SHEKU BAYOH INQUIRY

TRANSCRIPT OF THE INQUIRY

Wednesday, 1 June 2022

(10.01 am)

LORD BRACADALE: Good morning.

Now, Ms Grahame, the first witness today is Dr Gillian Pickering; is that right?

MS GRAHAME: That's correct, yes.

LORD BRACADALE: Good morning, Dr Pickering. You're going to be asked questions by Ms Thomson, whom you have already met. Before that, would you take the oath and raise your hand, please.

DR GILLIAN PICKERING (sworn)

LORD BRACADALE: Ms Thomson.

Questions from MS THOMSON

MS THOMSON: What is your full name, please?

A. Gillian Moffat Pickering.

Q. Do I understand correctly that you're a consultant in emergency medicine?

A. Yes.

Q. How long have you been a consultant?

A. Almost four years.

Q. What are your professional qualifications?

A. MBCHB, MCHEM and FRCEM.
Q. So the MBCHB, that's the medical degree --
A. Medical degree, yes.
Q. -- is that correct? And the second of your qualifications was?
A. The first stage is Member of the College of Emergency Medicine and then a Fellow of the Royal College of Emergency Medicine.
Q. Doctor, can you open up the folder that's in front of you, please. I want to make sure that you have everything you might need in giving your evidence this morning.

There are a number of documents in there. The first should be a statement that you gave to the Inquiry, reference 00028; do you see that?
A. Yes.
Q. Do we see that this was a statement that you provided to a member of the Inquiry team, in two sessions on 10 December and on 23 February of this year?
A. Yes.
Q. Can we turn to page 24, please, paragraph 124.

A. Yes.
Q. Do we see that you have concluded the statement with the words:
"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."
A. Yes.
Q. And you have signed the statement, every page of the statement, and the date of your signature is 11 April of this year --
A. Yes.
Q. -- is that correct? So although your signature has been redacted out, you'll see on the document on the screen there should be a signature on the hard copy in front of you?
A. Yes.
Q. Now, the statement that you provided to the Inquiry team is already evidence before the Inquiry, I don't intend to through it line-by-line, but if I want to ask you questions about any particular paragraph, I'll ask that

they be put up on the screen in front of us.

Returning to the folder, we don't need to put these on the screen, but you should have two statements provided to the Police Investigation Review Commissioner, or the PIRC. The first is dated 14 May of 2015.

A. Yes.

Q. And the second, 15 June of 2015, and both statements were given to a DSI Miles?

A. Yes.

Q. Are they both there in your folder?

A. Yes.

Q. If we can return to your Inquiry statement, the same page that we were on a moment ago -- that was page 24, at paragraph 123 -- do we see that you have said:

"I remember giving two statements to PIRC. I told PIRC the truth and my memory would be better then than it is now. I read over my statements and signed them. If there is an inconsistency, my previous statements should be preferred, aside from the point about whether the handcuffs hindered CPR."

A. Yes.
Q. So we'll return to the handcuffs issue, but leaving that to one side for now, should we understand that if there are any differences between your Inquiry statement and your PIRC statement, the Chair should prefer your PIRC statements because they were closer in time to the incident and your memory was better then than it perhaps is now?
A. Yes.
Q. Returning to the folder, you should also have a set of A&E records with reference PIRC 01069. We don't need those on the screen just now, thank you.
A. Yes.
Q. Are they there too?
A. Yes.
Q. So you can dip into all documents in the folder if you would find it helpful to do so as you give your evidence.

If I can take you back to 2015, doctor, I understand that you were a registrar in the A&E department of the Victoria Hospital in Kirkcaldy?

A. Yes.
Q. You were what was known as a speciality training year 5?
A. Yes.
Q. What does that mean?
A. Senior registrar. Our training is six years, I did a bit extra for paediatrics, so it kind of goes from ST1 to ST6, some people do a bit extra, so ST5 is at the -- near end of finishing.
Q. So would that be five years after you graduated from university?
A. No, so I've done my FY1 and FY2 in 2008 and -- sorry, 2009 and 2010 and then go into A&E training in 2010.
Q. So did you graduate in 2008?
A. Yes.
Q. 2009/2010 you did FY1 and 2, is that foundation years?
A. Foundation years, yes.
Q. Is that a general practice or is that specialities?
A. It's six specialities lasting four months each.
Q. Was one of those specialities for you A&E?
A. No, no.
Q. It wasn't, all right.

