



Annual Report of the Independent Monitoring Board at HMP Thameside

**For reporting year
1 July 2025 to 30 June 2026**

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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 males in southeast London. The prison opened in 2012 and is managed, under contract to HM Prison and Probation Service (HMPPS), by Serco Group PLC.

Throughout the reporting year, the prison has been occupied close to its operational capacity¹ of 1232². Thameside holds a remand population of up to 80% (although at times higher during the reporting year) and remains one of the busiest London prisons, with about a 50% turnover of prisoners every month.

Accommodation consists of two main houseblocks, one with ten wings and the other 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 contain a phone and an in-cell computer management system (CMS), allowing prisoners to order canteen and meals, contact various departments in the prison and book social visits and gym sessions.

The prison has a video conferencing centre containing 15 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 of which is a football pitch. Exercise equipment has also been installed on all wings, including the inpatient unit (IPU).

The education department comprises a dedicated building, with space for up to 80 learners. This building also houses the well-stocked prison library. In addition, there are a further six education classrooms on the houseblocks (reduced from seven in April 2026) and an industrial cleaning workshop. The prison has a busy multifaith centre. The healthcare unit runs clinics for outpatients and has an 18-bed IPU.

The Director

The Governor of a private prison is referred to as the Director. They are required to be a certificated prison custody officer and are 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, whose role 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 will have held senior positions in public sector prisons prior to their appointment.

¹ See Glossary (annex D) for an explanation of terms in this report.

² 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 points³

For the fifth year running, the IMB at Thameside has operated at approximately one-third of its complement, thus restricting its ability to adequately monitor some areas of the prison.

The prison Director and his Deputy, who came into post in the previous reporting year, have focused on improving standards across the prison. By realigning senior management responsibilities, this has created a more effective departmental structure. More emphasis has been put on managers being visible, actively supporting staff and ensuring that quality assurance (QA) processes are carried out in a number of areas. The Board has continued to see progress made across the prison, resulting in positive outcomes for prisoners and we commend the senior management team for its hard work and drive. Reference is made throughout this report to these improvements.

Following the HM Inspectorate of Prisons (HMIP) full inspection in February 2025, a follow-up visit in January 2026 reported good progress in most areas. HMPPS also carried out three audits: a safety audit in March 2026, followed by security and Information and Reporting Systems (IRS) audits at the end of the reporting year. The prison received an 'amber/green' rating for both safety and security, indicating that service delivery is moderately compliant with required processes and sufficiently meets quality standards. It also achieved 100% compliance in the IRS audit. The prison has since taken steps to address areas for improvement identified through the progress visit and audits.

The Board continues to appreciate the open and constructive relationship with the senior leadership team and the Controller's team.

3.1 Main findings

Safety

- The Board welcomes the significant progress in strengthening safety governance. This includes improved multidisciplinary oversight of self-harm and violence, enhanced QA of assessment, care in custody and teamwork (ACCT) documents and challenge, support and intervention plans (CSIPs). The Board also welcomes the introduction of stronger action tracking and governance processes (see section 4).
- Despite these improvements, levels of violence remain unacceptably high, particularly serious prisoner-on-prisoner (POP) assaults. However, there were encouraging signs towards the end of the reporting year that most categories of violence were beginning to reduce (see 4.3).
- The work of the safer custody team, the chaplaincy team, Turning Point, and other support services continue to make a valuable contribution to prisoner safety.
- Support for prisoners at risk of self-harm and suicide has improved during the reporting year, with stronger multidisciplinary engagement. The restoration of

³ The views expressed throughout this report, unless otherwise stated, are those of the IMB, based solely on the monitoring activities carried out through the year.

the Samaritans-trained Listener scheme is welcomed by the Board (see 4.2.1).

- Although ACCT quality assurance has strengthened considerably, the Board continues to identify inconsistent compliance with some elements of ACCT processes and remains concerned that standards are not yet consistently achieved (see 4.2.1).
- Although the Board acknowledges the ongoing steps taken by the prison to improve practice, it continues to have concerns regarding the effectiveness of CSIPs. Reviews have often lacked sufficient multidisciplinary involvement, meaningful behaviour management objectives and adequate analysis of contributing factors (see 4.3).
- A focus on addressing drug misuse has led to a revamped drug strategy meeting, funding for a drug strategy lead, a revised regimen on the incentivised substance free living (ISFL) wing and proactive measures to reduce the flow and distribution of drugs while supporting prisoners to address their drug use (see 6.1 and 6.6).

Fair and humane treatment

- Prisoners at Thameside continue to benefit from the work of the chaplaincy, Turning Point, Family First and other support teams. The library and gym continue to offer a rich and varied programme for prisoners.
- The prison management has worked hard over the reporting year to make improvements to issues raised in the Board's last annual report. These include ensuring the key worker process is more effective; making the incentives process more consistent, transparent and fairer (see 5.6); the effective administration and management of the prisoner information and advice council (PIAC) meetings (see 5.3.2); and increased time out of cell for all prisoners (see 4.1 and 6.5.1).
- A review of the handling of prisoner property has resulted in some improvement in processes and procedures, although the Board would like to see a continued focus on this, especially given the number of property complaints submitted to the prison by prisoners (see 5.7 and 5.8).
- Residential facilities are generally clean and reasonable. A decency project, including floor replacements and decoration in addition to the community reward scheme (CRS), initiated during second half of this reporting period has contributed to a suitable residential environment (see 5.1).
- Reception facilities are generally clean and suitable. The Board recognises the efforts made by staff and support services to assist prisoners during their early days in custody, including the introduction of translated induction materials (see 4.1).
- The Board remains concerned, however, that some prisoners experience delays in accessing key services during their early days in custody, including the activation of their phone PIN (see 4.1).
- While there have been fewer instances of broken lifts and cells without in-cell CMS, the Board remains concerned by continuing reports of wings having reduced CMS access over a number of months. The Board is also concerned about delays in replacing broken equipment, including phones and televisions, which can restrict access to prison information support services and family contact. (see 5.1)

Health and wellbeing

- Consistent senior leadership in the healthcare provider, Practice Plus Group (PPG), has provided the foundation for significant improvements in healthcare provision. However, difficulties in recruiting to key roles (e.g. principal pharmacist, patient engagement lead and psychology posts) has inhibited further improvement (see 6.1).
- The challenges of effectively and safely managing the administration of medication at the hatches identified in the last annual report continue (see 6.1.2).
- Enabling prisoners to contact healthcare using the CMS system has made the process for arranging appointments more straightforward and aligns with wider prison processes. Healthcare staff have also made themselves more accessible to address individual prisoner and more general healthcare issues by visiting the wings and attending PIAC meetings (see 6.1.3).
- Most mental health transfers continue to take significantly longer than the 28 day target (see 6.1.1).
- The complexity of prisoner health issues has resulted in an increase in the need for external hospital appointments. Difficulties with escort capacity has resulted in some appointments not taking place and needing to be rebooked. As a consequence, prisoners health needs are not always being addressed in a timely manner (see 6.1).

Progression and resettlement

- The Board remains seriously concerned about the accessibility and efficiency of some resettlement services, such as the probation managed pre-release team. Data shows that the team is not conducting the mandatory assessments designed to support prisoners preparing for release. This is having a serious impact on prisoners' ability to integrate back into society (see 7.5.1).
- Families First, the library and the Shannon Trust teams continue to offer much for prisoners, despite staffing difficulties in the Families First team (see 7.1.2; 7.1.3; 7.4).
- Provision for education has undergone a series of changes during this reporting year, including a new HMPPS contract and change of provider, which has caused some disruption to provision. While these changes are aimed at improving educational outcomes for prisoners, this is yet to be shown in the data. Education attendance remains a challenge (see 7.1.1).
- In the Board's view, support for prisoners undertaking distance learning courses is inadequate (see 7.1.1). This is unacceptable.
- Work and purposeful activity have undergone a series of significant changes this year, with a view to making more work available with a faster turnaround for new workers (see 7.2.1). Although the Board recognises the particular challenges that providing work in a primarily remand prison brings, prisoners continue to report to the Board the low availability of work.
- The Board remains concerned about the lack of secure storage for visitor property, including mobile phones, money and keys (see 7.4). Despite assurances by the prison over the reporting year that new visitor lockers were being ordered, this has still not been actioned at the end of the reporting year.

3.2 Main areas for development

TO THE MINISTER

- Significant delays in the transfer of prisoners with severe mental illnesses continue. As the Mental Health Act (2026) raises expectations of the 28-day target being met, it is difficult to see how this will be achieved without an increase in mental health bed provision, especially medium secure provision. **What specific plans are in place to increase capacity, and when does the Minister expect there to be enough beds for the 28-day target to be met consistently?**
- The findings of HM Inspectorate of Probation Annual Report 2026 and the Public Accounts Committee (PAC) report 2026 on the efficiency and resilience of the probation service highlighted the following concerns: ongoing staff shortages, high levels of sickness absence and staff turnover, excessive caseloads, inadequate risk assessment, high numbers of recalls and performance issues with electronic tagging. The PAC concluded that the Our Future Probation Service programme will not be sufficient to address these concerns. Given these findings, and the concerns raised by this IMB over the past two years regarding the lack of community support for prisoners on release, this situation is likely to be exacerbated by the early releases planned for the autumn as a result of the Sentencing Act. **What action will (i) the Minister and (ii) HMPPS take to address the already identified shortfall in community probation support, and when do you expect services to have enough capacity to meet demand?**

TO THE PRISON SERVICE

- Oversight of the probation managed pre-release team is still inadequate (see 7.5.1), despite assurances that such oversight had been implemented. Key tasks and mandatory assessments were not being completed and, for most of the reporting year, prisoners' resettlement queries on CMS went unanswered. **What steps will the Prison Service take to ensure that better scrutiny of the probation managed pre-release team's performance is in place and is robustly carried out on a regular basis?**
- **See above to the Minister regarding the lack of community probation support (bullet point 2).**
- Distance learning support in the prison is inadequate (see 7.1.1). **What oversight is there within the Prison Service to ensure that prisoners at Thameside can access the distance learning support to which they are entitled?**
- Recruiting staff for the prison is severely hindered by long delays in vetting processes. **What steps has the Prison Service taken to investigate the cause of these delays and what plans are there to resolve the issue?**

TO THE DIRECTOR

- For the second year running, the Board has highlighted concerns regarding the lack of secure storage for visitor property, including mobile phones, money and keys (see 7.4). Despite repeated assurances that new lockers were being purchased, this has not been actioned. **Can the Director explain the reasons for this delay, what steps are being**

taken to ensure the project is delivered and provide a clear timetable for when the lockers will be installed?

- While the Board recognises the improvements during the reporting year to processes and outcomes for prisoner property, this remains a significant concern and the highest single source of complaints to the prison (see 5.8). **What action will the Director take to ensure continued progress towards more effective and efficient property processes?**
- Over the reporting year, there have been frequent reports of delays in ordering/receiving equipment, such as radios, TVs and phones (see 5.1) due to supply issues. **What action can the Director take to minimise these delays?**
- Improvements planned in the last reporting year to the physical environment of the IPU, including the outdoor area, appeared to have stalled (see 6.1.1). **Can the Director say when these much needed improvements will be completed?**
- Weekly monitoring reports by the Board over the reporting year show an inconsistency across the wings in relation to a number of areas, such as noticeboards, staff supervision at mealtimes, availability and use of appropriate catering equipment, prompt reporting of broken wing and in cell CMS systems (see 5.1). **What action will the Director take to ensure there is consistency of practice across all wings?**

3.3 Response to the last report

TO THE MINISTER

Issue raised	Response given	Progress
Two thirds of mental health transfers not completed within the 28 day limit. What steps is the Minister taking to address this and within what timeline?	Mental Health Bill is in its final stages. MOJ working with key government departments to create and deliver operational improvements within 18-24 months following Royal Assent.	Insufficient progress seen in the data for this reporting year (see 6.1.1).
Lack of probation and community support for prisoners, leading to unnecessary recalls. What measures is the Minister taking to address these shortfalls?	4% increase in staffing in London region. Further 1,300 trainees in 2025-2206.	No progress. The Board understands that recalls to the prison have doubled during the reporting year, despite the 4% increase in staffing in the London region.
Inadequate probation support for the increase in remand prisoners, which has not been matched with adequate increase in resources. What specific and	Discussions regarding additional funding for resettlement and remand support ongoing between Serco and HMPPS. Absence of bail information officers is being addressed.	No progress regarding probation support for remand prisoners (see 7.5.1) Insufficient progress regarding bail information officers (BIOs). Although three

measurable steps is the Minister taking to increase probation support for prisoners?		were allocated to Thameside at the start of the reporting year, only one officer had materialised resulting in severely reduced output (see 7.5.2).
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TO NHS ENGLAND

Issue raised	Response given	Progress
Despite the likelihood of the Mental Health Bill introducing a statutory 28-day time limit for mental health transfers from prison to hospital, the IMB understands that this may prove unattainable given the lack of capacity in the system. What is being done to increase capacity?	No response given by NHS England. <i>The following response given by Minister:</i> • Improvements in data collection, monitoring and referral processes. • Training for prison staff. • Mental Health and Justice Strategic Advisory Group to provide clinical leadership and oversight, to identify and address common causes of delay. • Resource provided to scrutinise data and escalate breaches with trusts and Integrated Care Boards (ICBs). • £42 million investment to support ICBs to recommission inpatient care aligned with local needs.	Insufficient progress seen this year, despite the resources and initiatives listed (see 6.1.1).

TO THE PRISON SERVICE

Issue raised	Response given	Progress
Probation and community resources remain inadequate - see above	Response as above in the Minister's section.	No progress. See above, to the Minister.
For 11 months, inaccurate BCS2 and BCS3 data being logged by the pre-release team. What managerial oversight and quality assurance	No national infrastructure was in place for overseeing work of PRTs. As a result of the identified gap, London Regional Probation developed a local monthly	No progress. Unacceptably low numbers of BCS2s/BCS3s continue to be logged, despite the assurances that more managerial oversight and quality

processes are in place?	reporting system, whereby managers submit data. Local team performance is reviewed at monthly senior leadership team meetings.	assurance measures put in place to address the problem. In addition, the Board has also uncovered additional failures in key tasks and assessments (see 7.5.1)
Too many men leaving prison homeless due to a lack of support and inadequate processes in finding accommodation for prisoners. What is the Prison Service doing to tackle this?	Strategic Housing Specialist at Thameside oversees interventions ahead of release. Right First Time briefing and Good Industry Practice introduced to address barriers to CRS referrals.	Insufficient progress. Data provided to the Board for this reporting year indicates that one-third of sentenced prisoners are homeless on leaving prison, a similar figure to last year. No data is available for remand prisoners, but the Board is frequently contacted by remand prisoners with concerns about accommodation needs not being met (see 7.4 and 7.5.1).
Lack of coordination and effective oversight of the various agencies providing resettlement services. What is the Prison Service doing to address this issue?	Locally, regular pre-release meetings and IRMMs include all relevant agencies to ensure join up. Resettlement activity overseen by head and deputy of Service. Pre-release information shared across London prisons to ensure pre-release planning for all sentenced prisoners, and overseen by senior probation officers. No similar offer for remand prisoners.	Insufficient progress. As detailed in the main body of the report, the Board continues to have concerns regarding the efficiency of resettlement meetings (see 7.5).
What actions can the Prison Service take to minimise the unacceptable number of late vans arriving at the prison after lockout time?	No action possible without causing further delays and negatively affecting court service delivery, including increased courtroom wait times due to unaligned prisoner movements.	Some progress. Although this is still an issue, there are fewer vans arriving at the prison after the 8pm lockout time. The prison has also taken steps to alleviate the negative impact on staff and prisoners (see 4.1).
Services directly contracted by HMPPS either ignoring or delaying requests from	All staff and stakeholders to be reminded of the statutory role of the IMB, including its reporting requirements.	Some progress. Data was provided to the IMB by some HMPPS departments working in

the IMB for data. Will the Prison Service confirm with these agencies that requests for data should be actioned in a timely manner?		the prison, although this has required repeated reminder emails to be sent. <i>Data was not provided by three departments (see section 7) despite repeated requests.</i>
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TO THE DIRECTOR

What processes are in place to ensure that regular audits of ACCT documentation will be routinely carried out?	Managers carry out weekly Part B and C spot checks using a set audit criteria, which is returned to the safer custody team. In addition, daily supervisor checks overseen by managers are carried out along with ad hoc monitoring by residential and Safety ADs as well as the deputy.	Progress made. The Board acknowledges that these and other changes have been implemented during the reporting year and that 100% of ACCT documents are now routinely audited in line with current HMPPS guidelines (see 4.2.1).
What measures are being taken to ensure that all staff are aware of their responsibilities in completing ACCT documents?	Feedback from Part B and C audits are provided to the ACCT case manager. Where more serious concerns are noted, this will be discussed, in the first instance, with wing staff and then escalated to the wing CM. Where there are concerns regarding the recording of observations, this may result in a formal ToR being issued (dependent on the situation). Where trends are noted regarding concerns, the AD safety will issue communications to staff via an NTS. All staff, operational and non op will be initially trained in ACCT processes and will complete a refresher every 3 years. We have a large number of middle managers that are Case Manager trained and both PCOs and Managers who are ACCT Assessor trained. We discuss the analysis of QA at the monthly governance meeting	Progress made The Board acknowledges that these changes have been implemented over the reporting year (see 4.2.1).

	and track trends/anomalies, generating corrective actions.	
Will the Director prioritise an urgent review into the end-to-end processes for handling prisoner property, including the role of the prison escort contractor?	A review of prisoner property processes will take place in 2026, given its importance within the prison setting. There are clear opportunities to implement processes to reduce property exchanges, improve property card quality. AD Residential to lead on this in the first Quarter of 2026, to have an action plan to go live in the second part of 2026. We are also reviewing contract Courier service providers to improve an enhanced same day delivery service.	Progress made The Board welcomes the review of property undertaken by the prison, which has resulted in a number of improvements (see 5.8)
What measures can the Director take to improve prisoners' confidence in the incentives system so that it is more consistently applied and that quality assurance is routinely carried out?	The local IEP SOP has been reviewed against HMPPS Framework documents. This has been communicated to residential staff and Residential ADs are dip testing the application of the incentives scheme. Prevalent offence information is issued daily for review by CMs and recorded via local spreadsheet. The Decency SCM is monitoring IEP review quality and CMS/NOMIS record updates. Local team reviewing options regarding implementation of soft version of CRIS (Community, Rewards Incentive scheme).	Progress made Incentives policy updated and new initiatives introduced early in 2026 to include more robust oversight from managers and monthly prisoner forums (see 5.6).
What is being done to improve record keeping across departments, e.g. key worker entries, minutes of meetings, action trackers, CSIP paperwork and accurate recording of foreign national prisoners' language levels?	This is a multifaceted question. Key work entries are on NOMIS and we have a Keywork Manager and Administrator monitoring daily key work activities, that is in turn reported to the wider management team. QA activities are also completed by this team, supporting the ad Residential who also completes QA activities with the on-site HMPPS Controllers. Regarding FN prisoners, the AD Residential will work with the	Some progress made. Increase in the number of key worker sessions completed, along with quality of key worker entries on DPS. QA of the above carried out regularly by managers. Improvements also seen in PIAC minutes and tracker.

