



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

**For reporting year  
1 July 2023 to 30 June 2024**

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## Introductory sections 1 – 3

### 1. Statutory role of the IMB

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

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

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

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

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

## **2. Description of the establishment**

HMP Thameside is a privately operated local reception and resettlement category B/C prison for adult male prisoners in south east London. Throughout the reporting year, the prison has been occupied close to its operational capacity of 1232<sup>1</sup>.

Thameside holds a remand population of 75% and remains one of the busiest London prisons.

Accommodation consists of two main houseblocks, one with ten wings and the second with four. Each wing has access to a small exercise yard. All cells include a toilet, wash basin and shower. The majority of cells house two prisoners, but each wing contains a small number of single cells for those prisoners who require them due to risk assessment. Cells also contain a phone and an in-cell computer management system (CMS), which allows prisoners to order canteen and meals, as well as contact various departments, book social visits, healthcare appointments and gym sessions.

The prison has a video conferencing centre containing 14 rooms for legal visits, police interviews and court and parole hearings. The care and separation unit (CSU) has 18 cells.

The gym complex is comprised of a large hall, used for activities such as badminton and table tennis; dedicated weights and cardio areas; and two outside spaces, one a football pitch. Recently, exercise equipment has also been installed on some wings.

The prison has a well-stocked library, an education centre and a multi-faith centre. The healthcare unit runs clinics for outpatients and also has an 18-bed inpatient unit.

The prison opened in 2012 and is managed under contract to HM Prison and Probation Service (HMPPS) by Serco Group plc.

### **The Director**

The Governor of a private prison is referred to as the 'Director'. S/he is required to be a certificated prison custody officer and is appointed under the terms of the Criminal Justice Act 1991.

### **The Controller**

All private sector prisons have a Controller's team from HMPPS, based in the prison. The role of the Controller is to monitor the contract between the Secretary of State for Justice and the private sector operator to ensure compliance. The Controller and members of their team have held senior positions in public sector prisons prior to their appointment.

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<sup>1</sup> 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.

### **3. Key points**

The Board has continued to operate at about one-third of its complement, thus restricting its ability to monitor some areas of the prison adequately.

This year saw significant changes in the senior leadership team, with both the Director and Deputy Director leaving their posts within several months of each other. During this time, several members of the senior leadership team have also left their posts, resulting in major changes of responsibility and accountability.

During the last reporting year, the Controller's team left the prison unexpectedly and was replaced by an interim team. In December, a permanent Controller was appointed, with other members of the team joining during the second part of the reporting year.

The Board welcomes the stability that a more permanent senior leadership and Controller's team bring to the prison. Many of the issues mentioned in this report will benefit from a more consistent approach, where there is continued accountability and action plans can be followed through to completion.

The Board continues to appreciate the open and constructive relationship with the senior leadership team, especially the new Director and Deputy Director.

The Board has also benefitted from, and is grateful for, the frequent contact with the new Controller team, especially their support in helping the Board to access the digital prison system (DPS) and NOMIS.

#### **3.1 Main findings**

##### **Safety**

Despite the challenges of being a busy local prison with a high remand population, in the Board's view the prison works hard to maintain a safe and secure environment. However, the Board has concerns regarding assessment, care in custody and teamwork (ACCT) documentation and prisoners' lack of access to confidential face-to-face support, such as that provided by the Samaritans (see 4.2). The increase in violence (see 4.3) over the reporting year is a concern, although the Board is aware that steps are being taken to address this (see 4.3 and 7.3).

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

While the Board welcomes the 'decency project', there are still concerns regarding the frequent breakdown of lifts and CMS equipment, both of which impact negatively on the daily lives of prisoners (see 5.1). Although the prison's policies and practices are designed to be fair, the inadequate management of some areas results in unfairness, such as property and the administration of the incentives policy, causing much frustration for prisoners (see 5.7 and 5.8). Departments such as chaplaincy, diversity and equality, Catch 22 and complaints have been observed to work hard to ensure that prisoners are treated both humanely and fairly.

##### **Health and wellbeing**

The Board remains very concerned regarding the provision of healthcare in the prison. It is disappointing that, one year on from the new healthcare provider taking up the contract, there are still significant issues with staffing, medication

management and the administrative systems that deal with prisoners' complaints and the management of meetings (see 6.1). The Board would also like to see more structured interventions and therapeutic activities for patients in the inpatient unit (IPU) (see 6.3.1). The Board remains concerned about the lengthy delays in transferring mentally ill prisoners to a secure hospital setting (see 6.3).

### **Progression and resettlement**

From the Board's observations, the offender management unit (OMU), Catch 22, continues to work hard to support prisoners throughout their sentence (see 7.3). The library continues to offer a rich range of activities and events (see 7.1.2). It is disappointing that recruitment issues have continued to impact negatively on education provision (see 7.1.1). While some improvements are noted in the resettlement support available for prisoners, the departments covering these areas, such as probation, housing and employment, are understaffed and can only offer a limited service. There is little support for remand prisoners, other than a CMS messaging system provided by Catch 22 (see 7.5). We continue to be concerned regarding the number of prisoners released with no stable accommodation (see 7.5.1).

The Board is pleased that action is being taken to ensure that prisoner release dates are accurate and also that their release time from the prison does not compromise their accommodation options or probation appointments, as this has been an issue during the reporting year (see section 7).

## **3.2 Main areas for development**

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

- The Board would like the new Minister to look at the continued lengthy delays in transferring mentally ill patients from a custodial setting to a secure hospital setting, an issue highlighted by this Board and the majority of other IMBs across the country for several years. In the Board's view, these delays are not only inhumane for the patients involved (and possibly contravene the UK's commitment to OPCAT) but also cause a number of problems, such as bed blocking for inpatient units in the prison setting. This reporting year's delays are much longer than last year, despite the (previous) Minister's assurance that the continued delays were being tackled.
- The lack of adequate probation support, both for prisoners about to be released and in the community once they are released, is one highlighted by this Board and other Boards for a number of years. It is widely accepted that such support reduces recidivism. Will the new Minister consider:
  - an increase in the probation support available for prisoners; and
  - an increase in community sentences as an alternative to some custodial sentences?

Both the above would help tackle the 'revolving door' syndrome so often seen across the prison estate, as well as relieving the increasing population pressures on prisons.

- The Board remains concerned about the high number of prisoners being released homeless. Will the Minister liaise with other government departments responsible for housing and local authorities to develop a coordinated plan to

tackle this problem, which currently contributes to the 'revolving door' syndrome mentioned above?

### **TO THE PRISON SERVICE**

- The period of time that remand prisoners spend in custody pending their court appearances remains lengthy. The Board urges HMPPS to develop a strategy for dealing with remand prisoners, including providing support and advice for them on entry to prison, as well as tackling the increasing backlog of court cases waiting to be heard.
- In addition to the above, there needs to be better coordination between organisations within the criminal justice system (such as courts, probation, etc) to minimise delays in releases.
- In conjunction with the Minister, will HMPPS address the acute understaffing of probation teams, which currently negatively impacts prisoners about to be released and those newly released in the community. The lack of adequate probation support contributes significantly to the difficulties prisoners face on release and increases the chances of them returning to prison.

### **TO THE DIRECTOR**

- The Board has concerns about how some ACCT documents are being completed, especially the lack of healthcare attendance at first case reviews (FCRs) in over half of the audited documents seen.
- Internal property issues have bedevilled HMP Thameside for a considerable number of years and are the cause of much frustration for prisoners, as well as making unnecessary demands on staff time when agreed processes are not followed through. The Board urges the Director to make this a priority over the next year.
- The Board would welcome more robust accountability of processes that continue to affect prisoners' lives on a day-to-day basis, such as property and the incentives scheme process, as this plays a significant part in reducing prisoner perception of unfairness, causing frustration and sometimes leading to acts of violence or self-harm.
- While we acknowledge the current plans to ensure the houseblock lifts are repaired promptly, the lifts in the education block and chaplaincy building have not been prioritised during the reporting year. This has resulted in no access to these areas for some prisoners with mobility issues. How will the Director ensure that these prisoners are not excluded from using these buildings while repairs/refurbishment are being carried out?
- The Board also appreciates the work being carried out on the decency project, but would like to see a robust plan to ensure that future repairs or replacements to in-cell CMS can be carried out in a more timely fashion.
- Can the Director review the procedure for adding PIN numbers to prisoner accounts? There is often quite a delay due to the administrative process of only verifying these numbers during office hours, therefore causing much frustration to newly arrived prisoners.
- The Board welcomes the ability of its members to have access to the Serco IT system, which is essential in enabling us to carry out our duties effectively. However, it continues to be frustrated by the delays and hiccups it experiences when arranging for new members to have access, an issue

common to the other third-party organisations in the prison. While some of these problems can be tackled through the remote IT service, there have been occasions where this advice has been incorrect or contradictory, thus causing further delay in resolving the issue. There have also been occasions where on-site support would have been more helpful and quicker, but this has not been forthcoming. Last year, the Board was told that a new starters guide was being produced by Serco to help third-party organisations with this process. To the Board's knowledge, this has not happened (see 3.3 below).

### 3.3 Response to the last report

Issue raised: to the Minister	Response given by the Minister	Progress
Delayed transfer of majority of mentally ill patients to a secure hospital setting.	Transfer remains a challenge. Recruitment to the London region transfer and remissions service will further support roles to strengthen this oversight and provide support to address issues relating to transfers.	No improvement; in fact, delays for this year are much higher.
Shortfalls in probation provision still impacting negatively on prisoners.	The resettlement team at Thameside is at 70% of its target staffing, but recruitment is continuing.	Resettlement teams are too small to cope with the needs of prisoners due to be released.
Inadequate resettlement support and guidance for prisoners in housing and employment.	<p>Support currently only available to convicted prisoners, but CRS providers will extend their work to remand with accommodation needs.</p> <p>All prisoners at Thameside have access to the employment hub, along with other initiatives.</p> <p>Prison to have an additional residential manager and head of employment skills and work.</p>	<p>Remand housing advice worker contract was not renewed at the end of the last reporting year. Support for remand prisoners is still limited.</p> <p>Staffing vacancies over the year have impacted negatively on the resettlement support.</p> <p>The head of employment skills and work has had a positive impact but remains constrained due to recruitment issues in the education and resettlement departments.</p>



<b>Issue raised: to the Prison Service</b>	<b>Response given by the Prison Service</b>	<b>Progress</b>
External transfer of prisoner property.	HMPPS to monitor the Prisoner Property Framework going forward.	Some improvement to the transfer of prisoner property externally.
Concern regarding the management of the education contract.	This is acknowledged and work is taking place between HMPPS Custodial Contracts Directorate and education contract management to improve outcomes.	Some improvements, although there is still some way to go. Recruitment remains an issue.
Concern regarding the management of the healthcare contract, especially during the mobilisation period.	An improvement plan has been drawn up between NHS England and new provider.  Security vetting, staff induction and key training delayed staff recruitment.  Review of gate processes to ensure no delays to shift start times.	One year on, the Board continues to have serious concerns. Recruitment is still slow and there are issues of retention, medication management, complaints management and prisoners' ability to access an acceptable level of healthcare within a reasonable time.
More consistent guidance from HMPPS to IMBs in contracted out prisons regarding the information/resources that should be made available.	The Privately Managed Prisons (PMP) digital lead to be in contact with each IMB Chair to identify issues.	No contact has been made between the PMP digital lead and the IMB Chair at Thameside.
Better IT support for IMBs at contracted out prisons, e.g. in accessing NOMIS.	Delays in setting up IT accounts and conflicting advice acknowledged. A meeting has taken place between the Local Field Service IT Engineer and the Chair of Thameside IMB to alleviate issues.  Serco IT in the process of producing a new starters guide.	Meeting took place with Field Service IT engineer but IMB Chair was told that this was not part of his brief so unable to provide any support.  New Controller team has facilitated improved access for the Board to DPS and NOMIS.  The IMB has not received this. Delays in new members gaining access continue.

## Evidence sections 4 – 7

### 4. Safety

The Board has, in previous years, raised concerns regarding cell bell data not being available and, when it has been, data has shown a significant number of calls not being answered within the five-minute period. The Board appreciates that some prisoners persistently misuse the cell bell system, causing difficulties not only for staff but also for prisoners with a genuine need.

The following table shows cell bell data for two selected months in the reporting year.

	Total number of calls unanswered within five minutes	Average number of calls unanswered within five minutes
January 2024	446 (range 3–65 on each day)	18
June 2024	270 (range 0-30 on each day)	11

The data for June 2024 shows a significant decrease in out-of-time calls in comparison with January 2024. A decrease in the average number of out-of-time calls per day can also be seen.

