Annual Report of the Independent Monitoring Board at HMP Thameside

For reporting year
01 July 2022 – 30 June 2023

Published November 2023

Contents

Introductory sections 1 - 3		**Page**
1.	Statutory role of the IMB	3
2.	Description of establishment	3
3.	Key points	5
Evidence sections 4 – 7		
4.	Safety	11
5.	Fair and humane treatment	17
6.	Health and wellbeing	26
7.	Progression and resettlement	33
The work of the IMB		41
Board statistics		42
Applications to the IMB		42
Appendix A		
List of service providers		43
Appendix B		
Healthcare survey		44
Appendix C		
Resettlement survey		48
Appendix D		
Tables and graphs		54

All IMB annual reports are published on www.imb.org.uk

Introductory sections 1 - 3

1. Statutory role of the IMB

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

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

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

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

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

2. Description of the establishment

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

Most prisoners are held in two-bed cells. All cells have integrated toilets and showers, a telephone and an in-cell computer management system (CMS). Prisoners use CMS to request activities including gym, social visits, healthcare appointments, meal options and canteen. Eligible prisoners can pay for access to a limited number of television channels.

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

The prison has a Video Conference Centre containing 14 rooms for legal visits, police interviews and court and parole hearings.

The prison also has a well-equipped gym with two outdoor areas, a well-stocked library, an education centre and a multi-faith centre.

The care and separation unit (CSU) has 18 cells, and the healthcare centre runs clinics for outpatients and has an 18 cell inpatient unit.

The prison opened in 2012 and is managed under contract run by Serco Group plc.

The Director

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

The Controller

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

3. Key points

For the second year running, the Board's monitoring of the prison has been hampered by having only a third of its complement of members. Despite this, the Board has maintained a presence on a weekly basis throughout the year but inevitably the scope of possible monitoring has been restricted. This has also affected the availability of evidence in finalising some areas of this annual report.

There were two major changes during the year.

- The first was a change of healthcare provider from Oxleas NHS Foundation Trust (Oxleas) to Practice Plus Group (PPG). Unfortunately this handover did not go smoothly and many prisoners' access to healthcare was negatively affected as a result.
- The second occurred in May when two of the three members of the Controllers team left the prison at short notice. They were replaced by two temporary Controllers who remain in post at the time of writing this report (August '23).

The Board continues to have serious concerns regarding the provision of healthcare, education and some resettlement services, none of which are under the direct control of the Director. The Board recognises the efforts made by the Director and his senior management team to drive improvements in these areas where they can, for example, investigating the cause of poor attendance at education classes. The Board also recognises the difficulties faced by the prison staff when the healthcare provision falls short – as this invariably has serious repercussions for prison staff, particularly in reception and on the wings.

3.1 Main findings

Safety

Despite the challenges of being a busy London reception prison with a population of 75% remand prisoners, the prison continues to work hard to maintain a safe environment. Due to the high number of gangs represented in its population, there is inevitably an ongoing problem with drugs and illicit items being smuggled into the prison which bring with them the potential for violent and bullying incidents. However, despite the efforts of the prison security department to keep on top of these issues, mandatory drug testing (MDT) results for the last quarter of the year showed that a third of prisoners randomly tested as positive. Despite the influx of new inexperienced staff, assaults on staff have not increased but prisoner on prisoner assaults have. The Board remains concerned at how effective and efficient the cell bell call system is.

Fair and humane treatment

Although prisoners are generally treated fairly and humanely, the Board has some concerns in this area. While the prison has returned to a less restrictive regime post Covid, the number of hours that prisoners are unlocked from their cells is fewer than

in pre-Covid days. For the second year running, the Board has continued to receive a high number of complaints from prisoners about lost property. This causes considerable frustration and stress to prisoners and greatly affects their well-being. While initiatives have been taken to improve accommodation facilities, for all of the reporting year, the lifts in both houseblocks have frequently been out of action, thus restricting prisoners with mobility issues to access services. Access to the gym for full time workers – raised in last year's report - has still not been resolved – this is unfair to this group of prisoners.

The Board also continues to be concerned regarding the length of time severely mentally ill patients have to wait before transfer to a secure hospital setting, although we recognise that this is not the responsibility of the prison or healthcare provider.

Health and wellbeing

This year has seen a change in the healthcare provider from Oxleas NHS Foundation Trust (Oxleas) to Practice Plus Group (PPG). Unfortunately despite assurances, the handover has been anything but smooth. The Board remains concerned that recruitment of permanent staff has been slow, existing clinical staff arrive late or not at all for shifts and administrative processes such as appointments and complaints handling have not been addressed. The issues which the Board highlighted last year - medication, complaints handling and general communication of staff with prisoners – remain of significant concern.

Progression and resettlement

The offender management unit Catch 22 continues to work tirelessly to manage and support the custodial sentence of prisoners at Thameside.

While social visits have been running for the whole of the reporting year, family activities have been slow to return to pre-pandemic levels.

The Board remains concerned at the services available to support resettlement. While there seems to be a number of initiatives on offer, these appear to be adopted in a piecemeal fashion, are very short lived and lack a strategic overview. A number of 'good' ideas have short term funding which despite being popular and successful, are not continued due to the funding being withdrawn.

During the year, some services were introduced for remand prisoners, such as remand prisoner housing support, but as funding for that role has now been removed, this cohort of prisoner remains at a disadvantage in terms of support services, despite many of them spending a considerable amount of time on remand.

Additionally, less than a fifth of sentenced prisoners who responded to the IMB's resettlement survey said they had attended any training courses or had contact with resettlement staff before release. We continue to be concerned regarding the number of prisoners released with no stable accommodation to go to.

3.2 Main areas for development

TO THE MINISTER

We ask the Minister to act on the issues raised last year, which have not yet shown any sign of improvement:

- The transfer of mentally ill prisoners to a secure hospital setting: Despite the Minister's assurance that the establishment of the Transfer Time Limit Working Group (TTLWG) will ensure that the 28 day transfer time is adhered to, this has not improved the situation for mentally ill prisoners at HMP Thameside (see 6.3.2). We urge the Minister to look at this problem again.
- Despite the promised increase in probation staffing, especially in the London area (mentioned in the Minister's response to our last annual report), prisoners are still at a disadvantage due to shortfalls in probation provision (see 7.5).
- There is still a shortfall in adequate resettlement support and guidance, such as housing and employment for prisoners being released. It is widely accepted that such support reduces recidivism (see 7.5).

TO THE PRISON SERVICE

We ask HMPPS to act on the issues highlighted last year and again this year as no progress appears to have been made in these areas:

- The management and transfer of prison property: this is still a major problem. The Prisoner Property Policy Framework of September 2022 has had little or no impact on the issues that continually arise due to the lack of a digitalised process. We urge HMPPS to review this policy (see 5.7 and 5.8).
- The Board remains concerned regarding the management of the education contract. During this reporting year, the education provider has severely underperformed and the 'wider review of education contracts' (mentioned in the HMPPS response to last year's annual report) in private prisons has failed to drive the improvement promised (see 7.1.1).
- The Board has also been concerned regarding the management of the changeover of healthcare provider. While we recognise that there would inevitably be some disruption, the level of disruption that has occurred has been greater than expected and unacceptable. This has impacted negatively on prisoners' ability to access adequate healthcare (see section 6).
- The Board has yet to see improvements resulting from the restructuring of resources and the introduction of the Community Rehabilitation Service (mentioned in the HMPPS response to last year's annual report) aimed at improving the resettlement services for prisoners, both remand and sentenced (see 7.5).
- Please can those in HMPPS with responsibility for contracted out prisons ensure that all IMBs in those prisons have access to the same resources as our colleagues in the public sector? There is much discrepancy not only between the various private contractors but also between prisons run by the same contractor. The process for all members to have full access to NOMIS has been an issue for IMB members at Thameside for a number of years and at the time of writing this report (August '23) is still not fully resolved.

TO THE DIRECTOR

- Develop effective processes/procedures to ensure that prisoner property within the prison is handled effectively and efficiently to minimise loss (see 5.7 and 5.8).
- Continue to scrutinise cell bell data to improve answering times. Consider strategies to deter prisoners who repeatedly mis-use the cell bell system .
- Improve the key worker scheme to ensure that the contact between prisoners and key workers is more effective and meaningful (see 5.3.4).
- Address the continued deficiencies of on wing CMS which have a major impact on prisoners' lives.
- Conduct more focused analysis of data collected across all departments to investigate the possible discrimination of particular ethnic groups who may be disproportionally represented in the CSU, adjudications, use of force (UoF) and incentive scheme downgrading (see 5.4).
- The Board continues to have issues with IT accessibility for new members. The process for setting up new members with IT access is not transparent, involves a number of stages and invariably takes far too long – four to six weeks for some of our recent members.

3.3 Responses to last report from the Minister and HMPPS

Issues raised in last report 2021-2022, response from the Minister and progress during the reporting year		
Issue raised in last report	**Response from the Minister**	**Progress**
Liaise with NHS England to provide sufficient bed capacity in secure mental health hospitals in order to avoid the need for prisons to hold mentally ill prisoners longer than the recommended 14 day guideline	The establishment of the Transfer Time Limit Working Group (TTLWG) to ensure that transfers take place safely within 28 days	No progress seen. Last year slightly less than half of transfers exceeded the 28 day limit whereas this year the figure is two thirds.
Provide sufficient resourcing for the probation service to ensure adequate support to both sentenced and remand prisoners before and after their release	More staff recruited, especially in London. Procedures in place to improve recruitment and retention of staff	Little evidence of any improvement.
Work with other government departments to provide sufficient resources so that prisoners have adequate resettlement support and guidance on release such	Award contracts to providers of accommodation for sentenced prisoners. Have embedded probation provision in all resettlement prisons to	Any improvement has been only temporary. For example, resource funding for the remand prisoner housing support introduced at the beginning of the reporting

as housing and employment which is known to reduce recidivism	provide services for both sentenced and remand prisoners, and include screening for resettlement needs.	year has now been removed.

Issues raised in last report 2021-2022, response from HMPPS and progress during the reporting year		
Issues raised in last report	**Responses from HMPPS**	**Progress**
Secure transfer of prisoner property to address shortfalls in the system	A new Prisoners' Property Policy Framework published in September 2022 will ensure greater direction and standardisation on a national basis.	The Property Framework has not made any noticeable difference to the transfer of prisoner property. A form of digital solution would drive improvement.
Lack of available spaces to transfer Cat D and prisoners on longer sentences to more appropriate establishments	Expansion of the Cat D estate	Improvement seen in this area. At the end of the reporting year, there were no Cat D prisoners in the prison.
Better management of healthcare, education and resettlement contracts	*No response regarding the healthcare contract* Wider review of education contracts in privately managed prisons Restructuring of resources for resettlement	No improvement in the healthcare contract, especially in managing the changeover of healthcare provider. No improvement regarding the education contract The employment of a Prison Employment Lead and the establishment of the Employment Hub – both initiatives taken by Serco have provided a more coherent resettlement service to prisoners.

