



Annual Report of the Independent Monitoring Board at HMP Exeter

**For reporting year
1 January 2025 to 31 December 2025**

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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 (NPM) 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 establishment¹

HMP Exeter is an all-male and young offender category B reception prison (Local) with a small resettlement function. It operates 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) remains at 310. 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 held on remand, newly sentenced, recalled, awaiting sentence or awaiting transfer. As a local prison, Exeter has a very high turnover of prisoners and in 2025 the turnover across the year was 99.97%. In 2025, the average length of stay at Exeter was 90 days and across the year 431 prisoners were received on remand, and 534 prisoners were recalled to Exeter.

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

Population by age	% of population across 2025
18 years – 20 years (young adults)	4.71%
21 years – 24 years	8.4%
25 years – 29 years	13.1%
30 years – 39 years	37.3%
40 years – 49 years	23.2%
50 years – 59 years	9.1%
60 years or more	4.0%
Ethnicity	
White ethnicity	89.2%
Black, Asian and minority ethnicity	10.8%

¹ Figures included in this report are local management information. They reflect the prison'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.

Health and Wellbeing	
Prisoners with a registered physical disability	23.2%
Prisoners with mental health issues and on Change Grow Live (CGL) caseload	55%
Prisoners with identified neurodiverse need.	53%
Prisoners requiring direct support to engage with education or work	12%

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 and Probation Ombudsman (PPO), measuring the quality of prison life survey (MQPL) 2025, carried out by the University of Cambridge, and HM Inspectorate of Prisons (HMIP)
- observations of some prison meetings
- conversations with some prisoners, staff and other agencies
- monthly briefings by the Governor to the IMB at the Board meetings
- monitoring of a sample of prisoners' complaints to the prison
- prisoners' applications (written representation prisoners submit to the IMB)

Apart from data relating to IMB applications (see 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

Several themes give a background to the report which is a prerequisite to understanding the operational context of the prison during the reporting year.

Review and inspection

At the start of 2025 HMP Exeter continued to operate under the Urgent Notification (UN) arrangements and scrutiny following the 2022 inspection (this is when HM Chief Inspector of Prisons (HMIPPS) has alerted the Secretary of State for Justice that there are urgent and significant concerns about the performance of a prison/YOI). In April 2025, following an HMIPPS inspection support visit, it was found that there had been sufficient improvement and progress to move Exeter out of UN status and on to the targeted support prison cohort. Some of the UN additional support commitments such as appointment of a deputy head of safety, first night and induction CM (custodial manager), keyworker/decency CM, a de-escalation coordinator, and assessment, care in custody and teamwork (ACCT) floor walkers remained in place after UN funding ended. Their efficacy and value have been reflected in improved prison performance outcomes. Some other additional roles such as neurodiversity (ND) lead and patient engagement lead have added value.

In February 2025 the MQPL reflected some improvements compared to the previous survey in 2018 and showed that at HMP Exeter, prisoners' perceptions regarding their 'general treatment' and several of the MQPL dimensions were more positive than the average reception (local) prison.

In October 2025 the prison underwent a security audit where some weaknesses were identified, and the prison was RAG (a traffic light system used in project management) rated as amber/red indicating that some improvements were needed.

In November 2025 His Majesty's Inspectorate of Prisons returned to Exeter to undertake an unannounced inspection. At the time of compiling this report the final HMIP report has not been published. However, across all the key area areas of inspection (safety, respect, purposeful activity and preparation for release) the prison was found to have improved its performance and outcomes for prisoners. The prison

acknowledges that there is still progress to be made especially in areas where the outcomes for prisoners are not sufficiently good.

Leadership and vision

Throughout 2025 stability within the leadership and senior leadership team continued. The Governor's vision for HMP Exeter is '*for staff and prisoners to live and work in a prison that is safe and decent for all. Enabling prisoners to use their time in custody purposefully, encouraging and valuing the contribution of everyone, and fulfilling our local prison function, to serve the courts and protect the public*'. Throughout the year this vision and a clear set of priorities, which were understood by most of the staff, has driven many of the strategies which have improved practice and outcomes for prisoners.

Training for continuous improvement and capability

Staff training was interrupted during Covid-19 and subsequently by staff shortages, but has continued to expand with fortnightly training sessions helping to ensure that staff are better trained to deal with the challenges they face. This not only covers mandatory topics but is also shaped by local priorities. Staff are now more familiar with the idea and use of individual prisoner management and support plans and the impact of neurodiversity. Leaders have been supported to influence cultural and climate change through working with the national behaviour change team and involvement in a prototyping pilot where problems are identified and solutions tested. An outcome of this is the 'sticky fixer café,' a multi-disciplinary team tackling issues collaboratively.

Turnover in prisoner population

As a reception (local) prison, the number of prisoners arriving and leaving the establishment creates complexities particularly in the areas of providing purposeful activity and preparation for release. Increasingly strategies to improve outcomes for prisoners have taken more account of prisoner needs and the transient nature of the prison population (see section 1).

One outcome of the high turnover in population is the impact on peer helpers including buddies, Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), violence reduction (VR) representatives, and Insiders (prisoners who guide new arrivals in the first few days), etc, who can no longer be retained via 'holds' (the practice of delaying transfer to allow prisoners to continue in key peer-support roles) due to capacity pressures. These are invaluable roles for the smooth running of the prison. Training is resource-intensive and the inability to hold on to such prisoners impacts on the development of an experienced group and can affect quality and consistency of support given.

The balance of the prisoner population, with an increasing remand cohort due to backlogs in the courts, also impacts on prison stability.

Reducing levels of violence and self-harm

The investment Exeter has made, in terms of staff roles, training and strategies to prioritise improvements in safety has resulted in reduced levels of violence (see 4.3) and self-harm (see 4.2). However, despite measures to improve the safeguarding of prisoners at risk of harm, there have sadly been further deaths in custody (see 4.2). One of these is subject to an ongoing police investigation. HMP Exeter has been

designated as a 'clusters site'; this is where HMPPS initiate a support process when a number of self-inflicted deaths have occurred on the same site.

Prisoners with increasingly complex needs arriving at Exeter

Exeter continues to receive high numbers of prisoners with a history of drug and or alcohol abuse or with neurodiverse, trauma or mental health issues (see section 1). The appointment of a neurodiversity support manager and the decision to introduce an incentivised substance free living (ISFL) unit on D wing reflects the prison's recognition of this. During the year there have been examples of prisoners awaiting transfer (sometimes beyond time limits) to secure hospital environments (see 6.4).

Ongoing and over-running refurbishment and maintenance projects

This is the fourth year that the Board has reported on the negative impact of the closure of A wing. Fire safety upgrade work has continued to overrun. The ability of the prison to safely separate, manage and reward/incentivise different cohorts of prisoners is impaired and remains a significant challenge. 2025 has seen an increase in the number of prisoners electing to self-isolate (see 4.3). In addition, the social care residential use of F wing remains closed and areas of it have been used as a temporary reception area, while healthcare has temporarily moved to reception to enable maintenance to their clinical area in B wing. The number of contractors and on-going projects on site potentially creates a security vulnerability.

Essential upgrade work to closed circuit television (CCTV), which was reported on in 2023 and 2024 has been started but at the time of writing has paused due to funding. The latest projection for completion is June 2026. A CCTV system which is not fit for purpose impacts in terms of security and safety and the prison's ability to secure evidence and manage serious incidents.

The Board continues to be concerned about parts of the prison accommodation and living conditions, particularly the care and separation unit (CSU) (see 5.1 and 6.1) and D wing. In the winter months, damp, reflected by regular mould growth, has meant some cells in D wing being taken out of use. In the summer, poor ventilation resulted in extreme heat and mitigation measures were insufficient (see 5.1). Renovation delays to D wing have also delayed the repurposing and introduction of the incentivised substance free living environment.

Cuts in education work and skills budgets

The core education contracted hours provision has been reduced by 43% since 1 October, which has impacted opportunities for prisoners, especially vocational courses, some of which have been curtailed. A restricted choice of activities is likely to worsen any lack of motivation and prisoners could face more time in their cells or being enrolled on courses that do not meet their skills, needs or ambitions.

3.1.2 Main findings

Safety

- Delays in the CCTV project and the continued closure of A wing impact negatively on the safety and security of prisoners and staff
- Reduced levels of violence, continuing a downward trajectory from last year
- A rise in the number of illicit items entering the prison which causes intermittent instability

- An increased number of prisoners self-isolating, linked to the high number of deaths in custody, but with some improvements in supporting their needs
- The continuing high population churn of prisoners, resulting in an inability to hold Listeners, insiders and VR reps and the constant need to security check and train replacements
- Some inconsistencies around the processes involved in the induction of new prisoners means that some are not prepared well for life on the wings, e.g. some prisoners not knowing how to use kiosks (the electronic self-service terminals used to submit applications and access prison services)

Fair and humane treatment

- Continuing low levels of proven, not proceeded with or dismissed adjudications
- Poor conditions in D wing – too hot in summer, damp and mould in winter
- During the year some staff prisoner relationships have been variable, but improved towards the end of the reporting year
- The regime and the new roll call system, have negatively affected prisoners' ability to fit all necessary activities into the time available
- The incentive policy framework (IPF) system inconsistently applied and prisoners not always informed of negative decisions.
- Some improvements in clean and decent living conditions

Health and wellbeing

- Lack of permanent, suitable clinical and peer review space throughout 2025
- Social care options and facilities for prisoners with disabilities or those with limited mobility limited by the reduction in suitable facilities
- Late receptions after GP provision ended at 9pm compromised the delivery of first night assessments
- Lack of access to healthcare appointments, in part due to the lack of staff escorts, no access visits (NAVs) and taxis refusing to wait for hospital transfers
- The churn of the prison population the delivery of primary prevention work and healthcare discharge planning
- The appointment of a patient engagement lead and a neurodiversity lead, with positive outcomes for prisoners

Progression and resettlement

- Reduced variety and choice in the provision of educational courses
- Improvements in attendance for work and education
- Sufficient work placements within the prison but often insufficient work available
- Lack of prisoner accommodation on release.