This coincides with a senior management initiative to investigate incidents of cell bells that were not answered on time. The Board welcomes this scrutiny and the drive to reduce this even further in the coming months.

Additionally, the Board understands that, in order to deter prisoners from misusing their cell bell (i.e. when there is not a medical emergency), those who repeatedly do so may be subject to a behaviour warning as part of the incentives scheme.

#### 4.1 Reception and induction

As one of London's main reception prisons, the reception, early days centre (EDC) and integrated drug treatment service (IDTS) – locations where prisoners are placed following arrival – are very busy. Every day, new and transferred prisoners come into the prison or are returned from court, while other prisoners are released or transferred out to other prisons. There have been many evenings over the reporting year when vans have arrived after the official reception lock-out time (8pm) or there have been delays in conducting the necessary healthcare assessments (see 6.1.1). This has resulted in reception staff working very late into the evening and delays in prisoners moving to the EDC or IDTS, on some occasions beyond midnight.

As part of the decency project (section 5.1.1), improvements to the reception area have been carried out. The works in reception are mainly cosmetic, although the layout has afforded greater privacy. The Board welcomes these improvements, although the atmosphere remains strictly functional.

For prisoners, a thorough initial assessment of health needs (physical and mental health, as well as substance misuse) is conducted in reception. This is essential for care/treatment planning and maintaining prisoner safety. In May 2024, due to the frequent late arrival of prisoners and the time taken to complete the healthcare assessment and/or delays in initiating them (e.g. due to the late attendance of a GP),

an 'exceptional safety assessment' was introduced to minimise the time prisoners spend in reception. This shorter assessment was to be conducted if a full healthcare assessment had not been completed by 9pm, with a more in-depth follow-up carried out on the wing the next day.

However, the health provider PPG is of the view that the often multiple and complex health needs of prisoners means that for some prisoners shorter assessments are not appropriate, and potentially compromise patient safety. The Board shares this concern. Further, the healthcare provider, reports that it can be difficult for nurses to access prisoners on the wings, potentially resulting in the full assessment not being completed. Finding a way to strike the right balance is an ongoing challenge.

Prisoners are initially housed in either the EDC, or the IDTS if they have a substance misuse issue. They typically stay on the EDC or IDTS for up to seven days. Prisoners on both wings frequently complain about the delay in getting their PIN numbers authorised (see 7.4). Throughout the reporting year, there have also been complaints regarding the limited amount of clothing issued, as well as incomplete bed and toiletry packs.

All prisoners arriving in the EDC and IDTS receive a general induction within 24 hours of arrival. This involves a PowerPoint slideshow, which typically lasts for around 30 minutes and provides basic information about the prison regime. A welcome innovation during the reporting year has been to supply each prisoner with a small booklet reinforcing key points from this presentation. Each prisoner should also receive a separate education induction presentation by Novus (the education provider) within 48 hours of arrival, although the Board has been told that there can sometimes be delays in this taking place.

The Board understands that there should be about ten 'insiders' (peer supporters) available on the EDC to support new prisoners on induction, use of the CMS, substance misuse, and mental health. Although there has not always been a full complement of insiders in the reporting year, the Board has been pleased to note this number steadily improving towards the end of the reporting year and has been impressed by their evident enthusiasm.

A key issue that prisoners raised with the Board at various times throughout the year has been the shortage of televisions and broken CMS terminals/sockets. The Board has noted this problem over several years, across all wings, although it is particularly prevalent in the EDC, where deliberate damage by prisoners appears endemic. The Board has noted numerous repair programmes, and the introduction of various initiatives aimed at prevention, but is frustrated by the seeming absence of an effective long-term solution.

The prison is currently seeking to address the problem of deliberate damage by way of a new programme known as promoting risk intervention by situational management (PRISM), working alongside the psychology team in the hope of gaining an insight about why this damage keeps happening and how it might be addressed. The Board will monitor progress with this potentially important initiative.

Due to current prison population pressures, the Board also understands that it can often be difficult to move prisoners from the EDC to the wings. Prisoners are usually moved within seven days of arrival, but the Board understands this has not happened in 20-30% of cases. If prisoners are held on the EDC for longer than seven days, it can impact their ability to access meaningful work or education.

Prisoners on the EDC frequently complain to the Board about lack of time spent out of their cells. This has typically been around 30 minutes per day for exercise, plus time spent receiving meals, medication, etc, taking this up to around one hour per day.

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

Self-harm is reported daily to the senior management morning meeting and discussed at a weekly safety intervention meeting (SIM). Prolific self-harmers are identified, and complex cases discussed, with a view to putting in place a plan to help minimise these prisoners' disruptive, distressing and often dangerous practices.

The IMB has continued to observe, and has been impressed by, the care shown to vulnerable prisoners by the safer prisons team and the input provided by other services such as psychology, healthcare, chaplaincy, Turning Point, Catch 22, the diversity team and the social care team.

Over the past two years, the prison has sought to reduce the number of open assessment, care in custody and teamwork (ACCT) documents, with a view to providing a greater focus on those individuals most in need of attention.

Data shows that although some marked fluctuations were seen, there has been a general increase in the number of ACCT documents opened during the second half of the reporting year. The number of self-harm incidents was lower at the end of the reporting year than at the beginning, although it showed an upward trend in the second part of the year (graph 1, annex C).

During the second part of the reporting year, the Board monitored ACCT documentation, using the audits carried out by the safer prisons team. These are completed in line with HMPPS ACCT guidance and adopt a 'traffic-light' system, based on the number of key actions judged as not having been completed to a satisfactory standard: 'green', one or no deficiencies; 'amber', two to four deficiencies; and 'red', five or more deficiencies.

The Board reviewed around one-quarter (64) of the safer prisons audits (253): 28% (18) fell in the worst performing 'red' category, while 72% divided evenly between 'amber' and 'green'.

The most serious deficiencies occurred in the following sections: ACCT plan, care plan, support actions, immediate action plan, FCRs, and ongoing records.

An additional concern is that healthcare attendance at FCRs was poor: in 58% (37) of cases, no healthcare staff were present.

The Board has consistently raised concerns with the prison about these shortcomings, while acknowledging that all teams and departments have continued working hard to address them. The Board is aware that the safer prisons team has struggled with staff recruitment and long-term sickness absences and that the ACCT document itself is cumbersome and not user-friendly.

During the previous reporting year, training and support for Listeners by the Samaritans had become contentious to the point where the service was withdrawn. Although not intended as a replacement for the Listener scheme, the prison then introduced a text-based application known as SHOUT, which is accessed through

CMS. It is operated by a third-party commercial provider and enables written communication with a trained operative located externally.

While potentially useful, the Board has some concerns regarding access. For example, the system relies on a working in-cell CMS (see 5.1). Additionally, prisoners with low levels of literacy may be disadvantaged. Phoning the Samaritans helpline is an alternative (subject to the availability of an in-cell working phone), although in a shared cell, prisoners will not be afforded the privacy they may need to talk confidentially.

The Board sought feedback from prisoners on SHOUT on two separate occasions, November 2023 and May 2024. ([Please click here to see the survey questionnaires.](#))

- In both surveys, only around 20% of respondents claimed to have heard about SHOUT.
- In the first survey, of those who had heard of SHOUT, only 56% said they could access SHOUT in their cells, but this had risen to 75% in the second, reflecting improvements as a result of the decency programme.
- More than half of the prisoners who had access confirmed that they knew how to use SHOUT, although only around one-quarter said that they had actually used it.
- Free-text responses included a suggestion of a delay receiving a response from the remote provider, particularly in our first survey. This is a matter of concern, given that the level of distress experienced by a prisoner could potentially reach crisis point by the time they receive a response.
- Just under half of the respondents in the first survey were aware of the option to call the Samaritans' national helpline direct. This had improved to just over half in the second survey. This is of great concern to the Board.

Throughout the reporting year, the Board understands that the prison has continued to approach the Samaritans to reconsider running a Listener programme. However, this has not been possible due to the Samaritans' difficulties in recruiting a suitably qualified facilitator.

In the absence of a Listener programme, the prison has sought to develop an alternative face-to-face support system. However, this has taken many months to organise and is not expected to be operational before the end of 2024.

#### **4.2.1 Deaths in custody**

During the reporting year, there were three deaths in custody, two of which were post release but still subject to Prisons and Probation Ombudsman (PPO) investigation. One is still under investigation and although the remaining two are complete, the reports have yet to be published. The IMB is, therefore, unable to comment on any recommendations. There are four outstanding investigations into deaths in custody that occurred in previous years (two in 2023, one in 2021 and one in 2019).

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

After each violent incident, the prison grades it as 'minor' or 'serious'.

Data from the beginning of the reporting year shows a significant upward trend in minor prisoner-on-prisoner (POP) assaults, although some fluctuations were

observed during the year. In contrast, there has been a decline in minor prisoner-on-staff (POS) assaults.

Serious POP assaults have seen a slight decline and serious POS assaults have almost halved during this period (see graph 2, annex C).

HMPPS statistics covering the period to the end of March 2024 show that POP assaults were significantly higher at HMP Thameside than for other similar establishments.

The prison's continued efforts to pre-empt incidents of violence have been hampered by recruitment pressures and staff absences, especially in the safer prisons and violence reduction departments.

During the previous reporting year, the prison had taken steps to tackle violence by increasing the use of challenge, support and intervention plans (CSIPs), tailored to each individual prisoner, using these more as a preventative tool, with the aim of reducing violence by habitual perpetrators, rather than after violence had occurred. It had been hoped that the involvement of psychological services, together with prisoners' key workers, would increase the effectiveness of this tool. However, despite the number of CSIPs opened doubling over the past two years (graph 3, annex C), minor POP violence has continued to increase.

The Board accepts that the reasons for violence are complex and, to an extent, beyond the control of the prison. But it seems clear that the increased use of CSIPs does not appear to have had a measurable impact during the reporting year.

At the end of the reporting year, the prison introduced a policy entitled 'Self-Isolating Prisoners Policy – a guide for managing the prisoners who self-isolate'. The purpose is to increase staff awareness on how to support such prisoners while ensuring that the prisoners are supported and encouraged to reintegrate and maintain outside social ties. The IMB recognises that this is a significant problem and welcomes this initiative.

The prison has an effective gangs team working closely with the police and community workers to help identify and separate the most prominent gang nominals. The team works mainly with prisoners between the ages of 18 and 30. Gang conflicts are reviewed daily but the sheer number of gangs and gang members means that keeping all potential conflicts apart is impossible. On-wing work is carried out by the safer prisons/violence reduction team, supported by the gangs team, with a view to minimising gang-related anti-social behaviour. The gangs team also works with peer mentors to target conflicts prior to escalation and gets involved with mediation to resolve disputes/tensions. Additionally, the Catch 22 restorative practice lead (see 7.3) also plays an important part in the resolution of violent incidents. The IMB fully supports the input of the gangs team and the restorative practice lead in supporting the prison's work to reduce violence and build a safe living and working environment.

#### **4.4 Use of force**

The new HMPPS Use of Force Policy Framework, issued during the reporting year, provides a revised framework for prison staff, focusing on de-escalation and alternative strategies to manage challenging behaviour, without resorting to force.

The Board understands that all relevant staff at HMP Thameside will have received the training by the end of 2024.

During the first part of the reporting year, both planned and unplanned Use of Force (UoF) incidents have shown a decline (see graph 4, annex C). However, the second part of the reporting year saw an upward trend in unplanned UoF. Prison data shows that, in January 2024, there were 46 UoF incidents, of which 38 were unplanned and eight were planned. In June 2024, this total had almost doubled to 82 UoF incidents, of which 74 were unplanned and eight were planned.

A total of 29% of the UoF incidents between January and June 2024 took place in the EDC and 24% in the CSU.

The prison expects body worn video cameras (BWVCs) to be activated whenever any confrontation occurs. When not activated, managers investigate the reasons. Over the reporting year, BWVCs were activated on 70% of unplanned UoF incidents and 88% of planned UoF incidents.

PAVA incapacitant spray was introduced to Thameside during the last reporting year. Data provided by the prison for the period January 2024 to June 2024 shows that its use has not been excessive: although drawn on 16 occasions, it was only discharged on four. Additionally, on each occasion the IMB has considered its use to be reasonable, necessary and proportionate.

The prison holds weekly UoF meetings to review recent incidents. This can include BWVC and/or CCTV footage, where available. Examples of good practice, as well as areas for learning, are identified. Some of these meetings have been monitored by Board members who have been impressed by the way managers are willing to review UoF incidents critically and honestly, with a view to sharing key messages with officers.

