Guide for writing inspection reports

March 2018

Printed and published by:
Her Majesty's Inspectorate of Prisons
Clive House
5th floor
70 Petty France
London SW1H 9EX
England

Contents

1. Writing inspection reports 4

2. The editorial process 8

3. The format of inspection reports 11

4. Appendices 17

Appendix I: Flowchart of the report production process (18 weeks) 17

Appendix II: Suggested words and recommendations count 20

Appendix III: Editorial guidelines 21

1. Writing inspection reports

1.1 It is important that all reports produced by HM Inspectorate of Prisons are consistent in style and format. The following guidelines should ensure that every inspector is working to the same template and that the process of preparing each report for publication is as short as possible. Inspectors should be aware that the publication process is guided by protocols with inspected bodies. Timings must therefore be adhered to as closely as possible.

Initial contributions

1.2 Each inspector, including specialist inspectors such as those from Ofsted, has three working days following the completion of the inspection to write up their contributions in full, including any recommendations and good practice.[1] There is no need to format your contributions.

1.3 To keep reports clear and concise, we have produced a suggested word count and number of recommendations for each section, with the number of recommendations related to the healthy establishment assessment for each area (see Appendix II). These suggestions are intended as a guide and will be kept under review.

1.4 When writing up contributions, please avoid jargon, cliché and shorthand terms and be as clear as possible, citing evidence sources for your assertions (for example, survey data, observations, feedback from groups). Please remember to read through your contributions before passing them on to correct any errors. (An editorial guidelines document, including house style, a jargon-busting guide and a glossary of Inspectorate-specific terminology, is included at Appendix III).

1.5 Please ensure you use survey data as they are presented, and that you do not invert the statistics, as this could present a misleading view of the prison. For example:

- If a survey question asks 'Is your sentence less than 12 months?', and 18% of prisoners in our survey said yes, you should not write that 82% were serving sentences of longer than 12 months, as some may not yet be sentenced.
- If the question is 'Did you feel safe on your first night here?' and 70% said yes, you should not state that 30% felt unsafe, as some prisoners might reply that they don't remember.
- If the question is 'Is the food in this prison good/very good?' and 43% said it was, it would be incorrect to state that 57% thought the food was bad. While some prisoners may think the food is bad/very bad, others will have said it was neither good nor bad. By misusing the survey data from this question, you could infer there was a real problem with food at the prison, when in fact more prisoners said the food was good than bad.

1.6 When you have written your contributions, you should then submit them to the coordinating inspector.

1.7 **All contributors should be aware that the team leader may ask them to provide evidence for their report conclusions some 10–12 working weeks after the inspection in order to respond to factual inaccuracies highlighted by HM Prison Service, HM Prisons and Probation Service (HMPPS), the Home Office, police forces, etc.**

---

[1] At this point it is helpful for the team leader to share the main summary, which they should write, with the inspectors, to ensure there is consistency between the summary and the main body of the report.

The coordinating inspector's role

1.8 Coordinating inspectors have one working day following the write-up stage to put the first draft of the report together. The coordinating inspector should:

- ensure that all contributions are combined into one document in the right order, including contributions from specialist inspectors[2]
- check that all sections contain findings, and that any recommendations/good practice points are clearly identified and allocated (to governor, HMPPS, etc)
- read through the sections to ensure there are no obvious mistakes, inconsistencies, repetition or missing information (including recommendations), and that the main summary does not contradict or omit anything of significance in the sections
- supply a full list of inspectors, researchers and specialist inspectors; the subject allocations; the completed fact page (including text for the 'Notable features' box); population statistics; and the inspection dates
- supply a list of the previous recommendations and the progress against them (achieved, partially achieved, not achieved or no longer relevant)
- identify any repeated recommendations in this list **and** in the main body of the report, with text in the main report that justifies their inclusion.

1.9 The coordinating inspector does not need to edit colleagues' contributions, but they should check the material before passing it on. Coordinators should not rewrite contributions from specialist colleagues, such as health inspectors, without checking with them first.

1.10 The coordinating inspector should then pass the contributions and additional information to the report editor. For prison an immigration reports they should also include the Research, Development and Thematics team in the email (HMIPrisonsResearch@Justice.gov.uk) so that they can compile information for the summary section on the progress of recommendations (paragraphs S1 to S3 in the report).

1.11 It is helpful if the coordinating inspector can supply the feedback note from the formal Friday debrief (or a list of any notable findings from the inspection) to the editor; this can be supplied either before or at the same time as the material for the report.

1.12 Inspectorate reports are edited by four freelance editors managed by an in-house publications manager. Teams A, N, O and Y are currently allocated a dedicated freelance editor who, as far as possible, will be responsible for editing all of that team's reports. I and P teams will be told which editor is allocated to their individual reports. If coordinating inspectors do not know who the allocated editor is for their inspection report, please contact the publications manager or assistant for direction.

1.13 The publications manager and publications assistant should be copied into all correspondence with editors for tracking purposes.

1.14 The editor has a four-day period to put together a first draft. As part of the editing process they will undertake a thorough search for contradictions and inconsistencies within and between the sections and the main summary. Any queries will be highlighted in light blue in the text and the first draft sent back to the coordinating inspector.

1.15 The coordinating inspector should:

---

[2] Coordinating inspectors can use report templates, available from the publications manager, to help them to organise the text, but they do not need to spend time formatting it; this will be completed by the editor.

- view queries from the editors constructively and answer them as far as they are able, following liaison with relevant colleagues where necessary
- indicate any queries that should be directed to the team leader
- highlight any inclusions/amendments they have made in the report
- send the amendments back to the editor.

1.16 **When amending the report, do NOT use track changes or the comments function. Use red highlights to indicate any deletions (with the word 'delete' afterwards) and green highlights to show additions or further amendments.**

1.17 The editor will then incorporate the changes and send the second draft to the team leader.

The team leader's role

1.18 The team leader is responsible for agreeing a final draft of the report to be passed to the Chief or Deputy Chief Inspector, which they believe meets the Inspectorate's required standards of accuracy, clarity and independent judgement.

1.19 The team leader should read through the whole report and check it against the summary (which they should have supplied to the coordinating inspector at the same time as the rest of the team's contributions), answer any remaining queries not dealt with by the coordinating inspector, and make any final amendments/suggestions for improvement before sending it back to the editor. The team leader should view queries from the editor constructively, and if they are unhappy with any section of the report they should provide clear revisions and amendments to the editor, using the colours specified in paragraph 1.16, so that these can be incorporated into the final draft. They should also advise the publications manager if any concerns about the quality of writing have been flagged up by the editor, so that the publications team can provide inspectors with appropriate support and/or training.

1.20 Once the report is returned, the editor will make the amendments, check the formatting, ensure all the recommendations are listed in the final chapter and cross-referenced to any repeats of previous recommendations, where appropriate, and submit it to the publications manager and assistant. The editor will copy all emails sent and received on the progress of the report to the publications manager and assistant to enable the centralised tracking sheet to be updated.

1.21 The publications manager or assistant will place the final report on the shared drive, together with the allocations list, survey data and any further research evidence, and let the Chief or Deputy Chief Inspector know the report is ready for them to read. From that point, the Chief/Deputy Chief Inspector will liaise with the team leader over the content of the report, copying the publications manager and assistant into emails for tracking purposes. At the end of that process, the Chief/Deputy Chief Inspector sends a final version with any corrections/amendments to the publications manager and assistant, who will then input the final corrections into a report that is sent out for fact checking (see Appendix I for the report production process).

Peer reviews

1.22 Some reports (usually police, court, short-term holding facility and escort reports) are read by another team leader, acting as a peer reviewer, rather than the Chief or Deputy Chief Inspector. The peer reviewer will be allocated by the Chief/Deputy Chief Inspector's office (based on their availability) and will be given the same timescales as the Chief/Deputy Chief

to comment on the report. They will be expected to read the report and raise constructive queries in the same way as the Chief/Deputy Chief Inspector, and agree a final version with the team leader. The peer reviewer will then need to mark up the amendments clearly and send them to the publications manager and assistant. Team leaders should accept the peer review process as a constructive opportunity to improve the report, and respond appropriately.

Factual accuracy checks

1.23 Once reports have been through every internal stage of the production process, the inspected establishment and other relevant parties (such as HM Prison Service, HMPPS, the Home Office, the Independent Monitoring Board, police forces, the Youth Justice Board, and partner inspectorates) have the opportunity to read the report and highlight any factual errors before it is published. Their responses will be sent within three weeks to the Chief/Deputy Chief Inspector's personal secretary, and forwarded to the relevant team leader who, after any necessary discussion with the relevant inspector, will supply the wording to use in response to the query and the precise wording of any amendment. The Chief/Deputy Chief Inspector will approve the response after discussion with the team leader if necessary. Final amendments will then be made and the Chief/Deputy Chief Inspector will sign off the report before it goes to print.

