



Annual Report of the Independent Monitoring Board at HMP Thameside

**For reporting year
1 July 2019 – 30 June 2020**

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Introductory sections 1 – 3

1. Statutory role of the IMB

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

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

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

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

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

2. Description of the establishment

HMP Thameside is a privately operated prison for adult male prisoners in south-east London. It was opened in 2012 as a category B/C local prison with an operational capacity of 900. In 2015, two new wings, intended primarily for resettlement prisoners approaching their release date, increased operational capacity to 1,232.

An industries building opened in 2015, providing workshops training and other activities to assist resettlement prisoners. This was closed in 2019 to make way for video-conference suites serving the courts. Work on this started during the reporting year, and is expected to complete next year.

Throughout the reporting year, the prison has been occupied at, or close to, its operational capacity. Most prisoners are held in two-bed cells. In common with other local prisons serving the courts, it holds a diverse and fluctuating prisoner population, and the average stay is short. Typically, two-thirds are convicted prisoners and one-third remand. At year end, it held 99 young offenders (18–21-year-olds), and the oldest prisoner was 72.

All cells have integrated toilets and showers, a telephone and an in-cell computer management system (CMS). Prisoners can book their own visits, choose meal options, order canteen and book healthcare appointments on their own initiative. Eligible prisoners can opt to pay for access to a limited number of television channels.

There is a well-equipped gym (including two outdoor areas), a well-stocked library, an education centre and a multi-faith centre. The care and separation unit (CSU) has 18 cells, and a healthcare centre runs surgeries for outpatients and has an 18-cell inpatient unit.

The prison is managed under contract by Serco Group plc. It has two partner agencies: Catch 22 (focusing on offender management, gangs and rehabilitation) and Turning Point (focusing on issues arising from drug and alcohol misuse). A separate division of Serco (Serco FM) provides the facilities management services.

A number of centrally contracted organisations provide other services. Education provision is contracted to Novus; healthcare services are contracted to the Oxleas NHS Foundation Trust ('Oxleas'); Change Grow Live provides social care; and the community rehabilitation company (CRC) is MTCNovo, which contracts resettlement and housing out to Catch 22, St Mungo and De Paul. Atrium provides counselling services to Oxleas. The escort contractor is Serco.

3. Executive summary

3.1 Background to the report

HMP Thameside went into command mode on 23 March 2020 as a response to the COVID-19 pandemic. It remained in that state at the end of the reporting year. This imposed strict limitations on the Board's visits to the prison, and it relied on remote monitoring to gather information on the prison's response to the pandemic and, to an extent, to prepare this annual report. It has covered as much ground as it can in the report, given the constraints, but in places there is less detail and supporting evidence than normal. Ministers are aware of these constraints.

The report's production was also adversely affected and delayed by a chaotically planned and implemented email systems upgrade by Serco IT in July and August 2020, which left Board members without access to email and many of its monitoring records for over a month, without warning.

On 23 June 2020, a team from Her Majesty's Inspectorate of Prisons (HMIP) conducted a one-day scrutiny inspection on the prison's handling of the pandemic. The Board was invited to submit evidence to the inspectorate. This is reproduced as an appendix to this report, and provides a commentary and picture of conditions for Thameside prisoners of which Board members were aware in the critical lockdown period from late March 2020 to the end of the reporting year, on 30 June 2020. The Board noted common ground between HMIP's scrutiny report and its own monitoring assessment.

There were senior management changes in the second half of the year. A new Director and Deputy Director took up post in April 2020, taking over from an interim Director who had covered the preceding two months, alongside an interim Deputy Director.

3.2 Main judgements

How safe is the prison?

The prison does broadly effective work to maintain safety for all prisoners, given the challenges that are posed by the high number with complex mental health needs, vulnerability and substance misuse issues, gang memberships and a cohort who violently challenge and disrupt prison life. Drugs continue to find their way into cells (see section 4.6). The Board would like to see more targeted understanding of the triggers to self-harm (see section 4.2). During lockdown, effective arrangements were made to control the COVID-19 pandemic (see section 6.1). Investigations into prisoner allegations against staff require an overhaul (see section 4.5).

How fairly and humanely are prisoners treated?

Prisoners are housed in decent buildings. However, the Board is disappointed that many continue to be unfairly affected by facilities management breakdowns (see sections 5.1, 5.2, and 7.1.1), and by staff not following mandated process (such as completing cell clearance forms – see section 5.8). The number of prisoner complaints about staff attitudes and bullying remain too high (see sections 5.3 and 5.7), and the Board had serious concerns about the prison's recording of complaints (see section 5.7). The Board has been frustrated in its ability to access cell call bell records to verify prisoner complaints about the answering of cell bells (see section 5.1). It is unable to give a positive judgement on the

application and benefits of the Offender Management in Custody (OMiC) model (see section 5.3).

The end-of-year initiative to enforce the wearing of body-worn cameras (BWCs) is welcomed as enabling prisoner adjudications to be more fairly and appropriately determined (see section 5.2). Faith and pastoral support for prisoners remains strong (see section 5.5).

During lockdown, efforts were made by managers and staff to safely and fairly manage the crisis (see Appendix). In the absence of family visits, every prisoner was allowed 10 minutes' free telephone time per day to maintain contact with family and friends, which was welcomed by prisoners. While the need for severe regime restrictions was understood by the Board – and broadly accepted by prisoners – at the height of the pandemic, the continuing Her Majesty's Prison and Probation Service (HMPPS) regime that keeps most prisoners locked in their cells 23 hours a day is inhumane. The Board has observed increasing incidents of violence, use of force and self-harm through the summer months of 2020, which may reflect increased prisoner frustration and reduced acceptance of these restrictions (see sections 4.3 and 4.6).

The Prisons and Probation Ombudsman (PPO) highlighted the unjustifiable use of restraints by the prison on an elderly man receiving end-of-life care, and the inhumane treatment of the family of a terminally ill prisoner (see section 4.2). It is inhumane that the prison receives serious mentally ill prisoners unsuited to the environment, who can wait months to transfer to more appropriate medical support establishments (see section 6.3).

How well are prisoners' health and wellbeing needs met?

There are high demands on healthcare services, in excess of those experienced in the community. The provider has worked effectively this year to stabilise performance and staffing levels. It rose to the urgent challenges of COVID-19, working effectively with prison managers. Planning for prisoner hospital escorts has improved (see section 6.2). There remains a stubbornly high level of non-attendance at healthcare appointments, and there are concerns over the quality of healthcare interactions in the CSU (see sections 5.2 and 6.1). The inpatient unit is almost always full, most frequently with a majority of mentally ill patients who are not best treated in a prison environment (see sections 6.1 and 6.3).

The Board regrets the continuing large number of short-notice gym cancellations, principally due to staff cross-deployment to other duties (see section 6.5). In February 2020, there was not a single day when the gym operated at full strength, and for 11 days of that month it was closed all day. Indoor and outdoor gym activities bring well-known mental and physical benefits, and its frequent curtailment is unfair and unacceptable.

How well are prisoners progressed towards successful resettlement?

The prison offers a range of programmes and initiatives to help prisoners prepare for release. It runs an excellent library, with a broadly based programme of activities (see section 7.1.3). The work of the Families First team also stands out (see section 7.4).

