



HM Prison &
Probation Service

Action Plan: HMP Thameside

Action Plan Submitted: 21st March 2022

A Response to the HMIP Inspection: 8th – 9th Nov. & 15th – 19th Nov. 2021

Report Published: 1st March 2022

INTRODUCTION

HM Inspectorate of Prisons (HMIP) and HM Inspectorate of Probation for England and Wales are independent inspectorates which provide scrutiny of the conditions for, and treatment of prisoners and offenders. They report their findings for prisons, Young Offender Institutions and effectiveness of the work of Probation and youth offending services across England and Wales to Ministry of Justice (MoJ) and Her Majesty's Prison and Probation Service (HMPPS). In response to the report HMPPS / MoJ are required to draft a robust and timely action plan to address the recommendations. The action plan confirms whether recommendations are agreed, partly agreed or not agreed (see categorisations below). Where a recommendation is agreed or partly agreed, the action plans provide specific steps and actions to address these. Actions are clear, measurable, achievable, and relevant with the owner and timescale of each step clearly identified. Action plans are sent to HMIP and published on the GOV.UK website Progress against the implementation and delivery of the action plans will also be monitored and reported on.

Term	Definition	Additional comment
Agreed	All of the recommendation is agreed with, can be achieved and is affordable.	The response should clearly explain how the recommendation will be achieved along with timescales. Actions should be as SMART (Specific, Measurable, Achievable, Realistic and Time-bound) as possible. Actions should be specific enough to be tracked for progress.
Partly Agreed	Only part of the recommendation is agreed with, is achievable, affordable and will be implemented. This might be because we cannot implement the whole recommendation because of commissioning, policy, operational or affordability reasons.	The response must state clearly which part of the recommendation will be implemented along with SMART actions and tracked for progress. There must be an explanation of why we cannot fully agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.
Not Agreed	The recommendation is not agreed and will not be implemented. This might be because of commissioning, policy, operational or affordability reasons.	The response must clearly state the reasons why we have chosen this option. There must be an explanation of why we cannot agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.

ACTION PLAN: HMCIP REPORT

ESTABLISHMENT: HMP THAMESIDE

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
	Key concerns and recommendations				
7.1	Key concern 1.58: We found many areas of weakness in the early days arrangements. The unwelcoming reception area was bare, grubby and austere. Holding rooms contained graffiti and there was nothing to occupy prisoners while they waited, often for a long time. The quality of initial safety interviews, which were not held in private, was poor, and we were not confident that individuals' risks had been assessed sufficiently. Not all prisoners received additional checks during their first night, and their regime was poor, with most spending over 23 hours a day locked in their cell, for at least 14 days,	Agreed	<p>A thorough 'end to end' review of Reception/ Induction processes will be conducted. The functional head for the area will lead on this review working with managers, healthcare providers, other stakeholders, and prisoner representatives.</p> <p>This review will include reception process including the staff workspaces to create areas where prisoners can have private interviews in admission.</p> <p>A monthly quality check by managers of safety interviews and risk assessments will be introduced. This data will be introduced into monthly Senior Management Team reporting and via Contract Delivery Indicator compliance</p> <p>A redecoration and refurbishment of the reception area and holding rooms will take place.</p> <p>Post covid restrictions all new admissions to custody are initially inducted by the insiders within reception and the Early Days Centre (EDC) prior to lock up in the evening. The insiders also complete Face to face induction within the first 24 hours. Due to covid risk controls this induction takes place with smaller groups now but will expand as restrictions are lifted. Moving forwards plans are to train additional Listeners/Insiders for them to meet all new receptions to custody on their first night prior to lockup. Increased numbers will be managed in the induction classroom as restrictions lift of up to 12 men at a time</p>	The Director	September 2022

