SHERIFFDOM OF TAYSIDE, CENTRAL AND FIFE AT DUNDEE

[2026] FAI 3

DUN-B479-25

DETERMINATION

BY

SHERIFF JILLIAN MARTIN-BROWN

UNDER THE INQUIRIES INTO FATAL ACCIDENTS AND SUDDEN DEATHS ETC (SCOTLAND) ACT 2016

into the death of

JOHN REID

Dundee, 13 January 2026

The sheriff, having considered the information presented at an inquiry on 20 November 2025 and oral submissions thereon, under section 26 of the Inquiries into Fatal Accidents and Sudden Deaths etc (Scotland) Act 2016, finds and determines that:

Findings

Section 26(2)(a)

John Reid died at 08:25 on 30 July 2021 at Forth Valley Hospital, Larbert.

Section 26(2)(b)

His death was not the result of an accident.

Section 26(2)(c)

The causes of John Reid's death were:

I. COVID-19;

II. acute kidney injury;

II. anaemia; and

II. type 2 diabetes mellitus.

Section 26(2)(d)

His death was not the result of an accident.

Section 26(2)(e)

There were no precautions which could reasonably have been taken whereby his death might realistically have been avoided.

Section 26(2)(f)

There were no defects in any system of working which contributed to his death.

Section 26(2)(g)

There are no other facts which are relevant to the circumstances of Mr Reid's death.

Recommendations

Section 26(4)(a)

There are no recommendations as to the taking of reasonable precautions which might realistically prevent other deaths in similar circumstances.

Section 26(4)(b)

There are no recommendations as to the making of improvements to any system of working which might realistically prevent other deaths in similar circumstances.

Section 26(4)(c)

There are no recommendations as to the introduction of a system of working which might realistically prevent other deaths in similar circumstances.

Section 26(4)(d)

There are no recommendations as to the taking of any other steps which might realistically prevent other deaths in similar circumstances.

NOTE

Introduction

[1] This was a mandatory inquiry held under section 2(4) of the Inquiries into Fatal Accidents and Sudden Deaths etc (Scotland) Act 2016.

[2] Preliminary hearings were held on 29 August and 3 October 2025. The inquiry was held on 20 November 2025. All hearings took place by way of WebEx.

[3] Mr Neilson, procurator fiscal depute, represented the Crown. Mr Halley, solicitor, represented the Scottish Prison Service ("SPS"). Mr Ashkanani, solicitor, represented Forth Valley Health Board.

Facts and Circumstances

[4] All of the facts were agreed between the parties and were contained in an extensive joint minute.

Responsibility For Healthcare Services

[5] Since 2011, each individual regional NHS health board has been responsible for the delivery of healthcare services within prisons in Scotland which fall within their geographical ambit for the provision of medical care.

Background

[6] John Reid was born on 18 April 1958 and died on 30 July 2021. He was 63 years old when he died. On 11 October 1999 at the High Court of Justiciary at Edinburgh, Mr Reid was sentenced on a charge of murder to life imprisonment with a punishment part of 15 years. At the time of his death Mr Reid was an inmate of HMP Glenochil, having spent some of his sentence at HMP Edinburgh and HMP Peterhead before moving to HMP Glenochil on 30 April 2012.

Underlying Health Conditions

[7] Mr Reid's underlying health conditions included: type 2 diabetes mellitus; severe obesity; gallstones; hypertension; anaemia; and stage four chronic kidney disease requiring dialysis. His diabetes was managed in accordance with a specific care plan. Mr Reid was unfit for work due to mobility issues and had to use a wheelchair to go from his cell in Abercrombie 4 Hall to use the disabled shower in Abercrombie 3.

[8] Mr Reid had regular contact with prison health centre staff throughout 2021. He also had numerous hospital inpatient stays and was seen regularly by the diabetes and renal teams at Forth Valley Royal Hospital. From 30 March until 9 April 2021 he was admitted to Forth Valley Royal Hospital to treat ESBL (extended-spectrum beta-lactamase) pyelonephritis and symptoms of right flank pain and vomiting.
By April 2021 Mr Reid was fully vaccinated for COVID-19.

DNACPR Form

[9] A DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) form in respect of Mr Reid was completed on 30 March 2021. It remained in place until the end of his life, having been renewed on 28 July 2021.