The greatest challenge for many prisoners remains the chronic lack of suitable accommodation in the community for those needing to be housed, and the difficulty in securing jobs. Despite 169 prisoners securing job offers at prison recruitment events, the pandemic has dramatically taken away jobs in the hospitality industry, which comprised the majority of these positions (see section 7.5). The Government's initiative to ensure that no prisoner was released without accommodation during the pandemic was welcome.

During the lockdown months in the last quarter of the reporting year, it was disappointing that the education provider made minimal effort to enable learners to progress, including those undertaking distance learning courses. The prison's virtual campus system is inadequate, a fact that has been known for several years (see section 7.1.2).

3.3 Main areas for development

TO THE MINISTER

The minister should know that focused cooperation between senior managers and staff in the healthcare department was effective in controlling COVID-19 in HMP Thameside. The Board applauds staff at all levels for their committed efforts to maintain safe and stable conditions in the prison during this difficult time. One of their prison colleagues sadly died from the virus.

The Board is concerned, nevertheless, that many prisoners are still facing excessive hours locked in their cells, many for 23 hours a day. This inflicts mental and physical damage, and the minister and HMPPS are urged to speed up the return of increased out of cell time (see section 6.5). No prisoner was released under the end of custody temporary release scheme, although over 50 names were put forward to HMPPS (see section 7.3.4).

The Board urges that the welcome Government initiative to ensure that released prisoners have accommodation to go to during the COVID-19 crisis will be continued beyond the current national health emergency.

The wait for a secure outside hospital bed for severely mentally ill prisoners held in HMP Thameside continues to be a serious inhumanity which requires greater government priority (see section 6.3).

TO THE PRISON SERVICE

The Board notes with concern the slow pace of relaxing the prison regime set by HMPPS as the COVID-19 crisis eases. While appreciating the need for caution, there is an important balance to be found with bringing a return to humane conditions (see section 6.5). The increase through the summer months of 2020 in incidents of violence, self-harm and use of force would indicate the need to find a better 'new normal' than the one that currently exists. A more flexible approach, such as is being adopted in the wider community, which recognises local conditions and gives greater empowerment to Directors/Governors, would be welcome in allowing prisoners more out of cell time for exercise and meaningful activities.

TO THE DIRECTOR

The Board welcomes the step-change in leadership and operational direction brought by the current Director. It has provided evidence in past annual reports of inadequate management and application of systems and procedures that are important to prisoners, and cause them routine unfairness. A casual attitude towards their property (see section 5.8), repeated gym cancellations (see section 6.5) and endemic facilities failures (see sections 3.1, 5.1, 5.2 and 7.1.2) are examples. The Board too often faces difficulties in

getting prompt and reliable responses from prison managers when raising concerns on behalf of prisoners (see sections 5.1, 5.7 and 5.8).

This annual report contains many Board concerns that were raised last year, and the year before. The Board looks for a change.

3.4 Progress since the last report

Work started in the year on the conversion of the former industries block to video-conference facilities serving the courts. While the Board regrets the loss of the previous skills training opportunities and other resettlement facilities, the video-conference facilities will benefit prisoners in eliminating the need for them to be ferried in prison vans and held in court cells, and provide a more settled basis for the prison to develop services appropriate to a reception establishment.

The Board has noted improvements over the year in the management of healthcare services (see section 6.1), planning for hospital escorts (see section 6.2), notification of forthcoming good order and/or discipline (GOOD) reviews to relevant departments, and attendance at them by healthcare staff (see section 5.2). In the last quarter of the reporting year, the wearing of BWCs increased as it began to be more strictly enforced.

Sections 3.2 and 3.3 indicate some key areas where the Board would wish to see more progress achieved.

Evidence sections 4 – 7

4. Safety

Two multidisciplinary weekly meetings identify and review vulnerable prisoners and monitor levels of violence – the safeguarding board and the safety intervention meeting which immediately follows it. These are well attended by relevant prison departments and external partners (such as Greenwich Social Care).

The safeguarding board identifies and reviews interventions for prisoners of concern, as well as discussing incidents of self-harm and any transgender issues. The safety intervention meeting reviews all prisoners on challenge, support and intervention plans (CSIPs) and in the CSU, those in need of support such as social care and counselling, as well as reviewing complex cases and the previous week's violent incidents. Some prisoners are discussed at both meetings.

In the last two months of the year, the Board observed more active management of these meetings, resulting in speedier actions and interventions.

Peer support for prisoners on the wings is provided by Samaritans-trained Listeners and trained violence reduction representatives. The prison made good use of peer representatives in each wing during lockdown, allowing them to be unlocked for most of the day to help resolve prisoners' minor issues and frustrations.

4.1 Reception and induction

The induction of all prisoners through the early days centre works well, with new arrivals supported by a team of 'Insiders' (experienced prisoners). During lockdown, the prison rapidly introduced a reverse cohort scheme (see section 6.1), where new arrivals were kept in small, segregated groups for two weeks before being incorporated into the main prison population. This helped to reassure existing prisoners of steps being taken to keep the prison safe from outside infection.

4.2 Suicide and self-harm, deaths in custody

Levels of self-harm have followed a worrying upward trajectory through the reporting year, with 198 incidents in the first six months of the year and 284 in the second six months. As noted in previous annual reports, persistent self-harming by a very small number of prisoners forms an important part of this picture. In June 2020, two prisoners accounted for over one-third of self-harm incidents. The Board understands that the prison recognises this issue and has taken steps to address it, but with only limited success. It has not seen clear evidence indicating that lockdown was a major driver of self-harm in the worst months of the pandemic (March to May 2020). However, it has increased significantly in the months June to August 2020, which may reflect increased frustration and reduced acceptance of continuing restrictions on time out of cell.

There were three deaths in custody during the year, which are being investigated by the PPO. Four PPO investigations into deaths in custody in earlier years were published this year. One commented: 'This is the fifth investigation into deaths at Thameside since 2016, in which we have concluded that the healthcare provided was not of a standard equivalent to that which could be expected in the community. The Head of Custodial Contracts at Her

Majesty's Prison and Probation Service and NHS England South East must now address this highly unsatisfactory state of affairs.'

Other concerning comments from the four PPO reports include the unjustifiable use of restraints on a man receiving end-of-life care, given his age, limited mobility and very poor health; the unavailability of officers when an urgent hospital transfer was requested; an inoperable cell call bell delaying a response to a prisoner; and the family of a terminally ill prisoner being restricted to one visit a week, and subsequently denied the opportunity to view the body. A number of recommendations for improvement were made by the PPO.

There were no deaths in custody of prisoners from COVID-19 during the reporting year.

4.3 Violence and violence reduction, self-isolation

Levels of serious violence have continued to decline (prison data). Serious assaults (prisoner-on-prisoner and prisoner-on-staff) fell from 117 in 2017/18 to 74 in 2018/19, and 47 in this reporting year. This is a welcome trend. However, with 165 prisoner-on-prisoner assaults categorised by the prison as 'minor', and 128 prisoner-on-staff assaults similarly categorised during the year, the levels of 'everyday' incidents of violence affecting the life of prisoners and staff remain too high.

