



**The Sheku Bayoh Public Inquiry**

**Witness Statement**

**Dr Ian Anderson**

**Taken by [REDACTED] on FaceTime on Tuesday 29 March 2022**

**Witness details and professional background**

1. My full name is Dr Ian [REDACTED] Anderson. My date of birth is in 1951. My contact details are known to the Inquiry.
  
2. I am a Registered Medical Practitioner and have been in clinical practice since 1976. I have been a Consultant in Accident & Emergency since 1984. I was a Consultant for 27 years. I'm an expert in the initial assessment of head injuries and on mechanism of injury.
  
3. I set up the Emergency Department in the Victoria Infirmary in Glasgow in 1984. I was the first appointee to that post. I revolutionised it and made it into one of the best units in the country, in fact, the third busiest in Scotland.
  
4. I retired from the NHS in 2011 because a year before that I'd taken up the post as President of the Royal College of Physicians and Surgeons of Glasgow. Quite an onerous post and not one that you could combine with a very busy clinical practice, so I carried on in that post as the President of the College until 2012.

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5. I was also a President of the United Kingdom Faculty of A&E Medicine. It's now called the Royal College of Emergency Medicine, of which I was a founding fellow. So it would not be unfair to say I was pretty well at the top of the tree in emergency medicine in the UK.
  
6. In addition, I am: Fellow of the College of Emergency Medicine; Fellow of the Royal College of Physicians and Surgeons of Glasgow; Fellow of the Royal College of Surgeons of Edinburgh; Fellow of the Royal College of Surgeons of England; Fellow of the Royal College of Physicians of London; Fellow of the Royal College of Physicians of Edinburgh; Honorary Fellow of the American College of Physicians; Past Honorary Clinical Senior Lecturer, University of Glasgow; and past President of the Royal College of Physicians and Surgeons of Glasgow.

**Expert witness experience**

7. I am an expert witness in Emergency Medicine. I attended civil and criminal courts in Scotland and in England, including the Old Bailey for murder trials and the High Court in Scotland as well for criminal matters and also the Court of Session for civil matters up to the time I retired from the NHS, and indeed beyond where I've been asked to be an expert witness in matters, and then that was the basis on which I was approached in this case as well.
  
8. My clinical practice was based on the living rather than the dead, so what I was tended to be asked in these situations was mechanisms of injury, the likely pathophysiology of that injury, and when people did die, what the likely cause of death was in relation to my clinical practice, rather than pathologists who rarely see anybody alive at all.

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9. I'm a fully registered practitioner with the GMC and I still remain on the Specialist Register. To maintain these positions, you have to be regularly appraised and undergo an annual appraisal. In fact, they successfully relicensed me in October last year.

### **Scottish Police Federation**

10. I receive no instructions from the Scottish Police Federation. I receive instructions from solicitors acting on behalf of the Scottish Police Federation and other organisations. I take no direct instruction from the Scottish Police Federation and, in fact, the number of referrals I have from solicitors acting on the part of the Scottish Police Federation is very small. It's never been high.
11. I have been asked if I received instructions frequently from Prof Peter Watson and PBW Law. It's a very small number. I have been instructed since he started his new firm, PBW Law. But previously he was with [REDACTED] Solicitors as a partner. I received instructions from him in his days with [REDACTED] before he set up his own firm.

### **Report on PC Nicole Short**

12. I have been shown my medical report on PC Nicole Short (PIRC-01405). I have signed the bottom of each of the pages.
13. I have been referred to my report at page 9: *"I confirm that insofar as the facts stated in my report are within my knowledge I have made clear which they are and I believe them to be true, and that the opinions I have expressed represent my true and complete professional opinion."* I have been asked if this is still the case and the answer is yes.

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14. I've retained my report, not my handwritten files. That's 7 years nearly since I did this report. So I don't have any contemporaneous or other notes prepared by me in relation to the report.

15. I have been asked to set out my instructions for this report. All I can remember is that Prof Watson asked me to give an opinion on the injuries sustained by PC Short and her current clinical situation. This is her residual physical injuries and the effect they'd have on her lifestyle and activities of daily living.