July 2021

[10] On 18 July 2021 Mr Reid presented as unwell to NHS medical staff within HMP Glenochil and he was transferred to Forth Valley Royal Hospital. He had sudden onset

of lower back pain and difficulty passing urine. He had a fever, but that was attributed to a urine infection. Mr Reid was initially admitted to a side room in the surgical assessment unit but was transferred to a side room in ward B12 due to his previous history of ESBL resistant E. coli from March 2021. The door to the side room was kept closed and prison officers were expected to wear surgical masks. Enhanced cleaning was utilised and face masks were mandatory for staff and visitors to the ward.

[11] Mr Reid had a point of care COVID-19 swab at 17:23 on 18 July 2021 that returned a negative result at 18:24. He was treated with antibiotics for a urine infection (E. coli) and given a blood transfusion for chronic anaemia. He tested positive for COVID-19 on 23 July 2021 from a swab taken on 22 July although he was not exhibiting any symptoms at that time.

[12] Mr Reid was reviewed by the on-call consultant Dr Craig McIlhenney at 08:41 on 23 July 2021. He was noted to be well with no temperature and a NEWS score of zero. He was switched to oral antibiotics with a plan for discharge within 48 hours if he remained apyrexial.

[13] Prison staff were reluctant to allow Mr Reid to be discharged back to prison on 24 July 2021 because of fears over his COVID-19 positive status and the risk of transmission to others in prison. Public Health Forth Valley were contacted for guidance and advised that because Mr Reid was asymptomatic, he could isolate within his prison cell. Moreover, he was medically fit for discharge following clinical assessment. Public Health Forth Valley advised prison staff to wear PPE when in contact with Mr Reid. The operative IPC (Infection Prevention and Control) guidance

for acute health care settings at the time advised that patients deemed clinically fit for discharge could and should be discharged before resolution of symptoms and should continue to self-isolate in the community for a total of 10 days. Prison-specific Public Health Scotland guidance published on 16 July 2021 advised that prisoners being discharged from hospital were to isolate for 14 days from their first positive test provided they had absence of fever for 48 hours without use of antipyretics and at least some respiratory recovery. Testing was not required for stepdown.

[14] On 24 July 2021 Mr Reid was discharged back to a single cell in HMP Glenochil as he had responded to the antibiotics for his urine infection and his sats and chest were clear. He was asymptomatic for COVID-19. His NEWS chart on the day of discharge confirmed that he had an oxygen saturation of 97% on air and was not scoring in any category.

[15] Mr Reid was isolated from other prisoners immediately on his return to HMP Glenochil and a care plan was put in place. He was initially isolated in Abercrombie 3, cell 37, but on 26 July 2021 he was transferred to cell 38. He had a cell intercom system to alert staff if he required anything, he had no capacity issues and his meals were brought to his cell for consumption.

[16] Mr Reid was reviewed by a healthcare assistant on 26 July 2021 so that routine bloods could be taken. However, because he was COVID-19 positive and bloods were just a follow up to previous bloods taken prior to his admission to hospital, his appointment was rearranged. He was described as otherwise well that day.

[17] By 27 July 2021 Mr Reid had a continuous cough and was feeling run down. He was advised to alert staff if he felt breathless or developed a fever.

Admission to Hospital

[18] On 28 July 2021 Mr Reid was seen twice in his cell. The first nurse observed him to be breathless and lying in his bed. She attempted to take his blood but was unable to do so and escalated his care to the advanced nurse practitioner. The advanced nurse practitioner attended and observed Mr Reid to be pale. He also stated that he felt unwell. He was trying to eat and drink but had on-going vomiting. He had an irritating dry cough with shortness of breath and crackles to his chest. Although he reported an increase in the passing of stools and urine, there was no blood in his urine or stools. Checks showed his urine flow was normal, but he had pitting oedema to his left hand and both legs, which was worsening. His oxygen level was low, his pulse was regular and his temperature was normal but he felt warm. His blood pressure and respirations were elevated. The advanced nurse practitioner had concerns and arranged to have Mr Reid transferred to the acute assessment unit at Forth Valley Royal Hospital.