Positive developments noted by the Board during the year include:

- The prison continues to be managed overall with greater effectiveness, purpose and openness, despite the continued difficulties of recruiting and retaining staff.
- The Board recognises the efforts of the management to raise staff morale and reward good practices. ‘Stars of the Week’, highlights instances where individual members of staff or teams have gone the extra mile or have displayed especially effective skills in dealing with a difficult situation. As nominations can be made by any member of staff, this promotes a sense of cohesion and team spirit as well as highlighting good practice.
- We continue to note the prison’s frequent reminders to staff about submitting intelligence reports (IRs) and the importance of doing this in order to maintain a secure safe environment for all.
- We welcome the focus on improving the cell bell system through regular monitoring of call responses and reporting of repairs needed, including assessing the quality of the audio.
- We welcome the introduction of behaviour management plans for those prisoners whose behaviour continually challenges the regime of the CSU.
- The Quality Assurance (QA) department continues to process complaints in a timely manner. The quality of responses from staff has also continued to improve.
- The small Diversity and Equality team have greatly improved their procedures and responses to Discrimination Incident Reporting Forms (DIRFs).
- We recognise the efforts made by the prison management to investigate the reasons for low attendance at education classes and healthcare appointments.
- The Facilities Management (FM) team continues to respond promptly to in-house repairs.
- We recognise the good work of the Employment Hub in bringing together various service providers. However, we believe resettlement assistance would benefit from clearer strategic overview and accountability.
- The Board is very pleased to report that during the year, the gym has been been closed on fewer occasions due to cross deployment of staff.

Evidence sections 4 – 7

4. Safety

This reporting year saw the prison fully re-enter a normal regime following the Covid restrictions. Along with many other prisons a continued high staff turnover prevailed and despite the efforts of the Director to increase recruitment, the prison continued to operate with low staff numbers and a high percentage of inexperienced officers – a situation exacerbated towards the end of the reporting year by a number of experienced staff being offered the opportunity to be seconded to the newly-opened HMP Fosse Way.

There has therefore been a continuing focus on 'mentoring' and in-service training for staff around UoF completion of Assessment Care in Custody Teamwork (ACCT) documentation and implementation of the incentives scheme system.

Thameside is a reception prison with a 75% remand population. The very large number of short-stay prisoners makes the establishment of a stable regime more difficult. It is obviously sensitive to problems which can be 'imported' into the prison from the community it serves, especially when gang-related issues escalate and the potential for violence increases. This has been particularly noticeable when there was an increase in the number of young adults admitted to the prison.

The prison has an effective gangs team which works closely with the police and community workers to help identify and separate the most prominent gang nominals, but the sheer number of gangs and gang members in Thameside means that keeping all potential conflicts apart is impossible and on-wing work to encourage more pro-social behaviour is a vital part of minimising violence.

The prison's psychological services department continues to play an active role in Thameside, supporting both prisoners and staff where appropriate, as well as completing reports for the Parole Board and Probation Service. It is disappointing that the trial of the social responsibility unit (designed to help support troubled prisoners out of disruptive behaviour) has been discontinued. The numbers in the unit had always been low, but the prison is now considering how best to put in place a programme in the future to help these challenging prisoners given the non-availability of conventional programmes in an environment with an ever-changing population.

Despite the fact that a small number of prolific self-harmers can skew the data in the short term, the number of open ACCTs has remained broadly stable over the past year whilst the number of acts of self harm declined slightly. Both measures have been following a downward trend since 2021.

The prison continues to monitor prisoners of concern closely, involving relevant staff including the chaplaincy team, partner agencies such as Greenwich Social Services and the healthcare provider. The weekly Safety Intervention Meeting (SIM) is well attended, well minuted and action oriented. A comprehensive review, incorporating input from the gangs team takes place at a monthly governance meeting.

The IMB has repeatedly raised concerns about cell bells: ensuring that they are all working and that they are being responded to appropriately. While we appreciate that a number of prisoners continue to mis-use the cell bell system, we have also known of cases where a genuine need has not been responded to as quickly as it should. We would therefore like to see the prison take some action to deter those prisoners who are known to persistently mis-use the system. During the course of the reporting year we were pleased to note that the prison put in place a regular cell bell reporting and repairing system, including assessing the quality of the audio. Attention has also been paid to monitoring responses to cell bell calls – which are now discussed at the senior management morning meeting. However, problems remain with the software which allows full reports to be printed and this remains a concern.

In the last quarter of our reporting year we have noted disturbing upwards trends in a number of likely inter-related areas: the number of drugs and weapons finds, prisoner-on-prisoner violence and spontaneous use of force. We have heard reports of the prison regime being affected on at least one wing due to the widespread use of spice. The prison is making a concerted effort to control the flow of drugs into the prison in order to reverse these trends.

We note that the quantity of data collected continues to improve and there are indications that its interpretation is also showing signs of progress. However, there is still a way to go before the benefits of an improved data collection is fully realised by being thoughtfully analysed and translated into meaningful, actionable information.

4.1 Reception and induction

As one of London's main reception prisons, Reception and the Early Days Centre (EDC) are both very busy. On a typical morning there can be up to 30 prisoners leaving to attend court (although this number has reduced slightly due to the use of the excellent Video Conferencing Centre which is used for a number of court appearances) and anything up to 15 prisoner transfers. New incoming prisoners can number anything between 15 and 30 whilst returning prisoners are usually around 15 to 25 a day.

Occasional delays occurred in processing incoming prisoners by medical staff during the change in healthcare provider and unfortunately these continue to be an issue at the time of writing this report (August '23).

There had been concerns that the introduction of Operation Safeguard (allowing for the transfer of prisoners from police custody) would place additional pressures on the prison, especially in Reception but these failed to materialise since there were no pressures affecting the Kent, Surrey and Sussex area to which Thameside was allocated.

The issue of lost property, which bedevils the whole of the prison system, remains an issue at Thameside and, as may be anticipated given the throughput of arrivals and departures, this has been particularly noticeable in Reception. However, the prison

has begun addressing this issue towards the end of the reporting year by retaining several drivers dedicated to transferring prisoners' property to other establishments. Despite this, property complaints continue to be high and any short term improvements can be undone by staff shortages (see 5.8).

Other minor amendments have been made - for example the provision of a permanent hanging rail for the storage of court clothes - but despite some redecoration, Reception remains essentially the same as the 'unwelcoming' area criticised in the HM Inspectorate of Prisons report two years ago.

We understand that provisional plans are being drawn up for a complete refit of the area and for revisions to Reception processes, but as nothing definite has yet been produced, the IMB hopes to be able to report significant improvements next year.

New arrivals to Thameside are housed in the EDC for their first week. Due to low numbers on the Board, the IMB has been unable to visit the unit as frequently as we would have liked in order to carry out detailed monitoring. However, when we have visited we found that the Insiders (experienced prisoners) who are housed there continue to provide a useful and reassuring presence on the wing, to go alongside the more formal presentations from other prison and service providers as well as the medical testing undertaken by healthcare nurses.

4.2 Suicide and self-harm, deaths in custody

Continuing the Director's decision to try to reduce the number of open ACCTs to allow a greater focus on those individuals most in need of attention, it is pleasing to note that both the number of open ACCTs and the number of incidents of self harm are continuing a trend of decline. Whilst the total number of open ACCTs fell slightly from 483 last year to 474 in this, the number of acts of self harm declined more significantly from 501 to 470. (See graph 1 in Appendix D)

As with a number of other key incidents, self harm is reported daily to the senior management morning meeting as well as discussed at the weekly SIM, with prolific self harmers identified and complex case reviews put in place to help minimise their disruptive, distressing and dangerous practices.

The Board has, from time to time, monitored how well the ACCT documentation is being completed. Given the complexity of the documentation and the occasional reluctance of the prisoner to participate in the process, it is perhaps unsurprising that there is variation in the quality of the paperwork; some are well thought through and monitored, but it is nevertheless disappointing to note at least one IMB visit report which states that an ACCT document was 'sparsely completed and confusing'.

As in the past, IMB members have continued to be impressed by the care and concern shown to vulnerable prisoners by the safer custody team. This is reinforced by input from other service providers at the weekly SIM, where all cases of self harm are outlined and specific cases discussed in more detail.

The provision of Listeners by the Samaritans, and the support provided by the Samaritans generally, surprisingly became a contentious issue during the reporting year. Despite the outstanding issues being largely resolved, the Samaritans decided to withdraw their services. The IMB is very disappointed with this decision and the implications it has for prisoners' welfare.

The prison is replacing the Listeners scheme with an app available on CMS called SHOUT which prisoners can access confidentially when needed. The prison has been rolling it out wing by wing, starting with Houseblock 2 (HB2). Once it was deemed successful in HB2 it has continued to Houseblock 1 (HB1). While the Board has not received any feedback about its use, according to the prison, prisoners have given positive feedback. We note, however, that its availability is dependent on CMS terminals working in all cells, a situation which is currently far from the case.

Two deaths in custody (DiC) occurred in the past reporting year and as of the end of the reporting year these were being investigated by the Prisons and Probation Ombudsman (PPO) along with two other deaths which occurred in previous years: one from 2019 and one from 2021.

The PPO published four reports covering deaths in previous years – one in 2018, two from 2019 and one from 2020. Two of these reports highlighted specific issues with healthcare provision, and two mentioned responses to cell bell calls.

Whilst we are aware that the final publication of PPO reports can be delayed by outstanding Coroner inquests (interim reports are shared at an earlier stage with families and stakeholders, including HMPPS), the fact that these inquests are so late we consider to be inconsiderate to prisoners' families and disrespectful to each of the deceased.

We urge the Chief Coroner to take steps to both clear the backlog and ensure that inquests are concluded in a more timely fashion.

We note that the prison is taking more action to monitor cell bells (see above section) and that the healthcare provider has been recently changed (see section 6).

4.3 Violence and violence reduction, self-isolation

After each act of violence, the incident is graded using a pre-existing set of criteria as either minor or major.

During the course of the reporting year, as was the case last year, assaults on staff have remained broadly stable (for minor assaults up slightly from 151 last year to 153 this year) or slightly declined (serious assaults down from 17 last year to 13 this year), whilst prisoner-on-prisoner (PoP) assaults have increased by 42% (226 to 320) for minor assaults and from 47 to 54 (+15%) for major assaults. The rise in minor PoP assaults has been on an almost continuously rising trend since the beginning of the calendar year 2022 and is obviously worrying. (See graph 2 in Appendix D).

Recent discussions with the Assistant Director have highlighted the effect that reduced staff numbers in the Safer Prisons and Violence Reduction department has had on the prison's ability to pre-empt violence and it is hoped that recent recruitment will help to reverse the trend.

The use of Challenge, Support and Intervention Plans (CSIP), which we noted had been declining during the previous reporting year, has increased during this year – from a total of 84 to 106. This has been encouraged by the prison who want to use CSIP more as a preventative tool to help reduce acts of violence by those whom previous experience has demonstrated are prone to it, rather than being used reactively after violence has occurred. It is hoped that the involvement of psychological services in assessing potentially problematic prisoners and helping to devise specific programmes together with prisoners' key workers will increase the effectiveness of this tool.

As has been reported for a number of years, the IMB is still unable to gain full access to the NOMIS system, but hopes to be able to report on the quality of the CSIP meetings and reviews in future reports.

4.4 Use of force

The prison has made continuing efforts to reduce the amount of spontaneous UoF, rather deploying planned use when necessary. This had resulted in the total number of UoF incidents declining throughout 2022. However, the first two quarters of 2023 have shown an uptick, largely driven by significantly more planned interventions in April and spontaneous interventions in May and June. (See graph 3 in Appendix D).

