



# **Annual Report of the Independent Monitoring Board at HMP Exeter**

**For reporting year  
1 January 2024 to 31 December 2024**

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## Introductory sections 1 – 3

### 1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent board appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

## 2. Description of the establishment

HMP Exeter is an all-male and young offender category B reception and resettlement (local) prison, operating within the Devon and north Dorset prison group. Located in the city, it is a Victorian prison of radial design built in 1853, with three accommodation wings positioned around the centre (A, B and C). E wing houses administrative services, the Governor's office and other offices. In separate blocks from the main building, two further accommodation wings (D and F) were added later. At the end of the reporting year, its operational capacity (the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the planned regime) was 310<sup>1</sup>. This reduced capacity was a result of the continued temporary closure of A wing (capacity 194) and the temporary closure of F wing.

A purpose-built video conferencing centre enables some prisoners to appear in court and attend parole hearings remotely.

Prisoners at Exeter are either on remand, newly sentenced, awaiting sentence or awaiting transfer. As a local prison, Exeter has a very high turnover of prisoners. In 2024, the average length of stay for sentenced prisoners was 76 days and the percentage average of prisoners held on remand was 80%. The average number of prisoners recalled across the reporting year was 30%.

The demographics of the prison have remained broadly as in previous years:

<b>Population by age</b>	<b>% across the year (2024)</b>
18 years – 20 years (young adults)	6%
21 years – 24 years	6%
25 years – 29 years	12%
30 years – 39 years	41%
40 years – 49 years	19%
50 years – 59 years	11%
60 years or more	5%
<b>Ethnicity</b>	<b>% average across the year</b>
White ethnicity	82%
Black, Asian and minority ethnicity	18%

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<sup>1</sup> Figures included in this report are local management information. They reflect the prison's/YOI's position at the time of reporting but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice.

Prisoners with a registered disability (may include mental health)	23% average across the year
Prisoners with registered mental health issues	12% average across the month
Prisoners on the substance misuse caseload (April – December 2024)	56% of the prisoner population across the year

### **3. Key points**

#### **3.1 This report is based on the following evidence:**

- direct monitoring of accommodation, facilities and services;
- reviews of some documentation and data and regular reviews of body worn video camera (BWVC) footage in relation to use of force (UoF);
- external reports, from the Prisons & Probation Ombudsman (PPO) and HM Inspectorate of Prisons (HMIP);
- observations of some prison meetings;
- conversations with some prisoners, staff and other agencies;
- monitoring of a sample of prisoners' complaints to the prison; and
- prisoners' applications (written representation prisoners submit to the IMB).

Apart from data relating to IMB applications (see section 8) and from reports referred to above, data included in this report are based on information from the prison's local management.

#### **3.1.1 Background and overview to the report**

Throughout the reporting period, the prison has continued to operate under the Urgent notification (UN) arrangements and scrutiny. (This is when HM Chief Inspector of Prisons has alerted the Secretary of State for Justice that there are urgent and significant concerns about the performance of a prison/YOI.) It has also received some additional financial and training support. It is the Board's overall assessment that HMP/YOI Exeter continues in its drive to improve living conditions and outcomes for prisoners in the face of an increasingly challenging set of circumstances. The Board is aware of the following challenges that make consistently high standards difficult to achieve and sustain:

##### *Turnover in prisoner population*

The number of prisoners arriving and leaving the establishment creates complexities for Exeter and this issue has been exacerbated by the various end of custody supervised licence (ECSL) early release schemes. Men have been released, often without adequate preparation, and recalled to the prison after breaching their licence conditions. A total of 40% of Exeter prisoners released under the initial early release scheme were recalled. ECSL has also increased the workload for all staff involved in rehabilitation, resettlement and the offender management unit (OMU).

The balance of the prisoner population, with an increasing remand cohort (averaging 80%), due to backlogs in the courts, continues to impact on prison stability and strategy to improve opportunities for purposeful activity. Innovative proposals to better meet the needs of the changing population are in the early stages of development and are welcomed.

##### *Increasing numbers of prisoners arriving with complex behavioural, mental, physical health or substance abuse needs*

Many prisoners exhibit challenging behaviour and/or mental or physical health problems, which are often aggravated by the overcrowded and unsuitable accommodation, the availability of illicit substances, boredom and the restrictions of the daily regime. F wing, which had the ability to provide more suitable

accommodation and care for those who needed it, has been beset by erratic heating, concerns around infection control, the discovery of reinforced autoclaved aerated concrete (RAAC) and, at the end of the reporting period, by legionella. The status of the healthcare department, although improving (see 6.1), still has some staffing shortages, which can impact on their ability to manage increasingly high caseloads.

#### *Ongoing and over-running refurbishment projects*

This is the third year that the Board has reported on the negative impact of the closure of A wing. Upgrade work has, again, overrun to the point where temporary and often unsuitable arrangements (see 5.2) have become normalised and accepted. The ability of the prison to provide decent accommodation and services for segregated prisoners in the care and separation unit (CSU) remains a concern. The ability of the prison to safely separate, manage and reward/incentivise different cohorts of prisoners remains a challenge (see 4.3 and 4.4).

Anticipated and identified essential upgrade work to closed circuit television (CCTV), which was reported on last year, is still to materialise, and the latest projection for completion is October 2026. However, there is hope that a revised project plan will result in a better overall outcome in terms of security and safety and the prison's ability to manage serious incidents.

#### *Deteriorating fabric of the prison*

The Board continues to be concerned about parts of the prison accommodation, in particular D wing, which has recently undergone some refurbishment. Clear signs of damp have been reflected by regular mould growth in some cells and ongoing plumbing issues continue to create sanitation issues (see 5.1).

#### *Reducing levels of violence and self-harm*

There are signs that the investment Exeter has made, in terms of staff roles to prioritise improvements in safety, are starting to have an impact. Despite some self-harm incidents (see 4.2), violence and self-harm levels have been on a downward trend, and Exeter's position has improved in the local prisons' comparator group. Funding for some of the additional posts to support safety-related initiatives and improvements at Exeter have resulted from additional prison performance support programme (PPSP) resourcing following the UN. The Board has serious concerns about the sustainability of the improvements if the funding is withdrawn (see 4.3).

#### *Closure of Dartmoor Prison*

The closure of Dartmoor Prison was not without some impact on Exeter. Interim transfer arrangements for some staff were initially disruptive. For a short period, Exeter accommodated some of the Dartmoor prisoner cohort, which created population and separation challenges for the prison. Towards the end of the reporting year, transfer arrangements for Dartmoor staff to Exeter became more regularised and staff more integrated.

### **3.1.2 Main findings**

#### **Safety**

- Reception and first-night processes have improved, with fewer delays and a greater use of Insiders (prisoners who guide new arrivals in the first few days).
- There has been a continuing downward trend in assaults, with the monthly average halved in comparison with last year.
- The Board continues to be concerned about the illicit use of drugs (both prescribed medication and illegal drugs transported into the prison by various means).
- Incidents of self-harm have reduced.
- The management and governance of use of force (UoF) continues to be robust, in the Board's view.
- The Board has noted that the number of prisoners self-isolating has increased during the reporting year (see 4.3).

#### **Fair and humane treatment**

- The continued use of the temporary CSU, which provides unsuitable and poor-quality accommodation, is one of the issues that concerns the Board most. It is not conducive to either physical or mental health and does not provide an appropriate location for segregation and other reviews.
- Fewer prisoners were held for long periods of time in the CSU, compared with last year.
- The damp in D wing continues to cause mould in some cells which, at times, require cleaning every 48 hours.
- At times, a lack of access to shavers has been an issue. This is recognised by the prison and measures are now in place to ensure that prisoners without the means to purchase a shaver will have access to one.
- The loss of property during transfers from prison to prison or from cell to cell, and incoming parcels continues to cause considerable problems for many prisoners.

#### **Health and wellbeing**

- Whilst there was a successful and ongoing recruitment process, some key roles were unfilled for part or all of the year. As a result, healthcare staff were diverted from their normal clinical duties to help staff with the allocation of medicines, due to pharmacy technician vacancies. While there was no patient engagement lead in post, the number of complaints and queries not answered within the standard time frame rose and there were no patient forums or newsletters for prisoners.
- The churn of the prison population stretches the ability of healthcare resources to deliver its preventive roles.
- The Board is concerned by the lack of standalone mental health (MH) training for officers, whilst the numbers of prisoners with mental health diagnoses are significant.
- There is an inadequate system for 'runners' to take prisoners to dental appointments, which results in missed appointments and delayed treatment.



- The Board has been pleased to observe that there is a determination to continually improve and audit the healthcare service provided, with an open dialogue between healthcare and prison staff.