**Medical records**

16. I have been shown the medical records relating to PC Short (PIRC-01158; PIRC-01160; PIRC-01162; PIRC-01163; PIRC-01361). No entries make me reconsider or supplement any aspect of my opinion.


17. I read GP or hospital-based records following her multiple attendances in the aftermath of the incident and the reason that I wanted to see that is because I was concerned that she'd suffered a significant blunt head injury. I would have seen them as part of my preparation of my report.

18. I wanted to know what investigations had been done in respect of that and, in particular, whether she had had a CT scan of her brain and neck. So I needed to know that information beforehand, and you'll see in the report that it took a considerable time and number of attendances at hospital before that investigation – which actually is crucial in her case – was made and I think there's a small reference in my report to her inadequate assessment prior to that.

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## Attendances at hospital

19. These are not my records. You'd have to ask the authors of these records as to what they did. I'm not going to comment any further, other than I think I could be allowed an opinion as to whether I thought she'd been properly assessed. Given the delay in scanning this lady's head, it wasn't appropriate. She should have been scanned earlier on. Maybe not at the initial attendance, but probably by attendance number 2.
20. The standard of the initial assessment that she had, I consider it was poor. Any junior member of my staff in my clinical practice who'd said they had a police officer who has been involved in an incident, she can't give him a clear account of exactly what happened, but there's a suggestion that she sustained a head injury in whatever way, either by a fall or by a direct blow, and she has got some impairment in terms of a post-traumatic amnesia or confusion about it: scan, scan, scan. Even in 2015, CT scanning was readily available. It should've been done, but it wasn't.
21. There are guidelines as to say who should get a CT scan, but the guidelines have become increasingly more liberal as the years have gone on. There's a system of assessing conscious level called the Glasgow Coma Scale which goes from 3 to 15. 3 is when you're effectively dead, 15 is normal. In the old days, it was probably about 12 that you were scanned at. Now, it's 14. So if you've got a GCS of 14 now, you'd need to go to a scanner.
22. I don't know why they didn't do a chest X-ray examination to confirm that there was no other injuries below the level of the rib cage or indeed any evidence of displaced rib fractures. I don't think she did have a displaced rib fracture because she'd have known all about it, even at three weeks, and I examined her chest. I felt it and I listened to it. I reckon I was one of the first to do that.

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### **Interview and examination of PC Short**

23. Nobody else was with PC Short in the interview. I can't accurately remember her manner and demeanour. I think from my report, this lady was still scared.
24. My memory of meeting PC Short in 2015 is not great. I wouldn't recognise her in the street. No medical advice was given to PC Short. It's not my role to provide medical advice. It would compromise my position as an independent expert.

### **PC Short's account of the incident on 3 May 2015**

25. The history does come from PC Short. But there's a small thing where her [REDACTED] made a comment about what she thought of her [REDACTED]. That's the only bit that was not from PC Short. All the rest was from her. It was her telling me the history in the interview, not from the records. That's her account. There is nothing that PC Short told me that isn't in the report.
26. I have been asked if I saw any statements from any other persons in preparing my report. Not that I can remember.
27. I have been referred to my report at page 5: *She had a hazy recollection of being struck over the torso.* It's not surprising that she had a hazy recollection of the events after this, given that, on the balance of probability, she sustained a head injury and what would appear to be a frightening scenario. So I don't think it's out of order that she had a hazy recollection of the events. And it's very common in people that have traumatic experiences. You sit down with them and try and ask them what happened afterwards, they can't tell you. Or they can tell you bits of it, but not all of it. "Hazy" means incomplete.
28. A strike could be with upper and lower limbs, anything you can get your hands on. The account in the report is probably as accurate as I could have

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[REDACTED]

got from her at that time. If I'd seen this lady at her first presentation, I would have been able to look at it and find out if there were any external injuries and all the rest of it. You'll see from my examination she was locally tender over part of her chest.