The Board has monitored a number of UoF incidents during the reporting year, both planned and unplanned and has been satisfied that all incidents witnessed had been handled professionally, humanely and without unnecessary UoF.

Data from HMPPS records the ethnicity of prisoners subjected to UoF, alongside the percentage of each ethnic group within the overall prison population. Between January and June 2024, it showed a disproportionate number of UoF incidents involving black prisoners (see also 5.2). The Board will continue to monitor this disproportionality.

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

The prison continues to take steps to help reduce illicit items entering the establishment.

The number of hooch finds increased from 73 last year to 88 in the current reporting year, averaging seven per month, although this average had fallen to five per month during the second half of the year, which is encouraging.

The number of drugs finds was 250 in the reporting year, averaging 21 per month, compared with 213 last year, where the average was 18 per month. This may reflect the increasingly successful detection efforts of the security department rather than

an increase in drug availability. Drug finds in the second part of the reporting year (January to June 2024) showed a higher monthly average (23).

The number of mandatory drug tests (MDTs) averaged 61 per month over the reporting year, representing 5% of the prisoner population. While the figures for July and August 2023 showed positive MDT results in over one-third of the prisoners tested, the Board is pleased to note that this figure had fallen to less than one quarter by the end of the reporting year.

Weapons finds are recorded as 160 in the reporting year, averaging 13 per month.

Mobile phone finds were recorded as 13 over the reporting year, typically one or two per month.



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

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

5.1.1 Although the accommodation at Thameside is relatively modern by prison standards, it is increasingly showing its age. Despite this, during the reporting year, the Board is pleased that most repairs coming under the facilities management team are carried out promptly, especially repairs to cells that are out of use due to deliberate damage or systems failing.

However, there are inherent design faults in the original building plan, which impact prisoners and staff. As in previous years, the IMB has continued to be concerned about:

- Lifts frequently out of action: repairs require the services of an external company.
- Design faults resulting in inadequate heating and ventilation, meaning that wings can be very cold in winter and unbearably hot in summer.
- A lack of access for prisoners to in-cell and wing terminal CMS. This is sometimes due to deliberate damage but can also be due to continued wear and tear or systems breaking down. The Board understands that repairs to these can fall to one or more of three departments, two internal and one external.
- Poor fabric in the wing serveries, resulting in challenges in maintaining an hygienic environment.

For the past seven years, the Thameside IMB annual report has highlighted concerns about the number of lifts out of action around the prison. This includes the lifts in both houseblocks, as well as lifts giving access to the faith centre and the education block, the latter has been out of action for at least five years. Each year the Board is told that work is underway to rectify this. However, whilst repair work has taken place frequently on the houseblock lifts, the IMB is not aware of any repairs being attempted either this year or last year to the lift in the education block.

While some prisoners with restricted mobility endeavour to use the stairs with a walking aid, there are others whose restricted mobility means they simply cannot use the stairs and so are unable to access either the faith centre or the education and library facilities. At the time of writing (August 2024), the IMB is aware of 15 such prisoners, many have expressed their frustration about this. This is both unfair and inhumane.

We have recently been told, once again, that lift replacements have been agreed, although the work is not expected to start until the end of 2024/beginning of 2025. The IMB considers it unacceptable that this has been such a major problem for so many years, despite the fact that it has been frequently raised by both the IMB in its weekly monitoring visits and annual reports and by staff at the diversity, equality and action team meetings.

Furthermore, it is unfair to those prisoners affected by the lack of lift access that no contingency plans have been put in place to ensure that they are not excluded from activities around the prison. Given the delay in even starting this work, the Board urges the prison to consider how it might ensure equal access in the meantime.

Two years ago, the Board was told that the CMS system had been completely replaced and upgraded throughout the prison. Despite this, our last annual report showed that there were extended periods when the majority of in cell systems were not working. This was also the case with the wing terminal on many wings. The Board is disappointed to report that yet another year has passed when the same problems have been highlighted. Spot checks on in-cell CMS, carried out throughout the reporting year, showed that frequently a large number of CMS in-cell equipment was not working and, on some occasions, we found that the wing terminal was not working either. Given that many of the prison's daily systems are designed to operate using CMS, the impact on prisoner's lives (and wing officers' time) is significant if they do not have access to a working CMS.

The prison has undertaken a major decency project during the second half of this reporting year. This has included new flooring, cell refurbishment and replacing the CMS systems. The Board appreciates this initiative but would like to see a more robust system in place where repairs and replacements to CMS are carried out in a timely manner so that on any wing, only a minority of in-cell CMS systems are out of action at any one time. Last year, the Board reported on broken/missing tables and chairs on many wings. Although some replacements and repairs have been carried out, at the end of the reporting year, there are still some wings where this work is yet to be completed.

As noted in previous years and in the Board's monitoring visits' reports during this year, wing noticeboards are underused across the prison - a missed opportunity to improve communication. Although the Board understands that these were due to be reviewed as part of the decency project, no changes have been observed by the end of the reporting year. Laminated posters about the IMB provided to the prison several months ago by the Board have yet to be displayed.

During the reporting year, the Board has frequently observed poor standards of cleanliness on some wings, especially in the serveries. Sometimes this is a result of suboptimal cleaning practices but, more often than not, it is due to the poorly maintained fabric of the building, making it a near impossible task for the serveries to maintain an acceptable level of hygiene. Frequent sightings of vermin have been reported on the wings – the Board understands that pest control measures have been put in place. But, unfortunately, until the wing serveries are fully refurbished, it is inevitable that vermin will remain and hygiene will be compromised.

5.1.2 Although the Board has traditionally received relatively few applications from prisoners about food, this reporting year has seen a slight increase, with prisoners complaining about portion size as well as undercooked/cold food. When the IMB has observed meals being served, wing staff are frequently not present to supervise. This can lead to the inconsistent serving of portions which, in turn, results in a perception by prisoners of favouritism and unfairness.

During the second part of the reporting year, a dietician has been in post, who has conducted a prisoner survey on food. As a result, she has met with the residential services manager to suggest introducing healthy options to the canteen items. She has also met with the kitchen manager regarding possible menu changes to ensure that prisoners have access to healthier options.

The Board recognises the challenge of providing varied menu choices of a good standard in a climate of rising costs and on a budget that has not increased in line with inflation. It must also be acknowledged that the kitchen facilities were built for a prisoner population of 600, not for a population double that. However, the Board hopes that during the next reporting year, the prison will make every effort to adopt the suggestions made by the dietician, especially where these do not involve any additional cost.

## **5.2 Segregation**

The CSU has 18 cells, with an average weekly occupancy this year of 13. Prisoners are housed here as either a punishment following an adjudication, or where it is necessary to remove them from the wings to either maintain good order or discipline (GOoD) or for their own safety. Over the reporting year, just over a third have been held on GOoD, but only 2% for their own safety.

The unit is staffed by officers with appropriate aptitude for, and understanding about, the challenging and special environment of segregation. The Board has observed, on many occasions, examples of officers dealing patiently but firmly with prisoners who present with challenging behaviour. There have been five uses of special accommodation (where items such as furniture, bedding and sanitation have been removed in the interests of safety) over the year and no incidents of dirty protests.

Although robust data is not maintained, the IMB is aware that, at times, prisoners held in the CSU have mental health problems (e.g. schizophrenia, attention deficit hyperactivity disorder/ADHD). Some have been transferred back and forth between the IPU and CSU. The psychiatrist is called on when required.

GOoD reviews observed by the Board have been conducted well, with input from a number of departments. As well as healthcare and chaplaincy, the neurodiversity support manager, the psychological therapies team, and a restorative practitioner from Catch 22 regularly attend and offer prisoners a variety of interventions designed to support modification of the behaviour that resulted in them being in the CSU. The IMB considers this to be a very positive step but understands that there are instances where demand outweighs available places for the potential interventions on offer.

The national shortage of ADHD medication during 2023-2024 affected the availability of this for prisoners. It is thought that for some, not receiving their medication impacted their behaviour, resulting in a transfer to CSU.

The IMB has monitored the ethnicities of prisoners subject to adjudications and found a disproportionately higher number of black/mixed race prisoners, compared with white prisoners - a situation that has remained stubbornly unchanged for a number of years.

Of the 191 prisoners who had adjudications over a 12-week period, data showed that 51% were black/mixed race, 21% were white and the rest, at 28%, were of other ethnicities. Prison data indicates that roughly 24% of prisoners identify as white, with 37% as black/mixed race. Additionally, in relation to white prisoners, 40% of the cases were dismissed due to either lack of evidence, incorrect information or not being upheld, whereas only 14% of black/mixed race prisoners' cases were

dismissed. The prison management cites a number of reasons to explain this disproportionality such as:

- the number of gangs and the culture associated with this
- the majority are young adults who tend to be black/mixed race but, due to their age, are less likely to comply with prison rules
- a small number of prolific offenders who are involved in multiple incidents and account for the over-representation of this group.
- an element of unconscious bias.

The Board has seen a similar disproportionality with white Gypsy, Roma and Irish Traveller prisoners, who make up about 1% of the population but are twice as likely to receive adjudications. While we understand that staff receive training to recognise the potential for unconscious bias, the Board would, nevertheless, like to see the prison organising additional and ongoing programmes for staff to foster greater understanding of cultural differences, especially in relation to black prisoners and white Gypsy, Roma and Irish Traveller communities.

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

#### **5.3.1 Staffing**

Recruitment and retention remain a challenge at Thameside, a common issue across the prison estate. The prison meets this challenge by continuing to run initial training courses (ITCs) for new officers, as well as introducing initiatives and inducements to aid the retention of existing staff. A total of 117 new recruits attended one of the five ITC courses scheduled throughout the reporting year. Of these, 62 new officers graduated. A total of 106 new staff joined the prison during the year but 175 left.

On most days each month, there is at least one bed-watch, which requires four staff to cover for a 24-hour period. Additionally, there are regular emergency transfers to outside hospitals, which also deplete the staff detail for the day. On some days, there can be as many as four emergency transfers. This can present challenging decisions about staff deployment for prison managers.

#### **5.3.2 Staff and prisoner relationships**

Generally, the Board has observed that the majority of interactions between staff and prisoners are positive, professional and constructive. Prisoners understandably get very frustrated when they are unable to access services in the prison – due to broken equipment, lack of responses from prison departments or regime restrictions – and this can sometimes be evident in how they approach staff. We often see custodial staff exercising much patience when dealing with the myriad frustrations that prisoners raise. As with many other prisons, the majority of officers are new and inexperienced. While they receive the requisite training, it takes time and experience to acquire the necessary skills and confidence to deal appropriately with the challenges they face every day.

However, occasionally, the Board has seen examples of young wing officers who appear overwhelmed and struggle to set firm boundaries in their dealings with prisoners. Sadly, the Board has also witnessed some operational support staff

displaying uncaring and disrespectful attitudes, especially when dealing with prisoner issues, such as property (5.8).

### 5.3.3 Key workers

The prison's aim is for all prisoners to be allocated a key worker, with remand prisoners seeing their key worker once a week and convicted prisoners once a fortnight. At the time of writing (August 2024), 910 prisoners were allocated a key worker. The prison's target is for 300 key worker sessions to be completed every week, but this is not always met, due to staffing issues. Over the reporting year, the IMB has sampled a random selection of key worker entries and is pleased to note some improvement in the quality of entries compared with last year. The Board also understands that more robust monitoring of key worker sessions by prison managers has been put in place.

## 5.4 Equality and diversity

A total of 94 discrimination incident reporting forms (DIRFS) – a decrease from last year's figure of 121 – were submitted to the prison during the reporting year. A total of 53 of these were not classed as DIRFs; and, of the remaining 41, 11 were proven. The breakdown of proven DIRFs is as follows:

Proven DIRF classification	Quantity	%
Sexual orientation	2	18%
Disability	2	18%
Race	6	55%
Religion/belief	1	9%

Of the 11 proven DIRFs, six were prisoner-on-staff, two were prisoner-on-prisoner and three were staff-on-prisoner.

Any DIRFs submitted that are subsequently not classed as DIRFs receive a detailed reply explaining why. In some cases, on investigation, when the issue has uncovered evidence of unfair treatment not directly as a result of a protected characteristic, the diversity and equality (D&E) team will still act to ensure that the prisoner receives an appropriate response and action taken to redress the unfairness.

While the D&E team is very small – only two members of staff – it is to their credit, in the Board's view, that they continue to maintain high standards and respond promptly to issues raised by prisoners.

At the beginning of the reporting year, the IMB was made aware that foreign national prisoners had not received the phone credit they were entitled to for three months. The Board was told that this was due to a change of staff overseeing foreign national prisoners, coupled with one member being on long-term sick leave. Having been alerted by the IMB to this omission, credit was backdated for all foreign national prisoners. However, the Board was concerned that there was no oversight on the part of the prison, which would have identified the omission earlier.