<p>which was excessive. Many told us that they had not been able to make a telephone call in their early days at the prison, and not all new arrivals received a comprehensive induction.</p> <p>Recommendation: All aspects of prisoners' arrival at the establishment should be safe and decent, and include a thorough, private assessment of their needs and access to a comprehensive induction. (To the director)</p>	<p>A review of the induction package will take place to ensure it is relevant, up to date and comprehensive. This package will be Officer led with Prisoner Peers supporting. The functional head for the area will lead on this review working with managers, healthcare providers, other stakeholders, and prisoner representatives.</p> <p>The EDC regime and process will be expanded and delivered in-line with our progression through regime stages and covid controls.</p> <p>All new receptions are offered a free three-minute phone call in reception where the ID of the person will be checked by staff to minimise any public protection issues. Any exceptions may be those identified as potential category A prisoners who will not be offered a call at the time but will follow the policy as outlined in the Local Security Strategy (LSS). All new receptions submit the details of those telephone numbers they would like added and these are sent to security for checking and approval working with custody and public protection this should be completed within 72 hours. Once approved all cells at HMP Thameside have in cell telephony and so access is 24 hours per day.</p> <p>Any new reception identified to be at risk of self-harm is managed via the ACCT process. Where there is any other identified risk such as a significant change in status from a lengthy sentence will be met by staff, Insiders and Listeners in reception and placed on irregular observations through the night until secondary assessments, this information and risk is included in 24-hour observation books used for the first night process on the EDC. inductions and meetings with key stake holders can take place on the next day.</p> <p>Prisoners have access to a minimum of 30 minutes fresh air per day and collect meals from the servery, prison and education induction, meetings with key stakeholders such as Turning Point our drug service, Catch-22 for Offender Management issues and can complete gym induction whilst on the unit.</p> <p>All men should spend the minimum practicable time on the Early Days Centre once HMP Thameside has moved out of COVID restrictions. If testing remains in place, once a negative day 5 test is received, then the individual will move off the unit to a residential wing with a broader regime.</p>		
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7.2	<p>Key concern 1.59: Governance of use of force remained poor. Some reports lacked detail and sufficient justification. Use of force instructors told us that they no longer had sufficient time to scrutinise video footage of incidents. They could not produce data on the number of cases they had reviewed, but we were told that in recent months this had been very low. An administrator looked at footage for a small number of incidents, but she was not trained for the role. We were told that she would refer any concerning incidents to managers, but there was no record of any referral being made.</p> <p>Recommendation: There should be routine, documented scrutiny of video footage of use of force incidents by suitably qualified staff, with effective management oversight. (To the director)</p>	Agreed	<p>A new process for the Quality Assuring of all Use of Force (UoF) will be implemented, which will include the review of Body Worn Camera (BWC) footage for all UoF incidents. These checks will be conducted by a qualified use of force instructor or Assistant Director. BWC usage will continued to be monitored to ensure HMP Thameside maintain the current high level of usage and compliance. This will be managed through a weekly UoF meeting which will be chaired by the Head of Safer Custody where any significant incidents will be further reviewed and 10% check of the previous weeks UoF incidents will take place.</p> <p>Quality assurance documents will be reviewed at the weekly UoF development meeting which will be chaired by the Head of Safer Custody, all reviews that have been scrutinised will be logged on a database for reference with action taken from any identified recommendation.</p> <p>Any recommendations from these meetings will be documented and escalated to the senior management team for action via the monthly UoF Committee meeting.</p> <p>Additional training spaces have been requested from HMPPS to increase the number of qualified UoF trainers available.</p>	Director	June 2022
7.3	Key concern 1.60: There had been an increase in the number of mentally unwell prisoners being	Agreed	Transfer to Secure Units waiting times has now been added as an Agenda item on the Local Delivery Board (LDB) agenda. The LDB is made up of the Thameside Prison Deputy Director, Prison Assistant Directors, Prison Business manager, Royal Borough of Greenwich Social Care Operational	Oxleas NHS Foundation Trust	August 2022