The issue noted last year about the number of new staff who are in need of continuous refresher training in the use of force continues, especially with the introduction of PAVA spray into Thameside in the second half of the reporting year. The prison appears to be monitoring the use of PAVA (both threatened and deployed) closely, but the IMB has not yet had access to the necessary files concerning the deployment of PAVA to check this.

The use of body worn cameras continues to be monitored closely, and the reluctance of staff to do so in previous years seems to have been largely overcome.

4.5 Preventing illicit items

The prison continues to take steps to reduce the number of illicit items entering the establishment, with notable stoppages coming from the use of active dogs screening incoming mail, the use of an x-ray scanner on suspect prisoners arriving at Reception and scanning of prisoners' property on arrival.

The number of hooch finds decreased from 86 last year to 73 this year. However, there was a significant increase in drug availability with the number of finds increasing from 147 in 2022 to 213 in 2023. This trend was developing throughout the reporting year, with a total for Q1 of 37, Q2 of 42, Q3 of 62 and Q4 of 72. This

was largely mirrored by an increase in weapons finds, from 17 in Q1 to 47 in Q4 of our reporting year.

Unsurprisingly the increased number of drugs in the prison was reflected in the results of the mandatory drug testing which revealed that in the last quarter of the reporting year positive results increased to levels of between 30% to 40%. That over one third of prisoners were testing positive is a real cause for concern.

5. Fair and humane treatment

5.1 Accommodation and food

5.1.1 Accommodation

HMP Thameside is relatively modern by prison standards - all cells include a toilet, washbasin and shower and each wing has a laundry room which is overseen by a laundry orderly. Cells are mainly two bed cells with a small number of one bed cells for those whose risk assessment indicates and for some prisoners with specific roles. Cells also contain a phone and CMS which allows prisoners to order canteen and meals as well as book visits, healthcare appointments and gym. Depending on incentives scheme status, prisoners can pay a small charge to access a TV. In our last annual report, we stated that the CMS system had been completely replaced and upgraded throughout the prison. Despite this, throughout the reporting year, we have been made aware that this upgrade has not had the transformative change previously hoped for. Prisoners have continued to complain that they have not been able to access in-cell CMS for quite lengthy periods of time until replacements and/or repairs have been completed. While each wing has a central wing kiosk which prisoners can use, this can only be a very temporary solution as it does not have the complete functionality available on in-cell systems. Additionally, where a large number of in-cell CMS terminals are out of action on a wing, demand is therefore high and time limited for each prisoner to use the wing kiosk. Throughout the reporting year, wing kiosks have also been frequently reported as out of action – some for as long as 6 weeks - thereby creating further access problems. An additional problem is that the responsibility for carrying out a CMS repair could lie with one of two different departments in the prison or an outside contractor.

As many of the prison's systems are designed to operate using CMS, this limited (or in some cases non-existent) availability can have a major impact on prisoners – such as arranging visits, healthcare appointments, gym and library slots as well as ordering canteen and meals for the coming week. This also impacts on staff as paper based alternatives have to be used. Additionally, lack of CMS access prevents prisoners from communicating with various departments in the prison, such as reception, purposeful activity, visits, healthcare, education, Catch 22 and resettlement support. The fact that access has continued to be problematic is therefore unfair to prisoners and is especially disappointing given the frequent assurances the Board has been given over the year that the problems are being dealt with.

Towards the end of the reporting year, a number of tables and chairs on the HB1 wings were broken with protruding screws and sharp edges. Although at the time of writing this report (August '23), the Board had not seen any action to make the broken ones safe, this has since been rectified and we understand that plans are in place to eventually replace all the tables and chairs.

As in previous years, the lifts on both houseblocks have continued to break down with depressing frequency. Although the Board was told last year that there was investment available to replace the lifts, by the end of the reporting year, this has yet to be realised. The Board understands that after a lengthy period of contract tendering, arrangements have finally been made for the work to be carried out. In the

meantime, large hot food trays have continued to be ferried up flights of stairs by prisoners – a clear health and safety risk. Unfortunately we understand that the contract to replace the four lifts in both houseblocks did not include the lift in the Education block, which has been out of action for a number of years. As both the Library and education classes are housed on the first floor of this building, this impacts on prisoners with mobility issues.

Similarly, at the beginning of the reporting year, the Board understood that the water fountains on each wing were being replaced. At the time of writing this report (August ’23), work has only just started on this. During the year, the Board saw a number of examples on the wings where water fountains were leaking, another health and safety hazard.

Wings are generally clean and tidy, although at times, IMB members have found the serveries to be less than clean. Servery equipment still remains an issue with prisoners frequently reporting faults. Complaints, applications and decency (CAD) reps carry out weekly checks on a number of in-cell items, such as CMS equipment, decency curtains and other in-cell facilities which are then reported to wing managers. Although reps report a delay in replacing missing or broken items, accommodation repairs to out of use cells requiring FM input have generally been carried out in a more timely manner than in previous years.

5.1.2 Food

The Board has received no complaints about the quality of food in Thameside. Any complaints received relate to the availability of special diets, which on investigation the Board has found to be due to the failure of healthcare verifying the prisoner’s need on medical grounds to the catering manager. Once again in this reporting year, the catering manager has been one of the few regular attendees at Prisoner Information and Activity Committee (PIAC) meetings (see 5.3.3).

5.2 Segregation

5.2.1 Care and Seperation Unit (CSU)

The CSU has 18 cells with an average daily occupancy this year of 13 (the same as last year). However, this average figure disguises the fact that the CSU is often full. Prisoners are often discharged back to normal accommodation on a Friday before the CSU fills up again over the weekend.

The unit is, by its very nature, a fairly inhospitable environment but it has been maintained as well as possible by redecorating. The IMB was pleased to note the innovation of providing more information about each prisoner (such as his photograph and whether he was on heightened unlock) on his cell door. The Board also welcomes the introduction of management plans for prisoners whose behaviour in the CSU is continually disruptive and refractory.

IMB members visit the CSU as regularly as possible due to the vulnerability of prisoners there. However, given the considerably reduced number of IMB members

this has not been as frequent as we would have wished. We have, however, continued to monitor both adjudications and Good Order or Discipline (GOoD) reviews whenever possible. We note that in 2023 no adjudications have been referred to an independent adjudicator (a judge who can authorise a more severe punishment than one given by a prison-based adjudicator) due to problems arising from arranging the video link paperwork. However, serious offences continue to be referred to the police.

Cells are basic and there are two small outside exercise yards. Prisoners have a radio and may qualify for a TV. All prisoners are visited daily by faith centre staff and by a doctor three times a week. A nurse administers medication daily and checks on welfare.

While the CSU is used in response to assaults, fights and possession of unauthorised articles including drugs, some of these prisoners will have complex needs and may suffer with mental ill health and self-harming behaviours. In the first three months of 2023, five prisoners on an ACCT were housed in the CSU. In the same period three prisoners were participating in the CSIP (violence reduction) programme. Some have been later assessed as needing treatment in the prison's inpatient healthcare unit for mental health reasons.

The unit is staffed by officers with appropriate aptitude and understanding for the challenging and special environment of segregation. They have been observed by Board members displaying patience and professionalism in their work. However, we noted one instance where a prisoner had been unfairly denied access to a radio to which he was entitled and another where a prisoner was denied access to a complaint form. A forensic psychology team provides support and guidance to the unit and helps create support packages for individual prisoners.

Where possible, prisoners leave the CSU within seven to 10 days. A small number remain challenging and violent, presenting staff with difficult judgements about whether it is safe to place them back in a houseblock. GOoD reviews observed by the IMB have been conducted fairly.

The use of special accommodation has not been excessive and has been observed by the IMB to be a last resort. Dirty protests do not automatically lead to special accommodation.

5.2.2 Adjudications

A total of 3,382 adjudication hearings were held, a slight decrease from 3,498 last year. Of these 52% were proven (last year 59%). Adjudications monitoried by IMB members have been observed to be conducted fairly, and punishments to be considered and appropriate.

5.3 Staff and prisoner relationships, key workers

5.3.1 Staffing

As with the last reporting year, the prison has continued to suffer from staff shortages, a common issue across the prison estate. New Initial Training Courses (ITC) have run almost continuously throughout the year and while these courses have produced sufficient new recruits, the attrition rate has also been significant. Although 224 new officers in total have joined the prison from these courses, less than half are still employed in the prison. Despite the efforts by the Director to both recruit and retain staff, 189 staff of all grades have left Thameside. However, by the time of writing this report (August ’23), the Board is pleased to note that the prison is currently fully staffed – we are told this is the first time in seven years, - although more than half have less than two years’ experience in the role.

5.3.2 Staff-prisoner relations

While most interactions observed between staff and prisoners are professional and constructive, prisoners complain to the IMB that staff can be brusque, unhelpful and in some cases rude. Disappointingly, the IMB has seen some isolated examples of where staff responses to prisoners have been questionable. The IMB has also seen examples of experienced officers singly managing with patience and forbearance several new prison officer recruits on a wing while at the same time dealing with a number of prisoners all with specific requests. Prisoners additionally complain that the new younger officers often do not either know or understand how the prison works, for example, who should be unlocked and when (see 6.5.2). However, the influx of new inexperienced staff who have had little time to acquire the necessary skills of managing the demands of a busy wing is inevitably going to create a barrier to the development of constructive relations for both sides. Additionally staff shortages, cross deployment of staff to unfamiliar wings and regime curtailment add to this frustration.

Ideally the key worker programme should help to alleviate the pressure on busy wing staff by pre-empting the issues that cause prisoners the most frustration, such as unanswered complaints, issues with gym or education access, loss of property or canteen. However, as described below (see 5.3.4), the Board sees too many key worker entries that do not explore, let alone address any issues of concern to prisoners. This is a lost opportunity, but one which if carried out regularly and effectively would do much to improve staff/prisoner relations. (See 5.7).

5.3.3 Prisoner forum

The Board is pleased to note that the PIAC forum has continued to run regularly on most weeks. However, according to the minutes and action trackers over the year, it is disappointing that some issues have remained outstanding week on week. In most cases this is because the departmental manager/Assistant Director assigned to the issue has not taken any action or has been slow to investigate. Additionally, although the PIAC reps told the IMB that they value the opportunity of be part of the PIAC meeting, they feel that the prison management does not take the meeting seriously and sees it as largely a tick box exercise.

5.3.4 Key worker scheme

In the last annual report, the IMB wrote that:

> '*random sampling of (key worker) entries by the IMB continues to depict a very varied picture: while a few sessions show meaningful conversations between the prisoner and his key worker, other sessions are clearly just a 'cut and paste' version of the previous session. In some cases, this has been repeated over a number of weeks"*

During the current reporting year, the Board has continued to randomly sample key worker session entries and unfortunately has not found any improvement. 'Cut and paste' entries were common, and in a number of cases with the wrong prisoner name. For example, one entry showed the same text for four consecutive weeks, including the same punctuation errors. In other cases the preceding entries for that week detailing key incidents had either not been read or ignored by the key worker. For example, where a prisoner had been involved in an act of violence or caught with an illicit item/substance, the key worker session following - sometimes as soon as the day after - made no reference to the incident – a clear lost opportunity to engage with the prisoner regarding the management of his behaviour. When a prisoner contacts the IMB with an issue, we rarely find that he has raised the issue in question with his key worker, even where the problem could have been more easily and quickly resolved by his key worker. Our random sampling has on occasions found examples of good practice and, in those cases, the regular and meaningful contact with the prisoner's key worker has clearly made a difference for that prisoner. (See 5.3.2.)