2. The editorial process

Task	Who?	When? (Time allocated?)
If necessary, check with the publications manager who the allocated editor will be for this report.	Coordinating inspector	First working day following inspection
Write report contributions and submit to team coordinator.	Inspectors	4 working days following inspection (3 days)
Ensure consistency across contributions, read through and challenge any obvious omissions or repetitions, and submit full report to allocated editor.	Coordinating inspector	5 working days following inspection (1 day)
Carry out first edit of report and send back to team coordinator.	Editor	9 working days following inspection (4 days)
Answer queries and incorporate necessary changes and send back to allocated editor.	Coordinating inspector	14 working days following inspection (5 days)
Check changes and forward second report draft to team leader for checking.	Editor	15 working days following inspection (1 day)
Read through the report with final amendments, sign off and forward to allocated editor.	Team leader	19 working days following inspection (4 days)
Finalise draft report and forward to publications team.	Editor	20 working days following inspection (1 day)
Update tracking sheet, place draft with cover note on shared drive and alert HMCIP/DCIP and their secretaries.	Publications team	21 working days following inspection (1 day)
Read report and produce introduction and queries for team leader.	HMCIP/DCIP (Team leader should produce introduction for peer reviewed reports)	22 working days following inspection (5 days)
Read and respond to queries and supply appropriate amendments.	Team leader	27 working days following inspection (31 working days P team) (5 days) (9 days P team)
Agree amendments and send them to publications team.	HMCIP/DCIP	32 working days following inspection (36 working days P team) (2 days)
Make amendments and prepare report for factual accuracy check.	Publications team	38 working days following inspection (42 working days P team) (6 days)
Send report to HMPPS/Home Office/IMB/police force for factual accuracy check Send to Ofsted and health care (and pharmacy where applicable)	Publications team (HMCIP/DCIP signs submission letter)	39 working days following inspection (43 working days P team) (15 days)

to check their contribution.		
When factual inaccuracies are returned, forward them to team leader. Team leader provides evidence to respond to factual inaccuracies and submits to HMCIP secretary.	HMCIP secretary Team leader (HMCIP/DCIP agrees or discusses further)	55 working days following inspection (59 working days P team) (15 days)
Make final changes to report.	Publications team	72 working days following inspection (76 working days P team) (4 days)
Sign off report.	HMCIP	75 working days following inspection (79 working days P team) (3 days)
Send report to print.	Publications team	83 working days following inspection (87 working days P team) (8 days)
Report published.	Publications team	17–18 weeks following inspection

Photography

2.1 Many inspection reports now include an appendix of photographs to illustrate conditions that cannot be adequately described or to emphasise or provide evidence for a finding. Photographs to be used for publication should be selected with discretion, should not be extensive in number (ideally a maximum of six) as they add to the size of Word documents, prohibiting emailing them in some cases. They should always be referred to in the text.

2.2 Pictures should not normally be taken of identifiable individuals, whether staff or prisoners/detainees. If, in exceptional circumstances, we consider it necessary to publish such pictures, formal written consent must be obtained.

2.3 If the team chooses to include photographs to illustrate inspection findings, these should be submitted to the report editor through the coordinating inspector, and copied to the publications team. The coordinating inspector should provide brief captions for the photographs (which should be included in the file name), and should ensure that they are referred to in the main report and cross-referenced to the photograph's file name to enable identification in the relevant appendix.

2.4 Please note that although such photographs are the copyright of the Inspectorate (as taken by individual inspectors in the course of their Inspectorate duties), they will not normally be supplied to third parties for their use.

2.5 The following protocols have been agreed with HMPPS:

- Accuracy – Any photographs taken should be a true representation of the situation they are meant to highlight and not be inadvertently misleading.
- Identity – Photographs will not be taken that might identify any individual prisoners or members of staff, without obtaining prior written consent from the individual concerned.
- Decency – Photographs will not be taken of anyone (staff or prisoner) in a vulnerable state where the individual may not be fully able to give their consent to being photographed.

- No photographs should be published of notorious offenders and no pictures that might cause undue upset to any victims should be published.
- Security – Photographs are not published showing keys, details of locking arrangements or any other establishment security measure that would not be obvious to prisoners.
- Photographs that are not published are destroyed or stored securely and should not be released under any Freedom of Information requests, using the appropriate Freedom of Information Act exemptions.
- Equipment taken into prisons must be kept to the minimum necessary and logged with the prison on entry and accounted for on departure. There must be a local agreement with the prison as to how equipment will be safeguarded and where it will be stored when not in use. The Inspectorate remains responsible for the safekeeping of equipment and any losses must be reported immediately to the prison as a security incident.
- Governors will be asked to comment on the suitability of pictures before they appear in the published report. HMPPS will convey any objections to individual pictures being published as part of the factual accuracy checking process.

Tracking and timing

2.6 All prison inspection reports should be finalised within 18 weeks of the end of the inspection according to the protocol agreed with ministers (see Appendix I), and published shortly thereafter. This is a tight schedule for all involved. In order to meet this target, reports need to be tracked at each stage. Information should also be provided about the reason for any delays. Analysis of the number of reports we have managed to publish within the protocol is submitted to Management Board.

2.7 Each stage of the report's progress is monitored and recorded on a tracking sheet for the business year, which is on the shared drive. The tracking sheet also records the number of days the report is early or late and number of days taken for each stage. Some reports are relatively trouble-free; others require more iteration between the coordinating inspector/team leader and editor, or the Chief/Deputy Chief Inspector and team leader. If we can keep track of the progress of all reports, there may be a degree of manoeuvrability to adapt the schedule to fit in with inspectors' commitments and those of the Chief/Deputy Chief Inspectors.

3. The format of inspection reports

General format

3.1 When writing contributions to a report, or compiling a report in your role as coordinating inspector, there is no need to add any formatting, line spacing, heading/sub-heading styles, bold, italics and so on to the original document, as all such formatting will disappear when the editor pastes the text into the template. Each report should be submitted in a simple Word file. You do not need to number paragraphs, as automatic numbering will be added to the first draft. Please use single rather than double spaces between sentences and single line paragraph spacing. If preferred, you can use a report template to submit your contributions, but don't worry if the formatting becomes distorted as the editor will correct this or will import all contributions into a fresh template. (Templates for all reports can be found on the G drive at: HMI_Prisons/003-Prison inspections/ 001-Inspection methodology/004-Report templates).

3.2 All contributions should be written in the past tense.

Expectations

3.3 Each section of the report should reflect whether the establishment is meeting the specific outcomes for prisoners/detainees as outlined in *Expectations*. Using *Expectations* to guide you as you write your contribution will ensure that it is as focused as possible. Each of the subject headings in the *Expectations* contents list should have its own recommendations and good practice points as appropriate. The publications team or editors will be happy to advise on structure.

Fact page

3.4 The fact page should be compiled by the coordinating inspector, using information obtained from the prison before and during the inspection. The coordinating inspector should also complete the 'Notable features' box, with input from the inspection team if required. Notable features will vary between establishment and will be anything of distinction about the prison which may mark it out from similar establishments, or provide context for the information contained in the report.

The summary

3.5 The first paragraphs of the summary in prison and immigration reports (S1 to S3) will be written by the Research, Development and Thematics team. Coordinating inspectors should send the unedited report (including the progress on recommendations for Appendix II, see paragraph 3.19) to the Research, Development and Thematics team (HMIPrisonsResearch@Justice.gov.uk) when they send it to the report editor. The Research team will then forward the text to the editor for inclusion in the first draft of the report.

3.6 It is the responsibility of the team leader to write the rest of the main summary (previously the healthy prison/establishment summary) outlining the main findings in the report under the four healthy establishment areas (see the table below for the healthy prison areas and the relevant *Expectations* for a list of subjects that are included under each area).

Subject areas encompassed within the four healthy prison areas

Healthy prison area	Subject area
Safety	Early days in custody Managing behaviour • Encouraging positive behaviour • Adjudications • Use of force • Segregation Security Safeguarding • Suicide and self-harm prevention • Protection of adults at risk Leadership and management of safety
Respect	Staff-prisoner relationships Daily life • Living conditions • Residential services • Prisoner consultation, applications and redress Equality diversity and faith • Strategic management • Protected characteristics • Faith and religion Health, well-being and social care • Strategy, clinical governance and partnerships • Promoting health and well-being • Primary care and inpatient services • Social care • Mental health • Substance use treatment • Medicines optimisation and pharmacy services • Dental services and oral health Leadership and management of respect
Purposeful activity	Time out of cell Education, skills and work activities (Ofsted)* • Leadership and management of education, skills and work activities • Quality of teaching, learning and assessment • Personal development and behaviour • Outcomes and achievements for prisoners Leadership and management of purposeful activity
Rehabilitation and release planning	Children and families and contact with the outside world Reducing risk, rehabilitation and progression Interventions Specialist units • Offender personality disorder units, including psychologically informed planned environments • Therapeutic communities Release planning Leadership and management of rehabilitation and release planning

* Inspections in Wales, carried out with Estyn, have different subject areas within this section.

3.7 As a guide, the summary should be in the region of 3,000 to 3,500 words.

3.8 Each section in the summary should open with a two-paragraph summary. The first paragraph should provide a brief overview of the text that follows and conclude with the healthy establishment assessment for that area. The second paragraph should indicate the assessment for that area made at the previous inspection, with a report of the progress made against the previous recommendations and a tally of the numbers achieved, not achieved, partially achieved or no longer relevant.

3.9 The summary should reflect findings and should not be used to make recommendations, and it should not contain information that is not otherwise in the main body of the report. It should, however, contain clear judgements about individual expectations, and descriptive adjectives should be used consistently throughout and across reports, as follows.