29. I think, to clarify how she was struck, it might be more appropriate to look at the records compiled following her initial and subsequent attendances at hospital, because these were in the hours and days after the incident. That would be a lot easier to clarify. But I saw this lady two or three weeks after the incident.

30. I made no mention of any external marks or bruising or anything else on that basis. That'd be by exclusion rather than anything else. Of course, she was wearing a vest, a protective vest at the time, so that would mitigate maybe any effects of force.

#### **PC Short's injuries to her torso**

31. I have been referred to my report at page 6 where I have written: "*She had suffered pain in her neck and over her torso in addition to ongoing headache.*" At page 7 I have written: "*No residual bruising was noted on either side of her rib cage but localised tenderness was noted over the outer aspect of the right side of her lower rib cage.*" At page 8 I have written: "*She suffered contusions to the right side of her torso, particularly her lower right rib cage, consistent with having been caused by blunt injury.*"

32. There was no external bruising on PC Short's ribcage. If there had been, I would have put it down. Contusions are soft tissue injuries which involve no breach of the overlying service surface. I could submit blunt force injury to a person and there'd be no external mark at all, but you'd still suffer a contusion. They don't necessarily mean there's any discoloration or breach of

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the overlying surface. It's an injury where there isn't any external bruising, there's no external swelling, but there's local damage to the underlying tissue.

33. She was locally tender on the ribcage. There must have been a contusion because there was pain. That pain would last longer than external injury, particularly.
34. I didn't photograph her chest wall because there was nothing to see.
35. I have been asked to what extent these contusions were consistent with the explanation given to me by PC Short. The explanation given to me about PC Short was hazy. She didn't really have any recollection of what had happened in terms of the chest, or no accurate explanation given to me at the time I assessed her.
36. I have been asked to what extent these contusions were consistent with the following account of the incident: "A man stomped on her back with his foot with a great deal of force. He put his full body weight into the stomp and used his arms to gain leverage." I don't understand the statement about putting full bodyweight into the stomp and using his arms to gain leverage. I don't understand that. I don't know what that would do. I don't see how you can use your arms to gain leverage when you're trying to stamp on somebody's back, or use your lower limbs to do it. I don't understand any of that.
37. I don't recognise the word "stomp". I recognise a direct blow caused by a kick, or a direct blow caused by a knee, I don't know what a stomp is. And I don't understand what biomechanical advantage there is of lifting up your arms to increase the force of a stomp.
38. I have been asked to what extent the localise pain in the ribcage I identified is consistent with a man kicking PC Short hard in the ribcage with the sole of

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his foot. It is consistent with a blunt force injury, which could be a kick, or it could be a fall. The localised tenderness is consistent with a hard kick.

39. I have been asked how long it would take to develop visible injuries to the torso in these circumstances. That'd happen pretty soon. Certainly in the hours and by the day following an injury you would expect to see something. If she'd had bruising at the site of blunt force trauma, it would be visible, certainly, by the next day, certainly by the time she'd been seen several times in the hospital, if anybody had looked at them. If she'd had blunt force injury at that site, they would have seen bruising.

40. The injuries would disappear or settle probably within the timescale that I saw her. I'd expect them to settle down in about a fortnight. The visible effects would settle before the symptoms did. So, she could still be tender there when I saw her but with no external signs of injury at that site.

41. If you have a vest, a police vest, the major use of that is to stop a penetrating injury, but because it's sort of an additional protective layer over the torso, if blunt force injury is directed at the torso over the surface of a vest, it might well absorb a proportion of that energy that otherwise would be absorbed by the chest or ribcage. It's protective so it'd mitigate the effects of a blunt injury at that site. This is speculative, of course. Would it prevent it? Probably not, but it would certainly mitigate it.

### **Miscellaneous**

42. I usually back up my report to Prof Watson with a phone call. I did that in this case. That would be the only contact I had with the solicitor, nothing after that to do with this case or this client.

43. I have no recollection of PIRC or the Crown Office contacting me for a statement.

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44. I believe the facts stated in this witness statement are true. I understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.

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6/5/22