problems severely affected the timely arrival of prisoners in work and education. Too many sessions were cancelled owing to the lack of prison staff.

S25 There were sufficient purposeful activity places but not enough prisoners could attend. Much work had been done to provide additional purposeful activities, but not all work was supported by an appropriate short-duration qualification. Whenever regime restrictions affected education and workshops, staff worked hard to ensure that training and work continued in prisoners' cells.

S26 Prisoners achieved well and were motivated to learn. Training and teaching were well planned and executed. Sessions were well paced, with active participation from prisoners. Support for learning was very good. Tutors briefed peer mentors well to ensure that they met the individual needs of the prisoners. Tutors' promotion of English and mathematics was outstanding. Tutors ensured that sessions stretched and challenged learners. Individual learning plans did not consistently recognise the skills that prisoners gained. Targets were not specific enough or subject orientated.

S27 Prisoners worked independently and were confident in asking questions. Their behaviour in classes and workshops was good and they were enthusiastic. Staff dealt well with inappropriate language and poor behaviour. Prisoners developed their confidence and shared experiences in sessions. Prisoners understood and used safe working practices.

S28 Outcomes for prisoners on training courses in workshops and education were good. Most prisoners achieved the qualifications they set out to complete but some vocational qualifications needed further improvement. Achievement rates for mathematics were good but for English at level 2 they required improvement, although managers were already taking action to rectify this. Working prisoners developed high levels of skills in painting and decorating, textiles and art.

- S29 The library stocked a wide range of reading materials and resources to support learning and vocational training, with a good selection of large-print books and material in other languages. Staff were highly effective in promoting literacy, through Storybook Dads (in which prisoners record stories for their children) and Turning Pages (a mentoring scheme to help prisoners learn to read). Buddies sensitively mentored prisoners with poor reading skills.
- S30 Too few prisoners attended the gym induction. Only around 20% of the population used the sports facilities regularly. Maintenance of the gym was poor, with unusable showers, a leaking roof and an uneven floor in the sports hall. The range of activities was adequate but gym staff were too often cross-deployed, preventing sessions from taking place. Accredited PE training was only available to a small number of orderlies.

Resettlement

- S31 *The strategic oversight of reducing reoffending was limited. The effectiveness of offender management was poor. The offender management unit and the community rehabilitation company did not always share relevant information. Public protection arrangements were mostly sound. Categorisation work was up to date but there was too little involvement by offender supervisors. Resettlement plans were generally detailed and completed on time. There was some good resettlement pathway work but not all resettlement needs were met. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S32 *At the last inspection in 2013 we found that outcomes for prisoners in Exeter were reasonably good against this healthy prison test. We made eight recommendations in the area of resettlement. At this follow-up inspection we found that one of the recommendations had been achieved, six had not been achieved and one was no longer relevant.*
- S33 The reducing reoffending strategy was up to date and a committee met regularly. However, the needs analysis and action plan were not comprehensive. The effectiveness of offender management and resettlement was significantly undermined by staffing difficulties. Joint working between the offender management unit (OMU) and community rehabilitation company (CRC) was underdeveloped.
- S34 In our survey, only 25% of prisoners said that they had an offender supervisor, far fewer than at the time of the previous inspection. Offender supervisors had little contact with those on their caseloads, resulting in poor prisoner engagement and progression. The overall quality of offender assessment system (OASys) assessments was inadequate. Sentence plans contained relevant objectives but were rarely current or meaningful. Release on home detention curfew was often delayed because of late external reports.
- S35 Procedures restricting contact with victims were applied robustly. Contributions to MAPPA meetings were appropriate but in too many cases the management level was not confirmed before release.
- S36 Categorisation work was up to date but reviews lacked the input of offender supervisors and were limited in detail. Prisoners were not routinely informed about the outcome of their reviews or set targets. Too many prisoners were transferred to other prisons before engaging in sentence planning and an OASys assessment. Not enough attention was given to progressive transfers. Some prisoners stayed too long at the prison with little or no opportunity to address their offending behaviour.

- S37 Initial resettlement plans were generally completed on time and in detail. Most plans were reviewed before release and shared with the external case manager. The 'Making a Change' programme provided basic advice about the resettlement pathways but its delivery was hindered by the restricted regime. Some promising, but limited, through-the-gate support was developing.
- S38 A wide range of help was available to prisoners with accommodation problems. Despite this, about 27% of prisoners were released without sustainable accommodation, which was a concern. Prisoners could access an education, training and employment resettlement programme, which provided useful industry awareness days, CV writing and mock interviews. Prison staff, together with local and regional companies, had successfully established sustained employment for prisoners on release.
- S39 Prisoners' health and substance misuse needs were met on release. There was little specialist support for prisoners with finance and debt problems.
- S40 The visits hall was noisy and drab but this was partially mitigated by the excellent services provided by Choices Consultancy Service. Visitors were generally positive about their visits experience. There was some, but not enough, support to help prisoners to maintain or re-establish family ties.
- S41 The prison had not analysed the population's offending behaviour and therefore did not understand the type and scale of offending behaviour work needed. Interventions to address prisoners' attitudes, thinking and behaviour had deteriorated with the loss of the Sycamore Tree programme and there was little one-to-one work with offender supervisors.

Main concerns and recommendations

- S42 Concern: Too many prisoners felt unsafe and the number of violent incidents was very high.

Recommendation: Prisoners should feel and be safe from bullying and victimisation. The violence reduction committee should meet regularly and analyse all investigations into violent incidents. Lessons from this analysis should inform the violence reduction strategy.

- S43 Concern: Too much paperwork recording the use of force and authorising the use of the special cell was incomplete or missing. The prison could not assure us that force and the special cell had only been used as a last resort and for the shortest possible time. Monitoring and oversight of incidents involving the use of force were poor, hindering the identification of patterns and trends.

Recommendation: All paperwork recording the use of force and authorising the use of the special cell should be completed accurately and in full, and patterns and trends should be identified and acted on to reduce the number of such incidents.

- S44 Concern: The health service did not have systems in place to assess, monitor and improve the quality and safety of the service provided. Safety concerns included an extensive waiting list for secondary health assessments; a complaints system that lacked promptness and confidentiality; absence of clinical and infection control audits; non-compliance with Dorset Healthcare University NHS Foundation Trust policies; and absence of dental equipment safety certification.

Recommendation: The commissioner and health care provider should rigorously govern health services to ensure that the services are safe and confidential.

S45 Concern: The prison did not manage offenders' reoffending risks adequately. Cooperation and information sharing between the OMU and CRC were insufficiently robust. The quality and quantity of contact between offender supervisors and prisoners were poor.

Recommendation: A comprehensive reducing reoffending strategy should be underpinned by an up-to-date needs analysis and action plan. The offender management unit and community rehabilitation company should work closely together and share all relevant information. Offender supervisors should meet prisoners regularly, to help to reduce their risks of reoffending.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

- I.1 Most prisoners travelled long distances from courts in Somerset, Devon and Cornwall, which meant that they arrived at the establishment late. For some, this was exacerbated by long waits in court cells before the start of their journey. In our survey, 70% of prisoners said that escort staff treated with them well.
- I.2 Escort vehicles were clean and adequately equipped, and disembarkation procedures at the prison were reasonably efficient, although it could take around an hour at busy times.
- I.3 Most prisoners received no prior notification of transfer from the establishment and did not know where they were going, so were unable to contact friends and family with these details. Escort vehicles sometimes had insufficient capacity to take all prisoners' property when transferring them.
- I.4 The prison made good use of video-court facilities to reduce the number of court appearances for prisoners.

Recommendation

- I.5 **Prisoners should be provided with adequate notice of their transfer.**

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- I.6 The reception area was clean and fairly busy, receiving an average of 58 new prisoners each week. The holding rooms were bare but generally clean. The reception process often took too long and, mainly because of the late arrival of escort vans (see paragraph I.1), ran late into the evening. In our survey, 63% of prisoners said that they had been treated well or very well in reception, fewer than at the time of the previous inspection (76%). The interactions we observed between reception staff and prisoners were good.
- I.7 Prisoners in reception had access to showers and were given food at mealtimes, although we were told that the latter was often unappetising. Prisoners were not offered a free telephone call but could use emergency PIN credit to make calls from telephones in the holding rooms. They told us that there were some shortages of kit, and we saw one prisoner given clothing that did not fit him. Some of the blankets handed out were threadbare.
- I.8 The first night centre had been closed temporarily to accommodate some of the vulnerable prisoners (see paragraph I.19). This, together with the late arrival of vans, meant that many

new prisoners were locked straight into cells for the night and were distributed throughout the prison. The allocation of first night cells was random and unplanned. Many of these cells lacked basic facilities and were dirty.

- I.9** Some new prisoners were located alone in cells at night, without anything to keep them occupied, such as a radio or reading material. In our survey, 33% of prisoners said that they had had mental health problems on arrival, compared with 25% at similar prisons. In our survey, fewer prisoners than at the time of the previous inspection said that they had felt safe on their first night. Some of these risks were mitigated by good first night safety interviews. The staff conducting these interviews were sensitive and professional, and used a well-designed risk assessment pro-forma to probe various risk factors. However, these interviews were not always conducted in private. New arrivals also had a health care screening and had good access to Insiders (prisoners who introduce new arrivals to prison life). All prisoners were interviewed on reception by family support workers from Choices Consultancy Services (a third-sector organisation that assists offenders and their families), who provided good support (see also section on children, families and contact with the outside world).
- I.10** Night staff were made aware of prisoners on their first night. They told us that they would make additional checks on them. However, this was not monitored as part of a formal process, and we spoke to landing officers on duty the following day who had not been briefed on the location of new prisoners.
- I.11** In our survey, just under half of prisoners who had been on the induction course said that it had covered everything they needed to know about the prison. There was limited provision of written information about the prison, and the main induction session provided only a brief overview of prison life. Some of these deficiencies were mitigated by prisoner decency representatives, who helped new prisoners to settle in. This role had been created only recently and was still bedding in. Decency representatives had not received any training.

Recommendations

- I.12** **The prison should provide appropriate, dedicated first night accommodation, with clean, well-prepared cells. Prisoners should be kept occupied during their first night.**
- I.13** **All prisoners should be fully inducted into the prison.**

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- I.14** Levels of violence were far higher than at the time of the previous inspection and than at similar prisons. There had been 96 assaults in the previous six months, 30 on staff and 66 on prisoners. In the same period, there had been 45 fights. Fifty-eight per cent of respondents to our survey said that they had felt unsafe during their time at the prison and 25% currently felt unsafe, both of which were far worse than at the time of the previous inspection (see main recommendation S42).

- I.15** There was insufficient strategic oversight of violence reduction work. The violence reduction committee had met only three times in the previous six months, which did not reflect the level of violence that the prison had to tackle. Key staff, such as health services and substance misuse staff, had not attended these meetings (see main recommendation S42).
- I.16** The violence reduction action plan was reactive and generally presented a compilation of actions from violence reduction meetings. There were no 'live' actions to be completed beyond the month in which the inspection took place. There was good analysis of monitoring data, which included useful information taken from a detailed quarterly prisoner survey, and there was evidence that this was used to inform some violence reduction measures.
- I.17** Despite high levels of violence, only 29 prisoners had been formally monitored for bullying or antisocial behaviour, which was fewer than we see elsewhere. These prisoners were managed well, with a good contribution and oversight from the weekly complex cases meeting (see also paragraph I.24). The safer custody team issued a good daily briefing to staff, which provided details of prisoners subject to case management for their violent behaviour.
- I.18** Less serious violence and bullying were managed by wing staff. The safer custody team was not routinely involved in the investigation and management of these cases and there was insufficient oversight of outcomes. Cases we checked had been investigated appropriately but some outcomes were not fully documented. There was little formal support for victims of violence beyond cell movements.
- I.19** B wing was used to accommodate vulnerable prisoners but because of the large number of such prisoners, many were held for a period on C wing while waiting for a space there. Arrangements to protect these prisoners from others on the wing were adequate. In our survey, a similar number of prisoners on B wing to those located elsewhere in the prison said that they felt unsafe.
- I.20** Young adults did not share cells with older prisoners but there were no risk assessments specific to young adults, even for those located on the vulnerable prisoner wing, where there was a possibility of predatory behaviour.

Recommendations

- I.21** **Prompt, adequate support should be provided for victims of intimidation and violence.**
- I.22** **The location and vulnerability of young adults should be assessed.**

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- I.23** There had been 10 self-inflicted deaths since the previous inspection, three of which had taken place in the previous two months, and a further suspected self-inflicted death shortly after the current inspection. There had been 173 self-harm incidents, involving 83 prisoners, in the previous six months, which was far higher than we usually see at similar prisons. A

total of 388 assessment, care in custody and teamwork (ACCT) case management documents had been opened in the same period, which was also far higher than elsewhere.

- I.24** The suicide and self-harm prevention strategy was reasonable and was overseen by the safer custody committee. Committee meetings were generally well attended and included key staff and prisoners. A weekly multidisciplinary complex cases meeting with relevant safer custody and health services staff, including a psychiatrist, reviewed cases in detail and showed some good individualised support. Wing officers attended the meeting and were able to seek advice from the psychiatrist about specific prisoners. There was also a daily safer custody briefing (see also paragraph I.17), which gave staff details of all prisoners on an ACCT, the key dates which might trigger self-harm, case reviews due that day and the details of all prisoners being managed with complex needs.
- I.25** Most, but not all, prisoners on an ACCT felt well supported by staff. The quality of ACCT documentation was variable; most was satisfactory, with generally good staff observations. Many ACCTs involved mental health and substance misuse issues, and the input of specialist staff was generally good. Many reviews were multidisciplinary, and in some cases family members were invited to attend. Care maps were generally adequate, although triggers were not always well defined. ACCTs were often opened as a precautionary measure to facilitate a multidisciplinary review of risk. Some of these were closed too quickly after the first case review, before risk could be properly assessed.
- I.26** About 37 prisoners had been subject to constant watch during the previous six months, and these had been properly authorised and included in the complex cases meetings.
- I.27** Nineteen prisoners on an ACCT had been segregated in the previous six months, which was high. These cases had been properly authorised and governance was provided by the complex cases meeting. A special cell on the segregation unit was occasionally used for constant watch, and provided an inappropriate environment for managing prisoners in crisis.
- I.28** There was an action plan to address Prisons and Probation Ombudsman recommendations into deaths in custody. Our checks suggested that, with the exception of ACCT documentation being too variable, they had generally been implemented effectively.
- I.29** In our survey, 54% of prisoners said that they were able to speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) if they wanted to, fewer than at the time of the previous inspection (63%). There were seven Listeners, and they were well supported by the Samaritans. There was a Listeners suite for mainstream prisoners but no adequate facilities for those on the vulnerable prisoner wing.

Recommendations

- I.30** **There should be a careful, well-documented assessment of risk before closing an assessment, care in custody and teamwork (ACCT) document, particularly at the first case review.**
- I.31** **All prisoners in crisis, including those located on the vulnerable prisoner wing, should have access to an appropriate Listener suite.**

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

- I.32** There was a safeguarding policy for dealing with adults at risk, including those at risk from others and those in need of community care services. The governor was a member of the local safeguarding adults board and there were appropriate liaison arrangements in place.
- I.33** First night risk assessments and health care screening processes provided a good basis for identifying vulnerability. Wing staff had not been trained in adult safeguarding and were unclear on adult safeguarding practice. However, they were sensitive to prisoner vulnerabilities and we saw some evidence of practical support for more vulnerable prisoners in wing observation logs.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- I.34** Physical security measures were generally proportionate but the prison faced the almost daily challenge of items such as drugs being thrown over the wall. Action had been taken to address this, with support from the local police and community, additional closed-circuit television coverage and an increased staff presence in vulnerable areas. There was supervised free movement to activities. Security risk assessments, to determine the appropriate access for prisoners to work activities, were balanced.
- I.35** A total of 2,423 intelligence reports had been submitted in the previous six months, by staff from all departments. Intelligence was analysed well and quick assessments were made of the actions required. Intelligence-led searching had resulted in some significant finds of illicit items but was not carried out in all cases where a need had been identified. There was no routine strip-searching.
- I.36** Most key departments were represented at the monthly security meeting, and weekly intelligence meetings were held with key staff. The key security risks included drugs, mobile phones and violence. Objectives to tackle these had been set and followed up. The prison had an excellent relationship with the local police, who provided support with security matters, but lacked support from the local courts in dealing with crimes committed in the prison. Arrangements had been made to meet local magistrates to address this. Procedures to deal with staff misconduct or illegal activity were good.
- I.37** At the time of the inspection, there were two prisoners subject to closed visits and three banned visitors. Closed visits were sometimes imposed for matters not relating to visits. The security committee reviewed closed visits and banned visitors monthly. The committee considered all relevant information and lifted restrictions at the earliest opportunity.

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- I.38** The prison was aware of the challenges in reducing the supply of drugs such as new psychoactive substances (new drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) and cannabis. Hooch (illicitly brewed alcohol) was also a serious problem. In our survey, many more respondents than at comparator establishments said that it was easy to get alcohol in the prison (36% versus 18%).
- I.39** The drug strategy committee and security department worked well together. There was a good supply reduction strategy, with a regularly reviewed action plan.
- I.40** The random mandatory drug testing positive rate for the six months to the end of July 2016 had been 7.9%, against a key performance target of 11%. There had been high spikes in February and May (16% and 12%, respectively).
- I.41** Only two suspicion tests had been conducted in the same six-month period, with just one positive. The security department did not routinely issue suspicion test requests when there were no staff to complete them.

Recommendation

- I.42 All intelligence-led searches should be carried out when a need is indicated.**

Incentives and earned privileges⁴

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- I.43** The IEP policy was applied consistently across the prison and there was effective managerial oversight of the process.
- I.44** In our survey, only 31% of respondents said that the scheme encouraged them to change their behaviour, which was worse than the comparator (39%) and than at the time of the previous inspection (50%).
- I.45** There were 27 prisoners on the basic level at the time of the inspection. The regime for these prisoners was poor, with only around an hour out of their cells each day (see also section on time out of cell). There was little opportunity to demonstrate improvements in behaviour and, although they all had management plans with personal targets, the latter were often generic and were insufficiently focused on individuals' behaviour.

Recommendation

- I.46 Targets for all prisoners on the basic level of the incentives and earned privileges (IEP) scheme should be individualised and should promote improvements in behaviour.** (Repeated recommendation I.61)

⁴ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

Disciplinary procedures

- I.47** The number of adjudications was far higher than at comparator prisons, and reflected the levels of violence and related issues. They were well monitored at the monthly segregation monitoring and review group meetings, and the deputy governor carried out quality assurance checks on 10% of all adjudications.
- I.48** Adjudications were held on the segregation unit, and the independent adjudicator attended twice a month to hear some of the more serious charges. Not all records gave a good account of the incident leading to the charges being laid, but this was being addressed. Prisoners were given the opportunity to give their account of events, and punishments were proportionate and in accordance with the published tariff.