- The words 'good', 'reasonable', insufficient' or 'poor' should carry the same sense as the healthy prison assessment grade descriptors, whenever they are used.
- The number of deaths in custody or self-harm incidents (or other similar incidents) should never be described as 'reasonable'.
- When we use words like 'high' or low' we should be clear what we are comparing them with. Although the level may be the same as elsewhere, it could still be too high.
- If we say something is 'unacceptable' we should mean it has to stop, and we should include an appropriate recommendation.

Main recommendations

3.10 Main recommendations appear at the end of the summary and are compiled by the team leader. These recommendations are the key areas of change required for the establishment to improve its performance towards a healthy establishment, and should refer to points covered in the summary.

3.11 The team leader should consider the main areas of concern uncovered during the inspection and write a brief description (usually no more than a few sentences) of each concern, followed by each main recommendation. The 'concern' should make clear what needs to be fixed and when the recommendation is reviewed at following inspections, the focus should be on whether the concern has been resolved rather than just whether the action specified in the recommendation has been taken. Main recommendations usually follow single-issue concerns of high importance, strategic issues, or cross-cutting 'linked' concerns, such as poor record keeping in a number of areas.

3.12 Team leaders should aim to include no more than five main recommendations.

Recommendations

3.13 All recommendations are listed at the end of the relevant section of the report; they should not appear within the main text. The definition of a recommendation is that it is:

- something fundamental to the healthy establishment tests (and including anything that is important enough to be included in the report summary), or
- something that will require significant changes in culture or procedures, or new or redirected resources, and will therefore not be achievable immediately by the senior management team, or
- something of sufficient importance for us to seek evidence of implementation on a return visit.

3.14 Recommendations should all be outcome-focused, but some will be more prescriptive than others. For example, where our desired outcome is clear and there is only one way of achieving it, we should state what needs to be done to achieve it. If there is more than one way to achieve the desired outcome, just the outcome should be stated, so the establishment can decide how best to tackle the issue.

3.15 It is, however, important that each recommendation is in some way measurable to establish whether or not it has been achieved at the following inspection. Avoid recommendations that invite an establishment to 'review' or 'consider' something. So, for example:

Named officers should contribute actively to sentence planning reviews.
This is easily measurable as they either are or are not.

The catering department should consider whether menus meet foreign national detainees' needs.
This is not measurable because it would be impossible to measure whether a thought process had taken place and, even so, it may still not result in the desired outcome.

Progress on previous recommendations

3.16 Inspections follow up the recommendations of the previous inspection to see if they have been achieved. Inspectors should note whether each original recommendation is:

- achieved
- not achieved
- partially achieved
- no longer relevant (because the context of the original recommendation has changed).

3.17 If an original recommendation, including a main recommendation, has not been achieved or, in some cases, has been only partially achieved, it can be repeated, as long as it is still relevant and important. In some cases, it might be suitable to link together two previous recommendations covering the same area and repeat them as one recommendation. If the desired outcome is relevant, but could be better described, you should include a new recommendation rather than repeat the previous recommendation.

3.18 If a recommendation is to be repeated, the justification for this should be given in the appropriate section of the report. The repeated recommendation should then be listed under the 'recommendations' heading, with a reference to its previous report recommendation number at the end, using the format: (Repeated recommendation 0.00). Inspectors should not feel obliged to repeat recommendations if they no longer consider them necessary.

3.19 The coordinating inspector should produce a list of all previous recommendations, under the healthy establishment section they appeared in, and insert the healthy establishment summary box from the previous inspection at the top of each section. East section should list the main recommendations followed by normal recommendations, indicating the relevant paragraph number in the previous report (that is, from the body of the report), and whether each has been achieved, not achieved, partially achieved or is no longer relevant, and which previous recommendations are to be repeated.

3.20 The report editor will then compile the information into 'Appendix II: Progress on recommendations from the last report'.

Ascription of recommendations

3.21 Recommendations should be ascribed to the relevant recipient where possible. If the recommendation concerns a local issue over which the governor has influence it should be ascribed to the governor/director of the establishment. If the recommendation concerns national issues, including some contracts, it should be directed to HMPPS. We cannot make recommendations to organisations outside our remit, although we can call on establishments to enter into discussions with third parties to effect changes. The following should be used as a guide.

- Ministry of Justice – only if a recommendation involves a national issue requiring a political decision, such as legislative change or bid to the Treasury for large-scale national resources.
- HMPPS – only if the recommendation is about a national HMPPS policy issue (e.g. indeterminate sentences/lifer policy and management) or an HMPPS nationally managed service (e.g. escorts).
- Deputy Director of Custody – if the recommendation is about regional issues, such as local delivery partnerships or operational pressures; or about the high security estate, close supervision centre system or managing challenging behaviour strategy.
- Governor/director – if the recommendation relates to delivery of services to prisoners. This will be the focus of most recommendations.

3.22 Any recommendations without a clear ascription will automatically be listed for the governor/director's attention.

3.23 Recommendations made in reports on children and young people establishments on matters of national policy should be ascribed to the Youth Custody Service (where there are significant funding implications, the recommendation will also usually be made to the Youth Justice Board).

3.24 Recommendations made in immigration removal centre reports on matters of national policy or funding should be ascribed to the Home Office or relevant ministers (more usually the minister in relation to funding issues). Recommendations about inconsistencies or variations within the immigration removal estate should be directed to the Home Office. All other matters should be listed for the centre manager's attention.

3.25 Recommendations made in police custody suite reports should be ascribed to the relevant police force or Police and Crime Commissioner (outside the Metropolitan Police area) or to the Metropolitan Police service or relevant borough operational command unit within the Metropolitan Police area and to the Mayor's office.

Examples of good practice

3.26 Examples of good practice are listed at the end of the relevant section following any recommendations.

3.27 Good practice is defined as:

- an example of impressive practice found during an inspection that not only meets or exceeds our expectations but could also assist other establishments of the same type to achieve positive outcomes.

Appendices

3.28 The survey analyses, as well as being referred to in the text, will be included as appendices.

4. Appendices

Appendix I: Flowchart of the report production process (18 weeks)

WEEK 1

5 days

Inspection carried out by inspection team.

⇓

WEEKS 2 to 3

3 days

Team members write contributions and send to coordinating inspector.

1 day

Coordinating inspector checks contributions, collates them into a draft report and sends to editor.

4 days

Editor produces a first draft, identifies any queries and sends to coordinating inspector.

⇓

WEEKS 3 to 4

5 days

Coordinating inspector deals with any queries and returns corrected draft to editor.

1 day

Editor produces the second draft and sends it to the team leader.

⇓

WEEKS 4 to 5

4 days

Team leader checks draft, marks up final changes and sends to editor.

1 day

Editor produces the third draft and sends it to the to publications team, who add it to the shared drive for Chief and Deputy Chief Inspector.

⇓

WEEK 5

5 days
Chief Inspector/Deputy Chief Inspector reads final draft and sends queries to team leader.
P team reports have 4 additional days to consult with HMIC.

⇓

WEEK 6

5 days
Team leader answers queries (with evidence from inspectors) and suggests amendments.

⇓

WEEKS 7 to 8

2 days
Chief Inspector/Deputy Chief Inspector pass agreed amendments to publications team.

5 days
Publications team makes corrections so report can go for factual accuracy checks.

1 day
Publications team prepares submission for factual accuracy checks. HMCIP secretary and publications team send report in hard copy and electronic copy with date for response.

⇓

WEEKS 8 to 11

15 days
Relevant organisations carry out factual accuracy checks.

⇓

WEEKS 11-14

15 days
Chief Inspector/Deputy Chief Inspector receive factual accuracy amendments; discuss with team leader; agree amendments with relevant organisations.

⇓

WEEKS 14 to 15

4 days
Secretary/publications team make factual accuracy amendments on hard copy and electronic copy, respectively.

3 days
Publications team pass report to Chief Inspector to sign off and Chief Communications Officer for read through.

⇓

WEEKS 16 to 17

8 days
Print, press and website preparation work.

⇓

WEEKS 17 to 18

3 days
Publication on website; press notice sent out and uploaded on website on day of publication.

Appendix II: Suggested words and recommendations count

Expectations sections	Word count guideline*
Section 1: Safety	
Early days in custody	650
Managing behaviour	1,150
Security	500
Safeguarding	500
Total for safety	**2,800**
Section 2: Respect	
Staff-prisoner relationships	250
Daily life	1,100
Equality, diversity and faith	1,250
Health, wellbeing and social care	2,050
Total for respect	**4,650**
Section 3: Purposeful activity	
Time out of cell	600
Education, skills and work activities	1,450
Total for purposeful activity	**2,050**
Section 4: Rehabilitation and release planning	
Children and families and contact with the outside world	350
Reducing risk, rehabilitation and progression	1,450
Interventions	400
Specialist units	(as required)
Release planning	300
Total for rehabilitation and release planning	**2,500**
GRAND TOTAL	**12,000**

* These word counts are for guidance only. Some sections will require more or fewer words.

Recommendations	Recommendations guideline*
Outcomes are good	Up to 5 per HPA
Outcomes are reasonably good	Up to 10 per HPA
Outcomes are not sufficiently good	Up to 15 per HPA
Outcomes are poor	Up to 20 per HPA

* The suggested number of recommendations is for guidance only. Some sections will require more or fewer recommendations. Where establishments have been assessed as being particularly poor, a decision may be taken to include far fewer, but higher level, recommendations.

