



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

**For reporting year  
1 July 2024 to 30 June 2025**

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## Introductory sections 1 – 3

### 1. Statutory role of the IMB

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

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

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

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

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism 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 southeast London. Throughout the reporting year, the prison has been occupied close to its operational capacity of 1232<sup>1</sup>.

Thameside holds a remand population of up to 90% - an increase from last year's 75% - and remains one of the busiest London prisons.

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

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

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

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

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

### **The Director**

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

### **The Controller**

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

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

### **3. Key points**

For the third year running, the IMB has continued to operate at approximately one third of its complement, thus restricting its ability to adequately monitor some areas of the prison. During this reporting year, eight new members joined the Board, seven of whom remain in their induction period.

Towards the end of the reporting year, there have been significant changes to the prison's senior leadership team: the Director, who had been in post since April 2024, left in May 2025, as did the Deputy Director. In addition, several assistant directors joined the senior leadership team.

HM Inspectorate of Prisons (HMIP) conducted an unannounced inspection in February 2025. Reference is made to their findings in this report.

This year has seen a significant increase in the remand population, from 75% to nearly 90%. This has created an even greater turnover than previously.

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

#### **3.1 Main findings**

##### **Safety**

Despite the challenges of being a busy local prison with a high remand population, the prison works hard to maintain a safe and secure environment, in the Board's view. Data shows a promising year-on-year reduction in hooch (illicitly brewed alcohol) and drug finds. However, the Board remains concerned about assessment, care in custody and teamwork (ACCT) documentation (used to support prisoners who are at risk of self-harm and suicide) and the poor ratio between overall and proven adjudications. The lack of a quality assurance audit for challenge, support and intervention plans (CSIPs), which are used to support and manage prisoners who pose an increased risk of violence, has also been a concern, but the Board is pleased to learn that a process has been put in place at the end of the reporting year. There is still no effective Listener scheme (whereby prisoners are trained by the Samaritans to offer confidential emotional support to other prisoners) and the alternative provision has significant limitations. The Board was disappointed that funding for an effective restorative justice post was discontinued.

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

The Board welcomes the increased staffing on the houseblock wings towards the end of the reporting year, as well as the regime improvements in the IPU, CSU, integrated drug treatment service (IDTS) wing and the early days centre (EDC).

While the decency project, which started during the last reporting year, continues, there have been too many prisoners without access to a working in-cell CMS during this reporting year. However, the Board acknowledges the positive steps that have recently been taken to find a more robust solution.

The chaplaincy, diversity and equality and neurodiversity teams continue to provide an excellent service. Although the prison's policies and processes are designed to be fair, there are still some areas where inadequate management results in unfairness, in the Board's view. For example, the handling of prisoner property

requires a major overhaul, and the administration of the incentives policy requires management oversight to ensure a more consistent approach.

### **Health and wellbeing**

The Board's concerns regarding the provision of healthcare highlighted in the last annual report have remained for most of this reporting year. These include poor administration and management of healthcare complaints and clinic bookings, along with long waiting times, delays and omissions in medication provision, and concerns regarding safe medication administration. Suboptimal staffing levels, including an absence of consistent senior leadership, have continued for most of the year. Additionally, there has been inconsistent coordination, attendance and reporting of healthcare meetings. All these issues have impacted the timeliness and quality of healthcare provision.

Positive steps include the introduction of an early days in custody (EDiC) meeting, which has enabled more proactive management of healthcare needs, and recent improved communication between the IMB and senior Practice Plus Group (PPG) staff, who manage the healthcare contact. Turning Point continues to offer an excellent service to prisoners with substance misuse issues.

The Board remains concerned regarding the continued delays for mental health transfers to external facilities.

The Board recognises the hard work of the enthusiastic gym team and welcomes the increase in staffing, reduced redeployment and wider range of provision available.

In contrast to many public sector prisons, the majority of prisoners at Thameside are able to spend considerable amounts of time out of their cells.

### **Progression and resettlement**

The library and the Catch 22 teams both continue to provide an excellent service, as does the facilitator from the charity, the Shannon Trust. The small Families First team, despite being consistently understaffed over the reporting year, has worked hard to support positive relationship building between prisoners and their families and, in particular, children.

The Board would like the prison to improve information and resources for visitors, both on the website and in the visitors' centre. Information is inconsistent and unclear regarding visits, identification (ID), property hand-ins, parking and appropriate clothing. There is also a lack of secure storage for visitor property which, despite repeated assurances to the IMB, has not been addressed during the reporting year.

The Board has serious concerns regarding resettlement services for prisoners, especially the probation and pre-release teams. In addition, there have been delayed or lack of responses from some resettlement agencies to requests for data from the Board.

## **3.2 Main areas for development**

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

- While the proportion of transfers to external mental health facilities has improved this year, there were still too many patients (two-thirds) transferred beyond the 28-day limit. What concrete steps will the Minister take to address this issue and within what timeline?
- The lack of probation and community support for all prisoners means that they are more likely to return to prison. What measures is the Minister taking to address the shortfalls of probation and community support in the London area?
- Probation support for remand prisoners, in particular, remains inadequate, despite the promised investment. The increase in the remand population has not been matched with a sufficient increase in resettlement resources, to ensure that the majority of prisoners get the support they need. What specific, measurable steps will the Minister take to increase probation support and ensure adequate resettlement for all remand prisoners?

### ***TO THE PRISON SERVICE***

- Probation and community resources remain inadequate, despite promised investment – see above, ‘to the Minister’.
- Inaccurate data on BCS2s and BCS3s was being logged continuously on the pre-release team’s systems from July 2024 for 11 months, without any investigation as to its validity or the performance of the team (see 7.5). Is the team required to regularly submit data to either the Probation Service or HMPPS on the completion rate of these and other mandatory tasks? What quality assurance processes are in place to monitor the work of the pre-release team?
- The processes followed by the resettlement team to support prisoners in finding accommodation on release remain inadequate, resulting in too many men leaving the prison homeless. How will the Prison Service improve the processes?
- There is a lack of coordination and effective oversight of the various agencies providing resettlement services. This, along with continuing recruitment issues, results in prisoners in Thameside not getting the resettlement support they need. What will the Prison Service do to address this issue?
- While the Board acknowledges the measures taken to clear the backlog of court cases, this has resulted in vans regularly arriving at the prison after the lock out time of 8.00 pm. (see table 1, Annexe C). What actions will the Prison Service take in conjunction with the Prisoner Escort and Custody Service to minimise this?
- In order to carry out its statutory duties, the IMB is entitled to be given data from the agencies contracted by HMPPS who carry out resettlement work. This includes the number of prisoners receiving support, achievement of targets and staffing levels. When asked for this data, some teams ignored the Board’s repeated requests, while others had to get permission from managers (causing unnecessary delays). Will HMPPS please confirm with the contracted agencies that they can (and should) provide the IMB with data on request?

## **TO NHS ENGLAND**

- Despite the likelihood of the Mental Health Bill introducing a statutory 28-day time limit for mental health transfers from prison to hospital, the IMB understands that this may prove unattainable given the lack of capacity in the system. What is being done to increase capacity?

## **TO THE DIRECTOR**

- What processes are in place to ensure that regular audits of ACCT documentation will be routinely carried out? What measures are being taken to ensure that all staff are aware of their responsibilities in completing these documents?
- Will the Director prioritise an urgent review into the end-to-end processes for handling prisoner property, including the role of the prison escort contractor?
- What measures can the Director take to improve prisoners' confidence in the incentives system so that it is more consistently applied and that quality assurance is routinely carried out?
- What is being done to improve record keeping across departments, e.g. key worker entries, minutes of meetings, action trackers, CSIP paperwork, accurate recording of foreign national prisoner language levels?
- Are there plans to reinstate the restorative justice post?
- Will the prison review the information for prisoners' families, both on the website and in the visitors' centre, to ensure this is updated, clear and also consistently applied?

### **3.3 Response to the last report**

## **TO THE MINISTER**

<b>Issue raised</b>	<b>Response</b>	<b>Progress</b>
Mental health delays.	Introduction of the Mental Health Bill.	Proportion of transfers completed within the 28-day period has improved but too many prisoners are still being held in a prison setting, which is not equipped to meet their mental health needs (see 6.3). Longest delay this year (240 days) is greater than last year (176 days).
Lack of adequate probation support.	i) Increase in overall probation staffing in London region.  ii) All reception prisons have an embedded resettlement provision managed by, or linked to, a Probation Delivery Unit.	i) The benefits of the increase in overall probation staffing in the London region have not been seen in Thameside. Recruitment issues still mean the majority of prisoners are being released without the mandatory resettlement plans completed (see 7.5).  ii) and iii) the Board has identified serious concerns regarding the ability of the PRT to carry out its mandatory role of basic custody screenings (see 7.5), with the result that many



	<p>iii) Thameside has a Pre-Release Team (PRT) to identify and address immediate resettlement needs and provide pre-release support for convicted and remand prisoners.</p> <p>iv) Additional funding available for local bail officers to increase support for Thameside.</p>	<p>prisoners do not receive the support to which they are entitled before they are released.</p> <p>iv) There has been only one bail information officer in post throughout the reporting year, when there should be three (see 7.5).</p>
Prisoners being released homeless.	<p>i) Community Accommodation Service 3 (CAS3) offers up to 12 weeks' basic accommodation for prison leavers at risk of homelessness.</p> <p>ii) Strategic specialist housing provision in Thameside.</p> <p>iii) Commissioned Rehabilitative services (CRS) provide accommodation support to sentenced prisoners and recently to include remand prisoners.</p>	<p>i) and ii) While there has been an increase in accommodation support for remand prisoners, the Board considers the support inadequate (see 7.5.1). Additionally, there is a lack of oversight and coordination between the resettlement services for prisoners (see 7.5).</p> <p>iii) Needless restrictions regarding the referral process to the CRS have resulted in delays in prisoners accessing housing support. As a result, many do not receive support before they are released (see 7.5.1)</p>

## TO HMPPS

Issue raised	Response	Progress
Length of time on remand.	<p>i) Funding for additional court working days.</p> <p>ii) Serco and HMPPS working to provide resources to support increases in remand prisoners.</p>	<p>i) Unfortunately, the knock-on effect of late court sittings has resulted in vans arriving late at the prison on most evenings (see 4.1).</p> <p>ii) Although the remand population has increased to nearly 90%, the Board is not aware of any additional resources provided to match this increase. If additional resources have been made available, these do not appear to have translated into better prisoner outcomes.</p>
Better coordination needed between organisations	Review of all aspects of Pre-Release Teams (PRT) to look at resourcing and	No improvement in this area: the Board has identified serious concerns regarding the ability of the PRT to carry out its mandatory role of basic custody screenings (see 7.5), with the result that many prisoners do not

in the criminal justice system to minimise delays in releases.	responsibilities in supporting all prison leavers.	receive the support to which they are entitled before they are released.  Additionally, there is a lack of oversight and coordination between the resettlement services for prisoners (see 7.5).
Understaffing of probation.	A number of HMPPS initiatives to recruit and train more probation officers.	The benefits of the many initiatives designed to recruit and train more probation officers have not been seen in Thameside. Recruitment issues still mean prisoners are being released without the resettlement support they need and are, therefore, more likely to return to prison (see 7.5).  Additionally, the remand population has increased again this year, but the Board is unaware of a corresponding increase in resources (see above).

## TO THE DIRECTOR

Issues raised last year	Progress
Property.	Concerns remain about the lack of progress in this area.
ACCT documents.	Concerns remain that 80% of documents continue to fall below an acceptable standard in the prison's own audits and that regular audits have not taken place for much of the year.
Robust accountability of processes that affect day-to-day lives of prisoners, such as property, incentives, canteen.	Some improvement has been noted in relation to canteen issues, but no change to property processes (see above). The Board understands that a review of the incentives process will be carried out.
Lifts.	Refurbishment of lifts still ongoing.
More robust plan to ensure that CMS repairs carried out in timely manner.	Little improvement during the reporting year. but the Board understands that there are recent initiatives in place to address CMS issues.
Serco IT access for IMB. New starter's guide promised two years ago.	No new starter's guide has been received by the Board, despite an assurance that this would be provided two years ago. A new starter's guide would be welcomed by the Board.

## Evidence sections 4 – 7

### 4. Safety

#### 4.1 Reception and induction

HMP Thameside is one of the busiest remand prisons in London, with up to 100 prisoners processed through reception daily. Some will be releases and some transfers to and from other prisons, while others will be new arrivals and returns from courts.

The Board continues to be concerned about the number of nights that reception is open well after the lock-out time of 8pm, which has increased over the reporting year.

The Board understands that there are two factors contributing to this:

- 1 In the first half of the reporting year, some delays were due to the late arrival of healthcare staff for their shifts in reception. While this has improved, delays have continued because of the time required to screen new prisoners, many of whom arrive with complex health needs. This assessment of health needs is essential for maintaining prisoner safety, as well as for care/treatment planning. The Board understands that, in the latter part of the year, prison staff have been working with healthcare staff to explore ways of minimising delays, whilst still maintaining prisoner safety.
- 2 An acknowledged contributor to delays in reception has been the increase in court vans arriving after 8pm. This is mainly due to the courts sitting later than before to alleviate the backlog of cases. While the Board welcomes any measure to reduce the time remand prisoners wait for their cases to be heard, this has had a negative impact on prisoners and staff at Thameside.