There are a limited number of CSIPs (less than 10) open at any time, and these are discussed at the weekly safety intervention meeting. The violence reduction team has recently been tasked with raising awareness of the CSIP and other violence reduction processes throughout the prison, and we look to see how effective this is at increasing staff engagement in this area. The Board is hindered in its ability to monitor the quality of CSIP interventions by the lack of access to Prison National Offender Management Information System (P-NOMIS) records with the required information technology (IT) equipment.

We have observed, since the outbreak of the pandemic, that a small number of prisoners have chosen to self-isolate as a precautionary measure, as well as those vulnerable prisoners who are shielding. We have been reassured by the prison's safer custody team that all those who are self-isolating are identified, monitored and kept as engaged as possible, despite the cessation of social events that used to be arranged for them. The prison has belatedly introduced a dedicated residential area for shielding prisoners as a COVID-19 precaution.

4.4 Vulnerable prisoners, safeguarding

Vulnerable prisoners are selectively housed throughout the prison on appropriate wings. This practice appears to work satisfactorily.

The number of assessment, care in custody and teamwork (ACCT) documents opened has increased this year, after falling last year. It averaged 48 a month in the last three months of the reporting year, to 30 June 2020, against an average of 34 in the same period in the previous year. To an extent, this reflects the increase in self-harm reported above. The months with the largest number of ACCTs in the reporting year pre-dated the lockdown.

In the first quarter of 2020, an interim Director increased focus on monitoring ACCT documents, aimed at ensuring that reviews were conducted on time and the documentation improved. While there were improvements, Board members were still disappointed to note a variable quality in the completion of ACCT documentation, including partially completed

front sheets with key information missing, and wing offices without shift handover stamps.

We have continued to be impressed by the care and concern that the small, committed safer custody team shows to prisoners referred to it (sometimes directly by the Board), and which is evident at the weekly safeguarding boards (see above). The Board has tested the safer prisons hotline (which is for use by family or close friends with concerns), and found it to be reliable, both during office hours and out of hours.

4.5 Use of force

While the number of planned use of force incidents remains low, there has been an increase in spontaneous use of force throughout the year, from an average of 22 per month in the third quarter of 2019 (October to December) to 38 in the last quarter of the reporting year (March to June). They doubled in the two months beyond the end of the reporting year. Frequent failure by staff to use BWCs throughout most of the year has made it difficult to assess the validity and nature of these incidents (see section 5.2).

The Board has received a number of applications this year from prisoners alleging assault by staff. We have been concerned at the unreasonable length of time it can take for senior managers to investigate these when requested to do so by the Board, and at the failure of some investigations to reach a meaningful conclusion with a valid response provided to the prisoner (see section 5.7). This is clearly unacceptable, and we welcome the new Director's commitment to rectifying this situation.

4.6 Substance misuse

Mandatory drug testing was halted at the start of the pandemic, in March 2020. It was unclear at the end of the reporting year when it might start again. However, the last set of tests (February 2020) showed a 35.6% positive result. This is a worryingly high level, and a significant increase on last year. As is well documented, the ready availability of drugs promotes a prison environment of increased violence, bullying and debt.

Drugs continued to be available during lockdown, when their entry through external prisoner visits could not be used as an explanation. There was, however, a dramatic increase in the number of drugs finds between March and June 2020, mostly of new psychoactive substances (such as 'spice') detected in incoming post by the sniffer dogs. While the detection is welcome, its scale underlines the importance of outside agencies, including the police, assisting the prison in tackling this serious problem.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

The prison benefits from modern buildings and has generally good facilities. There are few complaints about food and clothing. However, the continued unreliability and slow repair of two key facilities – both highlighted year on year in the Board's annual reports – have again brought unfairness and frustration into the lives of many prisoners:

- The in-cell CMS, upon which prisoners and prison staff depend for the former to independently organise their booking of activities, healthcare appointments, visits, canteen and meals, has regularly failed or broken.
- Serially broken lifts throughout the prison have denied mobility-impaired prisoners access to education and faith activities, and the library. Board members have seen ambulance patients hazardously carried down flights of stairs owing to broken lifts, and staff time diverted to organising the unsafe ferrying of meals, canteen and laundry up the stairs for hundreds of prisoners.

A concerted effort was being made at the end of the reporting year to clear the backlog of inoperable CMS kit, and investment in a better system is understood to be committed. There has been no progress again this year in improving the reliability of the lifts.

The Board continues to have concerns about staff answering of cell call bells, and their inability to verify data when prisoners complain to Board members. Prison data show 837 instances (5% of the total) in June 2020 of cell call bells not being answered within the five-minute time frame – the largest category being at night, coinciding with reduced officer presence. However, despite requests to, and promises from, senior managers throughout the year to facilitate the Board in accessing individual incidences reported to us by prisoners, no one seemed to know how this seemingly straightforward task could be completed, and by whom.

5.2 Care and separation unit

The CSU has 18 cells but three have been mostly out of use, requiring attention from facilities management. In June 2020, one had been out of action for over two and a half years with a broken toilet and basin. The average occupancy over the year has been 11 prisoners, in line with previous years, but the unit has often been full.

The regime, including exercise in two outdoor yards, is followed but activities are limited. The prisoners have few interactions during the day, although a selection of books is available, and all cells have a radio. Those not on the basic level of the incentives and earned privileges (IEP) scheme have a television, although these can be in short supply through damage or faults. There is a daily chaplaincy visit and a doctor's visit three times a week, and a daily nurse administers medications and checks on welfare.

Many CSU occupants display violent and aggressive behaviour towards staff and other prisoners. They can have associated mental health and/or substance misuse problems. Most CSU staff have developed good interpersonal skills of the kind needed to work in this challenging environment, and are invariably seen displaying patience and professionalism in their work.

There is a cycle of repeat offending, where the same prisoners return to the CSU from the wings, and back again. A social reintegration unit was established away from the CSU in mid-2019, to help appropriate prisoners break this destructive cycle of antisocial behaviour.

After a hiatus pending the recruitment of forensic psychologist support, the social reintegration unit began accepting referrals in January 2020. The Board has not witnessed its operation for long enough to assess the impact of this initiative.

The Board remains concerned at the quality of the daily monitoring carried out by nursing staff, and the training they receive in the vulnerability and specific challenges facing those placed in solitary confinement (see section 6.1). Closer working between custodial and healthcare staff would be beneficial, with more demonstration of the 'meaningful interaction with a healthcare professional' called for by the National Preventive Mechanism (see section 6.2).

Adjudication hearings and GOOD reviews are observed to be conducted fairly and with good communication with prisoners. A total of 3,005 adjudications were heard during the year (3,214 last year), 43% of which were proven (55% last year). There were 15 42-day reviews and one 84-day review. Notice of review hearings to the Board and relevant departments has improved. The use of the special accommodation cell is not excessive.

The attendance of healthcare staff at GOOD reviews has improved, although still not always by staff with adequate knowledge of the prisoner (see section 6.1). During lockdown, healthcare staff produced written input for review hearings from nursing reports, which proved to be a positive development.

Another recurrent issue, reported in previous annual reports, is the lack of attendance at adjudication hearings by reporting officers and inadequate or non-existent written evidence. Video and audio evidence has also, again, been limited by staff failure to use BWCs, and throughout June 2020 by a broken video-playback facility. These issues lead to wasted effort and can result in unfair protracted uncertainty for prisoners. The Board notes more recent management efforts to address these problems.