Appendix III: Editorial guidelines

House style guide

One of the most important aspects of creating a consistent look and feel to all the Inspectorate's publications is to ensure that they all follow the same style rules. The following guidelines relate specifically to inspection reports and detail the agreed style.

Please note that Inspectorate editors use the Concise Oxford English Dictionary (OED) 11th Edition (revised) 2009 as the agreed dictionary for reference, and you should consult this in case of query on the spelling and meaning of specific words. For grammatical and other style rules, we follow the publishing 'trade' text New Hart's Rules (Oxford University Press, 2005).

In common with many other organisations, the Inspectorate follows the style conventions of newspaper/magazine publishing, rather than book publishing (which means keeping capital letters to a minimum, using numerals for figures of 10 and above, etc). The Guardian provides a useful, and free, style guide - http://www.guardian.co.uk/styleguide - which can be consulted for further style tips.

Abbreviations and acronyms

Where possible, avoid abbreviations, except where they have come into common use, such as 'pm', 'am'. For other common abbreviations, reword the sentence:

e.g. 'such as', 'for example'
i.e. 'that is', 'in other words'
etc. 'and so on', 'including'

Do not use full points (full stops) for contractions (Dr, Mr, Mrs).

Acronyms fall into two main categories:

a) those that have come into common use and do not need to be spelled out, for example BBC, CNN, AIDS, HIV, GP, NHS and LGBT (LGBT is now in common use and does not need to be spelled out; we will continue to use this term to incorporate 'I', 'Q' and other identities)
b) those that should always be spelled out when they are first used.

An acronym should first appear in brackets after the full name of the body/process to which it refers. After that, it can be used on its own. For example:

> *Around 800 security information reports (SIRs) had been submitted in the previous year, but the prison was investigating why the number of SIRs had fallen in the last quarter.*

Remember, though, that the acronym need only be included in brackets if you are going to use it again soon afterwards. If not, there is no need to include it.

Equally important is to ensure that the correct full version of an acronym is used. If you are not sure, please check against our full glossary.

There are some acronyms that we never use:

- BME – always black and minority ethnic
- FNs – always foreign nationals

- VPs – always vulnerable prisoners
- CDs – always controlled drugs
- POs – which could be personal officers or prison officers

Please note that when more than one body or institution is abbreviated, the plural should include a lower case 's' – for example 'IRCs' should be used when referring to more than one immigration removal centre or centres in general.

Ampersands (&)

These should be avoided in normal text unless they are part of a formal name, such as Cable & Wireless.

Apostrophes

It's means 'it is', it does not indicate possession. So 'The prison was refurbishing it's reception area' should be 'The prison was refurbishing its reception area'.

Apostrophes are not used simply to separate capital and lower case letters. So 'The ACCT's we saw…' should be 'The ACCTs we saw…' and 'CSRA's were always completed' should be 'CSRAs were always completed'.

Capitalisation

Avoid the overuse of capitals – they distract the reader's eye, can be the visual equivalent of 'shouting' and are mostly unnecessary. The basic rules to follow are:

Use a capital for:

- specific days, such as New Year's Day, Christmas Day and days of the week
- festivals, such as Easter
- names, such as of people, places, companies and organisations
- titles of books, publications, newspapers, films and so on

Don't use a capital for:

- jobs or roles, such as personal officer, governor, anti-bullying coordinator (but note, we do use caps for Listener and Insider)
- 'sentence planning unit', 'self-harm and suicide prevention committee' and so on
- seasons, such as spring, summer
- compass points, such as east, north west (unless in a specific title, such as 'the Far East')
- areas of a prison, such as 'wing' or 'unit'

Titles of courses/programmes

Check with provider as these vary, for example: Challenge it, change it; Fathers Inside; Storybook Dads; Time for change.

Many people believe that a capital letter denotes importance, which can lead to sentences such as:

> *The Anti-Bullying Coordinator was well supported by the Anti-Bullying Committee, liaised well with the Suicide and Self-Harm [note – always add 'prevention'] Committee and held regular meetings with Personal Officers.*

The only capital needed here is the one at the beginning of the sentence. If in doubt, don't use a capital.

Children and young adults

We refer to those under the ages of 18 and 21 as follows:

Children – all those under 18 years old
Boys – all male children under 18 years old
Girls – all female children under 18 years old
Young adults – all young adults aged 18–21 or held in young adult establishments
Young men – young adult men aged 18–21
Young women – young adult women aged 18–21
Young people – children and young adults

We no longer refer to 'juveniles' to apply to children or young people.

Colons and semi-colons

Colons

Use colons between introduction and main theme, cause and effect, premise and conclusion. 'The reception was the best we had ever seen: it was large, clean and bright.'

Use them to introduce lists or examples. 'There were several nurse-led clinics: immunisation, HIV, asthma and diabetes.'

Semicolons

Semicolons are used to separate two or more parts of a sentence that are more or less equal in importance, are balanced, or are similar in grammatical construction: 'Some prisoners went out to work; others remained in workshops.'

They are used to break up complex lists where commas are also used, for example: 'Several people were involved in safety: the governor, who chaired committee meetings; the residential principal officer, who had just taken up post; and the anti-bullying coordinator, who was about to leave.'

Avoid semicolons in long complex sentences – create separate sentences where possible, as these are easier to follow.

Commas

Commas should never be used to join two main clauses. Instead use a conjunction, a semicolon or full point. So 'The prisoner was agitated, no one seemed to notice' needs the comma replaced with a semicolon, 'but' or a full point.

There must be a comma before and after a parenthetical clause. So 'When prisoners arrived**,** with or without their property**,** they were searched quickly'.

Dates

Dates should be written as follows: Monday 30 April 2013.

Styles to avoid are:
- digital: 30.04.13
- any definition of numbers: 30th, 1st, 22nd and so on (except for centuries, e.g. '21st century')
- any abbreviations: '17

When referring to a decade, always use numbers rather than words (and avoid the common mistake of adding an apostrophe). For example:
- 1980s rather than 'the eighties' or 'the 1980's'
- 1920s rather than 'the twenties' or 'the 1920's'

Definitions

Some acronyms and terminology have agreed definitions which should be included when they are used in inspections reports.

Forms

As with acronyms, references to specific forms, such as the ACCT, should always be explained in the first instance.

Hyphens

Many problems arise over inconsistent hyphenation of compound words. There are two basic points: compound words used as adjectives are hyphenated, but not if used as nouns. Thus: middle-class values, the middle classes. Hyphens should always be used when the meaning would otherwise be ambiguous: four-year-old children or four year-old children. The following are some examples of hyphen and non-hyphen use. If in doubt about whether or not to use a hyphen, consult the *OED*.

Hyphens
Anti-bullying
Anti-ligature knife (not 'ligature' knife)
De-escalation
Follow-up inspection
Lock-up
Looked-after children/care
Multi-agency
Multi-faith
One-to-one
Pre-release
Self-harm
Self-
Strip-searching
Well-being

No hyphens
Antisocial
Bimonthly/biweekly/bisexual (but note that bimonthly can mean *both* every two months *and* twice monthly)
Care map
Care plan(ning)
Caseload
Casework

Coordinator
Decision making
High/low risk
Inpatient
Multidisciplinary
No one
Ongoing
Online
Outpatient
Over/under (check *OED* for use)
Psychosocial
Record keeping
Reintegration
Reoffending
Risk of serious harm assessments
Video link

Jargon/language

Take out jargon and cliché where at all possible. Always read from the viewpoint of someone completely new to prison/detention life, culture and phraseology. Would they know the meaning of every acronym and understand everything referred to? If not, change it.

See the HMI Prisons jargon-buster below for a guide to the clichés and jargon to avoid, and suggested alternative words and terms.

Money

When referring to currency, keep it simple:
- £3 (not £3.00)

Numbers

Numbers one to nine are always written out as words; numbers 10 onwards as figures, except when:
- followed by a decimal point (1.5)
- referring to page numbers or report sections (page 1, section 3)
- referring to money (£3)
- used in charts, graphs or tables
- used with the % symbol
- applied to education/qualification levels (NVQ level 2).

Do not start a sentence with a figure. This may involve turning the sentence around, for example. '77% of prisoners in our survey said they knew who their personal officer was' becomes 'In our survey, 77% of prisoners…etc'. If you must start with a figure, spell it out. If starting a sentence with a percentage figure, spell out 'per cent'.

When referring to large numbers, use a comma to indicate the thousands:
- 3,000 (not 3000)
- 455,000 (not 455000)
- 4.5 million (not 4,500,000)
- Four million (not 4,000,000)

Dates
See page 23.

Fractions
In normal text, fractions should be written out in words. For example:
- one-third
- three-quarters

Percentages
The Inspectorate uses the % symbol rather than writing it out in full *unless* it appears at the beginning of a sentence. Again, try not to start a sentence with a percentage. Turn it round, for example: 'Thirty-five per cent of prisoners said they felt safe' becomes 'When asked, 35% of prisoners felt safe.'

Ensure you use survey data percentages as they are presented – do not invert them. See page 4.

If you need to write it out in full use per cent, not percent.