### **Progression and resettlement**

- The high number of prisoners on remand and the short length of their average stay presents a challenge in providing effective and appropriate work and education opportunities.
- An increasing number of wellbeing-related courses are provided.
- The Board was concerned that initial early release schemes meant that some prisoners left without adequate preparation and support in the community.
- There are continued concerns about the lack of appropriate accommodation for prisoners on release.

## **3.2 Main areas for development**

### ***TO THE MINISTER***

- When will the non-statutory independent role, referred to in the Minister's response last year, improve the timely transfer of prisoners with serious mental health conditions?
- Overcrowding, high rates of turnover in the prison population and an increasing remand cohort create many problems that are specific to local prisons. How does the Minister intend to address and alleviate these issues?
- As acknowledged in the Minister's response to the IMB thematic monitoring report, How Property Loss Impacts Prisoners, this issue is still causing distress and difficulty for prisoners. What steps are being taken to improve the situation?

### ***TO THE PRISON SERVICE***

- Will the return of the temporary CSU to A wing, following refurbishment, provide a suitable location for segregated prisoners and an appropriate and dedicated space for reviews and adjudications to take place?
- The Board is concerned that the refurbishment of D wing has created a number of consequential problems, including ventilation (mould growth) and inadequate plumbing. What arrangements are in place to review the approval and ongoing management of tenders and contracts?
- Will the Prison Service guarantee the continuation of additional resources, made available under UN, to ensure that improvements in safer custody, key working and co-ordination of activities and education can be maintained?
- Given the high proportion of prisoners with mental ill health, will the Prison Service ensure the delivery of standalone mental health training for all officers?

### ***TO THE GOVERNOR***

- What steps are being taken to address the high number of key security compromises and the times when enhanced gate security (EGS) is not fully operational?
- What arrangements are being made to manage an increasingly elderly and/or health-compromised population?

- What arrangements are being made to improve the proven rates of the adjudication process and make use of 'payback punishments requiring unpaid work that is rehabilitative or reparative in nature?

### 3.3 Response to the last report

Issue raised	Response given	Progress
<b>To the Minister</b> 1. The need for increased mental health support for the prison and the timely transfer of prisoners with serious mental health conditions.	The healthcare provider at HMP Exeter has undergone a review of their service model. The internal bank staff of nurses and healthcare assistants has increased, reducing the use of agency staff within the wider health team. A non-statutory independent role to improve oversight and monitor delivery of the 28-day time limit on transfer of prisoners with serious mental health conditions will be introduced.	The Board does not have the data to be able to comment on the timeliness of transfers but notes that the number of transfers increased from 21 in 2023 to 30 in 2024.
2. Overcrowding, which creates a range of problems and impacts on providing purposeful activity.	Prison places have been freed up by temporarily reducing the time that those sentenced to standard determinate sentences (SDS) serve in prison, from 50% to 40% of their sentence. A total of 10,000 additional places in modern, uncrowded prisons will be built by the end of 2025. There is also investment being made in the existing prison estate.	The prison continues to work at near capacity and has had to lock out on occasion and, at times, requiring the location of prisoners in inappropriate wings – most prisoners share a cell that was designed for one occupant.
3. The lack of accommodation available for some prisoners on their release	The number of CAS-2 (community accommodation services tier 2) bed spaces increased to 45 in the southwest during 2023. A further 18 bed spaces are being provided in the southwest during 2024. In May 2023, the community accommodation service tier 3, which provides emergency accommodation, began to be delivered in the southwest. There are also 48 full-time equivalent strategic housing specialists across England and Wales, and HMP Exeter has an allocated strategic housing specialist (SHS). In addition, the Department for Levelling Up, Housing and Communities, has secured an	This continues to be an issue of concern. (See 7.5)

	additional £26 million for their Accommodation for Ex-Offender scheme. Local authorities close to HMP Exeter, including Cornwall, north Devon and Plymouth, have been allocated a proportion of this funding.	
<b>To the Prison Service</b> 1. The need to update CCTV in the prison as quickly as possible	The scope of the project to update CCTV has been changed to include: a full replacement, with the installation of a new digital system (that will give full coverage of all areas within the prison); work on the perimeter wall, the gas main and replacement of the kitchen dampers, and the relocation of the communications room. The tender process is underway and will be considered for funding in the 2025-26 financial year.	The CCTV is not due to be updated until an unspecified date in 2026. It remains a vulnerability for the prison, in terms of safety and security, and to provide evidence to enable efficient and effective management of prisoner behaviour.
2. Ensuring robust and timely arrangements are in place to facilitate inter prison transfers for prisoners with specific needs that cannot be met at Exeter	HM Prison and Probation Service (HMPPS) continues to strive to maintain offender flows, despite the ongoing population pressures being experienced across the prison estate. It remains the responsibility of prisons to arrange individual transfers in consultation with relevant receiving prisons and Prison Group Directors (PGDs). In doing so, they are encouraged to support offender flows and to ensure, as much as possible, that the rehabilitation needs of each prisoner are met. Locally, HMP Exeter continues to work with the health commissioners to ensure that prisoner health needs continue to be met, as well as reviewing the function of F wing to ensure that the correct prisoners are located on the unit according to their health needs.	Progress has been limited by the population pressures across the prison estate. (See 7.3)
3. The necessity of maintaining the level of additional resources provided in	Funding from the Prison Performance Support Programme (PPSP) for the temporary posts introduced in response to the UN was scheduled to end at the end of August 2024.	This remains a concern for the Board (see 3.1.1). The sustainability of improvements will be

response to the Urgent Notification,	Following discussions with the Area Executive Director and Prison Group Director, it has been agreed to maintain the funding until at least March 2025. As part of the annual review process, a submission will be made to consider whether HMP Exeter is a complex prison.	undermined if funding in key areas is not maintained.
<b>To the Governor</b> 1. Deficiencies in the systems for managing prisoners' property.	The Board has been kept informed about systems for managing prisoners' property.	The Board is aware of administrative deficiencies in recording incoming parcels, and the volume of complaints about property suggests that issues have not improved.
2. The range and scope of workshops and the delivery of purposeful activity.	Band 3 prison officer recruitment and retention improved during the reporting period at HMP Exeter. The regime plan is maximising purposeful activity spaces and attendance in both Tier 1 and Tier 2 activity, with a weekly regime management planning meeting in place to ensure staffing resources are allocated to meet critical delivery more consistency.	There has been limited improvement in the range and scope of workshops provided with the addition of carpentry skills. The attendance at purposeful activity has increased.
3. Deficiencies in the temporary CSU.	The Governor has updated the Board throughout the year about the progress of the renovation of A wing, where the CSU will eventually be situated.	This is the third year the Board has reported on the temporary CSU and it continues to cause concern. Deficiencies around a suitable location for reviews have not been addressed. (See 5.1, 5.2 and 6.1)
4. The regular delivery of sufficient key worker sessions.	The Board has been updated on staffing and management changes impacting on the delivery of key worker sessions.	The delivery of key worker sessions has improved significantly during the year. There is some anecdotal evidence to link this with a reduction in violence and self-harm. (See 5.3)

## **Evidence sections 4 – 7**

### **4. Safety**

#### **4.1 Reception and induction**

Reception and the first night process have received additional resources in the form of a dedicated custody manager under the Urgent Notification Prison Performance Support Programme (UN PPSP). The over-arching theme has been from ‘bus to bed’. Members of the Board observed training for staff at which it was emphasised that the first 15 days in custody are the greatest point of risk for prisoners.

A new early days in custody document (EDiC), which was produced in 2023 to be completed in hard copy for all prisoners on reception, has been updated this past year. It includes any suicide and self-harm (SASH) warnings and a cell sharing risk assessment (CSRA).

We have observed greater use of Insiders to accompany newly arrived prisoners through the reception process to their cell, including checking they have basic essentials and know how to use the kiosk (a self-service computer terminal that allows prisoners to manage their daily affairs) system.

The reception process is meant to be completed within two hours, and this is usually the case. Earlier in the reporting year, there were delays caused by shortages in healthcare staff, but these appear to have eased. The Board understands that the average time is now one hour, which is a significant improvement. It is a regular feature of the reception at HMP Exeter that prisoners may arrive quite late in the evening from distant courts. This makes the reception process into the prison less welcoming and keeps staff on duty unduly late.

It is the Board’s general impression that there has been an improvement over the past year in the provision of basic facilities for new arrivals and for ensuring that they are quickly given an induction to assess their educational needs and employment potential.

#### **4.2 Suicide and self-harm, deaths in custody**

Incidents of self-harm have reduced significantly in the reporting period compared with recent years. The average of 23 incidents a month is down from 31 and 33 in the 2023-2024 and 2022-2023 financial years (in 2021-2022, there were, on average, 57 incidents a month). This year saw an unusual spike of 40 in August. However, in all other months it was below 30, while, in the last three months of the year, it was below 25.