You then commenced your speciality training which you've explained lasted six years?

A. Yes, so mine lasted a bit longer because I did paediatrics as a sub-speciality and I did an extended bit of training as well. So I started that in 2010 and finished in 2018.

Q. Was all of your speciality training, albeit there was some degree of focus on paediatrics, was all of your training in emergency medicine?

A. From ST4 onwards, the first three years is a mixture of A&E, paediatrics and acute medicine, intensive care and anaesthetics.

Q. So, by the time you were working as an ST5 registrar in 2015, how much experience did you have of emergency medicine?

A. By that time, would at least two and half -- two to two and a half years of pure emergency medicine along with other specialities.

Q. And how many years of, if I might call it postgraduate practical medical experience did you have by that point in time?

A. That would be seven years.
Q. In a number of specialities --
A. Yes.
Q. -- including A&E?
A. Yeah.
Q. Doctor, you were on duty at the Victoria Hospital on the morning of 3 May of 2015 when a man who we now know was Sheku Bayoh was brought into the A&E department by ambulance, and I want to ask you questions about that this morning.

Do I understand correctly that he arrived at the hospital shortly before the shift change, which was at 8 o'clock in the morning?
A. Yes. I think it was -- the box -- I think it probably was just after 7.30 in the morning.
Q. You mentioned the box?
A. So the box would go off to tell us if there's a crash call coming in, if the ambulance want us to bring a patient straight into resus.
Q. Explain what that means, what is this box and who can communicate through the box?

A. Yeah, so the ambulance crew will phone-in patients who need to be seen immediately and that can vary from patients who have respiratory distress, who are in extreme pain, traumas, cardiac arrest, etc. They will put the call through to a box that gets answered very quickly by one of the nursing or the medical team, and then we will have a team ready to receive the patient as they come in.

Q. Is the purpose of this to allow the team to be assembled --

A. Yes.

Q. -- and at the ready --

A. Yeah.

Q. -- when a patient is received?

What information did you have before the patient arrived at the hospital?

A. From what I can remember, we had a male coming in who had collapsed. I don't recall if he was in respiratory or cardiac arrest from the crash call, I just remember him -- a story of him being collapsed and was coming in to us and that we needed to be ready for him coming in,

and it was only a stand-by time of maybe about five minutes, if less than that.

Q. We have heard that he had become unconscious in Hayfield Road.

A. Mm-hm.

Q. That's very close to the Victoria Hospital; is that right?

A. Yes. I don't know Kirkcaldy very well, but yes, from what I understand, it was.

Q. So what preparations could be made or were made between you receiving this crash call and the patient's arrival at hospital?

A. So depending on what is put through on the box, we will go and check that the anaesthetic machine is working, that we have got the oxygen -- we have a thing called a C circuit or a bag valve mask, so we have that ready in case we need to do any airway work. We'll make sure we've got -- ready to put a line in and take bloods and give drugs, and we will have a sufficient number of team, so there would be a senior doctor, which would be myself, another doctor, and at least one nurse, possibly

two, if we can, if we're spare.

Q. Were these the sorts of preparations that were put in hand --

A. Yeah.

Q. -- on this occasion?

Can we pull up your Inquiry statement, please, and go to paragraphs 19 and 20. You say:

"The patient then came in. He was on a trolley from the ambulance. He had been seen by the ambulance crew and they brought him to resus. He came out the ambulance doors into resus and straight to me. He doesn't go anywhere else.

"Resus is a big bed area and I think it had 8 beds. If you're looking down resus he was put in the first right cubicle.

"I positioned myself at the head-end because I'm the senior on at night so I was at the head-end. I have the decision-maker in A&E at this time. I then allocated the juniors to their roles."