The use of force

- I.49** The number of incidents involving the use of force had increased sharply and was higher than at similar prisons, with 178 incidents in the previous six months. Monitoring and oversight of such incidents was poor, with only one meeting in the previous six months. The quality and completion of written records of incidents were poor, making it difficult for us to judge whether force had been justified in all cases, and always as a last resort. We found too many use of force forms in which only the name of the prisoner and the date was recorded, with no supporting documentation to report what had actually happened (see main recommendation S43). Not all planned incidents had been video-recorded; those that had been recorded showed mainly good incident management and excellent de-escalation with some very difficult prisoners.
- I.50** The prison had only authorised the use of special accommodation once during the previous six months and this had been poorly documented. We found 11 other occasions when prisoners had been placed in special accommodation, with the door locked, following restraint, with no supporting documentation to authorise these uses (see main recommendation S43). We were therefore not assured that the special accommodation was always used justifiably and as a last resort.

Segregation

- I.51** The small segregation unit was dark and grubby. Some cells were damaged and had been out of use, some for a considerable period, leaving only six out of nine cells available for use. Cells were poorly furnished, with no tables or chairs, and most had graffiti. There was one special accommodation cell (see also paragraph I.27). The two exercise yards were cage-like, with only a small bench in each.
- I.52** In the previous six months, 126 prisoners had been segregated, which was similar to the number at comparator prisons. There were four prisoners segregated at the time of the inspection. Reviews were timely but documentation was not always fully completed. There was evidence of good reintegration and care planning for some very difficult prisoners who had remained on the unit for long periods. There was good monitoring, with regular

segregation monitoring meetings. Most segregated prisoners remained on the unit for short periods and returned to normal location within the prison.

- I.53** The regime on the unit was adequate but was affected by staff redeployment, which had occurred on 34 days in the previous six weeks. This sometimes meant that segregated prisoners did not get time in the open air. Prisoners we spoke to on the unit said that they spent most of their time in their cells. Some in-cell education work was provided when requested and there was a small library on the unit. Segregated prisoners could apply to attend religious services, and attendance was determined by individual risk assessment. Meals were served at cell doors, which was disproportionate to the risks posed by some prisoners.
- I.54** Staff–prisoner relationships on the unit were reasonably good and staff knew the prisoners in their care well, although we saw limited interactions as prisoners were locked in their cells for most of the day. In our survey, only 28% of prisoners who had been segregated said that staff had treated them well or very well, which was far lower than at the time of the previous inspection (61%). The unit was noisy at times and staff did not always challenge prisoners who shouted at each other across the unit, sometimes using offensive language. Not all staff had received mental health awareness training, despite having to look after some very complex individuals.

Recommendations

- I.55** **The segregation unit should be refurbished; all cells should be available for use, fully furnished and kept free of graffiti.**
- I.56** **Staffing of the segregation unit should be consistent, to support a regime that includes access to off-unit activities and daily access to time in the open air.**
- I.57** **Segregation unit staff should be trained in mental health awareness.** (Repeated recommendation I.80)

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- I.58** The integrated substance misuse service was delivered by EDP Drug and Alcohol Services, referred to locally as the substance misuse service (SMS). The quality of the service delivered was very good, and far better than at the time of the previous inspection. It included high-quality harm reduction and recovery-focused group interventions and one-to-one sessions. A total of 221 prisoners (46% of the population) were on the psychosocial caseload.
- I.59** The team was made up of a good mix of experienced recovery workers. Prisoners were very positive about the relationships with SMS workers. However, prison staff shortages had caused the loss of 26 hours of SMS group and one-to-one support in the previous month.
- I.60** Work with prisoners with alcohol problems was particularly good. The team had a dedicated alcohol worker. Interventions included the Alcohol Action Programme, a 10-session group programme. A separate group programme addressed alcohol-related violence. An external facilitator ran Alcoholic Anonymous meetings twice a week. In our survey, far more prisoners with drug or alcohol problems than at comparator prisons said that they had received help for an alcohol problem (81% versus 54%).

- I.61** A recently introduced anxiety group was effective and provided prisoners with basic information on the causes and effects of anxiety. Prisoners shared their experiences of, and ways of coping with, anxiety. At the time of the inspection, the mental health team did not have enough staff to co-facilitate this group, but there were plans to rectify this.
- I.62** At the time of the inspection, 97 prisoners (20% of the population) were receiving opiate substitution. Of these, 12 were reducing and 85 were maintained. The criteria for maintenance appropriately took account of the prison's high turnover, the large number of remand prisoners, and those with mental and physical health problems.
- I.63** Methadone administration was often delayed owing to a lack of supervising officers. However, we observed good interactions between supervising officers and prisoners waiting for their medication. Nurses administering the medication also had good relationships with prisoners. Most prisoners we spoke to had positive views of their treatment and the staff involved in it.
- I.64** SMS staff checked the welfare of prisoners who were detoxifying and a cause for concern. Prisoners' blood pressure, withdrawal symptoms, mood and demeanour were checked. Health services staff checked these prisoners at night-time and weekends.

Good practice

- I.65** *The anxiety group helped prisoners to address one of the most common problems for those in treatment for all types of substance misuse.*
- I.66** *Welfare checks ensured regular, effective health- and well-being-focused contact between substance misuse service or health services staff and prisoners undergoing detoxification.*

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.2** External areas and internal communal areas were reasonably clean and well maintained. Many cells designed for one person were overcrowded. The standard of cells varied considerably; F and D wings provided the best accommodation but, although conditions on C wing had greatly improved, A wing had deteriorated and provided some very poor-quality accommodation. Far too many cells across the prison had poor or missing furniture, and the quality of window fittings was of particular concern, often consisting of a piece of Perspex propped up against the window frame. The offensive display policy was not routinely enforced. Graffiti was prevalent across the main wings but especially on A wing (see Appendix V). There were six cells out of action, after being damaged by prisoners, and some of these had been in this state for some time (see Appendix V). Showers on some of the wings were dirty, damp and strewn with litter and discarded prison clothing.
- 2.1** In our survey, prisoners reported more negatively than those at comparator establishments across a range of indicators about residential services, including access to clean clothes, bedding, showers and telephones. We found that access to these facilities was problematic, particularly on A wing, where prisoners expressed repeated frustration at the poor access to basic services. A lack of association impeded access to showers and telephones, and many prisoners found it difficult to find the time to use these during the relatively short domestic period offered to them each day (see also section on time out of cell and recommendation 3.4). The own clothes policy was restricted to those on remand and prisoners on the enhanced privilege regime. Laundry facilities were generally adequate but for those wearing prison clothes, arrangements for kit change were poor. The prison had bought large amounts of clothing but we found little available kit in the stores, resulting in many prisoners having too few clothes.
- 2.2** Applications to access stored property were responded to speedily, with staff delivering possessions to prisoners on the wings usually within 48 hours.
- 2.3** In our survey, far fewer respondents than at comparator establishments and than at the time of the previous inspection said that their cell call bell was normally answered within the expected five minutes. We witnessed staff continually circulating the main wings answering cell bells but the sheer volume of these meant that many went unanswered for too long.
- 2.4** Few prisoners had any faith in the applications system, and many prisoners told us that the process was a waste of time as they never received answers. There was no tracking system and little accountability. A revised process was due to be launched after the inspection.
- 2.5** Access to mail was reasonably good and prisoners received their post within 24 hours of its arrival at the prison.

Recommendations

- 2.6 All cell windows should be permanent, fit-for-purpose and protect prisoners from the elements.**
- 2.7 All prisoners should have access to sufficient clean clothes and bedding.** (Repeated recommendation 2.8)

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.8** In our survey, most prisoners (77%) said that they were treated respectfully by most staff, and this was reflected by our observations and conversations with prisoners. However, fewer prisoners than at the time of the previous inspection said that they had a member of staff they could turn to for help (66% versus 76%).
- 2.9** Officers on the wings were often busy and sometimes unable to support prisoners and answer their queries. These queries, while easy to deal with, were occasionally left unanswered, which caused frustrations. Most prisoners were also frustrated about the unpredictability of the regime but acknowledged that many staff were trying hard to get things done.
- 2.10** The quality and frequency of case-note entries had deteriorated. In many cases, there were long periods between entries. The regular monthly consultation and other forum meetings had lapsed, with only one meeting held during 2016.

Recommendations

- 2.11 Electronic case-note entries should be made at least weekly, and identify any significant events affecting prisoners.**
- 2.12 Prisoners should be consulted regularly about the routines and facilities of the prison.**

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

Strategic management

- 2.13** The strategic management of equality lacked focus and was underdeveloped. The equality manager was often redeployed to perform other duties across the prison. Equality action team meetings, chaired by the deputy governor, were held too infrequently to address the needs of the constantly changing population adequately. The most recent meeting had been held four months before the inspection. There was good analysis of the available monitoring data but these were five months out of date, which undermined their usefulness. No external equality groups attended equality meetings and they were not sufficiently multidisciplinary.
- 2.14** The up-to-date local equality policy did not set out procedures for addressing the needs of prisoners under the different protected characteristics. The only protected group with a dedicated local policy were foreign nationals. There were no officers with responsibility for leading on any of the protected characteristics. However, there was a current equality action plan, with clear actions for named managers.
- 2.15** The two prisoner equality representatives (one on the vulnerable prisoner unit and one within the general population) had job descriptions but no training. They were responsible for interviewing new arrivals about some of their protected characteristics, including their sexuality. This meant that prisoners could not provide this information confidentially and it was therefore unlikely to be accurate. For instance, in our survey, 4% of men told us that they were gay or bisexual, which would equate to approximately 20 prisoners, but the prison had only identified four men under this protected characteristic.
- 2.16** In our survey, more prisoners than at comparator prisons said that they had been victimised, by either staff or prisoners, because of a disability, their sexual orientation or because they were from the Gypsy/Traveller community. However, the level of reporting of discrimination incidents was lower than at comparator prisons and than at the time of the previous inspection. There had been 14 investigations in the previous six months. There were not enough discrimination incident report forms on the wings and they were not prominently displayed. Investigations had been completed by the equality manager, and had been prompt and of good quality. Responses were timely and considered. Equality impact assessments were relevant and of a high standard.

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Recommendations

- 2.17** The equality strategy should provide a detailed outline of how the needs of prisoners under each protected characteristic will be met, and outcomes for them should be monitored by the equality action team. Equality action team meetings should be held often enough to address the needs of the constantly changing population.
- 2.18** The establishment should be provided with timely and relevant equality monitoring data.
- 2.19** Prisoners should be able to declare protected characteristics confidentially on arrival.

Protected characteristics

- 2.20** There were 27 black and minority ethnic prisoners at the establishment and none of those we spoke to reported any direct discrimination. They lacked dedicated representation as the black and minority ethnic forum had been amalgamated into a general equality forum. This new forum was helpful and well structured but was not an adequate substitution for consultation with specific protected groups.
- 2.21** There was a good local policy for the 29 foreign national prisoners held at the establishment. Two spoke no English at all and had appropriate personal emergency evacuation plans. The professional telephone interpreting service was used regularly by staff. However, apart from during induction, essential information was not translated into other languages. Instead, staff used the Google translate service on an ad hoc basis.
- 2.22** New foreign national prisoners received PIN telephone credit for a free call abroad to family and friends but then had to make a new request for this credit every month, which was an unnecessary obstacle. This was set at £5 rather than lasting for a fixed duration, which disadvantaged prisoners from countries that were more costly to call.
- 2.23** There were four prisoners detained solely under immigration powers. One had been held beyond his sentence since November 2015, which was far too long. Their regime had changed little to reflect their status as immigration detainees, and they were treated as unconvicted prisoners.
- 2.24** The social care unit offered a dedicated environment for a small number of prisoners with the most chronic needs. However, in our survey prisoners with disabilities across the whole prison responded more negatively than other prisoners, particularly in regard to feelings of safety. In spite of similar findings at the time of the previous inspection, the prison had still not investigated the causes of these negative perceptions. Not enough adjustments had been made to meet the needs of these prisoners in the main prison, and some men were struggling to cope. A stairlift on the vulnerable prisoner unit, intended to allow prisoners with disabilities to collect medication, had been out of action for extended periods and lacked a seatbelt. If a prisoner needed a cell with special adjustments, they had to wait for a cell on the social care unit.
- 2.25** There was a well-established buddy scheme, overseen by RECOOP (Resettlement and Care for Older ex-Offenders and Prisoners), a charity which trained prisoners to provide practical peer support for men with disabilities. Prisoners using wheelchairs had access to the education department and weights room but could not reach the main sports hall.

- 2.26** There was a dedicated forum for the over-50s but, other than a dedicated gym session, there was little provision for these prisoners and there were no links to community organisations.
- 2.27** There was no targeted support, forums or established community links for gay prisoners, young adults or men from the Gypsy or Traveller communities, even though we had highlighted the lack of provision for these protected groups at the time of the previous inspection.
- 2.28** The prison had recently developed a compact to manage the care of transgender prisoners, based on their local experience, and had made arrangements for make-up and other items to be purchased using the prison shop list from the nearest women's prison.

Recommendations

- 2.29** The needs of each protected group should be identified through regular consultation and met with the support of external community organisations where possible.
- 2.30** Free telephone calls for foreign national prisoners should last for a set duration and be provided without the need to make a new request each month.
- 2.31** The prison should investigate why more prisoners with disabilities than other prisoners felt unsafe, and take action accordingly.
- 2.32** Prisoners with disabilities located in the main prison should have sufficient reasonable adjustments to allow them to cope.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and resettlement.

- 2.33** The chaplaincy offered a good, flexible service to members of all identified faiths. We observed a chaplain speaking to all new prisoners on the morning after their arrival. The chaplaincy called upon a range of volunteers from the local community when a new prisoner wanted to speak to a minister of their faith. Prisoners' religion was monitored regularly and provision amended accordingly. Vulnerable prisoners had equitable access to chaplaincy services and classes.
- 2.34** Provision for the 21 Muslim prisoners was limited. The Muslim chaplain visited only once a week, and led Friday prayers on alternate weeks. An appropriately vetted prisoner led on the other weeks.
- 2.35** The chaplaincy provided a number of services. A qualified counsellor attended every week to offer prisoners support for bereavement. They also ran an active official prison visitor scheme, which provided good support and was offered to all new arrivals. A chaplain visited the social care unit most days and also held some weekend services there for those unable to reach the chapel.

- 2.36** The team worked alongside the catering department to observe religious festivals such as Ramadan. Smaller celebrations and meals – for example, for the few Sikh prisoners – were also offered in the multi-faith room.
- 2.37** Restrictions on the daily regime (see section on time out of cell) had had an impact on some chaplaincy services. Opportunities for prisoners on the segregation unit to be unlocked to talk to a chaplain were limited, and the Sycamore Tree victim awareness course had been suspended for some months.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 2.38** A total of 446 complaints had been submitted in the previous six months, which was lower than at comparator prisons and than at the time of the previous inspection.
- 2.39** There were complaints boxes on each wing, and plenty of complaint forms. The complaints clerk emptied the boxes each weekday and passed confidential complaints to the deputy governor. Most complaints were about property and issues on the residential units. Replies to complaints were polite and addressed the issues raised. Some responses were late but the clerk notified prisoners of any delays and the likely response time.
- 2.40** However, in our survey, fewer prisoners who had made a complaint than at the time of the previous inspection said that complaints were dealt with quickly, and more said that they had sometimes been prevented from making a complaint. The analysis of complaints was limited and unsophisticated. Staff were unable to tell us the proportion of complaints that had been responded to in a timely manner, and did not routinely monitor whether any protected groups from the current population were disproportionately represented.

Recommendation

- 2.41** **Complaints should be routinely monitored for timeliness and the representation of prisoners from protected groups, and any significant findings investigated.**

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.42** The arrangements for legal visits were good. They took place every weekday, and the six consultation rooms were soundproofed and in good condition. With the governor's approval, solicitors could bring laptop computers into the prison. A wide range of legal textbooks and Prison Service Instructions were held in the library.

- 2.43** There was minimal support for prisoners applying for bail. A member of the Home Group⁶ visited the prison regularly to help prisoners to source bail accommodation. In theory, prisoners could borrow 'access to justice' laptop computers, but in practice the scheme was not promoted and prisoners did not use them.

Recommendation

- 2.44** Prisoners should know how to apply to borrow an 'access to justice' laptop.

Health services

Expected outcomes:

Prisoners are cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive elsewhere in the community.

- 2.45** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁷ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement, with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.

Governance arrangements

- 2.46** NHS England commissioned Dorset HealthCare University NHS Foundation Trust (DHUFT) to provide health services, and a comprehensive health needs assessment had been prepared, with extensive recommendations for service development. There were well-attended partnership and operational meetings. Strategic working relationships between the prison and health care department were positive. However, we were not assured that local monitoring systems identified the need for service improvements.
- 2.47** The service had insufficient clinical leadership. However, a new manager had started six weeks before the inspection, and there was some evidence of an initial impact. Staffing was precarious at times, with insufficient health care professionals (HCPs) to provide the expected standards of care. The range of clinical activities was reduced because of vacancies and staff sickness. Staffing problems were chronic and affected morale. A registered nurse was on duty 24 hours a day, with other HCPs attending throughout the day. HCPs had good access to training and were up to date with mandatory requirements, but there was no clinical supervision or appraisals. Furthermore, managers did not review whether staff had up-to-date Disclosure and Barring Service (DBS) checks.
- 2.48** There were few serious incidents but many deaths in custody. There was evidence of learning from clinical reviews.
- 2.49** In our survey, the number of prisoners who said that the overall quality of health services was good or very good was lower than at the time of the previous inspection (32% versus

⁶ The Home Group were a third sector organisation providing housing and supported housing services.

⁷ 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>.

44%). There was no dedicated health forum, and prisoner surveys had not been carried out since 2015. The service had no way to consult prisoners about its provision.

- 2.50** There had been only seven complaints to DHUFT since February 2016. However, dozens of health care complaints had been submitted via the general prison complaints system, which compromised medical confidentiality (see main recommendation S44). The responses we sampled were respectful and addressed the issues raised, but some complaints had been outstanding for several months.
- 2.51** SystemOne (the electronic patient record) was used but clinical record keeping and care planning had not been audited, so the quality of some records was poor.
- 2.52** Health facilities were in several places and were therefore difficult to manage. The health centre and other medical rooms were wing based, with health care administration sited away from the health centre. Other facilities, including the dental surgery, optician facilities and consulting rooms, were co-located with the social care unit. Some of the facilities were good but several were very poor. Infection control measures were not audited regularly.
- 2.53** There was good preparation for medical emergencies. Emergency equipment – including automated external defibrillators (AEDs) – was placed strategically across the prison and HCPs were trained to use it. This kit was subject to regular, documented checking. Sufficient prison officers had also been trained to use an AED.
- 2.54** Prisoners aged 50 years and older had a dedicated clinic, although there was no coordinated approach to the needs of older prisoners.
- 2.55** Health screening and immunisation activity was age appropriate, including blood-borne virus testing. Health promotion literature was available in the health centre but absent elsewhere. Condoms were available from HCPs, along with harm minimisation advice. The prison did not have an integrated approach to health and well-being.
- 2.56** Prisoners were not allowed to smoke anywhere in the prison, which had been smoke free for the previous few months. This was a major achievement, given the throughput of prisoners and their short lengths of stay. Challenges in the pilot phase had been generally well managed, with good coordination with NHS smoking cessation clinics. E-cigarettes were available via the prison shop. However, some prisoners were scraping the film from nicotine patches and mixing them with tea leaves to smoke. Some prisoners who had stopped smoking started again on release.