We have seen how closely these figures are discussed at the monthly safer custody meetings. Inevitably, the incidents in any one month relate to a small number of prisoners whose names recur in the statistics. The figures are, therefore, affected by the arrival or departure of certain individuals. The monthly reports do show that most incidents of self-harm are not serious enough to require a hospital visit.

We have noted the introduction of management plans for certain prisoners, especially those who are self-isolating.

### *Deaths in custody*

Sadly, there were six deaths in custody in 2024 and one death within 14 days of the prisoner's release. These deaths are under investigation by the Prisons and Probation Ombudsman (PPO), although three are thought to be due to natural causes.

During the year, three final reports were received from the PPO, two for prisoners who had died in 2022 and one in 2023. All related to prisoners who had died in prison. It was disappointing to note that in two of these cases, the standard of healthcare was not deemed equivalent to that in the community; and in the other case, the care was only partially equivalent. We are aware, however, that these cases occurred at times when the healthcare team was understaffed.

The reports also found issues with the management of the assessment, care in custody and teamwork (ACCT) processes (used to support prisoners who are at risk of self-harm or suicide), as well as issues with record keeping and the communication of key information. The IMB is aware that the prison has taken steps to improve understanding of, and compliance with, ACCT procedures and will be seeking to monitor the success of these initiatives. PPSP funding has enabled the appointment of ACCT 'floor walkers' to support and assure the ACCT process, which could be compromised should funding be withdrawn.

### **4.3 Violence and violence reduction, self-isolation**

On average, there have been 10 assaults each month in the reporting year, compared with just over 20 a month in each of the last three years. But for a spike in October, the trend throughout the year has been downward. This is a significant improvement. Again, a very small number of prisoners feature several times in the statistics. In November, a significant increase in assaults on staff were committed by one prisoner in the care and separation unit (CSU). The Board is conscious that the continued closure of A wing means it is harder for the staff to separate prisoners who would be better kept apart.

In addition to the monthly safer custody meetings, there are weekly safety intervention meetings (SIM). At these, individual prisoners are discussed if they are: persistent self-harmers, the prolonged subject of an ACCT, challenged by the prison environment due to mental health issues, self-isolating, refusing food, in the CSU or on constant watch. These meetings generate specific actions. Members of the Board have observed some and seen the papers for others, giving reassurance that close attention is being paid to the needs of the prisoners with the most challenging issues or behaviour.

In addition to this, the Board has seen, over the past year, the development of management plans for certain prisoners who might not meet the criteria for ACCTs or challenge support intervention plans (CSIPs; used to support and manage prisoners who pose an increased risk of violence or who are identified as vulnerable and needing additional support), such as self-isolators, for example. This tailored approach, albeit confined to a small number of prisoners, is welcomed by the Board.

CSIPs have been around for several years, but the last year has seen a step-change in their use. Every violent incident in the prison leads to a CSIP referral for both the perpetrator and the victim. This allows the incident to be investigated beyond the

issues of culpability and sanction and enables the underlying causes to be tackled. While the majority of plans are for intervention with perpetrators, the process also includes support plans for victims. Given other remedies available, only a small number of cases result in a CSIP being started. Considerable effort has been taken this past year to improve the quality of CSIP paperwork. The number of CSIP referrals has dropped, in line with the welcome reduction in incidents of violence. What we have not yet been able to establish is how effective the CSIP process has been in delivering that reduction in violence.

#### *General point on safer custody*

The welcome improvements we have seen in safer custody have come with the additional staff resources provided for the prison under the Urgent Notification. We are conscious that this extra funding is time-limited and will end in March 2025. If those extra posts are withdrawn, the Board cannot be confident that the progress made so far will not recede. We urge HMPPS to ensure that key posts related to safer custody are maintained in the future.

#### **4.4 Use of force (UoF)**

The Board has continued to have a regular focus on the operation and governance of use of force throughout the year. We have a standing invitation to observe the monthly multi-disciplinary meetings, as well as the Governors' weekly review of body worn video camera (BWVC) footage. This latter meeting is in addition to the daily reviews conducted by a senior officer and looks at all footage except that where only guiding holds are used. On average, around one-third of incidents involve guiding holds. There have been no incidents where Pava incapacitant spray has been used and batons have been drawn once but not used.

Incidents involving the use of force have generally been high throughout the year, with the highest monthly figure being 62 incidents and the lowest 40. As in 2023, this is partially attributable to the continued closure of one of the main wings and the consequent inability of the prison to separate prisoners in different wings. The most common reasons for using force are: a prisoner's refusal to locate back to their cell; fighting or threatening; and abusive behaviour. There have also been some particularly challenging individuals where force has had to be used for the safety of the prisoner and staff, in order to carry out routine tasks such as serving meals. In November, for example, almost half the incidents involved one prisoner in the CSU who was waiting for a bed in a mental health hospital. A management plan was put in place for this individual and a member of the Board has taken particular care to watch the footage of these incidents. Examples such as this have led to a higher than usual number of incidents involving use of force in the CSU.

The monthly use of force meetings involve a review of the statistics for the previous month, with representation from a number of teams in the prison, including equality and diversity, healthcare and chaplaincy. Actions identified may, for example, include the arrangement of forums for groups where use of force may appear to be disproportionate (these figures can sometimes be skewed by the actions of one individual). The outcome of these discussions is reported back at a subsequent meeting.

The management and governance of use of force has continued to be robust. There continues to be a high rate for timely completion of Annex As (completed by each

officer involved in an incident, with their account of what happened). When performance dipped in the latter quarter of the year, the use of force co-ordinator was quick to chase outstanding returns. He also monitors quality and provides individual feedback where necessary. The completion of prisoner debriefs has proved more challenging, with some prisoners refusing to engage and others moving on quickly to other prisons. The capturing of incidents on BWVCs was high for much of the year, at around 84-90%, although there were some dips in performance and several reminders about the importance of switching on cameras have been sent. At the weekly review of footage, examples of good, and not so good, practice are identified and followed up. Particular attention is given to officers who might be involved in a number of incidents. Where necessary, officers are referred for further training or, in serious cases, might be removed from prisoner-facing duties for a time.

#### **4.5 Preventing illicit items**

The Board is concerned that, despite the prison's efforts to disrupt the supply, there continue to be illegal drugs available within HMP/YOI Exeter. Due to its location, it remains highly vulnerable to illicit items entering by 'throwovers' (where people from outside throw parcels containing illicit items over the prison walls, which are then picked up by prisoners) and drones. There is some netting covering the most vulnerable areas. In the autumn, the Governor issued standing orders that patrols were to be deployed along the outside perimeter walls during exercise periods to deter possible throwovers.

Intelligence-led searches of cells by staff and detection dogs have taken place regularly, and these have been successful in finding many illicit items: phones, chargers, items that could be used as weapons, and drugs. Quantities of alcohol fermented in cells and shower blocks continue to be found. As well as posing a danger to the health of prisoners, their behaviour when under the influence can put staff and other prisoners at risk. In the distribution of medications, there is still an issue of some of these being diverted between prisoners.

Despite it being common knowledge outside the prison that it uses a body scanner in reception, a surprising number of prisoners arrive with secreted items. Under the secreted items policy, such prisoners are initially located in the CSU and remain there until a rescan is clear. In 2024, 63 prisoners were located in the CSU for this reason (see 5.2). The prison has also taken steps, including rub-down searches and the use of detection dogs, to improve the staffing and processes in managing prisoners' social visits to prevent the conveyance of drugs and other illicit items.

The entrance to the prison, with its airport-style baggage scanner, is not always staffed sufficiently to allow its operation, which constitutes a security vulnerability.



## **5. Fair and humane treatment**

### **5.1 Accommodation, clothing, food**

There has been no change from our 2023 report, in that both A wing and the dedicated CSU are not in use, due to delays with the refurbishment; issues remain regarding designs in the fire-suppression systems that did not seem to take into account problems faced in a Victorian prison around ventilation. The Board has regularly raised concerns about the suitability of the temporary CSU (see 5.2 and 6.1).

Rats continue to be attracted by rubbish discarded from some cell windows, with some of them entering through windows and landing on desks and in cells. However, by the end of the year, the rodents seemed to have been better controlled.

Although D wing was refurbished in 2022, the new fire-suppression system has resulted in a ventilation problem in winter. Parts of the block are damp, which leads to black mould forming at alarming levels in some cells and other areas. At one point during the year, prisoners were having to clean patches of in-cell mould growth every 48 hours. In the summer, areas of D wing are stifling hot and very uncomfortable for both prisoners and staff. Prisoners routinely complain about both issues. The Board reported on these issues last year, but they remain unresolved. There are plans to close the wing, again, to prisoners to rectify this problem once A wing re-opens, which will probably not be until 2026.