We reported last year on the large proportion of judge-led independent adjudications that were dismissed. A recent development is the ability of the prison to establish ownership of confiscated mobile phones by data interrogation. This has contributed to an increased number of cases proven and reduced time wasted on the independent adjudicator process.

5.3 Staff-prisoner relationships, key workers

The Board has observed a continuing loss of experienced custodial staff. Recruitment of new custodial officers has been maintained, but it is understood that a staffing shortfall of around 20 existed at year-end (30 June 2020). The average age has reduced, reflecting the loss of experience. The prison has told the Board that salary uncompetitiveness is a major factor.

Many staff/prisoner relationships are observed as positive and appropriate. However, as noted in section 5.7, prison managers received 191 complaints about staff during the reporting year, and last year the Board reported a 36% increase in applications about staff bullying and attitudes. This category of applications has been the highest received by the Board, both this year and last. The new Director has made clear that he will not tolerate inappropriate staff behaviour towards prisoners, and the Board welcomes the strong action that has been taken in this regard in the last quarter of the reporting year (see section 5.7).

The monitoring of key worker sessions, and a Board judgement on the effectiveness of the Offender Management in Custody (OMiC 1) model, has been affected by an opaqueness around the number of key worker sessions completed, and how it relates to formal targets. The Board sees regular email chasing of key workers to improve the rate of sessions

completed. It has been unable to secure the agreement of prison managers to observe a sample of individual sessions.

Regrettably, the Board has almost no information on the quality and added value of key worker sessions on the lives of prisoners, or prison life as a whole. It attended an initial briefing meeting for key workers, where it was explained that 45 minutes of an officer's time was allocated for each session, of which some 10–15 minutes would be spent with the prisoner. It is not obvious how this short time allowance meets the national OMiC aspiration of placing prisoners and the development of rehabilitation cultures at the heart of offender management processes, supporting the reduction of reoffending and reintegration into the community. The Board has concerns that, on the ground, OMiC 1 can easily become a box-ticking exercise, focusing on numbers of interviews rather than tangible outcomes.

Key worker sessions were suspended at the onset of lockdown by HMPPS, and were slowly restarting by the end of the reporting year.

5.4 Equality and diversity

Forty discrimination incident report forms (DIRFs) were submitted in the reporting year. Eight were upheld, 14 were not upheld and 15 were not accepted as DIRFs. Two were investigated by other means, and one from February 2020 is understood still to be determined. Twenty-six were associated with race/religion, and six reported discrimination with regard to sexual orientation or gender reassignment. The quality of letters written to complainants after an investigation is good, evidencing a thorough investigation with careful and diplomatic handling of fellow prisoners and staff where needed. Generally, we observe staff at all levels handling prisoners in the gender reassignment and sexual orientation groups appropriately.

Thameside does not have a vulnerable prisoner unit. These prisoners are spread in wings across the prison. However, the Board has not been aware of any specific confirmed incidents arising from the lack of a dedicated unit.

In the absence of prison data, the Board monitored, over the month of November 2019, the ethnicity of prisoners subject to the adjudication procedure compared with the ethnicity of all prisoners in Thameside. The adjudications breakdown was white: 35%; black: 47%; Asian: 6%; mixed race: 8%; and other: 4%. This compared with an overall prison ethnicity of white: 38%; black: 39%; Asian: 10%; mixed race: 8%; and other: 5%. The monitoring data were presented to the Director. The reasons for the disproportionate impact on black prisoners require further analysis, but the Board has been unable to pursue this this year. The Board would like to see the prison carry out more ethnicity data analysis of its own.

5.5 Faith and pastoral support

The multi-faith chaplaincy team carry out committed and excellent work, providing faith and pastoral support to prisoners of all the recognised religions, and to those who do not identify as belonging to a particular faith. Faith services and study groups take place every week. Around 220 prisoners attend Friday Jumah prayers, and some 250 the weekend Christian services. Special dietary needs are well managed, with the support of the excellent catering manager. During Ramadan in lockdown, electric food boxes enabled fasting prisoners to have a hot meal after dusk, a creditable initiative which the Board understands is unique to Thameside.

During lockdown, when all services and classes were suspended, faith staff provided invaluable daily wing visits, to talk and pray with prisoners, and distributed printed material

for the suspended weekly services and faith study courses. There was a sharp increase in the need for bereavement support and counselling from faith staff, with some 40 prisoners suffering a bereavement.

Other roles performed by the busy chaplaincy included a popular Sycamore Tree restorative justice course, and oversight of the foreign national prisoners. The latter is done well by the chaplaincy, although is currently in the process of being handed over to residential staff. At the end of June 2020, there were 164 foreign nationals and six IS91 prisoners detained under immigration powers. We have been unable to ascertain how often immigration staff have been able to visit the prison during the lockdown.

5.6 Incentives and earned privileges

Last year, the Board reported that a separate wing had been made available for prisoners on the enhanced level of the IEP scheme. This was welcomed as a positive initiative, reinforcing the benefits of good behaviour. The Board also commented that the prison made no special provision for the needs of life-sentenced prisoners, including those serving indeterminate sentences for public protection (IPP), who number around 40. We were therefore pleased when, during the year, the prison established a separate lifers wing (see section 7.3.2).

Regrettably, this latter initiative has been at the expense of enhanced prisoners, as the wing allocated for lifers was the same as that allocated to enhanced prisoners. In practice, the wing has housed a mix of both categories, but settled policy in this area would appear needed.

5.7 Complaints

Prisoners submitted 1,820 formal complaints to prison managers during the reporting year, compared with 1,816 in 2018/19. The three largest individual causes for complaint this year were property (383), residential issues (215) and complaints about staff (191).

In June 2020, the Chair of the Board had cause to raise with the Director serious concerns at the process for investigating complaints made by prisoners about staff. This applied particularly to complaints received by the Board alleging assault or bullying by staff, which the Board brings as appropriate to the attention of the Director or Deputy Director for investigation. No central prison investigations register existed, and there was no single defined process for initiating an investigation and securing an appropriate and timely outcome in which the Board had confidence (see also section 4.5). Steps have since been taken to address this matter, which will remain a priority for Board monitoring.

In the second half of the year, delays in replacing two broken wing boxes in houseblock 2, for prisoners to post applications to the Board and COMP2s (confidential access complaint forms) to the Board Chair, affected the right of confidential IMB access for 160 prisoners. This remains the position.

Last year, the Board commented on the increased tendency to log COMP1s (ordinary complaint forms) as closed once the prisoner had received an interim reply. Several cases inevitably arose this year where prisoners did not receive any substantive follow-up response. In the first eight months of the reporting year, the prison reported that around 85% of complaints were responded to on time. In each of the last four months, this rose to 100%. The Board believes this was achieved by counting interim replies and acknowledgements as 'on-time' responses. Concerns at both these practices were raised with the new Director, and corrective action has been put in place.

Senior prison managers carry out sample quality checks of complaint responses. The Board has seen evidence that many are well done, and considers that, overall, the quality of responses has shown some improvement. However, as stated last year, the Board still finds that too often the handling of complaints by the prison gives the impression of a 'paper exercise', and with insufficient interest shown in, and respect for, prisoner concerns.

5.8 Property

Nearly all IMBs report entrenched problems with prisoner property going missing in transit between and within establishments. It is regularly the top subject of complaints to prison managers, and features every week in applications made to the Board, often about the inability of prison staff to locate missing property. Endless time is spent on it, often to no avail.