3.2 Main areas for development

TO THE MINISTER

1. Is the Minister aware of the increased risks to the security and wellbeing of prisoners created by the extended delay of building and maintenance projects in the prison?
2. What measures will the Minister put in place to monitor the effects of the new contracts for education which have resulted in less choice, fewer staff and larger class sizes?

TO THE PRISON SERVICE

1. What measures are being put in place to improve contract management, ensuring timely completion of maintenance projects such as fire suppression works, replacement of cell windows and the installation of CCTV?
2. What arrangements are in place to ensure that canteen prices (a facility whereby prisoners can buy snacks, toiletries and other essentials using their allocated funds) are comparable with those in the community and that prisoners are not disadvantaged by their limited purchasing options?
3. There is little evidence that the HMPPS Prisoners Property Framework has improved outcomes for prisoners at Exeter. Property is the most complained about issue with both the prison and IMB. What arrangements are in hand to review the effectiveness of the current framework and make improvements?
4. The ability of reception/local prisons to retain on hold some trained and experienced prisoners in support roles is limited and impacts negatively across a range of prison functions and outcomes for prisoners. When mutually beneficial, why is it not possible for this to happen?
5. There have been examples of prisoners being held at Exeter in environments and conditions that are detrimental to their identified health needs because other prisons refuse to accept a transfer. What support can Exeter prison expect to receive from HMPPS to encourage a more collaborative solution to this problem?

TO THE GOVERNOR

1. What efforts are being undertaken to utilise mechanisms for addressing disruptive behaviour, other than the use of adjudications?
2. What efforts are being taken to improve the proven, dismissed or not proceeded with adjudication outcome rates?
3. What improvements are being made to the systems in place to better and consistently support self-isolating prisoners?
4. What are the arrangements to improve the induction experience of newly arrived prisoners so that they are better prepared for life on the wings?
5. Increases in the availability of illicit items and especially drugs undermine prison stability, as seen during periods this year. What are the plans to improve security and searching on entry and within the prison?

3.3 Response to last report

Issue raised	Response given	Progress
To the Minister 1. 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?	The Mental Health and Justice Strategic Advisory Group will take on the role of monitoring delivery of the 28-day time limit on transfer of prisoners with serious mental health conditions. The group unites key health and justice partners. The Chair, NHS England's National	Seven of the 13 transfers to Mental Health hospitals breached the 28-day standard between referral and transfer. Prisoners with mental health issues are sometimes held far too long in the CSU

	<p>Medical Director for Mental Health and Neurodiversity, will lead a joint work plan to support the 28-day limit, hold partners accountable, and report quarterly to Ministers.</p> <p>The Mental Health Bill has now completed its committee stage in the House of Commons. A comprehensive plan of the operational improvements required is being developed.</p>	<p>because there is nowhere else to safely accommodate them.</p>
<p>2. 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?</p>	<p>Nationally, the end of custody supervised licence (ECSL), standard determinate sentence 40% (SDS40), and expanded home detention curfews (HDC) have helped to ease capacity pressures. There have also been reforms to fixed-term recalls and the removal of over 3,500 foreign national offenders. HMPPS is also implementing the estate configuration review and monitoring remand levels in reception prisons. The Sentencing Bill, due for implementation in spring 2026, is expected to reduce reliance on short custodial sentences and strengthen community-based alternatives. The findings of the Leveson Review will inform changes to reduce unnecessary remand and improve the flow of</p>	<p>Exeter has not experienced any benefit from a reduction in capacity pressures. For example, Rule 45 prisoners are regularly housed temporarily on the main wing and mains prisoners in the vulnerable prisoners' unit.</p> <p>Recall arrangements are still disruptive.</p>

	cases through the system.	
3. 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?	<p>Governors and senior leaders across the estate have been reminded of the key principles of effective property handling.</p> <p>The reception custodial manager at HMP Exeter is reviewing property-related complaints and working to strengthen procedures. Prisoner forums and a monthly review of kiosk and complaints data support the identification of any emerging concerns.</p>	We have seen no improvement in this area.
<p>To the Prison Service</p> <p>1. 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?</p>	We can confirm that the refurbished CSU on A wing includes a suitable room for adjudication and reviews.	The refurbishment of A wing has not yet been completed and the CSU environment continues to be a source of concern for the Board (see 5.2).

<p>2. 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?</p>	<p>A project is currently underway at HMP Exeter focused on site-wide fire safety improvements, which includes the replacement of the existing ventilation system on D wing. These works are scheduled for completion by the end of the 2026/27 financial year.</p>	<p>Residents of D wing continue to suffer from excessive heat in the summer and the growth of mould in some cells in the winter.</p>
<p>3. 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?</p>	<p>Additional roles for the Band 7 deputy head of safety, and two Band 4 assessment care in custody and team floor walkers have been funded as part of the UN process for a defined period to facilitate stability whilst other targeted support is developed and implemented. The prison has maintained a keyworker/decency custodial manager and first night induction CM post, to continue the work undertaken in response to the UN. The activities CM is continuing the work of the previous regime driver CM.</p>	<p>The Board welcomed the continuation of the resources ensuring continued working on improvements in safer custody, key working and co-ordination of activities and education.</p>
<p>4. Given the high proportion of prisoners with mental health issues, will the Prison Service ensure the delivery of standalone mental health training for all officers?</p>	<p>All foundation learners undertake an introductory module on mental health. Operational work force training also includes the introduction to mental health awareness work and suicide and self harm delivered at HMP Exeter by an Oxleas psychological therapist</p>	<p>There is some evidence that there is a greater awareness among officers of the impact of mental health and neurodiverse issues on prisoner behaviour.</p>

	and the prison neurodiversity lead. CSU staff receive supervision from a psychological therapist. Additional awareness sessions for all staff are provided on an ongoing basis.	Better use is made of individual management plans.
<p>To the Governor</p> <p>1. 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?</p>	<p>Each incident is subject to a simple investigation, reviewed by the deputy Governor, discussed at the security meeting, and featured on the monthly local tactical assessment (LTA). This may lead to the removal of security keys, reattendance at security training and direct challenge by the head of security.</p> <p>Key breakages are often linked to wear of locks and keys and this is being addressed through Government Facility Services Limited (GFSL) lock maintenance and replacement, and new keys being ordered from locking section.</p> <p>Consistent staffing of EGS has been more challenging due to vacancies within the OSG group, sickness absence and the profiled work for EGS not matching the hours required to open.</p>	<p>Key and lock compromises remain high (190 compared with last year's 189) with approximately three out of every five due to human error.</p> <p>Board members do still report that there are times when EGS is not fully operational.</p> <p>The Governor has told us that a new security action plan and a better staffed operational support grade (OSG group) (with reallocated work hours), should address concerns in relation to searching, management of tools, covert testing, staffing of EGS and evidence management.</p>
2. What arrangements are being made to manage an increasingly elderly and/or health-	With the continued closure of F wing, it is recognised that the needs of prisoners with	The difficulties experienced by elderly prisoners and those with disabilities continues to

<p>compromised population?</p>	<p>social care, health or age related physical and mental health concerns are struggling to be met. Commissioning of services to meet these needs is the responsibility of NHS England in partnership with HMPPS and health providers, including Oxleas.</p> <p>The use of prisoner buddies, trained by RECOOP, and initiatives by the prison, local authority and Oxleas continue to address such needs, where possible.</p>	<p>be a concern for the Board. Adaptations to better support elderly or mobility compromised prisoners are slow to materialise or be implemented.</p> <p>The Governor has raised the need for a co-ordinated and funded approach to the reopening of F wing with the senior health commissioner for the South West and the prison group Director.</p>
<p>3. 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?</p>	<p>Adjudication quality and rates of proven and unproven charges are reviewed by the Governor with feedback provided to individual adjudicators. Charges are heard fairly and dismissed where evidence does not meet the required threshold. The adjudications standards meeting is inconsistent and the head and deputy head of safety have been directed to improve the purpose of this meeting, including consideration of rehabilitative awards.</p> <p>Forums, improved staff/prisoner relationships and use of challenge, support and intervention plan (CSIP), better use of procedural justice, positive reinforcement of good</p>	<p>Adjudications, in particular low proven rates, continue to be a cause for concern and have not improved.</p> <p>It is hoped that the introduction of an incentivised substance free living unit on D wing will assist by introducing adjudication outcomes that are less punitive and more rehabilitative focused.</p> <p>The IPF arrangements are not working as well as they might and/or in combination with the adjudication framework. The award culture tends to be negative rather than positive.</p>

	behaviours, regular key working, prison offender management (POM) liaison and celebration of success events, are more likely to maintain improved prisoner behaviours than adjudications.	
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Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

We monitor this by observation at reception during rota visits, noting induction courses in the learning zone and asking recently arrived prisoners when they received the various elements of induction. Successive Governors and custody managers in recent years have paid close attention to this matter. Better information for prisoners, checklists for staff and the use of buddies as insiders have been among the positive steps taken. This year, however, we have noticed problems such as delays in prisoners completing induction which we have raised with the Governor. The temporary relocation of the reception facility to F wing during building work has hampered the induction process.

4.2 Suicide and self-harm, deaths in custody

We monitor this by studying the monthly incidents report, attending some of the monthly safer custody meetings and reading the papers for the weekly safety intervention meetings (SIMs). Close attention is paid to reducing self-harm and progress has been made but unusual spikes in May and July 2025 have caused the overall statistics to be no better than the previous year. As ever, a small number of prisoners who self-harm frequently have increased the numbers. Few of the incidents this year have required hospital treatment. We have seen this year a greater emphasis both on the use of CSIP and the validation of CSIP data. Work with one specific prisoner has reduced his multiple self-harm incidents significantly.