This is not the first instance where the Board has found certain processes/procedures or entitlements have fallen by the wayside because the member of staff concerned is off sick or on leave.

## **5.5 Faith and pastoral support**

The chaplaincy team is an integral part of the prison in terms of its support for both prisoners and staff. All prisoners are seen within 24 hours of their arrival on the EDC or IDTS. A member of the team visits the CSU and IPU daily and prisoners on ACCTs are visited weekly. The team is active in all multi-disciplinary meetings, where concerns are raised about prisoners, including the safer intervention meeting (SIM), segregation monitoring and review group (SMARG) and GOoD reviews.

Religious festivals are appropriately celebrated, and the team regularly liaises with the catering manager regarding religious dietary needs. Bereavement support is offered to prisoners of all faiths or none and the team liaises with the security department if a prisoner requests to attend a funeral of a close family member. Where this is not possible, the team will arrange for the prisoner to watch the funeral on an iPad or laptop.

In addition to opportunities for corporate worship of all the major faiths, the team holds study groups for Christian and Muslim prisoners. A member of the team regularly runs the Sycamore Tree course – a six-week victim-awareness course that explores the wider effects of crime on victims.

A new initiative this year is the official prison visitors' scheme. This is for prisoners who may not otherwise receive social visits to have contact with someone 'on the outside' once a week. In addition, the team carries out some 'through the gate' support, signposting prisoners to, for example, housing charities and places of worship, as well as keeping in contact with some ex-prisoners and visiting them in the community.

The IMB has received no complaints regarding faith matters and commends the team for the invaluable work it carries out in the prison.

## **5.6 Incentives schemes**

The prison operates an incentives policy that incentivises good behaviour and spells out the consequences of poor behaviour. There are three incentive levels: basic; standard and enhanced. In line with national requirements, the policy is reviewed each year, the last being in November 2023. Prisoners are involved in these reviews.

During the reporting year, the number of prisoners on basic averaged 84 per month, about 7% of the prison's population. However, the average hides a range of 51 prisoners (May 2024) to 112 prisoners (March 2024). Every month, there are disproportionately more black prisoners, and more prisoners aged under 25, on basic, than standard and enhanced. One of the reasons given by the prison is likely to be that the majority of young adult prisoners tend to be black/mixed race but, due to their age, are less likely to comply with prison rules (see 5.2).

General information related to good behaviour, and its importance in prison life, is listed in the incentives policy and can be found in prominent places on each wing. Recently, an 'easy read' version of the policy was published on CMS, for prisoners to access in their cells. The Board welcomes this development as, although intended for people with neurodiverse needs, all prisoners should benefit from it.

Feedback from prisoners who had been demoted to basic during the last weeks of June 2024 suggests that the process of demotion, and the information communicated to prisoners, had been informal at best and vague or confused at

worst, for over a third of them. The majority of prisoners said they were not told how to appeal. In terms of 'punishment', as a result of being demoted to basic, televisions were taken from some prisoners. Others kept their televisions, but instead suffered a restricted regime. In response to these results, the Board encourages the prison to ensure that every prisoner facing demotion to basic understands the process, including their right to appeal, and ensures that 'punishments' are fairly and consistently applied throughout the prison.

## 5.7 Complaints

The reporting year saw a slight decrease in the number of formal complaints submitted by prisoners - 1,889 compared with 2,135 for last year. Of these 1,093 were submitted in the first half of the year and 796 in the second. The top three complaints in comparison with the last reporting year were as follows:

	Current year 2023-2024		Previous year 2023-2023
Property	552	Property	457
Confidential	235	Staff	293
Canteen	211	Residential	259

In common with the previous year's report, property was consistently the top complaint and accounted for 29% of all complaints, an increase on 21% from last year (see 5.8.) Complaints about staff accounted for 9% this year (13% last year), while confidential access complaints (COMP2s) accounted for 12% of all complaints.

On average, 87% of complaints were answered on time, a decrease from last year when the average was 95%. However, the Board notes the efforts of the prison management to monitor this figure daily. The number of complaints due, and any outstanding complaints, are now reported in the daily morning meeting. When outstanding complaints are identified, these are investigated.

The Board has regularly monitored the reasons for complaints being rejected and found these to be fair. On average, 11% of complaints are upheld.

The quality of responses to prisoner complaints has continued to improve over the last two years. However, more care in the quality of responses to complaints about prisoner property is needed, as these can sometimes read as unhelpful. For example, when a prisoner asks why he is still waiting for his property to be handed out several weeks after it has arrived in the prison, the response is often to say the property will be handed out in due course. Other responses indicate that the original complaint had not be read thoroughly by the member of staff dealing with it (see 5.8).

The Board works closely with the complaints team and is grateful for the cooperation and help we receive in resolving prisoner issues. We commend the efforts made by the team in chasing up late responses, particularly those sent externally.

## 5.8 Property

Missing, lost or undelivered prisoners' property is a significant problem for most prisons, and HMP Thameside is no exception. In the reporting year, there were 552 complaints made by prisoners about their property. No other topic attracted so many complaints. During the same period, the Board received 46 applications about property, making it the second highest topic raised by prisoners to the IMB. The issues raised included clothes, legal papers, family photos, books, medications and

canteen items that had gone missing or were waiting for long periods in reception prior to being delivered to them. Several prisoners pointed out the prison clothes they were wearing, which they had to wash and dry within hours, as they had nothing else to wear, because their own clothes had gone missing or not been given to them.

Over a fifth of property applications concerned prisoners moving from one part of the prison to another, and their property getting lost en route. These moves could involve going from one houseblock to another; or from a houseblock to the CSU. If these moves were for security and/or disciplinary reasons, they would be carried out at speed, with little or no time for prisoners to prepare, and with some prisoners in no mood to cooperate or communicate. Usually, related cell clearances occur without the prisoner being present and require a cell clearance form to be completed.

During the reporting year, the IMB conducted checks on the cell-clearance process on two random days, the first in November 2023 and the second in May 2024. The November check identified examples of where the process had not been followed, despite a notice to staff on cell-clearance procedure being issued the previous July. Although two further notices to staff on cell clearance were issued in January 2024 and in April 2024, the check carried out by the IMB in May 2024 found similar examples of the process not having been followed.

This is the fifth year the Board has raised this issue in our annual reports. Given that complaints about property continue to rank as the most frequent (see 5.7), this is an area that the prison really needs to prioritise.

Just under a fifth of property applications concerned 'hand-ins', brought in by visitors, and posted items. Where prisoners had followed the correct procedures, they were mystified as to why the handed-in or posted property stayed in reception for several weeks. The Board would like to see a system for this process to be speeded up. If there are security or other concerns about particular items, prisoners should be given an explanation. The Board came across some examples where there were inconsistencies between different reception managers regarding how the rules were being applied.

Seven applications involved property not following prisoners as they transferred into HMP Thameside from another prison. Inter-prison transfers are complicated when third parties, notably escort vans and, possibly, courts or police stations, are involved in handling prisoners' property. Some applications mentioned such complications, and the difficulty for prisoners in finding out which part of the system to pursue. However, it is encouraging that - going by the applications the Board received - property lost during inter-prison transfers into Thameside fell by over two-thirds compared with the previous year.

Three prisoners complained to the Board about not receiving copies of their property cards, after requesting them from reception. Again, if prisoners have asked correctly, they can be left frustrated if there are long delays in receiving the cards. The Board would like to see this process speeded up so that property issues raised by prisoners are resolved in a more timely fashion.

Towards the end of the reporting year, the Board is pleased to note that considerable effort and time has been put in to clear the backlog of property that had built up. The Board hopes that a robust system is now in place to ensure that this is not allowed to build up again.



## **6. Health and wellbeing**

### **6.1 Healthcare general**

Thameside prison is a very challenging environment in which to provide high-quality, comprehensive healthcare. Physical, mental health and substance misuse problems, as well as needs associated with neurodiversity, are very common. At Thameside, 75% of prisoners are on remand and the average length of stay for this group is less than six weeks, making it particularly difficult to meet their healthcare needs.

The healthcare provider, PPG, took on the healthcare contract in June 2023. The Board's last annual report raised concerns about severe staff shortages, as well as prisoners' access to healthcare, including medication. These have continued throughout much of the reporting year (see 6.1.1 - 6.1.3).

The absence of consistent leadership has been a problem. The head of healthcare spent a period on long-term sick leave, then left. Temporary cover was provided from another prison but given that this person had a 'working from home agreement', this arrangement was not entirely satisfactory. They have now moved on and one of the matrons is acting up. Although a permanent appointment was made, the IMB understands that the candidate withdrew. At the time of writing this report (August 2024), the position remains vacant, although a temporary deputy head of healthcare has started. Such instability will inevitably impact on healthcare delivery.

The slow progress made by PPG in establishing more effective healthcare provision is reflected in the fact that staff uniforms, lanyards and notices posted around the prison continued to display the Oxleas logo as recently as May 2024.

In January 2024, the Care Quality Commission (CQC) conducted a healthcare inspection in the prison. Concerns included: staffing levels; staff training; lack of available healthcare specialists; incident investigations; patient records; lack of discharge plans for prisoners in the IPU; triage processes; complaints processes; ineffective governance; and lack of available management information.

An action plan was developed by PPG. In May 2024, only two of the 13 actions were fully completed: accurate and available management information, and staff awareness of safeguarding reporting procedures. Two actions remained 'red': a backlog of incident investigations and management of blood glucose monitoring equipment.

#### **6.1.1 Staffing**

Temporary solutions have been taken to cover some staff shortages. Bank/agency staff were recruited and, while some provided long-term cover and had prison experience, others were more short-term and, for periods, did not have access to keys, limiting the extent to which they could fulfil their roles.

Lack of staff resulted in:

- Inconsistent input to specific areas - e.g. prisoners transferred to CSU should be seen by a nurse within two hours, which has not always happened. It would also be desirable for there to be regular nurses on CSU - this has not happened consistently.
- Delays in conducting assessments - e.g. on IDTS.

- Limitations in the range of interventions available - e.g. on IPU.
- Specific concerns about the safety of practice - e.g. medication administration on IDTS (see 6.1.2).
- No healthcare representation at key meetings - e.g. GOoD reviews, ACCT FCRs (see 4.2). When staff were present, it often appeared that they were not adequately informed about the prisoners being discussed.
- Delayed responses to emergency calls (i.e. code reds/blues).

Since January, there has been a significant increase in the number of permanent nursing staff and, consequently, improvements in the areas identified above, but there is scope for further progress.

Disappointingly, at the end of the reporting year, a number of posts are still vacant, including GPs, pharmacist, paramedic, administration. Only partial cover is provided for others: for example, the occupational therapist provides two sessions a week at Thameside IPU, while the dietitian post is shared with HMP Belmarsh (see 6.3). This suboptimal staffing impacts on the quality of care available.

### 6.1.2 Medication

Medication administration hatches are located in both houseblocks and on each level (uppers and lowers), with additional hatches opening directly onto EDC and IDTS. Separate arrangements are in place for IPU and CSU, where nursing staff take medication to individual prisoner's cells.

The skill mix of staff administering medication has been modified by PPG, with pharmacy technicians taking on roles previously fulfilled by nurses. The high number of prisoners requiring medication - up to 100 during a session - places significant demands on the staff. This is exacerbated when staffing numbers are low. The IMB has observed inconsistent practice when staff are establishing the identity of prisoners. On occasions, identity cards have been piled up on the hatch and names called out without close matching checks of identity, a potential cause of medication errors.

In IPU and CSU, prisoner cell doors are sometimes opened but often medication is passed through the observation panel. This can make it difficult to observe whether the prisoner is actually taking their medication.

Some prisoners take responsibility for their own medication, retaining it in their cells ('in possession'). Delays in training staff on how to conduct spot checks to ensure that prisoners are taking medication as prescribed have delayed further roll out, although at the time of writing (August 2024) progress has been made.

In houseblock 2, prisoners can access medication from individual boxes located in the 'bubble'. These are opened using finger-print recognition. On one occasion, a prisoner received incorrect medication. As far as the IMB could ascertain, this was due to an error in the medication placed in the box.

PPG aims to give each prisoner a healthcare summary and supply of medication on release. Delays in pharmacy receiving the names of prisoners for release mean that this is often not possible.