Within Thameside, one long-standing source of complaint that is entirely within the control of prison staff is the safe collection and transfer of property when a prisoner moves out of a cell. Last year, the Board's annual report highlighted regular staff failure to apply the correct procedures, and a wide range of views, reaching to senior levels, on how and where completed cell clearance forms should be stored for later reference. This has also been reported to the Director in Board rota reports during the year. In January, the Board, again, visited every wing to ask about the procedure. A sample of responses was: 'no idea'; 'maybe safer custody'; 'I'm new to this wing'; 'reception keeps them'; 'don't know, not high priority, too much stuff to do'; and 'they're in the bubble office'.

6. Health and wellbeing

6.1 Healthcare: general

Every day, large demands are placed on healthcare provision, with around half of prisoners dispensed medication on the wings for a range of mental health, physical health, substance misuse or alcohol-related conditions. Severe mental illness or depression affect significant numbers of prisoners, the most serious cases being housed in the 18-cell inpatient unit. This provides the same single-cell accommodation as the CSU.

The interim operations manager and his deputy have worked effectively this year to stabilise staffing levels and overall performance. New posts have been funded, including a dual diagnosis nurse lead (for patients with both mental health and substance misuse issues) and a nurse lead for learning disability and difficulty. Joint working at management levels between Serco and the healthcare provider (Oxleas) has continued to improve – for example, in the management of hospital escorts.

The Board remains concerned at the quality of the daily monitoring interactions by nursing staff with prisoners in the CSU, particularly in relation to their understanding of the vulnerability and specific challenges faced by prisoners placed in solitary confinement (see section 5.2). While the attendance of healthcare staff at GOOD reviews has improved, this has not always been by staff with adequate knowledge of the prisoner (see section 5.2).

From the onset of the COVID-19 lockdown in March 2020, the collaboration between healthcare and prison managers in addressing the pandemic's urgent challenges was wide-ranging and effective, and a credit to all healthcare managers and staff. There were no prisoner deaths from COVID-19.

All prisoners passing through reception during this period were quarantined, to detect any emergent positive COVID-19 cases before they were moved to normal wing locations. This reverse cohort strategy, and other measures to contain the spread of confirmed cases, was effective in controlling the virus. HMIP, however, commented on the lack of a dedicated shielding unit, resulting in many of the 67 shielding prisoners being fearful of ever leaving their cells to exercise with non-shielding prisoners. This has now been addressed.

In the first eight months of the year, the Board received 68 applications about a range of healthcare matters. About half of these raised issues specifically about current treatment. Any indicating the need for urgent referral or treatment are passed quickly to healthcare managers. Some applications ask the Board to chase a response to complaints made directly by prisoners to the healthcare provider. Although the latter aims to respond in less than the NHS standard of 28 days, this standard does not suit a prison environment, where a faster response would be more appropriate.

The Board is pleased to note a start on site of the enlarged pharmacy. During the year, the patient council, where healthcare staff meet with prisoner healthcare champions, fell into abeyance, but has recently been re-established.

6.2 Physical healthcare

A snapshot of waiting times for outpatient appointments in February 2020 showed that for a GP this was between 10 and 14 days (although patients were mostly triaged before that by a nurse, and some were seen instead by an advanced nurse practitioner), and 12 days or less for a non-urgent dental appointment.

During the COVID-19 lockdown, the majority of appointments were conducted by in-cell telephone, with on-wing visits for urgent cases. Unfortunately, during this time the Board received complaints from prisoners about non-functioning in-cell telephones, preventing telephone consultations. The dispensing of daily medications continued uninterrupted.

Non-attendance at appointments remains stubbornly high. It accounted for a third of 7,589 booked appointments over a four-month period of monitoring. Several initiatives have been undertaken in recent years to effect change in the number of non-attendances, but without success. Prisoner representatives are now being used to encourage improved attendance, and the feasibility of moving some clinics to the wings is being considered.

Initial healthcare screening at reception was at or above 98% of target between July and December 2019. Secondary screening ranged from 89% to 94% of target. During lockdown, similar figures were achieved: in June 2020, the figures were 98% and 95% for initial and secondary screening, respectively.

We have reported concerns in the past about planned hospital escorts. Planning for these between prison managers and healthcare staff has improved, although cancellation and rescheduling have still affected a significant number of patients, often because of the unavailability of officers. During lockdown, only emergency hospital escorts took place.

The Board is pleased that the long-awaited in-house service X-ray started, and aortic abdominal aneurysm and bowel cancer screening continued during the course of the year.

6.3 Mental healthcare

Typically, around 10% of the prison's population have a diagnosed serious mental illness (psychosis, schizophrenia, bipolar disorder) and 25% have a diagnosed depressive condition. Both the primary mental health team and the in-reach team, which monitor prisoners with serious mental illness, have constantly high caseloads. All mental health referrals are discussed at a weekly multidisciplinary meeting.

At the onset of lockdown, 800 in-cell packs for managing mental health were distributed around the prison through a collaboration of relevant prison teams. It is understood that these were well received.

Prisoners with the most serious mental health conditions are housed in the inpatient unit, where they regularly account for the majority of the beds. Some will need transfer to a more appropriate secure hospital facility. Of 44 such transfers over the year, eight were within the 14-day NHS guidelines, with most taking between 15 and 56 days. Two patients waited more than 84 days.

The scarcity of secure outside hospital beds for prisoners with severe mental health issues creates an inhumane situation for these individuals. It also leads to a 'bed blocking' problem. As the inpatient unit is nearly always full, prisoners who need to be there often have to wait until a transfer has happened and a cell is freed up. Occasionally, there are prisoners housed in the CSU for whom it has been decided that the inpatient unit is a more appropriate location, but they cannot be moved there. The size of the inpatient unit was planned for a prison of 900 prisoners, and not for its current capacity of 1,200.

6.4 Social care

Social care assessment is provided by the Royal Borough of Greenwich, working with subcontracted Care Grow Live, which organises the care. At the end of the year, trained prisoner orderlies were carrying out domestic care for 11 prisoners, and Care Grow Live

healthcare assistants were providing personal care for four prisoners. Most of those in receipt of social care have mobility issues arising from wounds, ulcers, sores, and so on, rather than problems associated with ageing. The Board has not received any complaints during the year about this service.

6.5 Exercise, time out of cell, gym

The prison has high-quality indoor and outdoor gym and sporting facilities. They are very popular, and cater well for the needs of specific groups, such as those needing rehabilitative exercises, the over-45s and those on drug and alcohol recovery programmes. Regrettably, there has, again, been a worryingly large number of short-notice gym session cancellations this year, owing principally to cross-deployment of gym staff to other duties. For all prisoners affected, whose mental and physical health benefits significantly from gym activity, this is unfair and unacceptable.

In the first three months of the reporting year (July – September 2019), prison data show the gym either closed or operating with a reduced timetable for 60% of the time. In February 2020, there was not a single day when the gym was operating at full strength and able to offer the full range of activities. For 11 days of that month, it was closed all day. It remains of great regret to the Board that curtailing access to gym facilities seems so often to be an easy first target for staff cross-deployment.