Sadly, there were four deaths in custody during 2025. These are all subject to investigation by the Prisons and Probation Ombudsman (PPO) and we await their reports. One was also the subject of a police investigation, with another prisoner being charged with murder.

During the year two initial reports were produced by the PPO and seven final reports, one of which was the finalisation of one of the initial reports. Of the reports, two were for prisoners who had died in 2022, one for 2023, four for 2024 and one for 2025. For the deaths in the earlier years, there was some criticism of the operation of ACCT procedures and of deficiencies in communication of key information between individuals and different specialisms. In more recent incidents issues have been raised about the management of prisoners who are isolating. The Board has given priority to checking on these prisoners during 2025.

4.3 Violence and violence reduction, self-isolation

We monitor this by studying the monthly incidents report, attending some of the monthly safer custody meetings and reading the papers for the weekly SIM meetings. Incidents of assault have shown a slow reduction over each of the past five years. After a low number of assaults in the first quarter, there were increases in the middle of the year and then a steady decline in the autumn. We were pleased to see that the number of assaults on staff has declined significantly and that the number classed as serious has remained low. We have seen this year a greater emphasis both on the use of CSIP and the validation of CSIP data. We are conscious that, with A wing closed, it is harder to separate prisoners who should be kept apart due to known tensions.

CSIP (challenge, support and intervention plan)

CSIP continues to support and manage prisoners who pose an increased risk of violence or who are identified as vulnerable and needing additional support. Mandated referrals for CSIP screening are made in the following instances:

- Victims of any act of violence
- Perpetrators of any act of violence
- Isolating individuals (see 4.2)
- Suspected bullies or victims of bullying
- Individuals in debt

Given other management and support strategies available, 171 referrals resulted in a CSIP being started. With an increase in the number of prisoners choosing to self-isolate, (71 in 2025) the prison decided to use the CSIP programme to support this category of prisoner and to ensure reasons for isolation were fully understood and the needs of the individuals met. This has improved the management and support for self-isolating prisoners (see 4.2) but still has to be consistently embedded. Across the establishment there is now a greater awareness and understanding of the CSIP programme, but some conversations with prisoners on the programme suggest that perceptions around outcomes are variable. The timeliness of investigating CSIP referrals has improved during the year and involves contributions from a variety of prison sources. The SIM provides a weekly oversight.

4.4 Use of force

The Board has not observed many incidents where force has been used ‘in real time’, but a member of the Board regularly observes the monthly meetings where the UoF is reviewed; at least one member of the Board observes the weekly review of BWVC footage via Teams. Whilst there are sometimes issues with the technology, the Board is grateful to the prison for facilitating the reviews, which significantly assists our monitoring.

The Board has been pleased to note that there were fewer incidents when force was used in 2025 than in 2024, although the overall numbers remain relatively high, ranging from 44 in April to 30 in November. The categories of force used are reviewed monthly, along with data on issues such as age, religion and ethnicity. The incidence of UoF broadly follows the make-up of the prison population with, for example, the 30–39 age group being most involved in UoF incidents. Completion of UoF paperwork has been timely throughout the year, with a slight dip at Christmas.

The Board has been concerned about a reduction in the proportion of UoF incidents captured on body worn cameras. The monthly statistics have varied from 75% to 94.7% and various efforts have been made to address this issue, with limited success. There have been problems with some of the cameras, which has not helped, but this remains an area where continued pressure from senior management will be necessary.

During the year, training on de-escalation, neurodiversity and trauma has been delivered to prisoner-facing staff to promote and encourage alternatives to use of force, wherever possible. This may have contributed to reduced use of force incidents.

In recent years the governance of UoF has been strengthened, with a dedicated supervising officer (SO) taking an overview and offering training and guidance. We were concerned during the year when an experienced SO moved to another role with no immediate replacement available. The absence of a dedicated officer did lead to

some temporary diminution in overall governance, but that position was filled in the autumn by the introduction of a de-escalation coordinator. From our observations of discussions at the weekly meetings, we see that Governors take seriously the importance of ensuring force is used properly and appropriately, with both good and poor practice identified and addressed.

4.5 Preventing illicit items

The Board is aware that the prison continues to have issues with illicit items entering the prison. The number of drugs and mobile phones found in 2025 was almost double 2024's total and there was a very unsettled period in July and August because of this.

Whilst figures in July/August were on the increase, good intelligence has led to the discovery of many illegal substances. The combination of enhanced perimeter security, targeted intelligence measures and detection technology has been largely instrumental in this. The IMB has occasionally observed the use of the regional dedicated search team (DST) and operational dogs searching for illicit articles, also based on intelligence received.

Throw-overs have been regularly intercepted, drones have been spotted and counter measures deployed. Intel-led and routine cell searches have led to the discovery of some improvised weapons, smoking paraphernalia, drugs in the form of 'spice' (a chemical compound that mimics the effects of the active ingredient in cannabis) and cannabis, fermenting liquids and phones, chargers and memory storage devices. The nationwide introduction of a new vaping pen was intended to reduce the opportunity to inhale illicit drugs and although implemented, there are still some of the old style vapes around so it has not yet been fully embedded (see 6.6).

Board members note in their monitoring visit reports that the measures in place for EGS are still quite variable, ranging from scanning of bags and jackets, the use of the security archway and hand-held wands, to a simple ID check.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

The residential accommodation within the prison remains a challenge due to the age of the infrastructure. However, cleanliness has generally improved, and the retention of a 'clean and decent' oversight role and introduction decency checks have helped. Cell readiness orderlies are employed on the wings to ensure the readiness and decency of cells for first night use. Accommodation decency checks have been introduced, focusing on cells and communal areas. Decency boxes placed on each wing landing have been introduced and contain basic items such as toothbrushes and paste, toilet rolls, sachets of shower gel and deodorant. 84% of prisoners at Exeter are accommodated in overcrowded cells.

F wing was previously used to house prisoners with complex social care needs, such as impaired sight or compromised mobility. It was closed at the end of 2024 so that the water supply, heating system and other issues could be fixed. It was then re-purposed as a temporary home for reception. This means that facilities for prisoners with disabilities are far from ideal and often inadequately adapted (see 6.4). A discrimination incident reporting form (DIRF) (see 5.4) complained that there was no handrail on the staircase in the education block, making attendance at classes unsafe for the prisoner with disabilities who made the report. His complaint was upheld. Another example is the lack of seating on the C wing exercise yard, making it unusable for mobility compromised prisoners.

It is depressing to note that A wing and a dedicated CSU are still not in use (as detailed in our reports for 2023 and 2024). The main clinical area on B wing has been closed for refurbishment all year. C wing remains in a rundown condition and is due to be closed for refurbishment once A wing is reopened. The building and maintenance work and associated lack of available space have impacted the prison in a variety of ways, including regime and access to essential services, such as healthcare (see 6.1). On top of this, population pressures, which have not decreased, have meant that Rule 45 prisoners (those removed from normal association for the prisoner's own protection) are sometimes accommodated on the main wing. Similarly, other new receptions are located in the vulnerable prisoners' unit (VPU) when there is no space on an appropriate wing. It is also more difficult to avoid conflict between prisoners who cannot be easily separated, because there is no alternative wing for them to be allocated to.

In last year's report we also highlighted the problems in D wing of mould and damp in the winter and stifling heat in the summer. Despite mitigation measures such as extra fans and air conditioning units being brought in, temperatures remained uncomfortably high in summer this year, and the mould reappeared in winter. There also continue to be intermittent plumbing problems. There are plans to close the wing, again, to rectify these problems once A wing re-opens, which will probably not be until late 2026.

The improvement in laundry and kit provision we noted last year has continued, although there are occasionally temporary but acute shortages of items of prison issue clothing, most notably underwear, and blankets.

Food

Working to a budget of £3.14 per day per prisoner is a challenge, but the kitchen continues to provide mostly homemade meals offering choice, varying menus and provision for special diets to a high standard. There are plans for menus to be aligned

with the requirements of the food in prisons policy framework (2025) in early 2026. Employment in the kitchen is popular, but due to the time taken for security clearance of applicants, there is often a shortage of suitable workers. Despite this, meals are still prepared and delivered to the wing serveries on time. However, meals are served early and often before some prisoners in employment or education have returned to the wing.

The catering manager held two food forums this year, where comments and suggestions for improvement were invited. Collaboration between the catering staff and prisoners is good and feedback from the forums was generally very positive. The delivery of food to Muslim prisoners during Ramadan went smoothly, and special attention was given to the food available at Eid and Christmas. The catering arrangements for these special occasions were appreciated by prisoners.

There has been an increase in the number of food related applications made to the IMB this year (see section 8) most significantly regarding size portion size. Conversations with some servery workers has confirmed this to be the main source of concern.

The transient population at Exeter creates limited scope and opportunity for accredited qualifications in food production for the kitchen workers. This is a shame, as it could open several post custodial employment opportunities.

5.2 Segregation

This is the fourth year the IMB has reported that prisoners segregated from the main population have been held in cramped temporary accommodation in a basement in C wing (see 5.1). The poor-quality accommodation, environmental conditions and facilities are not the most conducive to support prisoners with the most complex needs and challenging behaviours to benefit from the regime. This situation is acknowledged by the prison. While commendable efforts have been made, and are ongoing, to adapt and refresh the facilities to make best use of them and create a calmer more rehabilitative environment, they are mostly cosmetic and it remains unsuitable. This is unlikely to improve until A wing is returned to use.

The use of segregation continues to be a measure of last resort and is reserved for the most serious breaches of prison discipline, those which could undermine the safety, stability or security of the prison. This includes assaults on prisoners and/or staff, possession of unauthorised articles or substances and where a prisoner arrives with secreted items. Occasionally segregation has been used for prisoners with severe mental health conditions, given that it can provide a lower stimulus environment. This is only used where risks to others or the individual on normal location are assessed as being too high to manage safely. No use of the special accommodation cell (where items such as furniture, bedding and sanitation are removed, in the interest of safety) has been made this year.