Late arrivals mean that prisoners have already spent a significant amount of time in a prison van and are transferred to the wings late at night and sometimes into the early hours of the morning (see table 1, annexe C). The Board considers this wholly unacceptable, not only in relation to prisoner welfare but also staff welfare, as they frequently have to stay well beyond their shift hours.

From reception, prisoners are moved to one of two wings: the EDC or, if they have substance misuse issues, the IDTS wing (see 6.6.1). Prisoners are transferred to the main wings seven to 10 days after arrival but, in approximately 20-30% of cases, this can be difficult due to ongoing population pressures. If prisoners are held on the EDC/IDTS for longer, it can adversely impact their ability to access meaningful work, education or activities.

Following the initial healthcare assessment, a secondary healthcare assessment should be conducted within 48 hours of detention. Although PPG has met this target in the latter part of the reporting year, initially there were significant delays, such as a backlog of 193 prisoners in October 2024.

On IDTS, prisoners are monitored for signs of intoxication or withdrawal to maintain safety and guide medication dosing, with further reviews scheduled over subsequent weeks. For a period, PPG staff shortages resulted in 28-day reviews not taking place or being delayed.

Prisoners on both wings have sometimes complained to the Board about delays in getting PIN numbers authorised. While this is mainly due to the volume of prisoners arriving at the prison, some delays are likely caused by a failure to arrange cover during security staff absences. Throughout the reporting year, there have also been complaints to the IMB regarding the amount of prison clothing issued in reception and incomplete bed and toiletry packs, as well as cells lacking some basic equipment such as CMS, phones and radios.

In the previous reporting year, prisoners in the EDC/IDTS frequently complained to the Board about the lack of time spent out of their cells, usually around one hour per day, excluding induction activity. The Board is pleased to report the considerable efforts made by the prison management to increase time out of cell on both reception wings. Total time out of cell on the EDC is now one hour and 45 minutes, including one hour of exercise per day and extended association time at mealtimes. Prisoners on the IDTS wing have considerably longer time out of cell, which the Board understands to be about four hours daily.

All new prisoners should receive a general induction 24 to 72 hours after arrival, although this occasionally does not happen, where a prisoner has not been signed fit to attend by healthcare following detoxification. Induction sessions sometimes clash with the time allocated for medication administration on IDTS, resulting in prisoners occasionally missing the relevant session. Separate induction sessions are usually made available in these cases.

In addition to the induction sessions delivered by an Insider (a peer supporter) via a slideshow presentation, prisoners have, in the past, been given a small booklet reinforcing key points. The Board understands that this has not been available for some months, as its content is being updated.

Having observed several induction sessions during the reporting year, the Board has highlighted to the prison the lack of support for prisoners whose first language is not English, the occasional use of outdated presentation slides and a lack of information about the help available for vulnerable prisoners (e.g. SHOUT, Samaritans, Independent Prisoner Complaints Investigation and the work of the IMB, see 4.2.1).

Each prisoner should also receive a separate education induction by Novus, the education provider, and a gym induction. The Board is aware of continued delays to education inductions which, if not carried out, can prevent prisoners from accessing gym activities (see 6.5.2).

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

The Board has, in previous years, raised concerns about the number of cell bells not responded to within the required five-minute target. Cell bell data is reported daily to senior managers and any outside the five-minute standard are investigated thoroughly. The last annual report showed significant improvement in this regard and the Board is pleased to note that this has continued.

### **4.2.1 Self-harm, ACCTs**

Self-harm is reported daily to the senior management team morning meeting and discussed at a weekly safety intervention meeting (SIM). Prisoners who repeatedly self-harm or who have complex needs are discussed, with a view to developing plans to minimise their challenging behaviours. A monthly safety meeting includes a

range of data focusing on the drivers for self-harm, although HMIP inspectors noted that too few actions or strategies had been developed to reduce incidents of self-harm.

The Board has been impressed by the input provided to vulnerable prisoners by services such as chaplaincy, Turning Point, Catch 22 and the diversity and social care teams. The presence of PPG staff at meetings where healthcare input is required, e.g. SIMs and good order or discipline (GOoD) reviews, has improved over the reporting year. However, the staff present are not always well briefed on the prisoners being discussed, limiting the extent to which meaningful input is provided.

Incidents of self-harm recorded during the reporting year total 676, a 15% increase from the previous year. This number remained broadly stable through the first half of 2025 (see graph 1, annexe C).

Data from HMPPS performance hub shows that, in June 2025, Thameside was ranked seventh lowest out of a 'comparator group' of nine similar prisons throughout England and Wales with reference to the number of self-harm incidents per 100 prisoners. Although self-harm was most prevalent among prisoners aged 26–29, the 30-39 age group also saw significant incidents.

Graph 1, annexe C, shows that the number of ACCT documents opened during the reporting year was 807, relative to the previous reporting year's figure of 670, representing an increase of 20%.

The Board monitored ACCT documentation using a sample of audits carried out by the safer custody team. These HMPPS Check A audits adopt a traffic-light system based on the number of key actions judged as not having been completed to a satisfactory standard: green, one or no deficiencies; amber, two to four deficiencies; and red, five or more deficiencies.

The most recent monitoring exercise was carried out in June 2025, when 37 out of 100 safer custody audits were reviewed (review 2). An equivalent exercise was carried out in October/November 2024 (review 1). Table 2, annexe C, shows no discernible improvement in the worst performing 'red' category, but modest improvements in the other categories, although it remains a matter of concern for the Board that the balance of around 80% fell below an acceptable standard in both reviews.

The most serious deficiencies occurred again in the following sections: ACCT plan, care plan, support actions, immediate action plan, first case reviews (FCRs), and ongoing records. The HMIP inspection also found the quality of ACCT documentation to be poor: support and action plans were incomplete, reviews were not multidisciplinary and lacked input from key agencies, such as healthcare. Inspectors also found that quality assurance was ineffective, with the same issues repeatedly reported without any resolution.

The Board is pleased to note that healthcare attendance at FCRs has slightly improved in the latest monitoring exercise: 89% of FCRs in June 2025, compared with 86% during October/November 2024. Two designated safer custody nurses attend ACCT reviews as a core aspect of their roles. Although PPG has committed to attend all ACCT reviews, the Board understands that they do not always receive information about the time and location in advance. The number where PPG is

present has increased over the reporting year, to an estimated 50% at the time of writing (June 2025).

In the latest IMB monitoring exercise, nearly half of ACCT documents reviewed (16/37) had been opened in reception, with the main reason being 'staff concern' (27/37), as opposed to an act or threat of self-harm.

The Board was unable to monitor the Check A audits beyond late 2024 through to June 2025, as the safer custody department suspended these due to staff shortages. The Board acknowledges the considerable work carried out by the safer custody team to improve ACCT compliance towards the end of the reporting year.

The Samaritans' training and support for Listeners was withdrawn from HMP Thameside in 2023. Although not intended as a replacement, the prison introduced a text-based application known as SHOUT, accessed through CMS. It is operated by a third-party commercial provider and enables written communication with a trained operative located externally. While potentially useful, the Board expressed concerns in the previous reporting year about the accessibility of this system, given that it requires a working in-cell CMS (see 5.1). Additionally, prisoners with low levels of literacy may be disadvantaged. Over the reporting year, the Board has repeatedly raised the lack of attention SHOUT is given during prisoner induction sessions, together with limited information posters on the wings covering both SHOUT and the Samaritans. Calling the Samaritans national helpline direct is available free of charge (subject to the availability of a working in-cell phone), although prisoners in a shared cell will not be afforded the privacy needed to speak confidentially.

The Board sought feedback from prisoners on SHOUT in the previous year and again in June 2025 (see annexe B). The Board's reservations concerning the absence in many cells of a working CMS terminal, and poor levels of literacy remain largely unresolved. Prisoners flagged concerns around delayed responses, especially because calls for help are often acute. The survey also flagged that only 36% of respondents were aware of the option to call the Samaritans direct.

#### **4.2.2 Deaths in custody**

During the reporting year, there were two deaths in custody and two deaths post release. The Prisons and Probation Ombudsman (PPO) investigations into these deaths are still in progress.

Six final PPO investigations have been published during the reporting year: one for a death in 2019; two for deaths in 2021; and three for deaths in 2023. Although the PPO has completed their investigations into two further deaths in 2023, the reports will not be in the public domain until the inquests have been concluded.

A PPO report published in May 2025 recommended that:

- An audit should be carried out on the number of broken/faulty observation panels in cell doors and a plan devised with facilities management to have these repaired/replaced (see section 5.1).
- Healthcare to ensure that prisoners on a detox regime have a structured care plan recorded in their notes, including the frequency of observations required.
- The Director to ensure that all relevant paperwork is completed, detailing the hourly observations for prisoners in their first 24 hours in custody.

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

Weekly meetings addressing violence include a gangs and violence meeting, the SIM and a meeting about 'dual harmers' (prisoners involved in both violence and self-harm). As mentioned above, a monthly safety meeting also focuses on the drivers of violence.

Assaults are classed as 'minor' or 'serious' and categorised as prisoner-on-prisoner (POP) or prisoner-on-staff (POS). Total assaults recorded in the previous reporting year were 718, while 678 were recorded in the current year, an overall reduction of just under 6% (see table 3, annexe C).

Graph 2, annexe C, shows a gradual downward trend in minor POP assaults, apart from a brief spike in early 2025. Serious POP assaults have shown a slight increase, as have both minor and serious POS assaults.

Data from HMPPS performance hub shows that, in June 2025, Thameside was ranked sixth out of a 'comparator group' of nine similar adult prisons in England and Wales with reference to the overall number of POP assaults, and fifth in terms of overall POS assaults, both ranked from highest to lowest.

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

The prison has taken steps to tackle violence with the continued use of CSIPs. While the Board has not carried out any detailed monitoring of CSIPs over the reporting year, the HMIP inspection was critical of how CSIPs have been carried out, citing '*fundamental weaknesses, including a lack of multidisciplinary input, poor timeliness and inadequate care plans*'. The Board is also concerned that, during the reporting year, CSIPs were not subject to a routine quality-assurance regime equivalent to that in place for ACCT documentation. However, the Board understands that a process to address this has recently been put in place.

The prison has an effective 'gangs' team as part of the Catch 22 team, which works in collaboration with safer custody and security. Intelligence is received from the police and community services in order to identify, safeguard and risk manage gang conflicts within custody. This team works mainly with prisoners aged 18 to 30. Gang conflicts are reviewed daily but the number of gangs and gang members means that keeping all potential conflicts apart is a challenge. On-wing work is carried out by the safer custody/violence reduction team, supported by the gangs team, with a view to minimising gang-related anti-social behaviour. The gangs team also works with peer mentors to target conflicts prior to escalation.

The gangs team offers an intervention called ROAD ('rehabilitation offering another direction') to prisoners with gang affiliation. The IMB fully supports the input of the gangs team in reinforcing the prison's work to reduce violence and build a safer environment for all.

For most of the reporting year, Catch 22 employed a restorative justice lead, who played an important role in the resolution of violent incidents and introduced the training of peer mentors on each wing to act as 'restorative justice champions'. This was a pilot by Catch 22 for one year. The Board was disappointed to learn that

continued funding could not be secured, resulting in a termination of this useful violence reduction initiative.

At the end of the last reporting year, the prison introduced a Self-Isolating Prisoners Policy to increase staff awareness on how to support these prisoners while encouraging them to reintegrate. HMIP's report noted that the number of prisoners self-isolating was low, with only three at the time of their inspection. However, oversight and support for these prisoners were considered poor. They were only offered time unlocked at the same time as other prisoners, meaning that they often did not leave their cells. In addition, a review devised to understand their needs did not take place if they had refused to leave their cell. The Board concurs with these findings.

The prison has introduced several other initiatives aimed at reducing violence. As many assaults take place in cells during association periods, a 'closed door policy' has been introduced, whereby cell doors are now routinely locked during association and at mealtimes. The Board is also aware of a plan to extend the range of on-wing activities, including the wider use of exercise equipment.

There were 3,988 adjudications (disciplinary hearings held when a prisoner is suspected of having broken prison rules) in the reporting year. Of these, 32% were categorised as proven, which is a decrease from last year's 40%.

The IMB reviewed the outcomes of 210 adjudications over a 10-day period in January 2025. Table 4, annexe C, shows that the most common reason for adjournment was 'outside police referral' (28). The top reason for cases logged as 'not proceeded with' was 'incorrect charge'. The Board finds this concerning. HMIP's inspection report also raised concerns, noting that only 39% of adjudications had been proven in the preceding 12 months. HMIP further highlighted that the resulting absence of consequences for some of the most serious offences undermined behaviour management.

