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SHERIFFDOM OF GLASGOW AND STRATHKELVIN AT GLASGOW

[2026] FAI 24

GLW-B1543-25

DETERMINATION

BY

SUMMARY SHERIFF VINCENT LUNNY

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

into the death of

KENNETH WILSON

GLASGOW, 27 May 2026

The summary sheriff, having considered the information presented at an inquiry on 30 April 2026 under section 26 of the Inquiries into Fatal Accidents and Sudden Deaths etc (Scotland) Act 2016 finds and determines:

(1) In terms of section 26(2)(a) of the Act: Kenneth Wilson, born 23 April 1965, was pronounced dead at 2330 hours on 12 August 2022 at Glasgow Royal Infirmary. He was at that time a prisoner in HMP Low Moss, 190 Crosshilll Road, Bishopbriggs, Glasgow G64 2QB. He was 67 years old at the time of his death.

(2) In terms of section 26(2)(b) of the Act: there was no accident which resulted in Mr Wilson's death and accordingly there is no finding in terms of section 26(2)(d).

(3) In terms of section 26(2)(c) of the Act: the cause of death was (a) primary pontine haemorrhage due to (b) hypertension.

(4) I have no findings to make under paragraphs (e) or (f) of section 26(2) of the Act.

(5) In terms of section 26(2)(g) of the Act: the foregoing are the principal facts relevant to the circumstances of the death of Mr Wilson. Other relevant facts are set out below.

(6) I have no recommendations to make under section 26(1)(b).

NOTE:

Legal framework

[1] This inquiry was held under section 1 of the 2016 Act. This was a mandatory inquiry in terms of section 2(1) and (4) of the 2016 Act as Mr Wilson was in legal custody at the time of his death. The purpose of the inquiry was to establish the circumstances of the death and to consider what steps, if any, might be taken to prevent other deaths in similar circumstances.

Procedural history

[2] The procurator fiscal issued notice of the inquiry on 24 September 2025. A preliminary hearing took place at Glasgow Sheriff Court on 10 November 2025. Ms Staunton, procurator fiscal depute appeared for the Crown. Ms Brett appeared

on behalf of the Scottish Prison Service (SPS). I was advised that the next of kin of Mr Wilson were in attendance and wished to participate in the process. I continued the preliminary hearing for 4 weeks to allow the next of kin to instruct a solicitor. The preliminary hearing was continued until 10 December 2025. On that occasion Mr Sweeney appeared on behalf of Mr Wilson's next of kin who were not present. Mr Sweeney advised that, at that stage, the next of kin would be unable to participate in the inquiry. The inquiry was set down for 25 February 2026.

[3] The inquiry called on 25 February 2026. Ms Staunton again appeared for the Crown and Ms Brett for the SPS. Ms Miller appeared on behalf of the next of kin of Mr Wilson. She advised me that the family were now in receipt of legal aid and able to participate in the inquiry. I was invited to discharge the inquiry and fix a new date to allow Ms Miller to review the evidence lodged and make any further investigations of her own if required. This was not opposed by the other parties. A further preliminary hearing took place on 2 April 2026. Parties confirmed all were in a position to proceed to the full inquiry on 30 April 2026.

[4] The inquiry took place on 30 April 2026. Parties were again represented by Ms Staunton, Ms Brett and Ms Miller.

[5] A joint minute of agreement was tendered on behalf of the parties and received by the court. Ms Staunton read out the terms of the joint minutes of agreement.

[6] Parties did not lead any parole evidence. I considered parties' decision on this to be entirely appropriate given the evidence that Mr Wilson had died from natural causes

which were described as neither "foreseeable nor preventable" by expert witness Dr Kelly.

Circumstances

[7] The following narrative is taken from relevant passages of the joint minute of agreement.

[8] On 17 January 2018, at the High Court of Justiciary at Edinburgh, Mr Wilson was convicted of assault to severe injury and danger of life. He received an Order for Lifelong Restriction and a sentence of 3 years' imprisonment.