Recommendation

- 2.57 The health service should have a regular programme of health promotion activities, coordinated with a whole-prison approach to health and well-being.**

Delivery of care (physical health)

- 2.58** Approximately 340 prisoners a month received a reception health screen by a registered nurse. They also had access to a GP and substance misuse worker if required. Relevant information, such as the person escort record, was reviewed and consent was requested for access to community records. We were concerned to see that 137 prisoners had waited up to 10 weeks for a secondary health assessment. This meant that the service was likely to be unaware of the health needs of several prisoners, which was unacceptable.

- 2.59** An information leaflet on health services had been published, although there were none in reception when we visited, and none were available in other languages. Health services staff had no input into the induction programme, which was a missed opportunity to convey essential health and well-being information.
- 2.60** There was a dedicated health care applications system, although there were several application forms for different health purposes, which was confusing. The health application postal boxes were insecure, so confidentiality was not assured. Many health care complaints were handled through the prison's general complaints system (see also paragraph 2.50 and main recommendation S44).
- 2.61** There was an inadequate range of primary care services in that staffing challenges limited what was available each day. Prisoners had access to 'on-the-day' urgent GP appointments, and out-of-hours GP cover was provided to the same level as in the community. Between April and July 2016, despite action to address the issue, an average of 7.5% of prisoners had not attended their GP appointments. Non-attendance rates were also too high for other clinics; for example, 39% of prisoners had failed to attend their optician's appointment.
- 2.62** Nurses provided a wing-based service, with many activities taking place there, but triage was ad hoc and inconsistent. Nurse-led clinics were underdeveloped and life-long conditions were left to the GPs to manage. Not all patients had care plans. There were some visiting specialists – for example, in sexual health and hepatitis C – but telemedicine was unavailable. In spite of prison staffing problems, external hospital appointments were rarely cancelled.

Recommendations

- 2.63 Prisoners should wait no longer than 72 hours for a secondary health assessment.**
- 2.64 There should be sustained management effort to drive down the non-attendance rate.**
- 2.65 There should be systematic care planning for, and monitoring of, prisoners with life-long conditions.**

Pharmacy

- 2.66** Medicines were supplied from the pharmacy at HMP Channings Wood, mostly in named patient packs. There were medicines use reviews and pharmacy-led clinics, though there was an absence of systems to assure that they occurred. Prisoners could ask to see a pharmacist, although this service was not advertised.
- 2.67** Pharmacy stock and medicines management procedures were generally very good, although we found some unlabelled stock, and unlabelled medicines in pots in trolleys, and some medicines were transported insecurely. Methadone was administered, inappropriately, from an uncovered plastic jug.
- 2.68** Some rooms – for example, the reception treatment room – had ambient temperatures above 25 degrees Centigrade, which was too high for the storage of medicines. In addition, some refrigerators had temperatures outside of the recommended range; for example, on F wing the refrigerator temperature reached 1 degree Centigrade but no remedial action had been taken. Up-to-date reference sources, including a prison formulary (a list of medications used to inform prescribing), were available, although some old materials had been inappropriately retained.

- 2.69** In our survey, only 46% of prisoners who were taking medication (against the 58% comparator) said that they were allowed to keep possession of their medication. All patients had an initial risk assessment, which demonstrated careful attention to safety, but thereafter not all risk assessments were repeated as required because of staff shortages. Medicine storage facilities in prisoners' cells were not checked.
- 2.70** Prescribing was evidence based and appropriate, although a technical problem in SystemOne meant that the wrong prescriber's name was being printed on prescriptions. Patient group directions and protocols enabled nurses to supply and administer the more common medicines, including nicotine patches. Medicine queues were generally well regulated, except on C wing, where the queue was congested, with insufficient officers to supervise it. In addition, prisoners with disabilities on B wing were unable to attend the treatment room as the stairlift was broken (see also paragraph 2.24). At lunchtimes, prisoners had to queue for their medicines while carrying their lunches, which they had just collected. We observed prisoners waiting while holding bowls of hot soup, which was an unnecessary scald hazard.
- 2.71** The medicines management committee met quarterly and was well attended by relevant stakeholders; it reviewed prescribing data and ratified policies. Appropriate up-to-date medicines protocols were available and generally followed, although not all had been signed as read by staff members. Divertible medicines were regularly scrutinised and prescribing was proportionate.

Recommendations

- 2.72** **Storage arrangements for medicines should conform to the manufacturers' recommendations, and medicines should be labelled appropriately at all times.**
- 2.73** **Medicine in-possession risk assessments should be repeated as circumstances change, and in-cell storage for in-possession medications should be subject to checks.**

Dentistry

- 2.74** Access Dental provided dental services. The pattern of clinics meant that fewer prisoners were seen on alternate weeks, so access to the dentist was restricted in those weeks. A GP was available to prescribe analgesia for toothache but this was done without the GP seeing the prisoner, which was unsatisfactory.
- 2.75** The dental surgery was sited on F wing, which created logistical problems in getting prisoners to appointments. Decontamination facilities complied with best practice, although there was an absence of a completed cleaning schedule, Legionella risk assessment, compressor certificate and radiation protection file, which indicated an unacceptable level of risk within the clinical environment.
- 2.76** The waiting time for a first appointment was about eight weeks, which was too long as many prisoners stayed for less than eight weeks at the prison. We saw 15 applications for appointments in the dental suite and there were a further 66 new prisoners already waiting. SystemOne entries on the dental waiting list were incomplete and 'no explanation given' was the main reason for non-attendance. Between April and July 2016, 25% of prisoners did not attend their appointments, which was too high (see recommendation 2.64). We did not have confidence that dental clinic lists were well managed.

Recommendations

- 2.77** Cleaning schedules and safety certifications of dental equipment should be up to date and monitored.
- 2.78** Prisoners' access to dentistry should be consistent, and clinic lists should be well managed.

Delivery of care (mental health)

- 2.79** The health needs assessment indicated high levels of emotional and mental health problems and serious psychiatric illnesses among the prisoners.
- 2.80** The mental health team was moving towards an integrated model of stepped health care, with an open referral system. The team was well led, and included mental health, learning disability and general psychiatry practitioners, with access to other disciplines if required. Together, they provided a comprehensive approach to complex, serious and enduring illnesses and responded to mild-to-moderate needs.
- 2.81** The caseload was high, with 80–90 prisoners in care at any one time plus 30–40 subject to the care programme approach. Despite this, the HCPs consistently met their referral time-to-assessment target of 48 hours for around 85 prisoners per month. HCPs supported key prison meetings, including the weekly complex case meeting (see also paragraph 1.17), which enabled prison officers to take advice directly from a consultant psychiatrist.
- 2.82** Therapeutic approaches included guided self-help and one-to-one supportive, brief interventions. There were short cognitive therapies and trauma-informed interventions by the visiting Pathfinder (offender personality disorder) team. The HCPs were beginning to support substance misuse workers, who provided group therapies for anxiety (see paragraph 1.61). The range of group therapies was too limited, which meant that too few prisoners were treated at any one time. Loss and bereavement counselling was available via the chaplaincy (see paragraph 2.35) and approximately 35% of prison officers had been trained in mental health awareness in the previous three years, within a rolling programme.
- 2.83** During the six months to the end of July 2016, 10 prisoners had been transferred to secure mental health units, with an average waiting time of 22 days, which was above the transfer guideline of 14 days, although most prisoners moved within a week.

Good practice

- 2.84** *The presence of a psychiatrist at the complex case meeting allowed prison officers to take psychological advice directly from a consultant psychiatrist.*

Social care

- 2.85** Ark Home Healthcare Ltd (subcontracted by Devon County Council (DCC)) provided social care in a dedicated area of F wing. Ark staff, prison officers and HCPs contributed to prisoners' care. Assessments and care plans were poorly completed by DCC social workers as they were not dated, signed or reviewed consistently. Care was poorly coordinated.

- 2.86** There were not enough Ark staff to meet the needs of the prisoners on the wing. One carer was expected to look after five to nine prisoners. The Ark carers were expected to provide all personal care, apart from applying dressings and administering medication. Prisoners who required assistance with eating, dressing, changing, showering and turning were not tended to promptly and had to wait for prison staff to help them. HCPs were not always available to administer medication at the allotted times.
- 2.87** A palliative care suite care was located on the social care unit but was opposite the prison's constant watch cell, which was inappropriate. Palliative care was the responsibility of DHUFT, with HCPs, Ark staff and prison officers contributing to care provision. Hospice Care provided advice via a visiting senior nurse, who attended as required. The palliative care service was inconsistent; prisoners did not always receive care and medication in a timely way owing to the lack of staff. National guidelines were not adhered to.

Recommendation

- 2.88** **The assessment and care of prisoners on the social care unit should be delivered in a timely fashion, by sufficient staff with the right competencies.**

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 2.89** A four-week menu cycle, published on all the wings, catered for all the different dietary needs. One hot meal was provided every day and the cold lunch was accompanied by soup. There were up to five choices at each meal, and fresh fruit and vegetables were provided daily. Although, in our survey, only 20% of prisoners said that the food was good, the food we tasted was of good quality and portion sizes were reasonable.
- 2.90** Breakfast packs were issued on the night before consumption. Lunch was served at around noon and dinner just before 5pm, but this meal was served too early on Sundays. Much of the food was cooked in-house.
- 2.91** The serveries were clean and the prisoners serving food were appropriately dressed and trained. While the serveries were better supervised than at the time of the previous inspection, there were still occasions when staff were not present, providing opportunities for bullying. The kitchen was clean and well equipped, with good attention paid to arrangements for halal food. Prisoners could not dine communally.
- 2.92** Prisoners were consulted about the food through a twice-yearly survey, food forums and the equality meetings; menu changes were implemented as a result. Additionally, the menu choice sheets filled in by prisoners had a comments form on the back, which was a simple but effective way for them to communicate with catering staff. All comments submitted in this way were answered politely, and catering staff often visited the serveries at mealtimes.

Recommendation

- 2.93** **Dinner should always be served after 5pm.** (Repeated recommendation 2.102)

Purchases

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

- 2.94** In our survey, fewer prisoners than at the time of the previous inspection said that the prison shop sold a wide enough range of goods to meet their needs (45% versus 57%). There had been little consultation with prisoners on the shop list in 2016 by which to inform changes to the goods on offer.⁸
- 2.95** Some new arrivals had to wait two weeks to receive their first full shop order and there was a risk that this would lead to borrowing and debt. This risk was mitigated by the availability of reception packs (a grocery pack which usually contains basic food and drink items such as tea, milk, sugar and sweets), which could be bought on credit. Those with funds could purchase a second reception pack while they were waiting for their first full shop order.
- 2.96** Prisoners could order newspapers and magazines, and the range of catalogues available was adequate. However, prisoners were charged for making orders from the catalogues.

Recommendations

- 2.97 Prisoners should not have to wait two weeks to receive their first shop order.**
(Repeated recommendation 2.109)
- 2.98 There should be no administration charge for catalogue orders.**

⁸ One meeting in B wing and one for other wings attended by three prisoners.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁹

- 3.1 The general regime was often curtailed and the amount of time out of cell for many prisoners was poor. Some prisoners had as little as one hour a day out of their cell, which included a domestic period, outdoor exercise and meal collection. There was little structure to the day for many, and in our roll checks we found an average of over 45% of prisoners locked in their cells during the working day, which was far too many, and more than at the time of the previous inspection.
- 3.2 Weekday association periods had ceased, which restricted prisoners' ability to contact families and friends, and exercise periods were too short, at only 30 minutes. Wing cleaners and other prisoners in full-time work could have around eight and a half hours out of their cells. Prisoners on the vulnerable prisoner wing (B wing) fared better and were mainly unlocked throughout the day.
- 3.3 Those on D wing (the enhanced unit), which held 61 prisoners during the inspection, had the best experience. They were not locked in cells at all, with only the landing gates being locked overnight. Most had full-time jobs and all had sufficient time to contact families and friends, and generally manage their daily needs.

Recommendations

- 3.4 **All prisoners should be unlocked for a sufficient amount of time to be able to access regime services, contact families and friends, fully undertake domestic activities and have a daily period of association.**
- 3.5 **All prisoners should have access to at least one hour in the open air daily.**

⁹ 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.

Learning and skills and work activities

Expected outcomes:

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

3.6 Ofsted¹⁰ made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work: Good

Achievements of prisoners engaged in learning and skills and work: Good

Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment: Good

Personal development and behaviour: Good

Leadership and management of learning and skills and work: Good

Management of learning and skills and work

3.7 The management of learning, skills and work was good. The education and vocational training provision, provided by Weston College, was good. Purposeful strategic planning ensured that the activities delivered provided an appropriate range of qualifications and skills to meet the work available and the short duration of stay of most prisoners. Prison managers worked well with partners to ensure that the provision could be delivered in the regional prisons to which most prisoners would transfer, so that they could complete their courses there. However, not all work was supported by an appropriate short-duration qualification.

3.8 The quality improvement group (QIG) was effective, and involved all purposeful activity partners in sharing information and monitoring the quality of all activities. The quality assurance processes were robust and inclusive of all activities. Observations of teaching and learning were thorough and reached all areas of purposeful activity, providing staff with useful, challenging targets for improvement.

3.9 Prison managers had much improved the use of performance data to manage training budgets, identify potential problems with prisoners and staff, and to drive improvements. Short, well-documented meetings run by prison staff ensured that staff delivering training were well informed and understood timetabling and location changes, and that cover was in place for known absences.

3.10 Regime and staffing restrictions severely affected attendance in industry, workshops and education. Sessions often cancelled or started late owing to prisoners not being moved on time, and there was a lack of enforcement of sentenced prisoners attending workplaces,

¹⁰ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

leaving many places unfilled and far too many prisoners locked in cells on the wings (see paragraph 3.1). This affected prisoners' ability to attend purposeful activity, although education and industries staff worked hard to ensure that prisoners always had work to do in-cell, so that they could complete qualifications.

- 3.11** An evaluative and comprehensive, but over-long, self-assessment report demonstrated that managers understood their strengths and areas for improvement. The quality improvement plan was routinely reviewed and provided a good synopsis of the improvement activities and actions taken. The QIG and prison managers monitored progress towards the plan's objectives well.

Recommendations

- 3.12** **Accreditations suitable for shorter vocational workshop courses should be introduced.**
- 3.13** **Attendance at workplaces should be maximised and the requirement for sentenced prisoners to attend enforced.**

Provision of activities

- 3.14** There were sufficient activity places for the population. The range of work was satisfactory, with most work contributing to the operation of the prison, including work in the kitchens, clothing exchange store, and various mentoring and orderly roles. The work available was suitable for most of those on short sentences. Industries contracts were longstanding, providing valuable purposeful activity, with a sensible quantity requiring minimal skills or training for workers to be productive.
- 3.15** The education and training provision was frequently reviewed, with courses selected to meet the needs of the short-stay population. Courses included English, mathematics, functional skills, art, peer mentor training and employability. Vocational training was available in catering, painting and decorating, and customer service.
- 3.16** Allocation to work and activities was prompt following induction and security clearance. However, skills action plans, established at induction, were not used as part of the allocations process.

Quality of provision

- 3.17** Teaching, learning and assessment were good in the classroom and training areas, and prisoners were keen to attend. Most sessions were well planned and motivated prisoners to make good progress. Tutors ensured that sessions stretched and challenged prisoners, with active discussions, group work, peer assessments, individual tasks and useful extension activities. Prisoners often took work back to their cells to complete. Trained and accredited peer mentors were well briefed and used by tutors to provide focused guidance for less capable prisoners.
- 3.18** The integration and support for English and mathematics functional skills were outstanding in many sessions. Language and functional mathematics were integral to almost all sessions. For example, in art, prisoners learning to draw faces elucidated on ratios, percentages and fractions during their discussions and explanations. In horticulture, prisoners were designing a garden using a brief from a client. They calculated areas of decking and the volume of

ponds, and then produced a written quote for the client. In functional skills English, prisoners used good technical language such as adjectives, similes and superlatives in the correct context.

- 3.19** Individual learning plans were not used systematically to recognise and record the skills that prisoners gained. Targets were insufficiently specific and were often just focused on the subject, rather than the individual. Individual learning plans were rarely integrated into prisoners' personal development files, to help them to recognise their progression through different courses.
- 3.20** Prisoners' work in education and vocational training was corrected methodically by tutors, with good attention paid to improving errors in mathematics and English. Where appropriate, work was reviewed and returned promptly but reviewers' comments often lacked the detail and challenge of what was required to improve further.
- 3.21** Accommodation and learning resources for vocational training and in the classroom were good. Recent prisoners' work was displayed in the education department, to inspire other prisoners.

Recommendation

- 3.22** **Targets should be individualised and the skills that prisoners develop should be recognised and recorded.**

Personal development and behaviour

- 3.23** Prisoners quickly developed in confidence and self-esteem as they settled into their activities. Most were happy to work independently and ask questions. In the personal development course, they discussed online safety and how to keep children safe online. In industry workshops, prisoners followed safe working practices and wore appropriate personal protective footwear and clothing. They showed good understanding of safety in operating machinery, and prisoners taking on more senior positions conducted regular risk assessments.
- 3.24** For those who attended, behaviour in classrooms and workshops was very good. Prisoners developed a good work ethic and took pride in the work they produced. Instances of poor behaviour or inappropriate language were dealt with quickly by staff and other prisoners.
- 3.25** Many prisoners used the personal development files well as a portfolio for their achievements, to provide a record of their progression, and some had used this to support their applications for category changes or to influence their release.

Education and vocational achievements

- 3.26** Prisoners made good progress in education and vocational training courses, and the standard of work was good. The achievement of accredited education and vocational qualifications was good. Although the achievements of prisoners in vocational qualifications and English functional skills at level 2 were less good, this had been identified and actions put in place to improve the provision.

- 3.27** Prisoners demonstrated appropriate skill development in many vocational areas – especially painting and decorating, where they demonstrated good levels of manual dexterity and attention to detail, clearly taking pride in their work.