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

Use of force (UoF) incidents are categorised as 'planned' and 'unplanned'. During the previous reporting year, there were 796 incidents, of which 153 were planned and 643 unplanned. During the current reporting year, there have been 827 incidents: 78 planned and 749 unplanned. Graph 3, annex C, shows that planned UoF has reduced gradually over recent years, whereas unplanned UoF has been less consistent and shows a marked upward trajectory from the latter part of 2024.

The prison expects body worn video cameras (BWVCs) to be activated whenever any UoF incidents occur. When not activated, managers investigate.

PAVA incapacitant spray was introduced to HMP Thameside in 2023. From January to June 2025, its use has not been excessive: although drawn on 17 occasions, it was only discharged on seven. On each occasion, the Board has considered its use to be reasonable, necessary and proportionate.

The prison holds weekly UoF meetings to review incidents, including BWVC and/or CCTV footage. During the reporting year, a weekly staff bulletin has been introduced to promote learning. It identifies examples of good practice, as well as areas for improvement. Some UoF meetings have been monitored by Board members, who have been impressed by the way UoF incidents are reviewed critically and honestly.



The Board has monitored a number of UoF incidents during the reporting year - planned and unplanned - and has been satisfied that all incidents were handled professionally, humanely and without unnecessary UoF. However, in all the UoF incidents monitored by the Board, there has been an issue with accessibility of appropriate UoF kit in the designated locations, with staff reporting that they have had to hunt for it, resulting in delays.

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

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

The number of hooch finds was 65 in the reporting year, averaging five per month. This compares with 88 finds last year, with an average of seven per month. The fall in the number of finds is encouraging.

There were 208 drug finds during the reporting year, averaging 17 per month, compared with 250 last year, averaging 21 per month. It is not possible to determine whether this lower number of finds reflected a reduced supply of drugs in the prison or a less effective detection regime.

In line with the requirements of PSO 3601, 5% of HMP Thameside's population are randomly selected to undergo mandatory drug testing each month. Some testing is also undertaken 'on suspicion'. Thameside has a target to keep positive test random results below 22%. There was a spike in positive results in August and September 2024 (50% and 38% respectively). In all other months for which results were available at the time of writing (June 2025), positive tests for both random and 'on suspicion' tests averaged 28% over the reporting year. Perhaps unsurprisingly, 'on suspicion' tests returned a higher proportion of positive results.

The Board understands that the prison prioritises random tests over those 'on suspicion' because of the requirement to achieve the 5% standard. This risks delaying 'on suspicion' tests, with the possible consequence that the presence of drugs will no longer be detectable on later testing. The Board is pleased to note that, in the coming months, the prison plans to train more officers to conduct urine drug tests and hopes that this will enable more 'on suspicion' testing to take place. The Board will monitor this for its next annual report.

When a prisoner tests positive, assuming the prisoner consents, healthcare is contacted to identify whether the result could be linked to prescribed medication. The IMB is aware of one occasion where incorrect information was provided by healthcare, with potentially serious consequences for the prisoner. In response to this, PPG has identified specific staff whom officers should consult in these circumstances to receive accurate information.

HMIP's report stated that the use of drugs, while lower than in similar prisons, was still too high. HMIP noted that there were '*some reasonable measures to tackle the ingress of drugs, including drug detection dogs, timely reactive searching and some good physical security measures to make ingress through drones more difficult. However, there were some weaknesses, such as having too few staff searches on entry, and the use of Rule 39 (legal and confidential access correspondence) procedures was not sufficiently robust*'.

In the reporting year, there were 16 mobile phone finds, averaging one or two per month, and 161 improvised weapon finds, averaging 13 per month. A number of weapons amnesties have been conducted by the prison.

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

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

Although facilities on the accommodation blocks at HMP Thameside are relatively modern in comparison with many prisons, the Board has previously raised concerns regarding:

- Inadequate heating and ventilation system: unfortunately, the building design means little can be done to address this.
- Frequent breakdowns of houseblock lifts: a programme of lift replacement has continued during the reporting year, which has included the lift in the education block and the faith centre. The lift in the gym remains out of use, which means that prisoners with mobility issues are unable to access the cardio room.
- The number of broken/faulty in-cell CMS systems: several initiatives have been put in place - see below.
- Broken/faulty observation panels in cell doors - see below.

During the previous reporting year, the prison undertook a major decency project, which included new flooring in the houseblocks, cell refurbishment and replacing the CMS system. This has continued during the current reporting year, although broken/faulty in-cell CMS still occur with depressing frequency. Lack of access to CMS greatly impacts prisoners' lives, as most of the routine systems and processes in the prison rely on it, e.g, booking visits, ordering canteen and booking gym and library sessions, as well as contacting the various prison departments. In particular, prisoners are required to use CMS to raise any concerns/complaints before using the formal complaints system (see 5.7). Prisoners often approach the IMB regarding non-functioning CMS systems. The prison has addressed this issue by training prisoners to carry out basic repairs to minimise the delays in getting CMS operational again. Further initiatives at the end of the reporting year include siting the main CMS components on the cell walls to minimise deliberate damage and/or loss. The Board welcomes these initiatives.

Although there is an inevitable problem with rodents, pest control measures have reduced the problem somewhat. From the Board's observations, serveries on the houseblocks are kept relatively clean. Through its weekly monitoring reports, the Board has frequently highlighted to prison managers concerning issues on some wings:

- Lack of staff supervising the serving of meals.
- Lack of appropriate clothing for serveries workers.
- Food temperature probes either not being available or not being used.
- Contamination of halal food with non-halal food, due to misuse or lack of designated utensils and food trays.
- Noticeboards being poorly utilised.

Despite repeated assurances that processes are in place to address them, the Board has seen little improvement.

Portion size and the availability of healthier food options have frequently been raised by prisoners through the prisoner information and activity committee (PIAC) forum (see 5.3.2). During the previous reporting year, recommendations were made

regarding healthy food options by a dietician. Despite these recommendations not incurring any additional cost to the prison, they have not been implemented.

Over the reporting year, the Board's monitoring of both houseblocks, as well as the CSU and IPU, has noted broken or faulty observation panels in cell doors. This poses a potential risk, especially when the prisoners in these cells are on heightened unlock. In a final report on a death in custody at Thameside, published in May 2025, the PPO found that a broken/faulty observation panel contributed to the death of a prisoner (see 4.2.2). While there has been a recent reduction in the number of defective panels, the Board believes that this remains an area of concern and will monitor it closely over the next reporting year.

## **5.2 Segregation**

Average monthly occupancy of the CSU during the reporting year was 13 prisoners, ranging from 11 in July and October 2024 to 15 in March 2025.

All cells in the CSU have integral showers, toilets and phones, and the unit is generally clean and tidy. All cells have recently had new flooring. Unlike the rest of the prison, the CSU does not have either in-cell or communal access to CMS, working instead with a paper-based system. As this arrangement is largely reliant on wing officers, occasionally it has led to prisoner complaints to the IMB. Some improvements to time out of cell have been made during the reporting year. Time in the open air has been extended to around one hour per day and a limited number are also permitted to attend the gym at weekends.

The HMIP report noted that only 26% of respondents who had been segregated said that they had been treated well by staff. The Board has conducted weekly monitoring visits to the CSU over the reporting year. The majority of staff on the unit who deal daily with some very challenging behaviour remain calm and professional. Although clearly often very busy, they have taken time to answer queries that prisoners have raised with the IMB. The most common issue raised is delays in property being brought down from the wing, the responsibility for which, the Board understands, lies with residential wing staff. The Board has also observed some daily rounds carried out by an Assistant Director and chaplaincy and been impressed by the helpful and positive attitude of the small team of wing orderlies, cleaners and servery workers.

A member of the IPU nursing staff is responsible for daily healthcare provision on CSU, although the person providing this cover is different each day, resulting in a lack of consistency. In addition, a doctor visits three times a week.

On several instances during the reporting year, a prisoner subject to an ACCT has been housed in the CSU. While this is not ideal, it has, in the Board's opinion, been unavoidable in all cases. Although prisoners requiring the protection afforded by an ACCT may be better suited to the IPU, this is frequently at capacity and, in any case, some prisoners are not considered suitable, due to their challenging behaviour. It has also sometimes been necessary to place vulnerable prisoners in the CSU for their 'own protection', given the absence of a dedicated vulnerable prisoner unit.

Most prisoners in the CSU are on the basic level of the incentives scheme, although a small number have been on the standard or even the enhanced level, particularly when held for their own protection. The relatively austere CSU regime is not well suited to standard or enhanced prisoners who would otherwise be afforded more

time out of their cells and greater privileges. This has led to several prisoners complaining to the IMB.

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

#### **5.3.1 Staffing**

While recruitment and retention remain a challenge across the prison estate, much has been done during the reporting year to improve staffing levels at Thameside, including initiatives and inducements to aid staff retention. Over the reporting year:

- 105 new prison officers attended one of the six initial training courses.
- 22 operational support staff and 13 other support roles were recruited.
- 126 staff of all grades left the prison.

At the end of the reporting year, there were 19 vacancies across all grades.

Staff absences have improved considerably throughout the reporting year, almost halving since January 2025. This has been due to better oversight by managers, along with care and support processes in place for staff.

The Board is very pleased to note that there has been a significant increase in staffing on the wings towards the end of the reporting year, with three prison officers allocated to each wing. The Board will monitor this over the next reporting year.

The high number of bed-watches and emergency escorts required daily invariably presents very challenging decisions about staff deployment for prison managers. On most days of the month, at least one bed-watch is needed at an external hospital, which usually requires four staff to cover a 24-hour period; if the prisoner is considered high risk, this figure increases to six. In June 2025, for example, every day there was at least one bed-watch, and for nearly half of the month, there were three or more. Similarly, additional staff are frequently called on to escort emergency transfers to hospitals. On 43% of days throughout the year, at least one emergency escort was required.

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

Generally, the Board would describe the relationship between staff and prisoners as mixed: many positive interactions have been observed with dedicated officers who continue to demonstrate their commitment to prisoner welfare. This was reflected in the feedback from prisoners to HMIP, where approximately two-thirds of respondents to their survey said that staff treated them with respect. However, the Board continues to receive applications (prisoners' written representations to the IMB) from prisoners complaining about staff behaviour, the second highest category of applications received (see p35). These include allegations of preferential treatment, lack of action in relation to wing issues, and bullying or ill treatment.

The Board also receives many applications raising minor issues, which could have easily (and more quickly) been addressed by wing staff. As one of London's busiest jails, with an inevitably high turnover of prisoners, staff have limited time to develop good relationships with prisoners. Added to this, the majority of uniformed staff have less than two years' experience and, consequently, have had insufficient time to develop the requisite skills for dealing with prisoners with challenging behaviour.

The Board was saddened to hear that, over the reporting year, there were four instances where prisoners were unable to attend the funerals of a close family member, despite advance authorisations from security and subsequent arrangements made by chaplaincy. The Board understands that in all cases, there was a breakdown of communication on the day between staff who were detailed to facilitate this.

One of the most effective opportunities for developing positive staff and prisoner relationships is the key worker scheme. Although the prison aims to allocate all prisoners a key worker within 14 days of arrival, at the end of the reporting year, approximately 24% of prisoners had not been allocated. The HMIP inspection noted that, of the 71% of prisoners who had a key worker, 67% said they found key worker sessions helpful.

In its random monitoring of key work, the Board continues to see a varied picture: while some sessions show meaningful conversations, others are clearly a 'cut and paste' version of the previous session. Many issues that prisoners raise in their applications to the IMB could have been addressed in a key worker session, but the Board frequently finds that these have not been raised. In some instances, entries detailing key incidents in the preceding week appeared to have been unread or ignored: for example, with one prisoner who had recently been bereaved, there was no mention about this in the key worker entry. The Board is pleased to learn that improving the effectiveness of the key worker scheme is a key focus for managers in the coming year.

PIAC provides an opportunity for prisoner representatives from each wing to meet managers weekly to discuss collective prisoner issues. Although the meetings have taken place reasonably regularly throughout the reporting year, a significant number of issues remain outstanding. Previously, there was an action tracker to ensure that issues were dealt with, but this seems to have been discontinued. Additionally, the Board has found that the meeting minutes are often very brief and do not always reflect the key points made or issues raised. The HMIP inspection report found that *'few meaningful outcomes resulted from the meetings... recording of actions raised by prisoners was haphazard which hindered accountability at future meetings'*. As the PIAC forum is an opportunity to develop positive relationships with prisoners, the Board would like to see improvements in how these meetings are conducted and administered.

#### **5.4 Equality and diversity (E&D)**

A total of 128 discrimination incident reporting forms (DIRFs) were submitted to the prison during the reporting year, an increase from last year's figure of 94. Seventy-two were not classed as DIRFs, while, of the remaining 56, 21 were proven, 13 of which were related to a protected characteristic (see table 5, annexe C).