[19] Prison medical staff called for an ambulance at 12:10 and again at 12:28. An ambulance arrived at the front of the prison at 13:04 but was diverted by the Scottish Ambulance Service to another call with a higher level of priority. The Scottish Ambulance Service continued to try to locate an ambulance to attend to Mr Reid and one eventually arrived at the prison at 14:08. Mr Reid was then conveyed by ambulance to Forth Valley Royal Hospital. While waiting for an ambulance to attend, Mr Reid had

to be sustained on ten litres of oxygen. Prison staff were concerned that oxygen supplies might run out, but they did not, and Mr Reid was adequately sustained on oxygen until the ambulance arrived.

[20] On his return to hospital on 28 July 2021 Mr Reid advised a consultant physician that he had a community DNACPR form in place. Mr Reid agreed with the consultant that ventilation and intubation were not in his best interests at that time.

Death

[21] While in hospital, Mr Reid was treated with IV fluids, dexamethasone and antibiotics as per the protocol for COVID-19 pneumonitis, however he continued to deteriorate.

[22] On 29 July 2021 hospital staff advised the prison that Mr Reid was extremely unwell. He was being treated with 19 litres of oxygen and only maintaining oxygen saturations of 84%. His prognosis at this time was very poor and doctors felt he was unlikely to survive. He was assessed as not being a suitable candidate for ITU because of his chronic health issues and frailty. He was assessed as a candidate for tocilizumab, which was a COVID-19 treatment that had been newly approved. Due to his kidney disease he was unable to have it. Prison staff were advised that unless his oxygen levels improved, it was likely he would pass away.

[23] Mr Reid died at 08:25 on 30 July 2021. A view and grant postmortem examination was carried out by pathologist Dr Amanda Paton on 12 August 2021. The causes of Mr Reid's death were:

I. COVID-19;

II. acute kidney injury;

II. anaemia; and

II. type 2 diabetes mellitus.

Shielding

[24] On 26 March 2020 the Scottish Government's Chief Medical Officer ("CMO") advised those with listed clinical conditions which were likely to put them at the highest risk of severe morbidity or mortality from COVID-19 to shield. A second group of people including: those with chronic heart disease; COPD; and diabetes were to be covered by a media campaign on social distancing and asked to take steps to reduce their social interactions in order to reduce the transmission of coronavirus.

[25] Between April 2021 and July 2021 SPS policy was to offer prisoners in the first group the opportunity to shield. Prisoners in the second group were to be given the option to restrict contact with others. Those falling within this second category were to be: accommodated in a single cell; provided with all meals and medication in their cell; given access to communal showers; given access to the communal phone; given access to outside exercise; advised to clean the communal shower and phone before use; and encouraged to adhere to physical distancing when exercising outside.

[26] Mr Reid did not have a health condition that would have categorised him as within the first group of those being advised to shield by the NHS. Nevertheless, as a diabetes sufferer, he fell within the second group and may have wished to restrict his contact with others. He did not do so. He had minimal interactions with others in the months leading up to his death because he was already occupying a single cell and he was accessing the disabled shower by himself. He was unfit for work due to his mobility and did not socialise with others. There is no evidence to suggest that he had any issues with capacity, nor that he did not understand the potential benefit to social distancing regarding reducing the risk of him contracting COVID-19.

Isolation of Prisoners

[27] The Prisons and Young Offenders Institutions (Scotland) Rules 2011 were amended to help the SPS reduce the risk of COVID-19 spreading within its prisons. The two most notable amendments were rules 40A and 41. Rule 40A allowed for prisoners to be confined to their cells or prohibited from participating in specific activities on the recommendation of a healthcare professional in response to the COVID-19 pandemic. Rule 41 could be utilised for the management and isolation of COVID-19 symptomatic or COVID-19 positive prisoners. Throughout the duration of the pandemic, the maximum duration of a rule 41 order was extended from 72 hours to 14 days to allow prisoners to be isolated for the full incubation period. A healthcare professional had to determine whether any individual required to be isolated. All prisoners who displayed or reported symptoms of COVID-19 were isolated under rule 41.

HMP Glenochil

[28] The SPS published Version 0.33 of their Pandemic Plan on 4 April 2021 detailing infection prevention and control measures, including: handwashing; catering; cleaning; physical distancing; ventilation; PPE; visits; transfers and movements; waste management; linen and laundry; and guidance for staff.