	<p>sent to the establishment since the beginning of the pandemic. The number of referrals to mental health facilities under the Mental Health Act had doubled during this time, and, despite escalation and good work by the Mental Health Act coordinator, too many transfers exceeded the 28-day guidelines. During the previous six months, 36 patients had been referred, with 14 being transferred within the timeframe and 20 waiting long periods, with the longest wait being 113 days, which was unacceptable.</p> <p>Recommendation: The local delivery board, in conjunction with NHS England and Improvement, should make sure that patients requiring transfer to hospital are transferred within the national guideline of 28 days. (To HMPPS and the director)</p>		<p>Manager (Prison), NHSE Commissioner, Turning Point Operational Manager, Pharmacist, IMB, Oxleas Service manager for Greenwich Prison Cluster and Head of Healthcare</p> <p>A Transfer and Discharge Coordinator will send monthly updates on progress made for each patient waiting. All cases approaching the guideline timeframes will be escalated to the Trust Clinical Director and NHSE Commissioner in order to ensure timely transfer. Head of Healthcare will ensure that all patients will have a robust care plan in place whilst awaiting transfer.</p> <p>Transfer Data is regularly monitored by NHS England. Data is provided via a monthly 'portal' and via a monthly interface meeting involving commissioners and other strategic partners from other NHS Trusts.</p> <p>Quarterly audits of transfers and waiting times will be completed and monitored by the directorate and Trust Quality Board. Any transfers falling outside of the 28-day guidelines will be escalated to commissioners for immediate action.</p>		
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7.4	<p>Key concern 1.61: We found weaknesses in the management of medicines, leading to delays in prisoners receiving their prescribed medication. This included patients experiencing gaps with repeat prescriptions and delays in receiving their in-possession medication. Several medicine cabinets were disorganised, with medicines for some patients being stored in two locations. There were delays in medication queries being raised with the pharmacy, contributing to patients being left without medication. Some risk assessments for in-possession medicines had not been updated when circumstances changed. The inconsistent management of the medicine queues by officers led to protracted medicine administration times and also posed a risk for bullying and diversion.</p> <p>Recommendation: The local delivery board should make sure that robust procedures are in</p>	Agreed	<p>The Local delivery board now has direct oversight over medication and related issues to ensure improvement.</p> <p>A Matron for Primary Care Services is now in post at HMP Thameside, working alongside the lead pharmacist, one of their objectives will be to lead on ensuring robust medicines management arrangements are in place in partnership with prison Directors.</p> <p>The In-Possession Risk Assessment is being reviewed by the medicine's management group with an aim of increasing In-Possession medications from the point of reception / early days in custody.</p> <p>A medication management task and finish group were set up in November 2021 which aims to address medication issues including other plans to reduce queues. The group meets monthly with attendance includes Pharmacy Lead, Head of Healthcare, Matron, GPs, and Senior Nurses.</p> <p>Outcomes of this group will be reviewed / evaluated by 31st March 2022 by the prison local delivery board. Oxleas are working to establish a rating system to highlight numbers of patients on medication, with a view to escalating directly with prison managers when numbers requiring supervised medication exceeds what is possible within the targeted prison regime time frame. This will allow planning in the event of additional staff resource required to support with supervision of medication queues.</p> <p>An active Quality Improvement project is also underway in place which is aiming to reduce medication queues by 50% at HMP Thameside by August 2022, which will be monitored by the Local delivery board.</p>	Oxleas NHS Foundation Trust	August 2022
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	<p>with nothing purposeful to do to fill their time.</p> <p>Recommendation: Leaders and managers should ensure that there are sufficient education, skills and work opportunities available to all prisoners. (To the director)</p>		<p>improvements were reversed with the spread of the Omicron variant to manage the risk and prevent the variant spreading.</p> <p>HMP Thameside will increase the Regime in line with HMPPS guidance for COVID-19 with a view to returning to a full regime. Planning is also underway to return to full regimes once all covid restrictions are lifted.</p> <p>Additional work such as forklift truck training and construction skills have been commissioned via the Dynamic Procurement System (DPS) and will commence as soon as regime progression is allowed via the gold gateways.</p> <p>The education department will also complete a yearly needs analysis to inform their planning of curriculum to run alongside the important Maths and English courses. Serco and NOVUS will utilise the CMS in cell technology to advertise available courses and activities.</p>		
7.7	<p>Key concern 1.64: A large proportion of the population (62%) was on remand or unsentenced – a large increase since the previous inspection. Due to changes in the delivery of resettlement services following unification of probation services, the remand population no longer received support with housing or issues relating to finance, benefit and debt. This left them without support to secure tenancies or deal with rent arrears. Many prisoners we spoke to reported feeling anxious and concerned about their</p>	Agreed	<p>Since October 2018 under the Homeless Reduction Act prison and probation providers have been subject to the 'Duty to Refer' and have a statutory responsibility to refer anyone at risk of homelessness to the Local Housing Authority (LHA), 56 days before they are due to become homeless.</p> <p>MoJ/HMPPS have implemented a policy framework in support of the Homelessness Reduction Act (2017) Duty to Refer process in England, which mandates the roles and responsibilities of both prison and probation staff in making effective, timely referrals, including for remand prisoners.</p> <p>MoJ/HMPPS are currently looking to extend specialist accommodation support services to unconvicted and unsentenced people in custody. MoJ/HMPPS have begun discussions with suppliers to how best to implement and resource this. In the meantime, Probation pre-release teams can provide some support to people on remand.</p> <p>HMP Thameside are working closely with St Mungo's Housing, on costings and proposal for a Remand Worker to be introduced. This funding, if approved, may allow us to operate a pilot scheme for Remand Prisoner, and if successful we will pursue business case for ongoing service.</p>	<p>Probation Reform Programme Director</p> <p>Director</p>	<p>June 2022</p> <p>June 2022</p>