From the Board's observations, the E&D team of two continues to work tirelessly to respond promptly and thoroughly to issues raised by prisoners. Any DIRFs submitted that are subsequently not classed as DIRFs receive a detailed reply explaining why. In some cases, if an investigation uncovers evidence of unfair treatment not directly related to a protected characteristic, the team still acts to ensure that the prisoner receives an appropriate response and action to redress the unfairness. The Board has not received any complaints about the E&D team's work and commends its efforts in supporting prisoners.

## **5.5 Faith and pastoral support**

The chaplaincy team is an integral part of the prison, providing extensive support for both staff and prison population. The team demonstrates a strong focus on pastoral care, with all prisoners seen within 24 hours of their arrival, and maintains daily visits to the CSU and IPU, while regularly visiting prisoners on ACCTs. The team is active in all multidisciplinary meetings, where concerns are raised about prisoners, including SIMs, segregation monitoring and review group (SMARG) meetings and GOoD reviews. CMS applications to the chaplaincy team are dealt with promptly.

A large number of prisoners attend corporate worship, with the chaplaincy team offering various services and faith-based groups each week. Friday Muslim prayer services have a capacity of 140 prisoners, with around 130 typically attending, while Saturday and Sunday Christian services each see roughly 60 attendees. Other group sessions, such as for Rastafari and Hindu faiths, are also offered on a regular basis. In the HMIP report, 79% of prisoners who responded to the survey said that their faith was respected at the prison, which was better than the last inspection in 2021 (61%).

The chaplaincy team offers an official prison visitors' scheme, which provides the opportunity for prisoners who may not otherwise receive social visits to have contact with someone 'on the outside' once a week. Currently, two or three prisoners make use of this each week.

The team provides bereavement support to prisoners of all faiths and none and liaises with the security department when prisoners want to attend funerals of close family members. Where attendance is not possible, the team arranges for prisoners to watch the funeral on an iPad or laptop. A new initiative this year is weekly bereavement sessions with an external counsellor. This service is not publicised across the prison and is provided at the discretion of the chaplaincy staff.

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

The Board was concerned to learn of a chaplaincy audit carried out in June 2025 by HMPPS Quality and Development, which was highly critical of the service. While some of the recommendations were valid, many, in the Board's view, did not take into account the nature of such a busy local London prison and the practicalities of the chaplaincy team being able to carry out these recommendations in such an environment. Short staffing has also added further challenges for the team, resulting in the necessity, at times, to prioritise tasks. From the Board's observations, these decisions have been carefully made, and always with positive outcomes for prisoners as the driving force.

## **5.6 Incentives schemes**

In line with national requirements, HMP Thameside has a well-established Incentives Policy Framework, which aims to encourage good behaviour. This operates on three levels: basic, standard and enhanced, and is reviewed each year, the last being in November 2024.

At the end of the reporting year, 6% of prisoners were on the basic level, 78% on standard and 17% enhanced. In May 2025, the Board spoke to a random selection of prisoners on all levels across a number of wings. Feedback from those demoted

to basic suggested that the information communicated about the process, particularly how to get reinstated from basic to standard, was vague and insufficiently explained. The majority of prisoners spoken to on all incentive levels said these were not explained to them and neither was the appeal process.

The enhanced level is reserved for prisoners who have demonstrated, for a minimum of eight weeks (reduced from three months in June 2025), that they are fully committed to their rehabilitation and are complying with the regime. Most prisoners responded positively to this policy, although the efficiency and clarity of the application process for enhanced status varies across wings. One prisoner on the enhanced level noted that the process is not always fair or consistently applied and is largely dependent on staff discretion. He explained that his understanding of the application process was provided primarily by other prisoners, while his key worker was not involved with his application.

All interviewed prisoners confirmed that key workers provided no assistance with incentives applications or decisions, representing a fundamental gap in prisoner support. The Board encourages the prison to review the involvement of key workers in the incentives process to ensure that each prisoner understands the whole process and that it is applied more consistently across all wings.

## **5.7 Complaints**

There was a slight decrease in the number of formal complaints submitted to the prison over the reporting year: 1768 compared with 1889 in the previous year. On average, 94% of complaints were answered on time, an increase from last year's average of 87%.

Property has remained the most common complaint for three consecutive years and accounts for 25% of all complaints, although this is less than the previous year's 29%. Property is also the third most frequently raised issue in IMB applications (see 5.8).

Confidential complaints increased slightly, accounting for 14% of all complaints, an increase from 12% last year. Complaints about residential issues were the third most frequently reported issue this year and accounted for 11% of all complaints. These included complaints about wing staff behaviour, cell conditions (including lack of CMS) and property going missing from the wings (see table 6, annexe C).

The overall quality of complaint responses continues to improve, although the Board would like to see more considered responses to property complaints (see 5.8). The Board regularly monitors all rejected complaints, as well as those not upheld, and has found them to be generally fair. Any discrepancies tend to be promptly dealt with by the complaints team, with whom the Board works closely. The Board is grateful for the cooperation and help it receives from the complaints team.

Before using the formal complaints system, prisoners are required to raise issues by contacting the relevant department using CMS. The Board understands that while some departments (such as chaplaincy and the library) ensure that prisoners receive timely responses, there are other departments where prisoners wait an excessively long time for a response, or receive no response at all. For example, at the time of the HMIP inspection, there was a backlog of 400 applications unanswered. Furthermore, the Board remains concerned that there is no quality assurance in



place but understands that a review of the application process is being undertaken to ensure both timeliness and appropriateness of responses. The Board will monitor this area in the next reporting year.

## **5.8 Property**

Property remains one of the Board's most pressing concerns, given the negative impact loss of personal possessions can have on prisoners' wellbeing. Over the reporting year, the prison received 453 complaints about property, constituting 25% of all complaints. Issues raised with the prison include significant delays in receiving 'hand-ins' and deliveries through couriers/Royal Mail; delays in receiving property sent on from previous prisons; property going missing when cell moves take place and the prisoner has not been able to pack his in-cell property; and property not following a prisoner on transfer.

Over the reporting year, the Board received 51 applications from prisoners about property, accounting for 15% of all IMB applications and making this the third highest topic raised. In addition, Board members are often approached informally by prisoners regarding property issues. Prisoners in the CSU frequently complain verbally that they are still waiting for property to be brought down from the wings, in some cases after a week.

In addition, over the reporting year, the Chair has received 18 external property applications through the IMBs of other prisons. These related to property that did not follow the prisoners on transfer from Thameside. Some of these prisoners have already utilised the prison complaints system unsuccessfully. In one case, despite submitting several complaints to the prison, the responses received by the prisoner indicated that little had been done to locate his property. Although the Chair sought the assistance of senior managers to resolve the issue, the case was passed back and forth between residential and reception departments and took several months before the prison accepted that the property was lost and offered compensation.

As this is the sixth year that the Board has raised the issue of prisoner property in its annual report, it is disappointing that the prison has still not managed to implement a more robust system to safeguard property, either internally when received into the prison/when prisoners move cells, or externally when prisoners are transferred to another prison. Given this lack of attention, it is hard not to conclude that prisoner property remains of very low priority.

## 6. Health and wellbeing

### 6.1 Healthcare general

Thameside prison is a very challenging environment in which to provide high-quality healthcare. Physical and mental health, substance misuse problems, an ageing population and neurodiversity needs are very common in this prison population. During the reporting year, up to 90% of prisoners have been on remand, with an average length of stay of less than six weeks, making it particularly difficult to meet their healthcare needs.

The healthcare provider, PPG, took on the contract in June 2023. The Board's previous annual report raised significant concerns about provision. These concerns have continued into this reporting year, mirroring the HMIP inspection in February 2025, which described healthcare at Thameside as '*some of the worst that inspectors have seen in recent years*'.

The absence of consistent leadership, highlighted in last year's report, has continued. The current head of healthcare came into post in April, the third person to hold this role during the reporting year and the fifth in less than two years. Other significant vacancies in key personnel include the deputy head of healthcare and the principal pharmacist.

Vacancies in the wider healthcare team have continued throughout the reporting year. At times, temporary and/or part-time provision has been arranged, with sessions covered by PPG staff from other prisons; bank and agency staff have also been employed. Additionally, limited access to prison keys has, at times, restricted the ability of healthcare staff to work effectively.

A transformation team was brought into the prison in September 2024, with a view to addressing the problems in healthcare and is still present at the end of the reporting year (June 2025). Following the significant concerns raised in the HMIP report, regional/national PPG leads across a range of clinical and governance areas are spending time in the prison. The Care Quality Commission (CQC) inspection, conducted as part of the wider HMIP inspection, identified a range of concerns: inconsistent leadership; failing governance, leading to inadequate management of complaints; poor record keeping in primary care and mental health; and deficiencies in recording medicines. They noted that these failings undermined patient safety and highlighted that there was not an up-to-date health needs' assessment. An 'action plan request' notice was issued and a warning notice served under section 29A of the Health and Social Care Act 2008 (27/2/25). The CQC revisited in June 2025 and the IMB understands that, while noting there was still room for improvement, they were satisfied that sufficient progress had been made to remove this.

In its previous annual report, the Board raised serious concerns regarding the administration and management of meetings relating to healthcare. Whilst there have been some improvements, the Board's concerns largely remain. The local delivery board monthly meeting, which provides governance oversight of healthcare, has taken place regularly during the reporting year. However, data presentation continues to be inconsistent and often lacks clarity, papers often arrive late (sometimes not until the meeting itself), and action plans lack focus. A review of the meeting in February has resulted in only marginal improvement. At the time of writing (June 2025), the Board continues to have concerns about the quality of the

information provided. (See also sections 6.1.2 and 6.6 regarding other healthcare meetings.)

On a more positive note, relationships between PPG and the IMB have improved. Regular meetings have taken place with the head of healthcare and/or other senior members of the team. These have facilitated more open and constructive dialogue. Senior team members also readily make themselves available to investigate issues that prisoners have raised with the IMB, enabling a prompt and more robust response.

### **6.1.1 Inpatient unit (IPU)**

HMP Thameside has an 18-bed inpatient unit where prisoners with more complex physical or mental health issues are housed. Prison officers and healthcare staff have shared responsibility for the regimen. To promote a more coordinated approach, PPG has requested that IPU officers attend their morning handovers and weekly ward rounds. The Board has been told that, although attendance at the ward rounds usually happens, attendance at the handovers does not.

Typically, only two of the 18 beds are occupied by prisoners with physical health issues, and they tend to have long stays on the unit, one since May 2023. The remaining 16 beds are occupied by prisoners with the most severe mental illness (see 6.3). At times, there is a waiting list for IPU beds and prisoners with significant mental health issues may need to be managed on the wings or in the CSU, potentially posing a risk to themselves or others.

The prison has initiated several changes to the IPU regime during the reporting year. The physical environment has improved, with sofas and bean bags installed in the communal area. Many more prisoners are designated as eligible for structured on-wing activities (SOWA), enabling some social contact between them. Televisions and phones have been made available in each cell, subject to risk assessment.

Following the occupational therapist's departure, a designated healthcare assistant provides some activities during the afternoons, which include painting and cooking. Despite typically small numbers attending these sessions, this initiative is, nevertheless, positive. Disappointingly, for several weeks towards the end of the reporting year, it was not possible for the activities programme to be delivered, as the room was being used for storage while unit flooring was being replaced. There appear to be continued delays in completing this work.

### **6.1.2 Medication**

About 70% of prisoners at Thameside require prescribed medication. Although PPG aims for medication reconciliation to have been completed within 72 hours, prisoners often complain about delays in receiving medication that they were being prescribed prior to their detention, as well as the availability of medication at the medication hatches.

Approximately 50% of prisoners who are prescribed medication take responsibility for it, retaining it in their cells ('in possession'). The process for these prisoners to obtain repeat supplies appears opaque and can result in doses being missed. 'In-possession' medication is not permitted in the CSU, also potentially resulting in missed doses until a medication has been re-prescribed. Spot checks are undertaken to monitor whether prisoners are safely managing their 'in possession'

medication, but the frequency of checks has sometimes been low, due to staff shortages or a lack of trained staff.

Prisoners not deemed safe to manage their own medication are required to collect it from medicines hatches located on the wings, with around 100 prisoners attending morning administration sessions at the IDTS hatches. This places significant demands on staff, particularly as controlled drugs require careful checking and recording.

Staffing numbers have often been low, risking errors and an inability to administer medication to all prisoners within the allotted time. Hatch opening times have been extended in the latter part of the reporting year to address this. The pressure on staff working in this situation, along with the challenging nature of some of the prisoners, can result in fraught prisoner and staff relationships. Prisoners and Serco staff have reported to the Board that some healthcare staff act in a rude and unprofessional manner.

The IMB has raised concerns regarding a number of issues:

- Inadequate numbers of healthcare staff at the IDTS medicines hatch. Recently, four have been allocated, but this has not been the norm in the reporting year.
- The inconsistent provision of officers at the medicines hatches to ensure orderly queuing and monitoring to minimise diversion. Typically, officers are required to collect and return prisoners to their wing, as well as monitor prisoners receiving their medication. Officer shortages contribute to these difficulties. Ongoing discussions between Serco and PPG have taken place, with a view to ensuring safe practice at the hatches, but challenges continue.
- PPG reports of officers not understanding their role in monitoring medication administration. Plans for training provision to address this have not come to fruition.
- Prisoners' frustration at long waits for medication. On occasion, delays have resulted in prisoners missing or being late for activities (e.g. education, therapeutic programmes, work roles), with potential implications for their incentives scheme status.
- In the previous annual report, concerns were raised regarding the practice of preparing medication and establishing the identity of prisoners prior to medicine administration. Although this continued for a period in the reporting year, there have been improvements. However, the Board has highlighted concerns about the processes in the IPU which, we understand, are being addressed.