So just to be clear, should we understand that, at least at the outset, you were in charge of this

patient --

A. Mm-hm.

Q. -- and in charge of his resuscitation?

A. Yes.

Q. I want to ask about the personnel involved. You mentioned that typically there would be two doctors and a nurse, perhaps more.

A. Mm-hm.

Q. On this occasion, in terms of the A&E staff --

A. Mm-hm.

Q. -- you were in charge?

A. Yes.

Q. Were there any other junior accident and emergency doctors assisting you?

A. Yes. There was a junior, Dr Sophie Rollings, who I did my night shifts with, we were paired together on the rota, so she would have been in the resus room with me. There was a nurse -- I couldn't tell you the name of who that was. There may have been two nurses. I don't know if -- I don't know if there was another junior with me, I just remember Sophie definitely being

there, though.

Q. So at least one junior doctor?

A. Yeah.

Q. At least one nurse?

A. Yes.

Q. And it may have been later on in the course of the resuscitation, but am I right to understand that the consultant anaesthetist became involved at one stage?

A. Yes. I recognised that this was a young male and in these situations you do want to have more help if you can, and therefore I did, fairly early on, ask for someone to phone the anaesthetic consultant. I think I had already met him earlier in the night with another patient, so I knew he was in the hospital, so I did ask that he get called to come down and join the team.

Q. Was there also an ITU consultant involved at some stage?

A. I think there was at some stage; I don't remember when they appeared.

Q. So that would be at least four doctors --

A. Yeah.

Q. -- possibly more, two at consultant grade plus yourself leading on the resus and at least one nurse --

A. Yes.

Q. -- were involved in the resuscitation effort.

Doctor, when Mr Bayoh was brought to you on a trolley, can you describe what you saw in front of you?

A. Yes, so the patient will come in on the ambulance trolley, I would be standing at the head-end. He would move from their trolley onto our trolley. He was a very -- I remember him being a very big man. I remember him coming across. He had his handcuffs -- his hands in front of him on his chest, cuffed, and I remember there being a mark on his forehead. That's -- yeah, and then he comes over onto our trolley and then we start doing what we have to do.

Q. Right.

I want to ask you some questions about the information that was provided to you at about the point of this hand over from the paramedics to yourself. It might help if we would call up the A&E

notes, and if we look at page 4, do we see under "Patient data", surname, unknown, forename unknown?

A. Mm-hm.

Q. So at the point that Mr Bayoh was brought in to you, you didn't have a name --

A. No, we didn't know who he was.

Q. -- you didn't know who he was? Scrolling down a little, please, do we see that he was admitted or seen at 7.50 in the morning?

A. Yes. That will have been written by myself after the event, because obviously I can't do it at the time.

Q. Of course.

A. So I -- I know it was between 7.30 and 8 o'clock, but I -- I couldn't tell you the exact time, other than what's written there.

Q. I see. So these notes were made retrospectively --

A. Yes.

Q. -- by you?

A. It happens pretty much straight after the event. So 7.50 is probably about as accurate as it will be.

Q. I think you explain in fact in your statement to the Inquiry that you wrote up the notes at about 9 o'clock --

A. Yeah.

Q. -- in the morning.

We see your name there, Dr Pickering?

A. Yes.

Q. Is that your handwriting?

A. Yeah.

Q. If we could turn to page 7, please. Again, is that your handwriting?

A. Yes.

Q. And very briefly, we'll return to page 7, but page 10 as well, please. Is that also your handwriting?

A. Yes.

Q. Returning to page 7, we see that you've recorded at the top "written in retrospect" and "0900", that would fit with what you told the Inquiry team --

A. Yes.

Q. -- that you wrote your notes up at that time.

You mention your name and Dr Rollings. "PC" -- what

does that stand for?

A. Presenting complaint.

Q. Can you read out, please, that paragraph?

A. "Found by police with knife aggressive attacked police officer. Pepper gas used and uncooperative, hit on back of head. Then was in respiratory arrest. With ambulance crew. Cardiac output no respiratory effort."

