

The Liliacs Centre

Full Inspection
27 to 29 February 2024



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Introduction and Background

This report is part of the programme of inspections of prisons carried out by His Majesty's Inspectorate of Prisons for Scotland (HMIPS). These inspections contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies known as the National Preventive Mechanism (NPM); which monitor the treatment of and conditions for detention. HMIPS is one of 21 bodies making up the NPM in the UK.

His Majesty's Chief Inspector of Prisons for Scotland (HMCIPS) assesses the treatment and care of prisoners across the Scottish Prison Service (SPS) estate against a predefined set of Standards. These Standards are set out in the document 'Standards for Inspecting and Monitoring Prisons in Scotland', published in May 2018 which can be found at <https://www.prisoninspectorscotland.gov.uk/standards>.

The Standards reflect the independence of the inspection of prisons in Scotland and are designed to provide information to prisoners, prison staff and the wider community on the main areas that are examined during the course of an inspection. They also provide assurance to Ministers and the public that inspections are conducted in line with a framework that is consistent and that assessments are made against appropriate criteria. While the basis for these Standards is rooted in International Human Rights treaties, conventions and in Prison Rules, they are the Standards of HMIPS. This report and the separate 'Evidence Report' are set out to reflect the performance against these standards and quality indicators.







HMIPS assimilates information resulting in evidence-based findings utilising a number of different techniques. These include:

- Asking the Governor or Director in Charge for a self-evaluation – of their progress against previous recommendations, the challenges they face and the successes they have achieved.
- Obtaining information and documents from the SPS and the prison inspected.
- Shadowing and observing SPS and other specialist staff as they perform their duties within the prison.
- Interviewing prisoners and staff on a one-to-one basis.
- Conducting focus groups with prisoners and staff.
- Observing the range of services delivered within the prison at the point of delivery.
- Inspecting a wide range of facilities impacting on both prisoners and staff.
- Attending and observing relevant meetings impacting on both the management of the prison and the future of the prisoners, such as Case Conferences.
- Reviewing policies, procedures and performance reports produced both locally and by SPS Headquarters (SPS HQ) specialists.
- Conducting a pre-inspection survey with prisoners prior to the inspection.
- Reviewing the Independent Prison Monitor (IPM) reports and a focus group with IPMs.

HMIPS is supported in our work by inspectors from Healthcare Improvement Scotland (HIS), Education Scotland, the Scottish Human Rights Commission, the Care Inspectorate, and guest inspectors from the SPS.

The information gathered facilitates the compilation of a complete analysis of the prison against the standards used. This ensures that assessments are fair, balanced and accurate. In relation to each standard and quality indicator, inspectors record their evaluation in two forms:

1. A colour coded assessment marker

Rating	Definition
 Good performance	Indicates good performance which may constitute good practice.
 Satisfactory performance	Indicates overall satisfactory performance .
 Generally acceptable performance	Indicates generally acceptable performance though some improvements are required.
 Poor performance	Indicates poor performance and will be accompanied by a statement of what requires to be addressed .
 Unacceptable performance	Indicates unacceptable performance that requires immediate attention.
 Not applicable	Quality indicator is not applicable .

2. A written record of the evidence gathered is produced by the inspector allocated each individual standard. It is important to recognise that although standards are assigned to inspectors within the team, all inspectors have the opportunity to comment on findings at a deliberation session prior to final assessments being reached. This emphasises the fairness aspect of the process ensuring an unbiased decision is reached prior to completion of the final report.

This report provides a summary of the inspection findings and an overall rating against each of the nine standards. The full inspection findings and overall rating for each of the quality indicators can be found in the 'Evidence Report' that will sit alongside this report on our website. The results of the pre-inspection survey will be published at the same time.

Key Facts

Location

The Liliias Centre is located in the Maryhill area of Glasgow.

Role

The Liliias Centre houses low supervision women and young people.

The Community Custody Units (CCU) have been designed to provide safe and secure accommodation, which is trauma-informed and gender specific. The CCUs will support the needs of women who would benefit from closer community contact and access to local services. Women will be supported to live independently in accommodation based on a 'shared house' principle to develop a range of independent living skills, which are reflective of real life.

Brief history

The Liliias Centre became operational in 2022.

Accommodation

The Centre's accommodation consists of four 'shared houses'.

Design capacity

The Centre has capacity for 24 individuals.

Date of last inspection

N/A

Healthcare provider

NHS Greater Glasgow and Clyde

Learning provider

Fife College

Overview by HM Chief Inspector of Prisons for Scotland (HMCIPS)

The Liliacs Centre was the second CCU to open following the Commission on Women Offenders Angiolini Report published in 2012. Compiled by the former Lord Advocate, Dame Eilish Angiolini, the report reviewed the experiences of women prisoners in Scotland and proposed practical measures to improve outcomes. The replacement of Scotland's only women's prison, HMP YOI Cornton Vale, and the development of two CCUs holding small numbers of women, addressed some of the concerns raised in the report.

The two women's CCUs provide a distinct alternative to traditional prisons, with a structured therapeutic environment grounded in a trauma-informed and genderspecific approach. Strong collaboration with community services also provides specialised support and community access to help women build independent living skills and confidence to lead lives free from crime.

The Liliacs Centre's design had accommodation in houses with modern kitchens, quiet rooms and two accessible rooms. The central hub provided a bright relaxed setting for activities and visits, and the central atrium outside was an attractive area to maximise access to fresh air.

The inspection took place within a short time of the unit being opened and it is testimony to the staff and prisoners that it had strong signs of success. The inspection team were impressed with the management, staff and prisoners in developing what will be seen as an example of good practice in penology. We welcomed the ambience that was calm, relaxed and good humoured.

There were numerous examples of good practice. The International Women's Day event showcased some of the excellent community services and in particular the work on developing women's entrepreneurial skills. The SPS are to be commended for their evident successful beginning.

The pre-inspection survey was positive in that women felt safe, respected and supported by their personal officers. There were also many examples of good practice, both in the unit generally as well as in the provision of healthcare.

Although this report is largely very positive, there were a few areas that gave concern. Routine body searching, which is potentially both retraumatising and degrading, continued with little derogation for recognising that it contravened the trauma-informed approach evident in the women's strategy, and seemed out of place in such a relaxed environment with little of the security measures common in prisons. It is HMIPS's view that women should not be body searched unless it is intelligence-led and this should be addressed immediately.

Given the newness of the facility, inspectors were surprised to see that technology had not been invested in, ranging from in-cell technology through to computer access to support educational activities. HMIPS are keen to see this and an increased range of community access, therapeutic and employment opportunities, being addressed in the near future.

It is important to note that we recognise that implementing these changes is an ongoing process, and the SPS continues to evaluate and refine its approach, based on evidence and best practice. Their goal remains to create a prison system that supports rehabilitation, reduces reoffending, and addresses the unique needs of women offenders.

There is no doubt that the development of the Liliac Centre and its sister centre Bella provides a powerful demonstration of intent by the SPS to deliver on that aspiration. There is much to admire about the modern, relaxed ambience created by the building, and the ethos of a trauma-informed approach, which is testament to the vision and values of the SPS's national Strategy for Women in Custody 2021-25. Staff were playing their part in treating women with appropriate care and respect.

We have made 22 recommendations in total, and encourage SPS HQ, The Liliac Centre and Glasgow Council Health and Social Care Partnership (GCHSCP) to focus on the following:

Recommendation 2: The Liliac Centre and SPS HQ should review the scope to allow women to go out to shop for themselves.

Recommendation 6: SPS HQ should change the guidelines so that women are only body searched when intelligence suggest it.

Recommendation 8: The prison should prioritise training and certification for prisoners participating in activities that are a risk to health and safety, such as food hygiene, cleaning, bio-hazard, and moving and handling.

Recommendation 11: SPS HQ should provide and expedite the use of IT for educational purposes.

Recommendation 18: GCHSCP should ensure that patients with long-term health conditions have individualised, person-centred care plans in place.

Recommendation 20: GCHSCP should continue to explore options to implement the use of a standardised risk assessment tool for patients on the mental health caseload.

Recommendation 21: GCHSCP and Liliac staff must collaborate to ensure that patients receive all their medications in a timely manner and that these are administered within therapeutic timeframes.

Human Rights Based Approach Overview

Each standard (with the exception of Standard 9) within this inspection is reported through the PANEL approach. We expect establishments to meet the following five principles.

- **Participation.** Prisoners should be meaningfully involved in decisions that affect their lives.
- **Accountability.** There should be monitoring of how prisoner's rights are being affected as well as remedies when things go wrong.
- **Non-Discrimination.** All forms of discrimination must be prohibited, prevented, and eliminated. The needs of prisoners who face the biggest barriers to realising their rights should be prioritised.
- **Empowerment.** Everyone should understand their rights and be fully supported to take part in developing policy and practices which affect their lives.
- **Legality.** Approaches should be grounded in the legal rights that are set out in domestic and international laws.