	D&I Manager to upskill Reception staff to ensure they are aware of NOMIS and CMS system requirements regarding recording a prisoners Characteristics. Regarding departmental meetings chaired by Serco, I will formally write to all Assistant Directors, copying in our Partners onsite, in regard to concerns noted by the IMB and the importance of action trackers, correct minutes, etc. CSIP paperwork standards have been noted by the AD1 Safety (previously in role as Pan Custodial Safety Lead) and as such, she will be working with the AD2 Safety to improve the standards of CSIP paperwork/ completion on site.	Some improvements seen in CSIP documentation. Regarding ACCT audit documents, the Board has not had access to the file where these are stored (see 4.2.1). Improvement seen in the administration of some meetings.
Are there plans to reinstate the restorative justice post?	Originally funded through reinvestment from Catch22 - those funds are not available anymore, as this was a pilot. There have been 2 subsequent PIAC requests submitted by Catch22 for local funding, both have been declined (no involvement of Serco). The operating contract between HMPPS and Serco does not fund a Restorative Justice specific role. As such, where possible, the work this person was completing has been diverted back into the Safer Custody Team. Conversations are underway with the CMT to seek funding for this post via PIAC fund.	No reinstatement of the restorative justice post during the reporting year due to financial considerations. However, the Board understands that the prison is looking at this in the next reporting year.
Will the prison review the information for prisoners' families on the website and in the visitors' centre, to ensure this is updated, clear and also consistently applied?	Information on the website is primarily linked to security information. As such, the AD security will take the lead on this project to conduct twice yearly reviews of the website to ensure published information is aligned to local process and policy.	Progress made regarding information on the prison website for visitors (see 7.4). Concerns remain regarding the lack of secure storage of visitor property (see 7.4).

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

HMP Thameside is one of the busiest remand prisons in London, with an average of 100 prisoners passing through reception daily. Some will be releases and some will be transfers to and from other prisons, while others will be new arrivals and returns from the courts. In addition, on most days, there will be a small number of prisoners who need to be escorted to outside hospital appointments.

In the previous annual report, the Board raised concerns regarding the number of vans arriving late to the prison. This resulted in prisoners spending a significant amount of time in prison vans and not being transferred to the wings until very late at night and sometimes into the early hours of the morning, which the Board found unacceptable. In addition, reception staff frequently had to stay well beyond their shift hours. While the Board understands that the number of late vans has fallen, the prison has taken steps to alleviate the negative impact, where possible. For example, reception staff rotas have been realigned and reception processes streamlined to minimise unnecessary delays once prisoners arrive at the prison.

From reception, prisoners are moved to one of two wings: the early days centre (EDC) or, if they have substance misuse issues, the integrated drug treatment service (IDTS) wing.

Reception comprises four holding rooms of varying sizes used flexibly to accommodate incoming and outgoing prisoners. This enables separation, where necessary, due to risk or vulnerability. These rooms are reasonably clean and free from graffiti. The television monitors in two of the rooms are not always in use. No other distraction materials are typically available, and minimal information is displayed on noticeboards.

Initial reception processes take place either at the front desk, or within partitioned booths. These interviews include questions aimed at identifying any urgent or home-related issues. They also include a cell sharing risk assessment (CSRA), based on a review of records, intelligence, violence history, previous CSRAs, ACCT/self-harm information, etc. Healthcare screenings, including medication requirements, are conducted in private rooms.

A prisoner leaflet about HMP Thameside is made available to new arrivals. The leaflet includes information on how prisoners can contact family and friends and outlines sources of support, such as prison staff and the Samaritans helpline. However, some of the abbreviations and terms used are likely to be unfamiliar to someone entering prison for the first time. Similar information is available on the CMS system, which prisoners can access once they have moved to the wings.

Several orderlies are usually present to carry out cleaning, serve meals and issue bed packs. No other peer representatives are typically present to provide relevant information. Prisoners are offered an opportunity to make a phone call and receive a vape or confectionary pack.

Multilingual staff members and The Big Word translation services are used when necessary. Translated versions of the prisoner information leaflets were introduced during the reporting year.

A main induction on day two helps prisoners to understand life in custody at HMP Thameside. For prisoners on the IDTS wing, induction is scheduled for day five, when they are stabilised on medication.

An induction slide-show presentation is usually delivered by a peer representative, under the supervision of a member of staff. The IMB has noted on several occasions that out-of-date presentations were being used and/or that little reference was made to the digital content during the session. The IMB has also noted the absence of any formal support for prisoners whose first language is not English, as well as a lack of information about the help available to vulnerable prisoners, such as SHOUT, the Samaritans, the Independent Prisoner Complaints Investigation (IPCI) system and the work of the IMB. However, this information is included in the induction booklet, which is available to all prisoners in a range of languages.

An induction timetable states that new prisoners should meet with several departments within the first four days, including: Catch 22 (gang-related support), Turning Point (substance misuse), chaplaincy (multifaith support), gym staff, prison work coaches, the prison employment lead and education and careers information, advice and guidance (CIAG).

Prisoners from the EDC are transferred to the main wings between four and seven days. Those on the IDTS wing are transferred when identified as stable, following collaboration with the healthcare team.

Prisoners on both wings have sometimes complained to the Board about delays in getting PIN numbers authorised, which enable phone contact with friends and family. While this is mainly due to the volume of prisoners arriving at the prison - security typically receives about 150 applications daily requesting phone authorisations - some delays are likely caused by a failure to arrange cover during security staff absences. Throughout the reporting year, prisoners have also complained to the IMB about incomplete bed and toiletry packs, as well as cells lacking some basic equipment such as the CMS, phones and televisions. The Board understands that a decency project has recently been introduced, with the aim of improving standards every week, including weekly cell audits to ensure that equipment is repaired and cells are fit for purpose.

In our previous report, the Board noted that considerable efforts had been made by prison management to increase time out of cell on both reception wings. Since then, further changes have taken place. The EDC operates a distinct regime from the main residential units, reflecting its role as the prison's reception and induction area. Consequently, day one prisoners have about four hours out of cell and around two hours of structured induction activity. The remaining time between assessments is spent secured in cells. This restricted time is to ensure the safety of prisoners whilst security and safety assessments are completed. From day two onwards, prisoners receive considerably more time unlocked: typically around six to eight hours, before moving to a main residential wing.

4.2 Suicide and self-harm, deaths in custody

4.2.1 Self-harm, ACCTs (see graph 1, Annex C)

HMIP's February 2025 inspection, conducted during the IMB's previous reporting year, found that prisoners at risk of suicide and self-harm were not receiving sufficient support. A progress review in January 2026 found reasonable progress in improving support for these prisoners and good attention to care planning. The Board agreed with these findings.

Incidences of self-harm are reported daily to the senior management team morning meeting, while discussed weekly at a safety intervention meeting (SIM) and the monthly safety governance meeting.

Prisoners who repeatedly self-harm or who have complex needs are discussed with a view to developing plans to minimise their challenging behaviours. Safety meetings include a range of data focusing on the drivers for self-harm.

Relevant actions arising from the safety meetings and PIAC meetings are now recorded and monitored through a central action tracker – a development implemented in January 2026. SIMs are now well documented and demonstrate positive multidisciplinary engagement.

The Board continues to be impressed by the input provided to vulnerable prisoners by way of the chaplaincy team, Turning Point, Catch 22 and the equality and diversity and social care teams. The presence of healthcare staff at meetings such as safety intervention, good order or discipline (GOoD) reviews, and specific ACCT reviews has improved over the reporting year.

The required levels of compliance for individual ACCT documents have been agreed locally and evidenced in the local safety strategy (LSS).

Ongoing records are retained within each ACCT document, which should always be kept on the same wing location as the relevant prisoner but also accompany them when they go off wing. Observations and conversations should be carried out and recorded at the levels set in the care plan. The Board has noted some examples where the frequency of observations has not met agreed timescales, together with observations not conducted at irregular intervals, as required.

The safer custody custodial manager (CM) and a senior custodial manager (SCM) responsible for safety conduct QA audits on a weekly basis and provide email feedback, as well as one-to-one work aimed at upskilling staff.

In our previous report, the Board monitored ACCT documentation by reviewing a sample of audits carried out by the safer custody team. Due to HMPPS changes to ACCT methodology in November 2025, which included the use of a programme unavailable to the IMB, it has been difficult for the Board to consistently monitor this process during the reporting year. However, the Board undertook a sample analysis of audits carried out between November 2025 and March 2026. In relation to ACCTs, this showed:

- in 22%, the details for the member of staff receiving the ACCT had not been completed
- in 22%, the immediate action plan had not been signed, timed or dated by the prisoner

- in 20%, the name of the wing supervisor who agreed immediate required observations had not been recorded
- in 25%, the contact details of anyone the prisoner would like to be involved had not been recorded
- in 21%, confirmation had not been provided that the nominated person is an approved contact
- in 19%, the sources of support form had not been signed and dated by the prisoner.

The Board understands that checks are now being completed on 100% of ACCT documents, a process overseen by the residential assistant directors (ADs). Feedback is provided to case managers highlighting examples of good and poor practice. ACCT compliance is a standing agenda item at the SIM.

A positive development in the provision of support for vulnerable prisoners is the reinstatement of the Samaritans training and support, which was withdrawn from Thameside in 2023. At the end of the reporting year, the Board understands that seven prisoners have been vetted and received the relevant training as Listeners from the Samaritans, with plans to recruit a further seven in due course.

Although not intended as a full replacement for the support provided by the Samaritans, the prison had previously introduced a text-based application known as SHOUT, accessed through CMS. Operated by a third-party commercial provider, it provides round-the-clock mental health support through written communication between the prisoner and a trained operative located externally. While potentially useful, the Board has continued to express concerns about the accessibility of this system, given that it requires a working in-cell CMS. Additionally, prisoners with low levels of literacy may be disadvantaged.

4.2.2 Deaths in custody

During the reporting year, there were eight deaths of prisoners in custody, seven of which occurred whilst the prisoners were in an external hospital facility and one following release. All eight deaths are under investigation by the Prisons and Probation Ombudsman (PPO). Investigations into seven deaths that occurred in previous years, with one in 2021, have concluded; however, as publication of all seven await inquest outcomes, the IMB is unable to comment on any recommendations made at this stage.

4.3 Violence and violence reduction, self-isolation

HMIP's inspection in February 2025 concluded that levels of violence had increased and too much of it was serious in nature. HMIP's 2026 progress report concluded that the overall rate of prisoner on prisoner violence remained high and was similar to the previous inspection. The proportion of assaults that were serious was one of the highest amongst reception prisons in England.

Assaults are classed as minor or serious and categorised as prisoner on prisoner (POP) or prisoner on staff (POS).

Graph 2 in Annex C shows that minor POP assaults were the most prevalent (437), followed by serious POP assaults (107), minor POS assaults (104) and serious POS assaults (52). The total number of assaults during the reporting year was therefore

700, compared with 718 in the previous reporting year, representing an overall reduction of just under 3%.

While any level of violence is a concern, the Board believes that the higher incidence of violence at Thameside, compared with other similar prisons, may be partly explained by the increased amount of time prisoners spend out of their cells. This initiative was introduced by the prison over the past two years and was recognised by HMIP as positive during its 2025 inspection. Prisoners who spoke to inspectors reported feeling reasonably safe, and inspectors found the wings to be well controlled despite the relative inexperience of many staff. Since the HMIP progress report, additional initiatives have been introduced to address the causes of violence and reduce the number of incidents (see below and 5.1).

Weekly meetings arranged to address violence include a gangs and violence meeting, attended by the Catch 22 gangs team, and the SIM, which includes data on dual harmers (prisoners involved in both violence and self-harm).

The Catch22 gangs team of two works with the safer custody and security teams, using intelligence from police and community services to identify, safeguard and risk-manage gang conflicts. The team mainly works with prisoners aged 18 to 35. Although conflicts are reviewed daily, the number of gangs and members makes preventing all potential conflicts challenging. The safer custody/violence reduction team, supported by Catch22, carries out on-wing work to minimise gang-related antisocial behaviour. Actions to improve safety include using Catch22 to map and work with gang members, while the gangs team works with peer mentors to address conflicts before they escalate.

The gangs team offers a three-day intervention course called ROAD (rehabilitation offering another direction) to prisoners with gang affiliations. These are scheduled to take place every month, with a capacity of 12 prisoners on each course. However, due to staff shortages in the first half of the reporting year, the courses had to be cancelled. The Board understands that courses have resumed and, so far in 2026, 39 prisoners have benefitted. The IMB fully supports the valuable input of the gangs team in reinforcing the prison's work to reduce violence and build a safer environment for all.

There were 4,610 adjudications in the reporting year. Of these, 53% were categorised as proven, an increase from last year's proportion of 32%. The IMB reviewed the outcomes of 183 adjudications over a ten-day period at the end of January 2026. This followed an equivalent review carried out during the same ten-day period in our previous reporting year (see Table 1, Annex C). The data shows a sharp fall in the number of adjournments in the top five reasons, from 49% to 27% in the second.

Across the two review periods there was a small reduction in the proportion of charges that were dismissed because the wrong charge had been specified (from four percent to three percent). We understand that the prison has put in place more rigorous procedures for checking the relevant DIS1 charge forms and steps have been taken to improve staff training in this area.

HMIP's 2026 progress report found that prisoners who committed violent acts were more likely to face consequences, with the backlog of adjourned adjudications falling from around 180 at the original inspection to 33 at the follow-up visit. Outstanding

police referrals also fell substantially following improved collaboration between the prison and police. Leaders have strengthened the safer custody team, and safety officers are no longer routinely redeployed to other duties.

Graph 3, Annex C, shows the number of CSIP documents opened during the reporting year. The use of CSIPS saw a downward trajectory, despite a gradual increase in the overall level of violence until shortly before the end of the reporting year.

HMIP's 2026 progress report noted that CSIPs were still not being used effectively. Reviews were not typically multidisciplinary, targets were often generic, and the prisoners spoken to by inspectors were not always aware of the behaviour expected of them. Moreover, leaders had yet to implement a broader range of incentives on the wings to promote positive behaviour. In this latter respect, the Board notes that a number of initiatives have since been introduced, including a community rewards scheme, implemented during the second half of the reporting year to encourage and reinforce positive behaviour on each wing, which is to be commended (see 5.1), and a youth strategy programme introduced towards the end of the reporting year.

The Board has noted that CSIP plans reviewed during the reporting year frequently lacked evidence of multidisciplinary input. Many case reviews were conducted without input from the mental health team, a key worker, or the chaplaincy or psychology teams. Specific concerns remain around analysis of triggers, protective factors and contributing circumstances. The Board also undertook a sample analysis of CSIP audits carried out by the prison. This showed:

- 32% were not completed within 72 hours of referral
- in 32%, no contributing factors/person triggers were recorded
- in 30%, there were no multidisciplinary contributions

In the second half of the reporting year, the prison introduced an HMPPS QA regime for CSIPs equivalent to that adopted for ACCT documents. The Board is therefore hopeful that this will improve the efficacy of these plans.