Q. Who provided that information to you?

A. It would be the police officer.

Q. The police?

A. Yes.

Q. Rather than the paramedics?

A. No -- the -- I'm sorry. It would be the paramedics would have told me that story, and then if I wanted to confirm it, the police were there if I wanted to ask, but I don't recall asking.

Q. So to the best of your memory then, the information came from the paramedics?

A. Paramedics, yes, sorry.

Q. What's the purpose of noting a history? What's its relevance from your perspective?

A. It gives us an idea of what potentially may have caused him to go into respiratory arrest and then cardiac arrest. It let's us know what led up to the events. If we just had a patient come in with no history, you then have to do a bit of digging to figure out what happened, so it's useful to have the story from the paramedics of what occurred beforehand.

Q. Can we return to your inquiry statement, please, paragraph 27 onwards. Now, I'd like to go through a number of paragraphs here, doctor, just so that we can be absolutely clear as to the patient's condition at the point at which he was received at A&E by you and in particular whether he was in respiratory arrest or in cardiac arrest. I think it might be the case that you had advised the PIRC that he was in respiratory arrest; by the time you give a statement to the Inquiry some seven years later, your recollection was slightly different.

A. Yeah, on -- with the -- when he first came in, from what my first statement says with the police was that he was in respiratory arrest and then he went into

cardiac arrest. I think my statement to the Inquiry was that he was in cardiac arrest because I couldn't remember if he had been in respiratory arrest first. Basically, within about two minutes of him coming into the department and being in respiratory arrest, he went into cardiac arrest, so it was a very short time that he changed.

Q. A short time. If you bear with me I'd like to read this page in its entirety because this could be an important issue --

A. Okay.

Q. -- so let's go through it:

"You check for a pulse when they come in and then you check it again every two minutes as part of the algorithm. When he came in his pulse may have been checked by Sophie or one of the nurses. While the paramedics gave the story I was feeling for a pulse. There was no pulse so I told the others he's actually in cardiac arrest and to start CPR. He could have been in respiratory arrest with the crew and that's why they were bagging but he definitely had no pulse when he came

into the resus room.

"I've been shown my previous statement at page 2 where I said 'I had checked his carotid neck artery and had found a pulse'. I genuinely don't recall that. I do vividly remember us doing CPR very quickly. I suspect I felt it, looked to get the story, and then felt it again and noticed it had gone. If I had felt the pulse then I would have gone on to do other things and we obviously haven't done those.

"I've been shown my previous statement to PIRC dated 14 May and on page 2 in the first paragraph I state 'The message related to a young male cardiac arrest'. Further down page 2 in the first paragraph I state 'At this time when radioed in he was in respiratory arrest but had come over the radio as a cardiac arrest which was wrong as he had a pulse when he came'.

"The radio is the same as the crash box. What I said previously must be true. He didn't have the pulse for long, that much I can tell you. My memory is that he was in cardiac arrest, and he was in

cardiac arrest very quickly. It was less than a couple of minutes and then he was in cardiac arrest. I can't remember who took the call.

"I see in the A&E records at page 7 I've written 'In resus initially ventilated by C-circuit, pulse lost within two mins'. I just don't remember him having a pulse initially but that would be true and accurate."

So should we understand that although the passage of time may have affected your recollection, the statement that you gave to the PIRC was true and accurate and that statement was given relatively shortly after Mr Bayoh passed away and that in fact, when you received him, he was in respiratory arrest as opposed to cardiac arrest but within a couple of minutes --

A. Yes.

Q. -- he'd gone into cardiac arrest?

A. Yes.

Q. Would that be a fair summary?

A. Yes.

Q. All right.

I'm going to move on shortly to ask you questions

about your assessment and treatment of the patient, but before I do that, I think it might be helpful, because we've spoken about respiratory arrest and cardiac arrest, if I might ask you to explain some of the terminology. So what is respiratory arrest?