There are also intermittent plumbing problems in D wing, which lead to urinals and toilets being out of action for significant periods of time.

Laundry and kit provision has improved from last year. Only smaller items are washed locally, with larger articles sent to be laundered at another prison. The prison is less often short of linen and kit, as it routinely orders new items to try to keep up with the demand. This can be a challenge, because prisoner turnover is so high.

Since the prison stopped the availability and purchase of razors, for safety reasons, there continue to be some ongoing issues around the unavailability of shavers. Prisoners are allowed to use their own shavers (subject to security and portable appliance testing) or buy one from the canteen. Prisoners who don't have a shaver and cannot afford to purchase one are provided with one by the prison. Despite some attempts to refurbish used shavers and search outgoing prisoner property to recover prison-purchased shavers, there have been problems keeping up with demand. This has caused some anxiety for prisoners attending court looking unkempt or concerned about infection through shared use. For the Board this raised two issues of concern: dignity in prison and health and wellbeing. However, towards the end of the year, the situation appears to have improved.

F wing was scheduled to close in 2025 for the refurbishment of the heating system and RAAC repairs, but the detection of Legionella in the water supply meant that prisoners were vacated from the wing at the end of 2024 (See 6.4).

#### *Food*

From the Board's observations, the kitchen continues to provide a high standard of catering, producing a breakfast pack and two meals a day (with a five-choice menu) for £3.01 per day, per prisoner. Special dietary requirements appear to be met and

religious festivals are treated with respect, with a special effort being made for these (see 5.4). Staffing the kitchen adequately is a challenge, due to the churn in the prisoner population. It takes 12 weeks for a prisoner to be ready for employment in the kitchen, including the 4-6 weeks for security clearance.

For the most part, the serveries have improved on food temperature recording and the wearing of appropriate clothing. Applications (prisoners' written submissions) to the board regarding food have fallen, from 10 in the last report to four in the reporting year. Issues raised in applications, and from prisoners during monitoring visits, tend to suggest that quantity rather than quality is the main concern.

## **5.2 Segregation**

Over-running maintenance and refurbishment work to A wing has meant that this is the third year where segregated prisoners have been held in temporary accommodation in a basement in C wing. Unfortunately, the temporary arrangements, which include unsuitable and poor-quality accommodation, inappropriate locations for segregation and other reviews, poor environmental conditions and facilities, border, at times, on inhumane and have become normalised. The Board has concerns about the impact that an acceptance of low standards and expectations could have on future segregation decisions and arrangements.

The Board's analysis of the monthly segregation review and monitoring group (SMARG) report and observation of some meetings show that the prison routinely monitors important information on prisoners held in segregation, such as diversity, those with a disability or on an ACCT.

Use of segregation continues to be a measure of last resort, and the limited number of cells (six) means that the CSU increasingly accommodates the most challenging and vulnerable individuals. There have been two occasions this year when staff, for safety reasons, have extraordinary access and unlock protocols for the CSU have been implemented. Turnover in the CSU is usually high and there have been fewer prisoners held for long periods or requiring Prison Group Director (PGD) review. Similarly, special accommodation (SA) (where items such as furniture, bedding and sanitation are removed, in the interest of safety) has been used only twice. Protocols around the use of SA are observed, including notifying the IMB.

During the year, 261 prisoners were held in the CSU at some point, accounting for a total of 1577 days. This is a decrease compared with 2023. The majority of prisoners continue to be held on good order or discipline, or GOoD (where a prisoner is segregated from other prisoners due to disruptive behaviour, which requires regular reviews) rules, which accounted for 1168 days (74% of all days).

Across the reporting period, 64 prisoners have been held in the CSU whilst on an ACCT and, in some cases, such as, for example, in December, three ACCTs were opened for prisoners whilst they were in the CSU. During the year, no prisoners were removed from segregation due to risk of suicide and no prisoners failed the Initial segregation health screen due to risk of suicide. However, because the physical and environmental conditions in the CSU are so poor, the Board remains concerned about the overall wellbeing of prisoners in the CSU on ACCTs.

Segregation review boards (SRBs), which consider whether to authorise continued segregation, appear to be held within the specified time limits; during the year, the IMB observed 69 reviews. The Board routinely receives information relating to new and existing prisoners who are segregated. However, the arrangement with the prison - that post-72-hour reviews be scheduled for a Tuesday to enable IMB to observe - is not always followed. Concerns, first raised in 2022 about the inappropriate and unprofessional location of SRBs, remain. For the most part, reviews continue to take place in the CSU office, where constant interruptions can disrupt proceedings and impact on the ability of prisoners with mental health or neurodivergent issues to engage effectively with the process. Monitoring of some SRBs has shown that outcome decisions for prisoners have been reasonable and are based on generally well-informed contributions from the healthcare department, CSU officers and others who have been working with them. Requirements for a return to main location are clearly identified in a reintegration plan and are communicated to the individual.

Regular monitoring visits to the CSU have given the IMB opportunity to observe officers and others interacting with the men held there. The IMB has been impressed by the patience shown and the efforts to build relationships and engage positively with some of the most challenging and disturbed men in a supportive and dignified way. An example of this is the bold and imaginative attempt of a Governor and custodial manager, who was deliberately out of uniform, to engage with a mentally unwell prisoner with unpredictable behaviour awaiting transfer to secure accommodation, by having lunch with him. The IMB has witnessed some effective practice and good understanding of the needs of the men in their care. However, given the increasing number of men held in the CSU with mental health issues, we are concerned that some training in mental health is not a stand-alone and mandatory requirement for officers working in CSUs.

Prisoner adjudications (disciplinary hearings when a prisoner is alleged to have broken prison rules) are administered and managed by CSU staff and are held daily. During the year, 2069 adjudications were held. Monthly totals can vary across the year: for example, in February, 217 adjudications were held, averaging eight a day, whereas in December, there were 107 adjudications, averaging three a day. Nevertheless, this is a resource-intensive process, and the outcome data presented in the monthly SMARG report suggest this is not an effective process. Proven rates across the year have been low. For example, in February, 31% of the adjudications heard were proven, while 34% were proven in December. Although the prison's senior management team is aware of this, it has not been able to improve the proven rate. Routine monthly reference is made in the SMARG report to the need to improve the collection and presentation of evidence to support the charge.

Again, this reporting year has seen some anomalies around the percentage of prisoners from ethnic minorities receiving an adjudication compared with the number of black, Asian and minority ethnic men at Exeter. This has been the subject of investigation through prisoner attended forums, scrutiny by the diversity and inclusion action team (DIAT; see 5.4) and close interrogation of the data. Prisoner feedback from the forum did not suggest discrimination based on ethnicity.

It has been difficult for the IMB to observe the adjudication process, because the size of the room where hearings are held does not comfortably accommodate all those who need to be present for administrative, safety or security reasons (although the

venue does provide greater privacy). On the occasions when we have observed adjudications, we have not identified any concerns around the fairness or justice of the process for prisoners.

### **5.3 Staff and prisoner relationships, key workers**

The reporting year has seen a more rapid turnover of prisoners than usual, which inevitably impacts on the ability of staff to form productive relationships with the men. That said, the IMB has observed some good examples of officers trying to establish constructive relationships, such as in the CSU (see 5.2), for example. A number of prisoners with significant psychological or behavioural issues have had to be held in segregation; officers have worked hard to understand how best to deal with them and ensure that, for example, they take their medication and eat food. Another area where we have observed good practice has been in the gym, with the physical education instructors (PEIs) seen working positively with prisoners.

The volume of key working has varied throughout the year, but the senior management team was able to take advantage of the transfer of some staff from HMP Dartmoor, along with the appointment of a custodial manager (CM) responsible for co-ordinating key work activity, to increase sessions in the last quarter of the year. As a result, 411 key working sessions were delivered in December. There is some anecdotal evidence that increased key working is reducing levels of violence and self-harm (see 6.7). Nevertheless, members of the Board have encountered examples of prisoners who claim not to know the name of their key worker and report no contact.

### **5.4 Equality and diversity**

There is a diversity and inclusion action team (DIAT) meeting, chaired by the equality lead, and a series of prisoner forums examining each of the protected characteristics (which include, among others, race, religion, disability, age, sex and sexual orientation), as well as focusing on each wing. A number of DIAT meetings and forums have been cancelled, or held at very short notice, and there is still some work to be done in embedding the forums. During the course of the year, there have been diversity champions, although these prisoner representatives are not eligible to be put on hold (meaning that their transfer is on hold), so that recruitment and retention (as in other areas of prison life) are difficult.

There is scrutiny of statistics for each of the protected characteristics around adjudications and UoF, complaints and the Incentives Policy Framework (IPF). Towards the end of the year, a new equality monitoring tool, drawing information from the performance hub, was introduced and provides more statistically meaningful evidence.