[9] Mr Wilson was initially remanded in HMP Barlinnie and thereafter transferred to HMP Low Moss on 10 April 2018. He was allocated Cell 3B30 within Clyde Hall for 3 days and thereafter moved to Cell 3A20 within Clyde Hall where he remained until he was admitted to hospital on 11 August 2022.

Medical history and treatment

[10] Mr Wilson began to take prescribed medication for antihypertensive therapy in 2014. In March 2021, Mr Wilson was on various medications for antihypertensive therapy.

[11] On 10 June 2021, Mr Wilson's blood pressure was taken by an NHS triage nurse at HMP Low Moss and recorded as high at 210/98mmHg. Later that day, Mr Wilson was admitted to GRI, for ongoing chest discomfort. Mr Wilson was later discharged

with worsening advice and instructions to HMP Low Moss health centre to monitor his blood pressure.

[12] On 2 December 2021, Mr Wilson was seen by the nursing team within HMP Low Moss complaining of wheezing and mucus. His blood pressure was noted to be 182/110mmHg. Nurse Lafferty spoke with Dr Ahmed who confirmed that Mr Wilson was on maximum dose of perindopril. Mr Wilson was prescribed Amlodipine 5mg and 1/52 clarithromycin antibiotics for wheezing and mucus.

[13] On 10 May 2022, Mr Wilson was seen by the nursing team within HMP Low Moss. Mr Wilson reported feeling dizzy. His blood pressure was noted to be raised. Blood samples were sent to the lab. Dr Akinsemolu examined Mr Wilson and reviewed his anti-hypertensive medication to add Bisoprolol 2.5mg.

[14] On 11 May 2022, Mr Wilson stated that he continued to feel unwell and was reviewed by the clinical lead, Dr Joe Daly. Dr Daly noted that Mr Wilson appeared to be unsteady, hypertensive and felt confused. Dr Daly referred Mr Wilson to Glasgow Royal Infirmary ("GRI").

[15] Mr Wilson attended GRI where he received a CT scan. On 12 May 2022, he indicated to medical staff that he wished to return to HMP Low Moss. Medical staff advised Mr Wilson that the stroke consultant wished to speak with him. Mr Wilson was advised of the risk of stroke which may result in death or permanent disability. Mr Wilson discharged himself from GRI on 12 May 2022.

[16] On 12 May 2022, Mr Wilson returned to HMP Low Moss. He was reviewed by Nurse Carolann Mason. Nurse Mason noted that Mr Wilson had slightly slurred

speech. He advised her that he had a tingling sensation in his legs but that he refused to stay in hospital.

[17] On 18 May 2022, Mr Wilson had a consultation with clinical lead, Dr Joe Daly within HMP Low Moss. Dr Daly noted that he was clinically no worse and had ongoing very slight slurred speech and occasional sharp headaches. Dr Daly reviewed the CT scan from GRI which showed old lacunar infarcts. Dr Daly noted that he would refer Mr Wilson to the stroke unit for review.

[18] On 21 June 2022, Mr Wilson attended a telephone consultation with Dr Sinead Oxley, consultant in stroke medicine in the presence of Nurse Emma Cochrane. Mr Wilson conversed freely with Dr Sinead Oxley during the consultation. Dr Oxley advised Mr Wilson that his CT scan did not show any signs of bleeding, but it did show previous small strokes. Dr Oxley told Mr Wilson that she would write to Dr Daly, clinical lead within HMP Low Moss, to prescribe Clopidogrel and Atorvastatin medication for Mr Wilson. Dr Oxley also asked for a weekly review for the following 4 weeks of Mr Wilson's blood pressure to consider whether the perindopril medication that he was on required to be reviewed.

[19] On 21 June 2022, Nurse Cochrane took Mr Wilson's blood pressure and noted it to be 143/78, his temperature 37.4 degrees and his oxygen levels varied between 93% and 94%. Mr Wilson advised Nurse Cochrane that he felt a "shortness of breath" and had swollen legs and ankles which had not gotten any better.