The segregation environment is carefully managed and there have again been occasions this year when, for safety reasons, staff had to use stricter arrangements for entering the unit and unlocking individuals.

Members of the IMB visit the CSU at least twice a week and try to see and talk to every prisoner unlocked. These regular monitoring visits have given the IMB opportunity to observe officers and others interacting with the men held there. Again, we have been impressed by the patience, support and respect shown and the efforts made by officers

to re-build relationships and engage positively with prisoners, especially after violent outbursts and incidents of non-compliance.

In 2025 the IMB observed 64 segregation review boards (SRBs). These consider and assess whether continued segregation should be authorised or the prisoner returned to normal location. Concerns, first raised in 2022 about the inappropriate location of SRBs, remain. Monitoring of some SRBs and associated documentation, shows that individualised, multi-disciplinary reintegration plans are now better used to support the prisoner during his stay and work towards a transition from segregation back to normal location on residential wings. Of the review boards observed, outcome decisions for prisoners have been reasonable and procedures compliant with the requirements. Most of the reviews have been well managed and aligned with the principles of procedural justice; prisoners are given a voice and chance to participate in the process, contributions from healthcare, CSU officers and others who have been working with the prisoner are invited and reasons for the decision explained and reintegration strategies discussed.

Towards the end of the year a restorative approach was trialled for prisoners held in the CSU on cellular confinement (excluding violent offences). This allowed them to earn back a portion of their confinement for positive engagement in addressing their behaviour. This is due to be implemented in 2026 and is a welcomed innovation.

Monitoring of data and quality assurance on implementation and adherence to the prison service order (PSO) on segregation and the overall trends in the use of segregation is reviewed monthly by the segregation review and monitoring group (SMARG). Throughout the year there has been 100% compliance with segregation health screens being completed and review boards being held within the specified time limits. However, what is less clear is how scrutiny and quality assurance checks on other segregation documents and activities are undertaken, such as the initial and continuing authority to segregate and daily occurrence logs recording access to showers and exercise, healthcare and medication.

The IMB's review of the monthly SMARG report and observation of some meetings shows that the prison routinely records information on prisoners held in segregation, such as diversity, those with a disability or on an ACCT and their reason for segregation. Data on adjudications is also presented. Some SMARG meetings have not been well attended, and although data is interrogated and some issues identified (for example, with adjudications – see below), actions to make improvements are not always identified or achieved.

During the year 290 prisoners were held in segregation, which is an 11% increase on the previous year. However, turnover is usually high with prisoners returned to normal location as soon as reasonable. For example, in December 58% of prisoners were held for three days or less.

Order under which prisoners are held	
Good order or discipline (GOoD) (where segregation from other prisoners is due to disruptive behaviour, which requires regular reviews) was the predominant order under which prisoners were held.	<ul style="list-style-type: none"> • 173 prisoners • 60% of the total • 1001 days
Cellular confinement	<ul style="list-style-type: none"> • 66 prisoners
53/4 (pending adjudication)	<ul style="list-style-type: none"> • 48 prisoners
Secreted items policy (SIP)	<ul style="list-style-type: none"> • 81 prisoners

The use of segregation peaked in June (31 prisoners) and again in August (25 prisoners). This coincided with periods of instability caused by an increase in illicit items entering the prison, finds of illicit substances and an increase in prisoners found under the influence (see section 4.5). Four prisoners were held continuously for more than 42 days requiring independent review by the Prison Group Director (PGD) to authorise continued segregation. The longest time a prisoner was held in continuous segregation was 53 days. No prisoners failed the initial segregation health screen due to risk of suicide and no prisoners were removed from segregation due to self-harm concerns. However, 30 prisoners were held in segregation whilst on an ACCT. This is a reduction compared with the previous year (64) but because the physical and environmental conditions in segregation are so poor, the Board remains concerned about the overall wellbeing of prisoners on ACCTs. At times during the year there were insufficient radios to give to prisoners who were without access to a TV while segregated. The IMB has reported on this in previous years and is disappointed that outcomes for prisoners in this respect have not improved and the stock control of working radios is not better managed.

Adjudications (disciplinary hearings when a prisoner is alleged to have broken prison rules)

It has again been difficult for the IMB to observe the adjudication process. 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 purposes. When observed, we have not identified any concerns around the fairness or justice of the proceedings.

Adjudications are held daily. During the year, 2012 new adjudications were heard which is a 3% decrease on the previous year. Monthly numbers vary across the year; for example, in October 100 new adjudications were heard averaging three a day whereas in August, when adjudications were at their highest (257), they averaged eight a day. The Board is aware that this is a resource-intensive process and has raised concerns throughout the year about low proven rates and the number of cases that are either dismissed or not proceeded with, often because of a lack of available evidence. However, the prison has not been able to improve this.

	January	February	July	August	September	October
Proven adjudications	36%	38%	44%	51%	25%	39%

While we have raised elsewhere in this report concerns about CCTV and the inadequate coverage (see 3.1.1), the use of BWVCs has increased, but improvements in both these areas would help to raise monthly proven rates (see 4.4). Similarly, better collection and presentation of evidence could result in cases being dealt with promptly, and the number of cases being remanded or dismissed reduced. Discussions at some SMARG meetings around managing and having a positive impact on prisoner behaviour have raised whether a better link between the incentive policy framework and use of adjudications might improve overall effectiveness and outcomes. Both areas have been identified by the prison as requiring improvement.

5.3 Staff and prisoner relationships, key workers

The Board has collected evidence on this subject from observations during rota visits, attendance at prisoner forums and through applications from prisoners. Whilst we have seen some good examples of engagement, we have been concerned this year by an increase in the number of applications from prisoners (from 22 in 2024 to 27) and from comments made at two recent forums, around a perceived lack of respect. We did become aware of some issues on one of the wings which were dealt with by the prison management and which we continue to monitor.

The amount of key working delivered is recorded in the daily handover reports, which are made available to all members of the IMB. Performance has varied throughout the year and has been materially affected by staff sickness and other absences. We are aware from our regular dialogue with the Governor that he does see this as a priority, particularly as there appears to be a strong connection between delivery of key work and a reduction in UoF and self-harm, as demonstrated in the statistics we receive monthly. We remain concerned, however, that when we talk to prisoners about key work, many claimed not to know the name of their key worker or never to have spoken to them.

5.4 Equality and diversity

The diversity and inclusion action team (DIAT) meeting is intended to be held monthly and presents a range of statistics in a clear and helpful manner. Unfortunately, this meeting has been cancelled on a number of occasions and has often been poorly attended.

During the year, the prime concern was the overrepresentation of black prisoners in statistics for UoF. Bthechange (a social enterprise providing an equality and diversity support service) held forums for prisoners on race and is due to deliver training to prison officers. For the whole of 2025, 5.7% of white prisoners were involved in a UoF incident, whereas 19.6% of black prisoners were. If the figures for the second half of the year only are taken into account, 9% of white prisoners were involved in UoF, with 12.5% of black prisoners similarly involved. This means that the likelihood of a black prisoner being the subject of UoF was 3.5 times that of a white prisoner but this discrepancy has fallen to 1.4 times more likely. It is to be hoped that this downward trend continues in 2026.

Last year, we noted that the lack of a neurodiversity support manager had contributed to the difficulties in managing the behaviour of neurodivergent prisoners. The appointment of a neurodiversity lead in February has contributed to a noticeable improvement in this area.

Forums for prisoners have been held more regularly this year but can still be at short notice, without a clear agenda. A template for conducting forums is being developed, as are plans to publicise the forums with a clear message of ‘You said, we did’ on Way Out TV.

The rate of churn, and the lack of ‘holds’ has meant that there have been no diversity champions this year.

30 discrimination incident reporting forms (DIRFs) were submitted this year, all of which were reviewed by a Board member. There has been no other form of quality assurance. Seven of the DIRFs did not meet the criteria. The remaining 23 were from prisoners with these protected characteristics:

Disability	8	4 were upheld
Disability and age	1	Upheld
Gender reassignment	1	Not upheld
Race	7	1 was upheld
Race and religion	1	Not upheld
Religion	4	2 were upheld

Responses to DIRFs were, in the main, polite, considered and with clear evidence of appropriate investigation. More than half of the DIRFs submitted were not responded to within the two-week timeframe.

A Board member observed a local transgender case board and was impressed by the care, thoughtfulness and sensitivity with which it was conducted.

5.5 Faith and pastoral support

The chaplaincy team continue to play a major role in the daily life of HMP Exeter by seeing all new prisoners as part of the induction process and being visible and approachable every day on the wings and in the CSU.

The multi-faith team provide pastoral care for any prisoner. There are currently 9 chaplains from the major faiths, through to pagan and Latter-day Saints, and their presence is particularly appreciated following a death in custody or when supporting prisoners with family problems or at times of bereavement. Religious festivals, namely Christmas, Ramadan and Eid are well managed.

5.6 Incentives schemes

D wing, which in previous years, had acted as an enhanced unit for prisoners who consistently displayed positive behaviour and engagement with the regime and achieved the highest level of the incentives scheme, a system of earned privileges, was

again in 2025 unable to provide this function. This was due to population pressures within the prison because of wing closures. It has been reported previously that incentives for those on the enhanced level were limited and that there was little qualitative difference in provision of living arrangements across the different levels. This has not improved. It is a disappointment to some prisoners and can undermine the incentive to work towards enhanced status. However, the decision to reprofile D wing as an ISFL unit will offer an incentivised regime and living area for prisoners engaged with addressing their addictions and is a welcomed initiative.

During the reporting year some prisoners have told us via applications or verbally that the IPF is not working as well as it might. For some, it has been perceived as being procedurally unfair and inconsistently applied. To take one example, a prisoner reported to the IMB that he had been given several negative entries, some of which he was not initially aware of. This triggered a wing move and demotion to standard level of the incentives. Although he submitted several appeals, they were not dealt with in a timely manner. When his case was eventually referred to a Governor, the review found some procedural irregularities and mitigating evidence. The appeal was upheld, but his prison life had been turned upside down. Reports of prisoners claiming not to know that they had received a negative entry until they had applied, and often been turned down, for another job or role have been raised in previous reports.