Data collected by the prison suggests that black prisoners and prisoners with disabilities are being disproportionately categorised on basic regime and disproportionately receiving adjudications (see 5.2). Nearly half of new prisoners do not declare whether or not they have a disability, so this may potentially be more of an issue than appears.

The lack of a neurodiversity support manager (NSM) for much of the year has contributed to the difficulties in managing the behaviour of neurodivergent prisoners

and supporting both them and members of staff in dealing with the particular challenges of prison life for this cohort.

Discrimination incident reporting forms (DIRFs) are available on the wings. This year, 36 forms have been submitted by prisoners, citing discrimination due to disability, gender reassignment, race, religion, gender and sexual orientation. Of these, 13 were upheld, two were partially upheld, 20 were not upheld and one outcome was not recorded. Last year, there were 52 DIRFs; it is noteworthy that no DIRFs were submitted between mid-October and the end of the reporting period.

DIRFs are externally quality assured by BTheChange (a social enterprise that provides support, education and transitional opportunities) where ethnicity is the issue. Other DIRFs are quality assured by the diversity and inclusion lead for the Devon North Dorset Group. A member of the Board also looks at each form. Nearly 20% of prison responses were sent after their due date, but many were dealt with very promptly. The outcome was not always clearly stated in written responses, but their tone was generally appropriate and respectful.

The kitchen manager regularly attends DIAT meetings, holds forums and conducts surveys on the catering. Consideration is given to the choice of menu and care is taken during special festivals such as Ramadan and Christmas to provide appropriate meals.

Members of the Board have been present when adjudications and other meetings have involved the use of phone interpretation services.

## **5.5 Faith and pastoral support**

The multi-faith team provides appropriate support to prisoners. The IMB regularly sees this pastoral support on the wings; a member of the chaplaincy sees those on ACCTs and visits the CSU every day, occasionally attending GOoD reviews and adjudications. The team is also active in supporting prisoners with external family issues, such as bereavement, and they are available to offer confidential support without judgement or prejudice.

The attendance at Sunday chapel varies. This is, in part, sometimes due to staff difficulties in getting prisoners to and from the services, although this appear to be improving, allowing for more regular attendance.

Friday prayers for those of the Muslim faith are well attended and prisoners welcome this dedicated time. Special diets on religious grounds are, for the most part, well catered for, and festivals celebrated in an appropriate way.

From the Board's observations, the chaplaincy team is exceptionally hardworking and dedicated. The team seems to be well respected and trusted by all members of the prison community and undoubtedly provide compassion, understanding and hope in an environment that is sometimes challenging.

## **5.6 Incentives schemes**

Prisoners tell us that the issues with D wing (see 5.1), where prisoners on the enhanced (top) level of the incentives scheme are usually accommodated, make it less of an incentive than it might otherwise be. This is exacerbated by some prisoners who have not earned the enhanced status and are only housed there when overcrowding makes this essential. In the prisoners' perception, this can serve to

undermine the incentive to work towards enhanced status and debase the privilege. Additionally, facilities and opportunities at Exeter make it difficult to create incentives because there is little qualitative difference in provision. We are aware of fewer tensions this year amongst the prisoners with the application of the IPF (Incentives Policy Framework) and negative entries. Discussion at the SMARG (segregation monitoring and review group) meeting often raises that the use of the IPF may be a more appropriate course of action for a prisoner than being put on report for adjudication.

## 5.7 Complaints

IMB monitoring of complaints submitted by prisoners to the prison has involved a review of:

- the monthly complaints' report prepared by the prison;
- scrutiny of a random sample of complaints, usually six a month; and
- a review of some complaints' responses as they relate to applications (prisoners' written representations) also submitted to the IMB.

During the reporting period, a total of 789 complaints were received.

Complaint 1 (ordinary complaint)	722
Complaint 1A (an appeal)	35
Confidential access (indicates that the complaint is of a sensitive nature)	32

In addition, 32 complaints were received but related to matters at other establishments. Because the operational capacity for 2024 was similar to 2023, comparisons can be made and there was a 6% decrease in complaints received by the prison. Of significance has been the reduction in the number of overdue responses which, averaged across the year, was 2%. This has resulted in a much-improved outcome for prisoners and may also be reflected in the reduction of applications received by the Board in 2024 (see 8).

Review of the monthly complaints' report showed that prisoners' property was, once again, consistently the area that received the most complaints (see also 5.8). A total of 31% (246) of all complaints about Exeter related to property matters. That prisoners' property remains a source of dissatisfaction and seemingly cannot be managed better is an ongoing concern, because it is often such a key aspect in a prisoner's life. Issues around canteen (88 complaints) represent 11% of all complaints, although this is a reduction on the previous year. Two other areas receiving a comparatively high number of complaints were about staff 10% (79 complaints; see 5.3) and residential matters 8% (53 complaints; see 5.1). Complaints about healthcare are routinely directed to the healthcare department and managed under their procedures (see section 6). There is some alignment with the category of applications received by the Board, with accommodation and staff concerns amongst the highest.

The Board's scrutiny and monitoring of a monthly sample of complaints' responses has shown that they are legible, written in accessible language and polite and respectful in manner. Where appropriate, there is usually evidence presented or

some reference to the matter having been being investigated. Some responses reflect that investigations have involved conversations and meetings with the prisoner.

Prisoner complaints arising from transfers to and from HMP Exeter are often more difficult to resolve in a timely manner, but these are still pursued.

## **5.8 Property**

Issues over missing property continue to be of considerable concern to many prisoners. This is evidenced by the number of complaints to the prison (Comp 1s), the number of formal applications to the IMB (16 out of 161 issues raised during 2024) and the number of times prisoners stop IMB members when we are walking around the prison to raise issues relating to property. We see the monthly reports on the number of Comp 1s, and the single largest category usually concerns property matters.

A national policy framework on the handling of prisoners' property was implemented in September 2022 and re-issued in October 2023, but there is no evidence that this has led to improvements.

The Board has been particularly concerned this year by the inability of the prison to track parcels that have been delivered to the prison and signed for but which do not always reach the intended recipient. This is not helped by signatures that cannot be ascribed to named individuals.

## **6. Health and wellbeing**

### **6.1 Healthcare general**

Information for this section is derived from:

- applications received by the IMB and subsequent conversations with prisoners;
- statistics provided by the healthcare department;
- observations from attending the monthly local delivery and quality board (LDQB);
- meetings with the head of healthcare; and
- meetings with the primary healthcare lead.

Oxleas NHS Foundation Trust remains the provider of healthcare services, including primary care, mental healthcare, pharmacy and the management of its subcontractors.

Challenges observed during 2024 for the provision of adequate healthcare for patients include:

- Whilst there was a successful and ongoing recruitment process, some key roles were unfilled for part or all of the year.
- The churn of the prison population stretches healthcare resources to deliver its preventive roles.
- The lack of standalone mental health (MH) training for officers whilst the numbers of prisoners with mental health diagnoses are significant.
- The temporary CSU highlighted in last year's report is still in operation and remains a concern for the mental and physical health of its occupants. (See 5.1, 5.2 and 6.1)
- There is an inadequate system for 'runners' to take prisoners to dental appointments.

However, despite these challenges, it is apparent at the LDQB meeting (attended by the heads of healthcare, mental healthcare and integrated substance misuse services/ISMS, as well as the Deputy Governor) that there is a determination to try to continually improve and audit the service provided and that there is an open dialogue between healthcare and prison staff.

#### *Staffing*

- The vacancy rate at the end of the year was 15%.
- The position of deputy head of the healthcare department remains unfilled.
- A patient-flow coordinator was appointed in May 2024, with a primary role in pre-release planning and screening. By November 2024, 68% of patients had a discharge plan and 99% had a healthcare screening at the time of leaving the prison. These are significantly improved figures compared with earlier in the year.
- The patient engagement lead post was unfilled between April and August. During this time, their important role in the initial management of healthcare complaints was split among other senior members of the healthcare team. In August, there were 29 outstanding complaints, which were subsequently



addressed, and work on a new process for complaints initiated. It is reassuring for the Board to know that training is in place to ensure the appropriate use of incident reporting within the healthcare team. Patient forums were restarted later in the year in a new format, linking with psychotherapy and Listener (prisoners trained by the Samaritans to offer confidential emotional support to other prisoners) services. New distraction packs have not yet been formulated.

- The lack of pharmacy technicians continues to have an impact on the nursing team, which are diverted from their normal roles to oversee the medication hatches.

### *Applications received by the IMB*

IMB applications related to healthcare made up 23.6% of the total. Of these, 56% were related to medication, notably either wanting different medication from that prescribed, a change in dose of the medicine prescribed or complaining about a delay in receiving medication. Medication for pain relief, perceived mental health issues and detoxification were the drugs specified in the applications.