5.4 Equality and diversity

5.4.1 Equality and diversity

The prison collects much data such as race/ethnic group, religion and age but little interrogation appears to be done on the disproportionality of, for example, black prisoners who are more likely to have adjudications than white prisoners, as shown by an analysis of a random two week period. The Board would like to see the prison carry out more ethnic data analysis on adjudications, the makeup of the CSU residents and incentives scheme status in an effort to understand better why particular groups are more represented in these areas than others. A number of prisoners say to the IMB that they have been discriminated against because of their race or faith. While on each occasion, the prison can provide information to refute these claims, against the backdrop of data showing disproportionality of race and/or religion, it is easy to see why some prisoners see actions against them as discriminatory.

At the end of the reporting year, prison data showed that 68% of the prison population at Thameside was aged between 25 and 49. Nineteen per cent were below 25 and 12% were 50 or above. Ten per cent of prisoners were classed as having a disability and there were eight Personal Emergency Evacuation Plans (PEEPs) in the establishment. At year end, there were 241 Foreign National (FN) prisoners, 91 of whom had an IS91 served and were awaiting removal to an Immigration Removal Centre. The Board recently learned that telephone credit was

stopped towards the end of the reporting year for FN prisoners who did not have any social visits. The Board asked the prison to investigate why this had happened and at the time of writing this report (August ’23), is waiting for the outcome of this investigation.

5.4.2 Discrimination Incident Reporting Forms (DIRFs)

According to data provided by the prison, 121 DIRFs (11 fewer than last year) were submitted over the reporting year, 13 of which were proven and 50 of which were not classed as DIRFs. The breakdown of proven DIRFs in relation to protected characteristics were as follows:

Sexual orientation: 5; Disability: 3; Race: 3 and Religion/belief: 2.

Ten of the proven DIRFs were prisoner on staff and three were prisoner on prisoner.

While the Board has always found responses to prisoners’ DIRFs to be appropriate the IMB has been impressed with the improvements made over the reporting year as a result of actions taken by the (very small) Diversity and Equality (D & E) team. Investigations into perceived discrimination claims are very thorough and where proven, a letter is sent to the perpetrator making clear how their behaviour/language was inappropriate with follow up actions to enable improvement. Where a perceived discrimination submitted as a DIRF is found not to be so, a lengthy response is sent to the prisoner explaining clearly why his submission is not a DIRF and why it should go through the prison’s formal complaint system instead. Furthermore, instead of asking the prisoner to rewrite his complaint on a COMP1 form, the D & E team pass the DIRF on to the Complaints team to deal with.

5.5 Faith and pastoral support

The prison chaplaincy team has representation from most of the major faith groups. At year end, the majority of prisoners identified as Christian (42%), 28% identifying as Muslim and 25% as no faith.

Although restrictions post Covid in relation to the general prison regime were lifted during the year, there remained a cap on the numbers of prisoners able to attend corporate worship for a large part of the year due to health and safety restrictions. This mostly affected Christian and Muslim prisoners. Recently this cap has been relaxed and currently a maximum of 140 prisoners can attend at any one time.

The multi-faith chaplaincy team has continued to provide valuable faith, pastoral and bereavement support to prisoners throughout the reporting year. Prisoners of all the major world faiths have an opportunity to worship on a weekly basis. The team regularly liaises with the catering manager to provide food suitable for all religious festivals as well as special provision for specific events such as Ramadan where heated boxes are used to provide Muslim prisoners with a hot meal after sundown. They are also proactive in alerting healthcare to any issues regarding medication for those prisoners observing Ramadan.

In addition to weekly worship, the team runs Christian and Muslim study groups as well as the Sycamore Tree course, a six week restorative justice course.

As well as providing spiritual guidance to prisoners, the team also provides counselling and bereavement support to prisoners of any faith or none. They liaise with the security department if a prisoner requests to attend a funeral of a close family member. Where this is not possible due to, for example, security risk assessments, the team will where possible, organise for the prisoner to watch the funeral on an iPad/laptop.

The chaplaincy team is a visible daily presence around the prison and is well integrated within the prison regime. One of the team sees every new prisoner in the EDC within 24 hours of arrival and also visits the CSU and the In-patients Unit (IPU) on a daily basis. All prisoners on an ACCT are seen weekly by a chaplain and where possible one will attend ACCT reviews as well as GOOD reviews. The team always responds positively to requests from Board members to see prisoners who we have identified in our monitoring duties, and who would benefit from chaplaincy input.

During the reporting year, the team has widened their remit to include support for prisoners who are due to be released. They aim to provide these prisoners with links to housing charities, places of worship and other support organisations.

The chaplaincy team is hard working and proactive and contributes to prisoner welfare in an important and meaningful way.

5.6 Incentives schemes

The prison uses an incentives scheme scheme, whereby prisoners can earn positive points to reward good behaviour or can be issued with negative points if poor behaviour has been noted. Over the past two years there has been an increasing focus by the management to use this scheme more as a ‘carrot’ than a ‘stick’, to encourage both positive behaviour and as an early intervention to nip poor behaviour in the bud. It is also hoped that this approach will reduce the number of adjudications. A ‘Yellow Card’ scheme has been introduced to make a negative sanction immediately apparent and to link the sanction more immediately to the poor behaviour. Whilst this is well intentioned, it has been difficult to assess the success or otherwise of the new focus, except to note that the number of adjudications has remained broadly steady at between approximately 750 and 950 per quarter for the past two reporting years.

5.7 Complaints

Prisoners submitted 2,135 formal complaints to prison managers during the reporting year (last year 2,036). Of these,1,134 were in the first six months and 1,001 in the second six months. The top three complaints were the same as last year:

	Current year 2022-2023	2021-2022
Property	459	457
Staff	287	293
Residential	242	259

Property was the top complaint in every month of the year from July 2022 to June 2023 and accounted for 21% of all complaints submitted (see 5.8). Complaints about staff accounted for 13% of all complaints. Eleven per cent of all complaints concerned residential issues.

There were 194 complaints concerning canteen (9% of all complaints) and the number was relatively consistent throughout the reporting year. There were also a high number of confidential complaints: 208 for the reporting year.

On average, 95% of complaints were answered on time throughout the year. The response rate was consistently over 90% and often in the high 90s. The Board is pleased to note that the quality of responses to prisoners has continued to improve considerably over the year.

The percentage of complaints upheld averaged 9% in the last quarter against 13% in the first quarter.

5.8 Property

The Board is pleased to note that the number of applications to the IMB about property during transfer has fallen by about a third – 22 this year as compared to 35 last year, although the Chair continues to receive frequent enquiries from other Boards regarding property lost during transfer from Thameside which are not counted in the Board's own applications. However, it is disappointing to note that applications to the Board about property within the establishment have risen by about a third - 46 compared to 35 last year. For both years property remains the third highest issue raised by prisoners to the Board and the top complaint raised using the prison's formal complaint system.

When prisoners turn to the IMB for help, they have invariably submitted repeated Comp1 or 1A forms to the prison which have not resolved the issue. Despite this, after enquiry by the IMB the property has either been located or the prison finally agrees that the property is lost. A number of these cases of 'lost' property arise due to either a lack of appropriate systems/processes in place to safeguard the property or staff not following the agreed processes.

The IMB saw examples of the first scenario when looking into the complaints of several prisoners whose property arrived by courier/Royal Mail. In these cases, the items were not logged sufficiently on arrival, hence could not be located or accounted for easily. For example, the tracking numbers were not recorded on receipt of the parcels, it was not clear which members of staff took receipt of the parcels or where the parcels were then moved to. In one case, the parcel was put in storage, pending the sniffer dogs inspection, and ended up 'lost' for several months.

The Board saw examples of the second scenario where prisoners have had to move cells (e.g to the CSU) but did not pack up their property themselves. In these cases, a cell clearance form should be completed by staff. Over the year, the IMB found repeated examples of cell clearance forms not being completed, despite assurances from managers on each occasion that the process was robust.

Given that property remains the top issue about which prisoners complained to the prison and is also one of the most complained about issues to the IMB, we repeat our observation made in the last annual report - that the prison must do better with prisoner property.

6. Health and wellbeing

6.1 Healthcare general

As with many local London prisons, the population at HMP Thameside presents a range of physical and mental health conditions in greater numbers than that found in the general public. Providing healthcare to this cohort of prisoners is undoubtedly a challenge but one of which any healthcare provider who considers bidding for the contract should be well aware. Given the concerns raised by the Board in its annual reports over the last few years, we consider the standard of healthcare provided in the prison continues to be at a lower standard to that available in the community. This has been particularly the case during the reporting year when there was a change in healthcare provider.

At the end of the reporting year, the Board conducted a survey of prisoners' experiences of healthcare over a four-week period, covering the following topics:

- Appointments
- Medication
- Contact with healthcare and complaints

Where appropriate, reference is made to the results below.

6.1.1 Healthcare changeover

During the first half of the year, Oxleas NHS Foundation Trust was responsible for delivering healthcare to the prison. The decision by NHS England not to renew the contract to Oxleas was made in January 2023 and the responsibility for healthcare was awarded to Practice Plus Group (PPG) with the new contract going live from the beginning of May. From the Board's perspective, there was a lengthy period of uncertainty and unrest during the transition period which affected staffing levels and continuity of care. As Oxleas staff who decided not to take up the offer of TUPE (Transfer of Undertakings, Protection of Employment rights, which is the right of transfer under Employment law) left the prison, the Board understands that agency staff were brought in to fill the vacated posts until the contract went live. Despite the handover date being pushed back to 1st June, after this date, further difficulties were encountered in recruiting and vetting new staff. As well as affecting clinical care, these shortages have also affected the wider delivery of healthcare. For example, the shortage of administrative healthcare staff has impacted on appointments for prisoners being scheduled, responses to prisoners' messages on CMS, processing complaints and feedback from prisoners. In addition on some evenings the processing of new prisoners in Reception has been significantly delayed either due to clinicians arriving late, leaving early or not turning up at all.

At the time of writing this report (August 2023), we understand that some of these difficulties have still not been resolved. We have been told that there are still very high numbers of agency staff across the service. With the exception of the manager, all of mental health services are agency staff. Furthermore, clinical staff have continued to arrive late for their Reception shifts – or not at all. Consequently, the Board has been greatly concerned regarding the level of healthcare to the prisoners

during this lengthy and disruptive period of change and remains concerned three months after PPG has taken over. Overall, the Board considers that not all prisoners' health needs – either physical or mental - are being met in a timely and effective manner.

Additionally, we were surprised to learn that all data relating to healthcare administration prior to the changeover in June is no longer available as it was stored electronically on the Oxleas G-drive but not transferred to the new healthcare IT system. This included clinic attendance and Did Not Attend (DNA) figures, waiting times for clinics, details of complaints/requests submitted along with the responses and response times as well as patient feedback forms. The Board considers this omission to be an indictment on both service providers – Oxleas should have arranged for data to be handed over and PPG should also have ensured that they received data for at least the previous 12 months. Without this it is difficult to see how the present healthcare management can set their future plans and base their targets on improving what went before.