Library

- 3.28** Libraries Unlimited South West provided the library services. A full-time librarian, a part-time assistant and two prison orderlies staffed the library. Prisoners had access to a wide range of audio-books, large-print books, foreign language materials and resources to support learning and vocational training.
- 3.29** Library staff were effective in promoting literacy, with a wide range of initiatives, including local publisher visits, Storybook Dads (in which prisoners record stories for their children), Turning Pages (a mentoring scheme to help prisoners learn to read) and crosswords/Sudoku for prisoners to take back to their cells. The librarian encouraged prisoners to join in with sessions, and the ‘buddies’ sensitively mentored prisoners to improve their reading skills. Additional facilities were available for prisoners on the induction wing, the segregation wing, the vulnerable prisoner wing and in the social care unit.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.30** Two full- and two part-time physical training instructors managed the sports facilities, which consisted of a small classroom, cardiovascular suite, sports hall and outdoor all-weather pitch. Few prisoners attended the voluntary induction, which included guidance on using the equipment, and some minimal information on health and well-being. These prisoners completed an appropriate pre-activity readiness questionnaire. A small team of gym orderlies assisted staff with administration and setting up sessions. However, the area used for administration had had no lighting for several months, as the electricity had been switched off to repair a leaking roof.
- 3.31** Regime limitations had adversely affected prisoners’ access to the sports facilities as staff were regularly redeployed to operational duties, especially at weekends (see Appendix V). An appropriate range of indoor and outdoor activities encouraged participation for the over-50s, and those on drug rehabilitation programmes or recovering from injury. Significant limitations were placed on the use of the main sports hall as unresolved work to repair the uneven flooring rendered it unsafe for many team sports. Sports clothing for prisoners was in short supply and there were no washing and drying facilities available in the gym. Around 20% of the population regularly used the gym facilities. No accredited PE training was available but some gym orderlies had completed qualifications with an external provider.
- 3.32** The cardiovascular area and weight-training facilities were used intensively. The equipment was well maintained and in good order. The classroom was well resourced, and was appropriately located next to the training areas. The small all-weather pitch was used when staffing allowed, for team games and circuit training. Exercise yards attached to the wings were well equipped with body-weight resistance training equipment but prisoners used them infrequently. Changing facilities were adequate but the showers were in a poor state of repair. Half of the showers were switched off owing to water damage, and the walls and floor around the remaining ones were in a poor condition.

Recommendations

- 3.33 The induction to the gym should be mandatory for all new prisoners.**
- 3.34 The gym floor, lighting in the administration area and the showers should be in good working order and fit for purpose.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

Good planning ensures a seamless transition into the community.

- 4.1 The reducing reoffending strategy was up to date and provided an overview of each of the resettlement pathways and the role of the offender management unit (OMU). However, the strategy was limited by the lack of a comprehensive needs analysis. A survey of prisoners' views about their resettlement needs was undertaken annually. However, other data – for example, from offender assessment system (OASys) assessments and P-Nomis (electronic case notes) – had not been used to provide robust evidence of need. The prison held a diverse population – for example, remand and indeterminate-sentenced prisoners; young and older prisoners. The different needs of this diverse population had not been analysed and the strategy did not explain how their needs would be met (see main recommendation S45).
- 4.2 A regular and well-attended reducing reoffending committee had been reintroduced since the previous inspection. The committee oversaw delivery of offender management and resettlement work but the action plan was limited, with few priorities set, and it was difficult to see what progress had been made (see main recommendation S45).
- 4.3 The delivery of resettlement and offender management was seriously undermined by staff changes, particularly in the community rehabilitation company (CRC). These problems were compounded by long-term shortages and persistent cross-deployment of offender supervisors (see sections on offender management and planning, and reintegration planning).
- 4.4 Devon, Dorset and Cornwall CRC was contracted to provide 'through-the-gate' resettlement services, with delivery in the prison undertaken by Catch 22. Provision had developed adequately but the staff shortages had resulted in less contact time between CRC staff and prisoners (see section on reintegration planning and main recommendation S45).
- 4.5 The sharing of information between the CRC and the OMU was poor. In one case, a prisoner's increased risks to others had not been communicated clearly to the CRC. In other cases the OMU had not been kept up to date with progress made with resettlement help (see main recommendation S45).

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved in drawing up and reviewing plans.

- 4.6 The OMU had a serious staff shortage, as almost half of the uniformed offender supervisors were not actively managing cases. In addition, there were high levels of cross-deployment of uniformed offender supervisors, and about half of their offender supervisor hours were lost each month. These problems made it impossible to deliver effective offender management. In

our survey, only 25% of prisoners said that they had an offender supervisor, far fewer than at the time of the previous inspection (58%).

- 4.7** Offender supervisors had little contact with prisoners, including some high risk of harm cases, which led to poor prisoner engagement and a lack of focus on progression. In our survey, fewer respondents than at other local prisons said that they had a sentence plan, and many we spoke to could not remember being involved in their OASys assessments. The morale in the OMU was low and staff were frustrated at only being able to provide a reactive and limited service.
- 4.8** The overall quality of OASys assessments was inadequate. Sentence plans contained relevant objectives but were rarely current or meaningful. Some plans had been written for the community, and others reflected the availability of programmes available in prisoners' previous prisons. The quality of risk of harm assessments varied. Some were comprehensive and relevant, while others had missed public protection issues. Some assessments underestimated the risk of harm, with little account taken of new violent or dangerous behaviour in custody. This affected the quality of planning, and more work was needed to ensure that plans to manage risk of harm were up to date and useful.
- 4.9** The profile of offender management across the prison had deteriorated and information exchange from many departments was limited. However, in one case we examined, the complex case management meeting had provided good support and the offender supervisor had demonstrated a commitment to achieving the best outcomes – for example, through ongoing liaison with the health services team.
- 4.10** About half of all home detention curfew (HDC) applications were approved. The processes were managed appropriately by the case administrator but lacked the involvement of offender supervisors. Despite efforts to complete the assessment processes, too many prisoners were released after their earliest eligibility date. Many prisoners arrived at the establishment with little time left to serve, making it difficult to complete the assessments on time, although others were unnecessarily delayed because of late reports from the community-based officer. The timeliness of HDC assessments was not monitored.

Recommendation

- 4.11** **The timeliness of release on home detention curfew should be monitored and appropriate action taken to release prisoners on time.** (Repeated recommendation 4.19).

Public protection

- 4.12** High risk of harm cases and those with public protection issues were allocated to probation offender supervisors. The initial screening of new prisoners for public protection issues was robust and the application of contact restrictions was well managed. Prisoners were informed about their contact restrictions and could apply for contact with their children. Applications were managed well and all necessary checks were undertaken.
- 4.13** Mail and telephone monitoring was approved appropriately, and these restrictions were removed as soon as there was evidence that it was safe to do so. We saw some good examples of information from mail and telephone monitoring being used to review the risk of harm and implement risk management steps.

- 4.14** Contributions to multi-agency public protection arrangements (MAPPA) meetings were appropriate. In one case, the OMU had communicated new evidence of significantly harmful behaviour to the offender manager, and the prisoner had subsequently been managed under MAPPA, which promoted good risk management planning for release. However, few cases due for release in the next few months had a MAPPA management level confirmed, which limited the prison's involvement in risk management planning and information exchange.
- 4.15** The interdepartmental risk management team meeting was a good forum for sharing information about high risk of harm cases within the prison, and was well attended. However, it was hard to see the actions taken as a result of the meeting, or the outcomes of these, in the minutes recorded.

Recommendation

- 4.16 Multi-agency public protection arrangements (MAPPA) management levels should be confirmed at least six months before release, to enable the offender management unit to contribute fully to release plans.**

Categorisation

- 4.17** Categorisation work was up to date but reviews lacked offender supervisor input, detail and evidence to support the outcome. Prisoners were not routinely informed of the outcome or set targets to achieve ahead of the next review.
- 4.18** Too many prisoners were moved on without an OASys assessment to inform the suitability of their move or ensure the availability of the necessary programmes or other interventions. Half of those due to move during the inspection did not have an assessment or sentence plan, which would potentially delay their progression at the next prison.
- 4.19** Most prisoners were category C and were transferred to appropriate prisons fairly promptly. The lack of places nationally for category B sex offenders meant that some stayed at the establishment for far too long. Only 37 places had been provided for these prisoners in category B training prisons in the previous eight months, and at the time of the inspection there were about 50 sex offenders held at Exeter. Some of these were in denial of their offence and therefore unsuitable for the sex offender treatment programme, which led to further difficulties in transferring them.

Recommendations

- 4.20 Prisoners moving on to other prisons should have an offender assessment system (OASys) assessment and sentence plan, so that they can understand and engage with their progression.**
- 4.21 Category B sex offenders should be transferred promptly to more appropriate prisons, to help them to progress and engage with their sentence and risk management plans.**

Indeterminate sentence prisoners

- 4.22** Thirteen indeterminate-sentenced prisoners (ISPs) were held at the time of the inspection. A trained offender supervisor managed this group. This work was of reasonable quality but suffered because the officer was often cross-deployed. Remand prisoners facing an indeterminate sentence were interviewed and provided with information and support as necessary. However, there was no support forum for ISPs and no specific family days for them. Good attention was given to transferring ISPs to more appropriate prisons, and work in preparation for parole hearings was up to date.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.23** The demand for resettlement services was high, with an average of 136 releases per month over the previous six months. In our survey, similar numbers of prisoners to those at comparator prisons knew who to turn to for help with the various resettlement areas, with the exception of benefits, where the number was lower than elsewhere.
- 4.24** Catch 22 interviewed all prisoners on arrival to develop a resettlement plan. Plans were generally completed on time and in detail. Ongoing information exchange between the CRC and the OMU was limited (see section on strategic management of resettlement and main recommendation S45) and, although resettlement plans reflected the views of the prisoners, they did not always take into account risk of harm issues or public protection concerns.
- 4.25** Most, but not all, plans were reviewed before release. The plan was shared with the external case manager but was not always communicated directly to the offender supervisor, which potentially led to duplication of work and confusion.
- 4.26** The modular resettlement programme, 'Making a Change' (MAC), provided basic advice about several of the resettlement pathways. Some elements aimed at prisoners who had been sex workers or victims of domestic abuse were not yet being delivered, and the delivery of other modules was hindered by the restricted regime. The unpredictable lack of time out of cell (see section on time out of cell) limited the contact time with prisoners and made the delivery of group work or structured individual work difficult. In the previous three months, the CRC had lost around a third of their contact hours, and at the time of the inspection about 66 prisoners were waiting for one or more of the MAC modules, some of whom would be released without accessing this support.
- 4.27** Some promising, but limited, through-the-gate support was developing and good support was provided to veterans (see paragraph 4.47).

Recommendation

- 4.28** **Resettlement plans should draw on information about the risk of harm and public protection. Progress against the plan should be shared with the offender supervisor regularly.**

Accommodation

- 4.29** A wide range of help was available to prisoners with accommodation problems. On arrival, support was given to closing down or maintaining tenancies, or contacting housing providers to agree the best options. Before release, CRC staff worked hard to access accommodation for those in need, including supported accommodation. Despite this, about 27% of prisoners were released without sustainable accommodation, which was a concern.

Education, training and employment

- 4.30** The quality of the National Careers Service provided by Prospects required improvement. Prospects staff interviewed all prisoners during induction to develop a skills action plan. These plans reflected prisoners' skills, knowledge and qualifications but were insufficiently detailed and lacked targets. In many cases, the first paragraphs were identical. Prisoners did not complete an English and mathematics assessment until after the interview. They only received a copy of the plan later if they attended the education assessment. The skills action plans were not widely used across the prison to inform prisoners' learning journeys or as part of their personal development files.
- 4.31** The CRC education, training and employment resettlement course had not yet been established. Staff from Weston College, Prospects and the prison provided a purposeful course, which included useful industry awareness days, CV writing and mock interviews. There was good engagement with local employers, who presented industry awareness sessions and supported mock interviews, enabling a few prisoners to secure employment on release. Not enough destination data were collected.
- 4.32** Use of the virtual campus (internet access for prisoners to community education, training and employment opportunities) had improved but it was mainly used by the education department as the CRC staff did not have access to the system.

Recommendation

- 4.33** **The prison and National Careers Service provider (Prospects) should make better use of the skills action plans, to provide prisoners with clearer, specific targets and goals to improve their employability prospects on release.**

Health care

- 4.34** Health discharge arrangements were good. Take-home medication for up to seven days was provided, and discharge summaries were sent to GPs as necessary. Prisoners with enduring mental health problems were subject to the care programme approach and there was extensive liaison with external service providers.

Drugs and alcohol

- 4.35** Prisoners with substance misuse problems were given good pre-release information and advice covering harm reduction and overdose awareness. Group work that explored family issues for substance-using prisoners contributed to positive outcomes on release, and there was also access to a community link worker. The substance misuse service had good links with Devon community substance misuse services, RISE. This improved resettlement outcomes as prisoners could meet community workers before release.

Finance, benefit and debt

- 4.36** This pathway was underdeveloped. While the CRC assessed finance, benefit and debt needs on arrival, there was little specialist support available and CRC staff were not trained to give debt advice. Some telephone help was available from the Money Advice Service but this was due to end. Some basic financial management skills were provided through the education programmes but other help was limited to signposting rather than proactive debt management.
- 4.37** Prisoners could open a basic bank account which would be accessible on release, and 43 had been opened in the previous year. Advice about benefits was provided by Jobcentre Plus and through the MAC module but hardly any prisoners had completed the latter and too few knew who to turn to for help with benefits.

Recommendation

- 4.38 Prisoners with finance, benefit and debt problems should have ready access to competent specialist support.**

Children, families and contact with the outside world

- 4.39** Choices Consultancy Services, a family support organisation staffed mainly by volunteers, provided an excellent service. They interviewed all new arrivals, contacted their families to provide practical information about visits and made appropriate referrals. They ran the visitors centre, which opened before and after visits to offer advice and support, refreshments and a clean, welcoming environment for visitors. Visitors could also book their next visit before they left.
- 4.40** The drabness of the visits hall was mitigated by the supervised children's play area and the refreshments counter run by Choices Consultancy Services. The poor acoustics made conversation difficult. When we checked the hall on the morning after visits, it was full of litter and had not been cleaned.
- 4.41** Visitors were generally positive about their experience but complained about problems with booking by telephone. If they arrived in the hall after the official start time, they could usually have their full two-hour visit. Since the previous inspection, the prison had reduced the number of visiting days from six to five per week because of staffing issues. Visitors we spoke to did not consider this to have restricted their ability to visit. During the inspection, staff allowed a particularly vulnerable prisoner to receive a visit on the social care unit.
- 4.42** There was little support to help prisoners to re-establish or maintain family ties. The prison had suspended family visits, a decision which had implications for prisoners' ability to maintain or rebuild their relationships. Courses in parenting and relationship skills were no longer offered by the education department.

Recommendation

- 4.43 Prisoners should be encouraged to re-establish or maintain relationships with their children and families where appropriate.**

Attitudes, thinking and behaviour

- 4.44** The prison did not deliver accredited offending behaviour programmes, which was appropriate for a local prison. However, there was no analysis of need to determine the other types and amounts of offending behaviour work required.
- 4.45** The provision of offending behaviour work had deteriorated. For those with substance misuse problems, there were good interventions (see section on substance misuse) but little else was provided. The Sycamore Tree victim awareness programme had not run since the previous year, owing to difficulties in providing operational staff to escort prisoners to the groups. Little one-to-one work by offender supervisors was available, also due to staff shortages. All of this was a concern, particularly for those prisoners who stayed at the establishment for a long period and would be released from there. Some prisoners could serve their entire sentence without staff challenging their offending behaviour.

Recommendation

- 4.46** **The type and amount of provision to challenge attitudes, thinking and behaviour should be based on a comprehensive needs analysis.** (Repeated recommendation 4.57)

Additional resettlement services

- 4.47** There was some good support for the large number of veterans in custody, who made up 14% of respondents to our survey. An officer ran a scheme to identify and refer these men to charities who could help with post-traumatic stress disorder and rebuilding family ties.

Section 5. Summary of recommendations and good practice

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

Main recommendation

To NOMS

- 5.1** The commissioner and health care provider should rigorously govern health services to ensure that the services are safe and confidential. (S44)

Main recommendations

To the governor

- 5.2** Prisoners should feel and be safe from bullying and victimisation. The violence reduction committee should meet regularly and analyse all investigations into violent incidents. Lessons from this analysis should inform the violence reduction strategy. (S42)
- 5.3** All paperwork recording the use of force and authorising the use of the special cell should be completed accurately and in full, and patterns and trends should be identified and acted on to reduce the number of such incidents. (S43)
- 5.4** A comprehensive reducing reoffending strategy should be underpinned by an up-to-date needs analysis and action plan. The offender management unit and community rehabilitation company should work closely together and share all relevant information. Offender supervisors should meet prisoners regularly, to help to reduce their risks of reoffending. (S45)

Recommendations

To NOMS

Equality and diversity

- 5.5** The establishment should be provided with timely and relevant equality monitoring data. (2.18)

Offender management and planning

- 5.6** Category B sex offenders should be transferred promptly to more appropriate prisons, to help them to progress and engage with their sentence and risk management plans. (4.21)

Recommendations

To the governor

Courts, escort and transfers

- 5.7** Prisoners should be provided with adequate notice of their transfer. (1.5)

Early days in custody

- 5.8** The prison should provide appropriate, dedicated first night accommodation, with clean, well-prepared cells. Prisoners should be kept occupied during their first night. (1.12)
- 5.9** All prisoners should be fully inducted into the prison. (1.13)

Bullying and violence reduction

- 5.10** Prompt, adequate support should be provided for victims of intimidation and violence. (1.21)
- 5.11** The location and vulnerability of young adults should be assessed. (1.22)

Self-harm and suicide

- 5.12** There should be a careful, well-documented assessment of risk before closing an assessment, care in custody and teamwork (ACCT) document, particularly at the first case review. (1.30)
- 5.13** All prisoners in crisis, including those located on the vulnerable prisoner wing, should have access to an appropriate Listener suite. (1.31)

Security

- 5.14** All intelligence-led searches should be carried out when a need is indicated. (1.42)

Incentives and earned privileges

- 5.15** Targets for all prisoners on the basic level of the incentives and earned privileges (IEP) scheme should be individualised and should promote improvements in behaviour. (1.46, repeated recommendation 1.61)

Discipline

- 5.16** The segregation unit should be refurbished; all cells should be available for use, fully furnished and kept free of graffiti. (1.55)
- 5.17** Staffing of the segregation unit should be consistent, to support a regime that includes access to off-unit activities and daily access to time in the open air. (1.56)
- 5.18** Segregation unit staff should be trained in mental health awareness. (1.57, repeated recommendation 1.80)

Residential units

- 5.19** All cell windows should be permanent, fit-for-purpose and protect prisoners from the elements. (2.6)
- 5.20** All prisoners should have access to sufficient clean clothes and bedding. (2.7, repeated recommendation 2.8)

Staff-prisoner relationships

- 5.21** Electronic case-note entries should be made at least weekly, and identify any significant events affecting prisoners. (2.11)
- 5.22** Prisoners should be consulted regularly about the routines and facilities of the prison. (2.12)