The applications concerning medication are similar to those raised in prisoner applications in 2023. The process of medication prescribing and delivery to prisoners was discussed with the head of the healthcare department and is discussed regularly at the LDQB meeting. It is helpful to understand the process of medication reconciliation with the patient's external pharmacist. This can lead to perceived delays in prescribing, but is a process driven by consideration about patient safety. Use of 'visionables' (remote GP consultations, used on occasions when prisoners arrive in reception after the GP has left) have reduced, which means that more prisoners are being seen in person. This has reduced delays in prescribing.

The Board understands that the Improving Lives Review (a review of healthcare services in the prison undertaken by Oxleas NHS Foundation Trust) highlighted areas in medicines management for further consideration.

As a snapshot, in September 2024, 60% of new arrivals had a primary healthcare screen within 72 hours of arrival. In October, this had risen to 97.8% on arrival. The secondary healthcare screening uptake for review of long-term conditions, family and mental health history and social care needs should be undertaken within seven days of arrival in prison. However, the lack of nursing resources has made it difficult to complete this within the timeframe, although 98% of prisoners within the prison did have the secondary screen at some point during their stay.

Other applications received related to cell conditions affecting post-surgery recovery, waiting times for assessment by primary healthcare, mental healthcare, occupational therapy and the dentist, and prisoners not being transferred to hospital in a timely fashion. No significant trend was identified from an analysis of the applications.

## **6.2 Physical healthcare**

Oxleas subcontracts GP services to Dr PA across the southwest prisons. Dr PA directly contracts and employs GPs who work at HMP Exeter. Prison data and feedback presented at meetings indicate an increased presence of the same GPs working on the wings, clinics and in reception, compared with 2023. The GP out-of-hours service is provided by 111. Nurse cover is provided from 7.30am to 9pm daily.

Out-of-hours nursing cover is provided by Hotel 1 - a nurse and healthcare assistant (HCA) - who are usually bank or agency staff. Negotiations are taking place for directly employed nurses to cover the night shifts.

In December 2024, the waiting list times were as follows:

GP appointments	2 weeks, 3 days
Dentistry	8 weeks, 2 days
Optician	6 weeks, 4 days
Physiotherapy	11 weeks
Podiatry	10 weeks

Observations from the LDQB meeting recurrently highlighted the number of missed dental appointments, up to 25% per month due to a lack of runners to take and collect prisoners. In November, a new system was initiated to help improve attendance.

All patients received screening for the decision whether to be able to have in-possession medication. The churn of prisoners and the risks associated with cell sharing add to the difficulty in making this decision.

The high turnover of prisoners has required some adjustments to the services offered. For example, primary prevention work, such as screening for bowel and colon cancer and for abdominal aortic aneurysms, as well as vaccinations, have not been undertaken. However, all prisoners continue to be offered blood-borne viruses (BBV) screening. Chronic disease management also continues to be delivered, such as for diabetes and chronic heart disease.

All healthcare staff now complete their ACCT training as part of their induction.

### **6.3 Mental health**

The mental health team is now fully staffed.

A consultant psychiatrist is employed one day a week by Oxleas. This is a reduction in hours from two days a week, which were covered by a long-term locum until November 2024.

There were 986 referrals to the mental health team, with 862 patients (87.42%) of those referrals accepted. Of those not accepted, the following reasons were given: the patient was either released, transferred or already on the caseload; the referral was inappropriate; the wrong patient was added.

A total of 30 patients (3% of the referrals accepted) required the highest level of intervention and were transferred to a mental health hospital. The Board has been unable to ascertain how many of these were within the standard framework of 28 days between referral and transfer.

Of the accepted routine referrals, 2.3 % exceeded the five-day standard of being seen (2.6% in 2023), and 15% of urgent referrals were not seen within the two-day standard, compared with 0.21% in 2023.

Group work for prisoners continues. These include distress tolerance groups run in collaboration with the mental health team and the charity, Change, Grow, Live (CGL). Prisoners are incentivised to attend by being paid a wage in line with attending education.

There is no standalone mental health training for officers. It is subsumed within other training, such as that for ACCT and SASH. The figures for prisoners with serious mental health issues, however, highlight the need for officers to understand the differences between serious mental ill health and disruptive behaviour.

Understanding the needs of prisoners who are neurodivergent remains a challenge. It has been reassuring for the Board to see management plans circulated to prison staff for some of the prisoners with the most needs. Of importance within the neurodiversity team are a learning disability (LD) nurse, an occupational therapist (OT), a speech and language therapist and an attention deficit and hyperactivity disorder (ADHD) prescriber, who can prescribe for those already diagnosed. Oxleas is initiating a southwest prison planning team, which will include the head of the healthcare department at HMP Exeter, to consider how the prison system can move forward in relation to prisoners who are neurodivergent.

#### **6.4 Social care**

For most of the year, F wing continued to be run as a prison wing but housing prisoners with complex social care needs, such as those who need to use wheelchair and prisoners with sight impairment. Additionally, prisoners nearing the end of life are transferred from other wings.

The infection and health and safety issues highlighted in the 2023 report have been resolved and a follow-up audit was undertaken in November 2024. The Board understands that some areas of concern have been highlighted and a review of the cleaning practice undertaken by Gov Facility Services Limited (GFSL) is to be conducted.

It was reported in a LDQB meeting that two prisoners who died of terminal illnesses were cared for in a professional and sensitive manner. In the light of issues raised, e.g. the management of pressure areas/sores in immobile patients and the more specialised diet they may need, a structure is being developed to capture and review the provision of such issues.

The planned closure of F wing in early 2025 for further works due to heating and RAAC problems, was brought forward urgently at the end of December 2024 as issues with Legionella in several areas of F wing were identified. Prisoners were either moved to another south-west prison or onto another wing at Exeter.

#### **6.5 Time out of cell, regime**

The prison tries to improve the time spent out of the cell. Still, purposeful activity is somewhat limited outside of education, gym, library and faith activities, other than routine work prisoners can undertake and the various workshops that the prison has sometimes struggled to staff.

Staff in the physical education department tell us that they are well-supported by their management team in their aspirations to increase prisoners' engagement in physical exercise. Around 65% of prisoners have gym inductions, and around 45% of

prisoners regularly exercise, with aspirations to increase this to 70%. The physical education instructors (PEI) use strategies such as outreach, where they seek out prisoners who do not come to the gym regularly or do not approach staff to have an induction of their own volition. The team then offers support and encouragement for prisoners to embrace the benefits to health and wellbeing by doing so. Prisoners on the enhanced level of the incentives scheme receive three sessions of guided physical exercise a week and may use free weights and exercise machines, whilst those on standard (middle) status receive two sessions. It is not now possible for prisoners to swap sessions, which means that vulnerable prisoners are no longer coerced to hand over their sessions to others. Yoga is a new offering in 2024, and if prisoners fully engage in wellness programmes and gym routines, there is an opportunity to get extra exercise time as an incentive beyond the sessions described. The department has continued to run first aid training when it has a full staff complement.

There are plans to remove the free weights from the back of the sports hall, where they have been temporarily stored for several years. Ambitious plans to expand the wellbeing agenda, which is supported by the Governor, require the relocation of all exercise equipment to a new location so that the sports hall can, once again, be used for volleyball, football and other such ball games, which the younger adults especially value. However, there are structural building challenges that prison senior management is working to overcome; it is estimated that the relocation will not be completed until summer 2025. PEI staffing was increased from four to six, but recruitment to posts was suspended whilst awaiting the outcome of staff redeployment from the closure of HMP Dartmoor.

## **6.6 Drug and alcohol rehabilitation**

Challenges observed during 2024 involve the:

- high number of referrals to the team;
- high turnover of prisoners, making detoxification and the ensuing recovery programme difficult; and
- lack of space in the prison for group work, alongside the need to work around the regime.

### *Structure of the service*

The clinical element of integrated substance misuse service (ISMS) is provided by Oxleas and the psychosocial element by CGL (Change, Grow, Live).

The clinical team comprises an ISMS clinical lead, a prescriber working three days a week and two ISMS nurses. They work alongside a wider group of primary care nurses. Health care assistants (HCA) complete ISMS clinical observations and the doctors (employed by Dr PA; see 6.2) complete reception assessments and prescribe ISMS clinical interventions, such as drug and alcohol detoxifications, as necessary.

The structure of CGL includes two recovery leads responsible for caseload and recovery coordination. Additionally, there are recovery coordinators, assertive outreach and through-the-gate workers, group facilitators and administrators. There is also a recovery services' family interventions worker.

Joint working between those employed by Oxleas and by CGL is enabled through weekly joint multi-disciplinary team (MDT) meetings and joint meetings with patients. ISMS attends the monthly LDQB meeting (CGL attends on occasions).

Between April 2024 to the year end, 1058 referrals were made to the ISMS/recovery services.