[20] On 27 June 2022, Nurse Siobhan McCarry conducted a review of Mr Wilson's blood pressure and swollen legs. Nurse McCarry noted that Mr Wilson spent a lot

of time on his feet in his capacity as a cleaner within the prison. He was given advice to elevate his legs where possible. Mr Wilson's observations were taken; his blood pressure was 135/90, temperature 36.2 degrees and oxygen levels at 97%.
Nurse McCarry noted that Mr Wilson was "visibly uncomfortable" walking to the nurses' room and appeared breathless at the start of the consultation. Nurse McCarry noted that he had no signs of breathlessness during the conversation. Nurse McCarry advised Mr Wilson she would speak to the GP within the prison and worsening advice was given. Nurse McCarry later spoke to the GP who was content with the advice given to Mr Wilson.

[21] On 29 June 2022, Mr Wilson refused to accept his prescribed medication of Amitriptyline 10mg and 50mg and mirtazapine 15mg. Mr Wilson advised Nurse Cochrane that he "had been prescribed these for years and they don't work anymore for him", Mr Wilson signed a patient treatment refusal form. Nurse Cochrane spoke to GP Dr Senthil and booked Mr Wilson in for medication review.

[22] On 1 July 2022, Mr Wilson attended a consultation with GP Dr Sutchi Senthil. Dr Senthil noted that the hospital discharge letter from Dr Oxley had not been sent to the health centre by way of explanation for Mr Wilson not being prescribed Clopidogrel and Atorvastatin as per the consultation with Dr Oxley on 21 June 2022.

[23] Dr Senthil noted that Mr Wilson's diagnosis was, 1) May 2022 probable new stroke event, 2) CT head showed old lacunar infarcts and small vessel disease, 3) ex-smoker, 4) hypertension. Dr Senthil noted that the forward plan for Mr Wilson was to be prescribed Clopidogrel 75mg once a day and Atorvastatin 40mg once a day.

Dr Senthil noted that the nurse attached to the health centre should check Mr Wilson's blood pressure weekly for the next 4 weeks.

[24] On 5 July 2022, Mr Wilson was reviewed by Dr Senthil who noted that his blood pressure was 137/80. At this consultation, Mr Wilson reported that his mood had improved, and he wished to come off Mirtazapine, and that he had previously been prescribed Amitriptyline but did not need this anymore. Dr Senthil discontinued Mr Wilson's Mirtazapine and Amitriptyline prescriptions.

[25] On 11 July 2022, Mr Wilson was reviewed by Nurse Carolann Mason due to concerns about his swollen legs. His blood pressure was 130/85, his oxygen saturation levels were 97% and his temperature was 36.6 degrees. Mr Wilson was able to communicate freely with Nurse Mason. She noted that he had no signs of weakness in any part of the body and had full movement of all limbs. Nurse Mason also noted that there was no facial weakness, no airway issue, and no slurred speech. Nurse Mason offered to take Mr Wilson's blood to check for D-dimer clots, however Mr Wilson declined. Worsening statement was given and Mr Wilson advised that he was happy with advice and stated he sometimes needs reassurance.

[26] As per Dr Oxley's request, Mr Wilson received weekly blood pressure reviews on (a) Monday 27 June 2022, (b) Tuesday 5 July 2022 and (c) Monday 11 July 2022. There was no fourth blood pressure check carried out week commencing 18 July 2022. The last date this blood pressure review should have taken place was Saturday 23 July 2022. There is no indication within Mr Wilson's medical records that an appointment for a fourth blood pressure check was made for the week commencing 18 July 2022 by

NHS staff within HMP Low Moss. There is no treatment refusal form signed or filled in by Mr Wilson, in relation to the fourth blood pressure check, due week commencing 18 July 2022.