A. So respiratory arrest is when the patient isn't breathing for themselves, their heart is still working, it's still pumping, but they're not making any breathing effort and you have to do that for them. That can lead on to cardiac arrest and that's when the heart is not working and then you have to start CPR.

Q. How would you treat a respiratory arrest?

A. So you would take over -- you'd go up to the head-end and you would start giving ventilations. Depending on the equipment you've got, you -- in Fife, from what I can recall, it was a bag valve -- it was a bag valve -- yeah, the Ambu bag that you used, and you would give ventilations to help the patient to breathe. You would then get the story of what had happened to decide what you could figure out why this had happened and what you needed to do next. If needed, you would potentially

give him some drugs to paralyse and to put a tube in and take over their breathing and put them onto a ventilator, if that was appropriate. It may also be that you could give some drugs to reverse any effects of anything they may have taken to start them to breathe again themselves.

Q. All right. So when a patient is in respiratory arrest, they're not breathing for themselves, you need to breathe for them?

A. Yeah.

Q. And that could be by use of what you've called an Ambu bag?

A. Ambu bag, yeah. So there's two different ones people can use, there's a C-circuit machine that attaches to the anaesthetic machine or you've got an Ambu bag which just goes to an oxygen supply and you can use that and everybody would know how to use an Ambu bag.

Q. So as the name describes, is this some sort of bag that goes over the patient's mouth?

A. Yes, so it's a mask that goes over the face and then it's got a reservoir plastic bag that you squeeze to

give oxygen and it's got another plastic bit on the end of that and then like a cord that can attach to oxygen.

Q. Okay, so this is a way of forcing oxygen --

A. Yes.

Q. -- through the mouth into the lungs?

A. Yes.

Q. Or the other artificial ventilation technique that you described would involve a tube; is that right?

A. So you could intubate as well, yes.

Q. Intubate and ventilate?

A. Yes.

Q. And we perhaps don't need to go into the technical details, but would that involve the patient being on a machine --

A. Yes.

Q. -- that was doing the breathing for them?

A. So you can put a tube in through and take over their breathing by attaching the Ambu bag to the tube and still doing the manual bagging yourself, or you attach them to a ventilator and the machine will do it for you.

Q. So that's how you would treat a respiratory arrest. You

said that when the patient or if the patient goes into cardiac arrest, then the treatment is CPR?

A. Mm-hm.

Q. And I'm going to go on to ask you some questions about CPR shortly, but can you help me to understand, firstly, how it is that a respiratory arrest can lead to a cardiac arrest? How does one lead to the other?

A. It's more to do with the lack of oxygen supplying parts of your brain that then control the working of the heart. It's -- it's kind of to do with the medullary receptors and the regulating of the heart, it's quite hard explain in a sentence, but basically if you're not oxygenating your brain, you're not being able to supply the right bits that then will send the messages to tell your heart how to work so then you will go into cardiac arrest.

Q. So one can lead to the other?

A. Yes. Respiratory arrest will lead to cardiac arrest, if you don't deal with the respiratory arrest.

Q. So that is inevitable: if the respiratory --

A. If you're not breathing for yourself for a length of

time, you will go into cardiac arrest.

Q. So if that situation, the respiratory arrest, is not reversed, then cardiac arrest --

A. Will happen.

Q. -- will inevitably follow?

A. Yes.

Q. What does CPR involve? Firstly, what does it stand for?

A. Cardio pulmonary resuscitation. So for an adult that involves 30 compressions on the chest to two breaths. Doing that for a cycle of five times or two minutes, and then rechecking for a pulse, and then depending on whether you have a pulse or what rhythm is on our defibrillator, because we'll attach them to pads and see what rhythm they're in, and depending on what rhythm they're in, we will then decide if we need to give electric shock or not.

Q. I'll ask you more questions about CPR later because I understand that that was the treatment or the management that was used for this patient, but we'll leave that to one side for now.