This overview reports on some key areas of concern and good practice. The inspection standards cover these areas in greater detail.

Participation

The women were invited to engage in the admissions process via the Reception Risk Assessment (RRA) form, which was completed in a private setting. Reception staff were aware of how to contact translation services should they be required. The induction process informed women about the complaints process and the IPM service, but we would like to see the Prisoner Information Action Committee (PIAC) process added so that they are aware of how to contribute to improving prison life on admission.

Women had the freedom in Liliias to make up their own shopping list and cook their own food. This is in marked contrast to closed conditions where they need to pick from a set menu of food options. However, we recommend that all women in the CCUs order their own food, until they are able to go into the community.

Inspectors attended an Adverse Circumstance Report (ACR) case conference which was conducted in a person-centred way, with a positive outcome for the woman. Inspectors also read a number of ACRs which were found to also be focused on the individual and evidenced good support mechanisms. This was also the case with adjudications, allowing the woman to understand the charge, process it and have her say.

Processes were in place to ensure women were consulted about information to be shared back and forwards with their family. Regular PIACs were taking place where all residents were invited, and an action plan tracker monitored any actions and was displayed on noticeboards. Women also had the opportunity to raise concerns or contribute ideas regarding activities, etc, through daily morning meetings.

The induction material needs to be updated to let prisoners know on arrival about PIACs. Events were communicated via the noticeboards and the weekly planner of scheduled events that was placed in each houseblock. Complaint numbers were low and there were no recurring themes. The complaints process was explained in the information folders in the houseblocks alongside the relevant forms.

The strong relationships developed between personal officers and the women helped facilitate participation in activities and in case management discussions. Staff worked hard to encourage and support women to participate in and contribute to planning and progression meetings. Women approaching release were encouraged to engage with key agencies, and staff were quick to identify and address barriers to engagement. Women spoke positively about their experience of planning processes and the support they received from both prison and community-based staff.

Accountability

The admission process was very relaxed and efficient. The liberation process took account of onward travel arrangements and appointments in the community.

Liliias had been diligent in following up the initial snagging issues with the building, which were identified by staff or raised by the women themselves.

The records of checking CCTV, radios and alarm were up-to-date and accessible on SharePoint, to allow First Line Managers (FLMs) and the Unit Manager to check for compliance. Searches were also recorded on SharePoint so that they could be checked by the FLM monthly. The Unit Manager undertook walkarounds on a regular basis to check on Health and Safety as well as the good running of the centre.

The complaints process was well-advertised, and forms were available in each houseblock. The women had access to legal representatives without delay. Staff were aware of how to organise translation services if required.

The creation of a family strategy forum and the flexibility with the timing of physical visits demonstrated a strong commitment to support family contact.

Operational staff sought, and were responsive to, feedback from prisoners. At a strategic level, there was a clear vision for the future design and development of services within Liliias although processes to support the systematic monitoring, evaluation and review of services and programmes were not yet established. The range of services on offer appropriately reflected the needs of the female prison population.

Apart for Talk to Me (TTM) and Personal Protection Training (PPT), Liliias had an excellent track record in ensuring staff training core competencies were up-to-date, and staff told inspectors they felt well communicated with by the Unit Manager.

Non-discrimination and equality

Liliias appeared proactive in providing support to all categories of prisoners and inspectors did not witness any discrimination or inequality when inspecting this standard. There was a zero tolerance to racial and any other abuse, which was covered during induction and advertised on posters.

Relationships between the women and the staff were respectful which contributed to a safe and trusting environment. The positive relationships between staff and women and individualised support provided a good base for supporting those with protected characteristics or special needs. Staff across Liliias demonstrated person-centred approaches to planning and support.

Where women experienced barriers to participation, staff quickly identified and addressed them. Complex case management meetings provided staff with a safe forum to collectively reflect on the effective management of vulnerable women.

The accessible rooms for women with disabilities were of a high standard at Liliias who also offered a mother and baby unit.

Empowerment

The women were provided with lots of helpful information during the reception process. The Reception Risk Assessment (RRA) enabled staff to identify women with additional needs.

The size of Liliias and limited number of women living there meant it was easy for staff to explain things face-to-face, ensuring the women were all aware of entitlements, opportunities and activities coming up. There were daily briefings on the available activities.

Induction ensured that women were able to understand and exercise their rights. Staff were on hand if women had any questions around this standard.

Staff were aware of the women's entitlements, and they were covered in Standard Operating Procedures (SOPs). New arrivals need to be better informed about the PIAC process. The Agents' visits process ran smoothly and without delay.

Women were central to the development of release plans, and Integrated Case Management (ICM) minutes reflected that women were meaningfully engaged in planning discussions. Staff encouraged and supported women to engage in groups and activities designed to build skills and develop confidence and independence. Women had a good awareness of the supports that were available to them within Liliias and the wider community.

Legality

During the inspection there was no evidence that any unlawful practices took place and the legal rights for those they looked after were being upheld. Staff followed the lawful procedures and completed them in a professional manner. An example was lawful adjudications following the Prison Rules.

The Prison Rules were available in the library and clearly labelled; however, some women spoken too did not know this.

Women were prepared for release in line with relevant standards, legislation, policy, and guidance.

Summary of Inspection Findings

	Standard 1 Lawful and Transparent Custody Satisfactory
	Standard 2 Decency Good
	Standard 3 Personal Safety Satisfactory
	Standard 4 Effective, Courteous and Humane Exercise of Authority Satisfactory
	Standard 5 Respect, Autonomy and Protection against Mistreatment Satisfactory
	Standard 6 Purposeful Activity Satisfactory
	Standard 7 Transitions from Custody to Life in the Community Satisfactory
	Standard 8 Organisational Effectiveness Satisfactory
	Standard 9 Health and Wellbeing Satisfactory

Standards, Commentary and Quality Indicators

HMIPS Standard 1 – Lawful and Transparent Custody

The prison complies with administrative and procedural requirements of the law, ensuring that all prisoners are legally detained and provides each prisoner with information required to adapt to prison life.

The prison ensures that all prisoners are lawfully detained. Each prisoner's time in custody is accurately calculated; they are properly classified, allocated and accommodated appropriately. Information is provided to all prisoners regarding various aspects of the prison regime, their rights and their entitlements. The release process is carried out appropriately and positively to assist prisoners in their transition back into the community.

Inspection Findings

Overall Rating: Satisfactory

The Liliias Centre (known as Liliias) did not receive women straight from court. They were transferred from another establishment and must have met the criteria for residing in a CCU before being considered for transfer. Staff at Liliias interviewed all women identified as potentially suitable to transfer and had lots of helpful information about them before they arrived.

Dependent on staffing levels and agreement with the woman concerned, prospective residents had a familiarisation visit to Liliias to help prepare them for the transition and to allow a period of reflection. During this visit they were given an information leaflet providing a brief overview of the facility. They were also allocated a personal officer prior to their arrival, allowing them to begin developing a constructive professional relationship to support a smooth transition from closed conditions.

HMIPS Standard 1

Lawful and Transparent Custody – Continued

According to the HMIPS pre-inspection survey, the majority of women reported being treated very well on arrival at Liliias. On the day of transfer, officers from Liliias, ideally one being the person's personal officer, collected them by car from their current establishment, drove them to Liliias and processed their admission to the establishment. They arrived at front-of-house reception where the admission process was fully explained to them, and the officer checked their understanding. Appropriate verification and identification took place and the women proceeded through the security and searching process. They were then taken into a private room to assess their ability to understand and allow them an opportunity to engage in the admissions process via the Reception Risk Assessment (RRA), and they all saw a nurse. Interviews were completed in a caring and supportive manner. Inspectors sampled some RRAs, and they had been completed to a high standard with lots of detail, and the appropriate assurance process was in place. Overall, the admissions process was very efficient and relaxed. There was a SOP covering the process and staff were knowledgeable about the process. There was also a SOP covering interpreter and translations services and staff were aware of the process should they need to use it.

The Parole Unit Administrator completed the seven-point warrant check and a recalculation of the women's critical dates and confirmed it on PR2. The Parole Administrator would benefit from having another officer trained in Warrant and Sentence Calculation as she had no physical cover in Liliias. When she is absent it is covered by her equivalent in the Bella Centre. All paperwork was stored securely.

Once processed, the woman's personal officer took them through an arrival checklist and provided them with the information and documentation that they required for their first 24 hours in custody. This included the regime for the establishment, a tour of the facility and introductions to their housemates. Within 24 hours they met again with their personal officer who took them through the induction presentation. The HMIPS pre-inspection survey confirmed that most women were given an induction on arrival. The Liliias Centre should consider adding an explanation of the PIAC process to the induction material so that people understand how to contribute to improving life within Liliias on arrival.