Telephone call from Mr Wilson to Kerry Mullen

[27] At approximately 1916 hours on 10 August 2022, Mr Wilson contacted his friend, Ms Kerry Mullen by telephone. The telephone call was 35 minutes and 09 seconds in total. During the course of the telephone call, Mr Wilson advised Ms Kerry Mullen that he has concerns about his head, stating that "it is not right".

Incident and admission to hospital

[28] At approximately 0720 hours, on 11 August 2022, a "Code Blue" was called in Clyde Hall Section A. Prison Officer Steven Scott found Mr Wilson lying on the floor of his cell, unresponsive and breathing in a laboured manor. Steven Scott called a "Code Blue" and Prison Officer Marion Keltie attended shortly after along with NHS medical staff. An emergency ambulance was called. Mr Wilson was placed in the recovery position.

[29] Nurse Javed and Nurse McCarry attended the cell at between 0720 hours and 0730 hours. Nurse Javed observed that Mr Wilson's oxygen saturation levels were low. Mr Wilson was given 15 litres of oxygen via mask and three doses of Naloxone to rule out an overdose. Mr Wilson's blood pressure was 180/90, pulse 132, respiration rate 8. His pupils were 2.5mm and reactive to lights.

[30] Gordon Barclay and Jade Watson attended at HMP Low Moss in their capacity as paramedics at 0735 hours and took over the care of Mr Wilson. Mr Wilson was transported to the ambulance and thereafter taken to GRI at between 0807 hours and 0809 hours. During the course of the journey, Gordon Barclay observed Mr Wilson; he noted that he scored 4/15 on the Glasgow Coma Scale, with 3 being the lowest score and the ideal score being 15. He noted that he had raised blood pressure, a high heart rate and fast breathing. Gordon Barclay and Jade Watson passed care of Mr Wilson to the emergency receiving team at GRI at 0819 hours.

[31] Consultant Christine Aiken retrospectively reviewed Mr Wilson's medical records and noted the following:

> "Within the emergency department at GRI, Mr Wilson was administered with two further doses of Naloxone. Mr Wilson awoke slightly but had a low level of consciousness. A CT scan of the head showed pontine haemorrhage which was deemed to be hypertensive in origin. A CT angiogram scan was also carried out which showed no aneurism or abnormality of the blood vessels. The neurosurgical team were consulted; however, they could not offer any assistance. The stroke team commented that Mr Wilson's condition was likely a hypertensive bleed and there was no intervention required by them. Mr Wilson had IV lines inserted into his groin to monitor his blood pressure and to administer medication if required. Mr Wilson was put on oxygen, IV fluids and administered antibiotics. He was also sedated as he was becoming agitated."

[32] At 1500 hours, Mr Wilson was transferred to the care of the high dependency unit, ward 44, at GRI. Consultant Zoe Harzell took over Mr Wilson's care. In consultation with the stroke team, Ms Harzelli decided to continue fluids, oxygen and antibiotics for 24 hours to monitor whether Mr Wilson's condition improved.

[33] On 12 August 2022, Mr Wilson was reviewed by Consultant Zoe Harzelli at 1130 hours. Ms Harzelli noted that there was no change to Mr Wilson's condition and that he remained unconscious. Ms Harzelli consulted with the stroke team and a decision was made to proceed with palliative care due to lack of improvement within 24 hours. Mr Wilson was prescribed Morphine and Midazolam. Contact was made with Ms Simone Gallagher, next of kin, to advise of Mr Wilson's condition.

[34] At 1740 hours, Ms Gallagher arrived at GRI to visit Mr Wilson.

[35] At 2330 hours, Mr Wilson was pronounced life extinct within the high dependency ward at GRI. No death certificate was provided at this time due to Mr Wilson being in custody at the time of his death.