Because of the unavailability of data for the whole year, the Board has only been able to provide average data for specific periods. At the time of writing, despite several requests, no data has been made available to the Board at all since PPG took over. This means that any comparisons with the previous year are difficult to make.

As a result of the changeover, there are two key issues which have concerned the Board over the second part of the reporting year:

- Capacity of healthcare staffing – i.e. the number of clinical on-site permanent staff available to attend to prisoners' needs in a timely fashion.
- Access to healthcare: - i.e. whether prisoners are able to access the care they need within an acceptable timeframe. This is a shared responsibility between the healthcare provider and the prison. The prison management has responsibility for prisoners being able to book their appointments/send requests to healthcare on their CMS system (see 5.1), being escorted to their booked appointments and liaising with healthcare over prisoner movements, such as wing changes. Healthcare's responsibilities lie in providing sufficient permanent staff, both clinical staff to provide treatment and administrative support staff to handle the number of appointments and deal with prisoner complaints and requests. From the applications we receive, the conversations we have had with prisoners and the survey results, the Board is not confident that both parties are working together effectively and a number of prisoners have been adversely affected as a result.

6.1.2 Medication

The Board receives many applications from prisoners regarding their medication. The most common issues are:

- Prisoners complain that they are not receiving their prescribed medication regularly and no explanation has been given. In the IMB survey, more than half of respondents said that their medication had not been available to collect at the medication hatch. Nearly half of those said this had occurred on more than four occasions. Only a third had been told why their medication was ’not available. Of the third who had been told, only a small proportion of the reasons given appeared to be due to genuine medical reasons such as the need for a medication review, incompatibility with other medication or a time limit on a prescription.
- Some complain that their medication has been stopped on arrival in the prison, as health care records have not been accessible to verify prescribed medication.
- Some complain that their prescribed medication has been stopped, following a medication review in Reception.
- Other complaints relate to the replacement of pain medication prescribed prior to arriving in prison, with drugs less likely to be diverted by prisoners into the internal drugs market – a national policy across the prison estate. While the Board wholly accepts the need for such a policy, there is nevertheless a need to increase support for prisoners through pain management services as well as more effective communication with prisoners regarding this.

6.1.3 Complaints

As in previous years, the Board has continued to receive more applications from prisoners about healthcare than any other aspect of prison life. These invariably concern medication issues or lack of communication from healthcare when they have either sent messages on CMS or sent in a formal complaint.

Over the six month period between October to March, according to data provided by Oxleas, 282 complaints were submitted to healthcare. More than half of these concerned primary care and 16% mental health care. Eleven per cent related to either GP, dental or optician treatment.

The most common complaint subjects during this period were medication (38%), appointments (23%), concerns about treatment (12%) and 4% about staff. Complaints classed as Other and Various made up 16%.

In the IMB survey, only a third of the prisoners who had sent healthcare a message on CMS received a response. Of this small number, just over half said that the response answered their query/concern.

Of the prisoners who submitted a complaint to healthcare, only a quarter received a response and about half of these were not satisfied with the response. When asked why they were not satisfied, two main themes emerged: firstly no follow up took place to what was promised and secondly the length of time patients had to wait for appointments or treatment.

Prisoners were also asked whether they felt they had been treated courteously and had aspects of their treatment explained to them. Thirty nine per cent stated yes but 61% were unhappy with the care they had received. The reasons for their dissatisfaction were grouped into five main themes:

- Issues with treatment: 38%
- Lack of response or follow up: 29%
- Staff attitudes: 21%
- Waiting times for appointments or treatment: 14%
- General comments: 8%

At the time of writing this report (August ’23), prisoners complained to the IMB that there were no PPG complaint forms for them to use. Indeed, the Board was unable to find any healthcare complaint forms at all available in the prison.

6.2 Physical healthcare

During the five month period from October 2022 to February 2023, primary care appointments totalled 7946. Eighty one per cent of these were completed, Fifteen per cent were classed as DNA and 4% were classed as NAV (meaning the prisoner was unavailable to attend due to a clash with court appearances, education classes, visits).

During the same period, 1419 outpatient clinic appointments were scheduled. Of these, 68% were attended, 21% recorded DNA and 10% NAV

Attendance figures for the individual clinics are as follows:

Clinic	Completed	DNA/NAV
Dentist	69%	31%
Chiropody	56%	44%
Optician	66%	33%
Physiotherapy	74%	26%

Smoking cessations clinics were very well attended – over the same five month period, the average attendance was 98%.

In the IMB survey, only a quarter of prisoners who had tried to book an appointment were successful in getting one. Of these nearly a third had to wait longer than four weeks for their appointment.

6.2.1 In Patients Unit (IPU)

The prison has an In Patients Unit with 16 beds which treats prisoners with serious physical or mental health conditions. The majority of in-patients are being treated for mental health issues and include those who are waiting to be transferred to a secure hospital setting (see 6.3.2 below). There are always a number of patients who due to their unpredictably violent behaviour are subject to heightened unlock. End of life

patients are also housed on the unit, some of whom have been denied release on compassionate grounds. From the Board's observations, their care is sensitively managed, by healthcare staff, prison officers and social care orderlies.

However, the Board has some concerns regarding the daily regime in the IPU. Whilst we recognise that many of the patients are very ill, nevertheless we believe it is important that some therapeutic and, where appropriate, social activities are made available to aid with recovery. During the first part of the year, occupational therapy sessions were scheduled every morning on the IPU and available to all prisoners subject to risk assessments. For those patients who were unable or chose not to attend the sessions, the Board was told that one of the therapists visited each patient in turn to offer some in-cell activities. The Board was concerned to learn that this service is no longer available since PPG took over. However, credit should be paid to the permanent prison officers on duty in the unit who instead try to provide social activities for the patients – for example, a regular 'tea and biscuits' morning for those patients well enough to be out of their cells.

6.3 Mental health

6.3.1 Clinics

A number of mental health teams continued to provide services throughout the year, such as: In-reach team (referrals and assessment), Atrium (counselling and psychotherapy), psychological therapy service (psychosocial therapies and cognitive behavioural therapy), substance misuse and dual diagnosis, learning disability and psychiatry. Since PPG took over, the Board was told that the number of psychiatry clinic sessions has increased. Additionally, there is a weekly dual diagnosis clinic where Integrated Drug Treatment System (IDTS) patients with mental health comorbidities are seen by a psychiatrist.

However, the Board is concerned that at the time of writing this report (August 2023), apart from the mental health manager, the entire mental health team continues to be staffed solely by agency staff as PPG had not yet recruited into these roles. This situation cannot be beneficial for the many prisoners with varying mental health conditions where continuity of care is most crucial.

6.3.2 Mental health transfers

As in previous years, the majority of patients housed in the IPU are being treated for mental health conditions and many of these are either being assessed or waiting for transfer to a secure mental health hospital.

Thirty one patients were transferred from Thameside to mental health settings over the reporting year with only 11 transferred within the NHS guideline of 28 days[2]. In 12 of the remaining 20 cases, delays occurred in the first 14 day period but in all of the 20 cases, delays occurred in the second 14 day period.

[2] 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.

The shortest transfer time from initial assessment to transfer was eight days and the longest time was 176 days (just over 25 weeks).

The majority were being transferred to medium secure settings. One case was transferred to a high secure setting and took over 14 weeks in total from initial assessment to transfer.

The lengthy delays in moving mentally ill patients from prison accommodation to a more appropriate hospital setting has been reported by this and many other IMBs across the country. The Thameside board has highlighted this issue in every annual report for the last nine years. While we recognise that these delays are not the fault of either the prison or the healthcare provider in the prison, these delays are wholly unacceptable and inhumane. Furthermore, the IPU is usually full and prisoners who are unwell either physically or mentally and in need of an in-patient bed may have to wait. In these cases, the prison has no choice but to keep these prisoners on the wings. Just occasionally, a very mentally ill patient has had to be housed in the CSU for safety reasons.

6.4 Social care

The Health and Adult Services team of the Royal Borough of Greenwich (LBG) commission Change Grow Live (CGL) to provide social care services in the prison. CGL staff deliver the care required to individual prisoners or where appropriate using specially trained prisoners. Social care needs are either identified on the first night screening interview or shortly after at a second screening interview.

At the end of the reporting year, there were nine trained care and support orderlies in the prison providing personal care to 17 prisoners on approved social care plans. The Board understands that this figure is lower than expected due to lack of referrals from the new healthcare provider – in fact, no referrals for social care plans from either first night or second interview screening have been made to CGL since PPG took over. This is of great concern to the Board.

The number of prisoners on PEEPs at the end of December 2022 averaged at 12 but by the end of June 2023, had dropped to nine, four fewer than last year. The Board is concerned that the lower figure may be due to the lack of healthcare input and may not reflect the current population.

As with last year, the Board received no applications or complaints from prisoners regarding the support provided by CGL or LBG.

6.5 Time out of cell, regime

6.5.1 Regime

During the whole of the reporting year, the prison has returned to a more normal regime after the restrictions imposed by the Covid pandemic. However this should be seen as a ‘new’ normal’ in that a more organised and structured approach to time out of cell has replaced the old ‘association’ common to all prisons in pre Covid times. Structured on wing activities (SOWA) was gradually introduced during the year

where on each wing, half of the prisoners are unlocked at a time and can engage in activities such as pool and a variety of board games. All prisoners are also entitled to exercise in the open air with gym equipment available in all the exercise yards attached to each spur.

6.5.2 Gym

The Board is pleased to note that there have been fewer gym cancellations over the reporting year in comparison to the previous year. During a 12 day period towards the end of June, the gym was closed for only one day. Average attendance over this period was 147, with the highest attendance being 206 and the lowest 52. In addition to the regular gym sessions and outdoor pursuits such as football that prisoners can book, sessions for specific groups include Enhanced prisoners, prisoners over 45, prisoners on the IDTS wing, young offenders/adults and remedial gym (the latter referred by healthcare). However, during the second part of the reporting year, Enhanced prisoners continually reported being unable to attend their allocated gym sessions due to wing staff not unlocking them on time. Additionally, in our last annual report, we noted that, for prisoners who work full time, gym access was either difficult or impossible. We are disappointed to report that, one year on, this situation does not appear to have improved. At the time of writing this report, prisoners who work full time have been advised by the prison management to request a day off work in order to attend the gym, a suggestion that was rejected by the prisoners. Once again, the Board urges the prison to find an acceptable and fair solution to allow full time workers reasonable access to the gym.

6.6 Drug and alcohol rehabilitation

The social enterprise group Turning Point (TP) continues to provide excellent support and treatment programmes for an average of over 350 prisoners per month with drug and alcohol problems, a 15% increase from last year. This figure represents approximately one third of the prisoner population at HMP Thameside. Approximately 148 prisoners engage with IDTS treatment every month in the prison. Of these, about 88% of prisoners also engage with TP, although TP continues to strive to increase this percentage.

TP runs a number of programmes to support prisoners: Supporting Change and Recovery (SCAR) has an average monthly attendance of 36 and a 91% completion rate. Alcohol Can Really Harm (ARCH) was set up at the beginning of this reporting year and has an average of 8 attendees per month.