Time
Use the 12-hour clock rather than the 24-hour clock, with abbreviations for morning and afternoon given without a space, and full stops, not colons, to separate hour and minutes:
- 9am (not 09.00)
- 4.30pm (not 16.30)
- Noon or midday (not 12.00 or 12pm)
- Midnight (not 24.00 or 12am)

Change vague references that will soon become misleading and out of date, such as 'recently' and 'in the last couple of years,' to 'since [year/month]', where possible.

Quotations

Use single quotation marks, with double quotation marks for quotes within quotes. For example: 'I heard my cellmate shout "Help" during the night'.

Full points should be used inside a quote only if the quote itself is a completed sentence. For example:
- The prisoner said that the course was 'really helpful'.
- The prisoner said: 'The course was really helpful.'
- Describing the course, the prisoner used the words 'really helpful'.

Spacing

Use single spacing between words and sentences, not double spacing.

Spelling

Follow the *Oxford English Dictionary* for spellings and hyphenation rules and use:
- '…ise' rather than '…ize'. For example: 'realise'; 'organisation'
- '…ed' rather than '…t'. For example: 'spelled'; 'burned'; 'learned'

Some particular forms

A levels
adviser (not advisor)

cellmate (not cell mate)
could not (not couldn't)

day care (two words)
did not (not didn't)

e-Asset
email – not hyphenated and lower case 'e'

governor in charge (not governing governor)
Gypsy (not gypsy or gipsy)

halal (no cap)
health care (two words)
hepatitis (no cap)

incentives and earned privileges level (not band)
inpatient/outpatient
Insider (cap)

liaison (not liason)
lunchtime (no hyphen)

methadone (no cap)

noticeboard (no hyphen)

ongoing

paracetamol (no cap)
per cent

Qur'an (rather than Koran)

recategorisation (no hyphen)
reintegration (no hyphen)

subcontract (no hyphen)
subgroup (no hyphen)

T-shirt
Traveller (with cap)
underdeveloped (most under/over prefixes run on with no hyphen, except when followed by an 'r'; for example: over/under-represent, under-resourced, under-reported; refer to *OED*)

video conference
video recording
washbasin
website – one word

Tense

The reports should be written in the past tense, not the present tense.

Jargon-buster

This guide has been compiled to help the Inspectorate produce reports that are clear, in plain English and avoid shorthand and jargon. Where possible, define terms on first use as suggested, and use suggested alternatives to jargon and cliché.

ablutions	use only to apply to washing rituals/facilities before worship; use 'washing facilities' for general washrooms etc
access	go to, visit, attend etc
adjacent	next to
afforded	gave, had
alcohol provision	provision to address problem alcohol users
alive to	aware of
ambient meals	microwave meals
amidst	amid
amongst	among
amount	not the same as 'number' but applies to a total or volume
amount of time out of cell	time out of cell
appeared	use only if the subject is definitely not 'was' or 'was not'
around	on, about
ascertain	find out
AstroTurf	artificial grass sports area (or spell as trademark name)
at public expense	free
available	often unnecessary and can be omitted (e.g. 'the learning and skills provision available')
being	usually unnecessary and can be omitted (e.g. 'the targets being set')
benefited	one 't'
bespoke	use individual, personal or tailored
BME	black and minority ethnic (always spell out)
cease	end, stop
chaplaincy team	chaplaincy
Citizen Card	proof of age identity card
concerning	about, on
concur	support, agree, endorse
contracted services	where services are subject to contract and the provider is likely to change, in general, refer to the service provided rather than the provider's name (except in the provision of main health services), e.g. 'professional interpreting and translation services' rather than The Big Word/Language Line
course of action	action
culminate	end
data	always plural
described as	was
despite the fact	although
equality	always singular (not 'equalities')
evidence/d	shown, confirmed, proved, demonstrated
expedite	speed up, conclude, progress
facilitate	help, enable
fairly, quite, somewhat, rather	usually unnecessary adverbs
faith leader	use chaplain
fit for purpose	appropriate, suitable, well-equipped
FNs	foreign nationals (always spell out)
focused	one 's'

furthermore	also
generally, as a whole	apply only as specific qualification and avoid overuse
Gypsy	(not gypsy or gipsy)
Gypsy/Romany/Traveller	use Gypsy, Romany and Traveller communities
had sight of	saw
health care	when used as a subject, clarify whether department or staff etc (e.g. 'health care staff [not just 'health care'] contributed to the induction programme')
health care services	use health services
homely remedies	use over-the-counter medicines
Imam	use Muslim chaplain
impacted on	affected
in excess of	more than
in place	usually unnecessary and can be omitted (e.g. the systems in place to monitor bullying)
in relation/regard to	on, for, about
'in the six months before our inspection'	use 'in the previous six months'
inception	start
inclement	bad weather
indeterminate prisoners	use indeterminate-sentenced prisoners
individualised	personal, one-to-one
insightful	perceptive
interpreting/translation	interpreting (not interpretation) is used for oral and 'translation' for written translation
interrogate (data)	use analyse
issues	problems, difficulties, concerns, conditions (health)
joined-up	use coordinated
lead	(in relation to the person leading) use lead member of staff
legal high	slang term for new psychoactive substances and should be avoided
located	on, in
magistrates' courts	apostrophe after 's'
Methameasure/Methasoft	computerised methadone dispensing (or spell as trademark name)
nevertheless	but
notwithstanding	despite
a number of	some, several
the number of incidents	the incidence
numerous	many
occurrence	event, incident
out-of-scope prisoners	use those not subject to offender management arrangements
overarching	overall (or omit)
patient group directions	authorise appropriate health care professionals to supply and administer prescription-only medicine
per annum	a year
period of time	time (or period)
peruse	look at, examine
place of safety under section 136 of the Mental Health Act 1983	add footnote: Section 136 enables a police officer to remove someone from a public place and take them to a place of safety – for example, a police station. It also states clearly that the purpose of being taken to the place of safety is to enable the person to be examined by a doctor and interviewed by an approved social worker, and for the making of any necessary arrangements for treatment or care.

place of safety for children under section 46 of the Children Act 1989	add footnote: Section 46(1) of the Children Act 1989 empowers a police officer, who has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, to remove the child to suitable accommodation and keep him/her there.
Policing and Crime Act 2017	not Crime and Policing Act
populate (data etc)	complete
Portakabin	use temporary building (or spell as trademark name)
prison health service development plan	use 'prison health commissioning plan'
poster displays	one or the other
prior to	before
promulgate	publicise, advertise
provided with	given
proximity	near to
purchase	buy
refreshed	updated, revised
regular basis	regularly
reported	said
respect	use in relation to human rights or dignity, not to mean deferential
secondary dispensing	not to be used but replaced by description of process used
silo working	use working in isolation
singleton (officer)	sole (officer)
a small number	a few
'special sick'	replace with 'immediate health treatment without an appointment'
strategy/policy	not interchangeable; strategy applies to long-term aims, policy to action towards that strategy
substance use	use substance misuse
suicide and self-harm work	always add 'prevention'
Tannoy	use public address system (or spell as trademark name)
third sector	use voluntary groups/sector or community groups
un-oppressive	non-oppressive
upon	on
urgent on the day	use instead of 'emergency' appointments
usage	use
utilise	use
VPs	vulnerable prisoners (always spell out)
whilst	while
within	in

Glossary

A brief guide to abbreviations and terms that may appear in HM Inspectorate of Prison reports. Abbreviations/unusual terms should always be spelled out and explained the first time they are used.

4Rs	the 4Rs refer (in police custody) to rousability, response to questions, response to commands, remember to take into account the possibility of other illnesses/conditions
ABC	airway, breathing and circulation
'Access to justice'	scheme enabling eligible prisoners to have laptop computers to assist their legal representations
ACC	assistant chief constable
ACCT	assessment, care in custody and teamwork (case management for prisoners at risk of suicide or self-harm). Further mentions should say 'assessment, care in custody and teamwork (ACCT) case management documents' or 'reviews' depending on the sentence
ACDT	assessment, care in detention and teamwork (case management for prisoners at risk of suicide or self-harm in IRCs). Further mentions should say 'assessment, care in detention and teamwork (ACDT) case management documents' or 'reviews' depending on the sentence
ACPO	Association of Chief Police Officers
ACR	automatic conditional release – applies to prisoners serving over 12 months and less than four years
ADAPT	Alcohol and Drug Addiction Prevention and Treatment
Addaction	a charity that provides drug and alcohol services for adults and young people
ADFAM	support group for families of substance misusers
ADHD	attention deficit hyperactivity disorder
AED	automated external defibrillator
Allocation	the process of deciding which institution to send prisoners
AMHP	approved mental health professional
Analgesics	painkillers
AOD	Action on Drugs
APAS	Alcohol Problem Advisory Service
App	application form that prisoners fill in to make requests
Appropriate adult	independent individuals who provide support to young people and vulnerable adults in custody
APVS	assisted prison visits scheme
AQA	Assessment and Qualifications Alliance (accreditation body)
ARD	automatic release date – applies to prisoners serving less than 12 months
ART	aggression replacement training (for people convicted of violent offences or who have problems controlling their temper)
ARV	alcohol related violence programme (to reduce alcohol related violent offending)
ASDAN	qualifications awarding body
Asset/e-Asset	Youth Justice Board assessment documentation completed by youth offending teams
Association	time when prisoners are allowed to mix with each other outside their cells
ASW	Approved social worker
AUDIT	alcohol audit screening test

