



Debriefing paper for the inspection of

HMP Exeter

by HM Inspectorate of Prisons

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This paper represents the material presented at the full inspection debrief by HM Inspectorate of Prisons. The material and assessments are indicative only and may be changed at the discretion of the Chief Inspector after due reflection during the report production process or on the discovery of additional evidence. Inspected bodies will be offered the opportunity to correct factual inaccuracies as part of the publication process.

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Healthy prison assessments

Outcomes for prisoners are good against this healthy prison test.

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

Outcomes for prisoners are reasonably good against this healthy prison test.

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 against this healthy prison test.

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 against this healthy prison test.

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.

1. Leadership

Our judgements about leadership take a narrative form and do not result in a score.

- At our last inspection in 2018 we issued an urgent notification because of the very poor safety outcomes. This report outlines many serious shortcomings which need addressing with urgency by the governor and his team.
- The governor was appointed in 2019 and has prioritised safety but outcomes remained poor. He was committed to the establishment and was very accessible to both staff and prisoners.
- Exeter has struggled to recruit and retain staff in vital leadership roles. There had been eight deputy governors and eight heads of safety since our previous inspection, this instability of leadership is the key reason for the failings in this report and reflects poorly on the input and support from HMPPS.
- The governor and prison group director have taken recent action to improve the stability of the senior team by regrading the deputy governor and head of safety posts.
- The governor was attempting to improve the recruitment process in order to address the high rates of attrition amongst front line staff.
- The constant change of managers meant that in areas including safety, residential units, healthcare and activity systems and processes were not robust enough to safeguard outcomes for prisoners. The exception to this was the offender management unit where consistent, strong leadership created the foundation for good practice.
- The transition of healthcare services to a new provider had distracted leaders from delivering safe care and effective oversight.
- While there were many concerns, we identified some early signs of progress at the establishment, the levels of self-harm and violence were beginning to fall but remained too high. The safety team had established some valued peer support schemes for prisoners at risk of self-harm.
- The many committed managers and staff at the establishment provided some reason for hope. There needs to be more support from HMPPS to provide the stability of leadership needed to sustain improvements at Exeter.

2. Safety

Outcomes for prisoners against this healthy prison test were poor.

Early days in custody

- Reception procedures were good, all prisoners were interviewed privately by first night and healthcare staff to identify any risks.
- There were frequent delays for prisoners new to custody receiving medication and insufficient observation for those detoxing which led to increased risk for some during their first days in prison.
- Too many prisoners did not receive a full induction, prisoners spent far too long on the induction unit with little to do, locked in their cells.

Managing behaviour

- Assaults on prisoners had reduced but still remained higher than comparator prisons. Assaults on staff had increased, most of these were recorded as not serious and perpetrated by just a small number of prisoners.
- All violent incidents were investigated, but investigations varied in detail and were often untimely. As a result, leaders did not have a thorough understanding of the drivers of violence.
- The CSIP process was in place but more oversight was needed to ensure plans were meaningful and prisoners understood their targets.
- The wings were better ordered but too much low-level behaviour went unchallenged. Incentives for prisoners who engaged well needed development.
- Adjudications had reduced by almost a half and prisoners were placed on report for the most serious charges.

Segregation

- The segregation unit had improved and was now well managed.
- Reintegration planning commenced as soon as a prisoner arrived and very few stayed segregated for long periods.
- We observed good interactions with prisoners from professional caring staff.

Use of force

- Use of force rates remained high. Monthly meetings were now taking place, were well attended and discussed some relevant data. Leaders planned to introduce a use of force action plan to reduce the high levels.
- Oversight was undermined by a very poor CCTV system and a lack of footage of incidents.

Security

- In our survey fewer prisoners than at the time of the previous inspection reported it was easy to get drugs and alcohol at Exeter. However, MDT rates were too high.
- CCTV continued to be unreliable and did not provide adequate cover that could be recorded when required.

Suicide and self-harm prevention

- Prisoners had a very high level of need, in our survey 77% reported having a mental health condition and Exeter acted as an entry route into the prison system for several secure mental health units.
- Whilst reducing over the previous year, the rate of self-harm remained higher than any other reception prison in England and Wales. There had been seven self-inflicted and one non-natural death since our last inspection. The number of prisoners supported through the ACCT process was also high but was reducing.
- The quality of ACCT documentation was inconsistent, however recent improvements in quality assurance were starting to have an impact.
- Suitable data on the reasons for self-harm were collated and used to inform a good, consolidated action plan.
- Prisoners at risk of self-harm told us that care varied considerably. Many prisoners we spoke to said that frustrations with daily life and difficulty getting problems resolved led to thoughts of self-harm.

3. Respect

Outcomes for prisoners against this healthy prison test were not sufficiently good.

Staff-prisoner relationships

- In our survey 63% of prisoners said that staff treated them with respect, and whilst we observed mostly respectful interactions, prisoners we spoke to were frustrated by the inability of staff to deliver on legitimate requests.
- The keyworker scheme was not operating, this hindered the creation of meaningful relationships and was a missed opportunity to address the frustrations of many prisoners.
- Peer work had improved and was now reasonably good.

Daily life

- Several projects were underway to improve some living conditions and other elements of the prison, however too many prisoners still lived in overcrowded and poor cell conditions.
- There had been improvements to the standards of cleanliness of communal areas.
- Most shower facilities had been refurbished, however some of these improvements had already been damaged, access to showers were reasonable.
- Property was a key frustration for prisoners at Exeter. Laundry arrangements were insufficient, and some prisoners were hand washing clothes in their cell.

Consultation, applications and redress

- Consultation arrangements had recently improved through wing forums, but this was not delivered consistently.
- The implementation of electronic kiosks had improved the application process.
- Complaints were reasonably well managed. Most responses were polite and appropriate, but not always timely.