	<p>accommodation after release.</p> <p>Recommendation: Leaders should make sure that there is effective housing support for all prisoners, including those on remand. (To HMPPS and the director)</p>		<p>The proposal for this initial pilot has now been submitted and is supported by the Director. We await final decision on approval by HMPPS Senior Contract Manager.</p>		
7.8	<p>Recommendation 3.19: Challenge, support and intervention plans should be tailored to individual need, and monitoring should evidence meaningful engagement with the prisoner. (To the director)</p>	Agreed	<p>Challenge, Support and Intervention Plans (CSIP) have recently been relaunched throughout the prison including engagement with staff from a wide range of disciplines.</p> <p>All prisoners on an open CSIP will have an individual folder within the residential area which is available for all staff to view and comment within the monitoring log. Within this an individual care plan will be created for all prisoners on CSIP, this will provide an overview of the prisoner's recent conduct and any interventions he is currently engaged in.</p> <p>Case managers have been provided with toolbox talks on how to improve the quality of plans and are actively encouraged to include key workers as part of their reviews and ongoing monitoring.</p> <p>Each case will be discussed more in depth at the weekly SIM meeting, which is chaired by Head of Safer Custody.</p> <p>HMP Thameside recently requested and had a critical friend review of CSIP from the London region Safety Lead and is now actively working alongside them to enhance the daily management of CSIP.</p> <p>In addition, monthly Quality Assurance checks of CSIP plan will be conducted by the safer custody team with overall performance reviewed at the monthly safer custody meeting, which is chaired by Head of Safer Custody.</p>	Director	June 2022

			<p>All victims of violence will be interviewed by the safe custody team and if the victim wishes to engage a victim support plan will be agreed through an open CSIP.</p> <p>Additionally, the Safety Programme Board have agreed CSIP sign off arrangements for all adult male establishments.</p> <p>The purpose of the CSIP sign-off process is to give establishments the confidence that CSIP is fully embedded in the day-to-day running of their prisons and that it is being used effectively across the adult estate.</p> <p>HMP Thameside is due to go through the sign off process by June 2022.</p>		
7.9	<p>Recommendation 3.37: Subject to risk assessment, segregated prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities. (Repeated recommendation 1.53) (To the director)</p>	Agreed	<p>HMP Thameside will introduce a risk assessment for all segregated individuals to determine the level of regime and activities that can be safely accessed.</p> <p>This risk assessment will take into account recent custodial history, level of compliance with the regime, risk to self and others. The outcome of this assessment will determine access to communal exercise, activities etc.</p> <p>Each risk assessment will be completed on initial segregation by the duty Assistant Director and will then be reviewed weekly as part of the weekly segregation review process chaired by an Assistant Director.</p>	Director	April 2022