As was the case in previous years, the Board received no applications or complaints from prisoners regarding the support and treatment offered by Turning Point staff.

7. Progression and resettlement

HMP Thameside has been a reception and resettlement prison since September 2020. Since then, the remand population has increased from two thirds to three quarters of the total prisoner population with the remaining sentenced prisoners classed as Cat C near the end of their sentence.

Despite having been a reception and resettlement prison for nearly three years, there are still issues with providing appropriate and effective resettlement opportunities.

Because of this, the IMB conducted a Resettlement survey on CMS, similar to previous years. Sentenced prisoners who were scheduled for release in the next three months were invited to provide feedback on the following issues:

- Education
- Training
- Accommodation
- Finance, benefits and debt support
- Work

Where appropriate, reference is made to the results below.

7.1 Education, library

7.1.1 Education

Unlike the last reporting year, education was not restricted to in-cell packs for any of the reporting period. Therefore, this year represents a complete return to the pre Covid learning model, unchanged by the experience of in-cell education brought about through Covid. Seventy one per cent of respondents to our resettlement survey had not attended any educational courses during their time in Thameside. Of those who had, English and Maths were the most attended courses.

Data provided to the IMB for the reporting period shows that a total of 4,946 classes were scheduled. Whilst 82% ran, 15% did not run for staffing reasons, and 3% for operational reasons. The IMB was told that ‘staffing reasons’ included a shortage of teaching staff due to a continued struggle to recruit tutors. As this was also raised in last year’s annual report, it is of concern that for the last two years, recruitment difficulties have continued to bedevil the education provision at Thameside – the consequence of which is a clear detrimental effect on prisoners and their rehabilitation.

Although most scheduled classes ran, attendance at those classes was on average only 52% of available capacity (up to 12 prisoners per class). This is disappointingly low and represents a missed opportunity to provide education to prisoners, especially as 86% of respondents to our survey who had attended education classes stated that the course they attended was either very or quite helpful. This is a clear indication, from prisoners themselves, that they would benefit from a concerted effort

between Novus the education provider and the prison to increase attendance at education classes. The Board recognises however, the efforts made by the prison management to address the issue of poor attendance during the second part of the reporting year: for example, a prisoner forum was convened to ascertain why attendance was so low and an incentives scheme ticket introduced to challenge non-attendance and recognise positive behaviour. While the Board had not yet seen any discernible increase in attendance by the end of the reporting year, we understand that a Learning and Skills manager has also recently been appointed by the prison to continue to drive improvements.

During the reporting year, the IMB learned that the careers provider Forward Trust (FT) had decided to cease the distance learning element of their service (praised in last year's annual report). This was a cause for concern and would have resulted in a real gap in distance learning opportunities for prisoners at Thameside. The IMB was pleased to learn that the decision was reversed, and that distance learning continues to be provided through Prospects (part of Shaw Trust, from which FT took over during the last reporting year). Though the number of prisoners eligible for distance learning tends to be relatively low compared to the total population (as it requires Level 2 qualifications and above), the benefits to such prisoners can be far reaching, especially in terms of prisoner rehabilitation. During the reporting year a total of 69 students were enrolled on distance learning courses. The majority of these (40) enrolled on Prisoner Education Trust (PET) funded courses; 22 on fully funded Open University foundation degree modules; and seven on Open University courses funded through student finance loans.

In terms of education courses (which includes distance learning), data for the reporting period shows that of the learners who completed a course, 37% achieved an outcome[3] with 20 prisoners still awaiting results at the time of collecting the data.

7.1.2 Library

As with education, this reporting year represents a complete return to the regular face-to-face library provision. This comprises 75-minute general library sessions offered throughout the week for up to 12 prisoners at a time, in addition to a diverse and enriching programme of other activities. This year has also seen the introduction of an education timetable to allow tutors to bring their class into the Library for 15-minute periods, allowing greater numbers to access the facilities which includes an up-to-date library management system and four new computers, providing access to Virtual Campus facilities.

The programme of activities on offer is both impressive and diverse and reflects the continued hard work of the dedicated librarian and his staff. The Library maintains a regular book group via the charity Prisoner Reading Groups (PRG) and National Literacy Trust's Books Unlocked scheme, offering a monthly remote book club to complement face-to-face sessions. Other regular activities consist of reading

[3] This means that, depending on the course, the learner either gained a full qualification or completed a specific unit.

challenges (with incentives for completers); writing courses; a film club; and legal advice sessions provided by the Prisoners' Advice Service (PAS), to name a few.

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

7.2 Vocational training, work

7.2.1 Job opportunities across the prison

Comparing May 2022 and May 2023, there were fewer overall job opportunities, however, a higher proportion were filled (75% versus 47%). The proportion of jobs held by remand prisoners increased from 36% to 46%. Further, while the number of fulltime jobs increased over the year, as a proportion of filled jobs, they remained roughly 57%.

As with last year, most of these jobs support the running of the prison – laundry, cleaners, kitchen, and Bag & Tag (prison shop). There has been a large increase in the number of general cleaner jobs available and most have been filled. There is, however, a lack of higher-level, vocational employment opportunities. While accredited qualifications are linked to certain jobs, such as food safety for kitchen workers, many jobs offer no qualifications.

7.2.2 Vocational training

In the reporting year, the prison recorded that the percentage of vocational courses successfully achieved by prisoners was 81%. Unfortunately, despite many attempts, the Board was not provided with any further data on vocational training.

While the economy has record vacancies in hospitality and construction, the Board believes that more vocational training should be available in these areas.

Attempts were made to run On The Right Track; a rail track training programme specifically tailored to prisons. It is currently running in ten prisons including all other local London prisons. Unfortunately, funding could not be secured for Thameside.

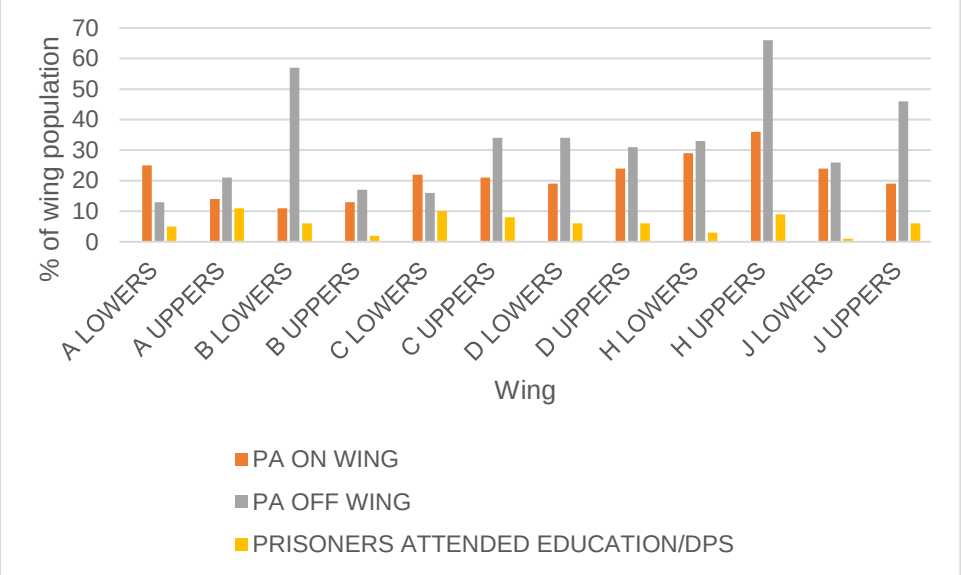
While Novus, the education provider, offers Construction Skills Certification Scheme (CSCS) training there is no further construction training available. A space had been developed to hold a construction skills course; however, staff could not be recruited and so it was shelved. Similarly, plans to introduce forklift truck training have not come to fruition. Barber and fitness instructor training has also stopped.

Unfortunately, the prison does not offer any ROTL.

Eighty-one percent of respondents in our survey stated that they had not attended any training courses whilst at Thameside. This was a similar result to the previous year. Of those who had, CSCS, food safety and health and safety were the most attended. Ninety-seven percent of those who had attended training courses stated that the course was either very or quite helpful. Many prisoners requested that a wider range of courses was available.

7.2.3 Purposeful activity

Looking at a snapshot of purposeful activity on a single morning in May we found a mixed picture. Attendance at education was very low; the highest number of prisoners from any one wing attending education was nine. It was reassuring to see that there is more purposeful activity taking place off the wings than on and that men on B Lowers, H Uppers and J Uppers were benefitting from off wing purposeful activity.



In a five-week period of monitoring, the most popular purposeful activities were:

- Wing cleaning work – 26% of all time spent on purposeful activity;
- Production workshops and other occupations e.g. orderlies – 23% of all time spent on purposeful activity; and
- Maintaining a safe environment (Reps including Violence Reduction, Insiders, CAD and Foreign Nationals) – 15% of all time spent on purposeful activity.

Conversely, only 1% of purposeful activity time was spent in the library and 9% on physical education.

Despite seeking clarification from the prison regarding their categorisation of various forms of purposeful activity, the Board was not given a full and clear picture. It is the Board's understanding that HMP Thameside has no industries: money-generating workshops linked to employment. There are, however, some production workshops, which are non-profit making. These include textiles and CMS repairs.

7.3 Offender management, progression

The offender management unit Catch 22 team continues to work tirelessly to manage and support the custodial sentences of prisoners at Thameside. This consists of three phases: reception, main sentence and resettlement. The Board has received few complaints about the service and any that have been received have been resolved quickly by Catch 22 staff. Any issues that have been brought to the attention of the Board have been mainly due to delays in receiving information from outside agencies, e.g. probation, police or courts.

Thameside did not hold any category D prisoners at the time of writing this report. This reflects a concerted effort by Catch 22 to transfer such prisoners to more suitable establishments.

There remains a small number of life sentenced and indeterminate sentenced prisoners, for whom the prison has never had appropriate facilities. All such prisoners are either awaiting a parole hearing and/or have been remanded for further offences. Eight such prisoners were present in Thameside during the reporting year, one of whom had resided at Thameside for over 18 months at the time of writing, another for nearly three years.

7.4 Family contact

The prison has been slow to reintroduce many of the family activities that were cancelled during the pandemic. The Families First team is once again operating but has had a limited offering during the reporting year: Story Book Dads and one Easter-themed Family Day. It is reassuring that the team are planning many future activities including Baby Bonding, Toddler Time and Short Stories for Children as well as four Family Days every year. However, it is disappointing that so little has been achieved in this post Covid reporting year when face to face reunions with family members would be a priority for prisoners.

More generally, visits seem to have found an equilibrium. From January – May 2023 the number of visits booked varied between 1557 and 1804 a month. There was a steady attendance rate of around 77%.

The Visits Hall is generally clean, calm, and inviting. There is a café serving a range of food at reasonable prices. The experience in the Visitors' Centre, before entering the prison, could however be improved. For example, by providing clearer guidance on how to get a parking permit; which lockers should be used and how to use them; identification requirements; and a reminder as to appropriate clothing. Additional visitors' lockers should also be provided.

7.5 Resettlement planning

Whilst there has been some good work in the resettlement arena, the Board feels that the prison remains too focussed on induction, to the detriment of resettlement

planning. There are a number of departments and agencies involved in this area, many being contracted directly by the Ministry of Justice and not the prison itself. This can sometimes result in a perceived lack of strategic oversight and accountability. Further, the short-term funding of many projects makes planning and service delivery challenging. There also continues to be a recruitment issue, further hampering delivery.