The normal time out of cell regime comprises five hours of daily association plus 30 minutes of outdoor exercise. Pool tables and board games are available on each wing, but association time for most is observed as low-level socialisation. This regime can be reduced in the event of wing staff unavailability, which occurs especially at weekends.

Gym and association time were withdrawn once the prison went into command mode in late March 2020. Since then, the majority of prisoners have been locked in their cells for 23 and a half hours a day. Exercise in an outdoor yard has accounted for the remaining 30 minutes, held in smaller groups than normal as an infection control measure. With prison staffing levels recovering, this was increased at the end of June 2020, whenever possible, to one hour of daily outdoor exercise each day. The prisoners bore these long periods in their cell, and the lack of exercise, with commendable forbearance.

6.6 Drug rehabilitation

Recovery-focused programmes and interventions for drug misuse are provided by Turning Point and Oxleas Substance Misuse Service for prisoners who want to engage. These are well run. All groups and courses ceased at lockdown, although new clients were being taken on and full assessments made again at the beginning of June 2020.

Around a quarter of the prison population has a substance misuse issue. The most serious drug-dependent prisoners are stabilised initially in a dedicated integrated drug treatment service (IDTS) wing. Throughout lockdown, Turning Point continued to identify vulnerable prisoners with substance misuse issues arriving at reception, although no contact was face to face.

Good effort was made during this challenging period to liaise with external community teams, to ensure that prisoners who had been treated for drug misuse continued to be supported after their release.

7. Progression and resettlement

7.1.1 Education

The education provider, Novus, delivers core courses ranging from the national qualifications framework entry levels 1, 2 and 3, to levels 1 and 2 in mathematics, English, computer studies and English for speakers of other languages. Up-to-date information about vocational courses and qualifications, including completion and success rates, was unavailable to the Board at year-end. Non-attendance due to non-compliance continued to be high over the year, averaging around 50%, half of whom were sentenced prisoners.

No education classes took place from late March 2020. In-cell packs were provided, but little or no marking of work or feedback was given on completed work, and no targeted provision made for specific learners. The Board agrees with the HMIP scrutiny report (see section 3.1) that more could have been done by education managers to enable learners to progress successfully in this period.

During the year, Novus reported blocked and unusable toilet facilities for learners on levels 2 and 4 in houseblock 1 over a period of eight months, and the absence of a patrolling officer to support tutors on these levels. Neither issue had been resolved when lockdown began.

7.1.2 Distance learning

Provision for distance learning has been erratic in recent years. Responsibility for this passed again during the year, from Novus to Prospects, which operates under the National Careers Service. Disappointingly, little or no support for distance learners is understood to have been available from either Prospects or Novus during lockdown.

Another missed opportunity was the continued lack of an effective virtual campus system learning tool. The planned IT system upgrade due to take place in August 2019 had not arrived by the time of lockdown, when it could have been of valuable benefit to many prisoners, especially those pursuing distance learning courses.

7.1.3: Library

During the year, a varied and popular programme of enrichment was organised by the committed and enthusiastic librarian and his staff. This included regular visits by well-known authors, talks by a visiting actor, creative writing, script writing, art therapy, an acting course and several clubs (book, film and poetry). General sessions allowed prisoners to borrow books, read newspapers, access reference books, undertake the Driver and Vehicle Licensing Agency theory and biking tests, and participate in games/puzzle competitions. There was good collaboration with other prison departments; for example, a monthly LGBTQ+ group was organised with healthcare and diversity staff. The library's outreach work during lockdown was deservedly praised by HMIP during their scrutiny visit in June 2020.

7.2 Vocational training, work

A wide range of part- and full-time employment positions support the general running of the prison – kitchens, laundry, cleaning, waste management and grounds maintenance, and more-trusted positions exist for orderlies in areas including the gym, healthcare and the

faith centre. Other prisoners can become Listeners or prisoner representatives – for example, in healthcare or supporting foreign nationals. Some job opportunities can lead to accredited qualifications – for example, in catering, fitness instruction, football coaching and barbering.

There are currently 686 job opportunities available, a 25% reduction on last year, which saw the loss of nearly 200 prison jobs. A reduction in wing cleaning jobs, temporary closure of the barber shop and closure of the industries workshops are understood to be among the reasons for this. The Board is not aware of any substantive plans to replace the 40 valuable training opportunities, with accredited qualifications, in imaging software, textiles, print finishing and print shop lost due to the closure of the industries workshops.

Although around 100 prisoner jobs are allocated by the labour board each week, the rapid prison turnover results in up to 25% of positions being unallocated at any one time. The percentage of jobs allocated to sentenced prisoners has fallen over the year, from 73% to 58%, while staying broadly constant for remand prisoners. The proportion of sentenced prisoners in employment has also decreased, from 63% in June 2019 to 50% in June 2020. The imposition of lockdown measures led to an immediate loss of prisoner employment as activities including the gym, education and the library were closed.

7.3 Offender management, progression

7.3.1 Offender Management in Custody (OMiC 2)

The second phase of the HMPPS offender management initiative (OMiC 2) was rolled out during the year. Under this, the National Probation Service moved into the prison in January 2020 to manage the tier A and complex tier B cases (approximately 13% of Thameside prisoners), alongside Catch 22, which manages the remainder of cases. Offender Management Unit data show that, on average, 94% of early sentence phase requirements (for example, basic custody screening tool (BCST)1, BCST2 and offender assessment system (OASys) assessments) were completed within the required time frame (72 hours, five days and eight weeks, respectively).

The OMiC 1 key worker initiative is covered in section 5.3 of this report.

7.3.2 Life sentenced, long-sentenced and IPP prisoners

At the end of June 2020, 38 prisoners were serving indeterminate sentences, 12 for life and 26 with IPP sentences, one of whom is 12 years over tariff. There were a further 62 prisoners serving long sentences (defined in the prison as 10+ years). The length of stay for these prisoners was between a few months and just over two years, although one recent transferee had been in Thameside for over four years.

As a local prison, Thameside is not well resourced to run offending behaviour programmes for this cohort of prisoners, to enable them to progress through their sentence plan requirements. The view of Catch 22 staff is that few, if any, are directly disadvantaged in terms of sentence progression by transfer delays. However, there can be negative consequences for those who remain, such as distance from family and limited appropriate education, training and employment opportunities in Thameside.

A positive initiative this year was the creation of a specific wing to house life-sentenced prisoners (see section 5.6). However, there remains a lack of single cells for this cohort, and some share with a remand or much shorter-sentenced prisoner, a practice that the Board has previously reported as inhumane.

7.3.3 Gang affiliations

Thameside holds around 240 known gang members, coming from as many as 95 separate gangs in the outside community. A small gangs team sees all prisoners between the ages of 18 and 35 within 48 hours of arrival, and recommends a suitable wing location based on their knowledge of gang conflicts and affiliations. The team offers mediation and conflict resolution between individuals and groups, as well as the Rehabilitation Offering Another Direction (ROAD) intervention programme.

7.3.4 End of custody temporary release scheme

The Government introduced this scheme during lockdown. It was designed to allow the early release of prisoners who met specific criteria, but generated a great deal of work for prison staff and raised the expectations of many prisoners. Of the 50 names considered eligible, which were put forward to HMPPS, not one has been released, causing understandable frustration and disappointment among the prisoners concerned.