7.10	<p>Recommendation 3.50: Assessment, care in custody and teamwork (ACCT) documents should be completed comprehensively, with coherent and complete action plans and all summaries and observations filled out. (To the director)</p>	Agreed	<p>A new Quality Assurance (QA) process has been created and recently implemented in February 2022; this process RAG rates the quality of the ACCT against set baselines and ensures comprehensive documentation of information.</p> <p>Level A checks are completed on all new ACCTS within 72 hours of the ACCT being opened.</p> <p>Level B Checks are carried out on all ACCTs once per week by wing managers and focus on summaries and ongoing records.</p> <p>Level C checks are completed on all closed ACCTs. Any actions identified on all level A, B and C checks are sent to the respective manager or assessor to rectify.</p> <p>Weekly overview of the quality of ACCTs or areas for improvement are collated from the QA checks and staff and managers are regularly briefed on areas that need to improve and areas of good practice.</p> <p>These level A, B and C checks are discussed at the monthly safer custody meeting, which is chaired by Head of Safer Custody and has representatives from several departments throughout the prison. Any identified trends or regular failing are escalated to the SMT monthly meeting.</p> <p>Toolbox talks have been devised and delivered to staff at the month end staff briefing regarding the completion of ACCT documentation and focused on areas that required improvement such as ongoing records.</p>	Director	April 2022
7.11	<p>Recommendation 4.6: The key worker scheme should be applied consistently, with regular interaction that should be recorded fully in prisoners' electronic case notes. (To the director)</p>	Agreed	<p>Targeted key work sessions have been delivered for all prisoners identified at risk, self-harm and having mental health issues during covid. Keywork for others has been supplemented by welfare checks to ensure regular contact with prisoners. As the regime opens, we aim to embed keyworker and develop our staff's confidence in managing prisoner relationships and creating a more supportive environment.</p>	Director	May 2022

			<p>Keywork delivery and quality will be monitored through the residential administrative team who will quality check 10% of all entries to ensure they meet the required standard. Quality Assurance checks are discussed in the Friday morning Operational meeting and included in the Residential Senior Management Report which is submitted monthly and discussed in the monthly Senior Management Team meeting with the Director.</p> <p>A keyworker delivery process has been written to manage staff not performing their keyworker sessions to the required standard which will be implemented in April 2022. The Assistant Director responsible for this area will conduct monthly management checks on the process to ensure any failings are being identified and dealt with appropriately.</p>		
7.12	<p>Recommendation 4.13: Remand prisoners should not share cells with convicted prisoners. (To the director)</p>	Agreed	<p>The cell Allocation's officers have been instructed to ensure that convicted and remand prisoners are not housed in the same cell.</p> <p>A Notice to staff has been published to remind staff that convicted, and remand prisoners are not to be housed in the same cell.</p> <p>The Residential assistant Directors will perform a compliance check weekly to ensure these instructions are being implemented. Quality Assurance checks are discussed in the Friday morning Operational meeting and also included in the Residential Senior Management Report which is submitted on a monthly basis and discussed in the monthly Senior Management Team meeting with the Director.</p>	Director	April 2022
7.13	<p>Recommendation 4.14: The prison should make sure that all prisoners are able to access the custodial management system regularly and that the in-cell technology is repaired promptly when broken. (To the director)</p>	Agreed	<p>A Custodial management system (CMS) testing/repair function has been approved and installed on site working with our IT partners Unify.</p> <p>Staff and prisoners are trained by our partner agency Unify in how to test for fault defects and to carry out basic repairs on the system.</p> <p>Instructions on how to use the system will be issued to all new receptions as part of the induction process run within the Early Days Centre.</p>	Director	August 2022

			<p>A regular review and reporting process for any faulty/damaged in cell CMS unit was introduced on the 7th February 2022 to identify any shortfalls and prioritise replacement or repair. The Activities Manager will have oversight of this area and will maintain records of repairs carried out. A monthly meeting will be held with the IT provider to discuss emerging issues.</p> <p>CMS software and server's full functionality will be moved to cloud based services which in turn will bring improved offsite support and ability to apply fixes and upgrades with minimal impact on live services.</p>		
7.14	<p>Recommendation 4.15: Cell call bells throughout the prison should be answered within five minutes. (Repeated recommendation 2.8) (To the director)</p>	Agreed	<p>HMP Thameside will publish a notice to prisoners highlighting the reasons for which the cell call system should be used as well as a notice to staff being published informing them the reasons the cell call system is in place and the time limit to answer the cell call system within a 5-minute window.</p> <p>A review of the Standard operating procedure (SOP) for cell call system will take place by the Assistant Director Residential to ensure it is up to date and correctly implemented.</p> <p>Facilities Management (FM) are looking at the feasibility of an alarm sounding on the wing when a cell call button is pressed to alert staff who are patrolling the wing.</p> <p>Response times to cell bells will be monitored by the residential management team. Any failings will be addressed via the daily residential staff briefing. This data will be included in the Residential report for the weekly Friday Operational meeting and also included in the Senior Management Team report for the monthly meeting which is held with the Director.</p>	Director	September 2022
7.15	<p>Recommendation 4.34: Leaders should make sure that equality and diversity work has sufficient oversight, resourcing and profile, so that they can understand and address</p>	Agreed	<p>A review of resources has taken place and the previous Equality Officer Role has been replaced with the introduction of Equality & Inclusion Admin Clerk. This dedicated resource will eradicate the ad hoc cross deployment of Equality Officer to other areas of the prison. This in turn will ensure that the Equality Lead can plan with confidence.</p>	Director	September 2022