AVID	Association of Visitors to Immigration Detainees
Bailed to return	released from police custody on bail with an appointment to return to answer charges
Barnardo's	children's charity
Basic custody screening tool	designed to promptly identify a prisoner's needs
BASS	bail accommodation and support services
BAWLA	British Amateur Weight Lifting Association (qualification)
BCST	basic custody screening tool
BDA	British Dental Association
benzodiazepine	tranquilliser
BICS	British Institute of Cleaning Sciences
BID	Bail for Immigration Detainees
Big Word	translation and interpreting service
Black Mamba	a synthetic drug that mimics the effects of cannabis but is much stronger, with no discernable odour
BLS	basic life support training
BNF	British National Formulary
BOSS chair	body orifice security scanner
Bradley Report	report on the experience of people with mental health problems and with learning disabilities in the criminal justice system (usually a footnote)
British National Formulary	a reference book for prescribing, dispensing and administering medicines
Britloflex	lofexidine
BSR	Building Skills for Recovery (course that aims to reduce offending behaviour and problematic substance misuse)
Buscopan	an antispasmodic that reduces muscle movement
C&R	control and restraint - used by officers and staff to physically restrain prisoners
CA	Cocaine Anonymous
CAB	Citizens Advice Bureau (run nationally by Citizens Advice)
CALM	Controlling Anger and Learning to Manage it (anger management course)
Caldicott guardian	overseeing use and confidentiality of personal health information
CAMHS	child and adolescent mental health service
Canteen	shop where prisoners can purchase goods
CARAT	counselling, assessment, referral, advice and throughcare service – previous service for prisoners with substance misuse problems
CARE	Choices, Actions, Relationships and Emotions Programme course for female prisoners
Care Act 2014	outlines obligations on local authorities, including the way they assess and define need, charge and pay for care, safeguarding, dealing with provider failure and transition of children to adult services
Care programme approach	mental health services for individuals diagnosed with a mental illness
Care leaver	a person aged 25 or under, who has been looked after by a local authority)
Category A	prisoners on highest category of security risk whose escape would be highly dangerous
Category B	prisoners for whom the highest conditions of security are not necessary but for whom escape must be made very difficult.
Category C	prisoners who cannot be trusted in open conditions who do not have the will or resources to make a determined escape attempt
Category D	prisoners who can be reasonably trusted to serve their sentence in open conditions
CBDT	compact based drug testing
CBT	cognitive behavioural therapy

CC	cellular confinement
CCD	Criminal Casework Directorate
CCRC	Criminal Cases Review Commission
CDO	civilian detention officer
CDRP	Crime and Disorder Reduction Partnership
CDS	Criminal Defence Service
CDT	clothing design and technology
CDVP	Community Domestic Violence Programme
Cell bell/call call	button in cells to summon staff in an emergency
CES	clothing exchange store
Challenge it, change it	diversity training
Challenge to change	offending behaviour programme from charity Kainos Community
Change, grow, live	health and social care charity (previously Crime Reduction Initiatives)
Chromis	programme to reduce violence in high risk offenders who are highly psychopathic
CIAS	careers information and advice support
CID	Criminal Investigation Department
CIO	Chief Immigration Officer
CITB	Construction Industry Training Board
Citizen Card	proof of age identity card
CJIP	criminal justice intervention programme
CJIT	Criminal Justice Intervention Team
CLAIT	computer literacy and information technology
ClearSprings	provides bail and home detention curfew accommodation support
CMHT	community mental health team
CNA	certified normal accommodation – the normal capacity of a prison
Co-codamol	pain relief
Community resolution	the resolution of a less serious offence or antisocial behaviour incident involving an identified offender (both youth and adult) through informal agreement between the parties, rather than progression through the criminal justice process
Comparator	used in HMI Prisons surveys; the comparator figure is calculated by aggregating all survey responses and so is not an average across establishments
Concordat	Home Office concordat on children in custody
Confidential access complaint	complaints about staff or which are particularly sensitive or personal
Confidential access phone calls	telephone calls which exempt prisoners from being monitored
COSHH	Control of Substances Hazardous to Health
COVAID	control of violence and anger in impulsive drinkers (offending behaviour programme)
CPA	care programme approach
CPD	continuing professional development
CPIA	Criminal Procedures and Investigation Act
CPN	community psychiatric nurse
CPR	cardiopulmonary resuscitation
CQC	Care Quality Commission
CRB	Criminal Records Bureau
CRC	Community rehabilitation company
CRHT	crisis resolution and home treatment team
CRI	Crime Reduction Initiatives charity
CSAP	Correctional Services Accreditation Panel
CSB	Cognitive Skills Booster (programme to reinforce learning from other offending behaviour programmes)
CSC	close supervision centre
CSCP	cognitive self-change programme
CSCS	construction skills certificate scheme

CSLA	Community Sport Leader Award
CSMA	clinical substance misuse assessment
CSRA	cell sharing risk assessment
CSU	care and separation unit
CYP	children and young people
CYQ	Central YMCA Qualifications
DAAT	drug and alcohol action team
DANOS	drugs and alcohol national occupational standards
DAS	Detention Advice Service
DAT	drug action team
Datix	electronic health care reporting system
DBS	Disclosure and Barring Service (formerly CRB checks)
DCMF	design, construct, manage and finance (prison-run contract)
DCO	detainee custody officer
DCR	discretionary conditional release
DDC	deputy director of custody
DDO	designated detention officer
DEAT	diversity and equality action team
Depaul UK	charity helping young people who are homeless, vulnerable and disadvantaged
DEPMU	Detainee Escorting and Population Management Unit
DF118s	dihydrocodeine
DHSSPS	Department of Health, Social Security and Public Safety (Northern Ireland)
DID	Drink Impaired Drivers programme
DIP	drug intervention programme
DIR	drug intervention record
DIRF	discrimination (not diversity) incident reporting form
Disclosure rights	information about when and how to disclose convictions when applying for employment
DLP	Discretionary Lifer Panel
DMS	detainee management system
DO	detention officer
DOW	Directorate of Works
DPA	donated prisoner attire
DPB	Dental Practice Board
DPSM	developing prison service manager
DREAT	diversity and race equality action team
DSA	dental surgery assistant
DSC	drug strategy coordinator
DSG	drug strategy group
DSO	drug strategy officer
DSPD	dangerous and severe personality disorder
DSU	Drug Strategy Unit
DTO	detention and training order
DTTO	drug treatment and testing order
Dual diagnosis	mental health and substance misuse
Duke of Edinburgh's Award	charity enabling young people to develop skills for work and life
Duty of candour	a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20). Duty of candour aims to help patients receive accurate, truthful information from health providers
Duty governor	governor in charge of routine operation of the prison
E-ASSET	electronic case management system for children and young people

ECDL	European computer driving licence
ECHR	European Court of Human Rights
ECL	end of custody licence
ECRL	early conditional release licence
ECV	earned community visit
E list	escape list
ELS	emergency life support
EMIS	electronic medical information system
ENG	enrolled nurse general
EPDU	Estate Planning and Development Unit
ESOL	English for speakers of other languages
Estyn	the office of HM Inspectorate for Education and Training in Wales
ETE	education, training and employment
Exodus Damnation	a synthetic drug that mimics the effects of cannabis but is much stronger, with no discernable odour
Fathers Inside	parenting skills course for prisoners
FGDP	Faculty of General Dental Practitioners
FLED	facility licence eligibility date
FME	forensic medical examiner
FOCUS	substance misuse programme
FOR	Focus on Resettlement programme
Formulary	list of medications used to inform prescribing
F2052	prisoner's core record
F2050A	prisoner's personal file
F213	form used to report injuries to prisoners
F75	review of life sentenced prisoner
FP17P	prisoner dental activity forms
Fraser competencies	used to assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions
FTC	Foundation Training Company
Gabapentin	antiepileptic medication
GALIPS	Gays and Lesbians in the Prison Service
Gate	the official controlled entry point to a prison
G4S FMS	G4S Forensic Medical Services (UK) Ltd
GDC	General Dental Council
Glucagon	an emergency medication for diabetics
GMC	General Medical Council
(G)NVQ	(general) national vocational qualification
GOAD/GOOD	good order and/or discipline – a prisoner can be segregated if they do not behave according to this rule
GP	general practitioner
GPhC	General Pharmaceutical Council
GRT	Gypsy, Roma, Traveller
GTN spray	for angina
GUM	genitourinary medicine
haram	non-halal
HCA	health care assistant
HCO	health care officer
HCP	health care professsional
HDC	home detention curfew – early release 'tagging' scheme
HDCED	home detention curfew eligibility date
Heartstart UK	an initiative run by the British Heart Foundation that accredits and supports local groups set up to teach basic life support
Henley bag	bag used for medications
HIA	head of inmate activity