Thameside's local policy on self-isolating prisoners defines isolating individuals as those who have withdrawn from the prison regime and/or demonstrate limited engagement with staff and the wider prison population. From the Board's monitoring, most staff seem aware of self-isolators on their wings and adhere to established procedures for communication, referral and daily monitoring. However, there have been inconsistencies on some wings. We understand that a policy review in relation to self-isolators is being undertaken by the prison, which the Board welcomes. The Board also notes a recommendation from a recent PPO report on a death in custody: that the Director may wish to satisfy himself that Thameside's local policy explicitly addresses isolation arising from medical conditions and that staff understand how to manage prisoners who require isolation for medical reasons.

4.4 Use of force

Use of force (UoF) incidents are categorised as planned and unplanned. During the previous reporting year, there were 827 incidents, of which 78 (9%) were planned and 749 (91%) unplanned. During this reporting year, there have been 830 incidents: 93 (11%) planned and 737 (89%) unplanned. Graph 4, Annex C, shows that planned

UoF incidents have fallen, whereas unplanned UoF has trended upwards from the latter part of 2025.

The prison expects body worn video cameras (BWVCs) to be activated whenever any UoF incidents occur. PAVA incapacitant spray was introduced to Thameside in 2023. The Board does not consider its use at Thameside as excessive: over the reporting year, it was used on 14 occasions.

The prison holds weekly UoF meetings to review incidents including BWVC and/or CCTV footage. A weekly staff bulletin had been introduced to promote learning, although we have not seen this circulated since the end of 2025. The aim is to provide examples of good practice, as well as areas for improvement. Some UoF meetings have been monitored by Board members, who have been impressed by the way incidents are reviewed critically and honestly.

The Board has monitored a number of UoF incidents - planned and unplanned during the reporting year - and has been satisfied that these were handled professionally, humanely and proportionately. However, inaccessibility of appropriate UoF kit in the designated location continues to be an issue, resulting in delays in managing UoF incidents, an observation noted in last year's annual report.

The Board carried out a snapshot review of prison data covering UoF between January and May 2026. This showed the following:

- Of 288 incidents involving UoF, 37 (11%) were planned and 288 (89%) unplanned.
- PAVA was deployed in four cases (1%), while a baton drawn on just one occasion (less than 1%) and handcuffs on 163 occasions (50%).
- Prisoners received an injury on 13 occasions (4%). The Board understands that all such injuries were classified as 'minor', so not requiring outside hospital treatment.
- BWVC footage was available in 233 cases (72%). The Board understands that the prison has implemented improved training and communication aimed at increasing the use of BWVCs.

4.5 Preventing illicit items

The prison continues taking steps to reduce illicit items entering the establishment (see graph 5, Annex C).

There were 34 'hooch' finds in the reporting year, averaging just under three per month. This compares with 65 last year, with an average of five per month.

There were 428 drugs finds during the reporting year, averaging just under 36 per month, compared with 208 last year, averaging 17 per month. This increase may reflect the more robust approach being taken by the prison (see below).

In line with the requirements of Prison Service Order (PSO) 3601, 5% of Thameside's population is randomly selected for mandatory drug testing (MDTs) each month. Some testing is also undertaken 'on suspicion'. The IMB is pleased to note that there has been an increase in 'on suspicion' tests in the latter part of the reporting year. Unsurprisingly, these often show positive results. The overall proportion of prisoners testing positive for drugs is around 27% each month. Several whole wing lockdowns have taken place during the reporting year so that

intelligence-led searches of individual prisoners, wings and the wider prison environment can be conducted. In each case, a range of contraband, including drugs, has been found. The timings of these searches help in part to explain the peaks and troughs throughout the reporting year.

Almost inevitably there will be times when prisoners will be under the influence of substances, potentially putting their own safety, as well as that of others, at risk. An 'under the influence' policy, to enable staff to better manage such situations, is in development.

Mindful of the challenges of managing situations with multiple prisoners being intoxicated, a desk-top contingency exercise was conducted in March 2026.

In the reporting year, there were 21 mobile phone finds, averaging just under two per month, and 215 improvised weapons finds, averaging just under 18 per month. A number of weapons amnesties have been conducted by the prison.

There are a number of measures to prevent illicit items from entering the prison. These include operational dogs, timely reactive searches, including intelligence-led, whole-wing lockdown searches, and effective physical security measures that make it difficult to bring items into the prison using drones. The Board is aware that, during the reporting year, there were periods when it was difficult to maintain sufficient numbers of operational dogs and handlers. On occasion, teams from other prisons were brought in to provide support.

The prison has also taken steps to reduce the misuse of Rule 39 correspondence (confidential correspondence between prisoners and approved legal or oversight bodies). Where intelligence indicates a risk, incoming documents are photocopied and the prisoner is provided with the copy, helping to prevent drugs from entering the prison through the mail.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

In previous annual reports, the Board highlighted issues about the frequent breakdown of houseblock lifts and the high number of broken and faulty the in-cell CMS. The Board is pleased to report that this year has seen both a reduction in the number of times houseblock lifts have been out of action and a fall in the number of broken in-cell CMS systems. The latter has been achieved through:

- Maintaining a team of prisoners who can carry out simple repairs, so avoiding the previous lengthy delays when in-cell CMS systems would be out of action.
- Locating the main CMS components on cell walls to minimise deliberate damage and/or loss.

However, through our regular weekly monitoring of the wings, we have noted that some CMS wing kiosks can remain out of action for a considerable period before repairs are carried out. At the end of the reporting year, at least two had been out of action for more than two months. On one wing, where the CMS kiosk was out of order, 50% of the in-cell CMS systems were also unavailable, significantly disadvantaging prisoners on that wing. Given the importance of access to the CMS, particularly when in-cell systems are also out of action, the Board believes the prison should give greater priority to repairing wing kiosks.

Throughout the reporting year, the Board has also been aware of considerable delays in replacing broken televisions and radios.

Although there remains an inevitable problem with rodents, the prison facilities team continues to implement effective pest control measures. Both staff and prisoners are frequently reminded to keep wings and wing serveries clean and free from food or other waste to help control the problem.

As part of our weekly monitoring, the Board has continued to monitor staff supervision at mealtimes, the availability and use of food temperature probes, the use of halal equipment and whether servery workers have access to appropriate clothing. This has shown a mixed picture across all wings. The Board has also frequently highlighted that across some wings, noticeboards have been populated with useful information for prisoners while those on other wings have been neglected. The Board understands that there is now a plan to have electronic noticeboards on all wings to replace the existing physical ones.

In the second half of the reporting year, the prison introduced a community rewards scheme, where each week wings are awarded points according to a set of criteria, with the winning wing rewarded. While in the past there have been similar wing schemes based on wing cleanliness, this scheme goes further. There are five criteria against which wings are judged: cleanliness, violence-free environment, incident-free behaviour, activity attendance and regime compliance. Rewards for the winning wing include an enhanced meal, additional phone credit and an additional gym session. The Board welcomes this initiative, especially as, in addition to a safer, cleaner and more engaged community, it also supports the prison's commitment to promoting a positive culture and collaborative behaviour amongst prisoners.

5.2 Segregation

The CSU operates a tightly managed daily regime to meet the needs of prisoners held in segregation. Daily activity is focused on statutory requirements, including morning welfare rounds, the provision of meals, access to hot water, adjudications and the entitlement of segregated prisoners to receive 60 minutes of daily exercise. Movement is individually managed and closely supervised, with prisoners unlocked primarily for exercise, adjudications and healthcare appointments, or to return to residential units where appropriate. Outside these periods, prisoners remain in their cells, resulting in significantly less time out of cell than elsewhere in the prison.

Average monthly occupancy of the CSU during the reporting year was 15 prisoners, ranging from 14 to 17. For six separate months, occupancy was 16 or 17 prisoners, meaning the unit operated at or near capacity. This presented challenges for the CSU manager when demand for CSU cells increased due to episodes of violence, illicit drug use and whole-wing cell searches.

A safety audit carried out by HMIP inspectors in early March 2026 found that the use of segregation had increased, with 807 episodes in the preceding 10 months, compared with 440 during the same period at the time of their last inspection. Furthermore, the average duration had decreased to four days. This is due to the proactive approach taken by the prison to deal with anti-social behaviour, whereby individuals causing disruption, bullying or violent acts are removed from the residential units.

HMIP found that most prisoners were segregated pending adjudication, either in the segregation unit or on the main residential units, the latter accounting for half of all episodes. Prison data shows that there have been instances of much longer stays in the CSU. These are typically attributed to the nature of the prisoner's offence and the lack of a dedicated vulnerable prisoner wing, meaning that some prisoners are occasionally segregated for their own protection.

The Board has also observed that the CSU occasionally houses on a temporary basis, individuals considered to be potential category A prisoners.

All cells in the CSU have integral showers, toilets and phones, and the unit is generally clean and tidy.

Unlike the rest of the prison, the CSU does not have in-cell or communal access to the CMS, working instead with a paper-based system. As this arrangement is largely reliant on wing officers supporting prisoners, occasionally it has led to prisoner complaints to the IMB.

HMIP found that there had been some small improvements to the daily routine. Time in the open air had been extended to an hour a day, and most prisoners (subject to a risk assessment) could collect their meals from the servery and attend the gym at the weekend. However, overall, the provision was still considered too limited, particularly for those spending longer periods in segregation for their own protection. The Board agrees with this observation.

Board members have made numerous visits to the CSU over the reporting year and observed that the majority of staff dealing daily with some very challenging behaviour remain calm and professional. Although clearly often very busy, they have taken time to answer queries that prisoners have raised with the IMB. As in our previous annual

report, a common issue raised by prisoners related to delays in property being brought down from the wings.

The Board has observed some daily rounds carried out by an AD as well as chaplaincy and healthcare teams. A member of the IPU nursing staff is responsible for daily healthcare provision on the CSU. The person providing this cover is often different each day, resulting in a lack of consistency. In addition, a doctor joins the daily rounds three times a week.

Most prisoners in the CSU are on the basic level of the incentives scheme, although a small number have been on the standard or even the enhanced level, particularly when held for their own protection. The austere CSU regime is not well suited to standard or enhanced prisoners, who would otherwise be afforded more time out of their cells and greater privileges. This has again led to several prisoners complaining to the IMB.

A prisoner can initially be segregated for up to 72 hours under the Director's authority. Before the 72 hours expires, a segregation review board, commonly known as a good order or discipline (GOoD) review, must be carried out if segregation is to continue. GOoD reviews are generally overseen by an AD, joined by a multidisciplinary team typically including staff from healthcare, psychology, neurodiversity, chaplaincy and Catch 22. Board members have observed numerous GOoD reviews throughout the reporting year and found thoughtful discussions with measured, reasonable and humane decisions.

5.3 Staff and prisoner relationships, key workers

5.3.1 Staffing

Although recruitment and retention across the prison estate continue to be a challenge, the management at HMP Thameside has continued to focus on improving staffing levels in the prison, including initiatives and inducements to aid staff retention. For example, all Serco employees are entitled to a free lunchtime meal, as well as having access to health and lifestyle services provided by Serco. Employee-focused events are scheduled throughout the year, as well as events involving both staff and prisoners, such as football matches. Staff views are regularly sought and subsequent action plans in place, addressing issues that have been raised. The IMB believes that improved conditions for staff can directly benefit prisoners by fostering safer, more supportive and rehabilitative environments.

At the end of the reporting year, the proportion of roles filled were as follows:

- 94% of prison custody officer (PCO) roles
- 92% of operational support officers (OSO) roles
- 93% of administrative roles

In addition, over the reporting year:

- 100 new prison officers attended one of the six initial training courses (ITC)
- 107 new staff in total joined
- 123 staff left (this includes a significant number of successful applicants who failed vetting)

Recruitment continues on a weekly basis and has resulted in the ITCs for August 2026, January 2027 and March 2027 all being filled.

5.3.2 Staff and prisoner relationships

Following an increase to the staffing complement on each wing, the IMB is pleased to report that the number of wing staff has usually been three, with four on IDTS.

In previous reporting years, the Board received a number of applications from prisoners raising complaints about staff behaviour. In the last reporting year, complaints against staff were the second highest category of IMB applications received. During this reporting year, the Board ran a survey from December 2025 to February 2026 that focused on prisoner relations with wing staff. This received 732 responses, with a fairly even number of prisoners from each wing (see Annex B). The results show that two-thirds feel they are treated with respect by wing staff, and more than half of prisoners feel there is a member of staff to whom they can turn if necessary. Despite this, during the reporting year, complaints against staff continue to be the second highest category of applications to the IMB (see 5.7). Common issues include general complaints about (unnamed) wing staff and staff not listening or helping, as well as more serious allegations of bullying and violence (see 5.7).

For most of the reporting year, prison data shows that 80% of prisoners had a key worker. In June 2026, this had increased to 87%. In last year's annual report, the Board raised concerns that the key worker scheme was not being used effectively. For example, too many key worker entries read as a tick-box exercise and were, in many cases, a cut-and-paste version of previous sessions. Additionally, too many prisoners complained that they either did not know who their key worker was or, if they did, they didn't see them regularly. The Board is pleased to report that throughout the reporting year, the prison has made considerable efforts to rectify this. The number of key work sessions completed every week has increased considerably and this is reported daily to the senior leadership team morning meeting.

Additionally, where prisoners have requested to see their key worker or raised issues with the IMB that are better dealt with by a key worker, these have been actioned by the key worker manager at the Board's request. The Board is grateful for this cooperation.

The Board is pleased to report that administration and management of the PIAC meetings, and the action tracker, have also improved this year. Minutes are more comprehensive and better reflect the meeting discussions. Unfortunately, due to the high level of prisoner turnover, there are frequent vacancies for PIAC reps, meaning that some wings are not always represented.

5.4 Equality and diversity

Throughout the year, the equality and diversity (E&D) team has organised a number of successful events. These include Black History Month, Holocaust Memorial Day, International Women's Day, International Men's Day, Gypsy, Roma, Traveller History Month, South Asian Heritage Month, LGBTQ+ History Month and Pride Month.

From the Board's review of data, the team continues to investigate issues raised through the discrimination incident reporting form (DIRF) system in a timely and comprehensive way. During the reporting year, a total of 119 DIRFs were submitted,

78 of which were not classed as DIRFs. Of the remaining 41 complaints, 15 were upheld and related to a protected characteristic (see table 2, Annex C).

Genesis Advantage, a community interest company specialising in immigration issues, has continued to visit foreign national prisoners to provide valuable and much-needed support and advice.

5.5 Faith and pastoral support

The highly committed chaplaincy team continues to provide important and consistent support to prisoners and staff. The team is a visible presence in all areas of the establishment but especially on the wings, demonstrating a strong focus on pastoral care. All prisoners are seen by a member of the team within 24 hours of arrival, daily visits are made to the CSU and IPU and prisoners on ACCTs are seen regularly. The team regularly attends a variety of multidisciplinary meetings, including GOoD reviews, SIMs and the SMARG.

Prisoners of all faiths can attend corporate worship and there is a team member for the major religious groups, apart from Pagan, where there is a vacancy. The largest groups are the Friday Muslim prayer services, with an average of 120 attendees, and the Christian services held on Saturday and Sunday, with about 60 prisoners on each day. In addition to corporate worship, the team holds study group sessions for Christian and Muslim prisoners. The Alpha course, introduced to the prison this year, covers the basics of Christian life, giving prisoners of all faiths and none an opportunity to learn more about Christianity. Up to 30 prisoners can attend the seven-week course. Feedback from attendees has been very positive.

The Christian chaplains also offer a baptism class for prisoners who wish to explore the possibility of being baptised.

Significant effort goes in to celebrating the major religious festivals and providing appropriate diets in conjunction with the catering manager.

Bereavement support is offered to prisoners of all faiths, or none, and the team liaises with the security department if a prisoner wishes to attend the funeral of a close family member. Where this is not possible, the team can arrange for the prisoner to watch the funeral on an iPad or laptop. In addition, weekly one-to-one bereavement sessions are available with an external counsellor.

Through the chaplaincy team, prisoners can access the official visitor's scheme. This provides the opportunity for prisoners who, for whatever reason, rarely, if ever, have visits from friends or family members to have contact with someone on the outside.

5.6 Incentives schemes

At the end of this reporting year, the number of prisoners on each level of the incentives scheme was roughly similar to previous years, with 10% on basic, 74% on standard and 16% on enhanced. During the previous reporting year and into this year, prisoners have complained to the IMB that the incentives scheme was not consistently applied across the prison and that key information, such as the process for moving from one level to another, was vague and insufficiently explained.