[29] Prisoners in the general population at HMP Glenochil were separated into "bubbles" correlating to sections of residential areas within the prison. Prisoners could only: attend the medication dispensary area to collect their prescriptions; attend the meal servery area to collect their meals; attend the area for time in the open air; and attend the shower facilities, within those bubbles. Each activity was socially distanced in line with the current guidance at that time and if a prisoner had to leave their bubble, they had to wear a face mask.

[30] In the month before Mr Reid tested positive for COVID-19, two prisoners within Abercrombie Hall (where Mr Reid resided at the time) were isolated after displaying symptoms of COVID-19. One further prisoner who was residing in a different hall (Harviestoun Hall) was isolated on 3 July 2021. All three prisoners were removed from isolation after 48 hours because their COVID-19 tests gave a negative result.

[31] As of 21 July 2021, there were no COVID-19 positive cases in custody within HMP Glenochil and NHS Forth Valley Health Board have no record of any COVID-19 outbreak in HMP Glenochil from June or July 2021. In the month before Mr Reid tested

positive for COVID-19, no members of staff working within Abercrombie Hall, where Mr Reid resided, tested positive for or displayed symptoms of COVID-19.

[32] A DIPLAR (Death in Prison Learning, Audit & Review) is completed after the death of any person in prison custody in Scotland and provides a system for the SPS and the applicable NHS Board to record any learning and identify actions following a death. The DIPLAR identified that consideration should be given to oxygen stock contingencies. Following the DIPLAR review, it was ascertained that there was no capacity to store additional oxygen containers. The level of stock was four in use (minimum half full) and six spare. Contingency for additional stock would be sourced from HMP Stirling.

Source of Infection

[33] It is not clear whether Mr Reid acquired COVID-19 while in prison or during his admission to hospital from 18 – 24 July 2021. Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Scotland Surveillance Protocol suggests that, based on the timing of his positive swab, Mr Reid had indeterminate hospital-onset COVID-19.

[34] At the time of Mr Reid's admission to ward B12 from 18 – 24 July there were no outbreaks of COVID-19 on the ward. Three other patients on the ward were COVID-19 positive however they had all tested positive on admission and were contained and isolated. At the time of Mr Reid's admission, NHS Forth Valley followed national guidance, with enhanced cleaning undertaken twice daily with chlorine-based products. Staff and visitors wore masks and patients were encouraged to wear masks where

possible. The infection prevention and control measures employed in ward B12 were in line with the national guidelines in force at the time.

[35] Mr Reid was tested for COVID-19 after one of the GeoAmey officers guarding him in hospital was "pinged" as a close contact of someone who had tested positive for COVID-19. NSS NHS Data Protection have confirmed that none of the GeoAmey officers guarding Mr Reid tested positive for COVID-19 around the time he was in hospital. GeoAmey have no record of any of the named officers reporting symptoms of or testing positive for COVID-19. Enquiries have established that none of the GeoAmey officers who were guarding Mr Reid during his stay in Forth Valley Royal Hospital from 18 – 24 July were "pinged" as a close COVID-19 contact of anyone other than Mr Reid himself.

Submissions

[36] All of the parties submitted that only formal findings should be made. No findings in terms section 26(2)(e), (f) or (g) were sought, nor any recommendations.

Findings and Recommendations

[37] Having considered all of the evidence in this inquiry, my findings are in line with the conclusions of the DIPLAR. Mr Reid had significant underlying health conditions and appeared to have contracted COVID-19 while in hospital. There was evidence of excellent collaboration between the SPS, Forth Valley Health Board and Public Health in relation to his return to HMP Glenochil from Forth Valley Royal

hospital. All appropriate protocols were implemented to receive him back to his cell safely on 24 July 2021. Mr Reid was sustained on oxygen until such time as the ambulance arrived on 28 July 2021. There was no evidence to suggest any precautions which could reasonably have been taken whereby his death might realistically have been avoided; nor any defects in any system of working which contributed to his death.

[38] I am grateful to the solicitors involved for their professionalism in investigating matters without delay, seeking agreement of evidence and preparing focussed submissions.

[39] Finally, I wish to express my sincere condolences to Mr Reid's family and friends, which were echoed in the submissions made by all parties.