### 6.1.3 Meetings

- Healthcare governance is provided by the local delivery board. Membership includes representatives from Serco, PPG, NHS England and the local authority, with meetings administered by PPG and observed by the Board. These meetings have not taken place consistently throughout the reporting year. Dates have often been changed or meetings cancelled at short notice. Minutes of the previous meeting have often not been made available in advance, or at all, attendee lists have been inaccurate and key points/actions poorly recorded. Additionally, the data report, a major component of the meeting, often has key information missing. Any assurances that this will be addressed in the next meeting have rarely been realised. Consequently, it is unclear to the IMB what data are routinely collected by PPG to monitor their service provision. The Board has made frequent requests for data but only occasionally received anything. For many months, it appeared that no data were being collected and, if they were, they were not made available or scrutinised.
- A two-weekly tripartite meeting among representatives of Serco, PPG and Turning Point aims to address issues arising on the wings that solely house prisoners with substance misuse issues. These have the potential for early identification of problems and development of shared solutions. Unfortunately, they have often not taken place, resulting in missed opportunities for being proactive in addressing significant safety issues. The IMB understands there have been similar issues with the drugs strategy meeting.
- Medication management meetings were initiated in October 2023, with the aim of bringing together key personnel from healthcare and the prison to discuss medication safety and related issues. They were to be monthly and chaired by the principal pharmacist, but as this post was vacant, they did not take place. The post was filled in February, but despite the current postholder's best efforts, the meetings have not consistently been held and when they have, key personnel have not been present. Important safety matters are, therefore, not being given sufficient attention (see 4.1 and 5.2).

### 6.1.4 Prisoner experience

Some prisoners value the care and treatment they receive but many have concerns, as reported to the Board. Prison staff and the IMB also have concerns about healthcare. Communication between PPG and the IMB has, at times, been difficult, with PPG reluctant to provide non-confidential information requested in order for the IMB to respond to prisoner applications and other queries.

Healthcare is consistently the topic that the IMB receives most applications about. Members are also often approached informally on the wings about healthcare issues. Issues commonly raised often coincide with those identified by the CQC.

For several months, no one from PPG had responsibility for managing complaints and it was unclear how prisoners could formally raise issues. A complaints' procedure was initiated and subsequently revised. The current process begins with prisoners being asked to raise 'concerns'. The CQC considered it inappropriate to identify complaints as concerns.

Given that many prisoners are at Thameside for less than six weeks, the PPG time frame for responding to complaints means that many are unlikely to receive a response before they leave.

The IMB conducted a healthcare survey in March 2024 ([click here to see the survey questionnaire](#)) to further explore identified healthcare issues, with 229 prisoner responses. Key findings, along with supplementary information gleaned from prisoners and staff, are below:

- Delays in getting appointments: 39% of respondents reported having waited less than two weeks, but 24% reported having waited over six weeks. Difficulty getting urgent appointments is a common complaint.
- Medication:
  - 46% of respondents reported waiting for five or more days before receiving medication they had been prescribed before detention.
  - 45% of respondents reported that medication was not always available at the medicines hatch, and of these, 31% reported that it had been unavailable on seven or more occasions in the past eight weeks. Prisoners report that the reasons for medication being unavailable are often not explained. One reason identified by staff is that when a prisoner moves location over the weekend and their medication is not a stock item, the medication remains on the previous wing and is not transferred with them. This may result in doses being missed.
- Contacting healthcare using CMS: 64% of prisoners who had tried reported either not receiving a response or did not think the response addressed their query. At the time of writing (August 2024), the Board was told that only one member of PPG has CMS access. It is unclear why this had not been escalated.
- Complaints to healthcare: only 27% of prisoners who reported that they had made a complaint had received a response.
- Overall experience:
  - 55% of respondents reported that they were always or usually treated with respect and courtesy; 22% indicated that this was never or hardly ever the case.
  - 41% of respondents reported that they were satisfied with the healthcare provision, but 21% were very dissatisfied.

PPG has appointed a patient engagement lead, whose role is to address concerns or complaints about service delivery. In January 2024, a monthly patient engagement meeting was initiated, with the aim of enabling prisoners to shape healthcare in the prison. The meetings are intended to bring together staff from across the prison (Serco and partner agencies) to identify unmet health needs and make recommendations to inform future priorities. Unfortunately, the meetings have not consistently taken place. It is unclear what progress has been achieved to date.

Alongside these initiatives, the patient engagement lead has sought to establish prisoner healthcare champion roles. One aspect of their role is dissemination of health promotion material (e.g. on obesity, bowel cancer, prostate cancer). Another is to support fellow prisoners in navigating the healthcare system in order to have their needs met. It has proved challenging to retain prisoners in the role.

## **6.2 Physical healthcare**

### **6.2.1 Outpatient clinics**

A wide range of healthcare services/clinics are available, including: primary care/GP, dentistry, dietetics, physiotherapy, sexual health, chiropody, optician, smoking cessation, vaccination, wound care, minor ailments, long-term conditions, psychology, mental health and substance misuse.

The outpatient waiting area is too small for the number of prisoners attending, with prisoners often needing to stand due to the lack of space for sufficient seating. Some leaflets and posters providing information about health issues, as well as healthcare complaints forms, are available. Prisoners often express concerns about the lengthy waits from when they request an appointment to when they are seen (see 6.1.4).

### **6.2.2 Inpatient unit (IPU)**

Some prisoners with more complex physical health problems require admission to the IPU. Typically, two of the 18 cells are occupied by such prisoners and they tend to have long stays on the unit. Terminally ill prisoners may also be placed in IPU. However, the Board does not consider the IPU a suitable location for end-of-life care.

## **6.3 Mental healthcare**

Mental healthcare is provided by a range of personnel, including: psychiatrists, nurses, psychologists and healthcare assistants. Initial referrals are considered at a weekly meeting. Typically, over 80 prisoners are referred each week. Each is briefly discussed, and an initial plan developed.

The mental health in-reach and primary care mental health teams assess, monitor and support prisoners on the wings. The former works with people with severe mental health problems (e.g. schizophrenia, bipolar disorder), the latter with prisoners who have mild-to-moderate mental health problems (e.g. anxiety, depression).

Prisoners with the most severe mental illness are transferred to the IPU. Typically, they occupy 16 of the 18 cells. Prison officers and healthcare staff have shared responsibility for the regimen, with the prison staff providing a consistent presence and healthcare staff attending to provide specific interventions. For a significant part of the reporting year, there were no permanent nursing staff on the unit and for part of the year the nurse manager role was also vacant.

Prisoners with mental health problems commonly spend many weeks in the IPU. A waiting list for places is often required. During the reporting year, there have been up to seven prisoners on this list, although typically it will be three. Prisoners on the list may present a risk to themselves or others and have to be managed on the wings or in the CSU until a place is available. We understand that the prison in-reach team aims to see these prisoners daily while they are still on the wings.

It is common for prisoners to refuse medication and without the legal framework to forcibly treat them, their mental health tends to deteriorate. The disturbed state of the prisoners then makes it difficult or impossible for them to spend time out of their cells or engage in other meaningful activities. They, therefore, often spend 23-24 hours a day in their cells. The physical state of the cells is poor, a contributory factor possibly

being damage caused by the disturbed behaviour of the prisoners. Nevertheless, such a poor environment can only be detrimental to prisoners' mental wellbeing. At the time of writing (August 2024), the cells are being painted. We understand that there is also a plan to re-configure the communal area. This is welcome.

For prisoners able to safely spend time out of their cells, access to structured activities is limited. There is an exercise yard, snooker table and some board games. Prison officers and the IPU orderlies do their best to engage prisoners in activities. In the past, an occupational therapist provided daily input. However, this post has remained unfilled for the whole of the reporting year. Over recent months, an occupational therapist from HMP Belmarsh has provided one hour of input on two afternoons each week. Such limited input is inadequate to meet prisoners' needs. The IMB is concerned that there are not more structured interventions and activities available.

From the Board's observations, the prison officers do their best to work in a constructive and supportive way with the mental health prisoners. But it is a challenging role for staff who do not have any mental health training.

Many prisoners spend long periods waiting for transfer to a secure mental health setting. This ongoing problem has been identified in previous Thameside IMB annual reports, as well as nationally, and recently by HM Chief Inspector of Prisons (2024) in his thematic review of the delays in transfer of mentally unwell prisoners.

Over the reporting year, 36 patients were transferred to secure mental health hospitals but only four (11%) within the 28 day guideline<sup>2</sup>. This is a significant decrease from last year, when 35% were transferred within 28 days. In 12 of the remaining 32 cases (covering the period July 2023 to November 2023), no data were made available to indicate whether the delays occurred in the first 14-day period, the second 14-day period, or in both. NHS England informed the IMB that by the end of the reporting year, PPG had not reported these data to them.

Where data were available, in 12 cases delays occurred in the second 14-day period and in seven cases delays occurred in both periods.

For cases exceeding the 28-day guideline, the shortest transfer time was 33 days and the longest 211 days (30 weeks). Both are an increase in comparison with last year, when the shortest transfer time was eight days and the longest 176 (just over 25 weeks).

The Board recognises that these delays are not the responsibility of the prison or the healthcare provider. However, in the Board's view, prolonged detention in a prison rather than treatment in a mental health facility is inhumane and could be considered 'ill treatment', according to the National Preventive Mechanism definition of ill treatment, thus violating the UK's OPCAT agreement.

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<sup>2</sup> The NHS guidelines stipulate that mental health transfers should take no longer than 28 days – 14 days between referral and assessment and a further 14 days between assessment and transfer.

### **6.3.2 Psychological Interventions**

The PPG psychology team provides psychological interventions for prisoners with mental health issues. The team offers a range of individual and group sessions and the work ranges from low to high intensity.

Psychology team members provide input to meetings such as SIM and GOoD reviews and work collaboratively with staff in other teams involved in care and treatment plans for the same prisoner (e.g. TP, neurodiversity support manager). Prisoners speak positively about the benefits of the psychological interventions they have received.

The Serco forensic psychology service focuses on offending-related issues rather than assessment and treatment of mental/psychological health. However, health-related issues may be a factor they consider in their work, such as, for example, the preparation of risk assessments for parole reports; developing plans for prisoners with CSIPs and ACCTs; and provision of some bespoke interventions.

### **6.3.3 Neurodiversity**

Neurodiversity often goes undiagnosed and societal bias towards different ways of thinking persists. It is estimated that more than half the prison population has neurodiverse needs, so screening for neurodiversity is crucial to ensure that the specific needs of prisoners are identified and support provided at the earliest opportunity. Some progress has been made in this respect during the reporting year, although the prison accepts that this area requires ongoing focus and improvement.

The neurodiversity support manager at Thameside is proactive in raising awareness of, and developing initiatives to meet the needs of, neurodiverse prisoners. As well as providing input to meetings where prisoners with neurodiverse needs are likely to be discussed, such as, for example, SIM, GOoD reviews and SMARG, they work with individual prisoners. As their capacity is limited, they mainly focus on prisoners in the CSU, due to the disproportionately high number with neurodiverse needs in the unit.

They also provide input on the prison officers' initial training programme and offers advice and information to support staff working with specific prisoners. Staff from across the prison have taken on 'neurodiversity champion' roles and there is a plan to develop prisoner neurodiversity champions. In the meantime, work has been undertaken with Shannon Trust mentors and CMS representatives so that they can more effectively support fellow prisoners with neurodiverse needs.

The Board commends the work carried out by the neurodiversity support manager and would like the prison to consider how the work can be further supported and extended.

## **6.4 Social care**

The Royal Borough of Greenwich (RBG), along with Eleanor Care, continues to provide excellent social care services in the prison, in the Board's view. Both organisations attend the weekly SIM meeting and also the fortnightly social care partnership meeting to discuss individuals of concern. At the end of the reporting year, there were seven trained care and support orderlies and 33 prisoners who required social care. RBG reports that although they are well supported in the prison

by the D&E team, they expressed concerns that social care needs are not being identified during the first night or second day screening that all prisoners have. At the time of writing (August 2024), out of 27 referrals, only six had come from healthcare, whereas 12 had been self-referrals and five had come from prison staff. As in previous years, the IMB has not received any applications from prisoners regarding their social care.

At the end of the reporting year, there were 33 prisoners with personal emergency evacuation plan (PEEP) monitoring. They are mainly housed on ground floors.

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

### **6.5.1 Time out of cell**

Thameside prisoners generally have more time out of their cells than those in prisons in the public sector, due to the contract between Serco and HMPPS. Prisoners who work off wing or regularly attend either gym or education can spend most of their day unlocked. Prisoners who have on-wing work, such as cleaners, serverly workers and complaints, applications and decency (CAD) reps also enjoy increased time out of their cells. Subject to staffing, other prisoners on the wings have the opportunity to play a variety of board games or pool during their unlocked periods. The IMB has not received any complaints regarding time out of cell, apart from some in the EDC, where there is a more restricted regime.