The prison has reviewed its incentives policy and introduced a number of measures to address these concerns. For example, a selection of review paperwork is regularly scrutinised by senior managers to ensure consistency. In addition, in February 2026,

the prison introduced monthly prisoner forums, where a selection of prisoners from all incentive levels can provide feedback on redacted incentives demotion paperwork and whether they consider the decisions to be fair. Feedback forms are shared with wing and senior managers, with specific issues highlighted. Although prisoners still occasionally complain to the IMB about inconsistency and a lack of information, the Board welcomes this development.

5.7 Complaints

Over the reporting year, the total number of complaints submitted by prisoners was 1,885, an increase from last year's figure of 1,768. Prison data shows that on average, 98% of complaints were answered on time, an increase from last year's average of 94%. It is to the credit of the QA team that they have maintained these high standards, despite staffing vacancies for a number of months during the year.

Local policy requires prisoners to raise issues with the relevant department through the CMS before resorting to the prison's formal complaints system. This is rigorously applied and is the most common reason for complaints to be rejected by the complaints team. The HMIP inspection in February 2025 highlighted a backlog of 400 CMS applications from prisoners to a number of departments, resulting in excessive delays in prisoners receiving a response. During this reporting year, the Board has conducted frequent checks on the numbers of the CMS applications received by each department and is pleased to report that, with the exception of one department (see 7.5), there have been very few outstanding CMS applications. Additionally, the quality of responses has improved.

Many complaints submitted by prisoners are rejected. For example, in June 2026, approximately two-thirds were rejected. As noted above, rejections are often due to prisoners not using the CMS system first to resolve the issue. Other common reasons for rejection are prisoners not signing or dating the complaint form.

The Board also carries out regular monitoring of complaints that are not upheld and has found that, in the vast majority of cases, the decisions appear fair. Where the Board has raised occasional concerns, these have been dealt with promptly by the QA manager.

The Board has also carried out random monitoring of complaint responses and has found the quality of many to have improved. This is due to regular feedback to senior managers from the QA manager.

Despite the efforts of the prison to improve oversight and management of prisoner property, complaints to the prison about property remain the most common for the fourth year (see table 3, Annex C), constituting 25% of the total, the same proportion as last year (see 5.8).

The number of confidential complaints decreased significantly, from 14% of all complaints submitted to the prison last year to 5% this year. However, applications to the Board concerning staff remain the second-largest category (see below).

Prisoners can also raise concerns to the IMB through paper applications⁴ (see p 50). Healthcare remains the category with the highest number of applications, with staff

⁴ IMB applications are separate from the applications prisoners submit to the prison through CMS.

and prisoner concerns second. However, the number of healthcare applications decreased significantly in the second half of the reporting year.

Applications to the Board raising concerns about staff have included general complaints about unnamed staff and dissatisfaction with responses to complaints, including allegations that no response was received. In relation to the latter, the Board's investigations have found no evidence of irregularities. Other applications have alleged staff corruption, bullying and violence. In cases involving bullying or violence, prisoners are advised to submit a confidential complaint to the prison using a COMP2 form.

For the first year, applications to the Board raising sentence-related complaints have risen to third place, having more than doubled from 28 in the previous year to 64 over the reporting year. The majority of these are complaints from prisoners trying but failing to access various resettlement services, such as probation support, housing and employment, as well as issues regarding court cases, release dates and immigration issues (see p 50 and 7.5).

5.8 Property

In the past six annual reports, the Board has raised concerns about the management of prisoner property. During this reporting year, property remained the subject of the highest number of complaints submitted by prisoners to the prison, accounting for 25% of all complaints, a proportion similar to that of last year. There was a slight reduction in the proportion of upheld property complaints in the second part of the reporting year, from 23% to 21%.

The Board recognises the work carried out during the reporting year by the prison to improve the throughput of prisoner property, thereby reducing the likelihood of it going missing. For example, as well as reviewing the processes in reception, a reception coordinator has been appointed whose role specifically includes overseeing the handling of property. The storage of property documentation has also been reviewed and improved. In addition, the prison has engaged the services of a new courier who provides a next-day service for any property that did not accompany the prisoner on transfer. There are also daily QA checks on property documentation by senior managers. However, as the number of upheld property complaints remains similar - around a fifth - this is still clearly an area for further progress.

The Board has also seen a significant improvement in the quality of responses sent to prisoners who have raised property issues.

While the Board understands that some improvements have been made regarding property hand-ins, prisoners still complain to the Board about delays in receiving their property, which has either been sent in by courier or post or handed in by family or friends. Prisoners have also raised concerns, both through the prison's complaint system and with the IMB, about property going missing from their cells while they are out at hospital.

The Board will continue to monitor property in the next reporting year.

6. Health and wellbeing

6.1 Healthcare general

Providing healthcare at HMP Thameside is challenging because many prisoners have physical and mental health problems, issues with drug or alcohol misuse, age-related health needs, or are neurodiverse.

Practice Plus Group (PPG) took over the healthcare contract in June 2023. In the Board's annual reports since then, major concerns have been raised about healthcare provision. However, over this reporting year, significant improvements have been made.

The head and deputy head of healthcare took up their posts in April 2025 and, together with their senior team, have worked hard to bring about change. Following concerns raised by HMIP and the Care Quality Commission (CQC), during their February 2025 visit, they revisited in June 2025. The subsequent report noted improvements, and the CQC warning notice that had been issued was lifted.

Constructive relationships between the prison, PPG and Turning Point (TP) have been fostered, with all parties working together to improve prisoners' healthcare. The relationship between PPG and the IMB, improving at the time of the last annual report, has continued positively. Meetings are held monthly and Board queries followed up promptly.

From December 2025, prisoners have been able to contact PPG using the CMS. Prior to this, a paper-based system was in place. Prisoners were often frustrated, as the process for making contact was not clear and resulted in delays in obtaining appointments.

While some staff turnover and unfilled vacancies are inevitable, several key roles have been vacant for long periods during the reporting year. These include the principal pharmacist, patient engagement lead, an occupational therapist and several psychology roles. Vetting delays have impacted the speed with which staff can start in post.

In the Board's previous annual report, the limitations of the outpatient waiting area were identified. Although the space remains unchanged, measures have been taken to restrict the number of prisoners present at any one time. Officers now also conduct safety monitoring in the clinic areas. These steps have made the environment calmer and safer for prisoners and staff.

A factor identified as delaying some healthcare appointments was limited clinic space. Following a review, an additional room has been made available in each houseblock (from March 2026), enabling some investigations (e.g. electrocardiograms, blood tests) to be conducted more promptly.

PPG data indicates that the number of prisoners needing to attend external healthcare appointments and receive inpatient hospital care is increasing year on year. This places significant demands on the prison, which provides officers for escorts and bed-watches. Every month, some outpatient appointments have been cancelled due to insufficient staff cover, raising concerns that prisoners' conditions may deteriorate due to it not being addressed promptly. The prison has demonstrated a commitment to addressing this issue and, through ongoing

discussions with healthcare providers to seek solutions, has achieved some success. The number of cancelled appointments fell from 11 in December 2025 to four in June 2026.

The Board has been made aware that, since December 2025, on-site kidney dialysis has been available, reducing the challenges, for the service and the prisoner, of having to attend external appointments several times each week.

High numbers of prisoners passing through reception each day, with some not arriving until late in the evening, place considerable pressure on reception. Despite changes to healthcare staffing, a review of the level of healthcare assessment required and efforts by the prison and the healthcare team to review reception processes, prisoners have often not been transferred to the wings until the early hours of the morning. Nevertheless, typically, PPG data shows that over 98% of prisoners have undergone healthcare reception screening within 24 hours.

The early days in custody (EDiC) meeting, established during the last reporting year, continues to ensure that new prisoners' health needs are reviewed promptly by drawing on the reception assessment and past medical records. Proactive action is then taken to arrange tests or medical reviews required.

A release and transfer team, introduced in December 2025, aims to ensure that released prisoners have a resettlement plan. Prisoners who are more vulnerable or have complex needs are prioritised. Although the primary focus is on healthcare needs, such as ensuring GP registration, wider needs are also considered, including accommodation.

Some work has been undertaken to strengthen relationships and support more effective working between prison healthcare and the external agencies with which Thameside prisoners frequently have contact. An open day held in May 2026 included representatives from the police, mental health hospitals and ICBs. Plans are being developed to build on this initiative.

The local delivery board, which provides governance oversight of healthcare, has met monthly. Attendance from key agencies and departments is generally satisfactory. Reports, including key data, are provided by PPG, the dental service, TP and the social care team. PPG consistently circulates its report several days in advance. Other services typically do not make theirs available until the day of the meeting.

6.1.1 Inpatient unit (IPU)

Thameside has an 18-bed inpatient unit for prisoners with complex physical and/or mental health needs. Prison officers and healthcare staff have shared responsibility for the regimen. To promote a more coordinated approach, PPG has requested that IPU officers attend their morning handovers and weekly ward rounds. The IMB has been informed that this has not happened consistently.

The two beds designated for prisoners with physical health issues have not been continuously occupied throughout the year. The remaining 16 beds, for prisoners with severe mental illness, are always occupied. There is usually a waiting list, typically between five and eight, so prisoners with significant mental health issues need to be managed on the wings or in the CSU, potentially posing a risk to themselves or others.

In our previous annual report, the Board noted improvements to the physical environment and regimen in the IPU but considers that the momentum driving these improvements has stalled. While the physical environment has generally been well maintained, enhancements to the exercise yard, which the Board understands were being considered, have not happened. Floor replacement works took several weeks and resulted in the therapeutic/activities programme not taking place. Only a limited programme has been reinstated. While recognising that the severity of many of the prisoners' mental illness precludes participation, it is disappointing that, in an environment where therapeutic options are limited, provision of an activities programme has not been a greater priority.

As in previous years, transfers to external mental health units continued to exceed the 28-day guidelines⁵. During the reporting year, 52 patients were transferred, up from 30 in the previous year. Only 23% were transferred within the 28-day limit, compared with 30% last year. However, the total number of transfers was substantially higher than in the previous year.

Of the transfers that exceeded the 28-day target:

- in two (5%) cases, delays occurred in the first 14-day period (key performance indicator/KPI 1)
- in 15 (38%) cases, delays occurred in the second 14-day period (KPI 2)
- in 23 (58%) cases, delays occurred in both periods (KPIs 1 and 2).

For transfers that exceeded the target, the shortest transfer time was 34 days and the longest 222 days, compared with 30 and 246 respectively last year.

While recognising the significant increase in the number of transfers in the reporting year, it is disappointing that long delays continue. This is despite legislation progressing through Parliament to address the issue. Concerns about delayed transfers have been repeatedly raised by HMIP, Thameside IMB and in national IMB reports. The Board remains of the view that prolonged detention in a prison, rather than timely treatment in an appropriate mental health facility, is inhumane and could be considered ill treatment, according to the National Preventive Mechanism definition. As such, it may constitute a violation of the UK's obligations under OPCAT.

IPU officers have highlighted the challenges of working with prisoners who have severe mental health problems, and some have suggested that further training and support would be beneficial. Although the Serco psychology team provides support for CSU staff, the IMB understands they do not have the capacity to offer a similar level of provision to the IPU.

6.1.2 Medication

About 70% of prisoners at Thameside require prescribed medication.

PPG data indicates that 75-85% of medication reconciliation takes place within 24 hours of a prisoner's arrival. Nevertheless, prisoners complain about delays in receiving medication they were being prescribed prior to their detention. In IMB

⁵ 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.

surveys conducted in November 2025 and May/June 2026, 46% and 20% of prisoners respectively reported waiting five or more days. Conversely, 33% and 52% reported getting their medication either straightaway or the next day.

Prisoners have also complained that medication is not always available at the medicine hatches. While 49% of respondents indicated this was the case in the November 2025 survey (an improvement from 58% in May 2025), the figure had fallen to just 6% in the May/June 2026 survey. In the November survey, 29% of prisoners indicated that their medication had not been available on seven or more occasions in the previous eight weeks. The IMB did not explore whether these were separate occasions or consecutive days. However, PPG data from 2026 indicates that up to 27% of prisoners receiving supervised medication missed three or more consecutive doses. Explanations include medication not being available, officers failing to unlock prisoners, and prisoners refusing medication. The principal pharmacist is planning further work to better understand the issues and reduce the number of omitted doses.

Some prisoners retain control of their medication, keeping it in their cells ('in possession'). Over the reporting year, there has been a gradual increase to 56%. In-possession medication is not permitted in the CSU, potentially resulting in missed doses until a medication has been re-prescribed, particularly at weekends.

The number of spot checks to monitor adherence to medication regimes has generally been low. The principal pharmacist has started to address this and the number has increased. Furthermore, a more considered approach is being taken to identify which prisoners should be subject to spot checks.

Safe and timely management and monitoring of prisoners who collect their medication from the hatches located in the houseblocks remains challenging. Officers are responsible for collecting and returning prisoners from the wings, overseeing the queuing process and monitoring the prisoners as they receive medication to minimise the risk of medication being diverted. Healthcare staff are responsible for preparing the medication in line with legal and best practice guidance. Despite ongoing efforts to address the challenges encountered, they continue, in particular at the IDTS hatches, where around 100 prisoners attend for morning medication. Issues of concern include:

- Insufficient staff – An increase in officer numbers has provided some improvement. At the IDTS hatch, typically three healthcare staff are responsible for preparing, administering and recording medication across two openings. A significant proportion of the medicines are controlled drugs, which require robust checks and detailed recording-keeping. Prisoners frequently complain about long waits.
- A perceived slowness of medication administration, resulting in prisoners becoming frustrated and, at times, late for, or missing, planned activities such as education and therapeutic programmes, with potential implications for their incentives scheme status. A new system for unlocking prisoners for medication was introduced on IDTS at the end of the reporting year, with a view to addressing these issues.
- Tensions at the hatches, creating friction and fraught prisoner staff relationships. Prisoners report that some healthcare staff are disrespectful and rude.

- Healthcare staff not always following the required procedure for preparing, administering and recording medication.
- Officers not sufficiently managing prisoners while queuing, resulting in prisoners, at times, crowding around the medicines hatches. Linked to this, officers not closely monitoring prisoners to minimise the risk of diversion. Having identified that officers generally do not have a good understanding of their role in monitoring medication administration, healthcare staff now provide input to the new officer training programme. This covers the officers' role in relation to healthcare generally and at medication hatches in particular. Initial feedback from trainers suggests that having had no experience of life on the wings, the extent to which this information is absorbed is limited.

Despite continued discussions between Serco and PPG, these challenges persist.

Over the course of the reporting year, each month between 65 and 75% of prisoners have received a supply of medication or a prescription when they have been released or attended court.

Medication management meetings have taken place consistently during the reporting year, but papers are not circulated in advance. The arrival of the new principal pharmacist (in April 2026) has provided a new impetus to identifying and addressing a range of medication-related issues.

6.1.3 Prisoner experience

The number of complaints (categorised by PPG as concerns, level 1 or 2 complaints) submitted to PPG has fallen over the reporting year, from 53 in July 2025 to 37 in June 2026. In March 2026 there were just 14. While there is evidence that healthcare provision has improved, in the latter part of the year there has been confusion regarding the process for making a complaint. Following the introduction of the CMS for contacting healthcare, the boxes into which applications and complaints were placed were removed. PPG is planning to have the boxes reinstalled so that the former system for submitting complaints can be re-established.

Historically, healthcare has been the topic about which the IMB has received the most applications. Over the course of the reporting year, the number fell significantly, from 73 in the first half of the year to 36 in the second. It is also noteworthy that in the May/June 2026 IMB healthcare survey, the 'good/appreciation of service' category of the 'additional comments' section received the most comments. Examples included: *'I am very impressed with the standard of the healthcare team...'* and *'They have helped me massively; service impeccable.'*

The introduction of the CMS for submitting applications has been a positive development. However, response times increased from fewer than three days initially to around five days between February and April. The IMB understands that consideration is being given to assigning a member of staff sole responsibility for managing applications, with the aim of improving the timeliness of responses. In response to applications, prisoners receive an acknowledgement and information about the next steps. However, comments made in the recent IMB healthcare survey indicated some dissatisfaction with the level of information provided and the late notification of appointment details.

More generally, PPG staff have made themselves more accessible to prisoners. Since October 2025, senior staff have visited the wings so that prisoners can raise healthcare concerns with them. A healthcare representative also attends the PIAC meetings. Further development of this engagement work has been hampered by the vacant patient engagement lead post.

IMB healthcare surveys conducted in the reporting year (November 2025 and May/June 2026) indicate improving prisoner perceptions of both the way they are treated by healthcare staff, and their satisfaction with healthcare provision. The proportion reporting that healthcare staff usually or always treated them with respect and courtesy increased from 59% in November 2025 to 70% in May/June 2026. The proportion reporting that they were very or quite satisfied with healthcare increased from 51% to 60%.

6.2 Physical healthcare

6.2.1 Outpatient clinics

A variety of healthcare services are available, including primary care/GP, dentistry, dietetics, physiotherapy, sexual health, chiropody, optician, smoking cessation, vaccination, wound care, long-term conditions and substance misuse.