HMIPS Standard 1 Lawful and Transparent Custody – Continued

Prisoners were classified at their closed condition establishment as they must be low supervision to meet the criteria for living in Lilias. Lilias was single room accommodation, therefore there was no requirement for Cell Sharing Risk Assessments (CSRAs) to be undertaken.

Liberation arrangements followed the SPS procedures, with women being supported by their personal officer in partnership with throughcare providers. Each woman received a copy of their individual support plan and points of contact in advance of their liberation. The Parole Unit prepared all the liberation paperwork. They informed the cashier and NHS within Lilias and notified external agencies. If the woman had license conditions, the Parole Unit Administrator talked them through the details of what was required of them. Lilias had not had any detainees in error. There were no liberations from Lilias during the inspection, so inspectors were unable to observe the process in practice.

There were no recommendations for improvement or examples of good practice, however processes were carried out to a high standard. We would like to see an explanation of PIACs added to the induction material.

Standard 2 – Decency

The prison supplies the basic requirements of decent life to the prisoners.

The prison provides to all prisoners the basic physical requirements for a decent life. All buildings, rooms, outdoor spaces and activity areas are of adequate size, well maintained, appropriately furnished, clean and hygienic. Each prisoner has a bed, bedding and suitable clothing, has good access to toilets and washing facilities, is provided with necessary toiletries and cleaning materials and is properly fed. These needs are met in ways that promote each prisoner’s sense of personal and cultural identity and selfrespect.



Inspection Findings Overall Rating: Good

Liliacs was modern with lovely comfortable accommodation, a modern kitchen, quiet rooms and two accessible rooms for people with limited mobility. There was a family unit for mothers and children. The central hub provided a bright relaxed setting for activities and visits. The central atrium outside had plants and seating and provided a lovely place to sit and enjoy the sunshine on warmer days. Liliacs opened with 1,300 defects which had been difficult for the Estates Team to deal with, particularly during the initial warranty period when having to deal with sub-contractors who were in dispute with the main contractor. The defects included some significant design flaws such as boiler rooms with very restricted access for maintenance, and a safer cell that was not fit-for-purpose and was only just being resolved at the time of our inspection. Notwithstanding these avoidable design flaws, the overall ambience created in the CCU was therapeutic and uplifting and a great credit to the SPS, fully in keeping with the vision and values of the SPS’s national Strategy for Women in Custody 2021-25.

Liliacs was clean and well maintained, with 11 women responsible for different elements of the weekly cleaning schedule for the central areas and the houseblocks. Cleaning materials were plentiful and easily available in unlocked store cupboards in each houseblock. The beds were fit-for-purpose, and each houseblock had its own washing machine and tumble drier. There were further laundry facilities in the central area where towels and duvets could be washed. Women staying in Liliacs for longer periods were offered a chance to have their own duvets in use, which could be washed every three months. Duvets were always cleaned after every room changeover. All rooms were en suite, offering access to toilets and showers at all times, with one bath in each houseblock. Every new admission got access to personal hygiene items such as toothbrush, toothpaste, soap and sanitary products. Women were able to purchase items off the main canteen list and a beauty product sheet, while other items could be purchased by those on community access or handed into those not on community access.

HMIPS Standard 2 Decency – Continued



Women were allowed to wear their own clothing. There was a decent range of prison issued clothing if required, although Lilias had run out of some smaller size clothing and was in the process of reordering. There was also a stock of clothing that had been left by women who had been liberated, which was available to any woman arriving with limited clothing. Clothing could be purchased by those getting community access or handed in to those that do not.

The women were provided with £38.50 for their weekly shop and staff facilitated online shopping from Tesco for them. While the ability to shop and cook for themselves was helpful in preparing the women for independent living outside, it was disappointing that the women were not allowed to go out to shop for themselves, as that had been the original intention when the CCU concept was being devised. Personal officers checked whether the women were ordering enough food and attempted to encourage healthy eating habits. All shopping sheets were also sent to the catering manager at HMP & YOI Stirling for assurance that they were making well balanced choices. Despite this, some of the shopping lists observed by inspectors did not look particularly healthy and further encouragement to eat healthily should be given. The women cook their own meals. In the early days of Lilias, the catering manager at HMP & YOI Stirling had come to Lilias to show women how to cook healthy economical meals but this stopped when there was a change in personnel. Inspectors hope this process can be reinstated.

List of Good Practice

- **Good Practice 1:** The accommodation for women and overall design and ambience created by Lilias was of a very high standard and fully in keeping with the vision and values of the SPS's national Strategy for Women in Custody.

List of Recommendations

- **Recommendation 1:** SPS HQ should learn from some of the avoidable design flaws when it plans the development of future CCUs and prisons.
- **Recommendation 2:** The Lilias Centre and SPS HQ should review the scope to allow women to go out to shop for themselves.
- **Recommendation 3:** The Lilias Centre should make greater efforts to check whether the women are picking healthy options for their shopping list.
- **Recommendation 4:** The practice of the Catering Manager at HMP & YOI Stirling providing advice and demonstrating how to eat healthily should be reinstated.

Standard 3 – Personal Safety

The prison takes all reasonable steps to ensure the safety of all prisoners.

All appropriate steps are taken to minimise the levels of harm to which prisoners are exposed. Appropriate steps are taken to protect prisoners from harm from others or themselves. Where violence or accidents do occur, the circumstances are thoroughly investigated and appropriate management action taken.

Inspection Findings

Overall Rating: Satisfactory

With regards to TTM no women had been placed on any form of observation since Liliias opened. There was a room originally allocated as a safer room, but it did not meet the criteria. If any woman living in Liliias was found to be at risk of suicide or self-harm they would be transferred to HMP & YOI Stirling. It was therefore pleasing to note that the secure room was being converted to a safer room during the inspection. Only 62.5% of staff were in competency for TTM. Ordinarily this would be a concern, but with low numbers of staff one or two out of competency drastically affected the figures. Liliias had also lost their TTM trainer and were engaging with other prisons to include their staff on training to reach 100% competency, which mitigated our concerns.

Liliias staff invested a large amount of time and resources to minimise the risk of harm or abuse from others through a multidisciplinary meeting called the Women's Case Management Board (WCMB). The Board discussed individuals who were eligible to transfer to Liliias and this included any risks or issues that may disrupt the dynamics of the Centre. The WCMB put in place appropriate support measures they feel are required prior to a woman's transfer, to maximise the successful transition. All women sign a residency agreement, agreeing to abide by an agreed set of behaviours and these are challenged if required. Staff had regular interaction with women in the Centre which provided ample opportunity for staff and women to highlight any issues and there was a zero tolerance to abuse, which was covered during the induction. Translation services were available to allow foreign nationals that did not speak English to talk through any issues.

The Liliias management team met weekly to discuss any issues that might have been highlighted over the previous week, including any intelligence, and take appropriate action to minimise any potentially negative behaviours.

HMIPS Standard 3 Personal Safety – Continued

Those displaying negative behaviours will have a Risk Management Team (RMT) where they will discuss an ACR. This report is used to evaluate changes in a prisoner's circumstance or behaviour, which suggests a change in risk, and to consider their future management and suitability for Community access. As an ACR also records positive behaviour, the title is misleading, and Lilias may wish to revisit this. Those that broke Prison Rules and were placed on a disciplinary report were seen at an adjudication. An ACR was completed and an RMT took place to discuss any actions required. The result of most RMTs was that the women did not return to closed conditions.

All respondents to HMIPS's pre-inspection survey said they felt safe most or all of the time at Lilias. There was very little evidence of bullying, intimidation or harassment being reported. It was a small community where staff and women had regular contact so there is ample opportunity to identify any negative interaction. Anti-bullying was covered in the induction, and when questioned staff and women were able to explain the process to deal with such incidents. In most cases staff would deal with it at the lowest level, challenging the behaviour and looking to support both parties. If it was escalated it will be dealt with as an ACR. There was an example of this where a breakdown in communication between two women took place. Both were offered an opportunity to give their side of the story and actions were taken to minimise further issues. To date, no women had been returned to a closed prison because of bullying, intimidation, or harassment.

Staff carried radios which was also their alarm system and alarms were on the walls around the Centre. There was adequate staff available if women wished to talk to staff in the Electronic Control Room (ECR). There were adequate checks in place for both radios/alarms and the alarms on the wall. When a wall alarm is activated a panel in the ECR directs staff to the exact location of the activation. However, radio alarms did not have beacons which meant ECR staff had to remain vigilant to where staff were. Due to the minimal camera coverage in the houses, staff were required to inform the ECR when they entered and left the houseblocks which made it easier for the ECR to identify when a staff member pressed their alarm in a house. There are a number of SOPs to inform staff how to deal with emergencies such as staff alarms and response levels for a Code Red/Blue.