The monitoring of prisoner adjudications and observation of some SMARG meetings (see 5.2) has also identified that in terms of managing some behavioural concerns with prisoners, the use of the IPF may be a more appropriate course of action 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 quarterly complaints report prepared by the prison
- scrutiny of a random sample of complaints, usually six a month
- 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 1081 complaints were submitted.

Because the operational capacity for 2025 was the same as 2024, comparisons can be made, and there was a 37% increase in complaints received by the prison.

Type of Complaint	2024	2025
Complaint 1 (ordinary complaint)	722	996
Complaint 1A (an appeal)	35	41
Confidential access (indicates that the complaint is of a sensitive nature)	32	44

The reduction in the number of overdue responses, which we reported on last year, has been sustained and averaged 3.5% a month across the year. However, there were some months where there were no overdue responses. Prisoner complaint responses are monitored daily at the 9am managers’ meeting.

During the reporting year feedback from prisoners, which was gained from a variety of sources (prisoner forums, MQPL surveys and verbal and written applications to the IMB) raised concerns about the level of confidence prisoners had in complaints handling and the system. Some of the MQPL (2025) participant commentaries reflected what the IMB was also hearing:

‘What is the point, nothing will happen.’ ‘Complaints aren’t confidential. Officers have the key to the box, so they can just get rid of them.’ ‘There’s no point in putting in a complaint, it just goes in the bin.’ ‘Even if you do put one in, it either doesn’t get responded to, or you just get a standard response that doesn’t actually deal with the issue.’ ‘Letters take ages to arrive and sometimes don’t come at all.’

IMB monitoring evidence suggests that although some misperceptions are held amongst some prisoners, for example, complaints are posted by prisoners in locked boxes and collected by administrative staff, there was enough concern for the prison to implement a review of the complaints system. Subsequently some procedures, in particular the arrangements for returning responses to prisoners, were changed helping to remove a vulnerability in the process. Anecdotal evidence also suggests that since the changes to the procedures, there have been fewer Complaint 1A (appeals) submitted.

The Board’s monitoring of the complaints process has been hindered by the prison’s decision to report quarterly, rather than monthly, on the number and nature of complaints received and by interruptions in staffing and administration of the process. This has meant that the availability of a random sample of complaints responses to monitor has been inconsistent. However, those that have been monitored show that while responses vary in quality, they are generally written in accessible language and are polite and respectful in tone. Increasingly, responses reflect that investigations have involved conversations and meetings with the prisoner. The best responses draw on the principles of procedural justice, cite facts and reasons for decisions, as well as outcomes, and refer to the matter being investigated.

Issues receiving the highest number of complaints from prisoners during the reporting year were:

Issue of complaint	Number of complaints	% of complaints
Property	244	25%
Staff	115	12%
Residential	101	10%
Canteen	92	9%

That issues around prisoners’ property remain such a source of dissatisfaction and cannot be managed better remains a concern, because it is often such a key aspect in a prisoner’s life (see 5.8). Prisoner complaints about staff increased marginally compared with the previous year, which is consistent with applications received by the IMB (see 5.3 and 8). The IMB was aware that there were periods during the year, and on one of the wings, where staff/prisoner relationships had deteriorated (see 5.3). Similarly, complaints concerning residential matters (including accommodation, kit and

clothing and IPF) increased in 2025 (see 5.1.and 5.6). As a percentage of the total, prisoner concerns around canteen arrangements reduced.

Complaints about healthcare matters are routinely directed to the healthcare department and managed under their procedures (see 6).

5.8 Property

It is depressing to note that concerns over property continue to be a significant issue. The Board receives the quarterly reports on complaints to the prison and property has been the single largest category this year. There has also been an increase in applications to the Board about property within the prison (from six in 2024 to 14 in 2025), with eight applications on transfer between prisons. We regularly check on efforts made by prison staff to track down lost property, but we are aware that this is often unsuccessful and leads to compensation payments. There is no evidence that the revised HMPPS policy on property has had any practical effect.

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 and healthcare staff
- observations from the monthly LDQB meeting (local delivery and quality board)
- statistics provided by healthcare.

Oxleas Foundation Trust continues to provide healthcare services including primary care, mental healthcare, pharmacy and integrated substance misuse services (ISMS) and the management of its subcontractors.

The Board has observed a number of challenges to the provision of adequate healthcare to patients this year.

The main clinical area on B wing has been closed for refurbishment all year and reception (where prisoners are interviewed and screened by healthcare on arrival at the prison) closed for the latter part of the year. F wing, the social care wing was closed in early 2025 for refurbishment and was then repurposed temporarily to act as reception. It has been necessary for those patients with social care needs to be either transferred to other prisons or managed on normal wings.

These closures have required healthcare staff to work from temporary rooms scattered through the prison in areas not designed for clinical practice. It has also impacted on rooms available for peer mentoring and support for healthcare staff.

There is considerable uncertainty about when normality will resume. It has been impressive to observe the determination, resourcefulness and hard work shown by the healthcare staff in order to continue to provide their service.

The churn of the prison population continues to stretch healthcare staff. As an illustration, in August 2025:

- 5,806 healthcare appointments were made and 80% of those were seen. Of those not seen, 271 were no access visits (NAVs) (where no physical contact is allowed), 89 were cancelled and there were 8 who did not attend (DNA).
- Of the 162 new arrivals, 98% of reception screens were completed on the day of arrival with the remainder completed the following day. 73% of all prisoners had a secondary screen but only 18% within the standard of the first week.
- Of the 160 discharges from prison, only 7% were seen for discharge planning (see below regarding custodial flow manager) although 97% were seen at the point of release for discharge screening.
- Hotel 1 (a service providing out-of-hours nursing cover) responded to 81 calls, of which 73 were unplanned.

These figures highlight the huge demand for healthcare services, exacerbated by the churn in the prison population.

The temporary CSU highlighted in the last two annual reports remains a concern for the physical and mental health of its occupants (see 5.2).

The runner system for collecting patients to take them to appointments continues to be problematic, despite changes in prison protocols. For example, in September 2025 there were 26 planned hospital appointments with half of the patients arriving at hospital late. Discussion at the LDQB meeting suggested that one of the issues was the collection of the patients in a timely fashion by the runners to take them to the awaiting transport. Additionally, taxis often didn't wait or, once they realised it was a collection from the prison, declined the booking.

NAVs were highlighted as an area of concern, particularly for the monitoring of patients under the influence (UTI) especially at weekends or out of hours when there were not always enough prison staff to unlock patients. Another reason noted for NAVs were prisoners out at other activities, e.g. exercise or domestics.

The new roll call system instituted in September has caused issues with patients waiting at the medicine hatches. Prisoners may have to return to their cells from the queue whilst the roll call is undertaken. This has led to some delays in patients obtaining their medication, which can be an issue for those medicines which have a specific time gap between doses. At the time of writing, in January 2026, this was under review.

Whilst staffing levels have been much improved, some key roles have remained unfilled for large parts of the year:

- The primary healthcare lead role is being covered by the deputy head of healthcare, who is also covering the head of healthcare.
- The custodial flow manager role has not been backfilled for long term absence during 2025 and their recent resignation means a recruitment process is now required. Back fill clinics at weekends have been implemented towards the end of the year, to try and improve the percentage of patients receiving discharge planning.

Late arrivals may be difficult to assess with GPs' contracted hours ending at 9pm; a request has to be made if they need to stay later. However, there is now a patient group directive (PGD) to allow a trained nurse to commence an alcohol detox and to administer medication, which makes acute withdrawal from illegal drugs more tolerable.

IMB Applications received:

- applications to the IMB relevant to healthcare comprised 14% of the total received.
- 28% were either requesting different medication, a change in dose or complaining about a delay in receiving medication. Requests for pain medication or mental health medication were the most mentioned drugs. These are similar issues to those raised in the 2023 and 2024 annual reports. Issues around prescribing, dispensing and reducing the risks around palming and illegal drug use are discussed regularly at the LDQB meeting. There have been no changes in the assessment process for in possession medications.
- 36% of applications concerned difficulty making an appointment or missed appointments.

6.2 Physical healthcare

Oxleas subcontracts GP services to Dr PA across the south west prisons. Dr PA directly contracts and employs GPs who work at HMP Exeter. 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.

At the end of the year, the number of patients on the waiting lists were as follows:

GP	37
Dentistry	83
Optician	42
Physiotherapy	17
Podiatry	7

Dental appointments in the first part of the year were particularly hampered by lack of runners, lack of clinical space, a temporary water supply, suction issues and sickness within the dental team.

The high turnover of prisoners continues to impact the ability to offer primary prevention work, e.g. bowel cancer screening. However chronic disease management, e.g. asthma and diabetes monitoring, are delivered, as is the offer to all prisoners of blood borne viruses screening.

ACCT training forms part of the induction process for healthcare staff and 100% of initial ACCT assessments for prisoners were attended by a member of healthcare.

In April 2025 HMPPS produced heatwave guidance, which highlighted risks for those with certain underlying medical conditions. The IMB sought reassurance that these vulnerable groups had been identified and specific measures taken to monitor their cell conditions and their health as detailed in the guidance. The IMB was not reassured about the cell conditions and the patient engagement lead has advised that work will be done next year to identify and monitor the most vulnerable groups.

Bite-size learning events for all prison staff have been introduced by healthcare and have included subjects such as mental health referrals, a day in the role of an occupational therapist (OT), and introduction to cognitive behavioural therapy (CBT). The lead clinician has been on sick leave for some time and the progress of formatting of a new handbook for prisoners regarding healthcare services, mentioned as an aim in last year’s report, is uncertain.

The first standalone healthcare forum for prisoners was planned for 18 December 2025 but was cancelled due to prison officer staffing levels. It was rescheduled for January 2026.