Waiting times for the various services vary considerably. The figures reported by PPG represent the longest waits experienced by prisoners. GP waiting times were around a week for the whole of the reporting year. However, waits for the dentist and optician, two frequently requested services, were significantly longer: for dental appointments, typically at least six weeks and up to 10 weeks and five days; and for optician appointments, at least eight weeks and up to 14 weeks. While it is understood that these services prioritise prisoners with urgent needs, the IMB considers these waiting times unacceptable. Many prisoners remain at Thameside for only a few weeks and are therefore unlikely to have their needs met during their time at the prison.

A noticeboard in the outpatient department displays waiting times for the previous month. As noted in the Board's previous annual report, this is only visible to prisoners who attend the outpatient department. Plans to post waiting times on the CMS, so that they are more accessible, have not been implemented consistently. The IMB has been told that this will happen from September.

6.3 Mental health

6.3.1 As described previously, prisoners with the most severe mental health problems are in the IPU. The remainder are managed on the wings.

Large numbers of referrals are made for mental health assessments every month, typically 250 to 300. These are prioritised as urgent or routine. The target is to see urgent referrals within 12 or 48 hours and routine cases within five days. Although typically over 70% of urgent referrals are seen within the target times, this is not the case for those considered routine. In some months, it has been fewer than 50%, a figure that can be particularly adversely affected if there are staff shortages. Prisoners identified as requiring ongoing mental health support, typically around 115 at any one time, are usually seen every two weeks. A snapshot of mental health team activity in May 2026 indicated that 363 individual prisoners had been seen.

One factor hampering more timely provision is the lack of clinic space where confidential conversations can be held.

6.3.2 Psychological interventions

Staffing issues in the PPG psychology team which provides psychological interventions for prisoners with mental health issues were highlighted in the Board's previous annual report. These have deteriorated further in this reporting year, resulting in no new referrals being accepted from November. The IMB understands that recruitment has proved challenging. Only limited psychology provision has been available to those who were on the waiting list. New staff are expected to start in August 2026. Given the mental health difficulties experienced by many prisoners, the Board is very concerned about the lack of psychology provision.

A welcome development during the reporting year initiated by the Serco psychology team was the introduction of a Pets as Therapy (PAT) dog, Chester, who regularly visits the residential units with his owner, the head of psychological services. Prisoners can engage with Chester on these visits or request an individual session. Since it started in May 2026, 28 prisoners have taken the opportunity to engage with Chester and the Board understands that at the time of writing this report, in August 2026, there were at least 35 prisoners on the waiting list.

6.3.3 Neurodiversity

The Criminal Justice Joint Inspection of Neurodiversity in the Prison Population estimated that over half of the prison population has neurodiversity needs. Serco employs a neurodiversity support manager (NSM). PPG has three neurodiversity posts: a part-time lead, a full-time learning disability nurse and a full-time occupational therapist. The NSM is proactive in raising awareness and developing initiatives to meet the needs of neurodiverse prisoners. This includes individual work, input on prison training programmes and meetings, and the development of neurodiversity champion roles within the staff and prisoner population. Unfortunately, the NSM was absent for several months during the reporting year, although some cover was provided by the safer prisons team. In the previous annual report, the Board encouraged the prison to consider how expanding the neurodiversity resource could be achieved. The Board again urges the prison to consider this.

6.4 Social care

The Royal Borough of Greenwich social care team, together with Eleanor Care, continues to assess and provide social care for Thameside prisoners. In addition, care and support orderlies (CSO) provide significant support to fellow prisoners.

Monthly data should be reported to the local delivery board. However, for three consecutive months during the reporting year, no data were made available. Data provided towards the end of the reporting year showed a month-on-month increase in the number of care hours delivered: for CSOs, from 125 in July 2025 to 213 in May 2026; and for Eleanor Care workers, from 36 hours to 57 hours over the same period. During the reporting year, there have typically been between 25 and 30 prisoners on PEEPs at any one time.

6.5 Time out of cell, regime

6.5.1 Time out of cell

Thameside prisoners can spend more time out of their cells than those in many other establishments. The prison is keen for men to be engaged in purposeful activity when they are out of their cells. Most prisoners on houseblock one can spend over eight hours out of their cells each day during the week and over six at weekends. This increases to nine and seven respectively on houseblock two. On the ISFL wing, from Monday to Thursday, an additional two hours out of cell are available. Prisoners can access up to an hour of exercise each day. On ISFL, when additional time out of cell is permitted, an additional hour of exercise is available. Further opportunities for exercise are available for all prisoners if gym sessions are booked. A more restricted regimen is in place on the induction wing. During their initial days, prisoners have up to four-and-a-half hours out of their cells on weekdays and four at weekends.

On the segregation unit, prisoners can leave their cells for up to an hour for exercise and, if they are not subject to heightened unlock restrictions, can collect their lunch and evening meal from the serving hatch.

On the IPU, prisoners who are not subject to heightened unlock restrictions can spend up to two hours out of their cells in the afternoon. During this time, they have access to the exercise yard. This is in addition to the daily half-hour period of exercise. Prisoners not subject to heightened unlock restrictions can also collect their lunch and evening meal from the serving point.

6.5.2 Gym

The gym remains one of the most popular areas of the prison. Prisoners value the facilities and the enthusiastic staff team. A variety of activities are available, including football, volleyball, circuit training, weight training and cardiovascular exercise. Football is offered on Saturday afternoons. During the reporting year, additional equipment has been made available on all wings, except the CSU.

Access to the gym depends on prisoners completing an induction and obtaining the relevant healthcare and education clearances. Some prisoners experience difficulties in gaining access when education assessments have not been recorded promptly on the CMS.

Enhanced prisoners can access extra gym sessions. Concerns remain that working prisoners, including CAD representatives and wing orderlies, have less access to gym sessions than unemployed prisoners due to their work commitments.

Gym staff work closely with the healthcare unit to support prisoners requiring rehabilitation or tailored exercise programmes. During the reporting year, the gym team introduced Tackling Drugs Through Sport, a weekly programme for IDTS prisoners that combines instructor-led exercise with facilitated discussions involving Turning Point, the healthcare team and custodial staff. Another initiative, Tackling Gangs Through Sport, was launched for young adults, using sport as a means of engagement and conflict reduction. The Board welcomes these initiatives.

6.6 Drug and alcohol rehabilitation

Substance misuse presents significant challenges for the prison, both in maintaining a safe environment and providing therapeutic interventions, pharmacological and

psychosocial. The prison takes a rehabilitative approach to addressing substance misuse (including positive drug tests and adjudications associated with drug finds) rather than relying solely on punitive measures. This provides prisoners with the opportunity to engage with treatment.

From October 2025 onwards, the monthly drug strategy meeting has been revamped, with good attendance from staff in a range of roles across organisations (Serco, PPG, TP). The meeting focuses on enabling recovery, as well as reducing demand and restricting supply in line with the HMPPS Drug and Alcohol Operational Framework. Service data is reviewed and action plans made. In recognition of the significant challenges associated with prisoner substance misuse, funding has been secured for a drug strategy lead. The appointee is scheduled to start in August.

In contrast, the tripartite meeting, a smaller meeting that brings together representatives from PPG, TP and Serco to address day to day issues, has been less effective. Meetings have not consistently taken place, and some repeatedly identified issues have not been satisfactorily addressed.

Following HMIP criticism of the ISFL wing, recent months has seen significant improvements, led by the enthusiastic wing manager and a TP representative. About a third of prisoners on the wing have a substance misuse history, while the remainder have enhanced status and are committed to substance-free living. All prisoners are drug tested every two weeks.

Narcotics Anonymous meetings are held weekly in the evening, allowing prisoners who are working to attend. Incentives introduced include additional time out of cell (see 6.5.1), a wider range of canteen options, film nights with special food, audio books, 'chips' similar to the Narcotics Anonymous (NA), Alcoholics Anonymous (AA) fellowship keyrings awarded to recognise periods of drug-free time. Prisoners have reported that the atmosphere on the wing is calm and positive.

6.6.1 Clinical interventions

Prisoners identified as having substance misuse problems in reception spend up to a week in IDTS. The large numbers of prisoners with complex substance misuse needs make IDTS a busy and challenging environment. Training for officers is somewhat limited, with most learning taking place on the job.

At any one time, PPG supports a caseload of around 300 prisoners with substance misuse problems, the majority receiving opiate substitute treatment. Between 120 and 165 new admissions are received each month.

Given the risk of accidental overdose following release, training and provision of naloxone is a high priority, with most eligible prisoners taking up the offer of naloxone on release.

Given the high prevalence of co-existing substance misuse and mental health problems (dual diagnosis) and their often complex inter relationships, it is disappointing that more focus is not given to the needs of this group.

6.6.2 Psychosocial interventions

The Turning Point (TP) charity continues to provide a wide range of interventions for prisoners wishing to address their substance misuse. Engagement is voluntary. A TP worker sees new prisoners on IDTS on their second day. Up to 14 TP peer mentors

play a key role in raising awareness of TP's provision across the prison and encouraging prisoners to engage.

Typically, TP has worked with around a third of the prison population. This increased to nearly 40% towards the end of the reporting year. At times, there was a waiting list of up to 50 people. TP reviewed their triaging process so that interventions could be better tailored to individual needs and ensure that those most in need could access interventions in a timely manner.

TP offers individual work, a variety of groups and workshops, in-cell work packs, resources such as comic-format booklets, which include harm-reduction information, and support resources on the CMS. The number of CMS views per month at the end of the reporting year was over 6,000. A mainstay is the SCAR (support, change and supporting recovery) programme, a 30-hour course run over two weeks. Other provision includes groups designed specifically for IDTS prisoners, groups focusing on a specific substance (alcohol, cannabis, spice), training on the use of take-home naloxone and 'fellowship' groups (i.e. AA, NA, Cocaine Anonymous). Some individual work is undertaken with fellowship sponsors. Prisoners are supported to link with local community fellowship groups on release.

From our observations, TP is highly responsive to emerging needs. For example, it provided additional tailored support when the prison experienced an increase in the number of prisoners under the influence of spice. TP also conducts surveys to inform its own work and that of the wider prison. For example, one survey explored prisoners' use, and perceptions, of spice.

TP staff work collaboratively with other teams to promote a consistent and comprehensive approach to the care and treatment of prisoners with substance misuse problems. They liaise with community substance misuse services when a prisoner has initially been detained and as part of release preparations. 'Through the gates' workers support prisoners to engage in local community provision, often escorting them to their appointments.

Prisoners speak highly of TP's provision and the way it encourages them to consider making changes to help them reduce or stop their substance misuse.

7. Progression and resettlement

As a reception and resettlement prison, HMP Thameside holds a majority of remand prisoners (around 80%), with the remaining 20% sentenced prisoners nearing the end of their sentence. Included in this group are prisoners who have been recalled due to breaking the terms of their probation licence. The Board understands that the number of recalls to Thameside has doubled over the reporting year. Their relatively shorter sentences present challenges in terms of providing resettlement services.

Services are provided by a patchwork of organisations and departments, some of which are managed by Serco and others directly contracted by HMPPS. For the sixth year running, recruitment issues have significantly impacted provision, including the Families First team, the banking and ID clerk and the prison employment lead.

In last year's annual report, the Board highlighted a number of concerns regarding the service provided by the HMPPS departments in the prison, including inadequate record keeping and difficulties for the Board in obtaining data and meeting minutes when requested. The Board is disappointed to report that many of these concerns have remained (see 7.5). Applications to the IMB regarding resettlement services have more than doubled this year (64 applications this year compared with 28 last year). The majority relate to prisoners' difficulties in accessing various resettlement services, e.g. probation support, housing and employment but also include issues on HMCTS (HM Court and Tribunal Service) court cases, release dates and Home Office immigration.

A fundamental regime change from October 2025 resulted in increased time out of cell for prisoners, with a focus on increasing the number of prisoners involved in some form of purposeful activity.

There was also a change in the education provider from Novus to PeoplePlus (see 7.1.1)

The IMB conducted a resettlement survey on the CMS in May 2026 (see Annex B). Prisoners were invited to provide feedback on:

- 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

In October 2025, Thameside's education services provider changed from Novus to PeoplePlus. This change aligned with the Ministry of Justice's (MOJ) shift from the old Prison Education Framework (PEF) contracts to the new Prison Education Services (PES) contracts. Many former Novus employees transitioned to PeoplePlus.

The changes in contracts and personnel have led to adaptations in education formats and available courses, adjustments that stem from modifications to the annual delivery plan (ADP) under the contract between PeoplePlus and the MOJ, transitioning from the PEF to PES contracts. As a result, over the reporting year, Thameside's education provision has experienced several changes. While the Board appreciates the commitment to improve provision, the actual benefits of the ADP modifications remain to be seen.

The first ADP change, in October 2025, increased English for speakers of other languages (ESOL) provision from 1.5 to two full-time equivalent (FTE) tutors. However, this was later reversed, due to insufficient prisoner demand. Subsequent changes focused on wing outreach, resulting in a 200% increase in outreach provision for English and Maths. The Board understands that a review of learner needs was conducted in February 2026.

The Board also noted that the construction skills certification scheme (CSCS) and art courses were discontinued following the transfer to PeoplePlus in October 2025. However, CSCS delivery is due to resume in July 2026.

Data on education for the reporting year is reported in two parts: from Novus for July to September 2025, and from PeoplePlus from October 2025 onwards. From July to September 2025, there were 1,517 reported course starts, all classified as 'completed' due to the contract's end. However, this does not mean actual course completion by prisoners. The achieved rate was 84%, similar to the previous year's 86%, while attendance dropped to 49-55%, compared with last year's 52-63%.

From 1 October 2025 to 30 April 2026, there were 1,830 course starts reported, with 1,695 classified as 'completed,' resulting in a 93% completion rate. However, the achieved rate⁶ was only 35%, largely due to over 1,000 course re-enrolments stemming from the transition to PeoplePlus, which required new centre registrations for course delivery. Attendance rates fluctuated between 28% and 58% during this period.

The low attendance figures reported by both the prison and the HMPPS performance hub was also observed by the Board during our regular monitoring visits. However, the Board acknowledges that HMP Thameside performs relatively well compared with other London prisons. In a June 2026 spot check of the performance hub data, Thameside ranked second, first, and fifth out of nine for various attendance metrics within the performance hub⁷. The Board also recognises the difficulties in achieving high attendance rates, particularly given the majority remand population and its associated high turnover.

A notable issue affecting this year's education data is the migration to a new education contract management system, which led to Thameside being evaluated against outdated data from September 2025. Consequently, improvements made to education attendance and outcomes were not reflected in the performance hub

⁶ Achieved rate: the learner passed the course.

⁷ Second out of nine for 'attended vs planned'; first out of nine for 'allocated vs planned'; and fifth out of nine for 'attended vs allocated'.

scores. In April 2026, HMPPS announced that certain education metrics would not be counted for all prisons for the 2025-2026 period.

A total of 82% of respondents to the IMB resettlement survey indicated they had not attended any educational courses during their time at Thameside, an increase from 68% the previous year. This is concerning, especially as 81% of those who did attend found the courses helpful, up from 69% last year. Consistent with prior years, English and maths were the most attended courses, according to survey responses.

Recruitment issues have also persisted, with the Board noting four tutor vacancies as of May 2026. Recruitment challenges have been highlighted in the previous five annual reports.

Particularly alarming this year has been the lack of implementation and support for prisoners undertaking distance-learning courses. The Board requested data on this in February 2026⁸, but it took nearly three months to receive a response from PeoplePlus. The data provided raised several significant concerns, as it appeared to lack prisoner surnames, as well as prisoner identification numbers. It also included outdated information and omitted some requested data altogether.

By May 2026, the Board had established that only one prisoner was actively engaged in distance learning, and he reported inadequate support. After starting his course at another establishment, he faced difficulties contacting education staff at Thameside and resorted to contacting the Open University directly to prompt the education department to facilitate his ongoing studies. When support was eventually provided, further issues arose. For example, one of his assessments was not submitted for marking and there were last-minute cancellations of his weekly sessions. The Board is aware that distance learning sessions were the most frequently cancelled education sessions. Furthermore, his entitlement for one-on-one calls with his tutor were not facilitated at Thameside, despite being available at his previous establishment. Conversations with other prisoners attempting distance learning revealed a similar pattern of disorganisation and insufficient support, highlighting a significant failure to assist those seeking educational opportunities while in custody. The Board finds this unacceptable.

7.1.2 Shannon Trust

The Shannon Trust continues to provide an excellent service. The Trust runs two sessions a month, the first for training new members and the second for catching up with existing mentors. On completion of the course, learners receive a certificate, a £2 bonus and a positive entry on their prison record.

As of June 2026, there were 22 mentors working with 68 learners: 67 on reading programmes and four on numeracy programmes, with three learners participating in both. During June 2026, 132 sessions were recorded.

During the reporting year, the Trust started running a monthly 'book and biscuit' session on the induction wing. New prisoners receive free books (and biscuits) to encourage reading.