7.5.1 Housing

The Board reported last year on the lack of support for remand prisoners, who make up the majority of the Thameside population. For a year, St Mungo's provided a Remand Housing Advice Worker. The role had two main aims: tenancy sustainment and sourcing accommodation. During that year, they succeeded in sustaining 105 tenancies. Sourcing accommodation for people without a release date is a challenge and initially there was little tangible support that could be offered to this cohort. It was hoped that some progress would be made in this area, including a proposed tenancy training course for prisoners who may benefit. However, the Remand Housing Advice Worker contract was not renewed at the end of May and so this important assistance is not currently available.

Accommodation support for sentenced prisoners continues to be provided by St Mungo's. Releasing prisoners to appropriate accommodation is a vital element of rehabilitation and reducing recidivism. The Board remains concerned at the percentage of prisoners leaving without adequate housing provision. The average recorded monthly proportion of sentenced prisoners housed on the first night of custodial release varied from 58% to 76%, averaging at 67%. This is an improvement from last year but still leaves far too many men having to sleep rough or access emergency hostels. St Mungo's average percentage of clients resettled into any form of tenure was 48%. The Board understands that only the probation service can make a housing referral to St Mungo's. Given the staffing difficulties in the probation service already highlighted elsewhere in this report, this requirement does not facilitate a positive outcome for prisoners.

Only 17% of respondents in our survey said they had spoken to resettlement staff about accommodation on release. Sixty seven percent of respondents had no accommodation arranged on release. Of those, 83% did want accommodation to be arranged on release.

7.5.2 ID and Banking

Since February 2023, the prison has had a dedicated ID and Banking administrator. Their role is to help prisoners due for release to obtain ID (birth or adoption certificates and driving licences) and open bank accounts.

From February to June, 122 bank accounts were opened and 195 birth certificates ordered. This is a promising start but the Board is aware of some issues when prisoners are released before the documentation is issued. Unfortunately, the Board

has been told that Probation does not always engage and ensure the released prisoners receive their documents.

Only 13% of respondents to our survey said they had discussed finance, benefits and debt support with staff. Of the small number who had, 87% found it either very or quite helpful.

7.5.3 Employment

The percentage of prisoners in employment at six weeks after custodial release, as a proportion of all eligible custodial releases, averaged 8% for the reporting year. Whilst an improvement on the previous year's average of 6%, this is still a disappointingly low result.

Our survey responses showed that 80% of respondents had no work arranged on release. Of those who have no work arranged, only 22% stated that they had some contacts, interviews or other leads. Twenty-five percent of those who responded stated that they had received no assistance or that the support they had received was poor.

During the reporting year, a Prison Employment Lead (PEL) was appointed. They set up an Employment Hub and brought together many different agencies to provide a more coherent service to prisoners. One innovation has been the creation of the multi-agency discharge board. Sentenced prisoners in their last 12 weeks can attend the Employment Hub to meet with several service-providers offering practical support including careers advice; assistance with accessing benefits, housing and bank accounts; drug and alcohol support; and probation. When launched in March, the discharge board had strong attendance from service-providers and prisoners. Unfortunately, at a recent event, the IMB noted that several key service-providers were not present and of the 19 men timetabled to attend, only six did so.

The PEL developed the Employment Hub into a welcoming space offering a range of timetabled activities. These include workshops delivered by agencies such as Clean Sheet, New Horizons and Bounce Back. The Hub also offers information on job vacancies and holds employer events with companies including DHL, Keltbray and Higgins. Information on all the Hub's work is made available to prisoners via CMS.

An initiative with Greene King: the Greene King Academy has involved around ten prisoners. During the 12-week programme they follow the L1 City & Guilds 7131 Certificate in Food Preparation & Cooking and attend Greene King masterclass training sessions. On completion of the programme, they receive accreditation from a City & Guilds awarding body, a Greene King Certificate and are offered an opportunity to gain a permanent role with Greene King on their release. Six prisoners have had job interviews arranged upon release and three are working in a Greene King pub. This initiative is the first of its kind for Greene King and the prison and establishing it has been a challenge. However, it has proven successful; has ongoing commitment from Greene King; and there is now a waiting list to join.

Other examples of positive developments include the No Going Back Project (NGB) holding several workshops and employer events in the Hub which this has resulted in NGB supporting 19 prisoners into active employment and eight prisoners into education and training.

An E Nuff employment event was attended by ten prisoners resulting in many receiving training in construction as well as support from employment partners including BeOnSite and A Fairer Chance. The Ace pilot scheme aimed to reduce the rate of fixed term recalls by offering a structured, intervention-focused alternative. Unfortunately, both the E-Nuff and Ace projects only had funding for one year and finished in March. The Board questions whether year-long projects are of sufficient length to make a deep impact.

8. The work of the IMB

For the second year running, the Thameside Board has suffered from much reduced numbers. At the beginning of the reporting year, board members totalled six with two new members joining shortly after. During the year we lost three members and by March board numbers had dropped to five. This prompted the Board to put out a request to neighbouring boards for dual boarders to assist. We were pleased to receive offers from two experienced IMB members from London prisons, one of whom was able to join us in April. The second dual boarder experienced difficulties with vetting for Thameside and is still waiting to join us. The Board also decided to join two recruitment campaigns in an effort to build up numbers quickly which resulted in six new members being appointed. By year end, these members were still undergoing vetting but at the time of writing (August ’23), three had joined the Board.

We have been very grateful to our current dual boarder who has provided invaluable support to the Board. We are also grateful to our second dual boarder who despite innumerable setbacks with vetting has stayed the course.

The Chair is also immensely grateful to our remaining few board members for their continued hard work and support in maintaining a weekly presence in the prison. This has been a very difficult year for the Board and we are very conscious that we have not been able to carry out our monitoring duties in as much depth as we would normally do. Because we have had to prioritise our work, inevitably there have been areas of the prison and aspects of prison life that have not had our input. Nevertheless, we have endeavoured to cover all essential areas such as responding to applications, conducting weekly rotas, attending adjudications and GOoD reviews and responding to serious incidents. A member of the Board has attended or phoned in most days to the Director’s morning meeting with his senior management staff and we have continued to attend selected key meetings.

All Board meetings have taken place in the prison, with some members joining by teleconference and were attended by the Director or one of his deputies to update members on developments. The Chair has continued to meet with the Director every month and for part of the year, has also met with the Controller’s team until their departure in May.

The Board has an open and constructive relationship with the Director, his senior managers and staff, and has been welcomed in all parts of the prison. Members are grateful for the cooperation and support afforded to us by staff at all levels in carrying out our monitoring duties. A Board member has continued to accept the prisons invitation to brief new custodial officers on the role of the IMB.

The Board would also like to pay tribute to our clerk who has continued to provide invaluable support to the Board through a difficult year. Without her help, there is no doubt that we would have struggled to function.

Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	6
Of whom members in induction period	0
Number of Board members at the end of the reporting period	6
Of whom members in induction period	2
Total number of visits to the establishment	214

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	**32**	**12**
B	Discipline, including adjudications, incentives scheme, sanctions	**12**	**7**
C	Equality	**5**	**4**
D	Purposeful activity, including education, work, training, time out of cell	**23**	**25**
E1	Letters, visits, telephones, public protection, restrictions	**44**	**29**
E2	Finance, including pay, private monies, spends	**11**	**9**
F	Food and kitchens	**3**	**3**
G	Health, including physical, mental, social care	**77**	**75**
H1	Property within the establishment	**35**	**46**
H2	Property during transfer or in another facility	**35**	**22**
H3	Canteen, facility list, catalogues	**14**	**9**
I	Sentence management, including HDC, ROTL, parole, release dates, re-categorisation	**24**	**17**
J	Staff/prisoner concerns, including bullying	**94**	**91**
K	Transfers	**5**	**1**
L	Miscellaneous	**26**	**20**
	Total number of applications	**440**	**370**

Appendix A

Healthcare: Oxleas NHS Foundation Trust from July 2022- May 2023

Practice Plus Group (PPG) from June 2023 onwards

Offender Management: Catch 22

Substance Misuse: Turning Point

Education: Novus

Careers advice provision is contracted to Forward Trust who in turn subcontract to IAG

Job Centre Plus offer job and benefits support

Resettlement services are provided by The Probation Service and St Mungo's who specialise in accommodation services

Appendix B – IMB Healthcare survey

IMB Healthcare survey

This survey is only for those who have had dealings with healthcare over the past 8 weeks.
It is being run by the Independent Monitoring Board (IMB) and all your responses will be completely confidential.
The IMB is entirely independent of the prison management.

IMB Healthcare survey

Access to Healthcare

1 In the past 8 weeks, have you tried to book a healthcare appointment?

☐ Yes ☐ No

1.1 *Only answer this question if answered YES to question 1*

Were you able to get an appointment?

☐ Yes ☐ No

1.2 *Only answer this question if answered YES to question 1*

Who was the appointment with?

☐ Dentist ☐ GP

☐ Nurse ☐ Optician

☐ Other

1.3 *Only answer this question if answered OTHER to question 1*

If OTHER, who was the appointment with?

_____

_____

_____

1.4 *Only answer this question if answered YES to question 1*

If you requested an appointment, how long did you have to wait?

☐ 2-4 weeks ☐ Longer than 4 weeks

☐ Within a week

1.5 *Only answer this question if answered YES to question 1*

If you were given an appointment, did the appointment go ahead?

☐ Yes ☐ No

1.6 *Only answer this question if answered NO to question 1*

Why did the appointment not go ahead?

☐ Healthcare cancelled it ☐ I didn't need the appointment

☐ No-one came to get me ☐ Other

IMB Healthcare survey

1.7 *Only answer this question if answered OTHER to question 1*

If OTHER, what was the reason?

_____

_____

_____

Medication: This section is for those on prescribed repeat medication only

2 In the past 8 weeks, has your medication always been available for you to collect from the Meds hatch?

☐ Yes ☐ No

2.1 *Only answer this question if answered NO to question 2*

How many times has it not been available?

_____

2.2 *Only answer this question if answered NO to question 2*

Were you told why your medication wasn't available?

☐ Yes ☐ No

2.3 *Only answer this question if answered YES to question 2*

What reason were you given?

_____

_____

_____

2.4 Any other issues regarding your medication that you would like to raise?

_____

_____

_____

Communication

3 In the last 8 weeks have you used CMS to contact healthcare?

☐ Yes ☐ No

IMB Healthcare survey

3.1 *Only answer this question if answered YES to question 3*

Did you get a response to your message?

☐ Yes ☐ No

3.2 *Only answer this question if answered YES to question 3*

Did the response answer your query?

☐ Yes ☐ No

4 In the last 8 weeks have you sent a complaint to healthcare?

☐ Yes ☐ No

4.1 *Only answer this question if answered YES to question 4*

Did you get a response to your complaint?

☐ Yes ☐ No

4.2 *Only answer this question if answered YES to question 4*

Were you satisfied with the response?

☐ Yes ☐ No

4.3 *Only answer this question if answered NO to question 4*

Why were you not satisfied?

_____

_____

_____

5 In dealing with healthcare, do you feel that you have been treated courteously and had things explained to you clearly?