7.3.4 Home detention curfew (HDC)

Delays in checks undertaken by community-based probation officers have continued to lead to over-running HDC applications. Under the 'accelerated HDC guidance', issued in May 2020, HDC applications should be completed within three days. However, the Board has been told that staying within the previous 10-day time frame was already a challenge.

7.4 Family contact

Good work is carried out by the Families First team, which offers a variety of ways for prisoners to stay in touch with their families. Regular events have included family days, toddler time, homework club, Storybook Dads and treasure box. Specific events, such as baby bonding, are facilitated as and when the need arises. Prison data show that 753 prisoners benefitted from Families First events between April 2019 and March 2020. All events were suspended when lockdown was introduced.

Prior to this, in December 2019, the treasure box initiative (where fathers and grandfathers make a box and its contents for the children in their lives) was withdrawn from offer. This is understood to be a consequence of accommodation changes which took away the space for the arts and crafts equipment and resources needed to hold it. This is disappointing, given how popular and beneficial the treasure box activity was for prisoners, particularly those who, for a variety of reasons, are unable to see their children often in visits, or whose families are abroad. The Board hopes that a way can be found to reintroduce it.

During the lockdown period, in-cell activities for prisoners with families were provided, such as colouring packs, COVID-19 memory books, parenting workbooks and Father's Day activity packs. A family worker was made available on the prison switchboard to respond to calls from concerned families.

7.5 Resettlement planning

Resettlement planning remains a patchwork of contracted-out agencies, which share responsibility for dealing with the widely differing needs of the 250 or so prisoners released back into the community in a typical month. Under the CRC (MTC Novo), the Catch 22 resettlement team is responsible for finance, benefits and debt, and DePaul for accommodation, through St Mungo's. Serco contracts Catch 22 for offender management (see section 7.3), Prospects for career planning, and a small resettlement team for job and training opportunities.

Resettlement team data from Catch 22 show that, on average, 97% of BCST3 cases are processed within the 12-week time frame. Some are late because of prisoner refusals to engage. Getting It Right courses address relapse prevention, benefits advice, job hunting and treatment and/or social needs. During the year, the number of courses available, and their length, regrettably had to be reduced following the closure of the industries building, which had provided classrooms and other facilities for resettlement staff and prisoners. It also became more difficult under the new accommodation arrangements to invite visitors from outside agencies to supplement these sessions.

During lockdown, in-cell technology was used by resettlement staff to keep in touch with prisoners nearing release. Where this was not possible, these prisoners were met in reception on their release day and given the necessary information packs.

Housing referrals are made to DePaul on behalf of prisoners needing housing benefit support. Updates and progress on these have been erratic throughout the year owing to staffing problems within the DePaul team. The Board understands that, as DePaul staff were not on-site during lockdown, the Catch 22 resettlement team created advice packs on shelters and possible accommodation routes to support prisoners. The Board was unable to make contact with DePaul staff between March 2020 and the end of July 2020, to obtain updated information on their area of responsibility.

Job and training opportunities for prisoners nearing release included CV writing, interview support, employability sessions and job fairs. Prison data show that 1,642 prisoners took part in these over the year, and that 169 prisoners were offered job opportunities at recruitment events. Unfortunately, the majority of these jobs were in the hospitality industry, which has suffered badly in the pandemic, and only 23 are known to have secured a position.

This year, lockdown prevented the Board from carrying out its annual survey of prisoners leaving Thameside with accommodation and a job to go to. The Board welcomes the initiative taken by the Government during lockdown to ensure that every released prisoner has had accommodation to go to.

8. The work of the IMB

The Board is welcomed in all areas of the prison, and enjoys a professional and constructive working relationship with prison managers and staff. It wishes to acknowledge and thank staff for their continued cooperation and willing support. A Board member has regularly attended the training course for new custodial officers, to outline the role of the IMB.

There were 14 Board members at the end of the reporting year, three of whom were on sabbatical leave throughout the year, and three were in their probationary year. The Board has been ably supported by a clerk for 20 hours a week, who, for a period during lockdown, was cross-deployed to assist other areas of the prison.

Prior to the prison entering command mode in March 2020, members operated a rota system for the answering of prisoner applications and conducting a weekly rota visit to key areas of the prison. The Director received rota visit reports and – a new initiative later in the year – these were circulated to senior managers for initial comments.

The Director, Deputy Director or a senior manager attended most of the Board's monthly meetings, to update members on key issues and respond to questions or concerns. Board meetings continued during lockdown by teleconference. Members were grateful for the participation of the new Director at their Board meetings in May and June 2020.

In the early weeks of lockdown, the Board relied entirely on remote monitoring by a small number of members, to keep in touch with developments inside the prison (see Appendix). Central to this was a rota by three members to dial in to the Director's morning meeting every day (a practice that still continues). Monitoring activity developed into a weekly visit by one member, which enabled rota visits and responses to prisoner applications to restart, with the help of two members working remotely. Since the restrictions on visits were further relaxed, four members have regularly visited the prison, with one member working remotely.

The remaining members have, to-date, felt unable to resume monitoring duties for health, work or family reasons. While understandable, this is not a sustainable basis for the Board to function over an extended time frame.

Five members have contributed to the production of this annual report, by a combination of prison visits and remote working.

Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	12
Number of Board members at the end of the reporting period 30 June 2020	14
Of which members on sabbatical or probation	6
Total number of visits to the establishment	304

Applications to the IMB

Code	Subject	Previous reporting year (18/19)	Current reporting year (19/20)
A	Accommodation, including laundry, clothing, ablutions	19	19
B	Discipline, including adjudications, IEP, sanctions	9	3
C	Equality	10	4
D	Purposeful activity, including education, work, training, library, regime, time out of cell	27	20
E1	Letters, visits, telephones, public protection restrictions	21	10
E2	Finance, including pay, private monies, spends	11	12
F	Food and kitchens	5	4
G	Health, including physical, mental, social care	106	74
H1	Property within this establishment	67	52
H2	Property during transfer or in another establishment or location	61	24
H3	Canteen, facility list, catalogue(s)	11	13
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	31	37
J	Staff/prisoner concerns, including bullying	144	93
K	Transfers	1	5
L	Miscellaneous, including complaints system	14+4	19
	Total number of applications	541	389

Appendix: Response to COVID-19 pandemic

Evidence from the Board submitted to Her Majesty's Inspectorate of Prisons prior to their short scrutiny inspection visit on 23 June 2020

Prison Safety:

This commentary covers the period from 24 March 2020 onwards when HMP Thameside went into COVID-19 Command Mode. It is based on remote monitoring, particularly listening into the Director's daily morning update meeting and receiving daily operations reports; phone and email contact with members of the chaplaincy, CSU, safer custody and healthcare; a ring round of every wing office; remotely attending GOOD reviews, adjudications, safeguarding meetings and the local healthcare delivery board, among others; phone updates with the Director; and since mid-April a weekly prison visit by one IMB member. This weekly visit has enabled the IMB to process prisoner applications (though these have been significantly down in number), and send rota visit reports to the Director.

From this monitoring emerged a picture of a broadly calm and compliant atmosphere, with the great majority of prisoners accepting the need for the lockdown measures; and good efforts from management and staff to safely and fairly manage the situation. The number of incidents of violence, good order offences, use of force, self-harm and damage reported in the DOPs has not been evidently out of line with normal. CSU occupancy has been at broadly normal levels, and below its capacity. Anecdotal evidence suggests some prisoners have felt safer in this period with less opportunity to be subject to bullying and violence. CSIP cases have continued to be opened and managed (5 open cases in May, down from 10 in March).