[36] On 24 August 2022, a post-mortem examination on the body of Mr Wilson took place at the Queen Elizabeth University Hospital, Glasgow. This was conducted by Crown witness Dr Julia Bell, forensic pathologist. The findings of Dr Bell are recorded accurately within her post-mortem report dated 27 October 2022. Following the post-mortem examination, a sample of Mr Wilson's brain was examined by Professor Colin Smith, consultant neuropathologist. Professor Smith found that Mr Wilson had a primary hypertensive pontine hematoma. The cause of Mr Wilson's death was established as 1a: primary pontine haemorrhage due to 1b: hypertension.

[37] Three samples of blood taken from Mr Wilson during the post-mortem examination were subject to toxicological analysis by Dr Peter David Maskell and Dr Fiona Wylie, both forensic toxicologists, for drugs and alcohol. The bloods were

found to contain Lignocaine, Midazolam and Morphine. Dr Julia Bell, forensic pathologist, notes that these substances were presumably administered in hospital.

Independent report

[38] The Crown instructed an independent report by Dr Damian Kelly, consultant cardiologist requesting comment on the standard of cardiovascular management, and particularly the management of hypertension. The Crown also specifically requested an opinion on the following:

> "a) Whether there were any warning signs prior to the deceased's hemorrhage, such as a change in blood pressure,
> b) Whether a fourth check of blood pressure which was due on or around 23rd July 2022, would likely have shown a change in blood pressure, given that Mr Wilson's hemorrhage occurred on 12 August 2022,
> c) If such a change had been observed, whether a change in treatment would have been likely,
> d) If such a change in treatment would have been likely to prevent the hemorrhage or affected its severity."

[39] The Crown received said report from Dr Damian Kelly on 13 January 2025.

[40] Dr Kelly noted on 5 July 2022 that Mr Wilson's blood pressure was 137/80mmHg. He further noted that on 11 July 2022, Mr Wilson's blood pressure was 130/75mmHg. Dr Kelly states that this suggests that blood pressure control had improved.

[41] Dr Kelly opined that the "medical and cardiovascular care afforded to the late Mr Wilson was of a good standard". Dr Kelly went on to note:

> "In my capacity as a cardiologist, I have no criticism of the management relating to his presumed small clinical stroke on 11 May 2022, which was ischaemic in origin, nor am I critical of subsequent hypertension management. In early July 2022, it appears that [Mr. Wilson's] blood pressure came under good control.

In my opinion and on balance of probabilities, it is likely that a further blood pressure check on 23 July would also have demonstrated satisfactory blood pressure control, and no further medication alteration would have been indicated. Unfortunately, Mr Wilson's fatal pontine haemorrhage was likely to due to the effects of longstanding hypertensive cerebral arterial disease in the context of recent ischaemic stroke and Clopidogrel therapy. In my opinion Mr Wilson's death was not preventable."

[42] Dr Kelly opined the following in relation to the questions specifically asked by the Crown:

a. "It is highly unlikely that there would have been any warning signs prior to pontine haemorrhage. A proportion of patients with intracerebral haemorrhage experience a 'herald bleed' i.e. transient neurological symptoms occur some hours or days prior to major intracerebral haemorrhage but the event affecting Mr Wilson appears to be unheralded"

b. "In my opinion, a further blood pressure check on 23 July 2022, would on balance of probabilities have demonstrated well controlled blood pressure given the finding of 2 blood pressures in the range of 130/85mmhg on 5 and 11 July 2022."

c. "If BP had been significantly elevated (above 160/90mmHg) on 23 July 2022 then it is likely that there would have been further discussion with the GP and there may have been further uptitration of medication (e.g. Perindopril). In my opinion further uptitration of BP medication (if indicated) on balance of probabilities would not have prevented the unheralded pontine haemorrhage which did occur."

d. "Any putative change in blood pressure treatment which may have been required following 23 July 2022 on balance of probabilities would not have prevented subsequent pontine haemorrhage given that the 140 risk factors of pontine haemorrhage are diffuse small vessel cerebral vascular disease and longstanding hypertension. In my opinion Mr Wilson's fatal pontine haemorrhage was neither predictable nor preventable."