HMIPS Standard 3 Personal Safety – Continued

There was no full-time Health and Safety (H&S) Coordinator on site; this was provided by HMP & YOI Stirling. Locally there were a number of SOPs that assisted staff with their H&S responsibilities. There is a H&S action plan, fire response procedures, and a H&S statement of intent explaining the responsibilities of all that work and live in the Liliac Centre.

Fire notices were in all the rooms and throughout the buildings. Fire evacuation signs were clearly visible. All the houses had a fire suppressant system and there were adequate fire extinguishers throughout. The findings of H&S checks were placed on an action log to remedy any issues. There were a number of Personal Emergency Evacuation Plans for those requiring extra assistance during evacuation.

Fire drills had taken place, the last being November 2023.

There were no recommendations for improvement or examples of good practice.

Standard 4 – Effective, Courteous and Humane Exercise of Authority

The prison performs the duties both to protect the public by detaining prisoners in custody and to respect the individual circumstances of each prisoner by maintaining order effectively, with courtesy and humanity.

The prison ensures that the thorough implementation of security and supervisory duties is balanced by courteous and humane treatment of prisoners and visitors to the prison. Procedures relating to perimeter, entry and exit security, and the personal safety, searching, supervision and escorting of prisoners are implemented effectively. The level of security and supervision is not excessive.

Inspection Findings

Overall Rating: Satisfactory

This standard would have been rated good had it not been for the searching regime described below.

No Use of Force had been undertaken since Liliias had opened. All staff were fully compliant with 83.3% of FLMs compliant in the supervising role. The stats for PPT were not good, with only 50% of those requiring PPT being compliant.

There was no Separation and Reintegration Unit (SRU) at Liliias, only a secure room to hold anyone placed on Rule 95 pending transfer to HMP & YOI Stirling SRU. The secure room was currently being renovated to make it a safer room. Adjudications were not common. During the inspection one was observed, and it met the adjudications guidelines. No one at Liliias was subject to a Special Security Measure (SSM).

All rooms were searched as per SPS guidelines. In the HMIPS pre-inspection survey, just over 50% of women stated that they were always given a reasonable explanation when they or their room were searched. Although a room search was not observed, staff were able to explain the process. Inspectors were very concerned to learn that as part of every room search a full body search of the occupant was carried out. It is HMIPS's view that this is not trauma-informed practice, and we recommend that the SPS guidance around this be revised. It was also disappointing that full body searches were carried out on those volunteering to provide a mandatory drug test for progression and that a searching ratio of 1:5 was in place for those accessing the community and because the numbers accessing the community were small, the same women were being body searched repeatedly.

Women kept most of their property in their rooms but there was a small storage cupboard with a box allocated to each woman which was adequate. A robust recording system was in place for property with a property card in the reception room including for their valuable property which was held in a safe. Women were able to access their property regularly.

HMIPS Standard 4

Effective, Courteous and Humane Exercise of Authority – Continued

Like all other prisons, families could transfer money to SPS HQ which was then distributed to the appropriate prison. Once received the cashier transferred a maximum of £20 per week into the women's account to spend. The cashier dealt with any cash sent in by letter. However, they would not accept any cash handed in at the front-of-house which appeared a little unreasonable, particularly where visitors were not able to transfer funds electronically.

The default position at Liliacs was that all women on escorted leave were not handcuffed. If returning to a closed prison this would be risk assessed. Where a woman was escorted to an appointment in the community, staff carried a 'cuff pouch' containing handcuffs and a closet chain. Staff were given autonomy to decide to handcuff an individual where the situation deemed it necessary. On returning to Liliacs, if handcuffs were used the staff member submitted a report on the incident and if appropriate an RMT to discuss the ACR took place to decide any action required.

Mandatory drug testing took place for progression/parole and also where there was a suspicion. Liliacs had a fit-for-purpose mandatory drug testing room. The toilet door was of a reasonable height to allow some privacy and minimise trauma. Those found to be positive had a second sample tested to ensure a consistent result. If required, an RMT would take place to discuss the ACR and decide if any actions were required. Inspectors were not able to observe a live test but were content with the process. All records were in order, with 38 mandatory drug tests taking place in the last six months.

Alcohol testing was carried out using a breathalyser. Testing was carried out for those on community access and home leave at a ratio of 1:5. Liliacs were awaiting the arrival of a new breathalyser, so no testing was carried out during the inspection. Positively, the lack of being able to test did not affect the women's access to the community.

There was excellent camera coverage throughout the grounds and buildings, except for inside the houses but staff were able to track movements. Staff in the ECR were able to observe the whole of the perimeter. The perimeter was also checked by staff at least twice a day and at least every hour during the night shift. All patrols were logged on SharePoint and could be accessed by FLMs and the Unit Manager as a way of assurance. Most deliveries were drop-offs at the front-of-house. The refuge lorries and other contractor's vehicles who required to enter the sterile area were searched by a member of staff on entry and exit. The staff in the ECR were extremely competent in working the camera system and were able to demonstrate an excellent knowledge of which cameras covered which area. The screens were small, but there had been some discussions around this with new larger screens planned.

HMIPS Standard 4

Effective, Courteous and Humane Exercise of Authority – Continued

Cameras were checked every day for faults. Any faults were logged on the agility system to be fixed as a priority.

There were a number of SOPs that staff could access for reference.

List of Recommendations

- **Recommendation 5:** The Liliias Centre should ensure FLMs requiring PPT attend training as soon as possible.
- **Recommendation 6:** SPS HQ should change the guidelines so that women are only body searched when intelligence suggest it.
- **Recommendation 7:** The Liliias Centre should consider accepting cash at the front-of-house, particularly as they accept cash if sent in the mail.

Standard 5 – Respect, Autonomy and Protection Against Mistreatment

A climate of mutual respect exists between staff and prisoners. Prisoners are encouraged to take responsibility for themselves and their future. Their rights to statutory protections and complaints processes are respected.

Throughout the prison, staff and prisoners have a mutual understanding and respect for each other and their responsibilities. They engage with each other positively and constructively. Prisoners are kept well informed about matters which affect them and are treated humanely and with understanding. If they have problems or feel threatened they are offered effective support. Prisoners are encouraged to participate in decision making about their own lives. The prison co-operates positively with agencies which exercise statutory powers of complaints, investigation or supervision.

Inspection Findings

Overall Rating: Satisfactory

In relation to sharing critical information between women and their families, there was a SOP to inform staff of the processes and those spoken to were knowledgeable of them.

In the HMIPS pre-inspection survey, all respondents said they were always or most of the time treated with respect by staff. All respondents reported that they had a personal officer, and the majority reported that their personal officer was helpful, including two-thirds who said their personal officer was “very helpful.” As described in Standard 1, the women’s relationship with their personal officer began at an early stage. The women signed a Resident Agreement on arrival that informed them of acceptable behaviour. Daily meetings took place in the Hub that were attended by staff and the women. Wellbeing checks were also being carried out by FLMs at weekends, where they popped into the houseblocks to chat to the women and asked if they had any concerns/questions. Inspectors’ observations and discussion with staff and women during the inspection suggested that on the whole their relationships were positive and there was a relaxed feel about the place.

The women’s right to confidentiality and privacy were respected by staff. Staff and women were aware of the process to follow in relation to information security breaches and Subject Access Requests (SARs), with guidance being provided to the women in the houseblock information folders. There was sufficient space for confidential conversations in the houseblocks. There were not many rooms available for private conversations in the communal area, but it was quiet enough that conversations could be had without being overheard. Staff were encouraged to knock before entering women’s rooms in the houseblocks. The process for handling mail ran smoothly, it was secure and offered privacy to the women who received their mail the same day. A slide in the induction material explained the mail process.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment – Continued

A weekly planner of scheduled events was prepared and placed in each houseblock. As reported above, daily morning meetings took place with the women to discuss the regime and work priorities for the day. There were two periods of inhouse activity which were used to undertake a range of housebased activities including cooking, relaxing, studying and social interaction. The women were encouraged to undertake regular health and wellbeing activities which were developed collaboratively between them and staff, to ensure a comprehensive and inclusive programme was in place. There was no specified recreation period throughout the day. In developing a self-care ethos the women were expected, as part of their individual support plan, to ensure they had the opportunity to undertake recreational activities. A range of activities could be undertaken within each house and within the community hub.