The HMIP prisoner survey noted that 32% of prisoners indicated that it was easy to get medications they had not been prescribed. While not all of the medications they alluded to may have come via the prison medicines administration route, it is nevertheless a reminder of the importance of having robust systems in place.

For a period during the reporting year, medication management meetings took place regularly and with a wider representation of key personnel than previously. However, papers were not circulated in advance, potentially reducing the quality and effectiveness of discussion. Following the principal pharmacist leaving in February,

there was a period when the meetings were in abeyance. They resumed in April 2025.

PPG aims to give each prisoner a healthcare summary and either a supply of medication or an FP10 NHS paper prescription form on release. Delays in pharmacy receiving the names of prisoners for release mean this is often not possible.

### **6.1.3 Prisoner experience**

Most of the applications to the IMB concern healthcare and members are often approached informally on the wings about healthcare issues.

Throughout the reporting year, prisoners have continued to express their dissatisfaction to the Board about healthcare provision. The poor management of complaints has made it difficult for them to raise their concerns and feel that these are being addressed. This has been a long-standing issue (see CQC 2024, IMB annual report 2024). Despite several modifications to the process and timescales for addressing concerns/complaints during the reporting year, limited progress has been made. As recently as May 2025, PPG reported that *'we are aware that time response (to complaints) is unacceptable'*.

Patient engagement meetings were discontinued due to poor attendance and management over the previous reporting year. None have taken place in this reporting year.

Between July and September 2024, PPG brought User Voice, an independent, user-led organisation, into the prison to conduct face-to-face interviews with prisoners about their experiences with healthcare. Of the 198 who took part, 19% reported a good/very good experience, while 49% responded that it was poor/very poor.

In February 2025, the HMIP inspection survey asked prisoners about their experiences of healthcare. Of the 163 prisoners who took part, 35% indicated that the overall standard of healthcare services was very or quite good, 56% that it was very or quite bad, with 10% 'don't know'.

During the reporting year, the IMB has conducted two healthcare surveys, in November 2024 (241 prisoners responded) and May 2025 (396 prisoners responded). These explored common concerns raised by prisoners: getting appointments, medication, contacting healthcare, submitting complaints and overall experiences of healthcare. Key findings are included in Annexe C.

The most recent results (May 2025) found that 30% of prisoners reported waiting over four weeks for an appointment; 46% waited five or more days before receiving medication that they had been prescribed prior to detention; and 38% indicated that medication was not always available at the hatch. Of the 24% of respondents who had raised a concern or made a complaint to healthcare, only 26% had received a response. While 56% indicated that they were always or usually treated with courtesy or respect, 21% indicated that this was hardly ever or never the case. Overall, 43% were satisfied with healthcare, while 38% were dissatisfied. Comparison of the November and May data indicates some improvements in most of the areas explored, with the exception being that more prisoners reported waiting four or more weeks for an appointment in May.

## **6.2 Physical healthcare**

### **6.2.1 Outpatient clinics**

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

As reported, prisoners commonly complain about long waits for appointments. A contributory factor is likely to be that prisoners do not know the process for requesting an appointment (see 6.1.3). Although CMS provides an option to send healthcare an application, over the reporting year, no PPG staff have had access to the CMS. PPG introduced a paper-based system, but, as most prisoners were unaware of this, they continued to send their applications through CMS.

Prisoners also complain about not knowing when they will get appointments. Notification is made on the morning of the appointment by a slip of paper posted under their cell door. If PPG were able to use the CMS, prisoners could receive appointment information in advance.

During the reporting year, a white board displaying waiting times for many of the healthcare services was installed in the outpatient department. While providing some information for prisoners, only those that already have an appointment are likely to see this board. On occasion, waiting times posted have been excessive: for example, 16 weeks for the GP, five weeks for the optician, four weeks for the dentist, 21 weeks for smoking cessation, and 10 weeks for the dietician.

Some recent initiatives have been developed that aim to ensure prisoners are seen by the most appropriate clinic/service in a timely manner. One is the daily multidisciplinary EDiC meeting at which all new prisoners' health needs are reviewed, drawing on information obtained in the reception assessment and past medical records. Work has also been undertaken to improve the management of long-term health conditions and the triaging of requests to see a GP, resulting in significantly reduced wait times.

Lack of room space in which to hold clinics is another factor that can impact waiting times. Work to address this has been initiated and, if successful, may produce additional capacity.

When attending outpatient clinics, prisoners need to wait in the designated outpatient area. This is too small for the number of prisoners attending, with men often needing to stand, due to insufficient seating. The management of prisoners' movements to and from this area can compound the situation, with prisoners often having long waits following their appointment, before returning to their wing. Some prisoners have reported feeling unsafe and told the IMB that they are reluctant to attend appointments because of this.

Some prisoners need to attend external hospital appointments for specialist assessment/treatment and, on occasion, there have been insufficient officers to provide escorts. When this occurs, decisions need to be made about which prisoners have the greatest clinical need. Other appointments are then cancelled and rebooked. There may be times when all the prisoners' appointments are urgent, risking important healthcare needs not being addressed in a timely manner. Should

this be the case, the prison ensures that escorts are found, but this may result in the regimen being negatively impacted for other prisoners. The Board understands that the prison is planning to have a dedicated escort team to reduce this possibility.

### **6.3 Mental healthcare**

Mental healthcare is provided by a range of personnel, including psychiatrists, nurses, psychologists and healthcare assistants. During the reporting year, a new system, designed to better manage the screening and triage of mental health referrals, has been introduced. Prisoners deemed in urgent need of assessment should be seen within 48 hours and those considered routine within five days. Towards the end of the reporting year, PPG stated that 89% of urgent and 75% of routine referrals were seen within these timescales.

Prisoners with significant mental health problems are mostly transferred to the IPU. It is common for these prisoners to refuse medication and without the legal framework to forcibly treat them, their mental health tends to deteriorate. On occasion, some prisoners' behaviour is noisy, creating a challenging environment for others on the IPU. The unpredictable behaviour of others makes it difficult or impossible for them to spend time out of their cells or engage in other meaningful activities. Consequently, they often spend 23-24 hours a day in their cells.

Many prisoners face long waits for transfer to external health facilities. This ongoing problem has been identified by HMIP, in previous Thameside IMB annual reports and national IMB reports.

Over the reporting year, of the 30 patients who were transferred to an external mental health facility, nine (30%) were transferred before the 28-day limit<sup>2</sup>, which is a welcome increase from last year's percentage of 11%. Of the 21 cases that exceeded the 28-day deadline, all delays occurred in the second 14-day period and, in 10 cases, delays occurred in both periods. For cases exceeding the 28-day deadline, the shortest transfer time was 30 days and the longest was 246 days (35 weeks). The IMB recognises that the Mental Health Bill going through Parliament seeks to address this very long-standing issue. However, the Board remains of the view that prolonged detention in a prison, rather than treatment in a mental health facility, is inhumane and could be considered 'ill treatment', according to the National Preventive Mechanism definition, thus violating the UK's OPCAT agreement.

#### **6.3.2 Psychological Interventions**

The PPG psychology team provides psychological interventions for prisoners with mental health issues and input to relevant meetings, for example, ACCT reviews, GOoD reviews and SIM meetings. The significant levels of psychological difficulties experienced by the prison population means that demand is high. Throughout the reporting year, the team has been consistently short of staff and recruitment has proved challenging. This has resulted in long waiting lists, such as, for example, up to 17 weeks for group interventions and up to 25 weeks for individual work. Such lengthy waits severely limit the extent to which prisoners can benefit from psychological interventions while at Thameside.

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

### **6.3.3 Neurodiversity**

It is estimated that more than half of the prison population has neurodiversity needs. HMP Thameside employs a head of neurodiversity, and PPG has a part-time neurodiversity post that focuses on prisoners in the IPU.

The head of neurodiversity is proactive in raising awareness and developing initiatives to meet the needs of neurodiverse prisoners. This includes individual work with prisoners, input on prison training programmes and meetings, and the development of neurodiversity champion roles within the staff and prisoner population.

The Board commends the hard work carried out by the dedicated head of neurodiversity. With more resource, the work could usefully be expanded, and the Board encourages the prison to consider how this could be achieved.

### **6.4 Social care**

The Royal Borough of Greenwich social care team, along with Eleanor Care, continue to assess and provide social care at Thameside. Prisoners in receipt of care speak very positively about the provision. A significant amount of further prisoner support is provided by care and support orderlies, roles taken on by trained prisoners who speak positively about their work. At the end of the reporting year, there were five care and support orderlies in the prison, with a further seven scheduled to attend training in June 2025. At the same time, there were 26 prisoners with personal emergency evacuation plans, or PEEPs, which provide assistance for those who cannot get themselves out of the prison unaided in an emergency. They are mainly housed on ground floors.

The HMIP inspection noted that social care provision was exemplary. As in previous years, the IMB has not received any applications from prisoners regarding their social care.

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

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

Thameside prisoners generally have more time out of their cells than those in public sector prisons, due to the contract between Serco and HMPPS. Prisoners who work off wing or regularly attend either gym or education can spend most of their day unlocked. Prisoners who have on-wing work, such as cleaners, serverly workers and complaints, applications and decency (CAD) representatives also enjoy increased time out of their cells. Subject to staffing, other prisoners on the wings have the opportunity to play a variety of board games or pool during their unlocked periods. Some wings have exercise equipment. The IMB has received few complaints regarding time out of cell.

#### **6.5.2 Gym**

The gym remains popular with prisoners, with few complaints relating to the gym facilities. The Board is pleased to note that for the second year running, the gym has not had to close due to the cross deployment of staff. The proactive and enthusiastic team, managed by the equally energetic manager, has been increased to four, which



has helped to ensure that at least three of the four gym activities can go ahead if staff are cross deployed.

In addition to regular gym sessions and outdoor pursuits such as football and circuits, sessions for specific groups are available for: prisoners over 45; prisoners on the IPU and the CSU (where appropriate); young offenders; prisoners on the enhanced level of the incentives scheme; and prisoners housed on the IDTS wing. The Board is pleased to note that provision for off-wing workers, including those who work in the kitchens full time, has now been made, enabling them to attend the gym on weekdays after work, with no booking required. Prisoners on the basic level of the incentives scheme are now also able to book and attend gym sessions, subject to risk assessments.

Football sessions are available for a maximum of 30 prisoners at a time. The cardio suite has capacity for 30 prisoners, with one staff member, although it is reported that this is sometimes exceeded. The main weights area has capacity for 40 prisoners, with one staff member. Staff report that capacity for gym sessions can be limited for some prisoners by others booking multiple sessions in advance and suggested limiting advance bookings to improve access for all prisoners.

A number of additional programmes have taken place throughout the reporting year, e.g. the Twinning Project in conjunction with Charlton Football club and a similar Rugby project.

Throughout the reporting year, prisoners have complained to the Board of delays in the completion of the education and healthcare assessments required before they can book gym sessions. The Board understands that healthcare assessments are no longer required, and prisoners now complete a health screening form on their initial visit to the gym instead. If any issues are identified, further information is sought from healthcare. However, the Board understands that delays continue in education assessments being completed.

## **6.6 Drugs and alcohol rehabilitation**

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

There are two main meetings focusing on drug and alcohol rehabilitation: the monthly drugs strategy meeting and the fortnightly tripartite meeting. Both are attended by Serco staff, PPG and relevant partner agencies and have the potential for early identification of problems and development of shared solutions. While meetings have taken place more regularly during the reporting year, in both cases attendance has been inconsistent. Considerable frustration has also been expressed by attendees about issues being repeatedly raised with no satisfactory solution found.

### **6.6.1 Clinical interventions (PPG)**

The large numbers of prisoners with complex needs make IDTS a busy and challenging environment. Prisoners receive input from PPG, TP and TP mentors, as well as wing officers. Training for officers is somewhat limited, with most learning taking place 'on the job'. The IMB would like to see more training on substance misuse to better equip them for working with this challenging group.

During the reporting year, there were occasions when IDTS was at capacity, and some prisoners were located directly onto other wings. Given the limited capacity for close monitoring on these wings and the significant risks associated with stabilisation of IDTS prisoners, in particular dependent alcohol users, this was a significant risk. Similarly, there were times when communication between PPG and Serco regarding when/whether an IDTS prisoner could safely be transferred to another wing was not effective, resulting in some prisoners being moved on too quickly. Procedures have been introduced to address these issues.