	<p>the experiences and support needs of prisoners from protected groups. (To the director)</p>		<p>HMP Thameside will increase the Equality Forums for both prisoners and staff throughout 2022 thus re-invigorating the Equality & Inclusion Team and providing greater access for staff and prisoners. Each protected characteristic will have a designated Lead from the SMT who will hold up to 4 scheduled group meetings throughout the year for each protected characteristic. In addition to this quarterly Staff Equality Forums will be chaired by designated member of the SMT.</p> <p>This increase in investment and greater planning will deliver diverse environment where individuals are encouraged to have topical discussions in a safe space. This will enable the group to understand and address the experiences and concerns of all of those representative areas and support needs of prisoners and staff from protected groups.</p> <p>Our Quarterly Equality Diversity Inclusion (EDI) Meetings, chaired by designated member of the SMT, will provide strategic oversight of equality related matters, and provide the SMT with useful information for the purposes of highlighting and supporting our staff and prisoners EDI needs.</p>		
7.16	<p>Recommendation 4.45: Foreign national prisoners and detainees should have timely access to information, help and face-to-face support. (To the director)</p>	Agreed	<p>There is a nominated foreign national manager who works closely with the equalities manager to ensure support. This is an existing Custodial Operational Manager (COM) who has line manager responsibility for the staff group and accountability as Foreign National manager</p> <p>The Home Office immigration service have now returned to the establishment to deliver face to face services and information sessions to foreign national prisoners. Home office advisors attend the establishment on an ad-hoc basis at least fortnightly although they can attend on request and meet with prisoners and staff as required</p> <p>Staff who speak a language other than English are encouraged to declare this and have name badges embossed with the national flag identifying the country of the language spoken. A further staff survey to enhance this initiative this will be undertaken this calendar this year. Further to this, prisoners speaking languages other than English help to support prisoners; the establishment</p>	Director.	November 2022

			<p>uses The Big Word (TBW) service for formal interviews and meetings where required</p> <p>Prisoners now have access to an updated in cell IT system and on wing kiosks in several languages from where they can access information or make requests for face-to-face support.</p>		
7.17	<p>Recommendation 4.61: Responses to health care complaints should be polite, timely, address the issues identified and indicate how to escalate concerns if the complainant is not satisfied with the response they receive. (To the director)</p>	Agreed	<p>HealthCare's Standard Operating Procedure has now been updated to advise that all complaints will be responded to within 7 days. The oversight of this will lie with the Head of Healthcare.</p> <p>All staff will complete complaints investigation and response training provided by Oxleas NHS Foundation Trust as part of mandatory arrangements prior to being appointed to investigate / respond to a complaint.</p> <p>Healthcare now has a quality audit of complaints received and review of responses completed by managers from different prisons and overseen by the cluster Associate Clinical Director. Where an inappropriate response is identified the patient will be informed and matter reinvestigated / rectified.</p> <p>Healthcare response letter has been updated to advise patients to send a letter addressed directly to the Service Manager if they are not satisfied with the initial response.</p> <p>Random patient satisfaction of complaint response audits (sample size of 10%) will be conducted monthly to ensure patient satisfaction and inform continuous learning for investigators. Complaints are discussed at the two monthly LDB meeting (chaired by the prison Deputy Director), the monthly Oxleas Clinical Governance meeting (Chaired by Head of Healthcare) and the quarterly Quality Board meeting (Chaired by the Oxleas Service Manager for the Greenwich Prison Cluster)</p>	Oxleas NHS Foundation Trust.	August 2022
7.18	<p>Recommendation 4.62: All clinical environments should comply with infection control standards.</p>	Agreed	<p>Oxleas NHS Foundation Trust, - the health provider has a robust infection control policy and regular audits are carried out by Trust Infection Control Leads, action plans from which are completed by the site infection control champions.</p>	Oxleas NHS Foundation Trust.	August 2022