Equality and diversity

- 5.23** The equality strategy should provide a detailed outline of how the needs of prisoners under each protected characteristic will be met, and outcomes for them should be monitored by the equality action team. Equality action team meetings should be held often enough to address the needs of the constantly changing population. (2.17)
- 5.24** Prisoners should be able to declare protected characteristics confidentially on arrival. (2.19)
- 5.25** The needs of each protected group should be identified through regular consultation and met with the support of external community organisations where possible. (2.29)
- 5.26** Free telephone calls for foreign national prisoners should last for a set duration and be provided without the need to make a new request each month. (2.30)
- 5.27** The prison should investigate why more prisoners with disabilities than other prisoners felt unsafe, and take action accordingly. (2.31)
- 5.28** Prisoners with disabilities located in the main prison should have sufficient reasonable adjustments to allow them to cope. (2.32)

Complaints

- 5.29** Complaints should be routinely monitored for timeliness and the representation of prisoners from protected groups, and any significant findings investigated. (2.41)

Legal rights

- 5.30** Prisoners should know how to apply to borrow an 'access to justice' laptop. (2.44)

Health services

- 5.31** The health service should have a regular programme of health promotion activities, coordinated with a whole-prison approach to health and well-being. (2.57)
- 5.32** Prisoners should wait no longer than 72 hours for a secondary health assessment. (2.63)
- 5.33** There should be sustained management effort to drive down the non-attendance rate. (2.64)
- 5.34** There should be systematic care planning for, and monitoring of, prisoners with life-long conditions. (2.65)
- 5.35** Storage arrangements for medicines should conform to the manufacturers' recommendations, and medicines should be labelled appropriately at all times. (2.72)
- 5.36** Medicine in-possession risk assessments should be repeated as circumstances change, and in-cell storage for in-possession medications should be subject to checks. (2.73)

- 5.37** Cleaning schedules and safety certifications of dental equipment should be up to date and monitored. (2.77)
- 5.38** Prisoners' access to dentistry should be consistent, and clinic lists should be well managed. (2.78)
- 5.39** The assessment and care of prisoners on the social care unit should be delivered in a timely fashion, by sufficient staff with the right competencies. (2.88)

Catering

- 5.40** Dinner should always be served after 5pm. (2.93, repeated recommendation 2.102)

Purchases

- 5.41** Prisoners should not have to wait two weeks to receive their first shop order. (2.97, repeated recommendation 2.109)
- 5.42** There should be no administration charge for catalogue orders. (2.98)

Time out of cell

- 5.43** All prisoners should be unlocked for a sufficient amount of time to be able to access regime services, contact families and friends, fully undertake domestic activities and have a daily period of association. (3.4)
- 5.44** All prisoners should have access to at least one hour in the open air daily. (3.5)

Learning and skills and work activities

- 5.45** Accreditations suitable for shorter vocational workshop courses should be introduced. (3.12)
- 5.46** Attendance at workplaces should be maximised and the requirement for sentenced prisoners to attend enforced. (3.13)
- 5.47** Targets should be individualised and the skills that prisoners develop should be recognised and recorded. (3.22)

Physical education and healthy living

- 5.48** The induction to the gym should be mandatory for all new prisoners. (3.33)
- 5.49** The gym floor, lighting in the administration area and the showers should be in good working order and fit for purpose. (3.34)

Offender management and planning

- 5.50** The timeliness of release on home detention curfew should be monitored and appropriate action taken to release prisoners on time. (4.11, repeated recommendation 4.19).

- 5.51** Multi-agency public protection arrangements (MAPPA) management levels should be confirmed at least six months before release, to enable the offender management unit to contribute fully to release plans. (4.16)

Reintegration planning

- 5.52** Resettlement plans should draw on information about the risk of harm and public protection. Progress against the plan should be shared with the offender supervisor regularly. (4.28)
- 5.53** The prison and National Careers Service provider (Prospects) should make better use of the skills action plans, to provide prisoners with clearer, specific targets and goals to improve their employability prospects on release. (4.33)
- 5.54** Prisoners with finance, benefit and debt problems should have ready access to competent specialist support. (4.38)
- 5.55** Prisoners should be encouraged to re-establish or maintain relationships with their children and families where appropriate. (4.43)
- 5.56** The type and amount of provision to challenge attitudes, thinking and behaviour should be based on a comprehensive needs analysis. (4.46, repeated recommendation 4.57)

Examples of good practice

Substance misuse

- 5.57** The anxiety group helped prisoners to address one of the most common problems for those in treatment for all types of substance misuse. (1.65)
- 5.58** Welfare checks ensured regular, effective health- and well-being-focused contact between substance misuse service or health services staff and prisoners undergoing detoxification. (1.66)

Health services

- 5.59** The presence of a psychiatrist at the complex case meeting allowed prison officers to take psychological advice directly from a consultant psychiatrist. (2.84)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief Inspector
Colin Carroll	Team leader
Paul Rowlands	Inspector
Jonathon Tickner	Inspector
Sandra Fieldhouse	Inspector
Deri Hughes-Roberts	Inspector
Karen Dillon	Inspector
Tim McSweeney	Researcher
Helen Ranns	Researcher
Anna Fenton	Researcher
Emma Seymour	Researcher
Paul Roberts	Substance misuse inspector
Paul Tarbuck	Health services inspector
Barry Cohen	Pharmacist
Andrea Crosby-Josephs	Care Quality Commission inspector
Martin Hughes	Ofsted inspector
Tracey Zimmerman	Ofsted inspector
David Baber	Ofsted inspector
Vivienne Raine	Offender management inspector
Tracey Greene	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2013, reception and early days' processes were generally sound, with some good attention to safety and vulnerability issues. There was a relatively high number of low-level violent incidents but most prisoners felt safe. Prisoners at risk of self-harm felt well supported but we were not assured that case management was effective. Dynamic security was good. Drug availability was relatively high and there was no useful supply reduction plan. Adjudications were well managed. The level of use of force was similar to that at other prisons and was reasonably well managed. Segregation was not overused. Substance misuse services were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The support prisoners receive through the assessment, care in custody and teamwork (ACCT) processes should be better reflected through good quality case management documentation and recording by case managers. (S51)

Partially achieved

Recommendations

Prisoners should be returned to prison quickly after court appearances. (1.6)

Not achieved

Prisoners' property should accompany them on transfer. (1.7)

Not achieved

Night staff should introduce themselves to, and make regular checks on, newly arrived prisoners. (1.14)

Achieved

Prisoners should be consulted about bullying and violence reduction regularly and systematically, and this should be used to develop a local strategy which focuses on reducing the number of violent incidents. (1.24)

Achieved

Support for victims of violent and antisocial behaviour should be improved. (1.25)

Not achieved

Prisoners on assessment, care in custody and teamwork (ACCT) case management procedures should only be segregated when there are exceptional circumstances to justify it. (1.36)

Achieved

The use of cells with closed-circuit television coverage should be carefully managed and used sparingly. (1.37)

Achieved

There should be an appropriate Listener suite for use by prisoners in crisis. (1.38)

Achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.44)

Achieved

The risk of ingress of drugs should be appropriately evaluated in order to provide a cohesive and coordinated drug supply reduction strategy. (1.54)

Achieved

All requested suspicion tests should be completed within the set timescales. (1.55)

Not achieved

Targets for all prisoners on the basic level of the IEP scheme should be individualised and should promote improvements in behaviour. (1.61)

Not achieved (recommendation repeated, 1.46)

The regime in the segregation unit should be improved. (1.79)

Not achieved

Segregation unit staff should be trained in mental health awareness. (1.80)

Not achieved (recommendation repeated, 1.57)

Health care, mental health and substance misuse service managers should ensure that communication and joint working is enhanced between all their departments, which should be demonstrated through improved prisoner satisfaction and outcomes. (1.88)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, external areas and most wings were clean. The standards of cells varied, most were overcrowded, and some were in a very poor state. Access to suitable bedding, clean clothes, showers and telephones was problematic for some. Staff were knowledgeable about the prisoners in their care, and relationships were friendly and informal. Diversity provision was effective, with a range of support for most minority groups. Care for prisoners on F wing with complex needs and disabilities was impressive. The needs of young adults had not been addressed. Faith provision was good. Few complaints were submitted but analysis was thorough. Legal services advice was not available. Health services were good. The food provided was reasonable. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All cells should be clean and well maintained, with a properly screened toilet and decent furniture, including a lockable cupboard. (2.7)

Not achieved

All prisoners should have access to sufficient clean clothes and bedding. (2.8)

Not achieved (recommendation repeated, 2.7)

Prisoners should be able to shower every day and showers should be adequately maintained and screened. (2.9)

Not achieved

Application procedures should be improved. (2.10)

Not achieved

The equality strategy should provide a detailed outline of how the needs of prisoners under each protected characteristic will be met and outcomes for them should be monitored by the equality action team. (2.21)

Not achieved

Prisoner equality representatives should be fully trained and provided with a clear job description. (2.22)

Not achieved

All protected characteristics should be identified on arrival. (2.37).

Achieved

The needs of Gypsy/Romany/Traveller prisoners should be identified and met. (2.38)

Not achieved

Essential written information about the prison should be available in languages understood by all prisoners. (2.39)

Not achieved

The prison should investigate the reasons for prisoners with disabilities reporting more negatively than their able-bodied counterparts, and take action accordingly. (2.40)

Not achieved

There should be a policy for meeting the needs of young adult prisoners which includes consultation with them and risk assessments to determine their location. (2.41)

Not achieved

Bail information and support services should be improved. (2.60)

Not achieved

Arrangements should be made to enable prisoners to contact their solicitors during the day. (2.61)

Partially achieved

The pharmacist should provide pharmacist-led clinics, clinical audit and medication reviews. (2.71)

Achieved

Medicines that are not in-possession should be administered directly to the patient from an appropriate container. Any medicines that are removed from the container but not administered should be destroyed. Administration of medication should always be supervised by a prison officer. (2.83)

Partially achieved

Full and complete records of medicines administration should be made. (2.84)

Achieved

A risk assessment of both the prisoner and his medication should be undertaken. It should be recorded on SystmOne and reviewed as necessary. (2.85)

Achieved

All dental equipment should be serviceable and any repairs required should be carried out quickly. (2.91)

Not achieved

Dinner should always be served after 5pm. (2.102)

Not achieved (recommendation repeated, 2.93)

Serveries should be supervised. (2.103)

Achieved

Prisoners should not have to wait two weeks to receive their first shop order. (2.109)

Not achieved (recommendation repeated, 2.97)

Purposeful activity

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

At the last inspection, in 2013, time out of cell was poor for many prisoners. Too little association was offered and too many prisoners were locked up during the day. There were insufficient activity places for the population and not all of these were fully utilised. For those who attended learning and skills and work activities, the quality and range were good. The curriculum was tailored to meet the needs of the short-stay population and well linked into receiving prisons. Most work and training offered accredited qualifications, learners were motivated and engaged, and achievement levels were high. Library services were adequate. Recreational PE was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Opportunities for association should be increased and all prisoners should have access to association every day and during the evenings. (S52)

Not achieved

The number of activity places should be increased and fully utilised. (S53)

Partially achieved

Recommendations

Prisoners should have access to sufficient good-quality association equipment. (3.7)

Achieved

Prisoners should have access to at least one hour's outdoor exercise per day. (3.8)

Learning and skills and work activities

Not achieved

The prison should make better use of the quality assurance arrangements to improve learning and skills provision. (3.14)

Achieved

Pay rates should be equitable so that prisoners doing the same work are paid at the same rate. (3.20)

Not achieved

Prisoner access to the virtual campus should be broadened and the system speed increased. (3.27)

Achieved

Resettlement

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

At the last inspection, in 2013, the resettlement strategy was not informed by a needs analysis. Sentence management provision largely met the needs of the short-stay population, although a backlog of offender assessment system (OASys) assessments hindered some prisoners' progress. Offender supervisors were appropriately focused on risk and transfer. Home detention curfew and public protection arrangements were sound. Transfers were managed proactively. Initial assessment of resettlement needs was good. Most resettlement pathway provision was effective. Children and family services were particularly good and prisoners with substance misuse issues received excellent through-the-gate support, but provision for debt and benefits advice was not good enough. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The backlog of offender assessment system (OASys) assessments should be eliminated. (S54)

Not achieved

Recommendations

The reducing reoffending strategy should be informed by a comprehensive needs analysis, monitoring of outcomes and an action plan that is closely monitored, with remedial action taken as required.

(4.7)

Not achieved

Offender supervisors should have regular and structured contact based on risk and need with those on their caseload. (4.18)

Not achieved

The timeliness of release on home detention curfew should be monitored and appropriate action taken to release prisoners on time. (4.19)

Not achieved (recommendation repeated, 4.11)

The resettlement services available, and how to access them, should be more widely publicised across the prison. (4.33)

Achieved

The discharge board should be held earlier to ensure that issues can be dealt with; attendance by prisoners should be monitored and feedback given to the offender supervisor. (4.34)

No longer relevant

Individual support for managing finance, benefits and debts should be improved and prisoners should be able to open a bank account before release. (4.45)

Not achieved

The type and amount of provision to challenge attitudes, thinking and behaviour should be based on a comprehensive needs analysis. (4.57)

Not achieved (recommendation repeated, 4.46)

Appendix III: Care Quality Commission Requirement Notices



Requirement Notices

Provider: Dorset Healthcare University NHS Foundation Trust

Location: Trust HQ Sentinel House, 4-6 Nuffield Road

Location ID: RDY

Regulated activities: Treatment of disease, disorder, or injury, Diagnostic and screening and Surgical procedures.

Action we have told the provider to take

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

Regulation 17

We found the provider did not have established systems or processes which effectively monitored the quality and safety of the service to ensure compliance with requirements. Nor did they 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 carrying out the regulated activity. This constituted a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

We had concerns that a robust system of governance was not in place to monitor the safety, effectiveness and quality of service provision. Local monitoring arrangements did not ensure safe and effective service delivery. Evidence showed that service provision was not monitored in a way that effectively identified the following deficits, highlighted at inspection.

Medicines management

- Systems were not in place to ensure the integrity of stored medicines. Whilst medicine storage temperatures were recorded, no account was taken when these temperatures fell outside the recommended range intended to protect the integrity of stored medicines. One of F wing's refrigerators had reached

1°C a number of times with no remedial action indicated. Records showed that the reception treatment room reached 30.5 degrees on four consecutive days without action from staff.

- Processes were not in place for the secure transport of medicines. Secure containers were not available for transporting medication to cells for administration to patients. During the inspection a nurse was seen transporting a controlled drug to a cell.
- Systems for risk assessments for in possession medications were not completed promptly. This resulted in delays in prisoners receiving their prescribed medicines. We were told by staff on the Social Care unit F-wing, that nurses did not provide clinical care in a consistently timely manner to the prisoners accommodated there.
This included administering medicines to prisoners who had palliative and complex needs. A prison officer told us they had witnessed a prisoner who had not received his medication in a timely manner and subsequently experienced significant pain.
- Processes were not in place so staff could be routinely provided with information to support the safe and proper use of medicines. MHRA drug alerts and product recalls were not routinely received by healthcare staff.

Complaints

- There were no arrangements to ensure that complaints were received confidentially. There was no separate healthcare complaints form and prisoners were using the prison Comp 1 complaints form. All complaints went via the prison central system before reaching healthcare for a response which meant that prisoners' complaints were not managed confidentially.
- Processes were not in place to respond to complaints in a timely manner. At the beginning of our inspection there was a back log of complaints which had not been responded to, some of which were over four months old. Many of the prisoner complainants had already left the prison without receiving a response. Of the 60 complaints received in the previous four months, only 6 were responded to within a reasonable time frame.

Clinics

- There were no established systems to ensure there were sufficient nurse clinics to assess and monitor patients living with long term medical conditions. We spoke to members of staff who were very concerned about the lack of monitoring and who believed there could be patients who were deteriorating without regular checks being carried out.
- There was no system in place to ensure that medicine use reviews were routinely completed.

- No monitoring was in place for clinic waiting lists and we found there were long lists and/or waiting times for coronary heart disease (36 weeks, 3 prisoners), diabetes (36 weeks, 6 prisoners), Hepatitis B (9 weeks, 49 prisoners), and secondary health screening (10 weeks, 137 prisoners). Two staff expressed concern prisoners may have preventable illnesses or disease progression, which were not being addressed due to lack of clinics and secondary screening.
- There was no established triage system to prioritise appointments. Prisoners reported poor access to health professionals with 57% reporting difficulty in seeing a GP, and 38% difficulty in seeing a nurse. We found failings in the management of healthcare applications, which made the system unreliable. Five different types of healthcare application forms were in use, which prisoners told us was confusing. Nurses recounted several methods by which applications were dealt with; therefore there was no consistency.
- Application boxes on several wings were insecure, either open or accessible to other prisoners, compromising applicants' confidentiality.
- There was no system in place to monitor prisoners' failure to attend health appointments; very few were followed up to ensure their needs were met. This included those who failed to attend to receive their prescribed medicines. Numbers of failed appointments were particularly high for secondary health screening appointments (average 29% over a 3 month period).

Staff

- Monitoring arrangements were not in place to ensure staff appraisals, supervision and DBS checks were completed as per the trust's policies. Staff and managers told us no formal supervision or appraisals had been carried out during that previous year. As no appraisals had been completed, there was also an absence of annual staff declarations intended to assure the trust of their integrity. Of the 22 staff working at HMP Exeter, only 4 had enhanced DBS certification, dated within the preceding year. Nine staff had no DBS certification completed in the preceding three years. For three staff, their DBS certificates were last completed more than five years prior to our inspection.

Health promotion

- There were no effective arrangements to promote prisoners' health. We found a general lack of health promotion information. There was no healthcare information available in accessible formats, including translated materials.

Care provision

- We viewed records from the previous year, the quality of records was inadequate and this had not been identified through monitoring. Care plans were not individualised to the needs of patients and were insufficiently detailed or routinely reviewed to ensure that patients' needs were met.

- There was an absence of evidence the service was being audited to ensure its quality and effectiveness. We requested data and audits relating to record keeping, treatment provision, clinical outcomes and infection control over the previous year. One audit of hand hygiene was provided in response to this request which was completed in 2016.

Requirement Notices

Provider: Access Dental

Location: HMP Exeter

Location ID: 1-211358943

Regulated activities: Treatment of disease, disorder, or injury, Diagnostic and screening and Surgical procedures.

Action we have told the provider to take

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

Regulation 17

We found the provider did not have established systems or processes which operated effectively to ensure compliance with requirements. Nor did they 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 carrying out the regulated activity. This constituted a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

A current radiation protection file containing the name of the radiation protection advisor/radiation protection supervisor; local rules; inventory of all X-ray equipment; HSE notification and current maintenance logs was not available. There was no evidence that a legionella risk assessment had taken place, and no up to date compressor certificate was available at the time of our inspection.

Prisoners were waiting too long for dental assessment and treatment and there was no effective system in place to prioritise patients to ensure their needs were met in a timely way. Many prisoners had left the prison by the time they had a scheduled appointment.

Between April and July 2016 there was an average of 25% failed appointments. There was no system in place to follow up those who failed to attend appointments.