Mr Bayoh was wearing handcuffs --

A. Yes.
Q. -- when he was brought into A&E, and in fact when you gave your evidence you put your hands in front of you --
A. Yes.
Q. -- to demonstrate the position of the cuffs?
A. They were in front of him, I can't remember if they were crossed over or together like that.
Q. In any event, they were to the front rather than to the back?
A. Yes.
Q. And you asked for them to be removed?
A. So, no. What happened was when I said he is in cardiac arrest, the police officer that was standing at the end of the bed said "do you want me to take the cuffs off" and I said yes.
Q. I beg your pardon.
A. No.
Q. If he hadn't made that offer, would you have asked for them to be removed?
A. Yes.
Q. Could we go to your Inquiry statement, please, at

paragraph 49. Again, I'd like to read this out and then ask you some questions:

"Handcuffs would hinder CPR because if somebody small like me was standing over him on a stool doing CPR and his arm is in the way then my hand might not get full contact with the chest. You're doing compressions on the centre of the chest over the middle and over the sternum. If the hands are over the body, and they're a big person who has got big hands, you might not get your full hand in over the area you need to compress. Whereas if you've got things away from the chest, you've got full exposure and you're able to get proper, decent compressions. It doesn't stop you doing CPR completely but it can hinder it."

So you give an explanation there as to how cuffs might hinder the CPR effort.

If we can scroll down to paragraphs 50 and 51, please:

"I have been shown my previous statement to PIRC on 15 June ... on page 2 I said 'The male was lying on his back and was handcuffed. He did have a large chest and

his arms were positioned lower on his stomach. This would not have impeded in any way attempts to perform CPR as this requires work on the sternum'.

"I think what I was saying in the statement was that they wouldn't have impeded CPR because they were off straight away. Had they stayed on then they would have been in the way. The CPR would not have been as good. If his hands were down towards his stomach then his upper arms would have been across the chest a bit and impeded CPR."

If we could very quickly fast-forward to paragraph 123. This, doctor, you'll recall is the paragraph in which you said that you told the PIRC the truth and your memory was better then than now. If there's an inconsistency your previous statements should be preferred, aside from the point about whether the handcuffs hindered the CPR.

A. Yeah.

Q. And you've given a clear explanation in your Inquiry statement as to what had been said to the PIRC and what you in fact meant by what you said to the PIRC?

A. Yeah.
Q. And you're very clear in your inquiry statement that CPR would have been hindered by the cuffs?
A. Yes.
Q. And you also have given evidence that if the police hadn't offered to take them off --
A. Yes.
Q. -- you would have asked for them to be removed?
A. Yes.
Q. Can we return to paragraph 52:

"It would be very difficult to get IV access in the arms if the arms were cuffed. It's very difficult to get into that area. We usually go for the anterior cubital fossa, on the inside of your arm where the elbow bends. We usually go there in resus because the back of the hand is usually very shut down. If the person's in cardiac arrest they're going down in their extremities first, so the veins are not going to be easy to see. You want access quickly so you can start giving drugs."

So you explained there another reason why cuffs might get in the way?

A. Yes.
Q. And it's to do with access to veins?
A. Yes.
Q. Doctor, we have heard that CPR was performed at the scene on Hayfield Road by officers and paramedics, and this continued in the ambulance on the way to hospital. Can you comment on whether, if the cuffs had been removed while CPR was being carried out at the scene by the police and the paramedics, it would have made any difference to the outcome here?
A. It could have. The gentleman was a big, big guy and his arms were big and they were across his chest. You -- to do good, effective CPR, you need to be able to get good access to the chest to do good compressions. The police are trained in doing CPR and will be delivering as good compressions as they can, opposed to someone who is not experienced in it, so I can only assume they were giving as effective CPR as they could. Whether the cuffs in the way, it would have -- it would have hindered giving really good compressions.
Q. Can we look again at paragraph 49. Halfway through, you

say:

"If the hands are over the body, and they're a big person who has got big hands, you might not get your full hand in over the area you need to compress."

A. The -- from what I remember, he had a big chest and his hands were right across and over his -- the front of his body. So that space there where I need to put my hand to compress (indicates) would be small, and if the hands are cuffed, you might not be able to get your hand in there very well.