One wing for sentenced prisoners is designated as an incentivised substance free living regime. All prisoners have enhanced status and are drug tested every two weeks. While this is a welcome initiative, the Board agrees with the HMIP comment that this is more a *'glorified enhanced wing, rather than a transformative intervention to support prisoners overcome their addiction'*. Given the very high prevalence of coexisting substance misuse and mental health problems ('dual diagnosis') and their often complex inter-relationships, it is disappointing that more specific focus is not given to the needs of this group.

### **6.6.2 Psychosocial Interventions (Turning Point)**

Engagement with the provision offered by TP is voluntary. A TP worker sees new prisoners on IDTS on their second day. Up to 14 TP peer mentors play a key role in raising awareness of TP's provision and encouraging prisoners to sign up.

Nearly a third of the prison population is on TP's caseload at any time. TP offers individual work, in-cell work packs, a range of support resources on the CMS (with, typically, around 1500 views per month) and a variety of groups and workshops. A mainstay is the SCAR (support, change and supporting recovery) programme, a 30-hour course run over two weeks. In TP's last reporting year, 344 prisoners completed the course, which is an 84% completion rate. Other provision includes groups designed specifically for prisoners on the IDTS wing, groups focusing on a specific substance (alcohol, cannabis, spice), training on the use of take-home naloxone (an emergency antidote for overdoses caused by heroin and other opiates or opioids) and 'fellowship' groups (i.e. Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous). Prisoners engaging in these groups are supported to link with local community fellowship groups on release.

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

Prisoners speak positively about TP provision and the way it encourages them to think about and potentially make changes to reduce/stop their substance misuse.

## **7. Progression and resettlement**

HMP Thameside has been a reception and resettlement prison since September 2020. Sentenced prisoners classed as category C and near the end of their sentence make up an increasingly small proportion of the prison's population (10%-25%). It is these prisoners at whom the majority of the progression and resettlement services are aimed.

Services are provided by a patchwork of organisations/departments, some of which are Serco managed and others directly contracted by HMPPS. For the fifth year running, recruitment issues have had a significant impact on provision (see 7.1.1; 7.5; 7.5.3). The Board has also identified a number of concerns, which have impacted negatively on the services provided and, consequently, the support to which prisoners are entitled. These include inaccurate recording of mandatory tasks completed (see 7.5) and examples of inadequate record keeping of the work carried out (see 7.5.3). Additionally, the Board has been unable to access the minutes of a number of meetings, despite repeated requests, and at least one key monthly meeting appears to have been frequently cancelled for the majority of the reporting year. Given the number of organisations involved in resettlement, the lack of robust oversight inevitably limits the opportunity for the various services to work in a more coordinated way.

As in previous years, the Board has continued to have considerable difficulty obtaining data for this annual report from some services, despite repeated requests over a number of weeks. This has made it challenging to establish or measure progress over the reporting year and serious concerns remain regarding the overall effectiveness of progression and resettlement services.

The Board acknowledges that, at the end of the reporting year, the prison has taken action and put in place a plan to address these issues, which includes a reorganisation of the structure within the department. The Board welcomes this move.

The IMB conducted a resettlement survey on the CMS in June 2025. Prisoners were invited to provide feedback on the following issues:

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

Where appropriate, reference is made to the results below.

### **7.1 Education, library**

#### **7.1.1 Education**

The education department comprises a dedicated building with space for up to 80 learners per session. Beyond the education block, there are a further six classrooms and an industrial cleaning workshop.

The education provider, Novus, delivers the Prison Education Framework contract for Thameside. The curriculum includes a range of courses such as English, Maths,

ESOL (English for speakers of other languages), Art, ICT (information and communications technology), multimedia, SFEDI (small firms enterprise development initiative)/business, customer service, peer mentoring, and industrial cleaning. The current curriculum has been adapted from previous years to include more short courses to support the high turnover of prisoners at Thameside, including health and safety, teamwork and communication, British values and equality and diversity.

As in previous years, the IMB understands that recruitment has continued to impact education provision. Between July 2024 and March 2025 (nine months), vacancies increased from three to six. As of June 2025, three staff had been appointed and were awaiting vetting. The Board has highlighted issues with Novus recruitment in the previous four annual reports.

Data provided by Novus shows that from 4,236 course starts (up from 3,921 last year), 3,856 were completed. This reflects a completion rate<sup>3</sup> of 91%, with an achieved rate<sup>4</sup> of 86%. Completion rates last year were similar, at 90%, while the achieved rate was slightly less, at 84%.

Whilst data reflects a high success rate for course completion, it is disappointing to note that overall attendance remained low, between 52% and 63% (compared with a range of between 44% and 66% last year).

Beyond Novus's own figures, the IMB has observed relatively low levels of attendance at education. Moreover, 68% of respondents to the IMB resettlement survey had not attended any educational courses during their time in Thameside (67% last year). This is disappointingly high and represents a missed opportunity to provide education to prisoners, especially as 69% of respondents in the IMB's survey who had attended education classes stated that the course was either very or quite helpful (down from 87% last year). Like last year, English and Maths were the most attended courses. At the end of the reporting year, the Board is aware of the steps being taken by the prison to improve education attendance.

On a positive note, the Board is pleased to report the continued work and increased activity of the Shannon Trust charity, with a Shannon Trust facilitator working three days a week throughout the reporting year, assisted by two dedicated volunteers. The Shannon Trust aims to support prisoners to learn to read and, increasingly, this has extended to numeracy skills. This work is particularly important given data published by the Ministry of Justice, which showed that 61% of adult prisoners taking initial assessments had literacy levels below those expected of an 11 year old<sup>5</sup>. In April 2025, there were 17 Shannon Trust mentors (prisoners trained to teach/support learners to read) and 87 unique learners at Thameside. In that one-month period, there were 334 literacy sessions (up from 106 in March 2024) and 89 numeracy sessions between learners/mentors (a significant increase on monthly figures from last year, which were typically around 50). In terms of training and support, there are two monthly sessions for prisoner mentors run by the facilitator and the volunteers. The first is to train new mentors (essential due to the high turnover of mentors in a

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<sup>3</sup> Completion rate: the learner completed the course.

<sup>4</sup> Achieved rate: the learner passed the course.

<sup>5</sup> <https://www.gov.uk/government/news/new-scheme-to-kickstart-prison-literacy-drive-and-cut-crime>

remand setting), while the second engages with existing mentors to address ongoing matters and occasionally deliver additional training. Learners receive certificates and a £2 bonus on completion, together with a positive NOMIS entry. However, the monthly 'celebration visits' in the visitors' centre are now limited to newly trained mentors, when they used to be available to all successful learners.

Get Set UK is an organisation that delivers employment, education and training services and the Board understands that there are several in-custody advisers in the prison. The IMB made multiple requests for information and data on the services they provide at Thameside, but none was provided for inclusion in this report.

### **7.1.2 Library**

Thameside has an impressive library that offers a wide programme of activities, in addition to regular library sessions, which prisoners can book via the CMS. General library sessions run for 75 minutes throughout the week, with a capacity of up to 12 prisoners.

Additionally, prisoners can participate in a weekly book club funded by the charity, Prisoner Reading Groups, and National Literacy Trust's Books Unlocked scheme; monthly virtual sessions are also available. Prisoners have many opportunities to develop their literacy skills, by participating in writing and poetry courses, incentivised reading challenges, and cross-departmental schemes with the education and skills academy. Further, an education timetable is in place, whereby education tutors can bring their class into the library for 15-minute sessions.

The library caters for a range of interests by offering activities such as a weekly film club, a monthly chess club (hosted by the charity, Chess in School and Communities), a philosophy course and therapeutic arts sessions. External guest speakers are invited every month to offer presentations on a diverse range of topics, and prisoners can also access legal advice through monthly sessions with the Prisoners' Advice Service.

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

## **7.2 Vocational training, work**

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

Comparing May 2024 and May 2025, there were a similar number of overall job opportunities (916 as of May 2025 but operating at 80% due to high turnover). A higher proportion of part-time and full-time roles were filled, at 78% (75% last year). The proportion of jobs held by remand prisoners had increased to 65% from 46% last year. A majority of the employed roles were full-time, at 61% (up from 51% last year).

### **7.2.2 Vocational training**

The reporting year saw the introduction of some new one-day courses at Thameside, coordinated by the learning and skills manager. These included Mental Health

Awareness, Conflict Management, Equality and Diversity, British Values and Teamwork and Communication (all ran until March 2025). However, Mental Health Awareness and Conflict Management was discontinued, due to poor attendance.

A total of 71% of respondents to the IMB survey stated that they had not attended any training courses whilst at Thameside. This was higher than the previous year's 68%. Of those who had, Health and Safety, Food Safety, Construction Skills and Peer Mentoring were the most attended. Of the attendees, 75% stated that the course was either very or quite helpful (down from 86% last year). When prompted for comments about training opportunities at Thameside, several prisoners requested a wider range of courses.

### **7.2.3 Purposeful activity**

The Board monitored prisoners' access to purposeful activity both on and off the wing, across both houseblocks, in May and June 2025.

Monitoring off-wing activities showed that a significant number of prisoners on each wing (between 40 and 75) attended various activities each day. There were a few prisoners who did not attend their scheduled activity but, in all cases, there was a valid known reason for non-attendance. The most common off-wing activities were a form of work or education; others included visits, gym, health related and faith related, with gym and faith-related activities attracting significant numbers.

Engagement in on-wing activities varied considerably, depending on the time of the monitoring visit and the location. During mealtimes, it was common to observe significant numbers of prisoners collecting food from the serveries and taking the opportunity to socialise. At other times, half of the wing was outside in the exercise yard or involved in activities in the communal areas on the wing (e.g. using exercise equipment, playing games or socialising). In the usual course of the prison regime, all prisoners left on the wing are offered time outside in the exercise yard and SOWA during the day. A number of prisoners have on-wing roles, such as cleaning, laundry, CAD representative, serverly work. Some prisoners are not keen to take part in on wing activities and prefer to remain in their cells. The Board is aware of off-wing activities specifically targeted at these prisoners, such as, for example, the Thursday Afternoon Club, a recent initiative to provide additional prisoner activities in a relaxed setting for those who are self-isolating or on CSIPs.

The Board acknowledges the work of the prison management to enable prisoners to engage in purposeful activity, especially those who remain on the wings.

### **7.3 Offender management, progression**

The contract for the offender management unit (OMU) at Thameside continues to be fulfilled by the third sector organisation Catch 22. The role of the OMU is to support the custodial sentences of prisoners. Although it is not contracted to offer case management support to remand prisoners, who constitute up to 90% of Thameside's population, Catch 22 runs a remand prisoner advice service, answering questions submitted by prisoners via the CMS and general queries about remand prisoners from prison staff. Prior to the introduction of the Bail Information Service (BIS) in October 2024, Catch 22 was submitting referrals for bail accommodation via CAS-2.

Catch 22's functions are measured through key performance indicators (KPIs), which it generally fulfils to notably high levels: between 96% and 99% for all three KPIs across the reporting year.

These requirements are met by a team of prisoner offender managers (POMs). Once a prisoner has completed a basic screening (usually in the first 72 hours), they will be allocated a POM, who will complete a prisoner's sentence (OASys) plan and provide subsequent case management, subject to eligibility. Case management can be wide ranging, involving work on 'recall packs', supporting prisoners through parole proceedings, attending multi-agency meetings, and handing over to community offender managers (COMs). At a spot check in June 2025, Catch 22 had 11 POMs in post, down from a full complement of 15. Prospective POMs were going through vetting, and further recruitment was ongoing.

The Board has received few complaints about the service, but any that have been received have been resolved quickly. The Board is aware that feedback between July 2024 and March 2025 shows a significant level of prisoner appreciation for the support provided by Catch 22.

At the end of the reporting year, Thameside held one category D prisoner and one prisoner who had been recalled to continue serving his indeterminate sentence. Actions were being taken to move these prisoners to more appropriate establishments.

Within Catch 22, there is also a 'gangs team' of two (see 4.3).

#### **7.4 Family contact**

The prison has a large visits hall which is clean, calm and inviting. There is a café serving a range of food at reasonable prices. Facilities for children are currently limited while some reconfiguration of designated spaces takes place, including an outdoor play area with equipment. The experience in the visitors' centre, before entering the prison, could be improved, by, for example, providing clearer guidance on how to get a parking permit; where to store valuables/items not permitted in the prison; identification requirements; and a reminder about appropriate clothing. On several occasions throughout the reporting year, the Board has raised concerns regarding the lack of safe storage for visitors' items, such as mobile phones. Although on each occasion the prison has responded, saying that lockers are being obtained, this does not appear to have been actioned by the end of the reporting year. The Board had previously also raised the lack of clear visitor information on the prison's website, but at the end of the reporting year is not aware of any improvements made.

The prison has a small families first (FF) team, who work to facilitate contact between prisoners and their families. Beyond the core sessions (see below), the FF team supports a significant number of prisoners with child contact requests, liaising with social workers, facilitating visits and signposting and attending internal prisoner reviews. The FF team has also increased its work with care leavers in the reporting year. Although the FF team should have three members of staff (excluding the team manager), it has been operating with just one since October 2024. For its size, the team does well to maintain a range of core sessions, as well as some additional activities and one-to-one work with prisoners.