According to the HMIPS pre-inspection survey, most women reported that Liliias consulted them on issues that affected them like food, canteen and healthcare. However, the majority of these respondents felt that things did not change because of this consultation. Liliias may want to investigate this further. PIACs were taking place, and all women were invited to attend. The last PIAC was attended by all of them. An action plan tracker was produced and displayed on noticeboards in the communal areas to keep the women up-to-date with progress. The noticeboards in the communal areas contained helpful information and were kept up-to-date. A resident newsletter called 'Wits Happnin?' was being produced and was an enjoyable read. Inspectors expected to see a TV information channel up and running and better use of IT, such as a kiosk system given that it was a brandnew facility. HMIPS are interested to know what the plans are for the future in relation to this.

The Prison Rules were available in the library, but women spoken to did not know they were there. Liliias may wish to consider adding something to the information folders in the houseblocks, but this was not such a big issue in Liliias as the women had free access to the library. If the women wished to speak with legal representatives, they made the appointment themselves and were offered a confidential space to meet with them in the communal area.

The HMIPS pre-inspection survey informed us that of those who had an opinion, just over half said the complaints system worked well, and just under half felt that it worked badly. Liliias may wish to investigate the reasons for this. The complaints process, the route to the Scottish Public Services Ombudsman (SPSO) and complaints forms were available in the information folders in the houseblocks. The women handed their Prisoner Complaint Forms (PCFs) directly to the FLM to investigate and the paperwork was held by the Business Improvement Manager at HMP & YOI Stirling. Very few complaints had been submitted in the last six months. They all appeared to have been handled correctly and within timescale and there were no recurring themes.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment – Continued

IPM posters were displayed throughout the prison. According to the HMIPS pre-inspection survey, most respondents knew the role of the IPMs, and more than half said they knew how to contact an IPM. Women and staff spoken to during the inspection knew who the IPMs were and said they were visible. No requests had been received to date, which tied in with the low numbers of complaints. The induction materials mentioned the IPM service which helped to raise awareness of it.

Standard 6 – Purposeful Activity

All prisoners are encouraged to use their time in prison constructively. Positive family and community relationships are maintained. Prisoners are consulted in planning the activities offered.

The prison assists prisoners to use their time purposefully and constructively and provides a broad range of activities, opportunities and services based on the profile of needs of the prisoner population. Prisoners are supported to maintain positive relationships with family and friends in the community. Prisoners have the opportunity to participate in recreational, sporting, religious and cultural activities. Prisoners' sentences are managed appropriately to prepare them for returning to their community.

Inspection Findings

Overall Rating: Satisfactory

Liliias offered a good range of employment opportunities for all women, which were of high-quality within a contemporary and well-organised setting. There were sufficient employment and work placement opportunities for all eligible women, and participation was high. There was a good balance between the needs of the women and the needs of the Centre. However, at the time of the inspection, no vocational qualifications were available and no SPS staff were trained to deliver them.

The Education Centre was easily accessible and offered a bright, informal setting for women to engage with education opportunities. Education activities were of a good quality and tailored to suit individual abilities. Women had access to a good range of health and fitness equipment at times of their choosing. Overall, there was a sufficient range of physical and health opportunities available to women.

The library was located in the Education Centre and contained a modest range of books and learning materials, along with DVDs. The materials available suited the abilities and interests of the population at the time of the inspection. The women were consulted on the range and type of materials held in the library and most were satisfied with the selection being offered. Liliias engaged with a wide variety of third sector agencies and partners who visited the prison to offer services, programmes, and events. Almost all women engaged in these activities which they enjoyed and found beneficial in preparing for liberation. Liliias was proactive in celebrating the achievements of women. However, at the time of the inspection, there were no active Listeners or Peer Mentors.

HMIPS Standard 6 Purposeful Activity – Continued

Women were free to move around Liliias so had access to fresh air throughout the day. The Hub was a lovely therapeutic area to sit and relax in or walk round. The women got the opportunity for supervised longer walks around the internal perimeter of Liliias twice a week. There were good quality rain jackets provided for those wishing to get fresh air in poorer weather or when making their way from residential areas across to the Hub.

Church of Scotland and Roman Catholic Chaplains provided pastoral support and church services and a Christian Fellowship Group offered further support midweek and at the weekend. Liliias indicated it would be able to access the support of an Imam via SPS HQ if needed. The HMIPS pre-inspection survey indicated that some women were frustrated at not being able to attend a local church at the weekend due to security restrictions, demonstrating the tensions that Liliias has faced daily when balancing opportunities against risk.

The visits timetable provided ample opportunities for family contact. There was no limit on how long visitors could stay during these periods and there was some flexibility beyond the stated schedule. Liliias had recently established a family strategy forum, which had been liaising with SPS HQ about the new SPS National Family Strategy and initiating a scoping exercise to consider visitor feedback, the age ranges of child visitors, any barriers to visiting and suggestions for improvement. The forum was looking at the possibility of promoting homework/book clubs, a summer family event, with the possibility of picnics/BBQ, face painting, clowns, etc, and first day back at school events where children could come to the Community Custody Unit (CCU) in their new school uniform to have their photo taken with their parent. All of these ideas looked excellent ways of promoting family contact.

Liliias provided a warm welcoming environment for visitors and the Hub provided a relaxed setting for visits. The outside area had some features that would appeal to young children. A few women complained that it was awkward conducting a visit when other activity was going on in the same communal area, while other women said the noise of others in the room helped secure the privacy of their own conversations with visitors. Staff adopted a sensitive low-key approach to security. Family members with whom inspectors spoke said they were treated well by staff.

Staff supported women with maintaining contact with families, such as helping them accessing Email a Prisoner Scheme. Liliias had virtual visit technology which had been well used by one woman previously, but at the time of our inspection had not been used since New Year's Day and Christmas Day. This may have been because most families could make physical visits. Nevertheless, virtual visit technology was useful for women with family and friends living further afield.

HMIPS Standard 6 Purposeful Activity – Continued

There was no facility for closed visits. Occasionally a family member under the influence had been denied access, but the women did not object when the reasons for this were explained carefully and sensitively.

Lilies provided a reasonable number of therapeutic activities. Wevolution were observed providing arts and crafts focused activities designed to encourage confidence and self-esteem and entrepreneurial skills; the women were engaging energetically with the trainers and enjoying the session. Other activities included therapeutic dogs, meditation and mindfulness sessions and theatrical activities with the Citizens Theatre which had received very positive feedback from the women and invited families. Although a very wide range of third sector partners were engaging with the prison, some of these arrangements were dormant at the time of our inspection and some women felt there was not enough to do.

Lilies was piloting a new case management process for short-term prisoners, which looked easy to use and recorded useful information. Staff involved in the pilot felt the new process was helping to identify needs that the women were not always aware of. Integrated Case Management documentation inspected was comprehensive, helped by the fact that each woman had two staff allocated to perform personal officer duties, and staff had time to get to know the women well and record useful information. Support plans were developed with input from the women. Family members were invited to attend case conferences but rarely attended, possibly because they already felt informed of developments via family visits.

All women were briefed by staff before Risk Management Team (RMT) meetings and advised of the outcome immediately after an RMT. It is the view of HMIPS that women should attend their RMT at the appropriate time to allow input into any decision made. The RMT documentation inspected was of a high standard and the RMT observed was run effectively.

HMIPS Standard 6

Purposeful Activity – Continued

List of Good Practice

- **Good Practice 2:** The education timetable provided an opportunity for each prisoner to meet regularly with a tutor to discuss progress with their individual learning plan.
- **Good Practice 3:** The Hub provided a lovely setting for visits and the range and flexibility around opportunities for visits was impressive.

List of Recommendations

- **Recommendation 8:** The prison should prioritise training and certification for prisoners participating in activities that are a risk to health and safety, such as food hygiene, cleaning, bio-hazard, and moving and handling.
- **Recommendation 9:** The new case management process for Short-term Prisoners (STPs) should be evaluated carefully and rolled out if it fulfils its potential to be good practice.
- **Recommendation 10:** The Liliias Centre should ensure that women are given the opportunity to attend relevant portions of their RMT meetings to enable them to give their views.
- **Recommendation 11:** SPS HQ should provide and expedite the use of IT for educational purposes.

Standard 7 – Transitions from Custody to Life in the Community

Prisoners are prepared for their successful return to the community.

The prison is active in supporting prisoners for returning successfully to their community at the conclusion of their sentence. The prison works with agencies in the community to ensure that resettlement plans are prepared, including specific plans for employment, training, education, healthcare, housing and financial management.

Inspection Findings

Overall Rating: Satisfactory

Partnership working to support sentence and pre-release planning processes for both short and long-term prisoners was working well. Staff and agencies operating within Liliias were clear about their role and responsibility to support the development of plans, and mechanisms were in place to support the effective sharing of information. These included multi-agency planning forums for both short and long-term prisoners, and a complex case management forum which enabled staff to consider effective approaches to support vulnerable women.