Equality, diversity and faith

- Oversight and governance of equalities was good, meetings were well attended, and leaders actively looked to identify potential disproportionate behaviour.
- There were good examples of support for transgender prisoners, and the youth engagement lead provided group work and care for prisoners under 21.
- The regime for some disabled prisoners was poor.
- Faith provision was good, with all prisoners receiving equitable access to corporate worship each week. All denominations including most of the numerically smaller faiths were provided for.

Health, well-being and social care

- Longstanding issues with healthcare delivery had been exacerbated by the imminent transition of healthcare services to a new provider.
- Chronic staff shortages in all areas meant that delivery of care and support to patients was compromised and carried a high degree of clinical risk.
- GP provision was effective.
- Waiting times for the dentist were too long.

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- Substance misuse services were not well integrated and patients receiving clinical treatment were not always observed in line with their care plan or with national guidelines, which was unsafe. Psychosocial support for patients was good.
- Mental health services were focussed on urgent and routine referrals, but access to psychological care was poor. There was limited access to therapeutic programmes which meant some patients did not receive the mental health care they needed.
- Services for patients with a learning disability were limited and there was a significant level of unmet need for those with autism and ADHD.
- Social care arrangements were effective.
- Pharmacy services were adequate, but some patients did not receive their medications in a timely manner. Supervision of medication queues was inconsistent.

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4. Purposeful activity

Outcomes for prisoners against this healthy prison test were poor.

Time out of cell

- There was enough purposeful activity to provide at least part time employment for all prisoners, however less than half of the population were allocated, and attendance was poor. Our time out of cell checks showed only 29% of prisoners were in purposeful activity.
- Time out of cell was poor, unemployed prisoners spent 2.5 hours out of cell a day, employed prisoners would be unlocked between four to six and half hours per day.
- The regime did not operate consistently, this frustrated prisoners.
- A good system was in place to ensure equality of access to the gym for prisoners, and whilst the quality of delivery was good, there was no outdoor activities, and the provision was limited.
- Library provision was reasonable, and prisoners reported good access.

Education, skills and work activities

- Leaders in education, skills and work (ESW) had produced a detailed, honest and largely accurate self-assessment of the many weaknesses and comparatively few strengths of the ESW provision. These leaders were resilient and determined to make improvements. However, they had not ensured that all staff understood what role they could play in correcting weaknesses in the provision.
- There were insufficient courses available to meet prisoners' varied needs, not least the substantial number with learning difficulties and disabilities, those serving longer sentences or nearing release.
- Prisoners' attendance and punctuality at education and training sessions was routinely poor. The allocations process was chaotic with prisoners and tutors often not knowing who was going to be at what session, or why. The proportion starting a course and achieving the qualification was also very low, particularly in English and mathematics.
- Insufficient teaching staff were available to ensure all classes in education could be scheduled routinely or cover provided for holidays and sickness. Too many education and workshop sessions were cancelled due to a lack of staff often at the last minute. This demotivated the allocated attendees.
- The relatively small number of prisoners who attended mainstream education or training sessions demonstrated good behaviour. The number and range of industry places was very limited and the work mundane. It was mainly open to vulnerable prisoners (VPs) who took pride in their work.
- Leaders focused rightly on tackling day-to-day operational problems but had too little awareness of the data available to help them monitor and manage performance effectively. Improvement actions too often failed. This was often due to one or more factors such as insufficient staff, a lack of funding or frequent destabilising changes in management.
- Most wing staff did not understand the value of education, skills and work. As a result, they did not prioritise getting prisoners off the wings and engaging with purposeful activity. A large backlog of prisoners had not had an induction to ESW. All in all, most prisoners' understanding and appreciation of the value of purposeful activities was poor.

5. Rehabilitation and release planning

Outcomes for prisoners against this healthy prison test were reasonably good.

Children and families and contact with the outside world

- The current visits facility was basic but enabled prisoners to have some in person contact with families and friends whilst the new visits centre was built. Family support services had recently been taken on by a new provider and were still bedding in.
- There were reasonable arrangements for other types of contact although prisoners had faced delays in having their telephone numbers approved.

Reducing risk, rehabilitation and progression

- Strategic management of reducing reoffending work had not had sufficient focus. Useful work was being carried out and there was some collaborative working between different agencies but there was weakness in the coordination and monitoring of the various work strands.
- The OMU had benefitted from consistent leadership for a number of years which provided the foundation for a strong team ethos and well embedded work practices.
- Support for remanded prisoners was better than we often see. This included an innovative project with local partners to put risk management processes in place for prisoners released from court after lengthy periods on remand.
- Nearly all eligible prisoners had an assessment of their risk and needs and a sentence plan.
- Levels of contact between prisoners and their prison offender supervisor (POM) had improved since the last inspection.
- POMs and their partner case administrators worked collaboratively together, ensuring timely completion of categorisations and reviews with prisoner input and home detention curfew procedures were started at the earliest opportunity.

Public protection

- Work to manage risk from prisoners convicted of the more serious offences and within a few months of release was good.
- Arrangements for mail and phone monitoring were managed well

Release planning

- The on-site pre-release team assessed the needs of all new arrivals and made referrals to support agencies. A vacancy in the team meant they had not been able to review resettlement plans for low and medium risk prisoners nearing the end of their sentence. This gap was partially filled by reviews carried out by other agencies.
- Provision for prisoners approaching release included support to gain employment, benefits advice, obtaining identification, bank accounts and help with accommodation. However, despite the efforts being made, too many prisoners had been released without an identified address to go to.
- The appointment of an employment lead demonstrated the focus on assisting prisoners to find jobs on release.
- The departure lounge continued to offer valuable practical support and advice to prisoners as they were released.

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