☐ Yes ☐ No

5.1 *Only answer this question if answered NO to question 5*

What were your concerns?

_____

_____

_____

Thank you for completing this survey. You help is much appreciated.

Appendix C – Resettlement Survey

Resettlement Monitoring Survey

This is a questionnaire for sentenced prisoners in the last 3 months of their sentence.

It is being run by the Thameside Independent Monitoring Board (IMB) to help us understand how well prisoners are being prepared for release.

The IMB is entirely independent from the prison management.

Resettlement Monitoring Survey

1 When are you scheduled for release?

- ☐ In 2-3 months
- ☐ In 2-4 weeks
- ☐ In the next 7 days

2 Have you discussed accommodation with Resettlement staff?

- ☐ Yes
- ☐ No

3 Do you have accommodation arranged on release?

- ☐ Yes
- ☐ No

3.1 *Only answer this question if answered YES to question 3*

How long is this accommodation for?

- ☐ Don't know
- ☐ Permanent
- ☐ Up to a month
- ☐ Up to a week

3.2 *Only answer this question if answered NO to question 3*

Do you want accommodation to be arranged on release?

- ☐ Yes
- ☐ No

4 Do you have any comments you would like to make about Thameside's help in arranging accommodation on leaving prison?

- ☐ Yes
- ☐ No

4.1 *Only answer this question if answered YES to question 4*

Please write in your comments

_____

_____

_____

5 Have you discussed finance benefits and debt support with Resettlement staff?

- ☐ Yes
- ☐ No

Resettlement Monitoring Survey

5.1 *Only answer this question if answered YES to question 5*

How helpful has this support been?

- ☐ Not very helpful
- ☐ Quite helpful
- ☐ Very helpful

6 Do you have work arranged on release?

- ☐ Yes
- ☐ No

6.1 *Only answer this question if answered NO to question 6*

You say you haven't got any work arranged at release. What if anything do you intend to do about this?

- ☐ I don't know
- ☐ I'm ill / in rehab / retired
- ☐ It's too early to worry
- ☐ I've got some contacts
- ☐ I've got some other leads
- ☐ I've had some interviews
- ☐ Other

6.2 *Only answer this question if answered OTHER to question 6*

If you can, please provide further details

_____

_____

_____

7 Do you have any comments about the help Thameside have given you to find work on release?

- ☐ Yes
- ☐ No

7.1 *Only answer this question if answered YES to question 7*

Please write in your comments

_____

_____

_____

8 How long have you been in Thameside?

- ☐ 3-6 months
- ☐ Less than 3 months
- ☐ More than 6 months

Resettlement Monitoring Survey

9 Have you attended any training courses whilst in Thameside?

☐ Yes ☐ No

9.1 *Only answer this question if answered YES to question 9*

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

9.2 *Only answer this question if answered OTHER to question 9*

Please specify which other course / courses

_____

_____

_____

9.3 *Only answer this question if answered YES to question 9*

How helpful was the course?

☐ Not helpful ☐ Quite helpful

☐ Very helpful

10 Do you have any comments to make about the training opportunities at Thameside?

☐ Yes ☐ No

10.1 *Only answer this question if answered YES to question 10*

Please write your comments

_____

_____

_____

11 How long have you been at Thameside?

☐ 3-6 months ☐ Less than 3 months

☐ More than 6 months

Resettlement Monitoring Survey

12 Have you attended any educational courses during your time at Thameside?

☐ Yes ☐ No

12.1 *Only answer this question if answered YES to question 12*

Which of the following courses have you taken?

☐ Business (SFEDI) ☐ Creative Crafts

☐ English/maths ☐ ESOL

☐ ICT ☐ Multimedia

☐ Other ☐ OU / Distance Learning

12.2 *Only answer this question if answered OTHER to question 12*

Please specify which course / courses

_____

_____

_____

12.3 *Only answer this question if answered YES to question 12*

How helpful were the courses?

☐ Not helpful ☐ Quite helpful

☐ Very helpful

13 Do you have any comments on the educational courses available at Thameside?

☐ Yes ☐ No

13.1 *Only answer this question if answered YES to question 13*

Please write your comments

_____

_____

_____

14 Do you have any other comments about how Thameside has helped you to prepare for release?

_____

_____

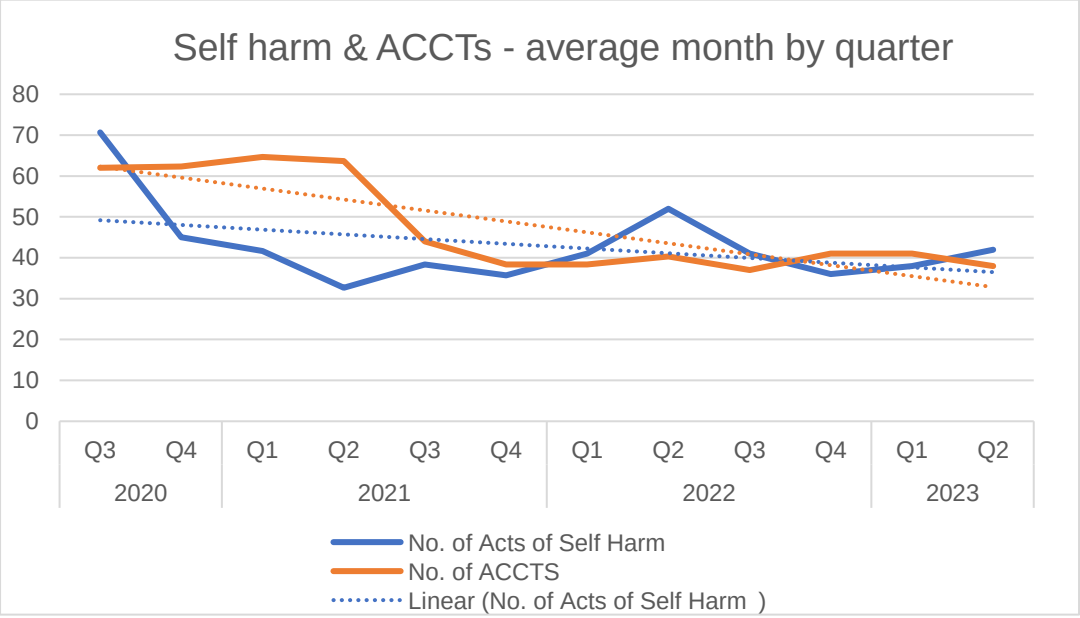
_____

Resettlement Monitoring Survey

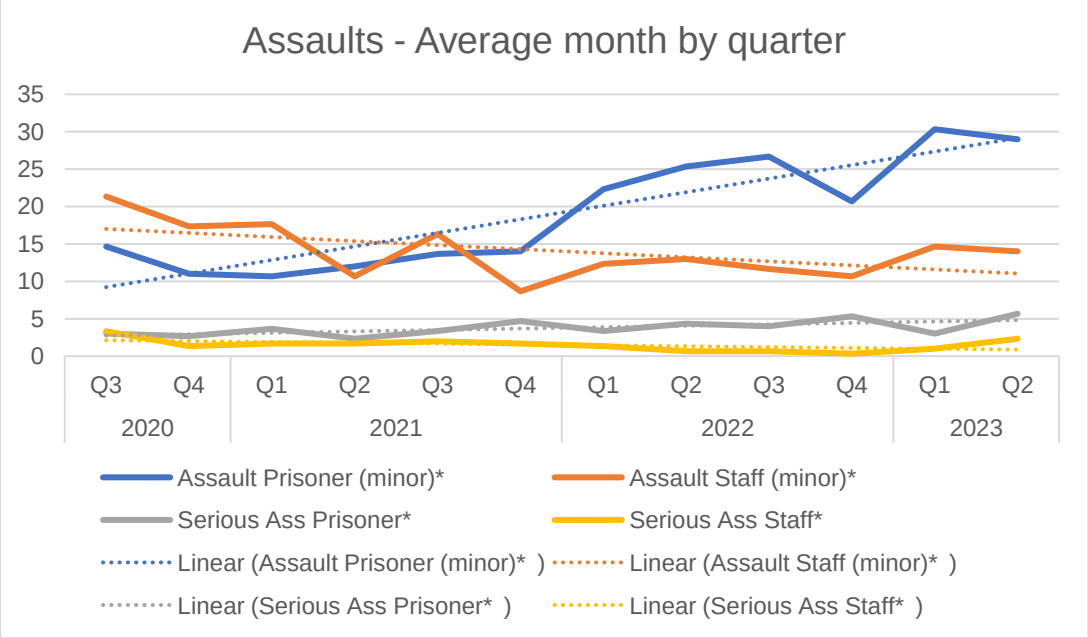
15 Thank you for completing this questionnaire - your help is much appreciated.

Appendix D – Tables and Graphs

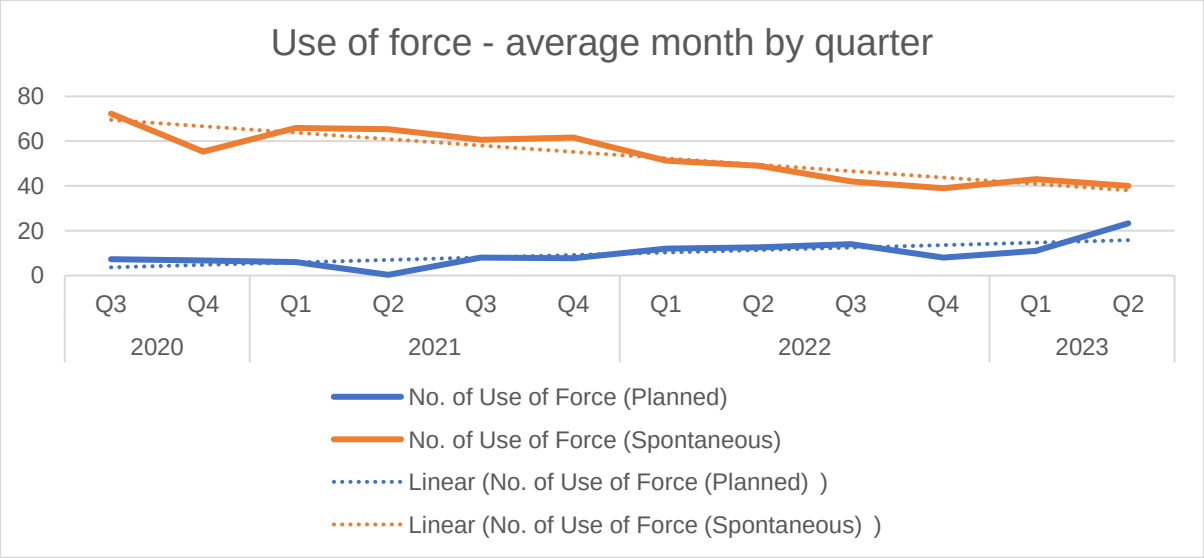
Graph 1



Graph 2



Graph 3


Use of force - average month by quarter
80
60
40
20
0
Q3
Q4
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4
Q1
Q2
2020
2021
2022
2023
No. of Use of Force (Planned)
No. of Use of Force (Spontaneous)
Linear (No. of Use of Force (Planned))
Linear (No. of Use of Force (Spontaneous))

This publication is available at https://www.gov.uk/government/publications

Any enquiries regarding this publication should be sent to us at imb@justice.gov.uk