For women who were statutory cases, prison staff and prison-based social workers worked collaboratively to ensure that key decisions about progression and release were informed by timely and comprehensive assessments and reports. Community-based social workers regularly attended ICMs. Processes were also in place to support family attendance. Personal officers contributed via written submissions but did not consistently attend ICM meetings. Minutes of ICM and RMT meetings were comprehensive and reflected a clear consideration of risk and need.

A broad range of community-based services were available to support women to prepare for release. A variety of groups and activities designed to build skills and establish community connections were being offered by staff and community groups. Staff actively encouraged women to participate and were striving to offer women a degree of choice about the services they engaged with. Staff demonstrated a commitment to ensuring that women had access to a wide range of supports in preparation for release.

Staff understood the importance of planning and preparation for release and worked to ensure that women were at the centre of planning processes. Women approaching release were clear about who to turn to for help and support within the prison environment, but also who would be available to support them in the community.

Liliias did not offer any services to women after their release. They had established strong links with services offering support in the community and short-term prisoners had a good awareness of voluntary throughcare support provided by community-based social work teams.

HMIPS Standard 7

Transitions from Custody to Life in the Community – Continued

List of Good Practice

- **Good Practice 4:** The Liliac Centre staff were piloting a multi-agency pre-release process for short-term prisoners. This collaborative approach, based on strong relationships between key partners, was supporting the development and coordination of plans and was benefitting prisoners in the transition to the community.
- **Good Practice 5:** A complex case management meeting chaired by NHS psychology provided staff with a safe space to explore best practice in supporting vulnerable women.
- **Good Practice 6:** ICM and prison-based social work staff worked collaboratively to ensure the meaningful participation of women and the effective delivery of ICM processes. This was helping to prepare women for progression and release.
- **Good Practice 7:** Women were offered the opportunity to engage with a range of supports which were subsequently available to them in the community. This was supporting community integration.

List of Recommendations

- **Recommendation 12:** The Liliac Centre should ensure that personal officers should be encouraged and enabled to attend and contribute to ICM meetings.

Standard 8 – Organisational Effectiveness

The prison's priorities are consistent with the achievement of these Standards and are clearly communicated to all staff. There is a shared commitment by all people working in the prison to co-operate constructively to deliver these priorities.

Staff understand how their work contributes directly to the achievement of the prison's priorities. The prison management team shows leadership in deploying its resources effectively to achieve improved performance. It ensures that staff have the skills necessary to perform their roles well. All staff work well with others in the prison and with agencies which provide services to prisoners. The prison works collaboratively and professionally with other prisons and other criminal justice organisations.

Inspection Findings

Overall Rating: Satisfactory

Lilias had a representative on the HMP & YOI Stirling Equality and Diversity (E&D) Committee who contributed to development of the draft E&D strategy, which covered Lilias as well as HMP & YOI Stirling and the Bella Centre. Inspectors were not able to interview any women with protected characteristics during our short inspection but there was nothing to suggest concerns.

Lilias took part in the allocated schedule of internal audit PRLs. They were not able to provide copies of all the PRL audits requested by inspectors. The Lilias Centre Manager took part in Business Review meetings which covered Lilias as well as HMP & YOI Stirling and the Bella Centre, and an action tracker reviewed progress against any outstanding action points in all three establishments.

As with HMP & YOI Stirling, the development of a modern facility like Lilias itself demonstrates the commitment of the SPS to learn from best practice elsewhere and aspire to lead the way in the care and treatment of women in custody. The Business Review meeting for the three establishments including Lilias covers progress against key performance indicators.

The training stats for Lilias indicated very high levels of compliance with refresher training in core competencies, with 100% compliance for control and restraint (C&R) refresher training and most other competencies sitting above 80%. The main exceptions were TTM sitting at 63% and PPT at 50%.

It was a small cohesive team in Lilias which understood and respected the roles played by others in the Centre and was functioning well as a team.

Absence management, poor performance and recognition of good performance were largely handled by HMP & YOI Stirling. Lilias was able to provide inspectors with letters from the women at Lilias expressing their appreciation of the way they had been treated by staff which is a good endorsement of the support provided at Lilias.

HMIPS Standard 8

Organisational Effectiveness – Continued

Liliias had developed partnership agreements with a wide range of external partners who wished to work with the women in Liliias and support their rehabilitation into society.

The CCU had engaged with the communications and media team in SPS HQ to promote the good work done in Liliias.

List of Recommendations:

- **Recommendation 13:** The Liliias Centre should ensure that TTM and PPT core competency levels are brought back to their target levels.

Standard 9 – Health and Wellbeing

The prison takes all reasonable steps to ensure the health and wellbeing of all prisoners.

All prisoners receive care and treatment which takes account of all relevant NHS standards, guidelines and evidence-based treatments. Healthcare professionals play an effective role in preventing harm associated with prison life and in promoting the health and wellbeing of all prisoners.

Inspection Findings

Overall Rating: Satisfactory

In this standard, there were eight examples of good practice and eight recommendations for improvement.

Leadership and Governance

Healthcare at Liliias was managed and governed through Glasgow City Health and Social Care Partnership's (GCHSCPs) established governance structures and processes.

Healthcare was managed and supported operationally by the nursing and service management team that covered HMP Barlinnie. Leadership would normally be provided by a band 7 team leader who was based at Liliias. This post was currently vacant and was being actively recruited to. Team leader cover was currently being provided by a team leader from HMP Barlinnie. The team leader could easily be contacted for support. However, recruiting to this post is essential to provide onsite leadership and support to staff at Liliias. The Healthcare Operational Manager also regularly visited the unit to support healthcare service issues. The unit was also included in the morning safety huddle meeting to ensure safe staffing.

Healthcare staff were onsite at Liliias each day from 8.00am to 4.00pm.

Mandatory training records seen showed good compliance rates. Staff also received role specific training which included certification of death training. Training compliance was discussed at governance meetings.

Inspectors heard how the healthcare needs of the population at Liliias had been identified and training for staff developed to meet these needs. This is good practice.

There was evidence of systems and processes in place to report and learn from incidents and adverse events. Regular Prisoner Healthcare Clinical Governance meetings enabled reporting to be monitored and to identify any trends.

HMIPS Standard 9 Health and Wellbeing – Continued

Complaints, comments and feedback were managed in line with NHS Greater Glasgow and Clyde's complaints policy. There was a clear governance structure for reporting and responding to complaints and feedback. Patients had access to information on how to complain within the information folder stored in the residential houses.

Healthcare Team meetings held at Lilias covered updates from specialities and updates regarding recruitment. Inspectors were told that there was a joint communication meeting every two months between healthcare and SPS staff.

Inspectors saw that there were several external agencies who attended Lilias to support the delivery of health and wellbeing initiatives. During the inspection, inspectors saw and heard collaborative and respectful relationships between healthcare and SPS staff.

There was evidence of promoting trauma-informed practice embedded within Lilias. The Clinical Psychologist facilitates weekly complex case discussions and a consultation session with good uptake from SPS and NHS staff to facilitate discussions about culture and ethos. This supports understanding of the challenges experienced by women living in Lilias from a psychological perspective and to aid multidisciplinary communication. This is good practice.

Admission Process

Healthcare needs would be identified as part of the planning process for a patient to be transferred to Lilias. There were good systems and processes in place for health screening of a woman transferred to Lilias. The patient's medicine Kardex would be reviewed and any changes to treatment or medications were discussed with the person and documented in their healthcare record on Vision.

Healthcare staff assess the risk for patients transferred to Lilias in line with the SPS Prevention of Suicide Strategy, TTM.

Lilias did not have a safer cell. See Standard 3.

HMIPS Standard 9 Health and Wellbeing – Continued

Primary care

Primary care was delivered predominately using a nurse-led model. A GP clinic was held at Liliias every second Monday and an attend anywhere clinic was held every alternate Wednesday. Healthcare staff could contact the GP at HMP Barlinnie for medical advice and support if required when the GP was offsite during core hours.

The process in which patients know what healthcare services are available within Liliias and the community, and how they can self-refer requires review by the Partnership. Written information on the range of healthcare services available within Liliias and the community was not provided.

Referral forms were available in the residential areas and had pictures to support patients with literacy difficulties; however, these were not available in other languages. Self-referral forms did not accurately reflect those services available at Liliias.

Patients were informed that their referral had been received and that they had been added to the relevant clinic's waiting list. Patients were not informed of anticipated waiting times. Inspectors were told at the time of the inspection that there was a maximum waiting time of seven days to see a GP.

A SOP to arrange external hospital appointments and monitor attendance was in place.

Inspectors were informed at the time of the inspection that patients were not able to attend the community optician service as SPS staff were unable to provide escorts. The inspectors escalated this to HMIPS.