Q. So when you're talking about hands in that sentence, are you talking about the hands of the patient or the person who's giving the CPR?

A. So the person who's got big hands is the patient who -- if they've got big hands and big arms -- I suppose arms is more what I mean -- is in the way and if the person who is giving CPR has a big hand, they're going to struggle to get their hands into that space as well.

Q. I see. So if the person giving CPR has large hands --

A. Mm-hm.

Q. -- then that might also hinder giving --

A. Yeah.
Q. -- effective impression compressions --
A. Mm-hm.
Q. -- in circumstances where the patient is cuffed?
A. Yes.
Q. I'd like to ask you some questions now about your assessment of Mr Bayoh in accident and emergency. If I can take you to paragraph 35, you say:

"As soon as a patient is handed over to me, I will start to reassess the patient from the beginning. We have a system, A, B, C, D, E. It's a very easy system for A&E doctors. Each letter is as follows: airway, breathing, circulation, disability, environment. We work our way through that from A to E."

I'd like to ask you some questions about that. So, A is for airway; what was your assessment of Mr Bayoh's airway?
A. So he wasn't breathing for himself, therefore we needed to deal with that first before you can move on to breathing. So at that point, I don't know if you want me to keep saying what I did next or just explain

airway.

Q. Carry on, please.

A. So an airway point of view we'd then have a look to see if we could put a tube into his trachea and take over his breathing. I remember having a look and not seeing that I could get a tube in so I put an LMA in, I think, instead, which is a slightly different type of tube that doesn't go into the trachea but it sits at the back in the top of the epiglottis, and at that point I think probably is when I asked for anaesthetics to be phoned. Then was bagging. At that point you're -- I'm stuck at that end, I can't leave airway when I'm at the airway doing the bagging, so I would have got probably Sophie Rollings to look at B, which is breathing, so checking if there is any trauma to the chest, if there was any breathing effort at all, have a listen. Then we would look at C, which is circulation, to see if there is a -- what the pulse is, what the blood pressure is, whether he's shutdown peripherally, what I mean by that is if they're cold in their hands or if they're warm in the centre. Then move on to D, which is looking to see

if there's any marks anywhere, what their conscious level is, what their pupils are doing, and then E is looking for exposure to check if there's any injury on the back.

We did not get down to E very quickly because we got A, he wasn't breathing, and then he lost his pulse and then therefore we change what we are doing to a different algorithm at that point because this is assessing a patient that's awake and -- or a patient that's alive, whereas if they have no pulse you have a dead patient and you have to start a different system.

Q. All right. You've given me a lot of information there.

A. Sorry.

Q. No, not at all, it's incredibly helpful, but what I'm going to do is just take you through some of that in a little more detail and then we'll move to the alternative algorithm which I think is for CPR --

A. Yes.

Q. -- is that right?

So this A, B, C, D, E is applied indiscriminately to any patient who comes in --

A. Yes, any patient.
Q. -- and this your working model, but with a patient who doesn't have a pulse it's only going to take you so far and then you have to move on to another algorithm; is that correct?
A. Yes, yes.
Q. So, so far as this patient was concerned, airway, he wasn't breathing, you have described putting a sort of half-tube or a gadget into his throat to give access to the area; is that right?
A. Yes, it's a breathing -- it's called a laryngeal mask airway. It's a kind of -- it's an airway adjunct, is what we would call it and it gives you -- it allows you to give oxygen and prevent too much secretions and vomit getting into the airway if that was the case, but it allows you to -- better than nothing, basically, so it's a good extra device until you can get a tube through the trachea because that's ideally what you want because you want what we call a cuff tube through the trachea because that's a protected airway at that point.
Q. So that hadn't proved possible, is that correct?