The core sessions provided by the FF team are:

- Baby bonding sessions (over 200 attended in the reporting year).
- Toddler time (over 80 attended in the reporting year).
- Family days (intended to run every other month but some have been cancelled, due to booking issues).
- Neurodiverse visits (monthly for prisoners or their families who are neurodiverse). Twenty-five sessions attended over the reporting year.
- Storybook Dads (prisoners record themselves reading a story, which is sent to their children as a DVD along with a copy of the book). Although 65 sessions took place in the reporting year, no sessions could be run in December 2024 due to a broken camera.
- Music was introduced at the Summer Family Day in response to prisoner feedback
- A total of 83 children attended the Christmas Family Day, which was close to maximum capacity.

Beyond core sessions, a pop-up bookshop event ran in November 2024 using books donated by the Children's Book Project, which prisoners could send to their children with an accompanying letter. Further sessions have not run, due to staff shortages. Donated books are also available at family days.

## **7.5 Resettlement planning**

The majority of resettlement services at Thameside are provided by organisations directly contracted by HMPPS. Although recruitment issues have significantly impacted the support available, the Board has additional concerns regarding the coordination of services and a general lack of oversight to ensure that prisoners receive adequate support.

A key concern in the HMIP report was *'as a result of a long standing probation officer vacancy, the one remaining probation-employed POM had a caseload of over 90 high-risk prisoners, which was too high'*. At the end of the reporting year, there remained a single probation-employed POM. Although an agency probation officer was due to be onboarded, at the time of writing (June 2025), a start date is still awaited. The caseload for the remaining probation-employed POM had fallen to 46 high-risk prisoners.

In May 2025, 69% of case admin staff in the pre release team were in post and 87% of Probation Service officer posts were filled.

The pre-release team's role includes completing basic custody screenings, known as BCS2s and BCS3s. In June 2025, the IMB requested data from the team for the 11 month period July 2024 to May 2025 on the number of BCS2s and BCS3s completed over each month. The data subsequently received from the team was alarmingly poor, showing that for BCS2s, less than half of these mandatory assessments had been carried out and, in the case of BCS3s, the figure was less than a third. Only when the IMB highlighted this apparently very poor level of performance, was it noticed that the data did not fully reflect the work carried out by the pre-release team. The Board was told that this was due to administrative errors when inputting the data on to the system. Although some revised data has since been sent to the IMB, this only covered a portion of the period requested, nor was it



possible to extract the data needed with sufficient confidence. It is of concern that the pre-release team initially sent inaccurate data for an 11-month period to the IMB, knowing that this was required for the Board's annual report, which, when published, is a public document. It is also concerning that the Board did not subsequently receive revised data for the whole period requested.

Consequently, the Board remains seriously concerned regarding the team's ability to record data accurately, as well as to check and monitor its own performance. This also raises questions regarding the validity of any data subsequently sent to the Board.

The Board is aware that 294 referrals were made by the pre-release team to various organisations in the year up to 14 May 2025. These covered a range of services comprising accommodation services, finance/benefits/debt services, dependency and recovery services, and personal wellbeing services. However, this figure represents a small proportion of the prisoners released during this time. For example, in April 2025, there were 281 releases from the prison (a combination of planned and immediate) but only 52 referrals.

In terms of providing services for remand prisoners, the IMB understand that one bail information officer has been working with remand prisoners since October 2024. At the time of writing (June 2025), two further bail information officers were awaiting access. The Board was unable to get data on this area of work for inclusion in this annual report but hopes to be able to do so for the next reporting year.

### **7.5.1 Housing**

In previous years, accommodation support at Thameside was limited to sentenced prisoners and unavailable for remand prisoners, who make up the majority of the Thameside population. However, a new St Mungo's contract for remand prisoners went live in January 2025. All referrals to St Mungo's have to be made through the pre-release team (see 7.5). Once referred, St Mungo's provides support for prisoners with either no fixed abode or with existing tenancies. For those with no fixed abode, the advice and guidance is simply in the form of an information leaflet. The Board considers this inadequate for two reasons: firstly, handing out a leaflet alone is not sufficient support for prisoners; and secondly, the contents of the leaflet itself are not helpful or worded in an accessible way. For prisoners with tenancies, St Mungo's liaises directly with relevant partners and landlords to ensure that the tenancy is sustained while the prisoner is in custody. Data provided to the Board shows that seven tenancies were sustained from January to March 2025, with no tenancies recorded as being surrendered in this period.

The Board has received a number of complaints from remand prisoners trying, but failing, to access this service. Complaints appear to revolve around the referral mechanism via the pre-release team: some referrals made by the Board, following prisoners' requests for support, have not been acted on or have required persistent chasing.

There are three dedicated housing advice workers, who manage the process of supporting prisoners from initial assessment through to return to the community. They each have a caseload of between 30 and 50, which includes remand, sentenced and community cases.

Beyond St Mungo's, Thameside has a strategic housing specialist, provided by HMPPS. Their role is to coordinate between relevant stakeholders (Thameside's senior management team; St Mungo's; the OMU; Probation Services; and local authorities) to deliver a cohesive outcome. Given the number of prisoners contacting the Board about housing issues and the aforementioned referral difficulties, it is unclear to the Board how this role has positively impacted outcomes for prisoners.

Despite these additional services, the Board continues to be concerned about the percentage of prisoners leaving prison without adequate accommodation, an issue raised in previous annual reports. According to prison data, the average proportion of sentenced prisoners housed on the first night of release in the reporting year was 67%, which is down from last year's 73%, but still leaves far too many men homeless. It should be noted that the 'homeless' category extends beyond rough sleeping/staying in non-housing locations, to include people staying in hostels; sofa surfing; and recalls and gate arrest, where the person is held in custody overnight before returning to prison. The Board was unable to get equivalent data for the number of remand prisoners leaving without adequate accommodation.

A total of 66% of respondents to the IMB survey had no accommodation arranged on release (up from 59% last year). Of those, 86% stated that they did want accommodation to be arranged on release (down from 95% last year). Despite the various services described above, it would appear that only a small minority of prisoners' accommodation needs are being met.

### **7.5.2 Banking and ID**

The prison had a dedicated banking and ID administrator throughout the reporting year. According to prison data, the number of bank accounts opened during the reporting year was 225 (up from 126 last year) and the number of birth certificates obtained for prisoners was 261 (much improved from last year's figure of 74).

However, only 8% of respondents to the IMB resettlement survey said they had discussed finance, benefits and debt support with staff (down from 12% last year). Of the small number who had, 77% found it either very or quite helpful (down from 81% last year).

### **7.5.3 Employment**

The Board understands that a range of sessions aimed at employment opportunities were organised over the reporting year, including a job fair in September 2024, with 18 potential employers, which was attended by 60 prisoners.

The Board requested data on activities and initiatives organised by the employment hub, up to the end of June 2025, including:

- A list of events that have taken place, plus attendance figures.
- Prisoner feedback.
- Staffing levels within the department and anything of significance in terms of providing employment-related services to prisoners.

Although requests were repeatedly made over a number of weeks, this information was not provided. The Board was eventually given access to three short reports but, unfortunately, the information/data contained in these reports was recorded in a rather unsystematic way. It was, therefore, not possible to extract the data requested

with a sufficient degree of confidence. Consequently, the Board has the following concerns:

- If robust data is not being kept, how are activities/events being evaluated for impact and effectiveness?
- Without evaluating the impact of activities/events that have already taken place, how can future plans be effectively made to ensure that the employment needs of prisoners are being met?

From the information available to the Board, despite a range of interesting events being arranged, it appears that only a small minority of prisoners at Thameside receive the benefit. Responses to the IMB's resettlement survey showed that 77% had no work arranged on release (up from 71% last year). Additionally, only a small number of free text responses from prisoners were positive about the service.

## 8. The work of the IMB

### Board statistics

Recommended complement of board members	16
Number of board members at the start of the reporting period	7
Number of board members at the end of the reporting period	11
Of whom members in induction period	7
Total number of visits to the establishment	319

### Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	22	37
B	Discipline, including adjudications, incentives scheme, sanctions	3	10
C	Equality	3	0
D	Purposeful activity, including education, work, training, time out of cell	22	19
E1	Letters, visits, telephones, public protection, restrictions	15	20
E2	Finance, including pay, private monies, spends	8	6
F	Food and kitchens	3	4
G	Health, including physical, mental, social care	72	63
H1	Property within the establishment	37	31
H2	Property during transfer or in another facility	9	16
H3	Canteen, facility list, catalogues	15	5
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, re-categorisation	33	28
J	Staff/prisoner concerns, including bullying	37	55
K	Transfers	9	8
L	Miscellaneous	10	27
	<b>Total number of applications</b>	<b>298</b>	<b>329</b>

## **Annexe A**

### **Service providers**

- Healthcare: Practice Plus Group (PPG)
- Offender management: Catch 22
- Substance misuse: Turning Point (TP)
- Education: Novus
- Careers advice: Get Set UK
- Job Centre Plus: offers job and benefits support
- Resettlement services: provided by the Probation Service and St Mungo's, which specialises in accommodation services and support.

## Annexe B

### SHOUT Survey

The IMB conducted a short survey, available to prisoners via the CMS for the period between 16 May 2025 to 30 June 2025. This survey received a total of 340 responses, relative to an overall prison population of around 1,200.

The following questions were asked:

- 1.0 *Have you heard of SHOUT, a system where you can get in contact in confidence by text with a trained listener located outside the prison by using text messages?*
- 1.1 *If your answer at 1.0 was YES, do you have access to SHOUT in your cell?*
- 1.2 *If your answer at 1.0 was YES, do you know how to use SHOUT?*
- 1.3 *If your answer at 1.0 was YES, have you used SHOUT?*
- 1.4 Do you know that it is possible to contact Samaritans direct by telephone?

A free text question was also added: *'if your answer to 1.3 is that you have used SHOUT, did you find the text conversation helpful?'*

## **HEALTHCARE SURVEY**

### **Access to Healthcare**

1 In the last 8 WEEKS have you tried to book an appointment with healthcare?  
Yes (Go to Q2) No (Go to Q6)

2 Who did you try to book the appointment with? If you tried to book more than one appointment tell us about the one that was most important for you.

GP Smoking Cessation Dentist Substance misuse  
Optician Sexual health Mental health Other

If other who was the appointment with? .....

3 Have you had the appointment?

Yes (Go to Q4) No (Go to Q5)

4 How long was it from when you requested the appointment to the appointment date?

Less than a week Between 1 and 2 weeks 2-3 weeks  
3-4 weeks 4-6 weeks 6-8 weeks

Go to Q6

5 What is the reason for you not having the appointment?

I am still waiting Healthcare cancelled it I no longer need it  
No-one came to collect me Other

If other please tell us the reason .....

### **Medication: This section is for people taking medication**

6 For people that have come into Thameside in the last 8 WEEKS

How long did you have to wait before getting your prescribed medication (medication you were taking before you came in)?

I got it straight away I got it the next day Within 2 days  
3-5 days More than 5 days

If you came into Thameside more than 8 WEEKS ago **Go to Q7**

7 For everyone on medication:

In the past 8 WEEKS has your medication always been available at the medicines hatch?

Yes (Go to Q11) No (Go to Q8)

8 In the last 8 WEEKS how often has your medication NOT been available?

Once or twice 3-4 times 5-6 times 7 times or more

- 9 When your medication was not available were you told the reason why?  
 Yes (Go to Q10) No (Go to Q11)
- 10 What was the reason?.....

### **Contacting healthcare using CMS**

- 11 In the last 8 WEEKS have you tried to contact healthcare using CMS?  
 Yes (Go to Q12) No (Go to Q14)
- 12 Did you get a response to your message?  
 Yes (Go to Q13) No (Go to Q14)
- 13 Did the response answer your query?  
 Yes (Go to Q14) No (Go to Q14)

### **Complaints to healthcare**

- 14 In the past 8 WEEKS have you raised a concern or made a complaint using Practice Plus Group's concerns/complaints form?  
 Yes (Go to Q15) No (Go to Q19)
- 15 What type of concern/complaint was it?  
 Concern Stage 1 complaint Stage 2 complaints Don't know
- 16 Have you had a response?  
 Yes (Go to Q17) No (Go to Q19)
- 17 Were you satisfied with the response?  
 Yes (Go to Q 19) No (Go to Q18)
- 18 Why weren't you satisfied? .....

### **Overall experience of healthcare**

- 19 Generally when you have had contact with healthcare, have staff treated you with respect and courtesy?  
 Always Usually Sometimes Hardly ever Never
- 20 Generally when you have had contact with healthcare how satisfied have you been?  
 Very satisfied Quite satisfied Unsure/don't know  
 Quite dissatisfied Very dissatisfied
- 21 If you have any further comments about healthcare use the space below to tell us about these.



## **RESETTLEMENT SURVEY**

**Q1: Are you remand or sentenced?**

Tick options: Remand or Sentenced

**Q1.1: If you are sentenced, when are you due to be released?**

Tick options: In 2-3 months; In 2-4 weeks; In the next 7 days; or More than 3 months.