Requirement Notices

Provider: Ark Home Healthcare Ltd

Location: HMP Exeter

Location ID: 1-863633901

Regulated activities: Personal Care

Action we have told the provider to take

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

Regulation 18

We found that there was an insufficient number of suitable qualified, competent, skilled and experienced persons deployed by the provider to deliver care at HMP Exeter. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

During the inspection there were up to seven men requiring regular care and only one healthcare assistant on duty at any time. Care plans recorded several of these men required regular turning, feeding and showering. The inadequate staffing levels led to reliance on prison staff, who without any preparation for the task, were assisting with personal care. There was evidence that when prison staff were not available to assist, men did not receive the care they required.

Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	19	232	52.5
Recall	3	60	13.2
Convicted unsentenced	6	44	10.5
Remand	9	101	23.0
Civil prisoners	0	1	0.2
Detainees	0	3	0.6
Total	37	441	100.0

Sentence	18–20-year-olds	21 and over	%
Unsentenced	15	153	35.1
Less than six months	7	89	20.1
six months to less than 12 months	2	37	8.2
12 months to less than 2 years	7	30	7.7
2 years to less than 4 years	4	50	11.2
4 years to less than 10 years	2	47	10.3
10 years and over (not life)	0	22	4.6
ISPP (indeterminate sentence for public protection)	0	10	2.7
Life	0	3	0.6
Total	37	441	100.0

Age	Number of prisoners	%
Please state minimum age here:	18	
Under 21 years	37	7.7
21 years to 29 years	162	33.9
30 years to 39 years	136	25.5
40 years to 49 years	86	18.0
50 years to 59 years	32	6.7
60 years to 69 years	16	3.3
70 plus years	9	1.9
Please state maximum age here:	82	
Total	478	100.0

Nationality	18–20-year-olds	21 and over	%
British	36	412	93.7
Foreign nationals	1	28	6.1
Not Stated	0	1	0.2
Total	37	441	100.0

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	15	141	32.6
Uncategorised sentenced	0	32	6.7
Category A	0	0	0.0
Category B	0	35	7.3
Category C	0	225	41.7
Category D	0	6	1.3
Other [YOI Closed]	22	2	5.0
Total	37	441	100.0

Ethnicity	18–20-year-olds	21 and over	%
White			
British	35	375	8.8
Irish	0	1	0.2
Gypsy/Irish Traveller	0	10	2.1
Other white	0	21	4.4
Mixed			
White and black Caribbean	0	3	0.6
White and black African	0	2	0.4
White and Asian	0	1	0.2
Other mixed	0	1	0.2
Asian or Asian British			
Indian	0	2	0.4
Pakistani	0	1	0.2
Bangladeshi	0	0	0.0
Chinese	0	0	0.0
Other Asian	1	3	0.8
Black or black British			
Caribbean	0	2	0.4
African	0	5	1.0
Other black	1	5	1.3
Other ethnic group			
Arab	0	0	0.0
Other ethnic group	0	0	0.0
Not stated	0	9	1.9
Total	37	441	100.0

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0.0
Church of England	2	76	16.3
Roman Catholic	1	57	12.1
Other Christian denominations	7	64	14.9
Muslim	3	18	4.4
Sikh	0	1	0.2
Hindu	0	2	0.4
Buddhist	0	8	1.7
Jewish	0	0	0.0
Other	0	4	0
No religion	24	211	49.2
Total	37	441	100.0

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	6	
Total	0	6	

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	10	2.1	118	24.7
1 month to 3 months	7	1.5	98	20.5
3 months to six months	2	0.4	25	5.2
six months to 1 year	2	0.4	31	6.5
1 year to 2 years	1	0.2	12	2.5
2 years to 4 years	0	0.0	4	0.8
4 years or more	0	0.0	0	0.0
Total	22	4.6	288	60.2

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	3	
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	3	60	
Total	3	63	

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	3	0.6	61	12.8
1 month to 3 months	7	1.5	47	9.8
3 months to six months	4	0.8	33	6.9
six months to 1 year	1	0.2	11	2.4
1 year to 2 years	0	0.0	1	0.2
2 years to 4 years	0	0.0	0	0.0
4 years or more	0	0.0	0	0.0
Total	15	3.1	153	32.1

Main offence	18–20-year-olds	21 and over	%
Violence against the person	11	132	
Sexual offences	4	57	
Burglary	3	35	
Robbery	2	8	
Theft and handling	3	35	
Fraud and forgery	1	18	
Drugs offences	3	41	
Other offences	10	114	
Civil offences	0	1	
Offence not recorded /holding warrant	0	0	
Total	37	441	

Appendix V: Inspection photographs

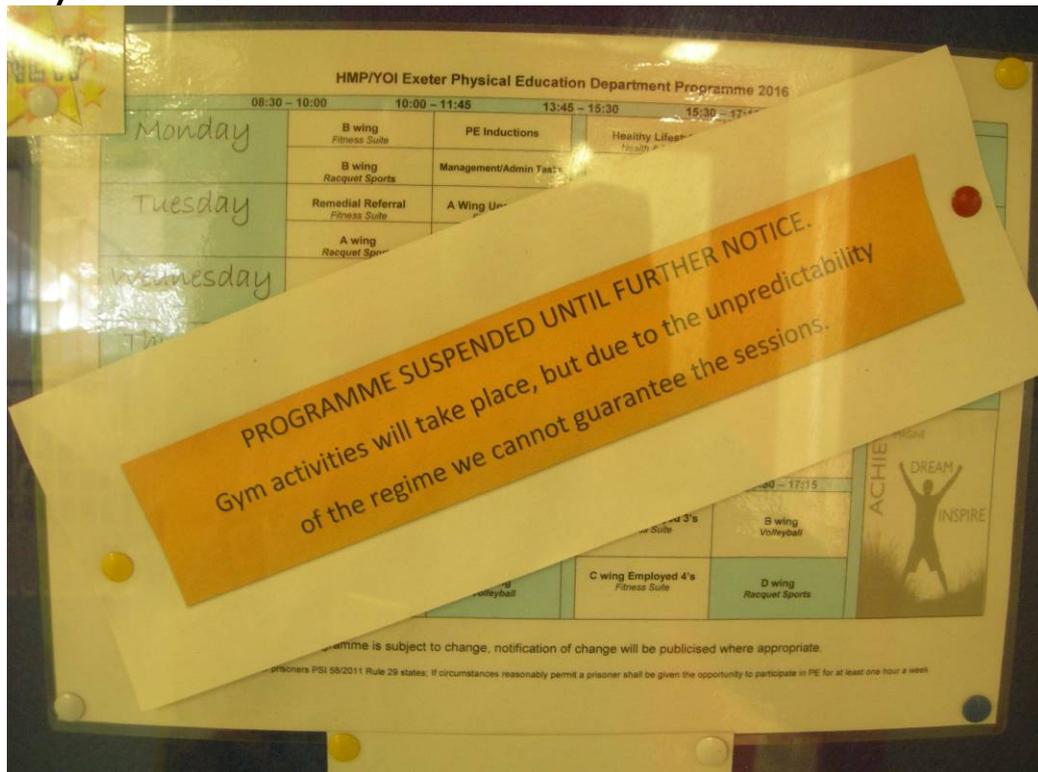
Graffiti in a cell on A wing



Damaged cell



Gym closure notice



Appendix VI: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment¹¹. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 15 August 2016 the prisoner population at HMP Exeter was 490. Using the method described above, questionnaires were distributed to a sample of 196 prisoners.

We received a total of 172 completed questionnaires, a response rate of 88%. Seven respondents refused to complete a questionnaire and 17 questionnaires were not returned.

¹¹ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	53
B	28
C	62
D	23
Health care	4
Segregation unit	2

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Exeter.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences¹² are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

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

The following comparative analyses are presented:

- The current survey responses from HMP Exeter in 2016 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2013.
- The current survey responses from HMP Exeter in 2016 compared with the responses of prisoners surveyed at HMP Exeter in 2013.
- A comparison within the 2016 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2016 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2016 survey between responses of prisoners who considered themselves to be a veteran and those who did not.
- A comparison within the 2016 survey between the responses of prisoners on B wing and the responses of prisoners on A and C wings.

¹² A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.1	What wing or houseblock are you currently living on? See shortened methodology	
Q1.2	How old are you?	
	<i>Under 21</i>	16 (9%)
	<i>21 - 29</i>	55 (32%)
	<i>30 - 39</i>	39 (23%)
	<i>40 - 49</i>	34 (20%)
	<i>50 - 59</i>	14 (8%)
	<i>60 - 69</i>	7 (4%)
	<i>70 and over</i>	5 (3%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	85 (50%)
	<i>Yes - on recall</i>	21 (12%)
	<i>No - awaiting trial</i>	40 (24%)
	<i>No - awaiting sentence</i>	22 (13%)
	<i>No - awaiting deportation</i>	2 (1%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	64 (39%)
	<i>Less than 6 months</i>	30 (18%)
	<i>6 months to less than 1 year</i>	9 (5%)
	<i>1 year to less than 2 years</i>	13 (8%)
	<i>2 years to less than 4 years</i>	22 (13%)
	<i>4 years to less than 10 years</i>	19 (11%)
	<i>10 years or more</i>	4 (2%)
	<i>IPP (indeterminate sentence for public protection)</i>	1 (1%)
	<i>Life</i>	4 (2%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	<i>Yes</i>	15 (9%)
	<i>No</i>	148 (91%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	166 (99%)
	<i>No</i>	1 (1%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	165 (98%)
	<i>No</i>	3 (2%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	142 (83%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	1 (1%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	13 (8%)	<i>Mixed race - white and black Caribbean</i> 2 (1%)
	<i>Black or black British - Caribbean</i>	1 (1%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	4 (2%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i> 3 (2%)
	<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Arab</i> 0 (0%)
	<i>Asian or Asian British - Pakistani</i>	2 (1%)	<i>Other ethnic group</i> 2 (1%)
	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		10 (6%)
	<i>No</i>		158 (94%)
Q1.10	What is your religion?		
	<i>None</i>	63 (38%)	<i>Hindu</i> 1 (1%)
	<i>Church of England</i>	58 (35%)	<i>Jewish</i> 0 (0%)
	<i>Catholic</i>	23 (14%)	<i>Muslim</i> 10 (6%)
	<i>Protestant</i>	3 (2%)	<i>Sikh</i> 0 (0%)
	<i>Other Christian denomination</i>	2 (1%)	<i>Other</i> 5 (3%)
	<i>Buddhist</i>	2 (1%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		162 (96%)
	<i>Homosexual/Gay</i>		4 (2%)
	<i>Bisexual</i>		3 (2%)
Q1.12	Do you consider yourself to have a disability (i.e do you need help with any long term physical, mental or learning needs)?		
	<i>Yes</i>		64 (37%)
	<i>No</i>		107 (63%)
Q1.13	Are you a veteran (ex- armed services)?		
	<i>Yes</i>		23 (14%)
	<i>No</i>		147 (86%)
Q1.14	Is this your first time in prison?		
	<i>Yes</i>		53 (31%)
	<i>No</i>		118 (69%)
Q1.15	Do you have children under the age of 18?		
	<i>Yes</i>		87 (51%)
	<i>No</i>		84 (49%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	
	<i>Less than 2 hours</i>	100 (58%)
	<i>2 hours or longer</i>	59 (34%)
	<i>Don't remember</i>	13 (8%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	100 (59%)
	Yes	30 (18%)
	No	34 (20%)
	Don't remember	5 (3%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	100 (58%)
	Yes	5 (3%)
	No	62 (36%)
	Don't remember	4 (2%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	111 (65%)
	No	44 (26%)
	Don't remember	17 (10%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	125 (73%)
	No	37 (22%)
	Don't remember	9 (5%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	57 (33%)
	Well	62 (36%)
	Neither	33 (19%)
	Badly	9 (5%)
	Very badly	7 (4%)
	Don't remember	3 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	108 (64%)
	Yes, I received written information	9 (5%)
	No, I was not told anything	39 (23%)
	Don't remember	19 (11%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	130 (78%)
	No	24 (14%)
	Don't remember	13 (8%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	52 (30%)
	<i>2 hours or longer</i>	100 (58%)
	Don't remember	19 (11%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	139 (81%)
	No	25 (15%)
	Don't remember	8 (5%)

Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		42 (25%)
	<i>Well</i>		64 (38%)
	<i>Neither</i>		39 (23%)
	<i>Badly</i>		11 (7%)
	<i>Very badly</i>		9 (5%)
	<i>Don't remember</i>		4 (2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	31 (18%)	<i>Physical health</i> 35 (20%)
	<i>Housing problems</i>	51 (30%)	<i>Mental health</i> 56 (33%)
	<i>Contacting employers</i>	14 (8%)	<i>Needing protection from other prisoners</i> 14 (8%)
	<i>Contacting family</i>	59 (34%)	<i>Getting phone numbers</i> 55 (32%)
	<i>Childcare</i>	4 (2%)	<i>Other</i> 14 (8%)
	<i>Money worries</i>	35 (20%)	<i>Did not have any problems</i> 31 (18%)
	<i>Feeling depressed or suicidal</i>	45 (26%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		47 (28%)
	<i>No</i>		88 (53%)
	<i>Did not have any problems</i>		31 (19%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		37 (22%)
	<i>A shower</i>		28 (17%)
	<i>A free telephone call</i>		36 (21%)
	<i>Something to eat</i>		108 (64%)
	<i>PIN phone credit</i>		73 (43%)
	<i>Toiletries/ basic items</i>		97 (57%)
	<i>Did not receive anything</i>		26 (15%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>		65 (39%)
	<i>Someone from health services</i>		107 (65%)
	<i>A Listener/Samaritans</i>		59 (36%)
	<i>Prison shop/ canteen</i>		35 (21%)
	<i>Did not have access to any of these</i>		36 (22%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>		57 (35%)
	<i>What support was available for people feeling depressed or suicidal</i>		68 (42%)
	<i>How to make routine requests (applications)</i>		63 (39%)
	<i>Your entitlement to visits</i>		47 (29%)
	<i>Health services</i>		65 (40%)
	<i>Chaplaincy</i>		51 (32%)
	<i>Not offered any information</i>		50 (31%)
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>		108 (65%)
	<i>No</i>		51 (31%)
	<i>Don't remember</i>		7 (4%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	55 (32%)
	<i>Within the first week</i>	34 (20%)
	<i>More than a week</i>	69 (41%)
	<i>Don't remember</i>	12 (7%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	55 (34%)
	<i>Yes</i>	50 (31%)
	<i>No</i>	43 (27%)
	<i>Don't remember</i>	12 (8%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	52 (31%)
	<i>Within the first week</i>	27 (16%)
	<i>More than a week</i>	74 (44%)
	<i>Don't remember</i>	15 (9%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i> N/A
	<i>Communicate with your solicitor or legal representative?</i>	15 (9%)	34 (21%)	33 (20%)	34 (21%)	35 (21%) 14 (8%)
	<i>Attend legal visits?</i>	20 (13%)	54 (35%)	27 (18%)	18 (12%)	17 (11%) 18 (12%)
	<i>Get bail information?</i>	7 (5%)	11 (7%)	35 (23%)	28 (19%)	31 (21%) 37 (25%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					27 (16%)
	<i>Yes</i>					67 (39%)
	<i>No</i>					76 (45%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					58 (34%)
	<i>No</i>					17 (10%)
	<i>Don't know</i>					95 (56%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	42 (25%)	125 (73%)	4 (2%)		
	<i>Are you normally able to have a shower every day?</i>	104 (61%)	64 (38%)	2(1%)		
	<i>Do you normally receive clean sheets every week?</i>	57 (34%)	107 (63%)	5 (3%)		
	<i>Do you normally get cell cleaning materials every week?</i>	57 (34%)	108 (64%)	5 (3%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	21 (12%)	141 (83%)	7(4%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	58 (35%)	104 (63%)	2 (1%)		
	<i>If you need to, can you normally get your stored property?</i>	27 (16%)	92 (55%)	48 (29%)		

Q4.5	What is the food like here?	
	<i>Very good</i>	7 (4%)
	<i>Good</i>	26 (16%)
	<i>Neither</i>	52 (31%)
	<i>Bad</i>	34 (20%)
	<i>Very bad</i>	48 (29%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	15 (9%)
	<i>Yes</i>	75 (45%)
	<i>No</i>	77 (46%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	<i>Yes</i>	92 (53%)
	<i>No</i>	25 (15%)
	<i>Don't know</i>	55 (32%)
Q4.8	Are your religious beliefs respected?	
	<i>Yes</i>	66 (39%)
	<i>No</i>	29 (17%)
	<i>Don't know/ N/A</i>	76 (44%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	<i>Yes</i>	82 (48%)
	<i>No</i>	14 (8%)
	<i>Don't know/ N/A</i>	74 (44%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	28 (17%)
	<i>Very easy</i>	28 (17%)
	<i>Easy</i>	36 (22%)
	<i>Neither</i>	21 (13%)
	<i>Difficult</i>	14 (8%)
	<i>Very difficult</i>	8 (5%)
	<i>Don't know</i>	32 (19%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	<i>Yes</i>	122 (73%)
	<i>No</i>	29 (17%)
	<i>Don't know</i>	15 (9%)
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)	
		Not made one Yes No
	Are <i>applications</i> dealt with fairly?	20 (13%) 71 (45%) 67 (42%)
	Are <i>applications</i> dealt with quickly (within seven days)?	20 (13%) 50 (33%) 81 (54%)
Q5.3	Is it easy to make a complaint?	
	<i>Yes</i>	79 (47%)
	<i>No</i>	46 (28%)
	<i>Don't know</i>	42 (25%)

Q5.4 Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Are complaints dealt with fairly?	85 (52%)	16 (10%)	64 (39%)
Are complaints dealt with quickly (within seven days)?	85 (51%)	15 (9%)	66 (40%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

Yes	42 (25%)
No	123 (75%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are	78 (48%)
Very easy	7 (4%)
Easy	10 (6%)
Neither	33 (20%)
Difficult	21 (13%)
Very difficult	14 (9%)

Section 6: Incentive and earned privileges scheme**Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)**

Don't know what the IEP scheme is	30 (18%)
Yes	66 (39%)
No	44 (26%)
Don't know	30 (18%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)

Don't know what the IEP scheme is	30 (18%)
Yes	51 (31%)
No	61 (37%)
Don't know	23 (14%)

Q6.3 In the last six months have any members of staff physically restrained you (C&R)?

Yes	26 (16%)
No	140 (84%)

Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?