The acting head of healthcare has worked with the Oxleas neurodiversity lead and the prison senior psychologist, in the absence of the head of healthcare. There has been a drive to improve the use of the neurodiversity template in the medical records informing staff of reasonable adjustments that may need to be made. There are also health

passports which can be created for prisoners for whom that would be useful. It is hoped that a neurodiversity wing will be established in March 2026, supported by healthcare and the prison, where it will be possible to run group sessions for prisoners. There is currently one neurodiversity nurse, and the senior OT has neurodiversity experience working alongside the prison neurodiversity lead.

6.3 Mental health

The number of prisoners requiring support from mental health services remains high, with 593 referrals to the service in 2025, 73.97% of which were accepted. The churn of the prison population highlights the need for rapid assessment of these referrals and it is reassuring that 94.8% of urgent referrals were seen within the five day standard. After assessment, 8.22% of those seen required the highest level of continued intervention.

13 patients were transferred to mental health hospitals and of those, seven breached the 28-day standard between referral and transfer. The reasons for the delays were not provided but have previously been caused by a recategorisation of the prisoner and unavailability of beds in a hospital setting.

Staffing includes the whole time equivalent of:

- 1 clinical team lead
 - senior mental health practitioners
- 2 mental health practitioners
- 1 assistant psychologist
- 1 highly trained specialised psychologist therapist
- 0.4 consultant psychiatrist, who is shared with HMP Channings Wood

There are additional cross cluster workers with speech and language, attention deficit hyperactivity disorder (ADHD) and cognitive change therapies.

Collaboration with Change Grow Live (CGL) in providing group work for prisoners has continued with positive feedback from prisoners.

It was encouraging to know that a draft Mental Health Bill was introduced in Parliament on 6 November 2024 and received Royal Assent in December 2025, aiming to improve access for prisoners in the criminal justice system to access appropriate mental health care.

6.4 Social care

The closure of F wing, the social care wing, during 2025 required some of the existing patients to be transferred to other prisons or to be accommodated on other wings.

Staff resources have been further stretched to ensure prisoners with social care needs on the wings are adequately provided for. One prisoner, a wheelchair user, was observed requiring support from his 'buddy' to stand for a few seconds whilst his wheelchair was collapsed as it didn't fit through the cell door. He explained that there was insufficient space between the top and lower bunks to allow him to easily get onto the bottom bunk and in and out of bed. He also found it very difficult to access the exercise yard. However, he was grateful for the thought and concern shown by healthcare staff and prison officers and understood the reasons why he was on a main wing. The IMB was disappointed that adaptations to the bunk bed were not made.

The Board received two applications from prisoners who would usually have been on F wing but instead were on the main wings. One was regarding a missed GP appointment and the other about difficulty in making a GP appointment when the kiosk on his landing wasn't working and he couldn't get to another landing.

When F wing reopens, it is not currently clear in what capacity this will be. A meeting between healthcare and the prison is planned for early in 2026.

6.5 Time out of cell, regime

The current prison regime has been in place since 2022 and time out of cell for many is limited because there are no structured evening activities. There is enough purposeful activity (education, work and skills) to provide for at least half-time engagement, but attendance is below the number of activity places available. Prisoners involved in either education, work or skills can experience around 4.5 to 5 hours out of cell on a weekday. Unemployed or self-isolating prisoners are unlocked for around two hours a day. The daily regime on D wing is more flexible.

The MQPL survey undertaken in February 2025 highlighted several issues related to daily regime and time out of cell. For example, one prisoner said, 'everything is rushed, time is limited, things run late'; another commented 'you have to choose between leisure, exercise, library, cleaning kit etc; there's not enough time in the morning.' These sentiments were confirmed in applications (5) received by the IMB, which reported the conflicts for prisoners between time for domestics and the collection of medication or access to exercise or visiting the library. The collection of medication is a particular issue. There are often long queues due to the high number of prisoners where the dispensing medication needs to be 'in sight' and reconciliation roll checks, which were introduced towards the end of the year, impacted on the distribution of medication (see 6.1). That there is often only one hour to get everything done in domestics can undermine calmness and create tensions. As one prisoner from the MQPL survey commented, 'the amount of time spent in their cell can make prisoners feel frustrated and can lead to them smashing their doors'. Prisoners' access to time in the open air meets the requirements of one hour minimum per day.

In acknowledgement of some of the problems caused by the current regime, a new and revised core day is to be implemented in early 2026. This has been designed to increase the time out of cell and provide structured, wing-based evening activities and access to the gym. It is hoped that this will lead to fewer clashes in Tier 1 (curricular) and Tier 2 (extra-curricular) activities. The Board welcomes this change and will monitor its implementation and impact.

Physical activity and access to the gym

Plans to expand the wellbeing agenda reported on last year were hampered by structural building issues, but the promotion of physical activity for wellbeing underpins the approach of the physical education team. The development of the gym and physical well-being areas, the gym team and gym buddies has been an important and positive addition to the experience of prisoners at HMP Exeter. Some additional equipment became available as the result of the closure of Dartmoor prison, and this has been put to good use. All prisoners are offered induction to the gym to encourage them to focus on their physical health and wellbeing and to take some ownership and responsibility for this. An inclusive approach, sympathetic to specific and individual physical needs is adopted and is supported through engagement with a wellbeing journal. Gym buddies play an important role in championing this inclusive approach. It is welcome that yoga is offered again from time to time. Basic and standard prisoners can request two gym

sessions a week, enhanced prisoners three. The team are pleased at the initial responses to their initiatives. IMB visits to the various physical activity areas (sports hall, gym, free weights and wellbeing studio) have observed a range of prisoners working cooperatively and to encourage and motivate their colleagues. Prisoners speak positively about their gym experience and would welcome increased opportunities to attend.

6.6 Drug and alcohol rehabilitation

As a small reception prison with an average stay of 90 days, Exeter faces significant challenges in relation to substance misuse treatment and rehabilitation. At the same time, recent His Majesty's Inspectorate of Prisons (HMIP) reports on the national picture continue to highlight the endemic use and trafficking of illicit drugs in prisons.

At the IMB's April Board meeting, the Governor highlighted an increase in the presence of drugs which had negatively impacted levels of bullying, blackmail, debt and intimidation. The increase in drug availability is attributed both locally and at the national level, with the involvement of organised crime groups (OCGs) in trafficking and distribution both within and outside prisons.

The rising use of Spice and other synthetic drugs is highly problematic for the prison estate. The liquid Spice compound may be sprayed on paper and sent into prisons via existing mail processes. It is easier to conceal and difficult to detect. The effects of Spice are highly unpredictable and may include violent, paranoid and erratic behaviour, psychosis, self-harm, and death. Prison staff are also at risk from secondary contact with psychoactive substances.

The recent government report, 'Tackling the drugs crisis in our prisons' (2025) describes the advent of drones as a 'paradigm shift' in the delivery and supply of illicit drugs. This technology undermines perimeter security and is capable of transporting increasingly heavy contraband. Broken cell windows and its city centre location make HMP Exeter vulnerable in this respect.

Applications to the Board highlight some issues in relation to the dispensing of prescription medication, both on arrival at the prison and on a daily basis (see 6.1)

The latter part of 2025 has seen the establishment of an ISFL environment. This is a dedicated area designed to promote recovery and abstinence, and to protect prisoners from the pervasive illicit drug culture found on other wings.

The failure to curtail illicit drug supply and use has led, in many establishments, to unparalleled levels of violence and criminality. While it cannot be denied that the presence of drugs (and in particular of psychoactive substances) fosters a volatile and unpredictable environment for prisoners and staff alike, there is evidence to suggest that the picture at Exeter is less extreme.

In February 2025, a random sample of 96 prisoners participated in the MQPL survey. The section of the survey focusing on drug use contained some positive data for the prison, with improvements relating to levels of drug use and the problems they cause compared with the 2018 survey results. Some 23.5% of prisoners agreed that drug use at the prison was high, compared with 36.7% who disagreed or strongly disagreed. Regarding safety and security, 28.1% agreed or strongly agreed that drugs cause a lot of problems between prisoners, with 31.3% disagreeing or strongly disagreeing. These answers are in the most positive/least negative band.

That said, drug finds, under the influence (UTI) incidents and code blue incidents (medical emergencies requiring immediate attention) fluctuated in 2025. There were

two spikes in drug finds during 2025. In April, there were increases in hooch (prison-brewed illicit alcohol) and Spice finds. The second spike, in August, was in line with similar rises across the region. In addition to psychoactive substances, UTI episodes were associated with modified vape caps. The prison has introduced new tamper-proof designs to curb such modifications, but older models are still in circulation (see 4.5).

The Board is aware that drug finds involving Spice are on the increase. The prison has responded with random searches and alerting staff to changes in the behaviour and physical appearance of users. One suspected source of the spike in Spice use was fake legal correspondence intended to bypass standard security checks. Letters without official barcodes are now subjected to authenticity checks and monitoring.

The Board is aware of drone activity during 2025, but traditional methods such as throwovers and visits remain the most common route of entry. As a Board, we have observed that search procedures on admission to the prison are not consistent: members report being 'waved through' following ID checks, and on other occasions going through airport-style property checks and pat-downs.

To prevent drug-related deaths, CGL staff deliver naloxone (an emergency medical treatment that rapidly reverses an opioid overdose) training to prisoners and staff. The Board is aware of some initial resistance to take-up of this training among non-healthcare staff. However, this position has improved, and it is hoped that this trajectory will continue as frontline staff become more familiar with the *HMPPS drug and alcohol operational framework (2025)*. Currently, 43 prison staff are trained to give naloxone.

ISFL on the former D wing

The head of drug strategy spoke to the Board prior to the roll-out of the ISFL. We were impressed by her enthusiasm and commitment and have watched the progress of the unit with interest. Following a well-attended open day in September, progress was slightly delayed by infrastructure issues; however, by December 2025 these had largely been resolved.