Hibiscus	British charity working with foreign national prisoners and their families as part of the Female Prisoners Welfare Project
HIW	Healthcare Inspectorate Wales
HMCTS	Her Majesty's Courts & Tribunals Service
HMP	Her Majesty's Prison
HMPPS	Her Majesty's Prisons and Probation Service (HMPPS, formerly NOMS)
HOMES	Home Office manual for escorting safely - a restraint package developed specifically for transferring non-compliant immigration detainees. The package includes techniques to restrain detainees in the confined environment of an escort vehicle and aircraft
HPA	Health Protection Agency - health protection organisation, part of Public Health England since 1April 2013
HRAT	high risk assessment team
HRP	Healthy Relationships Programme (to address domestic violence offending)
'Hub'	prisons designated by HMPPS and the Home Office to hold foreign national prisoners and have permanent Home Office staff
IAG	Independent Advisory Group - members of the local community (volunteers) invited in by the police to question their practices and policies, explore community issues and advise during major investigations
IAPT	improving access to psychological therapies
ICAI	initial classification and allocation form
ICAS	independent complaints advocacy service
ICC	interception of communications commissioner
ICT	information and communications technology
ICV	Independent custody visitor
IDAP	Integrated Domestic Abuse Programme
IDRMT	inter-departmental risk management team
IDTS	integrated drug treatment system
IEP	incentives and earned privileges
ILP	individual learning plan
ILS	intermediate life support training
IMB	Independent Monitoring Board
iMedia	training course on producing digital products for business (for example, websites, digital photography, videos, games, animation)
Induction	given to all prisoners when they enter prison
In scope/out of scope	prisoners subject (or not) to offender management arrangements; those in scope are serving more than 12 months and are considered to pose a high or very high risk of harm
Insiders	prisoners who introduce new arrivals to prison life
IOM	International Organisation for Migration
IOPC	Independent Office for Police Conduct (previously IPCC)
IPCC	Independent Police Complaints Commission (now IOPC)
IPP	indeterminate sentence for public protection
IQR	implementation quality rating – rating the quality of delivery of offending behaviour programmes
IR	intelligence report (previously SIR)
IRC	immigration removal centre
IRMT	interdepartmental risk management team
IRS	incident reporting system
IS91	authority to detain notification
ISMG	Interventions and Substance Misuse Group

ISP	indeterminate sentence prisoner (generic term referring to both life sentence prisoners and those serving indeterminate sentences for public protection)
ISSP	intensive supervision and surveillance programme
JASP	juvenile awareness staff programme
JC+	Jobcentre Plus
JETS	Juvenile Estate Thinking Skills Programme
JR	judgment respited
JSMS	juvenile substance misuse service
Juvenile	prisoner under 18; please use 'child'
Kainos	Christian charity providing 'challenge to change' offending behaviour programme
Keeping Children Safe	Home Office child protection training
kiblah	direction point for Mecca
Koestler Trust	art awards scheme for offenders, secure patients and detainees
KPT	key performance target
LADO	local authority designated officer
Language Line	telephone interpreting service
LAPP	local area public protection panel (Northern Ireland)
Lay observers	independent volunteers who check that prisoners escorted by private escort companies in England and Wales are treated decently (usually a footnote)
LCJB	Local Criminal Justice Board
LDSG	London Detainee Support Group
LDSQ	learning disability screening questionnaire
LED	licence expiry date
Legal Ombudsman	previously the Legal Complaints Service
LIAP	Low Intensity Alcohol Programme
LIDS	local inmate database system
LISAR	London initial screening and referral
Listeners	prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners
loperamide	used to treat diarrhoea
LSA	learning support assistant
LSAB	local safeguarding adults board
LSI-R	Level of Service Inventory
LSCB	local safeguarding children board
MAD	moving away from drugs
MALRAP	multi-agency lifer risk assessment panel
Managing the custodial sentence	offender management service specifications
MAPPA	multi-agency public protection arrangements - level 3 (prisoners on the highest risk level) - level 2 (requiring the active involvement of one or more agency)
MAPPA F forms	information-sharing reports
MAPPA nominals	prisoners potentially subject to MAPPA arrangements on release
MAPPA notifications	these alert the offender manager that preparation for release needs to begin
MAPPs	multi-agency public protection panels
MARAP	multi-agency risk action plan
MASRAM	multi-agency sex offender risk assessment management (N Ireland)
MCS	management consultancy service – in-house advisory service on staff profiling and deployment
MDT	mandatory drug testing
Medical hold	a doctor's order used to keep a patient in the hospital for medical reasons

Mental Capacity Act 2005	covers people in England and Wales who cannot make some or all decisions for themselves. 'Mental capacity' refers to an individual's ability to understand and make a decision when needed
Mental health crisis care concordat	a national agreement between services and agencies involved in the care and support of people in crisis setting out how they will work together to ensure that people having a mental health crisis get the help they need
'Merton' compliant	the standard social services-conducted age assessment
Methameasure/Methasoft	computerised methadone dispensing
MHIRT	mental health in-reach team
mirtazapine	anti-depressant
MISAR	managing indeterminate sentences and risk (training)
MMPR	Minimising and managing physical restraint – an approach to managing the behaviour of young people and in YOIs and STCs, using de-escalation and diversion strategies
MO	medical officer
MODCU	management of detained cases unit
MPS	Metropolitan Police Service
MQPL	measuring the quality of prison life survey
MRSA	methicillin-resistant staphylococcus aureus
MTC	medicines and therapeutics committee
MTU	mobile temporary unit
Nacro	crime reduction charity (formerly National Association for the Care and Rehabilitation of Offenders)
Naltrexone	an opiate-blocker
Naxolone	drug to manage substance misuse overdose
Nandrolone	anabolic steroid
NASS	National Asylum Support Service
National referral mechanism	identifies, protects and supports victims of human trafficking
NCOLP	national custody officer learning programme
NCPE	National Centre for Policing Excellence
NCS	National Careers Service
NDPDU	national drug programme development unit
NDTMS	National Drug Treatment Monitoring System
NEPACS	(formerly, North East Prisons After Care Society), charity promoting the rehabilitation of offenders
NHS	National Health Service
NIACRO	Northern Ireland Association for the Care and Resettlement of Offenders
NICE	National Institute for Health and Care Excellence
Niche	police records management system
NJU	National Joint Unit
Night san	cells without internal sanitation are fitted with electronic cell doors, which are controlled by staff to enable prisoners one at a time to access communal facilities
NMC	Nursing and Midwifery Council
NOCN	National Open College Network
Nominals	individuals targeted for legitimate security reasons
NOMS	National Offender Management Service (replaced by HMPPS in April 2017)
NOO	night orderly officer – officer in charge of a prison overnight
NOU	national operations unit
Novus	prison education provider from The Manchester College

NPCC	National Police Chiefs Council (formerly ACPO)
NPD	non-parole release date
NPIA	National Policing Improvement Agency
NPS	generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporised and inhaled in e-cigarettes and other devices
NRA	national record of achievement
NRM	national referral mechanism; put in place in the UK in April 2009 to identify, protect and support victims of trafficking
NRPSI	National Register of Public Service Interpreters
NSF	national service framework
NSPIS	national strategy for police information systems
NTA	National Treatment Agency for Substance Misuse
NVQ	national vocational qualification
NYAS	National Youth Advocacy Service
OASys	offender assessment system (assessment system for both prisons and probation, providing a framework for assessing the likelihood of reoffending and the risk of harm to others)
OBP	offending behaviour programme
Observation book	diary kept on residential units to record significant events
Observation levels (police)	level 1 - general observation level 2 - intermittent observation level 3 - constant observation level 4 - close proximity [College of Policing *Authorised Professional Practice*]
OCA	observation, classification and allocation
OCGs	organised crime groups
OCN	Open College Network - now National Open College Network
OCP	Office for Contracted Out Prisons
OCR	Oxford, Cambridge and RSA Examinations
Offender Health	jointly run by Ministry of Justice and Department of Health
Ofsted	Office for Standards in Education, Children's Services and Skills
OGRS	offender group reconviction scale - indicating a predicted risk of reoffending
OISC	Office of the Immigration Services Commissioner
OLASS	Offenders' Learning and Skills Services
OM	offender manager
OMU	offender management unit
OpCap	operational capacity of a prison
OS	offender supervisor
OSAP	offender substance abuse programme
OSG	operational support grade
OST	opiate substitution therapy
OU	Open University
PACE	Police and Criminal Evidence Act
PACE code C	covers the detention, treatment and questioning of persons by police officers
PACE code G	covers the statutory power of arrest
PACT	Prison Advice and Care Trust
PADR	performance appraisal and development review
PALS	Patient Advice and Liaison Services
PAMS	prisoner activity management system
PAR	prisoner at risk
P-ASRO	Prison - Addressing Substance Related Offending
Passive handcuffing	used on detainees who are not aggressive