### **Accommodation**

**Q2: Have you discussed accommodation with Resettlement staff?**

Tick options: Yes; or No.

**Q3: Do you have accommodation arranged on release?**

Tick options: Yes; or No.

**Q3.1: How long is this accommodation for?**

Tick options: Don't know; Permanent; Up to a month; or Up to a week.

**Q3.2: Do you want accommodation to be arranged on your release? 114 responses.**

Tick options: Yes; or No.

**Q4: Do you have any comments you would like to make about Thameside's help in arranging accommodation on leaving prison?**

Tick options: Yes; or No.

**Q4.1: Please write your comments.**

Free text responses.

### **Finance, benefits and debt support**

**Q5: Have you discussed finance, benefits and debt support with Resettlement staff?**

Tick options: Yes; or No.

**Q5.1: How helpful has this support been?**

Tick options: Quite helpful; Quite unhelpful; Unsure/don't know; Very helpful; or Very unhelpful.

### **Work**

**Q6: Do you have work arranged on release?**

Tick options: Yes; or No.

**Q6.1: Do you have any options for getting into work?**

Tick options: No; Other (please enter more info); Yes – I have contacts/leads; or Yes – interview arranged.

**Q6.2: Further information on the option you have for getting into work.**

Free text responses.

**Q7: Do you have any comments about the help Thameside have given you to find work on release?**

Tick options: Yes; or No.

**Q7.1: Please write your comments.**

Free text responses.

**Q8. How long have you been in Thameside?**

Tick options: 3-6 months; Less than 3 months; or More than 6 months.

### **Training**

**Q9: Have you attended any training courses whilst in Thameside?**

Tick options: Yes; or No.

**Q9.1: Which of the following have you attended?**

Tick options: Catering (Greene King); CSCS (Construction Skills); Customer Service; Food Safety; Functional Skills (Outreach); Health & Safety; Industrial Cleaning; Other; Peer Mentoring; Retail Skills.

**Q9.2: Please specific which other course / courses.**

Free text responses.

**Q9.3: How helpful was the course?**

Tick options: Quite helpful; Quite unhelpful; Unsure/don't know; Very helpful; or Very unhelpful.

**Q.10: Do you have any comments to make about the training opportunities at Thameside?**

Tick options: Yes; or No.

**Q10.1: Please write your comments.**

Free text responses.

### **Education**

**Q11: Have you attended any educational courses whilst in Thameside?**

Tick options: Yes; or No.

**Q11.1: Which of the following courses have you taken?**

Tick options: Business (SFEDI); Creative Crafts; English/Maths; ESOL; ICT; Multimedia; Other; or OU/Distance Learning.

**Q11.2: How helpful were the courses?**

Tick options: Quite helpful; Quite unhelpful; Unsure/don't know; Very helpful; or Very unhelpful.

**Q12: Do you have any comments to make about the educational courses available at Thameside?**

Tick options: Yes; or No.

**Q12.1: Please write your comments.**

Free text responses.

**Q13: Do you have any other comments about how Thameside has helped you to prepare for release? If so please write your comments here.**

Free text responses.

## Annexe C

NB: All percentages are rounded to nearest whole number

**Table 1**

	% of days when vans arrived after 20.00	Latest time vans have arrived at the prison	% of nights prisoners left reception		Latest time reception closed
			after 22.00	after midnight)	
July '24	20%	21.20	56%	0%	23.51
Dec '24	44%	00.05	60%	20%	02.25
April '24	60%	21.40	73%	46%	04.05
May '24	58%	21.21	83%	50%	03.04
June '24	75%	20.47	100%	50%	02.10

**Table 2**

ACCT audit category	Review 1	Review 2
RED	19%	19%
AMBER	44%	41%
GREEN	36%	41%

**Table 3**

Assault type	Year 23/24	%	Year 24/25	%
Minor POP	459	64	398	59
Serious POP	68	10	85	13
Minor POS	135	19	136	20
Serious POS	56	8	59	9
<b>Total</b>	<b>718</b>	<b>100</b>	<b>678</b>	<b>100</b>

**Table 4**

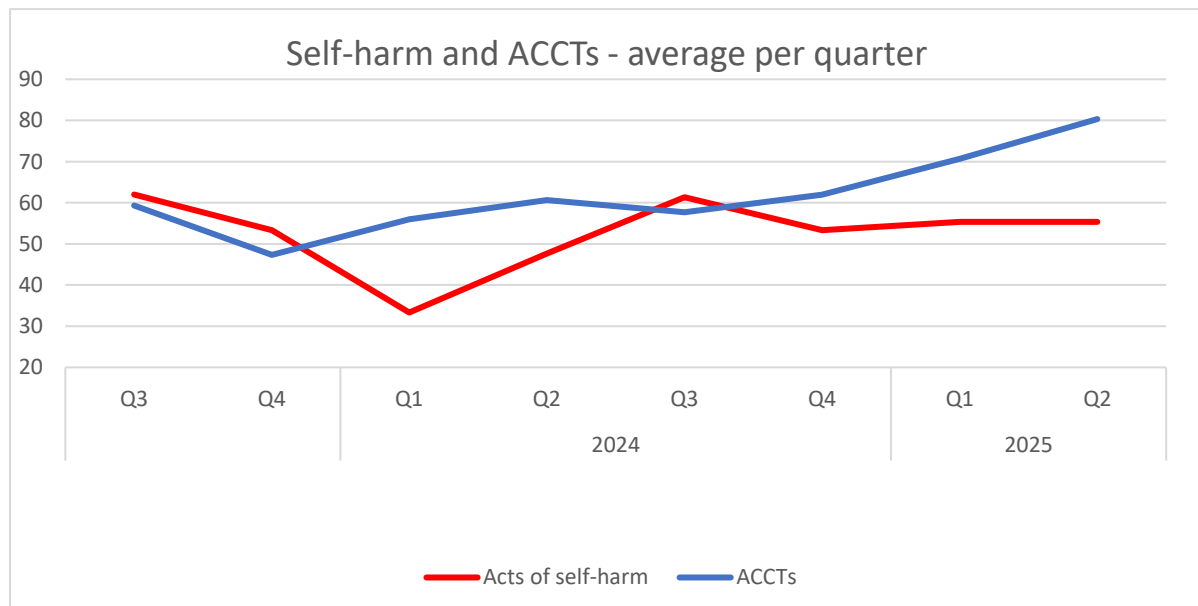
Adjournment category	Number	%
Adjourned (RX)	102	49
Proven (P)	52	25
Dismissed (D)	26	12
Not proceeded with (NPW)	15	7
Outside referral (REF)	10	5
Other	5	2
<b>Totals</b>	<b>210</b>	<b>100</b>

**Table 5**

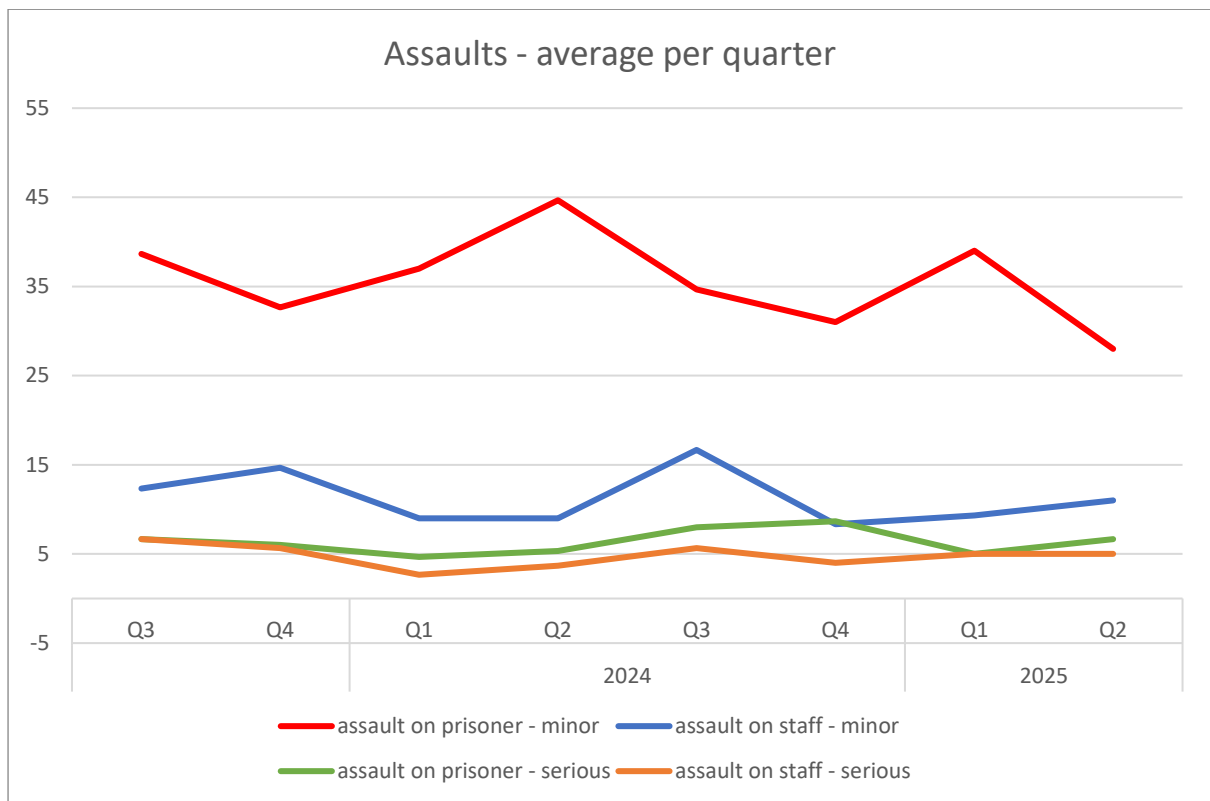
Proven DIRF classification	Quantity	%
Race	5	24%
Religion	4	19%
Disability	3	14%
Age	1	5%
Other (non DIRF) proven	8	38%

**Table 6**

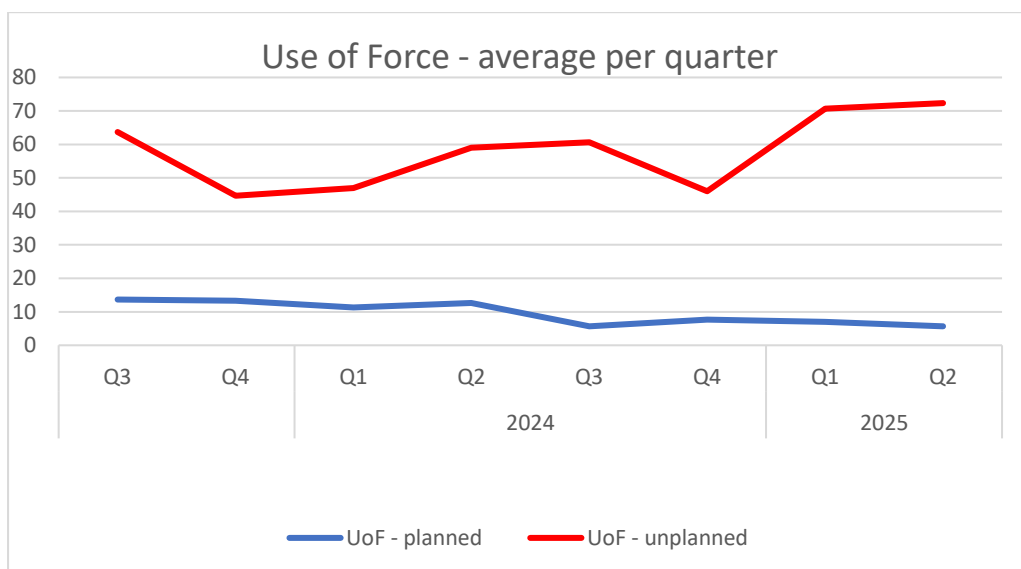
2024-2025		2023 - 2024	
Property	453	Property	552
Confidential	247	Confidential	235
Residential	194	Canteen	211

**Graph 1**

**Graph 2**



**Graph 3**



## Key findings of IMB healthcare surveys

Question area	Results (%)	
	Nov	May
Wait times for appointments		
Waited less than two weeks for appointment	46	45
Waited more than four weeks for an appointment	25	30
Delays in obtaining medication	Nov	May
Waited for more than five days following admission	51	46
Availability of medication	Nov	May
Not always available at hatch	56	38
Not available on seven or more occasions (in past 8 weeks)	38	30
Attempts to contact healthcare	Nov	May
Tried to contact using CMS	62	46
Tried to contact using paper form	Not asked	63
Received response to paper application	Not applicable	27
Complaints	Nov	May
Raised a concern or complaint with healthcare	20	24
Received a response	20	26
Treated with respect and courtesy	Nov	May
Always or usually	51	56
Hardly ever or never	24	21
Satisfaction with healthcare	Nov	May
Very or quite satisfied	40	43
Very or quite dissatisfied	40	38



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