### **6.5.2 Gym**

The gym is popular with prisoners. In addition to regular gym sessions and outdoor pursuits such as football that prisoners can book, sessions for specific groups are available, e.g. prisoners over 45, prisoners on the IDTS wing, young offenders/adults, remedial gym and enhanced gym. The latter takes place from 7-8.15am so that enhanced prisoners who work can attend prior to their work commitments. The Board continues to be concerned about gym access for prisoners who work full-time but do not have enhanced status. To attend the gym, they have to request unpaid time off. However, if the gym session is then cancelled due to cross-deployment of staff, prisoners not only miss their gym session but also lose a day's pay. The Board believes this is unfair and for the last two years has urged the prison to reconsider this arrangement.

Alongside the core gym/exercise programmes, additional initiatives have been set up. For example, a twinning project with Charlton Athletic Football Club enables prisoners to gain a Level 1 coaching certificate. It is reported that, as well as providing the opportunity for gaining a qualification, participating in the course enhances prisoner self-esteem and confidence. More informally, a Euros tournament, linked to the European football championship, was held.

Due to staff shortages elsewhere in the prison, gym staff may be redeployed, resulting in some sessions being cancelled. Staff report that this doesn't happen as often as it used to and rarely during the week but recently has occurred in about three out of four weekends. This is a concern for the Board, as there are fewer off-wing activities available to prisoners over a weekend.

To facilitate work on the decency programme, for several months the gym has been used to house prisoners during the day. This has resulted in modifications to the gym programme and reduced the availability of some sessions. The gym staff have taken



the opportunity to introduce prisoners who may not usually choose to exercise to try it and have offered gym inductions.

## **6.6 Drugs and alcohol rehabilitation**

Drug and alcohol interventions are provided by PPG and Turning Point (TP); the former managing clinical interventions and the latter psychosocial interventions.

### **6.6.1 Clinical interventions**

Following initial assessment in reception, prisoners with substance misuse issues spend up to 10 days on the integrated drug treatment services (IDTS) unit. The large numbers of prisoners with complex needs on IDTS make it a busy and challenging environment, particularly if staffing numbers are low or there is a lack of consistency in staffing, as there has been for much of the reporting year.

A regimen to regularly monitor prisoners for signs of intoxication or withdrawal to maintain safety and guide medication dosing (opiate substitute treatment/OST or medication to facilitate alcohol detoxification) is in place during prisoners' initial days on the unit, with more formal reviews scheduled over subsequent weeks. On occasion, staff shortages have resulted in delays in assessments being conducted.

Reducing the risk of medication diversion is challenging. Both PPG staff administering medication and prison officers have a role to play in the close monitoring of prisoners following medication administration. On IDTS, historically a small number of prisoners at a time were unlocked to enable them to get their medication from the medicines hatch, which opens directly onto the wing. Following a change to the regimen, permitting prisoners more time out of their cells, concerns have been raised about an increased risk of diversion and medication administration errors due to the number of men crowding around the hatch, given their sometimes disruptive and noisy behaviour.

Steps have been taken that partially remedy the situation by positioning screens in front of the hatch to regulate the flow of prisoners. An officer is also located next to the hatch to help facilitate the smooth running of medication administration and to observe for diversion.

Medication administration hatches are located in both houseblocks and present similar challenges. The physical space in these areas is small, making it difficult for robust observation to take place. PPG staff have raised concerns about prison officers not being consistently present and not having a full understanding of their monitoring role. However, as well as playing a part in monitoring prisoners, officers also unlock prisoners and escort them from the wings to the medicines hatches, and back. This dual role may explain the challenges in meeting both effectively.

One wing for sentenced prisoners is designated an incentivised substance free living regime; all prisoners have enhanced status on the incentives scheme. They are drug tested every two weeks.

Given the very high prevalence of co-existing substance misuse and mental health problems ('dual diagnosis'), it is disappointing that, whereas the previous healthcare provider had some focus on this area, this does not appear to be the case with PPG.

During the early part of the year, a consultant psychiatrist with a specific role on IDTS provided some clinical discussion forums for nursing staff working on this wing.

They have left and the non-medical prescriber does not have the capacity to run such sessions. Given the very challenging nature of the prisoners and significant risks associated with suboptimal management of prisoners who have substance misuse problems, the lack of robust training and supervision for staff working on this unit is a concern. The IMB is also of the view that prison officers working on IDTS would benefit from training on substance misuse to better equip them for working with this challenging group.

Towards the end of the reporting year, Nyoxoid (naloxone nasal spray) has been made available in the prison as an emergency intervention for suspected opioid overdose. Designated prison officers have been trained in its use. Given the risk of drug related deaths in prisons, this is very welcome.

### **6.6.2 Psychosocial Interventions**

Engagement with the provision offered by Turning Point (TP) is voluntary. A TP worker sees new prisoners on IDTS on their second day. TP peer mentors play a key role in helping make prisoners across the prison aware of the TP provision available and encouraging them to sign up. At any time, there will be up to 14 prisoners taking on the mentor role. A challenge for TP is sustaining this provision, given the high turnover of prisoners.

Roughly a third of the prison population is on TP's caseload at any time. It offers individual work, in-cell work packs (e.g. on harm reduction, relapse prevention), and a variety of groups and workshops, including support, change and supporting recovery (SCAR), a generic 30-hour course run over two weeks; as well as substance specific provision for alcohol, cannabis and spice, and training on the use of take-home naloxone). External organisations also provide sessions, including: Alcoholics Anonymous, Cocaine Anonymous and the Hepatitis C Trust.

TP staff work collaboratively with other teams in the prison to promote a consistent and comprehensive approach to the care/treatment of prisoners with substance misuse problems. They also liaise with community substance misuse services, both when a prisoner has initially been detained, and as part of release preparations with a view to promoting ongoing engagement with specialist substance misuse provision.

The IMB has observed prisoners in the group programme speaking openly about their substance misuse and the impact it has had on their lives and those of others. Having completed the SCAR programme, one described feeling 'inspired and optimistic'. More generally, prisoners speak positively about TP provision and the way in which it encourages them to think about, and potentially make changes to reduce or stop, their substance misuse.

## **7. Progression and resettlement**

HMP Thameside has been a reception and resettlement prison since September 2020. The sentenced prisoners classed as category C near the end of their sentence make up only between a quarter and a third of the prison's population. It is these prisoners to whom most of the progression and resettlement services are aimed.

Much of the resettlement work is done by relatively small teams (such as, for example, probation, St Mungo's; Families First; the gangs team; and the employment hub). When there are recruitment issues or staff absences (as has commonly been the case in the reporting year), these tend to have a significant impact on the resettlement provision. The impact of recruitment issues can also be seen in the larger teams (such as Novus, for example). It is striking to the IMB that Catch 22 appeared to suffer the least from absences and received distinctly positive feedback from prisoners.

During the reporting year, there have been a number of late and incorrect releases. The majority have been due to the prison not receiving the correct paperwork from the courts, but some have also been due to miscalculations on the part of the prison. The Board understands that steps have been taken to rectify this by increasing staffing numbers and training.

As in previous years, the IMB conducted a resettlement survey ([click here to see the survey questionnaire](#)) on the in-cell computer management system (CMS).

Sentenced prisoners who were scheduled for release in the next three months were invited to provide feedback on the following issues:

- education
- training
- accommodation
- finance, benefits and debt support
- work

Where appropriate, reference is made to the results below.

### **7.1 Education, library**

#### **7.1.1 Education**

The education department comprises a dedicated building with space for up to 80 learners per session when all rooms are in use. Beyond the education block there are a further six classrooms in the main residential houseblock, an industrial cleaning workshop, and a staff bistro where catering and hospitality courses are run.

The education provider, Novus, delivers the Prisoner Education Framework contract. Novus reviews Thameside's curriculum annually, in consultation with the HMPPS Controller Team, and colleagues from wider HMPPS/Novus regional teams. Since last year, this consultation has also included an in-house learning and skills manager (L&SM), a Serco role that had been vacant for more than a year at the time of appointment.

Various changes have been made under the new L&SM following some dedicated prisoner forums, including a rebrand of the education department, which is now called the Skills Academy. They also include classroom layout; an increase to local

prisoner pay (i.e. closer to the amount for paid work in the prison); changes to 'sequencing policy' to try to ensure that previous courses taken by prisoners are factored in to scheduling further courses; the introduction of education orderlies; instigation of Thameside Skills Academy Pathways folders on wings; and a sensory room. These changes are aimed at encouraging prisoners to attend the skills academy. Whilst high levels of attendance have not yet been achieved (see below), the IMB is supportive of all efforts to encourage prisoners to engage with education.

At present, the curriculum delivered by Novus includes a range of courses such as English, Maths, ESOL (English for speakers of other languages), art, ICT (information and communication technology), multimedia, SFEDI (small firms enterprise development initiative)/business, catering and hospitality, retail skills, customer service, peer mentoring, and industrial cleaning. The curriculum has been adapted to include more short courses to support the high turnover of prisoners at Thameside.

As in the previous three years, recruitment issues have impacted education provision. At one point towards the end of 2023, we were informed that Novus had 11 tutor vacancies, but this had fallen to three by the end of the year.

Data provided by Novus for the reporting period show that from a total of 3,921 course starts (from a total of 1,585 unique learners), 3,512 were completed. This reflects a 'completion rate' (i.e. the course was completed) of 90%, with an 'achieved rate' (i.e. the course was passed) of 84%.

Whilst the above figures reflect a high success rate for course completion, it is disappointing that overall attendance remained low, at between 44% and 66%. However, there was a slight upward trend over the reporting year (see graph 5) and the Board understands that Thameside's attendance levels were slightly above the regional average.

Beyond the prison's own figures, the IMB has observed relatively low levels of attendance (below 50%) in the education block, although some improvements in numbers have been seen over the reporting year. Moreover, 67% of respondents to the IMB resettlement survey (i.e. sentenced prisoners only, generally more supported/able to make something productive of their sentence) had not attended any educational courses during their time in Thameside. Although down from last year's 71%, this is still disappointingly high and represents a missed opportunity to provide education to prisoners, especially as 87% of respondents who had attended education classes stated that the course was either very or quite helpful. Like last year, English and Maths were the most attended courses.

On a positive note, the Board is pleased to report the return of the Shannon Trust to Thameside. Since July 2023, there has been a Shannon Trust facilitator working three days a week at Thameside. They are assisted by two dedicated volunteers. The aim of the Shannon Trust is to support prisoners to learn to read. In April 2024, there were 23 Shannon Trust mentors (prisoners trained to teach/support other prisoners to read) and 27 active learners at Thameside. There were 106 sessions between learners/mentors recorded in March 2024 (a high point, with previous figures typically around 50). In addition to the traditional literacy focus, numeracy has been introduced. There are two sessions held each month for prisoners, run by the facilitator and the volunteers. The first is to train new mentors. The second is to catch up with existing mentors and deal with any matters arising, sometimes including

additional training. Learners receive certificates and a £2 bonus for completing each manual. In addition, successful learners get access to the monthly 'celebration visit' in the visitors' centre.

### **7.1.2 Library**

Thameside has a library in the main education block. The regular library provision comprises 75-minute general library sessions offered throughout the week for up to 12 prisoners at a time. Over the reporting year, prisoners have become able to self-schedule library sessions using the CMS.

Beyond the regular library sessions, a diverse and enriching programme of other activities has continued. The library maintains a regular book group via the charity Prisoner Reading Groups and National Literacy Trust's Books Unlocked scheme, offering a monthly remote book club to complement face-to-face sessions. Other regular activities consist of monthly chess workshops (hosted by the charity, Chess in School and Communities); weekly film-club (generally followed by an hour-long in-person discussion with an actor or creative person involved in the piece); reading challenges (with incentives for completers); writing courses; and monthly legal advice sessions provided by the Prisoners' Advice Service, to name a few.

The library holds monthly guest speaker events, with an impressive array of presenters and collaborates with other departments in the prison, such as Families First, and Skills Academy, to develop ways in which reading can be taught and encouraged in all aspects of the curriculum and throughout prison life. The IMB is also aware that the library regularly surveys prisoners for feedback.

In the Board's view, the programme of activities on offer is both impressive and diverse and reflects the continued hard work of the dedicated librarian and his staff.

## **7.2 Vocational training, work**

### **7.2.1 Job opportunities across the prison**

Comparing May 2023 and May 2024, there were a similar number of overall job opportunities. The same proportion (a mixture of part-time and full-time) filled was 75%. The proportion of jobs held by remand prisoners remained at 46%. A total of 51% of the available posts are full-time.