⁸ (i) the number of prisoners involved in distance learning; (ii) a breakdown of numbers enrolled on courses; (iii) feedback received from prisoners; (iv) any changes implemented or planned

7.1.3 Library

Thameside has a well-stocked library (around 10,000 books) and offers a wide programme of activities, in addition to regular library sessions, which prisoners can book via the CMS. General library sessions run for 75 minutes throughout the week, with a capacity of up to 12 prisoners. The library is a popular resource and is usually well attended, with positive engagement from prisoners. Data for the second half of the reporting year shows that around 340 books were loaned and around 320 prisoners attended each month. The library also maintains a good working relationship with the Shannon Trust to support prisoners in improving their reading and numeracy skills (see 7.1.2).

Additionally, prisoners can participate in a range of activities, ranging from choir and chess to film club and art therapy, which are supported either by library staff or external organisations such as the charity Chess in Schools and Communities. The library also regularly welcomes external speakers on a range of topics, from life in prison to jobs and skills, as well as general interest. A typical month sees around 15 separate activities taking place.

The library also facilitates prisoners' access to legal advice through monthly sessions with the Prisoners' Advice Service.

The staff keep the library updated with new stock and the latest management software and regularly surveys prisoners to understand what resources and activities they find most useful. Feedback on individual events is routinely sought and these show very high levels of satisfaction. The IMB continues to be impressed by the hard work and commitment of its diligent staff.

7.2 Vocational training, work

7.2.1 Job opportunities across the prison

In October 2025, the prison implemented a new job allocation process, replacing the long-standing labour board system. This significant change narrowed the departments involved in job allocations to the purposeful activity (PA) team, the CIAG provider, Get Set UK, and the education department. The rationale behind this shift was to ensure that prisoners are allocated to activities and education paths that suit them best.

While the Board has not yet conducted focused monitoring of this new system, it has received concerns from some prisoners regarding its reliance on wing staff to submit job requests on their behalf. In contrast, the previous system allowed prisoners to request jobs directly through the CMS. In March 2026, the Board sought assurances from the prison about the fairness of the new process from a prisoner's perspective. The response received in May 2026 indicated that the new approach was designed to enhance staff safety and ensure compliance with safety audits for on-site employment. The Board acknowledges this rationale but will continue to monitor the outcomes for prisoners wishing to engage in jobs at Thameside.

A new approach to advertising off-wing vacancies is currently being trialled in houseblock two, along with the development of an activities representative role to encourage broader participation in prison activities. Additionally, efforts are underway to enhance engagement with Get Set UK to suggest work roles aligned with prisoners' personal learning plans (PLPs) and suitable employment pathways.

At the end of the reporting year, there were 562 job opportunities within the prison, with over half allocated to wing roles, including positions such as cleaners, painters, server workers and representatives for various departments, including safer custody, Families First, neurodiversity, PIAC, education, the Shannon Trust, violence reduction, Catch 22 and Turning Point. Off-wing jobs cover various industries, including the kitchen, waste management, CMS repairs, and painting. By the end of the reporting year, 79% of on-wing roles were filled, while 59% of industry roles were occupied. The Board understands that the prison is focusing on improving the proportion of filled jobs in these areas. The Board appreciates the management's efforts to enhance job opportunities for prisoners, aiming to maximise engagement in purposeful activities during custody.

7.2.2 Vocational training

Overall, the reporting year saw a reduction in the number of one-day courses, which is disappointing. The Board was informed that courses on mental health awareness, conflict management, emotional resilience, British values and equality and diversity were discontinued in June 2025, some due to poor attendance. However, the reporting year saw the introduction of a first aid course, which took place with two existing courses (health and safety and food safety).

A total of 82% of respondents to the IMB survey stated that they had not attended any training courses whilst at Thameside. This was higher than the previous year's 71%. Of those who had, peer mentoring, food safety, and industrial cleaning were the most frequently attended. Of the attendees, 86% stated that the course was either very or quite helpful (up from 75% last year). When prompted for comments about training opportunities at Thameside, several prisoners requested a wider range of courses.

7.2.3 Purposeful activity

In addition to the changes in education courses and the process for allocating jobs, the prison has worked hard to ensure that prisoners not leaving the wings to attend education or work should still have opportunities to engage in some form of purposeful activity. Gym equipment and large television screens have been installed on all the houseblock wings, along with pool and table tennis tables. A variety of board games is also available. Most wings have an activities representative, whose role includes checking and maintaining equipment and notifying staff regarding repairs or replacements. The Board frequently sees prisoners on all wings making use of these facilities.

7.3 Offender management, progression

The offender management unit (OMU), operated by Catch22, supports prisoners in managing their custodial sentences. Although it is not contracted to provide case management support to remand prisoners, who make up as much as 80% of Thameside's population, Catch22 runs a remand advice service. This provides responses to queries submitted by remand prisoners via the CMS, answers general enquiries from prison staff, and signposts individuals to the appropriate departments.

The OMU's work is carried out by a team of prison offender managers (POMs). Once a prisoner has completed a basic screening (BCS1), usually in the first 72 hours at Thameside, sentenced and recalled prisoners should be allocated a POM, who will

complete a prisoner's sentence (OASys) plan and provide subsequent case management, subject to eligibility. Case management can be wide ranging, involving work on 'recall packs', supporting prisoners through parole proceedings, attending multi-agency meetings and handing over to community offender managers (COMs).

As of June 2026, there were 11 POMs, with four vacancies, although recruitment had taken place and the candidates were going through pre-employment checks, including vetting.

The team carries out its statutory duties within the required timescales: 99% of BCS1 screening assessments are completed within 72 hours of a prisoner arriving in custody and 98% of multi-agency public protection arrangements (MAPPA) F reports are completed within two weeks of request.

Given the important role of the POM in the resettlement of prisoners, the Board would like to see more regular POM attendance at key resettlement meetings (see 7.5.1). The Board has observed that these meetings are more effective when POMs are present and have seen the relevant prisoners in person beforehand.

7.4 Family contact

The prison features a spacious visits hall that is well-staffed, clean and calm, and includes a café run by officers and prison workers serving affordable food. Visitor feedback to a prison survey has been largely positive regarding the environment and staff interactions, although concerns persist about the inadequate advance information provided for visits – an issue highlighted by the Board on a number of occasions over the reporting year. At the end of the reporting year, the Board is pleased to note improvements in the accessibility of essential visitor information on the prison website and in the visitors' centre.

Facilities for children are currently limited. The indoor play area has some tables and chairs for colouring and activities. More engaging installations, which were originally planned, are still pending. The outdoor area, primarily artificial grass, includes a few trikes, but a previously donated climbing frame was deemed unsuitable for use and a replacement is awaited.

Concerns about the lack of secure storage for visitors' items, such as mobile phones and keys, have been raised on a number of occasions by the Board. Despite repeated assurances from the prison that lockers would be obtained, this issue remained unresolved by the end of the reporting year.

The Families First (FF) team, now consisting of one manager and two support workers, facilitates contact between prisoners and their families. The Board is pleased to see this improvement in staffing levels. Key sessions conducted by the FF team during the reporting year included:

- Baby bonding: over 142 attended
- Toddler time: over 116 attended
- Family Days: generally run every other month with around 20 prisoners and 50 visitors per session
- Neurodiversity visits (monthly for prisoners or their families who are neurodiverse): 84 sessions attended
- Storybook Dads: 126 sessions took place

- Purple visits (remote video calls): around 120 per month
- A total of 40 children attended the Christmas family day, which was close to maximum capacity.

In addition to core sessions, the FF team has organised activities around events like Pancake Day, Valentine's Day, and Father's Day to enhance family engagement.

The FF team has increased its collaboration with care leavers and initiated a 'strengthening fathers' pilot scheme, with positive feedback from prisoners. Plans to expand this into a full programme are in progress, along with efforts to establish a Families First representative role for prisoners, creating additional job opportunities.

They also assist prisoners with child contact requests, coordinating with social workers, facilitating visits and attending internal prisoner reviews. The effectiveness of this support relies on a timely completion of persons posing a risk to children (PPRC) checks conducted by the probation/pre-release team. The Board was concerned to learn about the backlog of assessments for prisoners, especially those on remand, some pending since 2025. Despite the prison custody staff sending weekly and monthly lists of pending assessments to the probation/pre-release team, the Board understands that little or no action has been taken to reduce this number. This delay is most concerning. While some of these assessments will result in restrictions remaining in place, others will be lifted. For prisoners in the latter group, it is unacceptable that authorised contact with their children is delayed for many months, especially when maintaining family contact while an individual is in custody is the single most powerful tool in reducing reoffending.

The Board commends the work of the FF team, which continues to provide many opportunities for prisoners to maintain strong ties with their families.

7.5 Resettlement planning

7.5.1 Probation/pre-release team (PRT)

A key area for improvement highlighted in the Board's previous annual report was the inaccurate logging of BCS2s and BCS3s on the PRT's systems for 11 months, without investigation of its validity or the performance of the team (see section 3). Unfortunately, this year's data continues to show a low percentage of completed BCS2s/BCS3s (see tables 4 and 5, Annex C), prompting the Board to focus on understanding the reasons behind this.

The PRT provided the Board with four general reasons for the low completion rates of BCS2s/BCS3s. In the Board's view, only one of these appeared to be outside the PRT's control, namely prisoner transfers and releases. Two of the reasons, staff availability and IT connectivity issues, were matters that the PRT should either address directly or escalate. In relation to the fourth reason, prisoners declining to engage with the team, the Board questions what steps were taken to encourage participation in a process intended to support prisoners on release.

The Board then inquired how the PRT records reasons for uncompleted BCS2s/BCS3s, discovering that while there is a column for this in their spreadsheet, it is often filled out as 'not applicable', failing to provide clear insights into the reasons behind uncompleted assessments. This lack of specific data hinders any understanding of the low completion rates, raising concerns for the second year running about the oversight of the team's efficiency, despite previous assurances

(see section 3.3). The Board also queries how improvements can be identified and actioned by the probation service if robust data is not available. The societal benefits of preparing prisoners adequately for release are far less likely to be realised if key pre-release assessments such as BCS2s/BCS3s are not completed.

Prisoners can send applications to various departments in the prison using the CMS, a system that is generally understood to function well (see 5.7). In February 2026, the Board discovered that the probation and PRT had a backlog of over 400 overdue applications on the CMS system. The Board was told that the team had lost access to the CMS 'some time' in 2025. The precise date is unknown, although it was requested by the Board. By May 2026, the number of pending applications had risen to 490, representing requests from prisoners still at Thameside. The Board subsequently asked the PRT how prisoners could effectively communicate with the team and was given the following response:

'Prisoners are able to contact the pre-release team through a combination of standard application processes (e.g. applications submitted on the wings, but currently not in use), referrals from internal departments and direct engagement where individuals are identified for resettlement input.'

Given that the CMS system (referred in the response above as '*standard application processes*') has been unavailable for an unspecified period in 2025 and at least half of 2026, the Board considers this to be a disingenuous response. The Board sought clarity about when the PRT realised they could not access CMS and how this situation was escalated and to whom but received no response.

The Board then reviewed the messages sent by prisoners to the probation/PRT via the CMS. These were generally relevant and important requests for resettlement help, which went unanswered. Some prisoners had sent repeated messages, which showed a building frustration and suggests that prisoners were unaware of the application's non-functionality. Anonymised examples of these messages are included in Annex E. Given that multiple messages had been sent by some prisoners, it is reasonable to conclude that an alternative means of resolving their queries had not been found.

During the reporting year, the Board monitored several resettlement planning meetings, including the fortnightly pre-release and monthly inter-departmental risk management meetings. These followed the same format of going through a spreadsheet of prisoners within 12-16 weeks of release, shared on screen by a designated administrator. On the meetings observed, the Board observed a lack of follow-up on actions from previous meetings and no regular circulation of minutes. The Board repeatedly requested copies of the meeting minutes but received no response.

While discussions about some prisoners were detailed, the absence of relevant POMs in some cases often hampered effective planning. Additionally, when present, some POMs had not interacted with the prisoners prior to the meetings. Furthermore, during a number of the meetings monitored by the Board, there were several acknowledgements of actions being taken too late, as the prisoner had been released or was about to be released. This often resulted in a default to 'signposting' the prisoner to available services, rather than proactive interventions (see 7.3).

In response to the concerns we raised, the AD for Reducing Reoffending took over chairing both types of meetings at the end of the reporting year, aiming to revitalise these forums.

7.5.2 Bail information service

Although three on-site bail information officers (BIOs) were allocated to Thameside, only one officer materialised. The Board understands that each BIO has a target of six bail information reports (BIRs) per week. Between July 2025 and March 2026 (36 weeks), 87 BIRs were produced for defendants at HMP Thameside, alongside two CAS-2 referrals and two amendments to existing BIRs. However, the IMB was informed of teething issues, including access to keys and office space as well as staff absences, which may partly explain the shortfall. Defendants at Thameside also received 375 outputs from BIOs based elsewhere: 360 BIRs, four standalone CAS-2 referrals and 11 amendments to existing BIRs.

7.5.3 Housing

Housing support at Thameside is primarily provided by the commissioned rehabilitative service St Mungo's. The team consists of four dedicated housing advice workers (HAWks), each managing a caseload of 40 to 60 prisoners, including remand, sentenced and community cases. Additionally, Thameside employs a strategic housing specialist from HMPPS to coordinate efforts between key stakeholders, such as Thameside's senior management, St Mungo's, the OMU, probation services and local authorities.

Referrals to St Mungo's must go through the PRT, a process the Board considers unnecessary and potentially delaying (see 7.5.1 and Annex E). From July 2025 to March 2026, St Mungo's received 327 referrals, averaging 36 per month (ranging from 28 to 43). On average, 68% of referred prisoners were resettled into some form of accommodation, primarily temporary housing. A slightly higher percentage - 74% - secured accommodation along with a homelessness person's unit (HPU) assessment on the day of release.

For prisoners with existing tenancies - common among remand prisoners - St Mungo's actively works with partners and landlords to sustain these tenancies during custody. Data indicates that 14 tenancies were maintained from July 2025 to March 2026, while four were surrendered during this period.

Despite the above, the Board remains concerned about the number of prisoners leaving without adequate accommodation, an issue previously highlighted in IMB annual reports. The average proportion of sentenced prisoners housed on their first night of release was 65%, a slight decrease from 67% the previous year, leaving many men homeless. The 'homeless' category includes not only rough sleeping but also those in hostels, sofa surfing, or held overnight in police stations before returning to prison. Unfortunately, the Board could not obtain similar data for remand prisoners, as St Mungo's does not have accurate data on remand prisoners without accommodation on release. The Board was told that while HAWks provide advice to those claiming no fixed abode, many remand prisoners are released directly from court and only return to the prison to retrieve their belongings.

A total of 59% of respondents to the IMB survey had no accommodation arranged on release (down from 66% last year). Of those, 84% stated that they did want

accommodation to be arranged on release (down from 86% last year). Moreover, the Board has been frequently contacted by remand prisoners voicing concerns about accommodation needs not being met.

7.5.4 Banking and identification documents

For several years, the prison has provided an identification (ID) and banking service to support prisoners in obtaining bank accounts, birth certificates, adoption certificates and temporary identification documents. This service plays an important role in helping prisoners prepare for release. The Board is aware that the prison was without a dedicated ID and banking officer for several months during the reporting year. The current ID and banking clerk reported that little or no documentation appeared to have been retained before they took over the role. Table 6 (Annex C) shows the total number of applications for identification documents and bank accounts during the reporting year.

It is concerning that the data before January 2026 does not appear to be verified (or at least, appears to not have been kept in an orderly fashion); and very low numbers of prisoners appear to have been supported with banking and identity documents from September 2025 to January 2026. This appears to the Board to be an example of staff absence leading to an unfair loss of assistance to prisoners.

7.5.5 Employment

The Board is aware that the prison's employment hub organised a range of sessions focused on external employment opportunities during the reporting year. The hub works with external organisations to provide employment-related sessions for prisoners. However, the prison employment lead was vacant for several months, leaving one staff member to maintain activities. While the Board considers that this staff member performed admirably, a full complement of staff would have been preferable. Despite several requests, the Board has been unable to establish whether CIAG/Get Set UK contributes to the hub's work.

The Board observed a Key4Life education session in February 2026, the final session in a series. It was well attended, with 24 of 26 prisoners attending, and had a positive atmosphere. Activities included mock interviews, discussions on business ideas and a 'Dragons' Den' style presentation to a panel.

The employment hub tracker recorded 15 employment-related events up to April 2026, involving organisations such as Only a Pavement Away, Zem's Academy, Fine Cell Work, Clean Sheet, Greene King, Microsoft and Key4Life. However, staff confirmed that additional events had taken place but were not recorded.

Although this represents an improvement on last year, the Board remains concerned about the accuracy and completeness of data for the second consecutive year. In particular, the Board questions 1) how activities can be evaluated for impact and effectiveness without robust data and 2) how future provision can be planned effectively without a clear assessment of the outcomes of previous activities?

Despite the range of events available, the Board is concerned that only a small proportion of prisoners appear to benefit. The IMB resettlement survey found that 77% had no employment arranged on release, unchanged from last year. Only a small number of prisoners surveyed provided positive comments about the service.