I have not been to segregation in the last 6 months	136 (80%)
Very well	6 (4%)
Well	3 (2%)
Neither	11 (7%)
Badly	8 (5%)
Very badly	5 (3%)

Section 7: Relationships with staff**Q7.1 Do most staff treat you with respect?**

Yes	127 (77%)
No	39 (23%)

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	110 (66%)
	No	56 (34%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	46 (27%)
	No	124 (73%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	16 (9%)
	<i>Never</i>	37 (22%)
	<i>Rarely</i>	38 (22%)
	<i>Some of the time</i>	46 (27%)
	<i>Most of the time</i>	23 (14%)
	<i>All of the time</i>	9 (5%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	119 (70%)
	<i>In the first week</i>	17 (10%)
	<i>More than a week</i>	16 (9%)
	<i>Don't remember</i>	18 (11%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	119 (73%)
	<i>Very helpful</i>	10 (6%)
	<i>Helpful</i>	11 (7%)
	<i>Neither</i>	12 (7%)
	<i>Not very helpful</i>	3 (2%)
	<i>Not at all helpful</i>	8 (5%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	Yes	99 (58%)		
	No	73 (42%)		
Q8.2	Do you feel unsafe now?			
	Yes	42 (25%)		
	No	127 (75%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	73 (43%)	<i>At meal times</i>	39 (23%)
	<i>Everywhere</i>	37 (22%)	<i>At health services</i>	14 (8%)
	<i>Segregation unit</i>	9 (5%)	<i>Visits area</i>	16 (9%)
	<i>Association areas</i>	32 (19%)	<i>In wing showers</i>	37 (22%)
	<i>Reception area</i>	14 (8%)	<i>In gym showers</i>	12 (7%)
	<i>At the gym</i>	9 (5%)	<i>In corridors/stairwells</i>	31 (18%)
	<i>In an exercise yard</i>	44 (26%)	<i>On your landing/wing</i>	43 (25%)
	<i>At work</i>	13 (8%)	<i>In your cell</i>	34 (20%)
	<i>During movement</i>	30 (18%)	<i>At religious services</i>	6 (4%)
	<i>At education</i>	10 (6%)		
Q8.4	Have you been victimised by other prisoners here?			
	Yes	66 (39%)		
	No	105 (61%)		

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	26 (15%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	23 (13%)
	<i>Sexual abuse</i>	8 (5%)
	<i>Feeling threatened or intimidated</i>	44 (26%)
	<i>Having your canteen/property taken</i>	20 (12%)
	<i>Medication</i>	12 (7%)
	<i>Debt</i>	10 (6%)
	<i>Drugs</i>	11 (6%)
	<i>Your race or ethnic origin</i>	6 (4%)
	<i>Your religion/religious beliefs</i>	8 (5%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others</i>	14 (8%)
	<i>You are from a traveller community</i>	8 (5%)
	<i>Your sexual orientation</i>	8 (5%)
	<i>Your age</i>	6 (4%)
	<i>You have a disability</i>	16 (9%)
	<i>You were new here</i>	19 (11%)
	<i>Your offence/ crime</i>	14 (8%)
	<i>Gang related issues</i>	11 (6%)
Q8.6	Have you been victimised by staff here?	
	Yes	45 (26%)
	No	125 (74%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	28 (16%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	14 (8%)
	<i>Sexual abuse</i>	5 (3%)
	<i>Feeling threatened or intimidated</i>	25 (15%)
	<i>Medication</i>	11 (6%)
	<i>Debt</i>	3 (2%)
	<i>Drugs</i>	5 (3%)
	<i>Your race or ethnic origin</i>	5 (3%)
	<i>Your religion/religious beliefs</i>	10 (6%)
	<i>Your nationality</i>	5 (3%)
	<i>You are from a different part of the country than others</i>	10 (6%)
	<i>You are from a traveller community</i>	6 (4%)
	<i>Your sexual orientation</i>	6 (4%)
	<i>Your age</i>	7 (4%)
	<i>You have a disability</i>	12 (7%)
	<i>You were new here</i>	11 (6%)
	<i>Your offence/ crime</i>	8 (5%)
	<i>Gang related issues</i>	7 (4%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	84 (56%)
	Yes	17 (11%)
	No	49 (33%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	28 (17%)	4 (2%)	18 (11%)	19 (12%)	56 (34%)	38 (23%)
	The nurse	26 (16%)	10 (6%)	37 (23%)	25 (16%)	47 (29%)	15 (9%)
	The dentist	41 (26%)	2 (1%)	6 (4%)	18 (11%)	44 (28%)	48 (30%)
Q9.2	What do you think of the quality of the health service from the following people?:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	40 (24%)	15 (9%)	35 (21%)	26 (16%)	24 (14%)	27 (16%)
	The nurse	33 (20%)	23 (14%)	41 (25%)	34 (21%)	18 (11%)	16 (10%)
	The dentist	69 (42%)	15 (9%)	14 (9%)	27 (17%)	19 (12%)	19 (12%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						27 (17%)
	<i>Very good</i>						11 (7%)
	<i>Good</i>						33 (20%)
	<i>Neither</i>						31 (19%)
	<i>Bad</i>						36 (22%)
	<i>Very bad</i>						25 (15%)
Q9.4	Are you currently taking medication?						
	Yes						85 (50%)
	No						86 (50%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						86 (51%)
	<i>Yes, all my meds</i>						14 (8%)
	<i>Yes, some of my meds</i>						25 (15%)
	<i>No</i>						45 (26%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						90 (53%)
	No						80 (47%)
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?						
	<i>Do not have any emotional or mental health problems</i>						80 (48%)
	Yes						32 (19%)
	No						55 (33%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	69 (41%)
	No	101 (59%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	51 (30%)
	No	119 (70%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	53 (31%)
	Easy	23 (13%)
	Neither	13 (8%)
	Difficult	4 (2%)
	Very difficult	7 (4%)
	Don't know	71 (42%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	34 (20%)
	Easy	27 (16%)
	Neither	18 (11%)
	Difficult	7 (4%)
	Very difficult	6 (4%)
	Don't know	79 (46%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	16 (9%)
	No	154 (91%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	15 (9%)
	No	154 (91%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	94 (57%)
	Yes	44 (27%)
	No	27 (16%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem</i>	119 (71%)
	Yes	40 (24%)
	No	9 (5%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	101 (61%)
	Yes	44 (27%)
	No	20 (12%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	34 (21%)	10 (6%)	35 (21%)	18 (11%)	36 (22%)	30 (18%)
	Vocational or skills training	41 (26%)	6 (4%)	31 (19%)	27 (17%)	26 (16%)	28 (18%)
	Education (including basic skills)	44 (28%)	9 (6%)	36 (23%)	27 (17%)	19 (12%)	23 (15%)
	Offending behaviour programmes	48 (31%)	6 (4%)	24 (15%)	29 (18%)	29 (18%)	21 (13%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				77 (48%)
	Prison job				69 (43%)
	Vocational or skills training				13 (8%)
	Education (including basic skills)				21 (13%)
	Offending behaviour programmes				13 (8%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	Yes	No	Don't know
	Prison job	56 (37%)	37 (24%)	41 (27%)	19 (12%)
	Vocational or skills training	66 (48%)	33 (24%)	24 (17%)	15 (11%)
	Education (including basic skills)	62 (46%)	34 (25%)	23 (17%)	16 (12%)
	Offending behaviour programmes	68 (51%)	27 (20%)	24 (18%)	14 (11%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				26 (16%)
	Never				34 (21%)
	Less than once a week				51 (31%)
	About once a week				43 (26%)
	More than once a week				11 (7%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				50 (30%)
	Yes				74 (44%)
	No				43 (26%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				40 (24%)
	0				49 (30%)
	1 to 2				37 (22%)
	3 to 5				35 (21%)
	More than 5				4 (2%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				26 (16%)
	0				18 (11%)
	1 to 2				33 (21%)
	3 to 5				45 (28%)
	More than 5				38 (24%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				8 (5%)
	0				47 (29%)
	1 to 2				46 (29%)
	3 to 5				29 (18%)
	More than 5				31 (19%)

Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	71 (44%)
	<i>2 to less than 4 hours</i>	28 (17%)
	<i>4 to less than 6 hours</i>	18 (11%)
	<i>6 to less than 8 hours</i>	7 (4%)
	<i>8 to less than 10 hours</i>	3 (2%)
	<i>10 hours or more</i>	21 (13%)
	<i>Don't know</i>	13 (8%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	41 (25%)
	No	120 (75%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	77 (48%)
	No	82 (52%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	67 (41%)
	No	95 (59%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	34 (21%)
	<i>Very easy</i>	10 (6%)
	<i>Easy</i>	29 (18%)
	<i>Neither</i>	17 (11%)
	<i>Difficult</i>	26 (16%)
	<i>Very difficult</i>	36 (23%)
	<i>Don't know</i>	8 (5%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	Not sentenced	64 (40%)
	Yes	65 (40%)
	No	33 (20%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	97 (59%)
	<i>No contact</i>	32 (20%)
	<i>Letter</i>	17 (10%)
	<i>Phone</i>	7 (4%)
	<i>Visit</i>	19 (12%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	39 (25%)
	No	117 (75%)

Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	64 (40%)
	Yes	24 (15%)
	No	72 (45%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	136 (84%)
	<i>Very involved</i>	7 (4%)
	<i>Involved</i>	11 (7%)
	<i>Neither</i>	4 (2%)
	<i>Not very involved</i>	1 (1%)
	<i>Not at all involved</i>	2 (1%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	136 (86%)
	<i>Nobody</i>	11 (7%)
	<i>Offender supervisor</i>	10 (6%)
	<i>Offender manager</i>	4 (3%)
	<i>Named/ personal officer</i>	1 (1%)
	<i>Staff from other departments</i>	5 (3%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	136 (85%)
	Yes	13 (8%)
	No	4 (3%)
	<i>Don't know</i>	7 (4%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	136 (84%)
	Yes	11 (7%)
	No	11 (7%)
	<i>Don't know</i>	3 (2%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	136 (85%)
	Yes	16 (10%)
	No	4 (3%)
	<i>Don't know</i>	4 (3%)
Q13.10	Do you have a needs based custody plan?	
	Yes	7 (4%)
	No	76 (48%)
	<i>Don't know</i>	77 (48%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	13 (8%)
	No	141 (92%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?:
(Please tick all that apply to you.)**

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	40 (27%)	25 (17%)	82 (56%)
Accommodation	41 (26%)	33 (21%)	83 (53%)
Benefits	44 (29%)	24 (16%)	82 (55%)
Finances	42 (29%)	17 (12%)	87 (60%)
Education	43 (30%)	23 (16%)	76 (54%)
Drugs and alcohol	38 (26%)	48 (33%)	58 (40%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	64 (40%)
<i>Yes</i>	35 (22%)
<i>No</i>	61 (38%)

Main comparator and comparator to last time



Prisoner survey responses HMP Exeter 2016

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP Exeter 2016	Local prisons comparator	HMP Exeter 2016	HMP Exeter 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		172	6,084	172	174
SECTION 1: General information					
1.2	Are you under 21 years of age?	10%	6%	10%	8%
1.3	Are you sentenced?	62%	68%	62%	65%
1.3	Are you on recall?	12%	10%	12%	7%
1.4	Is your sentence less than 12 months?	24%	20%	24%	31%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	1%
1.5	Are you a foreign national?	9%	13%	9%	7%
1.6	Do you understand spoken English?	99%	97%	99%	99%
1.7	Do you understand written English?	98%	96%	98%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	9%	26%	9%	9%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	5%	6%	4%
1.1	Are you Muslim?	6%	13%	6%	4%
1.11	Are you homosexual/gay or bisexual?	4%	3%	4%	3%
1.12	Do you consider yourself to have a disability?	37%	25%	37%	33%
1.13	Are you a veteran (ex-armed services)?	14%	5%	14%	10%
1.14	Is this your first time in prison?	31%	33%	31%	33%
1.15	Do you have any children under the age of 18?	51%	54%	51%	51%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	34%	23%	34%	23%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	44%	39%	44%	46%
2.3	Were you offered a toilet break?	7%	8%	7%	16%
2.4	Was the van clean?	65%	57%	65%	79%
2.5	Did you feel safe?	73%	74%	73%	78%
2.6	Were you treated well/very well by the escort staff?	70%	66%	70%	75%
2.7	Before you arrived here were you told that you were coming here?	64%	63%	64%	75%
2.7	Before you arrived here did you receive any written information about coming here?	5%	3%	5%	5%
2.8	When you first arrived here did your property arrive at the same time as you?	78%	78%	78%	82%

Main comparator and comparator to last time

Key to tables

		HMP Exeter 2016	Local prisons comparator	HMP Exeter 2016	HMP Exeter 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	30%	39%	30%	48%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	77%	81%	86%
3.3	Were you treated well/very well in reception?	63%	62%	63%	76%
	When you first arrived:				
3.4	Did you have any problems?	82%	77%	82%	75%
3.4	Did you have any problems with loss of property?	18%	16%	18%	14%
3.4	Did you have any housing problems?	30%	23%	30%	19%
3.4	Did you have any problems contacting employers?	8%	5%	8%	5%
3.4	Did you have any problems contacting family?	34%	35%	34%	32%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	3%	2%	2%
3.4	Did you have any money worries?	20%	24%	20%	21%
3.4	Did you have any problems with feeling depressed or suicidal?	26%	24%	26%	29%
3.4	Did you have any physical health problems?	20%	18%	20%	18%
3.4	Did you have any mental health problems?	33%	25%	33%	24%
3.4	Did you have any problems with needing protection from other prisoners?	8%	9%	8%	5%
3.4	Did you have problems accessing phone numbers?	32%	32%	32%	28%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	35%	31%	35%	37%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	22%	77%	22%	79%
3.6	A shower?	17%	29%	17%	29%
3.6	A free telephone call?	21%	54%	21%	34%
3.6	Something to eat?	64%	70%	64%	72%
3.6	PIN phone credit?	43%	50%	43%	61%
3.6	Toiletries/ basic items?	57%	57%	57%	65%

Key to tables

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SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	39%	45%	39%	39%
3.7	Someone from health services?	65%	66%	65%	63%
3.7	A Listener/Samaritans?	36%	30%	36%	46%
3.7	Prison shop/ canteen?	21%	21%	21%	24%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	35%	40%	35%	46%
3.8	Support was available for people feeling depressed or suicidal?	42%	35%	42%	46%
3.8	How to make routine requests?	39%	33%	39%	44%
3.8	Your entitlement to visits?	29%	33%	29%	39%
3.8	Health services?	40%	43%	40%	54%
3.8	The chaplaincy?	32%	39%	32%	39%
3.9	Did you feel safe on your first night here?	65%	69%	65%	79%
3.10	Have you been on an induction course?	68%	74%	68%	69%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	48%	49%	48%	49%
3.12	Did you receive an education (skills for life) assessment?	69%	74%	69%	76%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	30%	36%	30%	29%
4.1	Attend legal visits?	48%	50%	48%	51%
4.1	Get bail information?	12%	17%	12%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	42%	39%	36%
4.3	Can you get legal books in the library?	34%	35%	34%	37%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	25%	49%	25%	32%
4.4	Are you normally able to have a shower every day?	61%	74%	61%	65%
4.4	Do you normally receive clean sheets every week?	34%	66%	34%	63%
4.4	Do you normally get cell cleaning materials every week?	34%	51%	34%	62%
4.4	Is your cell call bell normally answered within five minutes?	12%	24%	12%	21%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	35%	56%	35%	50%
4.4	Can you normally get your stored property, if you need to?	16%	20%	16%	14%
4.5	Is the food in this prison good/very good?	20%	21%	20%	24%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	46%	45%	57%
4.7	Are you able to speak to a Listener at any time, if you want to?	54%	52%	54%	63%
4.8	Are your religious beliefs are respected?	39%	49%	39%	41%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	48%	50%	48%	54%
4.10	Is it easy/very easy to attend religious services?	38%	44%	38%	45%

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	74%	71%	74%	81%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	51%	47%	51%	62%
5.2	Do you feel applications are dealt with quickly (within seven days)?	38%	31%	38%	55%
5.3	Is it easy to make a complaint?	47%	49%	47%	45%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	20%	28%	20%	24%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	19%	23%	19%	44%
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	22%	26%	13%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	10%	18%	10%	13%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	39%	39%	39%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	31%	39%	31%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	10%	16%	7%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	28%	35%	28%	61%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	77%	72%	77%	79%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	66%	67%	66%	76%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	27%	27%	27%	31%
7.4	Do staff normally speak to you most of the time/all of the time during association?	19%	17%	19%	12%
7.5	Do you have a personal officer?	30%	34%	30%	40%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	48%	67%	48%	55%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	58%	48%	58%	35%
8.2	Do you feel unsafe now?	25%	22%	25%	13%
8.4	Have you been victimised by other prisoners here?	39%	32%	39%	30%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	15%	13%	15%	11%
8.5	Hit, kicked or assaulted you?	14%	10%	14%	6%
8.5	Sexually abused you?	5%	2%	5%	2%
8.5	Threatened or intimidated you?	26%	17%	26%	14%
8.5	Taken your canteen/property?	12%	8%	12%	8%
8.5	Victimised you because of medication?	7%	6%	7%	4%
8.5	Victimised you because of debt?	6%	5%	6%	2%
8.5	Victimised you because of drugs?	6%	5%	6%	4%
8.5	Victimised you because of your race or ethnic origin?	4%	4%	4%	3%
8.5	Victimised you because of your religion/religious beliefs?	5%	4%	5%	1%
8.5	Victimised you because of your nationality?	2%	3%	2%	3%
8.5	Victimised you because you were from a different part of the country?	8%	4%	8%	5%
8.5	Victimised you because you are from a Traveller community?	5%	2%	5%	2%
8.5	Victimised you because of your sexual orientation?	5%	1%	5%	2%
8.5	Victimised you because of your age?	4%	3%	4%	3%
8.5	Victimised you because you have a disability?	9%	4%	9%	8%
8.5	Victimised you because you were new here?	11%	7%	11%	6%
8.5	Victimised you because of your offence/crime?	8%	6%	8%	2%
8.5	Victimised you because of gang related issues?	6%	5%	6%	3%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	26%	33%	26%	26%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	17%	12%	17%	10%
8.7	Hit, kicked or assaulted you?	8%	6%	8%	4%
8.7	Sexually abused you?	3%	2%	3%	1%
8.7	Threatened or intimidated you?	15%	14%	15%	5%
8.7	Victimised you because of medication?	6%	6%	6%	5%
8.7	Victimised you because of debt?	2%	2%	2%	1%
8.7	Victimised you because of drugs?	3%	3%	3%	3%
8.7	Victimised you because of your race or ethnic origin?	3%	4%	3%	4%
8.7	Victimised you because of your religion/religious beliefs?	6%	4%	6%	4%
8.7	Victimised you because of your nationality?	3%	3%	3%	2%
8.7	Victimised you because you were from a different part of the country?	6%	3%	6%	4%
8.7	Victimised you because you are from a Traveller community?	4%	1%	4%	1%
8.7	Victimised you because of your sexual orientation?	4%	1%	4%	1%
8.7	Victimised you because of your age?	4%	2%	4%	2%
8.7	Victimised you because you have a disability?	7%	3%	7%	3%
8.7	Victimised you because you were new here?	6%	5%	6%	6%
8.7	Victimised you because of your offence/crime?	5%	5%	5%	3%
8.7	Victimised you because of gang related issues?	4%	3%	4%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	26%	35%	26%	26%