### **7.2.2 Vocational training**

The reporting year saw the introduction of some new one-day courses, coordinated by the learning and skills manager. These included an acting and playwriting course (prisoners produce their own plays supported by trained actors; another is planned); a railway construction course; and a painting/decorating course. A barista course was, unfortunately, cancelled but other avenues are being explored. A bricklaying, tiling and multi-trade course is awaiting approval.

A total of 68% of respondents to the IMB survey stated that they had not attended any training courses whilst at Thameside. This was lower than the previous year's figure of 81%. Of those who had, food safety and health and peer mentoring were the most attended. Of those who had attended training courses, 86% stated that the course was either very helpful or quite helpful. When prompted for comments about the training opportunities at Thameside, several prisoners requested a wider range

of courses, and some said they had not had replies following attempts to enrol on CMS.

### **7.2.3 Purposeful activity**

A snapshot of purposeful activity on a single morning found a mixed picture. Attendance at education was low; a greater number were involved in a gym session. There was a spread of men involved in paid work and attending legal visits. A small proportion were off the wing at healthcare appointments. It was reassuring to see that, of those men remaining on the wings, the majority had a formal role, such as a servery worker, foreign national prisoner rep, or wing laundry worker.

## **7.3 Offender management, progression**

The contract for the offender management unit (OMU) at Thameside continues to be filled by Catch 22. Its role is to support the custodial sentences of prisoners at Thameside. In other words, the OMU is not contracted to offer case management support to unconvicted men (i.e. those on remand, which is about 75% of Thameside's population). However, Catch 22 does run a remand prisoner advice service involving answering questions submitted via CMS; making applications for community accommodation service tier 2 (CAS2); and answering general queries about remand prisoners from prison staff.

The thrust of Catch 22's role at Thameside is to meet, assess/plan, and support a prisoner's journey through custody, and occasionally into the community. Those functions are measured through key performance indicators (KPIs): for example, 90% of basic custody screenings to be completed within 72 hours; 100% of MAPPA F forms to be completed within two weeks; and 100% of sentence plans to be completed in line with HMPPS guidelines. The Board is aware that Catch 22 generally fulfils the KPIs to notably high levels: between 98 and 99% for all three KPIs across the reporting year.

These requirements are met by a team of prisoner offender managers (POMs). Once a prisoner has undergone a basic screening (usually in the first 72 hours), they will be allocated a POM. That POM will complete a prisoner's sentence (OASys) plan and provide follow-on case management. Case management can be wide ranging, involving work on 'recall packs', supporting prisoners through parole proceedings, facilitating bail applications, attending multi-agency meetings, and handing over to community offender managers. At a spot check in May 2024, Catch 22 had a complement of 13 POMs, down from a full complement of 15.

Prisoner feedback for Catch 22 from November/December 2023 shows strong levels of appreciation for the support it provided:

- 80% agreed that the support they had from their POM had a positive impact.
- 80% strongly felt that their POM helped address their support needs and factors that may contribute to future offending.
- 66% strongly felt that they had regular structured interventions with their POM.
- 93% strongly felt that the purpose of the basic custody screening was explained to them clearly and that they were informed of the actions from the assessment.

The Board has received few complaints about the service and any that have been received have been resolved quickly by Catch 22 staff.

Thameside held one category D prisoner at the time of writing the report, who had been recalled (so would shortly be due recategorisation). The lack of category D prisoners reflects a concerted effort by Catch 22 to transfer such prisoners to more suitable establishments.

There remains a small number of life sentenced and indeterminate sentenced prisoners, for whom the prison has never had appropriate facilities. All such prisoners are either awaiting a parole hearing and/or have been remanded for further offences. Eleven such prisoners were present in Thameside during the reporting year, none of whom had resided at Thameside for over four months.

Within the Catch 22 team, the prison has an effective gangs team of two (see 4.3). The team also includes a restorative practice lead who facilitates conflict resolution and mediation, as well as supporting the prison in the resolution of violent incidents. They work with prisoners who are involved in violence, as well as delivering staff training and awareness sessions. They are working with prison managers to recruit, train and support prisoners to be restorative practice champions, who will help to defuse potential tensions on the wings and improve prisoner/officer relationships. The Board welcomes this initiative.

#### **7.4 Family contact**

Prisoners often complain to the IMB that it can take a long time for their PIN numbers to get approved, an issue also raised regularly in the prisoner information and communication (PIAC) meetings. PIN numbers cannot be approved unless the phone numbers submitted by the prisoners have been verified by security and staff are detailed to carry out this task during office hours in the working week. The verification is invariably delayed due to the family member/friend being unavailable when the prison calls. There are many reasons why this might be the case, but two possibilities spring to mind: the person being called is unavailable (they are unable to use their phone in their workplace or they work nights) or family members are unaware of the need to be available to answer their phone. The Board would like the prison to consider how this process might be speeded up.

Families First (FF) is a small team that works to facilitate contact between prisoners and their families. There is a family room in the visits' hall which, though relatively small, is used to facilitate baby bonding sessions (weekly sessions for babies up to the age of one year). The team has struggled in the past with limited space to facilitate group work (e.g. parenting courses), but the Board understands that the FF team has secured an additional room in the visits' hall, which will be renovated.

Last year, it was disappointing to note that the prison had been slow to reintroduce many of the family activities cancelled during the pandemic. This year, more positively, a new resettlement and families manager started in November 2023, joining the other two staff members in the FF team. Although the volume and quality of family related work appears to be improving, staffing challenges have continued. Both existing members of the team resigned from their roles towards the end of the reporting year. New appointments have been made, but due to vetting processes, the team is not fully staffed at the time of writing (August 2024). The consequence is that the FF team can only deliver core sessions. Once fully staffed, the team should be better able to introduce new sessions.

The core sessions of the FF team comprise:

- Baby bonding sessions (roughly 60 completed in the reporting year);
- Family days (these happen roughly quarterly, with three taking place in the reporting year);
- Neurodiverse visits (monthly sessions for prisoners who have neurodiverse needs or their loved ones who are neurodiverse (five sessions completed over the reporting year);
- Penfriends (an external scheme facilitated by the team with the aim of building social support and connections with prisoners who may not be in contact with any loved ones: five prisoner penfriends referrals were recorded in 2024, records not previously kept);
- Storybook Dads (prisoners record themselves reading a story, which is sent to their children as a DVD along with a copy of the chosen book);
- There are also monthly chess club sessions, with the option of prisoners' children joining to play. This has not yet been taken up by any prisoners, possibly due to chess not being age appropriate for many prisoners' children.

Once the team is back to a full complement, it is planning activities beyond the core sessions, including delivery of an in-house parenting course (i.e. by members of the FF team) and a dads' discussion group.

## **7.5 Resettlement planning**

Whilst there has been some good resettlement work, the Board thinks the prison remains too focused on induction, to the detriment of resettlement planning. There are a number of departments and agencies involved in this area, many being contracted directly by the Ministry of Justice and not the prison itself. This can sometimes result in a lack of strategic oversight and accountability. Further, the short-term funding of many projects makes planning and service delivery challenging. There also continues to be a staff recruitment issue, further hampering delivery.

As with other areas under the progression and resettlement heading, the in-custody probation service has suffered from staffing issues. The prison should have two probation officers but has operated with one since January 2024. This has resulted in an unsurmountable case load and a consequent focus on priority work (e.g. assessing prisoners with upcoming parole hearings). Although a second probation officer is being recruited centrally, via HMPPS, one is not expected to be in post before the end of 2024 (it is understood to be because other vacancies in community probation are being prioritised). The pre-release team manager also departed at the end of the reporting year, with the role coming under management of the senior probation officer.

### **7.5.1 Housing**

As reported in previous years, accommodation support at Thameside is limited to sentenced prisoners, meaning that there is a lack of support for remand prisoners, who make up the majority of the Thameside population. Previously, St Mungo's was contracted to provide a remand housing advice worker. However, that limited provision was not renewed towards the end of the last reporting year, which has



resulted in a real loss of support for remand prisoners. Whilst the IMB understands the difficulties of working with remand prisoners (it is typically unclear if/when they will be released), many on remand struggle to sustain tenancies/existing accommodation, often leading to a wider (and negative) impact on their lives because of being in custody (but not convicted). The Board is informed that an upcoming change to the St Mungo's contract will add an element of 'advice and signposting' to benefit remand prisoners, although it is currently unclear precisely what form that advice and signposting will take.

The accommodation support provided to sentenced prisoners continues to be provided by St Mungo's. There are two dedicated housing advice workers (HAWks), known to have a busy workload, although the Board has not had capacity to undertake focused monitoring in this respect. The HAWks manage the process of supporting sentenced prisoners, from initial assessment through to return to the community. Beyond St Mungo's, Thameside has the benefit of a strategic housing specialist, provided by HMPPS. The role of the strategic housing specialist is to coordinate between relevant stakeholders (Thameside's SMT; St Mungo's; OMU; probation; and local authorities) to help to deliver a coordinated outcome.

The Board remains concerned about the percentage of prisoners leaving without adequate accommodation. According to data provided by the prison, the average proportion of sentenced prisoners housed on the first night of release in the reporting year was 73%. This is an improvement from last year (67%) but still leaves far too many men homeless. It should be noted that the 'homeless' category extends beyond rough sleeping/staying in non-housing locations, to include people staying in hostels; sofa surfing; and recalls and gate arrest, where the person is held in custody overnight before returning to prison.

In contrast, it is concerning that only 14% of respondents to our survey said they had spoken to resettlement staff about accommodation on release. A total of 59% of respondents had no accommodation arranged on release. Of those, 95% did want accommodation to be arranged on release.

### **7.5.2 Identity (ID) and banking**

In what was generally noted to be a positive move, the prison developed a dedicated ID and banking administrator role in early 2023. However, the post was vacant from November 2023 to July 2024. Consequently, the important work of helping prisoners due for release to obtain proof of identity (birth or adoption certificates and driving licences) and open bank accounts, was not happening. Temporary provision was in place with temporary identification for housing and universal credit facilitated via the employment hub team.

According to prison data, the number of bank accounts opened during the reporting year was 126 (similar to last year's figure of 122) and the number of birth certificates ordered for prisoners was 74 (much reduced from last year's figure of 195).

Only 12% of respondents to our survey said they had discussed finance, benefits and debt support with staff. Of the small number who had, 81% found it either very or quite helpful.

### 7.5.3 Employment

Similarly to the staffing issue with ID and banking, the first appointed prison employment lead (PEL) left and was replaced in February 2024, with a period of several months when the post was vacant.

The new PEL coordinated a range of sessions from February to the end of June 2024. These included sessions with the Venn Group (a construction-focused recruitment company); Programme One (an agency that focuses on the under representation of black talent within the recruitment sector); and Diversita (a neurodivergent recruitment agency). There were also sessions from widely recognised organisations such as HMRC (session on self-employment and necessary registrations to set up businesses); the Salvation Army (delivered a disclosure workshop); and Iceland (an employer-focused event, with some prisoners recruited for roles as delivery drivers/retail assistants).

The Board understands that some of the prospective employment-related sessions face issues with funding/process approvals. Providers of security training courses, railway construction, HGV, and a three-day self-employment pilot are in the pipeline. Where funding issues exists, we understand that the potential for using PIAC funding is being explored. The prison will host its first job fair in September.

Our survey responses showed that 71% of respondents had no work arranged on release. Of those who have no work arranged, only 26% stated that they had some contacts or an interview arranged.