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	11 (2 on leave of absence)
Of whom members in induction period	7
Number of board members at the end of the reporting period	8
Total number of visits to the establishment	211

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	37	51
B	Discipline, including adjudications, incentives scheme, sanctions	10	35
C	Equality	0	5
D	Purposeful activity, including education, work, training, time out of cell	19	19
E1	Letters, visits, telephones, public protection, restrictions	20	49
E2	Finance, including pay, private monies, spends	6	20
F	Food and kitchens	4	9
G	Health, including physical, mental, social care	63	109
H1	Property within the establishment	31	29
H2	Property during transfer or in another facility	16	30
H3	Canteen, facility list, catalogues	5	4
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	28	64
J	Staff/prisoner concerns, including bullying	55	72
K	Transfers	8	6
L	Miscellaneous	27	3
	Total number of applications	329	505

NB: the total number of applications across all categories exceeds the total number received, as some applications raised more than one issue.

ANNEX A

Service providers

- Healthcare: Practice Plus Group (PPG)
- Offender management: Catch22
- Substance misuse: Turning Point (TP)
- Education: Novus (until September 2025); PeoplePlus (from October 2025)
- Careers advice: Get Set UK
- Job Centre Plus: offers jobs and benefits support
- Resettlement services: provided by probation service and St Mungo's, which specialises in accommodation services and support

ANNEX B

STAFF/PRISONER SURVEY

- 1. What wing are you currently on?**
 - a. A lowers
 - b. A uppers
 - c. B lowers
 - d. B uppers
 - e. C lowers
 - f. C uppers
 - g. CSU
 - h. D lowers
 - i. D uppers
 - j. E lowers
 - k. E uppers
 - l. H lowers
 - m. H uppers
 - n. IPU
 - o. J lowers
 - p. J uppers
- 2. How long have you been on your current wing?**
 - a. Between 1 week and 1 month
 - b. Less than 1 week
 - c. Over 1 month
- 3. Do staff on your current wing treat you with respect?**
 - a. No hardly ever
 - b. No never
 - c. Sometimes
 - d. Yes always
 - e. Yes usually
- 4. Are there staff on your current wing that you could turn to if you had a problem?**
 - a. No hardly ever
 - b. No never
 - c. Sometimes
 - d. Yes always
 - e. Yes usually
- 5. In the last week has any member of staff on your current wing talked to you about how you are getting on?**
 - a. Yes
 - b. No
- 6. If you want to can you talk to the wing manager?**
 - a. I don't know
 - b. No
 - c. Yes

- 7. If you want to can you talk to the director or an assistant director?**
 - a. I don't know
 - b. No
 - c. Yes
- 8. If you have shared a problem with a wing manager on your current wing did they try to help you?**
 - a. I don't know
 - b. I haven't shared a problem
 - c. No
 - d. Yes
- 9. If you have shared a problem with a director or an assistant director on your current wing did they try to help you?**
 - a. I don't know
 - b. I haven't shared a problem
 - c. No
 - d. Yes
- 10. Have you got any further comments to share about staff on your current wing or your keyworker?**
 - a. Yes
 - b. No
- 11. Please write your comments here.**
 - a. Free Text

HEALTHCARE SURVEY

Getting appointments

- 1 In the last 8 WEEKS have you tried to book an appointment with healthcare?
Yes (Go to Q2) No (Go to Q6)
- 2 Who did you try to book the appointment with? If you tried to book more than one appointment, tell us about the one that was most important for you.
- | | | | |
|----------|-------------------|---------------|------------------|
| GP | Smoking Cessation | Dentist | Substance misuse |
| Optician | Sexual health | Mental health | Other |
- If other who was the appointment with?
- 3 Have you had the appointment?
Yes (Go to Q4) No (Go to Q5)
- 4 How long was it from when you requested the appointment to the appointment date?
- | | | | |
|------------------|-----------------------|-----------|------------|
| Less than a week | Between 1 and 2 weeks | 2-3 weeks | 3-4 weeks |
| 4-6 weeks | 6-8 weeks | | (Go to Q6) |
- 5 What is the reason for you not having the appointment?
- | | | |
|---------------------------|-------------------------|---------------------|
| I am still waiting | Healthcare cancelled it | I no longer need it |
| No-one came to collect me | Other | |
- 6 Have you had an appointment with healthcare that you did not ask for yourself?
Yes (Go to Q7) No (Go to Q8)
- 7 What was the appointment for?
- | | | |
|-------------|---------------------|------------------|
| Blood test | Long term condition | NHS health check |
| Vaccination | Other | |

Medication: This section is for people taking medication

- 8 For people that have come into Thameside in the last 8 WEEKS
- How long did you have to wait before getting your prescribed medication (medication you were taking before you came in)?
- | | | |
|------------------------|-----------------------|---------------|
| I got it straight away | I got it the next day | Within 2 days |
| 3-5 days | More than 5 days | |
- 9 For everyone on medication:
In the past 8 WEEKS has your medication always been available at the medicines

hatch?

Yes (Go to Q11) No (Go to Q10)

- 10 In the last 8 WEEKS how often has your medication NOT been available?
Once or twice 3-4 times 5-6 times 7 times or more

Contacting healthcare

- 11 In the last 8 WEEKS have you tried to contact healthcare using CMS?

Yes (Go to Q12) No (Go to Q14)

- 12 Did you get a response?

Yes (Go to Q13) No (Go to Q14)

- 13 Were you satisfied with the response?

Yes (Go to Q14) No (Go to Q14)

Complaints to healthcare

- 14 In the past 8 WEEKS have you raised a concern or made a complaint using Practice Plus Group's concerns/complaints form?

Yes (Go to Q15) No (Go to Q17)

- 15 Have you had a response?

Yes (Go to Q16) No (Go to Q17)

- 16 Were you satisfied with the response?

Yes (Go to Q 17) No (Go to Q17)

Overall experience of healthcare

- 17 Generally when you have had contact with healthcare, have staff treated you with respect and courtesy?

Always Usually Sometimes Hardly ever Never

- 18 Generally when you have had contact with healthcare how satisfied have you been?

Very satisfied Quite satisfied Unsure/don't know
Quite dissatisfied Very dissatisfied

- 19 If you have any further comments about healthcare use the text box to tell us about these

RESETTLEMENT SURVEY

No.	Questions
1	Are you remand or sentenced?
	Remand
	Sentenced
1.1	If you are sentenced when are you due to be released?
	In 2-3 months
	In 2-4 weeks
	In the next 7 days
	More than 3 months
2	Have you tried to contact the Probation & Pre-Release Team using CMS?
	Yes
	No
2.1	Did you get a response?
	Yes
	No
2.2	Do you have any comments to add about contacting the Probation & Pre-Release Team on CMS?
	Free Text
2.3	Were you satisfied with the response?
	Yes
	No
3	Have you discussed accommodation with Resettlement staff?
	Yes
	No
4	Do you have accommodation arranged on release?
	Yes
	No
4.1	How long is this accommodation for?
	Don't know
	Permanent
	Up to a month
	Up to a week
4.2	Do you want accommodation to be arranged on release?
	Yes
	No
5	Do you have any comments you would like to make about Thameside's help in arranging accommodation on leaving prison?
	Yes
	No
5.1	Please write in your comments
	Free Text
6	Have you discussed finance benefits and debt support with Resettlement staff?
	Yes
	No
6.1	How helpful has this support been?
	Very helpful
	Quite helpful
	Quite unhelpful

	Very unhelpful
	Unsure/don't know
7	Do you have work arranged on release?
	Yes
	No
7.1	Further information on the option you have for getting into work
	Free Text
7.2	Do you have any options for getting into work?
	No
	Other (please enter more info)
	Yes - I have contacts/leads
	Yes - interview arranged
8	Do you have any comments about the help Thameside have given you to find work on release?
	Yes
	No
8.1	Please write in your comments
	Free Text
9	How long have you been in Thameside?
	3-6 months
	Less than 3 months
	More than 6 months
10	Have you attended any training courses whilst in Thameside?
	Yes
	No
10.1	Please specify which other course / courses
	Free Text
10.2	Which of the following have you attended?
	Catering (Greene King)
	CSCS (Construction Skills)
	Customer Service
	Food Safety
	Functional Skills (Outreach)
	Health & Safety
	Industrial Cleaning
	Other
	Peer Mentoring
	Retail Skills
10.3	How helpful was the course?
	Very helpful
	Quite helpful
	Quite unhelpful
	Very unhelpful
	Don't know / unsure
11	Do you have any comments to make about the training opportunities at Thameside?
	Yes
	No
11.1	Please write your comments
	Free Text
12	Have you attended any educational courses during your time at Thameside?

	Yes
	No
12.1	Please specify which course / courses
	Free Text
12.2	Which of the following courses have you taken?
	Business (SFEDI)
	Creative Crafts
	English/Maths
	ESOL
	ICT
	Multimedia
	Other
	OU / Distance Learning
12.3	How helpful were the courses?
	Very helpful
	Quite helpful
	Quite unhelpful
	Very unhelpful
	Unsure / don't know
13	Do you have any comments on the educational courses available at Thameside?
	Yes
	No
13.1	Please write your comments
	Free Text
14	Do you have any other comments about how Thameside has helped you to prepare for release? If so please write your comments here.
	Free Text

ANNEX C

NB All percentages are rounded to the nearest whole number

Table 1

	First review		Second review	
Category	Number	%	Number	%
Adjourned (RX)	102	49	49	27
Proven (P)	52	25	84	46
Dismissed (D)	26	12	38	21
Not proceeded with (NPW)	15	7	8	4
Outside referral (REF)	10	5	4	2
Other	5	2	-	-
Totals	210	100	183	100

Table 2

Proven DIRF classification	Quantity	Percentage
Disability	4	27
Race	6	40
Age	1	7
Sexual orientation/gender	3	20
Religion/beliefs	1	7

Table 3

2024-2025		2025-2026	
Property	453	Property	478
Confidential	247	Residential	247
Residential	194	Staff	207

Table 4

	July 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Total
BCS2 allocated	509	384	493	478	510	138	2492
BCS2 completed	133 (26%)	165 (43%)	201 (41%)	205 (43%)	261 (51%)	87 (63%)	1052 (42%)
BCS3 allocated	85	78	78	66	75	59	441
BCS3 completed	58 (68%)	42 (54%)	44 (56%)	42 (64%)	47 (63%)	48 (81%)	281 (64%)

Table 5

	Jan 26	Feb 26	March 26	April 26	May 26	June 26	Total ⁹
BCS2 allocated	295	270	353	350	NDR*	NDR*	1268
BCS2 completed	147 (50%)	107 (40%)	131 (37%)	191 (55%)	NDR*	NDR**	576 (45%)
BCS3 allocated	68	80	91	90	NDR*	NDR*	329
BCS3 completed	49 (72%)	60 (75%)	58 (64%)	52 (58%)	NDR*	NDR*	219 (67%)

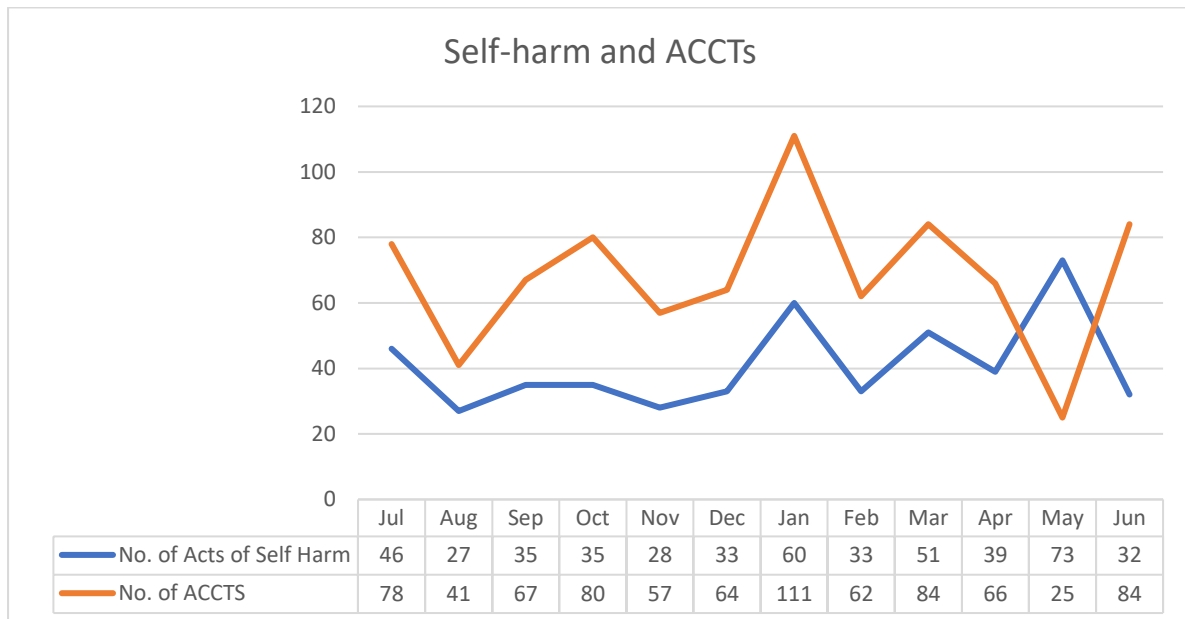
NB No data was received (NDR) for May and June 2026, despite several requests to the pre-release team. Data for combined BCS2s/BCS3s for May was provided by the prison: out of a possible 557 BCS2s and 3s, 192 were completed (34%).*

Table 6

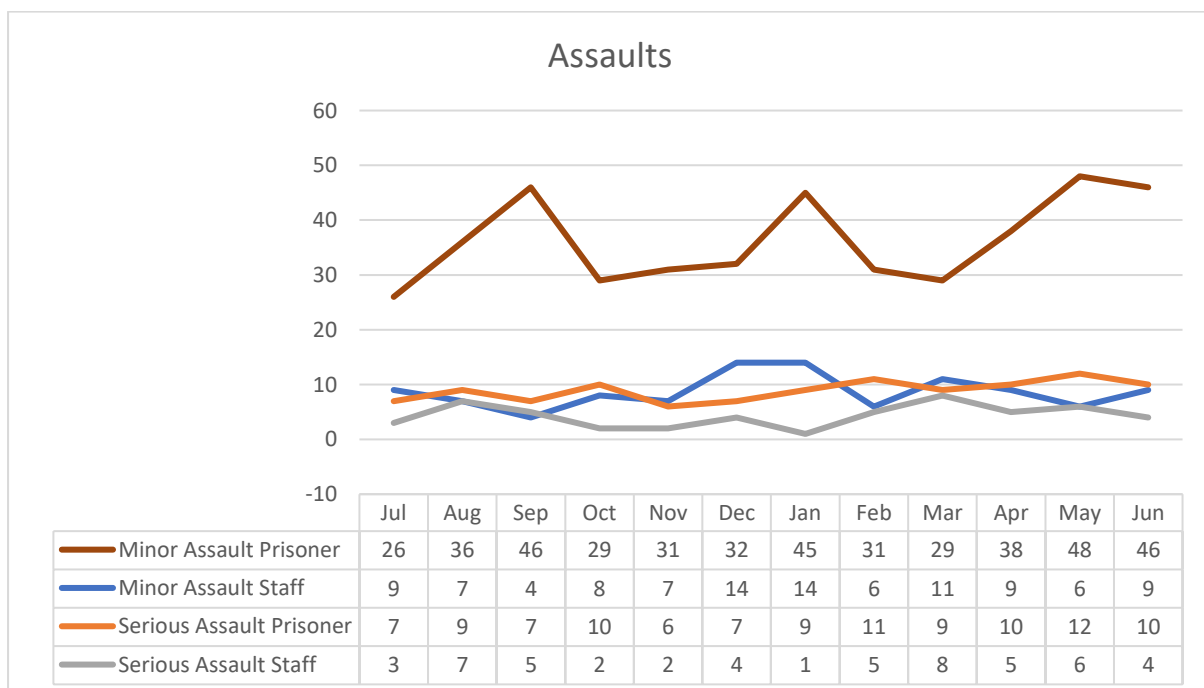
Month	Total identity documents created and bank accounts applied for
July 2025	33
August 2025	32
September 2025	16
October 2025	0
November 2025	18
December 2025	4
January 2026	17
February 2026	76
March 2026	114

⁹ Total shown is for four months (January 26-April '26). Equivalent data for May and June was not available.