At Exeter, it is clear that the success of the new wing is seen as a priority by the Governor and the presence of members of the senior leadership team at the monthly drug strategy meetings is promising. Success of the ISFL will also be contingent on officer engagement and upskilling, and the Board will be monitoring this during 2026.

6.7 Soft skills

Members of the Board have had an opportunity to observe the use of soft skills during rota visits to the prison, when monitoring serious incidents and when observing the regular reviews of BWVC footage of UoF incidents (see 4.4). The daily handover bulletins also sometimes highlight particular examples. On the latter, we have noted a diminishing number of references to the use of 'strategy of choices' when dealing with recalcitrant prisoners.

We have noted some very good examples of the use of soft skills in the CSU (see section 5.2) where officers have managed to defuse some volatile situations with disturbed prisoners. The work of negotiators in serious incidents has also been commendable.

In UoF incidents, the atmosphere can quickly become very tense and heated. Some officers have demonstrated an ability to engage and find ways of calming situations.

7. Progression and resettlement

7.1 General comments

Sources for this section include:

- Regular visits by nominated IMB member
- Rota visits by all IMB members from time to time
- Quality improvement group (QIG) meetings
- Monitoring of applications on education
- Verbal reports of initial feedback from HMPPS and Office for Standards in Education, Children's Services and Skills (OFSTED) inspections
- Briefings by staff and teams involved in purposeful activity

At the end of 2025 the most significant aspect of education, skills and work (ESW) has been the reductions in the education curriculum offer, the staffing levels and morale. What has emerged from the renegotiation of the contract (from Weston College to Milton Keynes) and the new allocation of resources is not an improved outcome for the prisoners. There are fewer courses and 'pathways' (now renamed 'journeys') available, less choice, and a focus on assessment. Exeter IMB is deeply concerned about these developments and has joined with other IMBs and the Secretariat in making representations to the Minister.

7.2 Education

The changes have not removed existing difficulties with the provision of education at HMP Exeter. The focus has shifted to assessment, and longer-term or more specialised accredited courses have disappeared: e.g. training mentors, self-awareness, and so forth. OFSTED are reported to have been critical of this move to assessment, and it discounts the needs of the non-transient population. It was reported to a member of the IMB that 'neither the quality of education nor the support for learning is promoted by these changes'.

As the population is transitory the teachers have had to design roll-on-roll-off courses, which can be joined at any point by new prisoners. In addition, they must now cater for 12 prisoners in each class - increased from eight.

The majority of the prison population being transitory and on remand means that there is low incentive for taking up education. Designing a meaningful and motivating curriculum is challenging. The prison encourages them through payments (equivalent to payment for basic work) and a robust checking system and follow-up for any disengaged prisoners.

The curriculum, following induction, includes basic level maths and English, and cleaning and customer service. Art is still provided and remains popular, the teacher providing two days of art and two of English language support. There was a vacancy at the end of the year for a part-time teacher for the preparation for work course. Cover has disappeared, and the curriculum manager no longer has a deputy. Consequently they must provide cover, including for annual leave, and this reduces their availability to liaise with the prison staff.

Allocations have increased with class sizes being greater. In our visits we have noted that there are rarely more prisoners in class than previously. We continue to receive verbal complaints about being placed at an inappropriate level, or on a course already completed. We also continue to hear complaints about not being called by wing staff,

not being informed in advance about allocation to courses and inaccurate class lists provided to the teachers. Despite this, we receive very few applications about education - in 2025 there were five applications received (from four prisoners) in the year.

The accommodation for education classes has changed, with all classes held in the education block. Some of it is inappropriate for classes; for example, it is not possible to store and prepare the necessary kit for the cleaning classes. While IT access has improved so that much of the induction and some classes use IT, it is not always reliable.

When Board members visit classes, they report that they find students positively engaged. In the two learner forums we observed, prisoners expressed praise and appreciation for the education staff.

Some positive aspects to note

OFSTED are reported to have found improvements in the quality of education offered. We have noted more integration and cohesion in educational provision and across the activities, for example, basic English has included aspects of IMB interaction with prisoners in dealing with complaints; the records kept by prisoners in other areas of their progress (kitchens and workshops, through a wellbeing journal in the gym), the reading strategy, the themed months, the inclusion of British values, neurodiversity activities and Way to Learn on Way Out TV all underline the importance of skills and education in rehabilitation and reintroduction after release.

Despite the frequently short periods spent in HMP Exeter, the encouragement of prisoners to become Shannon Trust volunteers, Listeners, learning mentors, wing buddies, and so forth, is providing opportunities for prisoners to develop significant personal skills and capacities. There are still operational issues about making it possible for Shannon Trust mentors to engage with their mentees, and for the library to induct all prisoners on arrival.

Uptake of the Way Out TV educational capacity, Way to Learn, has been impressive. The opportunity to study independently and in the cells, provides distraction during the hours behind the doors in a flexible way. The participants have access to a wide variety of topics (about 14 at the end of the year). Recruitment and encouragement are stimulated by the provision of prizes (e.g. mugs, water bottles) and inclusion in the prison's celebration of achievement events. Additionally, the team organising Ways to Learn have noted that peer support and collaborative learning have been promoted by the programme. The programme can be helpful to prisoners who are isolating for any reason. In November 85 courses were completed, in December it was 90. That is about 20-25 each week. Prisoners can only complete one course a week, but some are steadily making their way through the complete list. The most recent celebration of achievement ceremony included 24 certificates for this programme.

The work of the neurodiversity lead is to be praised for developing the awareness of all prison staff, and for the work with the education team, including development of materials.

The development of the two gyms, the gym team and gym buddies has been an important and positive addition to the purposeful activity in HMP Exeter. It is described in section 6.5.

7.3 Vocational training, work

Education and work have continued to become more integrated, with the use of skills recording for prisoners in the *progress in work* booklet, and an updated *Curious* to record activities.

The kitchen continues to provide work and education to its workers, although it is hard to staff with enough prisoners. Higher level of security is required and short stays mean induction of new workers has to be more or less continuous. It remains a sought-after job.

The two workshops, PECO and Hillbrush, continue to provide commercially commissioned work, enabling prisoners to undertake real world work. Despite some staffing gaps the workshops have continued this year, coordinated to ensure British values and other educational initiatives are undertaken through work. They have not been able to adapt to all neurodiversity needs but have been developing this area. Prisoners in the workshops report satisfaction at the activities and the support from the workshop instructors.

Sadly, there has been little commitment from local businesses to assist with work provision. For example, no prisoner is currently working with GFSL. Attempts are progressing to forge closer links with local employers.

The target percentage for prisoners enjoying employment opportunities is 44% and has been consistently exceeded, usually being around 50%. (This is an improvement from 2024, when it was more like 33%.) Much of this improvement is attributed to improved sessions with careers, information and guidance (CIAG) and personal approaches from the allocations team and others.

Induction sessions in the gym take place on day two or three of arrival for all prisoners and are not included in the allocations figures. There is an intention to promote an inclusive participation. In the future, attendance at the gym will be included in participation figures to reflect the purposeful activity in the prison.

Outcomes for prisoners

The provision of education is now much narrower than 12 months ago, with fewer subjects, less choice, staff vacancies and more demanding work patterns. The focus is on assessment, but we fear that education in destination prisons has also been reduced, and the overall offering is not of such good quantity as previously. The prison continues to develop the offer of gym experience, and this has enhanced the lives of many.

Workshops remain limited to PECO and Hillbrush, with no local involvement from the community. Other work details – in the kitchen, cleaning, laundry, etc – as well as some of the support activities – Listeners, Shannon Trust mentors, buddies to support prisoners in various activities – all continue as last year.

Some issues about getting prisoners to classes and work remain from previous years: they are not always called, there is not always adequate staff to accompany them, the administrative systems do not yet allow for easy checking of each prisoner's history to avoid duplication or inappropriate allocation. A new activities team was in place from April and they are working hard to improve the systems, with considerable success.

7.4 Offender management, progression

Of the 300 prisoners held at HMP Exeter, approximately 80% are on remand and many others are on recall, for whom the substantive preparations for release have been previously made. Over the year about 50 to 60 sentenced prisoners were released each quarter, of whom 90% were released to the south west, the majority to Devon, Torbay, Cornwall, Isles of Scilly and Plymouth.

There are many different departments and organisations both within and outside the prison involved in the release of prisoners.

Central to this process is the offender management unit (OMU) which undertakes most of the preparatory work. The process of release has become significantly more complicated due to turnover, court arrivals, new initiatives for early release and recalls. The regulations for early release are complicated by a spreadsheet of conditions, risk assessments and the imperative not to release the wrong prisoner at the wrong time. Staff are licensed every two years to undertake these responsibilities as the calculations can be complex and the potential for mistakes is taken very seriously. Preparation for release takes place in the context of pressure to provide places for arrivals from the 11 local courts served by the prison, exacerbated by the number of recalls, and the movement of prisoners around the estate to accommodate this.

Ideally the process begins 10 weeks in advance of release but not all prisoners arrived at HMP Exeter this far in advance of their release date. Prisoners meet with their prisoner offender manager who also links with their community offender manager (COM). Accommodation and employment are investigated and medical preparations are undertaken by Oxleas NHS Trust. ISMS ensure that they support prisoners prior to release and will visit the day before release. Good support is in place for release planning via the multi-disciplinary weekly release and immediate needs board (RAIN), chaired by the prison employment lead. This improves collaboration and planning for prisoners approaching release and is attended by regional COMs, community-based NHS support services such as Reconnect, and prison healthcare staff including ISMS, Department of Work and Pensions (DWP) and CGL. These processes support much respectful and decent work.

Population pressures across the prison estate impact on the availability of transfers to more suitable locations for sentence planning and course or programme requirements. On occasions, prisoners have been unable to leave Exeter as locations more appropriate to meet their needs cannot be provided for. This can impact on progress and future parole decisions.