#### *Assessments of new prisoners*

Following prisoner applications regarding medication (see 6.1), confirmation of the process for prescribing in the ISMS team was clarified. It was reassuring for the Board to know that all prisoners are screened in reception by registered nurses using national templates, including focused questions (e.g. current/past substance misuse, current/recent detox programmes), urine drug screens, clinical observations and assessment of withdrawal scales. If necessary, the patient is then seen in reception by a doctor and prescribed appropriate medication. The completed template is reviewed the following day by ISMS and CGL managers to ensure that the follow up for prisoners is timely and appropriate. An additional failsafe is that a member of CGL sees all new arrivals the following day in case someone chose not to disclose their substance misuse on arrival. Prisoners are informed of medication decisions.

Other applications to the IMB regarding medication concerned perceived delays in prescribing on arrival into the prison, particularly when prisoners had arrived late at the prison (see 6.2 for staffing figures). It is helpful to understand that it is rare for a prisoner to be sent to hospital as part of their detoxification need, once the doctor is no longer available, but it is possible. A patient group directive (PGD), with a policy for trained nurses to issue medication with specific criteria for managing alcohol detoxification, is available for use but does have hospitalisation as part of the plan.

#### *Follow up of prisoners*

All prisoners taken onto the caseload are allocated a recovery coordinator and a recovery plan is agreed. This may involve one-to-one work or group work.

Group sessions include:

- Foundations of rehabilitation, comprising three modules.
- Relationships in recovery.
- Anger management.
- Relaxation.

Unfortunately, the churn of the prison population, the need to work around the prison regime and the lack of space seemed to make the consistent provision of recovery sessions challenging.

#### *Naloxone*

CGL staff deliver naloxone (a medicine that rapidly reverses an opioid overdose) training to prisoners and staff. The IMB is aware of some issues with prison staff utilising this training in the first part of 2024. However, this position has improved, although it remains a choice rather than a requirement for prison staff to undergo this training. A total of 58 prison staff are trained to give naloxone.

Prisoners are trained in the use of both the nasal version (Nixoid) and intramuscular injection form (Prenoxad) of naloxone, as both forms may be issued in the

community on release. However, only Nixoid is used by prison staff and is issued on release. The emergency medical bag for healthcare staff contains Prenoxad.

## **6.7 Soft skills**

The Board regularly observes interactions between staff and prisoners during monitoring visits, in adjudications and GOoD reviews, and in the weekly review of body worn video camera footage. From this evidential basis, the Board has identified a mixed picture, with more experienced officers tending to be more confident about using soft skills to de-escalate tense situations. The use of a strategy of choices (an approach which aims to foster a sense of ownership and responsibility for actions and that consequences will follow their decisions) has reduced, but the push to deliver more key working sessions, which began towards the end of the year, started to have an impact. There have also been some good examples of officers dealing appropriately with prisoners who are neurodivergent particularly if a management plan is in place.

## **7. Progression and resettlement**

The challenges to provide appropriate and effective education and work activities have been longstanding and reported on in previous years. The main challenge is the nature of the cohort: most prisoners (about 80% at any one time) are on remand. The average stay is 76 days.

Following prison induction, newly arrived prisoners undergo Weston College educational assessment on day three, with careers advice from information, advice and guidance (IAG) on day four, when prisoners are guided to one of nine pathways to eventual jobs outside. With the high turnover of prisoners, the staff concerned must work hard to ensure that no backlog builds up and that those who have failed to attend are re-invited, monitored and issued with incentives schemes warnings where necessary. The weekly allocations meeting considers placement of prisoners, including those resisting education and work. Security assessments are necessary before allocation to some work, which can take up to four weeks. Non-engagement is followed up.

Finding the appropriate times for activities, as well as for domestics, prescription collection and association, always result in some dissatisfactions. For example, Shannon Trust mentoring must be undertaken in domestic/association times. The prison is operating a split regime, with B wing prisoners doing activities and education in the morning and C wing in the afternoon. Most full-time jobs are undertaken by D wing prisoners, while other prisoners only have part-time roles. Activities are suspended for staff training twice a month.

### **7.1 Education, library**

Designing a meaningful and motivating curriculum is challenging. While it is not a requirement for remand prisoners to take classes, the prison encourages them through payments (equivalent to payments for basic work) and disincentives – refusal to attend brings negative marks on the incentives scheme policy.

Courses last one or two weeks and are standalone while linked to the nine pathways. An increase in wellbeing-related courses has been provided: e.g. yoga and wellbeing. To increase the attractiveness of courses, local certification of completion is offered.

When Board members observe classes, we often note complaints from prisoners that they have been allocated to courses that are inappropriate, do not fit their pathway, or their level, or are repeats. The Board also hears complaints about not being called by wing staff, not being informed in advance about allocation to courses, or inaccurate class lists provided to the teachers. Such organisational details have featured in previous reports. Clearly, it is impossible to ensure a good fit of prisoners and courses every week. The prison's priority is to fill the courses.

When Board members observe classes, they also report that they find students engaged in positive activities, and as at the two learner forums which were observed, prisoners express praise and appreciation for the education staff.

#### *Sample statistics for education*

In a typical week (the second week in December), class provision and attendance were as follows:

- 460 education places were available over four days (1 shutdown);
- 408 places were allocated;
- 298 prisoners attended;
- 80 acceptable absences (such as legal visits, court, illness, etc); and
- 30 unacceptable absences.

There was an attendance of 73% (as a percentage of allocations). The prisons' target of attendance at activities following the Urgent Notification is 80%.

### *Library*

This year, the librarian has been joined by a part-time colleague in promoting That Reading Thing, a literacy strategy. Other activities provided by the library staff to support prisoners' literacy include Scrabble Club for vulnerable prisoners (VPs), chess club for C wing, 'give a book' at family social visits, Storybook Dads and a book group in association with prison reading groups. Books are available on the wings and in workshops. 'Books everywhere' is the librarian's slogan. The diversity-themed months are also supported by book displays. The library has hosted some special events, such as inviting visits from the motivational speaker, John White, and The Outsiders Theatre Group, with associated writing workshop.

True crime and 'How to...' books (such as drawing or origami) are popular. Prisoners borrow biography, self-help and science, together with information, books whose main target is school children but which are attractive to those with lower levels of literacy or who are easily distracted. The librarian keeps a wide range of material, similar to a community library.

The librarian would like to include information about the library during the prison induction. Some men are reluctant to use their association time for library visits. Books can disappear when prisoners are transferred or released. The librarian tries to collect loans rather than relying on reception to intercept them.

## **7.2 Vocational training, work**

The integration of education with work and other activities has improved over the last two years, in the Board's view. The head of education, skills and work (ESW) and a deputy now coordinate the prison's activities. Staff turnover and absences in some positions have caused difficulties. A dedicated custody manager (funded until March 2025 under the UN) contributes to better coordination and follow up. In meetings, the use of digital technology has led to more efficiency and a more productive focus on planning and action.

With churn of 70% a month, it is not easy to fill all the business-critical jobs (e.g. in the kitchen) with low-risk prisoners. Inevitably, prisoners have to be asked to undertake jobs that were not their optimum choice. Sadly, there has been little commitment from local businesses to assist with work provision. For example, no prisoner is currently working with GFSL. Some attempts to provide meaningful work, such as the camouflage netting, have not been successful. The two workshops running are brush assembly and painting of model railway accessories.

As with education courses, prisoners are not always allocated the type of work they want. However, for most, it appears to offer a break from the tedium of days, earns them some financial reward and is reinforced by negative incentives scheme judgement if refused. Some work placements require security assessment and



specific courses before they can be undertaken, while other positions require a hold, such as mentors and Listeners. These roles are highly valued by staff and fellow prisoners alike for the positive contribution they make to prisoners' lives.

Integration of education and work initiatives include the Reading Strategy, themed months, initiatives to enhance literacy and numeracy in workplaces (e.g. in the kitchens), wellbeing days and promoting the use of the *Progress in Work* booklet to encourage self-knowledge and employability skills.

#### *Sample statistics for work placements*

In the sample week (second week in December), class provision and attendance were as follows:

- 824 workplaces were available over four days (1 shutdown);
- 767 places were allocated;
- 623 attended;
- 92 acceptable absences (such as legal visits, court, illness, etc); and
- 52 unacceptable absences.

There was an attendance of 81.22% (as a percentage of allocations). The prisons' target of attendance at activities following the UN is 80%. Note: there are other ways of calculating the % attendance.

#### *Combined sample statistics for activities*

In the sample week (second week in December), activities' provision and attendance were as follows:

- 1284 places were available over four days – 321 per day;
- 1175 places were allocated – 294 per day;
- 912 prisoners attended – 230 per day;
- 172 acceptable absences – 40 per day; and
- 82 unacceptable absences – 20 per day

There was an attendance of 77.6% (as a percentage of allocations). Note: this does not include acceptable absences. The prisons' target of attendance at activities following the UN is 80%.