Submissions by the parties

[43] I had the advantage of written submissions lodged by all parties in advance of the inquiry on 30 April 2026. All parties adopted their respective written submissions.

[44] The only matter that was addressed beyond written submissions was in relation to the missed blood pressure check that was scheduled for the week of 18 July 2022 referred to at para [26] above. I was advised by the Crown, with all parties in agreement, that the missed blood pressure check was as a result of an oversight by those responsible for Mr Wilson's medical care. It was accepted by all parties, including the next of kin, that this oversight was of no importance. Mr Wilson's blood pressure was described by Dr Kelly as "well controlled" in the weeks prior to his death, as shown by the tests that had been carried out. It was submitted the failure to carry out a fourth blood pressure check in late July 2022 had no bearing on the death of Mr Wilson.

The Crown

[45] The Crown invited me to make the mandatory formal findings only, ie to determine when and where the death of Mr Wilson occurred, and the cause or causes of his death in terms of sections 26(2)(a) and (c) of the 2016 Act.

[46] The Crown confirmed that it was making no submissions in terms of section 26(2)(e) in respect of any precautions which could reasonably have been taken which might have realistically prevented Mr Wilson's death. The Crown further confirmed it was making no submissions in terms of section 26(2)(f), there being no identified defects in any systems of working which contributed to the death.

[47] The Crown had no submissions to make in respect of section 26(2) subparagraphs (b), (d) and (g).

[48] I was not invited by the Crown to make any recommendations in terms of section 26(4).

Scottish Prison Service

[49] The written submissions for the SPS were in similar terms to those lodged on behalf of the Crown. It was submitted that there were no substantive issues to be considered in terms of the circumstances of Mr Wilson's death. There was no evidence to suggest that anything could have been done by the SPS or their employees to prevent Mr Wilson's death. I was again invited to make formal findings only in terms of section 26(2)(a) and (c) only.

[50] I was invited to make no findings in respect of section 26(2) subparagraphs (b), (d), (e), (f) and (g).

[51] I was not invited by the SPS to make any recommendations in terms of section 26(4).

Next of kin

[52] On behalf of Mr Wilson's next of kin, I was again invited to make formal findings only in terms of section 26(2)(a) and (c). The facts surrounding Mr Wilson's death had all been agreed. There were no submissions that could be made in terms of precautions which may have been taken that could realistically avoided his death. There were no

submissions that could be made regarding any other facts which were relevant to Mr Wilson's death.

Conclusions

[53] I accept the submissions made on behalf of all parties in respect of which findings should be made in this inquiry; being the formal findings only in terms of section 26(2)(a) and (c). I was further satisfied having regard to the oral submissions and expert report, that the missed medical appointment for the week of 18 July 2022 was not a contributing factor to Mr Wilson's death.

[54] Mr Wilson was 67 years old when he died. He was an ex-smoker who had suffered from hypertension since 2014. He had probably suffered a small stroke in May 2022. In the weeks and months leading up to his death he was under regular NHS care at HMP Low Moss. He received additional medical attention at Glasgow Royal Infirmary. There was no evidence before the inquiry that the medical care or prison care afforded to Mr Wilson was in any way substandard.

[55] I am satisfied on the evidence before the inquiry that section 26(2)(b) and (d) are not relevant, there having been no accident in this matter. I am further satisfied that there were no precautions which could reasonably have been taken to prevent the death of Mr Wilson or there being a lively possibility that his death may have been avoided in terms of section 26(2)(e)(i) and (ii). There were no defects in any system of working, which contributed to his death in term of section 26(2)(f). There was no other evidence

before me of other facts relevant to the circumstances of Mr Wilson's death that fell to be included in my determination under section 26(2)(g).

[56] I have no recommendations to make in terms of section 26(4).

[57] I am satisfied that in all the circumstances formal findings should be made in this case. I have set out those formal findings above.

[58] I wish to express my thanks for the assistance provided by parties into this enquiry and extend my condolences to Mr Wilson's next of kin for their loss.