The Board noted the high level of commitment, efficiency and dedication, often going beyond expectations, applied by the OMU team, despite the increase in workload due to the ongoing population pressures and the various release schemes that have taken place. The POMs have regular supervision from the head of the offender management department and there remains an open-door policy to ensure support is ongoing.

7.5 Family contact

Arrangements for social visits where friends and family can visit prisoners, provide the opportunity for an average attendance of 360 each month. 260 social visits took place 2025, accommodating 4,320 visitors. Visits take place every afternoon apart from Monday and Wednesday. Comfortable purpose-built facilities are available for social visits and the occasional closed visits (where a prisoner and visitor are not allowed to

touch or exchange items). Visitors access 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 take time. However, the prison ensures that the statutory visiting time allowed is still achieved for each prisoner. There is also the availability of social video calls, which tend to be fully subscribed.

Prison Advice and Care Trust (PACT) support family days which bring together prisoners and their families outside of their statutory entitlement to social visit, in a more informal setting. The prison is contracted to deliver 12 family visits a year and attendance ranges from three to eight prisoners. There is a criterion of inclusion based around public protection and security intelligence. Applications for each visit range between 10 and 15. A transient population makes this type of event difficult to arrange.

7.6 Resettlement planning

The lack of suitable accommodation for prisoners on release remains a significant problem. The south west is particularly hard pressed. Exeter City Council provides for about 20% of releases but has lost a lot of social funding, and finding suitable accommodation around Exeter is particularly challenging. Plymouth has a poor record and will not rehouse before a release date is known. Torbay has few resources, and Cornwall uses accommodation for ex-offenders funding.

The percentage of prison leavers housed on the first night of their custodial release was 87.61, however more spaces are required to meet the accommodation-on-release aims. There are particular difficulties given the rural nature of the area surrounding the city of Exeter; one consequence is that accommodation vacancies are often far from where the individual wants or needs to be and can be isolated and inaccessible by public transport. Often accommodation is shared with others with an offending history, which can lead to reoffending risks. Single males with health issues are unlikely to get accommodation. Without accommodation, it is difficult to get a job, develop stable relationships and avoid reoffending.

Other challenges include releases to locations outside the immediate area, where probation services may not be willing or able to coordinate due to last minute allocation of accommodation. High risk releases have their accommodation needs managed by the COMs, often through the multi-agency public protection arrangements (MAPPA).

In summary, there are limited options for prison leavers. HMP Exeter has achieved its target delivery for finding suitable accommodation on the first night of release only once in the past 24 months. This is a national trend, and HMP Exeter is currently second in its comparator group for this measurement.

HMP Exeter's employment hub has been part of an initiative to ensure that prisoners have sorted out their DWP payments before release and a prison work coach supports prisoners with imminent releases. This is working really well; no prisoner leaves HMP Exeter without having access to some immediate money if they are in receipt of benefits. The involvement ideally begins 28 days before release and is activated in the departure lounge on the day of release. This works well but does require lists of releases to be available in good time and can be problematic if prisoners are not transferred in good time for the process.

Employment outcomes for prisoners leaving HMP Exeter are challenging and complex. In 2025, only 21 people out of 586 releases were in employment six weeks after release.

For prisoners engaged with chaplaincy, it plays a role in support through release with a volunteer who visits prisoners who have a specific referral. Direct referrals are also made through the welcome directory and contact with partner churches who take services twice monthly. This ensures that prisoners know where they can go for support from faith organisations with written information about support centres and contacts. Veterans also receive support from a dedicated officer.

Two to three prisoners are released each day. Releases are scheduled for Mondays to Thursday to enable access to health and social services prior to the weekend. Prisoners are brought down from the wings to reception for the return of their property and finances. They speak individually to the CM about their expectations and are provided with a rail warrant, if required. There is an excellent departure lounge facility available to prisoners on the day of release that assists them with charging mobile phones, having a supply of clothes, supporting travel plans and assisting with where to go next. DWP work coaches assist with claims, etc.

There are a number of challenges around this work, including:

- The many departments and organisations involved in preparation for release necessitate good timely coordination and communication
- Time to prepare for release is limited for late transfers and men on short sentences
- Immediate release prisoners do not have the same level of preparation
- The need to cover staff absence and leave, as many departments are very stretched
- Prisoners are often unaware of the processes involved in preparation
- Release is often a time of vulnerability for prisoners.

As previously mentioned, the Board has noted the high level of commitment, efficiency and dedication of staff working in this area, and the care and respect demonstrated by the prison staff and the many outside organisations involved.

8. The work of the IMB

Board statistics

	2025
Recommended complement of Board members	13
Number of Board members at the start of the reporting period	8.5
Number of Board members at the end of the reporting period	13
Total number of visits to the establishment	330

Monitoring visits

The increase in the number of monitoring visits made during 2025 is reflective of increased Board capacity and the mentoring of new members.

Board capacity and recruitment.

During the year the Board recruited five new members. Three were newly appointed to the role and two transferred to HMP Exeter from other prisons. Two very experienced members, each with over 10 years' experience, left the Board.

Wider contribution to the IMB

In 2025 the IMB at Exeter hosted members from two other prisons for visits; HMP Bristol and HMP The Verne.

Three members of the Board took part in the interviewing process for applicants to the IMB.

Board meetings

The Governing Governor attends every Board meeting to update the IMB on relevant matters and respond to questions raised by the Board. The Board has been grateful for the priority the Governor has given to this.

Every other Board meeting a member of the prison staff is invited to update the Board on specific areas of interest or concern. Topics have included: reception procedures, the role of the ACCT floor walkers, CSIP and self-isolating prisoners, principles of the ISFL.

Focused monitoring

During the year the Board undertook focused monitoring and produced a report, '*Hope on the way out: IMB inquiry into preparations for release of prisoners at HMP Exeter*', which has informed our monitoring (see 7.4 and 7.6).

Applications to the IMB

The applications received by the Board this year highlight some of the areas of concern dealt with in this report. The issue raised most frequently were relations between staff and prisoners, up 22% from last year (see 5.3). The number of applications about letters, visits, telephones, public protection and restrictions, which more than doubled from last year, is reflected in the number of verbal reports received from prisoners

about the delays in being able to make a phone call after the first day in prison (see 5.1). The number of applications about discipline also more than doubled from last year and echoes the Board's own concerns (see 5.2 & 5.6). Property is a perennial problem, with applications more than doubling from 6 in 2024 to 14 in 2025 (see 5.8).

Code	Subject	2024	2025
	Apps received by the board	146	179
A	Accommodation, including laundry, clothing, ablutions	17	7
B	Discipline, including adjudications, incentives scheme, sanctions	5	11
C	Equality	5	0
D	Purposeful activity, including education, work, training, time out of cell	8	5
E1	Letters, visits, telephones, public protection, restrictions	12	25
E2	Finance, including pay, private monies, spends	8	7
F	Food and kitchens	4	8
G	Health, including physical, mental, social care	39	26
H1	Property within the establishment	6	14
H2	Property during transfer or in another facility	10	8
H3	Canteen, facility list, catalogues	2	4
I	Sentence management, including home detention curfew (HDC), released on temporary licence (ROTL), parole, release dates, re-categorisation	5	9
J	Staff/prisoner concerns, including bullying	22	27
K	Transfers	2	11
L	Miscellaneous	16	25
	Total number of issues raised	161	187

Annex 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, then Milton Keynes College
- Escorts: Serco
- Maintenance: Government 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 Devon and Dorset prison cluster (which also includes HMPs Channings Wood and Guys Marsh), and a number of services and some resources.

Annex B

Abbreviations

ACCT	Assessment, Care in Custody and Teamwork
ADHD	Attention Deficit Hyperactivity Disorder
BWVC	Body worn video camera
CBT	Cognitive Behavioural Therapy
CCTV	Closed circuit television
CGL	Change Grow Live
CIAG	Careers Information, Advice and Guidance
CM	Custodial manager
COM	Community offender manager
CSIP	Challenge, Support and Intervention Plan
CSU	Care and Separation Unit
DIAT	Diversity and Inclusion Action Team
DIRF	Discrimination Incident Reporting Form
DNA	Did not attend
DST	Dedicated search team
DWP	Department of Work and Pensions
ECSL	End of custody supervised licence
EGS	Enhanced gate security
ESW	Education, skills and work
GFSL	Government Facility Services Limited
GOoD	Good Order or Discipline
HCA	Health care assistant
HDC	Home detention curfew
HMIP	His Majesty's Inspectorate of Prisons
HMPPS	His Majesty's Prison and Probation Service
IPF	Incentive Policy Framework
ISFL	Incentivised Substance Free Living
ISMS	Integrated substance misuse service
LDQB	Local Delivery and Quality Board
LTA	Local tactical assessment
MAPPA	Multi-Agency public protection arrangements

MQPL	Measuring the Quality of Prison Life
NAV	No access visit
ND	Neurodiversity
NPM	National Preventive ⁴ Mechanism
NPS	New psychoactive substances
OCG	Organised Crime Group
OFSTED	Office for Standards in Education, Children's Services and Skills
OMU	Offender Management Unit
OPCAT	Optional Protocol to the United Nations Convention against Torture
OSG	Operational Support Grade
OT	Occupational Therapist
PACT	Prison Advice and Care Trust
PGD	Patient Group Directive or Prison Group Director
POM	Prison Offender Management
PPO	Prisons and Probation Ombudsman
PSO	Prison Service Order
QIG	Quality Improvement Group
RAG	Traffic light system used in project management (red, amber, green)
RAIN	Release and Immediate Needs Board
ROTL	Released on temporary licence
SDS40	Standard Determinate Sentence 40%
SIM	Safety Intervention Meeting
SMARG	Segregation Monitoring and Review Group
SO	Supervising Officer
SRB	Segregation Review Board
UN	Urgent Notification
UTI	Under the Influence
UoF	Use of Force
VPU	Vulnerable Prisoners' Unit
VR	Violence Reduction Representative
YOI	Young Offender Institution



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