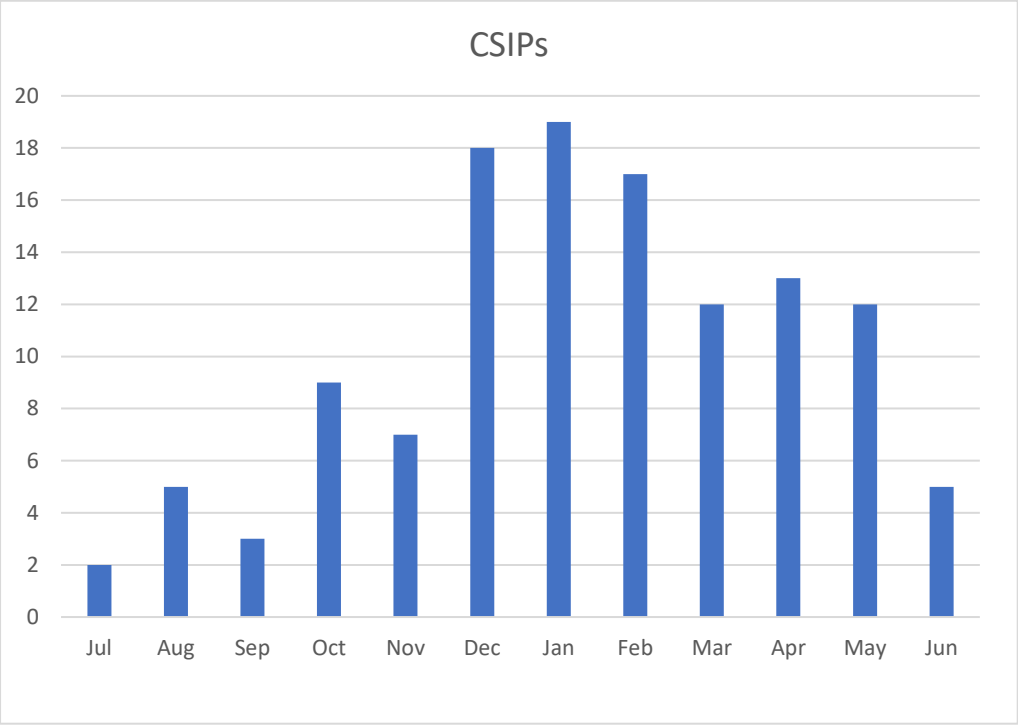
Graph 1



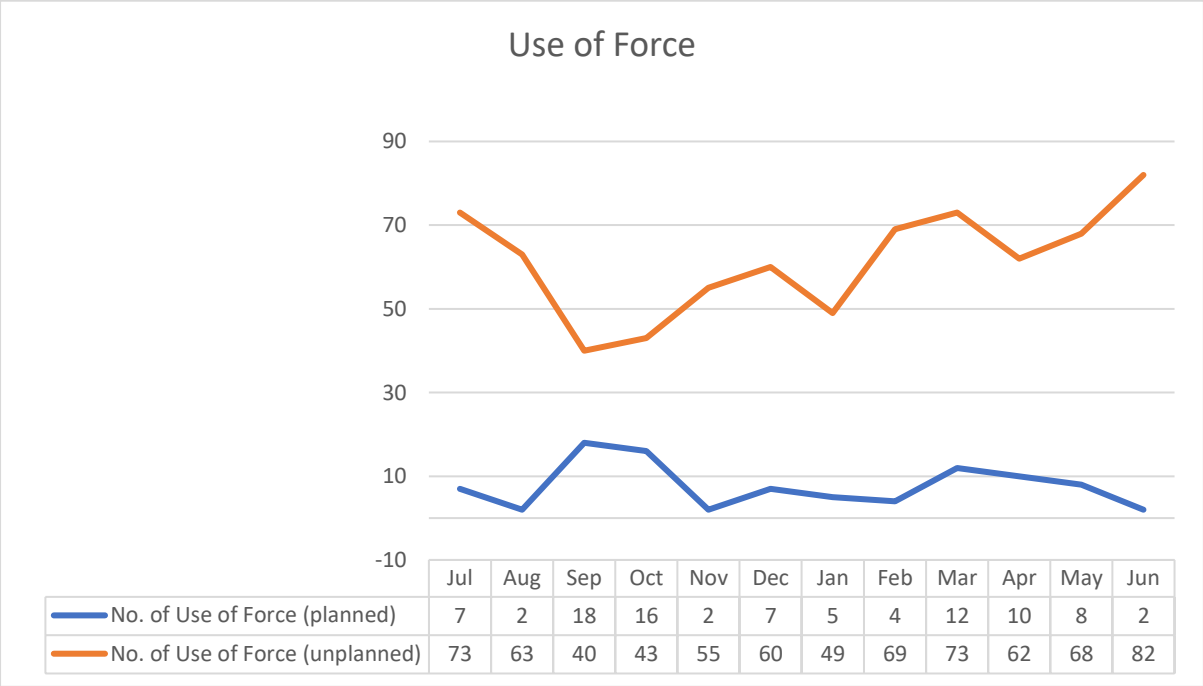
Graph 2



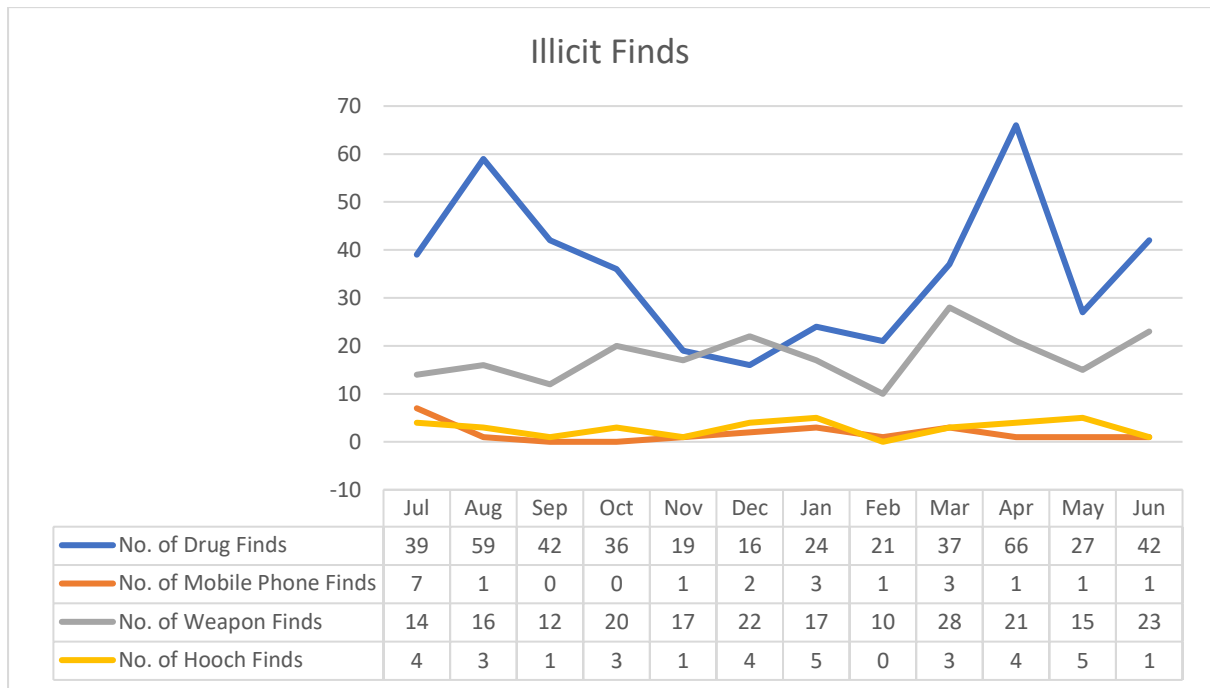
Graph 3:



Graph 4



Graph 5



ANNEX D

Glossary

- **ACCT** (assessment, care in custody and teamwork): used to support prisoners who are at risk of self-harm and suicide
- **Adjudications**: disciplinary hearings held when a prisoner is suspected of having broken prison rules
- **Applications**: prisoners' written submissions to the IMB
- **BIO** (bail information officer): a criminal justice professional who gathers and verifies objective facts to help courts make informed decisions as to whether to grant bail or remand a defendant in custody.
- **BIR** (Bail Information Reports): a factual, written or verbal report compiled by BIOs to inform the court
- **BCS1/2/3** (basic custody screening part 1, 2 and 3): assessment tools used in the prison system to 1) evaluate a new inmate's immediate needs and risks, 2) to build a personalized resettlement plan and 3) finalise practical arrangements before a prisoner's release.
- **CAS2** (community accommodation service tier 2): provides short-term housing and weekly support for individuals aged 18+ who lack a suitable address to secure bail or a Home Detention Curfew licence.
- **CMS** (computer management system): In-cell technology allowing prisoners to send messages (applications) to a number of prison departments. NB These applications are different to the applications that prisoners can submit to the IMB.
- **CAD** (cleanliness and decency) reps: prisoner on-wing roles
- **Canteen**: prison 'shop' allows prisoners to buy items such as snacks, toiletries, stationery, etc, using their allocated funds
- **Category A prisoners**: those whose escape would pose a high risk to the public and who therefore require the highest level of security.
- **CIAG**: careers information, advice and guidance
- **Comp1**: Prisoners' Formal Complaint Form - the first stage in making a formal complaint.
- **Comp2**: Complaints form for prisoners to complain about prison staff or which are particularly sensitive or personal, handled through a sealed envelope system for confidentiality.
- **CSCS** (construction skills certification scheme), a qualification commonly required for work in the construction industry
- **CSIP** (challenge, support and intervention plan): used to support and manage prisoners who pose an increased risk of violence.
- **CQC** (Care Quality Commission): the independent regulator of health and social care services,
- **CSU** (care and separation unit): where prisoners are kept apart from others for safety, discipline or protection reasons
- **DIRF** (discrimination incident report form): a system for prisoners and staff to report incidents of discrimination based on protected characteristics such as race, religion, disability, or sexual orientation.
- **DIS1 charge form**: a formal written notice given to a prisoner when they are accused of breaking a prison rule

- **Dual-harmers:** prisoners involved in both violence and self-harm
- **GOoD** (good order or discipline): a reason for placing a prisoner in segregation when their continued presence on normal location would be detrimental to the good order or discipline of the prison, even if they have not committed a specific disciplinary offence.
- **HAWk** (housing action worker): staff who evaluate prisoners' housing situations, prevent rental debt accumulation, and secure stable accommodation to reduce the risk of homelessness upon release.
- **Hooch:** illicitly brewed alcohol
- **Incentives scheme:** A system that rewards, good behaviour with extra privileges and deter bad behaviour by their withdrawal, using three tiers: Basic, Standard and Enhanced.
- **Insider:** peer supporter
- **ICB** (integrated care boards): NHS organisation responsible for planning and commissioning local health services.
- **Listeners:** Samaritans-trained prisoners offering confidential emotional support to other prisoners
- **Naloxone:** an emergency medication that can temporarily reverse the effects of an opioid overdose
- **OASys** (offender assessment system): the standardised tool used by probation and prisons to assess the risks and needs of offenders.
- **Operational capacity:** the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the planned regime
- **PAVA:** A synthetic pepper spray incapacitant used by prison officers.
- **PEEP** (personal emergency evacuation plan): put in place for prisoners who may need assistance to evacuate safely in an emergency, such as a fire
- **PIAC** (prisoner information and advice council), a consultation mechanism where prisoner representatives raise facility and accommodation issues directly with the senior management team (SMT)
- **PIN** (personal identification number) given to prisoners to allow access to the prison telephone system
- **POM** (prison offender manager): a dedicated staff member inside a prison who manages an individual's custodial sentence plan, risk assessments, and progression toward release
- **Prison orderlies:** trusted prisoners who take on work to provide services that contribute to the running of the prison
- **Safety governance meeting:** a multidisciplinary risk-management meeting designed to review, support, and protect individuals at high risk of self-harm, violence, or abuse.
- **Shannon Trust:** a charity that supports prisoners with literacy and numeracy skills
- **SIM** (safety intervention meeting): a multi-disciplinary meeting held to review the care and management of prisoners at risk of suicide or self-harm.
- **SMARG** (segregation monitoring and review group): a multi-agency group that reviews the use of segregation in prisons, ensuring it is used appropriately and that prisoners' welfare is maintained
- **Storybook Dads:** prisoners record themselves reading a story, which is sent to their children as a DVD along with a copy of the book

ANNEX E

Example applications to the probation and pre-release team from prisoners (content anonymised)

Example 1

First app:

Hello I am having gang issues in this prison and would like to request a prison transfer closer to home and family they cannot come down this far they live in [place name] very far from london and its not my area constantly being bullied thanks

Second app:

hello i would like to know if i have been assigned a probation officer and speak to someone from the team

Third app:

hello i have been waiting a month for you guys to get back to me still no response

Fourth app:

hello it has been over 2 months and probation still hasn't got back to me many thanks

Example 2

First app:

Ive been sentenced when do i see probation and my release date please i dont get visitors as im from [place name] so help would be comforting

Second app:

if im here in south london and im from [place name] how is probation going to deal with me , please explain

Third app:

when am i gonna here from probation

Fourth app:

can someone please explain why im still here when my probation officer is in [place name] also why is my solicitor being told she cant have a legal visit please explain

Fifth app:

someone explain why i havent had BACTS or an OASys done please also why am i in this jail when im sentenced and my probation officer is in [place name]

Example 3

First app:

please can you open me a basic bank account as my release is on [specific date], thanks, no one has asked me where im living outside, in [place name] with family, my index offence is: [offence details].thanks

Second app:

I WISH TO OPEN A HSBC BASIC BANK ACCOUNT ASAP URGENTLY SEND DOCS.THANKS.

Example 4

First app:

HI PROBATION

I WOULD LIKE TO FORMALY INTRODUCE MYSELF. I WILL TRY AND MAKE THE MOST OF MY TIME HERE AND SHARE MY SUCCESSES ON RELEASE. WHATS THE PLAN AM I ON PAROLE I HAVE ALLREDY REACED CONDITIONAL RELEASE ON OLD SENTENCE?

KIND REGARDS

[prisoner's name]

Second app:

PLEASE CAN I HAVE MY PHOTOS WHICH WAS TAKEN AT RECEPTION.

THANKS IN ADVANCE

[prisoner's name]

Third app:

To [named probation staff], whats happening with my D cat review ?

Fourth app:

hello im being released in 2 months can someone please support me as ive got [disability] and am going to be homeless. thanks in advance

Example 5

First app:

*PLEASE CAN YOU HELP ME I HAVE TRYD EVERY OFFICER EVEN THE WING MANAGER.
ON THE SYSTEM I AM DOWN AS A LICENCE RECALL PRISONER BUT IN FACT I AM MENT TO BE ON
REMAND PLEASE CAN YOU HELP ME TO RECTIFY THIS THANK YOU*

Second app:

*please can you help me I need proof that I completed my RAH Order with [specific location] Probation
Office also is there any way that probation or St Mungos could me with to obtain a bail hostel so that I
could apply for bail*

Third app:

*please can you ask St Mungos to come and see me as I have been told that is I have a suitable address I
can apply for bail or can you please advise
kind regards and HAPPY NEW YEAR*

Fourth app:

*I have three apps on my cms from you plz can you remove them as it is taking up my app space they have
been there since Dec 2025*

Plz

And Thank You

Example 6

First app:

can somone please come see ne nd meet me to discus things more about my matters

Second app:

*i need to speak to my housing asap i got to tomorrow to do so i dont know who to go to or talk to about
this i gotta contact them tomorrow*

Third app:

*hy ive just got4 months , have been told i should be eligable for tag , if u could let me know how it all
works pls*

Fourth app:

can som1 pls come see me pls

Example 7

First app:

*hi, I have got a problem with cas3 accomodation that probation provided to me before get back to prison,
please get back to me as soon as possible*

Second app:

*Hello, I urgently need to speak to you as I was in CAS3 temporary accomodation (You have provided me)
what is going to happen to my belongings I have left there when I have got arrested?*

Third app:

Hello, I have Not heard from you... Please let me know about it, thank you in advance!

Fourth app:

*Hi,it is months now I'm waiting to get in touch with you,I urgently need to speak with you bout issues of
CAS3, when police arrested me, I left all my belongings at this Temporary Accomodation, and I don't
know if they're storing it or throw it Inbin*

Fifth app:

*I am still waiting to speak to probation for months, please get back to me about it as soon as possible,
thank you*

Sixth app:

*I can Not massage Probation/Pre-release please help me out to get in touch with them as soon as
possible, thank you in advance, greetings – [prisoner's initials]*

Example 8First app:

i need to see someone about a bail hostel to be released i need to see nacro asap please

Second app:

i need to see someone asap about a bail hostel or housing to be released

Third app:

i need to see the bail team asap i keep asking and being prolonged i suffer with adhd and eupd and this place is not helping me mentally and physically can the bail team please reach out to me or can i be pointed in right direction

Fourth app:

hello or am i going to be ignored my solicitor is aware i need housing for release my nan is on her deathbed and noone is helping me

Fifth app:

can someone from the bail team come and see me ive been messaging for weeks now and noone has come to see me im putting in complaints my solicitor has emailed the prison someone is suppose to come see me

Example 9First app:

I need to speak to [name] regarding my contact with my lawyers thank you [prisoner's name]

Second app:

I have asked many times to speak to a probation officer and had no reply and would like to know why?

Third app:

i have writen to you twice already with no reply i nee3d help yet you ignore me why is this i thought you were here to help //



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