PAVA	incapacitant spray
PCA	Policing and Crime Act 2017
PCC	Police and Crime Commissioner
PCO	prison custody officer
PCR	post-court report
PCT	primary care trust
PDPR	prisoner development and pre-release
PDU	prisoner development unit (Northern Ireland)
PECS	Prisoner Escort and Custody Services
PED	parole eligibility date
PEEP	personal emergency evacuation plan
Pegging	system of ensuring that staff patrolling, usually at night, visit all areas
PEI	physical education instructor
PER	person escort record
PGA	Prison Governors' Association
PGD	patient group direction
Phoenix	police records computer
Phoenix Futures	substance misuse service provider
PHE	Public Health England, executive agency of the Department of Health
Photochromatic door	a cell door made largely of transparent glass to which an electric current can be applied which renders the glass opaque (usually a footnote)
PICTA	Prisons Information Communication Technology Academy
PIL	patient information leaflet
PIN	personal identification number
PIPE	psychologically informed planned environment
PMHT	primary care mental health team
PMO	performing manufacturing operations
PMR	pharmacy medical record
PNC	police national computer
PND	penalty notice for disorder
P-Nomis	database used in prisons for the management of offenders
POA	Prisons Officers' Association
POAL	Preventing Prisoner Accommodation Loss (housing resettlement service)
PPANI	public protection arrangements Northern Ireland
PPCS	public protection casework section (HMPPS section responsible for administering parole and recall processes)
PPO	Prisons and Probation Ombudsman OR prolific and priority offender
PPRIS	public protection record for information sharing
pregabalin	an anti-convulsant
PREPS	progressive regimes and earned privileges scheme
Primary mental health services	primary care services, such as the GP, for mild mental health conditions
Pro-social modelling	provision of consistent positive reinforcement for the expression of pro-social attitudes, values and behaviour; and the consistent challenging of antisocial attitudes and behaviour
Protected characteristic	the grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010)
PSD	professional standards department
PSHE	personal, social and health education
PSI	Prison Service instruction
PSO	Prison Service order
PSO 4400	restrictions on prisoner communications (child protection or harassment cases)

PSRs	pre-sentence reports
Psychoactive substances	a chemical substance that acts on the central nervous system to alter brain function – perception, mood, consciousness, cognition and behaviour
PTSD	post-traumatic stress disorder
PVO	privileged visiting order
Quantum	Prison Service intranet
QOF	quality outcomes framework (health services)
Qur'an	accepted spelling for Koran
RAM	risk assessment management
RAP	resettlement and aftercare provision
RAPt	Rehabilitation of Addicted Prisoners Trust (runs accredited drug and alcohol interventions)
RARPA	recognising and recording progress and achievement (award)
RCGP	Royal College of General Practitioners (provides training in the management of drug misuse)
RDR	resettlement day release
RDRED	resettlement day release eligibility date
READG	Race, Equality and Diversity Group
REAG	Prison Service race equality action group
REAT	race equality action team (now usually DREAT)
Reception pack	grocery packs which usually contain basic food and drink items such as tea, milk, sugar and biscuits
Resolve	cognitive-behavioural intervention for violent offenders
Resettlement consortia	strategic forums developed by the YJB to improve resettlement outcomes for young people
Restorative justice	programmes where offenders consider the consequences of their offending for all parties and can offer an apology or reparation
RFA	removal from association under Detention Centre Rule 40
RGN	registered general nurse
Risperidone	schizophrenia treatment
RNLD	registered nurse for learning disabilities
RNMH	registered nurse – mental health (also known as RMN)
Roll check	head count of all prisoners
ROR	resettlement overnight release
ROTL	release on temporary licence
ROTL 1	application pro forma mandated for ROTL processes
ROTL 4	risk assessment pro forma mandated for ROTL processes
ROTL 5	pro forma to notify a prisoner about a ROTL application decision
Rousing	checks on detainees brought into police custody while intoxicated
RPC	resettlement policy committee
RPSGB	Royal Pharmaceutical Society of Great Britain
RSCN	registered sick children's nurse
RTU	ready to use (accommodation unit)
Rule 35 of Detention Centre Rules	requires notification to Home Office if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture
Rule 40 of Detention Centre Rules	removal from association in the interests of security or safety
Rule 42 of Detention Centre Rules	temporary confinement
Rule 45 of Detention Centre Rules	good order and/or discipline/segregation for own protection
Rule 49 of Detention Centre Rules	authorises young adults to be segregated from the main population

RX	remand prisoner
safety algorithm	calculation of risk
SARC	sexual assault referral centre
SAU	standards audit unit
Schedule One	prisoners convicted of an offence listed in schedule one of the Children and Young Person Act 1933 against a child or young person under the age of 18 years.
SCO	senior custody officer
SCP	Self Change Programme (aimed at high risk repetitively violent offenders)
SDP	Short Duration Programme (to address substance misuse)
secondary mental health services	specialist services for those with moderate to severe mental health conditions
Section 10/3	convicted but unsentenced prisoner
Section 46(1)	Section 46(1) of the Children Act 1989 empowers a police officer, who has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, to remove the child to suitable accommodation and keep him/her there
Section 91	young people held long-term under Section 91 of the Powers of Criminal Courts (Sentencing) Act 2000
Section 92	young people held under section 92 of the Powers of Criminal Courts (Sentencing) Act 2000, which gives authority to detain, for offences listed in the act under sections 90 (life sentences for murder convictions) and 91
Section 136	Section 136 of the Mental Health Act 1983 enables a police officer to remove, from a public place, someone who they believe to be suffering from a mental disorder and in need of immediate care and control, and take them to a place of safety - for example, a health or social care facility, or the home of a relative or friend. In exceptional circumstances (for example if the person's behaviour would pose an unmanageably high risk to others), the place of safety may be police custody
SED	sentence expiry date
Seg	segregation unit for prisoners who are disruptive or who require protection (also previously Rule 43)
Shannon Trust	provides peer-mentored reading plan resources and training to prisons
SIO	senior investigating officer
SIR	security information report (now IR)
SLA	service level agreement
SMARG	segregation monitoring and review group
SMART	specific, measurable, achievable, realistic and time bound also systematic monitoring and analysing of race equality treatment (diversity monitoring)
SMO	senior medical officer
SMT	senior management team
snoozelum	relaxation area
SO	senior officer
SOP	standard operating procedure
SOTP	Sex Offender Treatment Programme
SOVA	'supporting others through volunteer action' - charity working on youth justice and offender rehabilitation
SPAR	staff planning and recording system
SPDR	staff performance and development review

Spice	a synthetic drug that mimics the effects of cannabis but is much stronger, with no discernable odour and unpredictable effects
SPL	special purpose licence
'Spoke' prisons	designated by HMPPS and the Home Office to hold foreign national prisoners, who have regular visits from Home Office staff
SPR	sentence planning review
Spurgeons	children's charity
SSAFA	the armed forces charity
Statistically significant	a statistically significant difference between two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between two populations
Storybook Dads (also Mums)	an independent, registered charity that helps prisoners to record a story for their children to listen to at home
STC	secure training centre
Stonham	charity providing bail and home detention curfew accommodation support
STORNA	short-term offender resettlement needs analysis
Subutex	brand name for buprenorphine, a heroin substitute
Successful intervention	(and/or 'adverse incident') refers, in police custody, to any incident which, if allowed to continue to its ultimate conclusion, would have resulted in the death, serious injury or harm to any person
Sycamore Tree	victim awareness course
SystmOne	electronic clinical information system
Synthetic cannabinoids	man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices
TAB	tackling antisocial behaviour
TACT	Terrorism Act 2000
Tarbiyyah programme	studies aiding prisoners in the correct interpretation of Islam
TC	temporary confinement under Detention Centre Rule 42
Tiers 1 to 4	assessment of risk used in offender management (from tier 1, lowest risk, to tier 4, highest risk)
Time out of cell	time out of cell includes any time prisoners are out of their cells to associate or use communal facilities
TIPSY	Training and Information for Prisoners in their Senior Years
Toe by Toe [no hyphens]	a phonics-based approach to helping prisoners learn to read (usually delivered as part of the Shannon Trust reading plan)
Turning Pages	a reading programme created by the Shannon Trust, written specifically for adults (unlike its predecessor Toe by Toe) and delivered by peer mentors
TPE	tackling problems effectively
Tramadol	an opiate-based painkiller
Treasure Box	scheme in which prisoners can make toys, drawings and other small presents to send to their children
Trigger	(on ACCT) an event that might cause a prisoner to self-harm
Trigger offences	in police custody, particular offences that could indicate the detainee has a substance misuse problem
TRM	trauma recovery model which uses a series of intervention that are sequenced according to the participant's developmental and mental health needs. It focuses on relational therapy to mediate the impact of trauma before cognitive interventions can be fully effective
TSP	Thinking Skills Programme (cognitive skills programme addressing offenders' thinking and behaviour)
T1V	vulnerability assessment for juveniles
Unannounced inspection	prison inspection carried out without notice to the prison
Ujima	housing association

UKBA	UK Border Agency - now known as Home Office Immigration Enforcement
UKBF	UK Border Force
UNLOCK	national charity for people with convictions, helping them to overcome the long-term disadvantage of a criminal record to reach their potential by providing information, advice and advocacy
VDT	voluntary drug testing
Venalink	medication dose compliance aid (or spell as trademark name)
Virtual campus	prisoner access to community education, training and employment opportunities via the internet
Virtual learning environment	computer system to help prisoners access external course materials and search for jobs
ViSOR	violent and sexual offenders register
VO	visiting order – sent by prisoners to people they wish to visit them
Voluntary attendance	(in police custody) used usually, but not exclusively, for lesser offences, where suspects attend by appointment at a police station to be interviewed
VPU	vulnerable prisoner unit
VTU	voluntary (drug) testing unit
Warning markers	indicators showing that a person has previously had a problem or posed a risk
Wte	whole-time-equivalent
YCS	Youth Custody Service
YJB	Youth Justice Board
YOI	young offender institution
YOT	youth offending team
YPSMS	young people's substance misuse service
Zopiclone	a hypnotic used to treat insomnia