## 8. The work of the IMB

### Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	6
Of whom members in induction period	2
Number of Board members at the end of the reporting period	7
Of whom members in induction period	1
Total number of visits to the establishment	275

### Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	12	22
B	Discipline, including adjudications, incentives scheme, sanctions	7	3
C	Equality	4	3
D	Purposeful activity, including education, work, training, time out of cell	25	22
E1	Letters, visits, telephones, public protection, restrictions	29	15
E2	Finance, including pay, private monies, spends	9	8
F	Food and kitchens	3	3
G	Health, including physical, mental, social care	75	72
H1	Property within the establishment	46	37
H2	Property during transfer or in another facility	22	9
H3	Canteen, facility list, catalogues	9	15
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, re-categorisation	17	33
J	Staff/prisoner concerns, including bullying	91	37
K	Transfers	1	9
L	Miscellaneous	20	10
	Total number of applications	<b>370</b>	<b>298</b>

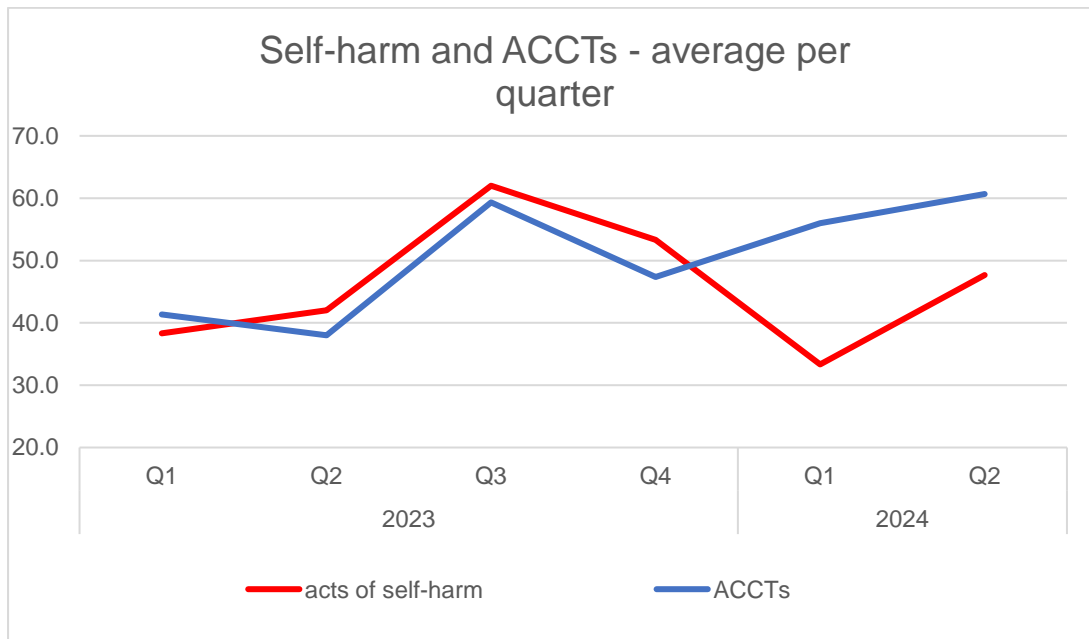
## **Annex A**

### **Service providers**

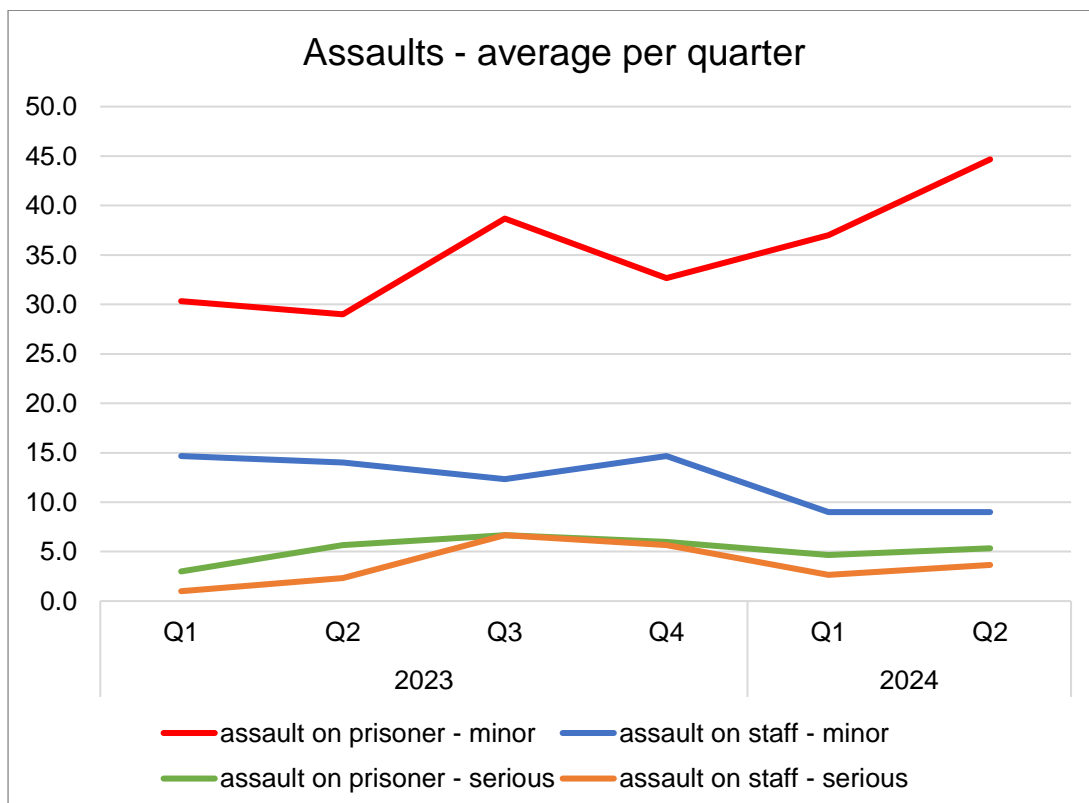
- Healthcare: Practice Plus Group (PPG)
- Offender management: Catch 22.
- Substance misuse: Turning Point (TP).
- Education: Novus.
- Careers advice: provision is contracted to Forward Trust which, in turn, subcontracts to IAG.
- Job Centre Plus: offers job and benefits support.
- Resettlement services: provided by The Probation Service and St Mungo's, which specialises in accommodation services.

## Annex B

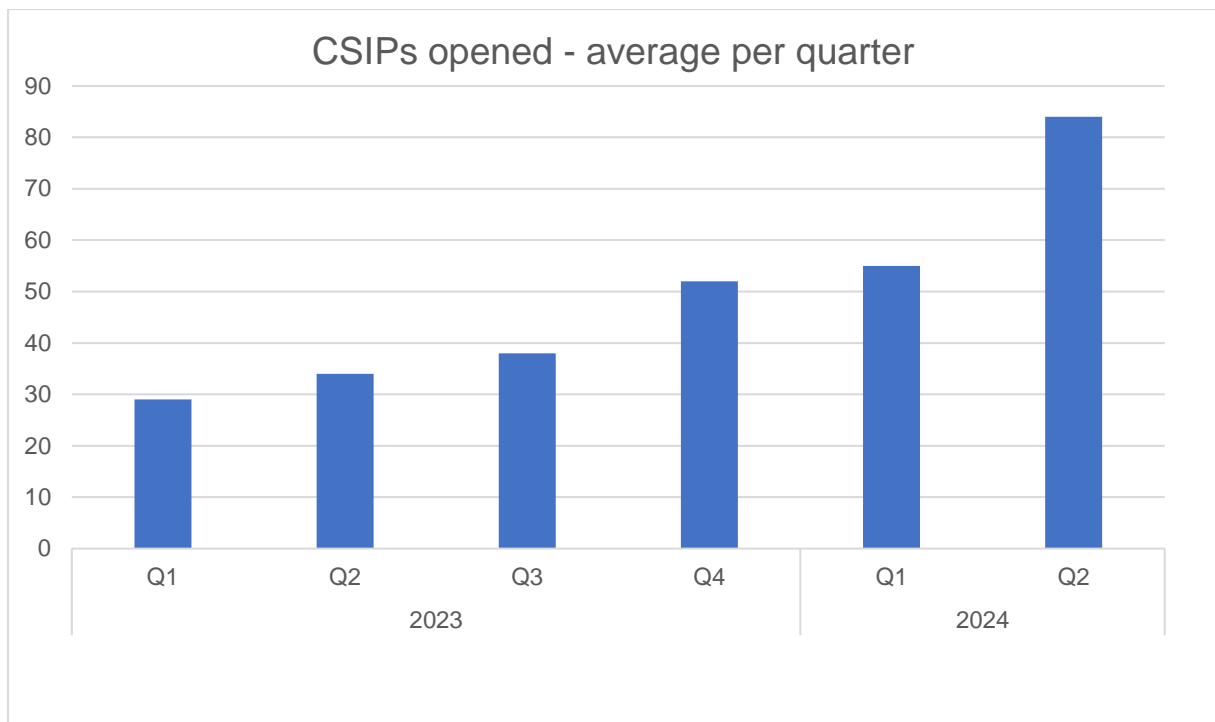
Graph 1



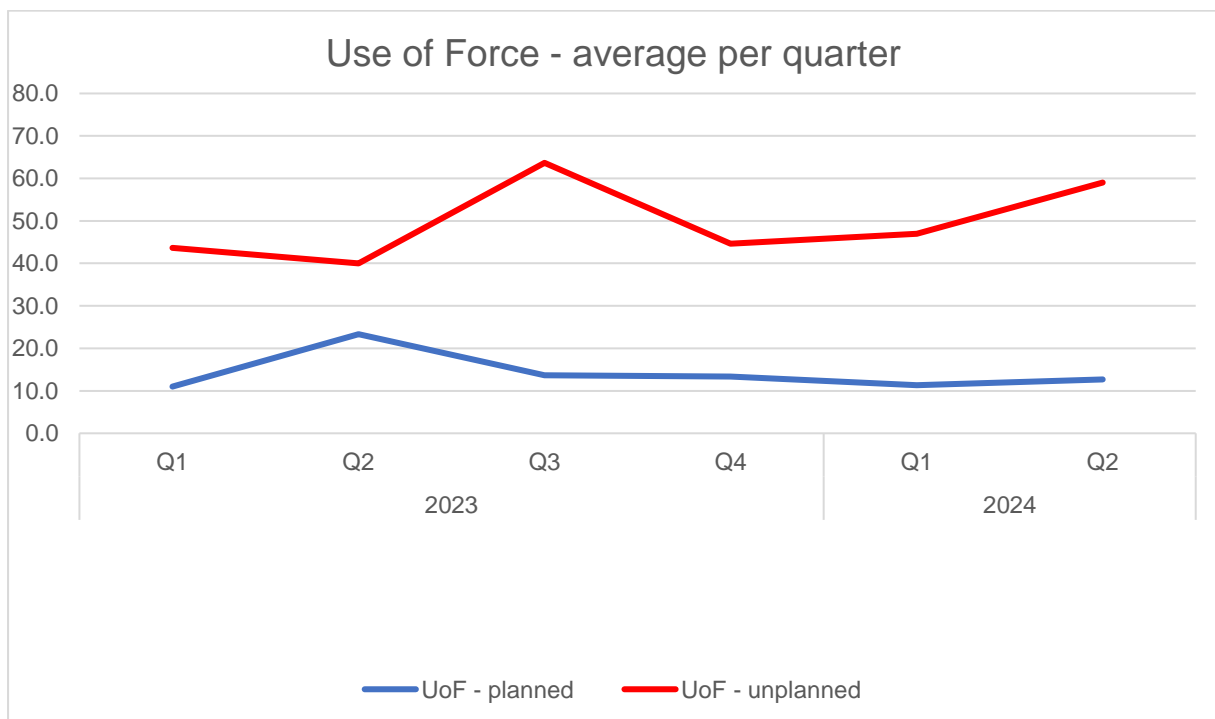
Graph 2



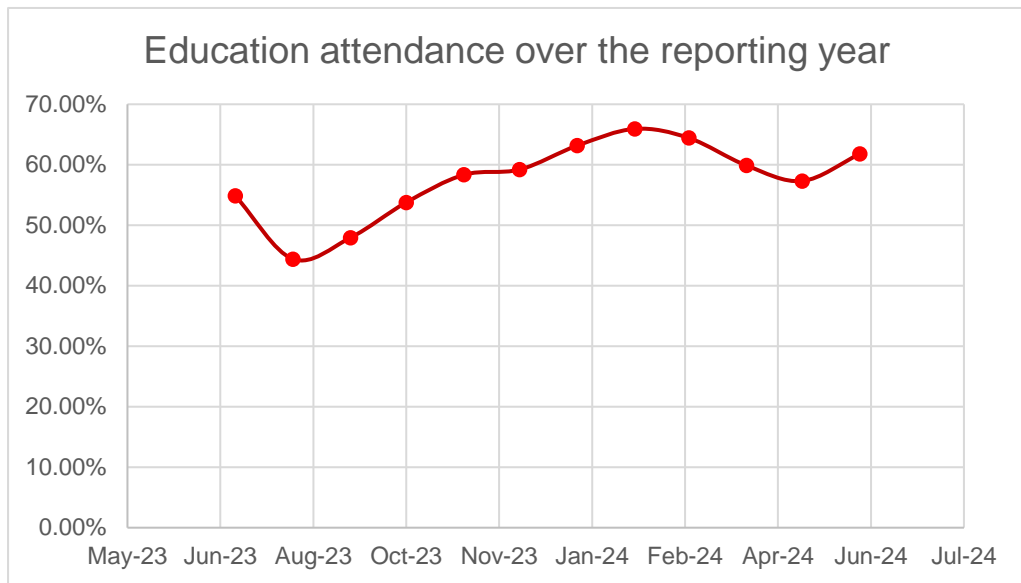
**Graph 3**



**Graph 4**



**Graph 5**





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