All staff were trained in basic life support and medical emergency training (MET). Training records showed all staff were compliant with this training. Emergency equipment, which included automated external defibrillator, oxygen and suction unit, was accessible and ready for use, and emergency drugs were in date. There was evidence of emergency equipment being checked daily. The on-call FME supported healthcare staff with advice for emergencies out of hours. However, in most emergency situations in hours and out of hours a 999 call would be made to the ambulance service.

Liliias patients had access to an occupational therapy (OT) service. All patients transferred to Liliias would be given an information leaflet about the OT service and were given an appointment to meet with the OT. The OT worked closely with patients to improve access to services and help patients with everyday activities, for example self-care, leisure, and work. This is good practice.

HMIPS Standard 9 Health and Wellbeing – Continued

Long-term conditions, palliative and end of life care

Patients' health needs including long-term conditions were identified prior to transfer through the multidisciplinary WCMB meeting and during the initial health screening carried out on arrival to Liliac.

At the time of the inspection, no care plans were completed despite some patients being identified as having a long-term condition. This is a concern.

There were no patients on the palliative care register at Liliac at the time of the inspection. However, there were systems and processes in place should patients require palliative care support.

Health improvement

A wide range of health improvement, prevention and promotion information services were available to everyone at Liliac. A health and wellbeing forum was recently introduced between SPS, NHS and patients at Liliac. This covered local and strategic issues relating to health and wellbeing including recovery activities, life skills provision and health promotion resources available. This is good practice.

There was a lead nurse for sexual health within Liliac and patients had access to contraception and sexual health testing. Patients had access to a smoking cessation and nicotine management service for patients wishing to stop smoking or become nicotine free.

Mental health

For those patients with mental health issues, there was a comprehensive and impressive range of resources and services available in Liliac. This included a robust psychology provision with short waiting times and a range of clinical interventions offered.

A senior nurse for mental health and addictions from HMP Barlinnie would attend Liliac at least one day a week to triage and assess new referrals. A caseload management system was in place to monitor referrals and appointments. Care plans were in place for patients on the mental health caseload with evidence of person-centred goals identified.

Therapeutic work was generally delivered by the OT, psychology and third sector organisations. A range of third sector organisations provided input at Liliac offering individual and group work. Whilst the range of resources available was positive, inspectors were concerned that there was a lack of formal oversight and communication between services providing mental health support to their patients. There was a risk that patients could be receiving treatment from multiple agencies with no formal communication between parties.

HMIPS Standard 9 Health and Wellbeing – Continued

GCHSCP were aware of the importance of recording patients risks on a standardised risk assessment and had trialled the Clinical Risk Assessment Framework for Teams (CRAFT). However, this could not be recorded electronically on the patient's vision healthcare record. Risks would be assessed and recorded in the patient care record in Vision rather than completing this standardised tool. GCHSCP should continue to explore options to implement the use of a standardised risk assessment tool for patients on the mental health caseload.

There was evidence of planning for discharge and established pathways for referring patients to Community Mental Health Teams. Inspectors were encouraged to hear that pre-release meetings were in place for patients with all agencies involved in their care. This ensured community plans were in place. This is good practice.

Substance use

For those patients with substance use issues a range of evidence-based psychosocial and psychological interventions were available to patients at Liliias on an individual and group basis. This would be provided by the health improvement practitioner, psychologist and third sector organisations. The type of groups delivered included life skills, wellbeing, self-esteem and recovery focused such as Alcoholics Anonymous.

A caseload management system was in place to effectively manage referrals and offer appointments within 21 days for new referrals. Assessments and care plans were seen and were well completed and person-centred.

A robust liberation care planning system was in place for the Healthcare Team to contact community services with up-to-date information and support patients with arranging community follow-up appointments. This is good practice, as it promoted preparing for the patients transition to the community, to ensure they remain in treatment and reduce the risk of relapse.

HMIPS Standard 9 Health and Wellbeing – Continued

Dental health

All dental care for patients at Liliacs was provided offsite at Glasgow Dental Hospital. Patients requiring dental treatment were facilitated to attend appointments and an escort was provided by SPS.

There were clear processes in place for patients to access emergency dental care out-of-hours.

There was a Mouth Matters Oral Health Improvement Service who offered advice, support and share dental hygiene information to patients via the dental support worker. This is good practice.

Medical and pharmacy service

The governance and management of medicines management in Liliacs was supported by an advanced pharmacist who visited every four weeks. The pharmacist reviewed the patient's drug Kardex following the patients transfer to Liliacs. This ensured medications had been prescribed correctly using various sources including the clinical portal and the patient's Vision record. There was also an ongoing monthly review of the patient's drug Kardex whilst they remained in Liliacs. This is good practice.

Good systems and processes were in place for the ordering and safe storage of medications.

At the time of the inspection, only two people were on supervised medications. Afternoon and evening medications were normally given at 3.30pm, which meant that some medications could be administered out with therapeutic times. This is a concern.

We were told that there were processes in place to ensure that patients received their supervised medication, including opiate substitute therapy (OST) before attending court or on day release. Patients were issued with a 28-day prescription that could be dispensed in a community pharmacy. However, this was risk assessed depending on medications being supplied and the vulnerability of the patient. This is good practice. Robust processes were in place for patients on OST being liberated or who may be liberated directly from court to ensure there was no interruption to their OST.

HMIPS Standard 9 Health and Wellbeing – Continued

Infection, prevention and control

The medical room and dispensary areas within Liliias were tidy, visibly clean and in a good state of repair allowing effective cleaning. All near patient equipment was also in a good state of repair, clean and ready for use. Personal protective equipment was available and stored appropriately. Cleaning was carried out by NHS Greater Glasgow and Clyde's domestic services.

Inspectors observed that there was no separate storage area for cleaning products. These were stored in a cardboard box on the floor of an unused toilet area. Staff were aware of this and told inspectors that the lack of storage space within the Health Centre was problematic and had been escalated to SPS. This must be addressed as a priority.

Inspectors did not see any specific external infection prevention control oversight from NHS Greater Glasgow and Clyde. However, a degree of external infection prevention and control assurance was provided by NHS Greater Glasgow and Clyde's Combined Care Assurance Audit Tool (CAAT) audit team who last visited in October 2023. The results of these audits feed into the overall infection control governance structures for NHS Greater Glasgow and Clyde and any concerns or discrepancies are escalated via this group.

Healthcare staff observed were compliant with standard infection prevention control precautions and were knowledgeable about infection control.

List of Good Practice

- **Good Practice 8:** The healthcare needs of the population at Liliias had been identified and training for staff developed to meet these needs.
- **Good Practice 9:** The Clinical Psychologist facilitates complex case discussions and consultation sessions providing a reflective space for SPS and to support NHS staff to deliver good care.
- **Good Practice 10:** Liliias benefits from the input of the occupational therapy service that provided a wide range of therapeutic supports for patients.
- **Good Practice 11:** A health and wellbeing forum was recently introduced between SPS, NHS and patients at Liliias covering local and strategic issues relating to health and wellbeing, including recovery activities, life skills provision and available health promotion resources.
- **Good Practice 12:** Pre-release meetings were in place with all agencies involved in the patient's care.
- **Good Practice 13:** A robust liberation care planning system was in place for the Healthcare Team to contact community services with up-to-date information and support patients with arranging community follow-up appointments.

HMIPS Standard 9 Health and Wellbeing – Continued

- **Good Practice 14:** A Mouth Matters Oral Health Improvement Service offered advice, support and share dental hygiene information to patients via the dental support worker.
- **Good Practice 15:** The pharmacist reviewed the patient's drug Kardex following patient transfer to Liliac. This ensured medications had been prescribed correctly using various sources including the clinical portal and the patient's Vision record. There was also an ongoing monthly review of the patient's drug Kardex whilst they remained in Liliac.
- **Good Practice 16:** Patients were issued with a 28-day prescription that could be dispensed in a community pharmacy. However, this was risk assessed depending on medications being supplied and the vulnerability of the patient.

List of Recommendations:

- **Recommendation 14:** GCHSCP should ensure patients are given information on the range of all healthcare services available with the Liliac and the community.
- **Recommendation 15:** GCHSCP should review the self-referral forms to ensure that they reflect the services available at Liliac. Referral forms should be available in the most common languages within the **SPS**.
- **Recommendation 16:** GCHSCP should ensure patients are made aware of waiting times for appointments.
- **Recommendation 17:** The SPS should work with GCHSCP to ensure patients can attend the community optician.
- **Recommendation 18:** GCHSCP should ensure that patients with long-term health conditions have individualised, person-centred care plans in place.
- **Recommendation 19:** GCHSCP and SPS should work together to ensure there was a forum for professionals providing care to patients to promote joinedup and collaborative working.
- **Recommendation 20:** GCHSCP should continue to explore options to implement the use of a standardised risk assessment tool for patients on the mental health caseload.
- **Recommendation 21:** GCHSCP and Liliac staff must collaborate to ensure that patients receive all their medications in a timely manner and that these are administered within therapeutic timeframes.
- **Recommendation 22:** Liliac CCU and GCHSCP should review the storage area where cleaning equipment is stored so that it is compliant with current guidance without delay.