ACCT numbers (prison data) have remained at normal levels, and key safeguarding work continued as far as possible including regular multidisciplinary safeguarding and safety intervention meetings. A small number of persistent self-harmers have been a concern to the IMB. The Listener system has remained in operation, and phone numbers of the Samaritans available in every cell.

While physical safety has not appeared compromised by the lockdown regime, it is, however, inherently more difficult to know what 'hidden' frustrations, anxieties and mental health concerns prisoners are experiencing as lockdown continues, less easily identified by staff and safer custody. This is a concern.

The IMB has attempted to monitor the appropriate application of COVID-prevention measures across the prison, and adherence to the joint PHE/MOJ guidance on availability and use of PPE. From the limited ability to observe this at first hand, no major failures were identified, though infection control at prison entry points could have been more rigorous. Staff have been advised to social distance in the course of their everyday duties, and this has improved following a focused effort. Enabling staff within the prison, and those working at home, to access meetings remotely has been a successful and well used initiative.

Drug finds (in cells and at entry points) showed a marked spike in May. Searching of prison staff has recently been re-introduced. Turning Point have remained able throughout lockdown to identify IDTS (drug) issues with reception prisoners.

Humane Treatment

Throughout the lockdown period, all prisoners have been able to take the prescribed 30 minutes of daily outdoor exercise. This has now been increased to 60 minutes daily as staffing levels have recovered. In the early weeks of lockdown when custodial staffing levels were severely reduced, good efforts were made by the prison to ensure every wing was adequately staffed for the required regime. Food, canteen and laundry have remained in operation throughout.

Prison data shows 7 prisoners signed on GOOD in April and 2 in May. This is below normal level. 148 adjudications were heard in April and 58 proven. 172 were heard in May and 75 proven. All figures are significantly lower from normal. IMB has listened into a sample of GOOD reviews and adjudications. Prisoners remained in their cells, but had the opportunity beforehand to speak with a member of the CSU staff through their cell door to give their side of the story. In the circumstances of COVID-19 this seemed a reasonable procedure for all involved. Though the IMB was not present when CSU spoke to the prisoners, it found the process of the review meeting to be conducted fairly and reasonably. Complaints by prisoners have been 92 in April and 84 in May, lower than normal months. Of May's 84 COMP1s, the two highest categories were Property (25) and Staff (12).

Health and Wellbeing

Healthcare staff in the prison have risen well to the challenge of COVID-19. This was especially so in the early weeks when the risk of cross-infection, and the serious concerns that came with it, were at their highest. The joint working between the prison operator and Healthcare provider has been effective in managing and reducing the incidence of cases.

Less understood is the impact the diversion of medical effort into handling COVID-19 has had on more routine healthcare cases and appointments. Hospital escorts have been arranged for more serious cases. The Inpatients Unit has been mostly full to capacity, as is normal. Most prisoners there suffer from mental health illnesses, as is normal. Several of these have continued to wait a long time for a bed in a secure facility elsewhere, compounding the problem of beds being available for patients who need them. They can be housed in the CSU when they would be better off in the inpatient unit.

Progression and Resettlement

The majority of the staff employed by third party agencies have been either working from home during lockdown, or not working. Education staff withdrew at the outset of the lockdown. Education and distraction packs were, however, provided to all prisoners in the early days. A library trolley has more recently been introduced. Many of the work opportunities in the prison have been suspended, and training ceased.

OMU staff (Catch 22) have continued to work, but no face to face meetings with prisoners have taken place. The exception is the gangs team which has recently been given permission to do so, having found their work too limiting by phone. Probation service staff withdrew at an early stage, and IMB has limited information on how much effective resettlement planning work has been undertaken. In the absence of visits, the prison took an early positive initiative to allow all prisoners 10 minutes of free phone time per day to maintain contact with family and friends. This has continued.

Any other relevant comments

The IMB Board believe that all custodial, healthcare and other staff who have remained in the prison during this time are owed a great deal of gratitude for the focused and committed efforts they have made to maintain safe, stable and humane conditions throughout the prison, while facing not insignificant risks themselves. Senior management quickly got to grips with what was required of them, and maintained a level of top down control and empathy not always seen in the past. A number of staff have commented to the IMB how they have felt both team working and management engagement improved during this period.

The concerns of the Board now are that as lockdown rapidly eases in the outside community, there will be an understandable expectation from prisoners of a return to regime normality. Indications to date are that this may happen over an extended period, which could build up resentments and frustration.

There will be catch-up work required in the Progression and Resettlement area, which will need to be prioritised if prisoners are not to be disadvantaged.

Glossary of terms

ACCT	Assessment, care in custody and teamwork (case management for prisoners at risk of suicide or self-harm)
Association	Time when prisoners can mix with each other outside their cells
BCST	Basic custody screening tool – which determines a prisoner’s immediate offending-related needs
Canteen	Process by which prisoners can order goods
Category B	Prisoners for whom the highest conditions of security are not necessary but for whom escape must be made very difficult
Category C	Prisoners who cannot be trusted in open conditions, who do not have the will or resources to make a determined escape attempt
Cell call bell	A button in cells, enabling prisoners to summon staff in an emergency
CRC	Community rehabilitation company, which provides probation and resettlement services
CSIP	Challenge, support and intervention plan – a de-escalation and restraint technique
CSU	Care and separation unit – also known as the segregation unit
DIRF	Discrimination incident report form – which prisoners use to submit complaints about discrimination
GOOD	Good order and/or discipline – rule under which a prisoner can be segregated
HDC	Home detention curfew – early release ‘tagging’
HMIP	Her Majesty’s Inspectorate of Prisons
HMPPS	Her Majesty’s Prison and Probation Service
IDTS	Integrated drug treatment system – which aims to improve substance use treatment for prisoners
IEP	Incentives and earned privileges – a scheme designed to promote good behaviour and challenge misbehaviour
IMB	Independent Monitoring Board
Induction	A programme that all prisoners should undergo when they enter prison
Insiders	Prisoners who introduce new arrivals to prison life
IPP	Indeterminate sentence for public protection
Key worker	Prison officer given responsibility for supporting a small number of prisoners under the OMiC scheme

Listeners	Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners
National Preventive Mechanism	A UK body that strengthens the protection of people in detention through independent monitoring
OASys	Offender assessment system – which assesses a prisoner's likelihood of reoffending and their risk of harm to others
OMiC	Offender Management in Custody – a model which provides the framework to coordinate and sequence an individual's journey through custody and post-release.
OMU	Offender management unit
P-NOMIS	Prison National Offender Management Information System – database used in prisons for the management of prisoners
PPO	Prisons and Probation Ombudsman – a body that carries out independent investigations into deaths and complaints in custody
Restorative justice	A programme in which prisoners consider the impact of their offending on victims and offer an apology or reparation
ROAD	Rehabilitation Offering Another Direction
Storybook Dads	A scheme whereby prisoners record a story for their children to listen to at home
Sycamore Tree	A victim awareness course
Trigger	An event that might cause a prisoner to self-harm
Virtual campus	Internet access to community education, training and employment opportunities



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