	(To the director)		Action plans will now be presented to and progress monitored by the Local Delivery Board (LDB), co-chaired by the head of healthcare and Deputy Director. The LDB meeting takes place every two months. This will ensure robust measures are in place for areas identified as requiring improvement based on recommendation.		
7.19	Recommendation 4.94: There should be an integrated substance misuse record on SystmOne to provide a unified view of the patient and enable all practitioners easily to share information on risk and progress. (To the director)	Agreed	All clinical staff at HMP Thameside use System One as the integrated patient record. Turning Point staff provide risk assessments, which are then scanned and uploaded onto System One, which will allow all healthcare clinicians to see risks regarding individuals. These risk assessments are carried out by Turning Point only for individuals on their caseload.	Oxleas NHS Foundation Trust.	August 2022
7.20	Recommendation 4.105: The dental service should make sure that all incidents are shared with the head of health care, and that parts needed for the dental chair and X-ray machine are bought and installed promptly. (To the director)	Agreed	The dental chair and x-ray machine were repaired in February 2022. All departments have been advised to report faults and concerns to the head of healthcare / healthcare managers promptly. A new dental provider will be taking over provision of services with effect from 1 st April 2022. The new dental provider's contract now identifies the provider as having responsibility for maintenance and service of all equipment. This will ensure seamless call outs for the dental team and their maintenance contractors without delays.	Oxleas NHS Foundation Trust.	Completed. August 2022
7.21	Recommendation 5.31: Leaders should ensure that curriculum pathways are communicated effectively, and that prisoners receive appropriate information, advice and guidance so that they can make	Agreed	A review of the prisoner induction package will take place and the Functional Head for Purposeful Activity in addition will also review the education induction package to ensure prisoners understand what is available to them and how to apply when they first arrive at HMP Thameside. NOVUS the Education provider will conduct induction assessments to identify basic needs. The labour board process will also make informed decisions when scheduling to ensure staff are reviewing prisoner applications to match purposeful activity and education with their interests and needs.	Director and NOVUS Education provider	September 2022

	<p>informed choices about their education, skills and work activities. (To the director)</p>		<p>The labour board process will also adopt a 'sequencing approach' using academic levels and information from IAG partners to schedule prisoners into appropriate employment or refer to education.</p> <p>The education department will also complete a yearly needs analysis to inform their planning of curriculum to run alongside the important Maths and English courses. Serco and NOVUS will utilise the CMS in cell technology to advertise available courses and activities.</p> <p>The monthly Pathways and Reducing Reoffending Meetings, chaired by the Assistant Director Reducing Reoffending, will support effective communication and sharing of information between partners and agencies and provide oversight and guidance on availability of courses and other activities offered to prisoners to support their educational, skills and employment goals.</p>		
7.22	<p>Recommendation 5.32: Leaders and managers should ensure that prisoners who are allocated to activities attend them. (To the director)</p>	Agreed	<p>Residential staff will ensure they consistently challenge non-attendance using the incentive scheme and if appropriate, Custodial Operational Managers (COM's) will hold Incentive level reviews.</p> <p>Non-attendance will be shared with key workers to support their sessions with their allocated prisoners. Managers will use the lockdown training sessions to refresh staff on the Incentives scheme and its importance in conjunction with activities attendance. Reasons for non-attendance to education will be explored with prisoners by the movement officer on the wing and if the refusal is deemed unacceptable, the prisoner will be issued with an incentives warning.</p> <p>HMP Thameside have also introduced a regime monitoring movement sheet that identifies the prisoners who failed to attend activities, their reason why and if any action was taken e.g., Incentives Warning. Non-attendance information is tracked, and the figures are reported to the Director and Senior Management Team every Friday morning and monthly in the full Senior Management Team meeting. And discussed with the Director</p>	Director.	September 2022

Recommendations	
Agreed	21.5
Partly Agreed	0
Not Agreed	0.5
Total	22