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SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	14%	21%	14%	21%
9.1	Is it easy/very easy to see the nurse?	29%	42%	29%	41%
9.1	Is it easy/very easy to see the dentist?	5%	9%	5%	7%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	40%	40%	40%	45%
9.2	The nurse?	48%	51%	48%	55%
9.2	The dentist?	31%	29%	31%	37%
9.3	The overall quality of health services?	32%	35%	32%	44%
9.4	Are you currently taking medication?	50%	52%	50%	47%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	46%	58%	46%	50%
9.6	Do you have any emotional well being or mental health problems?	53%	41%	53%	51%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	37%	42%	37%	25%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	41%	33%	41%	29%
10.2	Did you have a problem with alcohol when you came into this prison?	30%	21%	30%	29%
10.3	Is it easy/very easy to get illegal drugs in this prison?	45%	39%	45%	31%
10.4	Is it easy/very easy to get alcohol in this prison?	36%	18%	36%	11%
10.5	Have you developed a problem with drugs since you have been in this prison?	10%	10%	10%	7%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	8%	9%	8%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	62%	55%	62%	53%
10.8	Have you received any support or help with your alcohol problem while in this prison?	81%	54%	81%	68%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	69%	76%	69%	85%

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SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	28%	31%	28%	16%
11.1	Vocational or skills training?	23%	29%	23%	20%
11.1	Education (including basic skills)?	28%	44%	28%	37%
11.1	Offending behaviour programmes?	19%	17%	19%	14%
Are you currently involved in any of the following activities:					
11.2	A prison job?	43%	44%	43%	35%
11.2	Vocational or skills training?	8%	8%	8%	5%
11.2	Education (including basic skills)?	13%	23%	13%	21%
11.2	Offending behaviour programmes?	8%	7%	8%	3%
11.3	Have you had a job while in this prison?	63%	69%	63%	52%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	38%	39%	38%	31%
11.3	Have you been involved in vocational or skills training while in this prison?	52%	56%	52%	47%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	46%	44%	46%	39%
11.3	Have you been involved in education while in this prison?	54%	66%	54%	62%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	47%	50%	47%	46%
11.3	Have you been involved in offending behaviour programmes while in this prison?	49%	54%	49%	40%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	42%	40%	42%	20%
11.4	Do you go to the library at least once a week?	33%	28%	33%	41%
11.5	Does the library have a wide enough range of materials to meet your needs?	44%	32%	44%	49%
11.6	Do you go to the gym three or more times a week?	24%	24%	24%	19%
11.7	Do you go outside for exercise three or more times a week?	52%	40%	52%	61%
11.8	Do you go on association more than five times each week?	19%	43%	19%	5%
11.9	Do you spend ten or more hours out of your cell on a weekday?	13%	9%	13%	7%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	26%	30%	26%	24%
12.2	Have you had any problems with sending or receiving mail?	48%	49%	48%	36%
12.3	Have you had any problems getting access to the telephones?	41%	34%	41%	37%
12.4	Is it easy/ very easy for your friends and family to get here?	24%	35%	24%	28%

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SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	66%	61%	66%	60%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	48%	43%	48%	53%
13.2	Contact by letter?	25%	28%	25%	30%
13.2	Contact by phone?	11%	13%	11%	3%
13.2	Contact by visit?	28%	36%	28%	23%
13.3	Do you have a named offender supervisor in this prison?	25%	30%	25%	58%
For those who are sentenced:					
13.4	Do you have a sentence plan?	25%	33%	25%	24%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	72%	54%	72%	42%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	48%	46%	48%	59%
13.6	Offender supervisor?	44%	31%	44%	22%
13.6	Offender manager?	17%	26%	17%	13%
13.6	Named/ personal officer?	5%	11%	5%	9%
13.6	Staff from other departments?	22%	18%	22%	18%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	54%	52%	54%	29%
13.8	Are there plans for you to achieve any of your targets in another prison?	44%	28%	44%	27%
13.9	Are there plans for you to achieve any of your targets in the community?	67%	31%	67%	32%
13.10	Do you have a needs based custody plan?	4%	7%	4%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	10%	8%	9%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	23%	26%	23%	21%
13.12	Accommodation?	28%	32%	28%	25%
13.12	Benefits?	23%	34%	23%	27%
13.12	Finances?	16%	21%	16%	19%
13.12	Education?	23%	27%	23%	25%
13.12	Drugs and alcohol?	45%	40%	45%	40%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	37%	45%	37%	38%

Diversity Analysis



Key question responses (disability and age over 50) HMP Exeter 2016

Prisoner survey responses (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

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Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		64	107		
1.3	Are you sentenced?	63%	62%	61%	62%
1.5	Are you a foreign national?	7%	11%	13%	9%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	98%	98%	96%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	11%	9%	19%	8%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	11%	3%	8%	6%
1.1	Are you Muslim?	6%	6%	4%	7%
1.12	Do you consider yourself to have a disability?			54%	34%
1.13	Are you a veteran (ex-armed services)?	17%	11%	31%	10%
1.14	Is this your first time in prison?	29%	32%	44%	29%
2.6	Were you treated well/very well by the escort staff?	72%	69%	65%	71%
2.7	Before you arrived here were you told that you were coming here?	69%	60%	61%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	83%	85%	80%
3.3	Were you treated well/very well in reception?	60%	64%	56%	64%
3.4	Did you have any problems when you first arrived?	97%	73%	85%	82%
3.7	Did you have access to someone from health care when you first arrived here?	71%	61%	61%	66%
3.9	Did you feel safe on your first night here?	53%	72%	48%	69%
3.10	Have you been on an induction course?	58%	73%	69%	67%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	27%	30%	28%	31%

Diversity Analysis

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	20%	28%	52%	20%
4.4	Are you normally able to have a shower every day?	56%	65%	56%	62%
4.4	Is your cell call bell normally answered within five minutes?	6%	16%	24%	11%
4.5	Is the food in this prison good/very good?	25%	17%	31%	18%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	51%	40%	64%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	66%	47%	69%	51%
4.8	Do you feel your religious beliefs are respected?	42%	37%	54%	36%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	47%	61%	46%
5.1	Is it easy to make an application?	73%	74%	75%	74%
5.3	Is it easy to make a complaint?	49%	46%	35%	49%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	39%	39%	39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	26%	34%	32%	31%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	21%	13%	13%	17%
7.1	Do most staff, in this prison, treat you with respect?	82%	73%	84%	76%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	64%	67%	66%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	21%	18%	16%	20%
7.4	Do you have a personal officer?	28%	31%	35%	30%
8.1	Have you ever felt unsafe here?	72%	49%	54%	58%
8.2	Do you feel unsafe now?	37%	18%	36%	22%
8.3	Have you been victimised by other prisoners?	46%	34%	31%	40%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	33%	22%	27%	25%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	3%	4%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	10%	2%	4%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	1%	4%	2%
8.5	Have you been victimised because of your age? (By prisoners)	6%	2%	4%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	22%	2%	15%	8%

Diversity Analysis

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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	29%	25%	16%	29%
8.7	Have you ever felt threatened or intimidated by staff here?	22%	10%	13%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	3%	4%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	6%	4%	6%
8.7	Have you been victimised because of your nationality? (By staff)	3%	3%	4%	3%
8.7	Have you been victimised because of your age? (By staff)	5%	4%	0%	5%
8.7	Have you been victimised because you have a disability? (By staff)	13%	4%	4%	8%
9.1	Is it easy/very easy to see the doctor?	17%	12%	16%	13%
9.1	Is it easy/ very easy to see the nurse?	35%	25%	35%	28%
9.4	Are you currently taking medication?	74%	34%	64%	47%
9.6	Do you feel you have any emotional well being/mental health issues?	83%	35%	52%	53%
10.3	Is it easy/very easy to get illegal drugs in this prison?	54%	38%	35%	46%
11.2	Are you currently working in the prison?	42%	44%	35%	43%
11.2	Are you currently undertaking vocational or skills training?	10%	7%	17%	7%
11.2	Are you currently in education (including basic skills)?	12%	14%	9%	14%
11.2	Are you currently taking part in an offending behaviour programme?	8%	8%	9%	8%
11.4	Do you go to the library at least once a week?	26%	37%	39%	31%
11.6	Do you go to the gym three or more times a week?	16%	29%	5%	27%
11.7	Do you go outside for exercise three or more times a week?	45%	56%	43%	54%
11.8	On average, do you go on association more than five times each week?	15%	22%	18%	20%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8%	16%	14%	13%
12.2	Have you had any problems sending or receiving mail?	60%	42%	30%	51%
12.3	Have you had any problems getting access to the telephones?	54%	34%	27%	43%



Prisoner survey responses HMP Exeter 2016 Wing comparator

Prisoner survey responses (missing data have been excluded for each question) Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		B wing	A and C wings
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		28	115
SECTION 1: General information			
1.2	Are you under 21 years of age?	14%	9%
1.3	Are you sentenced?	64%	58%
1.3	Are you on recall?	0%	15%
1.4	Is your sentence less than 12 months?	18%	28%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	0%
1.5	Are you a foreign national?	8%	11%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	96%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	4%	12%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	6%
1.1	Are you Muslim?	4%	8%
1.11	Are you homosexual/gay or bisexual?	4%	3%
1.12	Do you consider yourself to have a disability?	36%	40%
1.13	Are you a veteran (ex-armed services)?	8%	14%
1.14	Is this your first time in prison?	58%	30%
1.15	Do you have any children under the age of 18?	43%	49%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	36%	31%
2.5	Did you feel safe?	71%	72%
2.6	Were you treated well/very well by the escort staff?	61%	71%
2.7	Before you arrived here were you told that you were coming here?	61%	62%
2.8	When you first arrived here did your property arrive at the same time as you?	68%	79%

Key to tables

	Any percentage highlighted in green is significantly better	B wing	A and C wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	39%	27%
3.2	When you were searched in reception, was this carried out in a respectful way?	79%	80%
3.3	Were you treated well/very well in reception?	61%	66%
	When you first arrived:		
3.4	Did you have any problems?	79%	84%
3.4	Did you have any problems with loss of property?	8%	18%
3.4	Did you have any housing problems?	18%	36%
3.4	Did you have any problems contacting employers?	0%	10%
3.4	Did you have any problems contacting family?	29%	38%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	3%
3.4	Did you have any money worries?	14%	23%
3.4	Did you have any problems with feeling depressed or suicidal?	36%	25%
3.4	Did you have any physical health problems?	18%	19%
3.4	Did you have any mental health problems?	18%	38%
3.4	Did you have any problems with needing protection from other prisoners?	25%	6%
3.4	Did you have problems accessing phone numbers?	33%	32%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	33%	18%
3.6	A shower?	18%	16%
3.6	A free telephone call?	18%	23%
3.6	Something to eat?	68%	63%
3.6	PIN phone credit?	36%	46%
3.6	Toiletries/ basic items?	58%	57%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	26%	40%
3.7	Someone from health services?	66%	64%
3.7	A Listener/Samaritans?	52%	27%
3.7	Prison shop/ canteen?	26%	16%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	39%	33%
3.8	Support was available for people feeling depressed or suicidal?	61%	38%
3.8	How to make routine requests?	46%	33%
3.8	Your entitlement to visits?	42%	21%
3.8	Health services?	35%	39%
3.8	The chaplaincy?	27%	31%
3.9	Did you feel safe on your first night here?	52%	65%
3.10	Have you been on an induction course?	78%	62%
3.12	Did you receive an education (skills for life) assessment?	75%	66%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	38%	26%
4.1	Attend legal visits?	50%	46%
4.1	Get bail information?	20%	9%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	29%	39%
4.3	Can you get legal books in the library?	30%	34%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	46%	12%
4.4	Are you normally able to have a shower every day?	79%	54%
4.4	Do you normally receive clean sheets every week?	60%	22%
4.4	Do you normally get cell cleaning materials every week?	50%	20%
4.4	Is your cell call bell normally answered within five minutes?	18%	5%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	29%	28%
4.4	Can you normally get your stored property, if you need to?	29%	10%
4.5	Is the food in this prison good/very good?	25%	15%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	79%	46%
4.8	Are your religious beliefs are respected?	50%	34%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	43%	47%
4.10	Is it easy/very easy to attend religious services?	36%	36%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	82%	72%
5.3	Is it easy to make a complaint?	43%	50%
5.5	Have you ever been prevented from making a complaint when you wanted to?	14%	29%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	4%	10%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	58%	30%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	24%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	18%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	88%	72%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	83%	58%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	18%	26%
7.4	Do staff normally speak to you most of the time/all of the time during association?	22%	14%
7.5	Do you have a personal officer?	46%	21%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	68%	56%
8.2	Do you feel unsafe now?	26%	27%
8.4	Have you been victimised by other prisoners here?	54%	33%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	21%	11%
8.5	Hit, kicked or assaulted you?	21%	11%
8.5	Sexually abused you?	8%	3%
8.5	Threatened or intimidated you?	29%	22%
8.5	Taken your canteen/property?	21%	9%
8.5	Victimised you because of medication?	14%	3%
8.5	Victimised you because of debt?	8%	4%
8.5	Victimised you because of drugs?	4%	4%
8.5	Victimised you because of your race or ethnic origin?	4%	3%
8.5	Victimised you because of your religion/religious beliefs?	0%	5%
8.5	Victimised you because of your nationality?	0%	2%
8.5	Victimised you because you were from a different part of the country?	4%	6%
8.5	Victimised you because you are from a traveller community?	4%	3%
8.5	Victimised you because of your sexual orientation?	8%	3%
8.5	Victimised you because of your age?	0%	3%
8.5	Victimised you because you have a disability?	11%	6%
8.5	Victimised you because you were new here?	18%	10%
8.5	Victimised you because of your offence/crime?	18%	5%
8.5	Victimised you because of gang related issues?	4%	7%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	18%	28%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	8%	19%
8.7	Hit, kicked or assaulted you?	4%	10%
8.7	Sexually abused you?	0%	3%
8.7	Threatened or intimidated you?	8%	16%
8.7	Victimised you because of medication?	0%	8%
8.7	Victimised you because of debt?	0%	2%
8.7	Victimised you because of drugs?	0%	3%
8.7	Victimised you because of your race or ethnic origin?	0%	3%
8.7	Victimised you because of your religion/religious beliefs?	8%	6%
8.7	Victimised you because of your nationality?	0%	3%
8.7	Victimised you because you were from a different part of the country?	4%	5%
8.7	Victimised you because you are from a traveller community?	0%	4%
8.7	Victimised you because of your sexual orientation?	0%	3%
8.7	Victimised you because of your age?	0%	4%
8.7	Victimised you because you have a disability?	8%	6%
8.7	Victimised you because you were new here?	8%	6%
8.7	Victimised you because of your offence/crime?	0%	5%
8.7	Victimised you because of gang related issues?	4%	5%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	15%	10%
9.1	Is it easy/very easy to see the nurse?	44%	22%
9.1	Is it easy/very easy to see the dentist?	8%	4%
9.4	Are you currently taking medication?	39%	53%
9.6	Do you have any emotional well being or mental health problems?	58%	52%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	14%	45%
10.2	Did you have a problem with alcohol when you came into this prison?	18%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	29%	44%
10.4	Is it easy/very easy to get alcohol in this prison?	18%	35%
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	11%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	4%	8%

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	46%	18%
11.1	Vocational or skills training?	22%	18%
11.1	Education (including basic skills)?	22%	25%
11.1	Offending Behaviour Programmes?	8%	19%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	61%	32%
11.2	Vocational or skills training?	8%	6%
11.2	Education (including basic skills)?	33%	10%
11.2	Offending Behaviour Programmes?	8%	9%
11.4	Do you go to the library at least once a week?	38%	32%
11.5	Does the library have a wide enough range of materials to meet your needs?	44%	41%
11.6	Do you go to the gym three or more times a week?	30%	17%
11.7	Do you go outside for exercise three or more times a week?	58%	50%
11.8	Do you go on association more than five times each week?	27%	12%
11.9	Do you spend ten or more hours out of your cell on a weekday?	0%	7%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	32%	19%
12.2	Have you had any problems with sending or receiving mail?	42%	53%
12.3	Have you had any problems getting access to the telephones?	39%	46%
12.4	Is it easy/ very easy for your friends and family to get here?	31%	19%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	29%	16%
13.10	Do you have a needs based custody plan?	4%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	7%

Diversity analysis



Key question responses (veterans) HMP Exeter 2016

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		23	147
1.3	Are you sentenced?	59%	63%
1.5	Are you a foreign national?	23%	7%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	95%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	14%	8%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	6%
1.1	Are you Muslim?	10%	6%
1.12	Do you consider yourself to have a disability?	48%	35%
1.13	Are you a veteran (ex-armed services)?		
1.14	Is this your first time in prison?	61%	26%
2.6	Were you treated well/very well by the escort staff?	74%	70%
2.7	Before you arrived here were you told that you were coming here?	64%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	80%
3.3	Were you treated well/very well in reception?	65%	62%
3.4	Did you have any problems when you first arrived?	83%	82%
3.7	Did you have access to someone from health care when you first arrived here?	68%	64%
3.9	Did you feel safe on your first night here?	65%	65%
3.10	Have you been on an induction course?	61%	68%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	27%	30%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	44%	22%
4.4	Are you normally able to have a shower every day?	70%	61%
4.4	Is your cell call bell normally answered within five minutes?	22%	11%
4.5	Is the food in this prison good/very good?	27%	19%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	41%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	74%	51%
4.8	Do you feel your religious beliefs are respected?	65%	35%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	70%	45%
5.1	Is it easy to make an application?	70%	74%
5.3	Is it easy to make a complaint?	46%	48%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	38%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	30%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	19%	15%
7.1	Do most staff, in this prison, treat you with respect?	91%	75%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	65%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	27%	18%
7.4	Do you have a personal officer?	44%	28%
8.1	Have you ever felt unsafe here?	44%	59%
8.2	Do you feel unsafe now?	27%	24%
8.3	Have you been victimised by other prisoners?	5%	43%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	5%	29%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	1%
8.5	Have you been victimised because of your age? (By prisoners)	0%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	10%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	14%	27%
8.7	Have you ever felt threatened or intimidated by staff here?	5%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	6%
8.7	Have you been victimised because of your nationality? (By staff)	5%	3%
8.7	Have you been victimised because of your age? (By staff)	0%	5%
8.7	Have you been victimised because you have a disability? (By staff)	0%	8%
9.1	Is it easy/very easy to see the doctor?	19%	13%
9.1	Is it easy/ very easy to see the nurse?	40%	28%
9.4	Are you currently taking medication?	59%	48%
9.6	Do you feel you have any emotional well being/mental health issues?	48%	53%
10.3	Is it easy/very easy to get illegal drugs in this prison?	22%	47%
11.2	Are you currently working in the prison?	35%	44%
11.2	Are you currently undertaking vocational or skills training?	9%	8%
11.2	Are you currently in education (including basic skills)?	9%	14%
11.2	Are you currently taking part in an offending behaviour programme?	9%	8%
11.4	Do you go to the library at least once a week?	32%	33%
11.6	do you go to the gym three or more times a week?	23%	24%
11.7	Do you go outside for exercise three or more times a week?	43%	53%
11.8	On average, do you go on association more than five times each week?	19%	20%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	18%	12%
12.2	Have you had any problems sending or receiving mail?	37%	50%
12.3	Have you had any problems getting access to the telephones?	37%	42%