Annex A

Summary of Recommendations

REC NO.	RECOMMENDATION
Standard 2 – Decency	
1	SPS HQ should learn from some of the avoidable design flaws when it plans the development of future CCUs and prisons.
2	The Lilias Centre and SPS HQ should review the scope to allow women to go out to shop for themselves.
3	The Lilias Centre should make greater efforts to check whether the women are picking healthy options for their shopping list.
4	The practice of the Catering Manager at HMP YOI Stirling providing advice and demonstrating how to eat healthily should be reinstated.
Standard 4 – Effective, Courteous and Humane Exercise of Authority	
5	The Lilias Centre should ensure FLMs requiring PPT attend training asap.
6	SPS HQ should change the guidelines so that women are only body searched when intelligence suggest it.
7	The Lilias Centre should consider accepting cash at the front-of-house, particularly as they accept cash if sent in the mail.
Standard 6 – Purposeful Activity	
8	The prison should prioritise training and certification for prisoners participating in activities that are a risk to health and safety, such as food hygiene, cleaning, bio-hazard, and moving and handling.
9	The new case management process for Short Term Prisoners (STPs) should be evaluated carefully and rolled out if it fulfils its potential to be good practice.
10	The Lilias Centre should ensure that women are given the opportunity to attend relevant portions of their RMT meetings to enable them to give their views.
11	SPS HQ should provide and expedite the use of IT for educational purposes.
Standard 7 – Transitions from Custody to life in the Community	
12	The Lilias Centre should ensure that Personal Officers should be encouraged and enabled to attend and contribute to ICM meetings.

Standard 8 – Organisational Effectiveness

- 13 The Liliac Centre should ensure that TTM and PPT core competency levels are brought back to their target levels.

Standard 9 – Health and Wellbeing

- 14 GCHSCP should ensure patients are given information on the range of all healthcare services available with the Liliac and the community.
- 15 GCHSCP should review the self-referral forms to ensure that they reflect the services available at Liliac. Referral forms should be available in the most common languages within the SPS.
- 16 GCHSCP should ensure patients are made aware of waiting times for appointments.
- 17 The SPS should work with GCHSCP to ensure patients can attend the community optician.
- 18 GCHSCP should ensure that patients with long-term health conditions have individualised, person-centred care plans in place.
- 19 GCHSCP and SPS should work together to ensure there was a forum for professionals providing care to patients to promote joined up and collaborative working.
- 20 GCHSCP should continue to explore options to implement the use of a standardised risk assessment tool for patients on the mental health caseload.
- 21 GCHSCP and Liliac staff must collaborate to ensure that patients receive all their medications in a timely manner and that these are administered within therapeutic timeframes.
- 22 Liliac CCU and GCHSCP should review the storage area where cleaning equipment is stored so that it is compliant with current guidance without delay.

Annex B

Summary of Good Practice

REC NO.	RECOMMENDATION
Standard 2 – Decency	
1	The accommodation for women and overall design and ambience created by Liliias was of a very high standard and fully in keeping with the vision and values of the SPS's national strategy for women.
Standard 6 – Purposeful Activity	
2	The education timetable provided an opportunity for each prisoner to meet regularly with a tutor to discuss progress with their individual learning plan.
3	The Hub provided a lovely setting for visits and the range and flexibility around opportunities for visits was impressive.
Standard 7 – Transitions from Custody to Life in the Community	
4	The Liliias Centre staff were piloting a multi-agency pre-release process for short term prisoners. This collaborative approach, based on strong relationships between key partners, was supporting the development and coordination of plans and was benefitting prisoners in the transition to the community.
5	A complex case management meeting chaired by NHS psychology provided staff with a safe space to explore best practice in supporting vulnerable women.
6	ICM and prison-based social work staff worked collaboratively to ensure the meaningful participation of women and the effective delivery of ICM processes. This was helping to prepare women for progression and release.
7	Women were offered the opportunity to engage with a range of supports which were subsequently available to them in the community. This was supporting community integration.

Standard 9 – Health and Wellbeing

- 8 The healthcare needs of the population at Liliat had been identified and training for staff developed to meet these needs.
- 9 The Clinical Psychologist facilitates complex case discussions and consultation sessions providing a reflective space for SPS and to support NHS staff to deliver good care.
- 10 Liliat benefits from the input of the occupational therapy service that provided a wide range of therapeutic supports for patients.
- 11 A health and wellbeing forum was recently introduced between SPS, NHS and patients at Liliat covering local and strategic issues relating to health and wellbeing including recovery activities, life skills provision and health promotion resources available.
- 12 Pre-release meetings were in place with all agencies involved in the patient's care.
- 13 A robust liberation care planning system was in place for the Healthcare Team to contact community services with up-to-date information and support patients with arranging community follow-up appointments.
- 14 A Mouth Matters Oral Health Improvement Service offered advice, support and share dental hygiene information to patients via the dental support worker.
- 15 The pharmacist reviewed the patient's drug Kardex following patient transfer to Liliat. This ensured medications had been prescribed correctly using various sources including the clinical portal and the patient's Vision record. There was also an ongoing monthly review of the patient's drug Kardex whilst they remained in Liliat.
- 16 Patients were issued with a 28-day prescription that could be dispensed in a community pharmacy. However, this was risk assessed depending on medications being supplied and the vulnerability of the patient.

Annex C

Prison Population Profile on 25 January 2024

Status	Number of prisoners	%
Untried Male Adults	0	0%
Untried Female Adults	0	0%
Untried Male Young Offenders	0	0%
Untried Female Young Offenders	0	0%
Sentenced Male Adults	0	0%
Sentenced Female Adults	15	94%
Sentenced Male Young Offenders	0	0%
Sentence Female Young Offenders	0	0%
Recalled Life Prisoners	1	6%
Convicted Prisoners Awaiting Sentencing	0	0%
Prisoners Awaiting Deportation	0	0%
Under 16s	0	0%
Civil Prisoners	0	0%
Home Detention Curfew (HDC)	3	

Sentence	Number of prisoners	%
Untried/ Remand	0	0%
0 – 1 month	0	0%
1 – 2 months	0	0%
2 – 3 months	0	0%
3 – 4 months	0	0%
4 – 5 months	1	6%
5 – 6 months	0	0%
6 months to less than 12 months	0	0%
12 months to less than 2 years	3	19%
2 years to less than 4 years	5	31%
4 years to less than 10 years	1	6%
10 years and over (not life)	0	0%
Life	6	38%
Order for Lifelong Restriction (OLR)	0	0%

Age	Number of prisoners	%
Minimum age:	26	
Under 21 years	0	0%
21 years to 29 years	2	12%
30 years to 39 years	4	25%
40 years to 49 years	4	25%
50 years to 59 years	3	19%
60 years to 69 years	3	19%
70 years plus	0	0%
Maximum age:	62	
Total number of prisoners	16	

Annex D

Inspection Team

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Annex E

Acronyms used in this report

ACR	Adverse Circumstance Report
CAAT	Combined Assurance Audit Tool
CCU	Community Custody Unit
CRAFT	Clinical Risk Assessment Framework for Teams
CSRA	Cell Sharing Risk Assessment
C&R	Control and Restraint
ECR	Electronic Control Room
E&D	Equality and Diversity
FLM	First Line Manager
FME	See Standard 9
GCHSCP	Glasgow Council Health and Social Care Partnership
H&S	Health and Safety
HIS	Healthcare Improvement Scotland
HM	His Majesty's
HMCIPS	His Majesty's Chief Inspector of Prisons for Scotland
HMIPS	His Majesty's Inspectorate of Prisons for Scotland
HMP	His Majesty's Prison
ICM	Integrated Case Management
IPM	Independent Prison Monitor
MET	Medical Emergency Training
NPM	National Preventive Mechanism
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OST	Opiate Substitute Therapy
OT	Occupational Therapy

PANEL	Participation, Accountability, Non-Discrimination, Empowerment and Legality
PCF	Prisoner Complaint Form
PIAC	Prisoner Information Action Committee
PPT	Personal Protection Training
PR2	Prisoner records version 2
PRL	Prisoner Resource Library
RMT	Risk Management Team
RRA	Reception Risk Assessment
SAR	Subject Access Request
SOP	Standard Operating Procedure
SPS	Scottish Prison Service
SPS HQ	Scottish Prison Service Headquarters
SPSO	Scottish Public Services Ombudsman
SRU	Separation and Reintegration Unit
SSM	Special Security Measure
STP	Short-Term Prisoner
TTM	Talk to Me
WCMB	Women's Case Management Board
YOI	Young Offender Institution



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