### **7.3 Offender management, progression**

Many different groups and organisations within and outside the prison are involved in the release of prisoners, which has been complicated by the changing policy context for early releases and the high number of recalls.

The offender management unit (OMU) undertakes most of the preparation work, which involves licensed staff working with a spreadsheet of conditions and risk assessments and requires attention to the imperative not to release the wrong prisoners. Ideally, the process begins 10 weeks in advance of release dates. Not all prisoners arrive in HMP Exeter this far in advance of their release. Prisoners meet with their prisoner offender manager (POM), who also links to their community offender manager (COM). Accommodation and employment are investigated. Medical preparations are undertaken by Oxleas. The various end of custody supervised licence (ECSL) early release schemes have, in some cases, impacted on the ability of the OMU to make timely preparations to support release. Consequently,

men sometimes been released without adequate preparation for life in the community. Additionally, the workload for all staff involved in rehabilitation, resettlement and the OMU has increased. A total of 40% of Exeter prisoners released under the initial early release scheme were recalled.

Well-documented population pressures across the prison estate have also impacted on transfers and the availability of places at more suitable locations, either for specialist care or to meet sentence planning, course or programme requirements. There have been examples during the past year where prisoners have stayed at Exeter far too long because more appropriate locations to meet their needs cannot be provided or found. For some, this could limit their opportunity to demonstrate progress in terms of their rehabilitation and readiness for release and impact future parole decisions.

#### **7.4 Family contact**

Arrangements for social visits, where friends and family can visit prisoners, provide the opportunity for up to 100 social visits every week. This is in addition to the availability of social video calls (30 timed slots available each week and to each of the wings). Since Covid, there has been less take up of social visits and they have never exceeded capacity, so there is plenty of opportunity for eligible prisoners. In 2024, 1978 social visits were completed, averaging 164 per month. Social video visits are usually fully subscribed. Comfortable purpose-built facilities are available for closed visits, where a prisoner and visitor are not allowed to touch or exchange items. Occasional use is made of closed visits. This is usually because a visitor has raised a security alert and, rather than being refused access, is offered a closed visit. Visitors have access to a small centre where they sign in and can wait. The process of getting all visitors through security and into the visits' hall is thorough and can be protracted, but the prison manages to ensure that the statutory visiting time allowed is still achieved for each prisoner.

Supported by the Prison Advice and Care Trust (PACT), family days (which bring together prisoners and their families outside of their statutory entitlement to social visits, usually in more informal settings) are held monthly. Up to 10 family visits can be accommodated and up to three visitors of any age per prisoner can attend. Uptake is good and sometimes oversubscribed. If this is the case, security and the OMU review each application against the following criteria:

- no intelligence suggesting they are involved in the illicit economy;
- no public protection restrictions; and
- their visitors must have visited the establishment at least once prior to the family day visit.

#### **7.5 Resettlement planning**

The lack of accommodation available for some prisoners on their release has been a recurrent issue (see 3.3). It is acknowledged that there has been some increase in the number of CAS-2 and CAS-3 (community accommodation services) bed spaces in the southwest. In the case of CAS-3, the aim is to provide prison leavers who would otherwise be homeless with access to temporary accommodation for up to 84 days on release or when moving on from CAS-1 (approved premises) and CAS-2 accommodation. Between April and the end of December 2024, 78.8% of prison leavers were housed on the first night of their custodial release. However, more CAS

spaces are still required to meet the accommodation-on-release aims. The realities of provision can also produce some issues that may undermine efficacy. For example, accommodation vacancies are often in a location away from where the individual wants or needs to be, so the accommodation is declined. Usually, the accommodation is shared with others who have an offending background, which may place prison leavers in environments that might exacerbate reoffending risks. Employment outcomes for prisoners leaving prison are poor, although there can be challenges in accessing data. Between April and the end of December 2024, only 23.14% of prisoners released with supervision were in employment six weeks afterwards.

Since November, HMP Exeter's employment hub has been involved in a pilot scheme to remove the pressure on newly released prisoners who have previously had to make applications for Department for Work and Pensions' (DWP) payments on release. Prisoners are prepared in advance and have their DWP payments activated on release. This new process depends on efficient communication of lists of prisoners to be released. There are teething difficulties with this.

Arrangements are made for mobile phone connections and clothing, supported by PACT, in the departure lounge. Veterans also receive support from a dedicated officer. Releases are scheduled for Mondays to Thursdays to enable prison leavers to access health or social services before the weekend, but may happen on other days if circumstances warrant, such as accommodation demands. Two or three prisoners are released each day.

The Board plans to inquire into more of the work of the groups involved with prisoner release, sample some data relating to prisoner releases and interview prisoners prior to release.

## 8. The work of the IMB

### Board statistics

Recommended complement of Board members	13
Number of Board members at the start of the reporting period	11.5
Number of Board members at the end of the reporting period	8.5 (full-time equivalent (FTE))
Total number of visits to the establishment	289

### Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	10	17
B	Discipline, including adjudications, incentives scheme, sanctions	4	5
C	Equality	5	5
D	Purposeful activity, including education, work, training, time out of cell	14	8
E1	Letters, visits, telephones, public protection, restrictions	12	12
E2	Finance, including pay, private monies, spends	12	8
F	Food and kitchens	10	4
G	Health, including physical, mental, social care	41	39
H1	Property within the establishment	8	6
H2	Property during transfer or in another facility	2	10
H3	Canteen, facility list, catalogues	3	2
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, re-categorisation	7	5
J	Staff/prisoner concerns, including bullying	46	22
K	Transfers	4	2
L	Miscellaneous, including the complaints' system	11	16
	<b>Total number of issues raised</b>	<b>189</b>	<b>161</b>

The table above refers to 161 issues raised across 155 written applications. Healthcare continues to be the area with the highest number of applications, being raised as an issue in 25% of applications. The number of applications relating to staff/prisoner concerns has more than halved from last year, but it is still a significant proportion of the total. The third highest number of applications concerns accommodation, increasing to 17 applications from last year's 10.

## **Annexe A**

### **Service providers**

- Healthcare, including mental health: Oxleas NHS Foundation Trust
- Social care plans: delivered by Oxleas, in collaboration with Devon County Council
- Integrated substance misuse services (clinical elements): Change, Grow, Live
- Probation services: Probation Service
- Learning and skills activities: Weston College
- Escorts: Serco
- Maintenance: Gov Facility Services Limited (GFSL)
- Family services: Prison Advice and Care Trust (PACT).
- In addition, several voluntary organisations provide a range of smaller services.

HMP Exeter is part of a southwest prison cluster (which also includes HMPs Channings Wood and Guys Marsh), and a number of services and some resources are shared.

## Annex B

### Abbreviations used in the report

• ACCT	Assessment, care in custody and teamwork
• BWVC	Body worn video camera
• CAS	Community accommodation services
• CCTV	Closed circuit television
• CGL	Change, Grow, Live
• CM	Custodial manager
• COM	Community offender manager
• CSRA	Cell sharing risk assessment
• CSIP	Challenge, support and intervention plan
• CSU	Care and separation unit
• DIAT	Diversity and inclusions action team
• DIRF	Discrimination incident reporting form
• DWP	Department for Work and Pensions
• ECSL	End of custody supervised licence
• EDCD	Early days in custody document
• EGS	Enhanced gate security
• ESW	Education, skills and work
• GFSL	Gov Facility Services Limited
• GOoD	Good order or discipline
• HCA	Health care assistant
• HDC	Home detention curfew
• HMIP	HM Inspectorate of Prisons
• HMPPS	HM Prison and Probation Service
• IAG	Information, advice and guidance
• IPF	Incentives Policy Framework
• ISMS	Integrated substance misuse service
• LDQB	Local delivery and quality board
• MDT	Multi-disciplinary team
• MH	Mental health
• NSM	Neurodiversity support manager
• OMU	Offender management unit
• OPCAT	Optional Protocol to the United Nations Convention against Torture
• PACT	Prison Advice and Care Trust
• PAVA	Pelargonic acid vanillylamide chemical spray
• PEI	Physical education instructor
• PGD	Prison Group Director
• POM	Prison offender management
• PPO	Prisons and Probation Ombudsman
• PPSP	Prison performance support programme
• RAAC	Reinforced autoclaved aerated concrete
• ROTL	Release on temporary licence
• SA	Special accommodation
• SASH	Suicide and self-harm

- SHS Strategic housing specialist
- SIM Safety intervention meeting
- SMARG Segregation monitoring and review group
- SRB Segregation review board
- UN Urgent Notification
- UoF Use of force
- VP Vulnerable prisoner



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