A. Yeah, I couldn't see, so I couldn't get -- yeah.
Q. So this was the next best thing --
A. Yes.
Q. -- pending the arrival of the anaesthetist --
A. Yes.
Q. -- who was going to assist you in supporting the airway?
A. Yeah.
Q. So that's the A?
A. Yes.
Q. The B was the breathing and you said that Sophie Rollings was helping you in that regard?
A. I can only assume that that's what Sophie was doing because I can't move from airway, that's where I am. Also I'm the senior doctor and during the day if you're the senior doctor you'll probably be standing at the end of the bed overseeing and directing everybody, but at night there's less people around so you have to take the roles as well. So I was stood at the head-end, I wouldn't have been able to move from there and -- until anaesthetics came down, and then they would take over and then I moved to the foot of the bed. So

Sophie, I would assume, was doing B, because that wouldn't have been me.

Q. What would she have been doing, because you've already said this patient wasn't breathing --

A. Wasn't breathing.

Q. -- so what was she looking after?

A. So when I'm bagging I will inflate the lungs, so she will have a listen to see if she can hear anything, if there's any collapse of the lung, if there's any decreased air entry that would give us an idea of whether a lung had collapsed or whether there were secretions or any extra noises that would just give us a bit more information of what could have led to the event.

Q. So you were using the Ambu bag that you described earlier?

A. Yes.

Q. And this was to force oxygen into the lungs --

A. Yes.

Q. -- via this --

A. (overspeaking).

Q. -- adjunct that you have described?
A. Yeah.
Q. And Dr Rollings, in the meantime, would have been effectively monitoring whether that was effective?
A. Yeah.
Q. C, circulation, you said you would have checked blood pressure, pulse, peripheries, and there was no pulse?
A. There was no pulse.
Q. So at that point should we understand Mr Bayoh effectively dropped off this algorithm that was no longer valid and you had to move to the CPR algorithm because --
A. Yeah, if they have no pulse and they're not moving then we have to move to what we called advanced life support which is starting CPR and following an algorithm with that.
Q. So if a person isn't breathing and has no pulse, does that effectively mean they're in both respiratory and cardiac arrest?
A. Yes.
Q. Before we discuss the treatment that was given in terms

of the CPR algorithm, I want to ask you some questions about your differential diagnosis, if that's the correct term, in terms of the potential causes of the arrest, and if we can perhaps turn to page 60 -- sorry, paragraph 60 of your statement. You say:

"For the assessment of cardiac arrest, there's a list of things that you would think about when someone comes in. He came in unconscious with not really any hint of what has caused him to arrest. I had a list of things in my head to think about."

If I can pause there, you said earlier in your evidence that when you get a history from the paramedics, it's to give you an idea of the potential causes or the range of potential causes?

A. Mm-hm.

Q. And the history that you received on this occasion was --

A. Mm-hm.

Q. -- fairly limited, would that be fair?

A. It was more of what had happened before he just came in with -- with the police and the paramedics. It didn't

-- I didn't have an idea of what happened leading up to the encounter with the police and the paramedics before he came to us. So as much as it told me that he'd had pepper spray or -- and had been put to the ground, it doesn't necessarily tell me a lot about what has led up to the event in the first place.

Q. Paragraph 61 you say:

"The first thought is trauma because I could see there was a mark on his head. My thought was, to explain this as simply as I can, whether he had enough trauma on his brain causing pressure on his breathing and heart control centres, causing cardiac arrest.

"I checked for trauma. The patient's head was the only site that I could see any injury. There was no other obvious trauma that we could see externally. This means checking for swelling or broken bones that could cause a loss of blood volume. There was no deformity that may have caused this."

So should we understand that you had effectively excluded trauma as a potential cause of cardiac arrest?

A. Yeah, so the -- there's a few things for young people

that would cause cardiac arrest, and trauma is the most likely, or one of the most likely. So he had a small mark on I think the left -- above his left eyebrow, on his head, but we'd have a quick look to check there wasn't anything else around his head, and what I mean by that is looking for any bits that would indicate a cracked skull. So we would feel for what we call boggy haematoma, so that's a bit like feeling wet moss is the easiest way to describe it, so trying to feel for that on the skull, checking if there is any blood coming from his ears, any bruising or blood behind his ears, just looking for anything that would give me an indication of whether he had had a head trauma, being the most likely thing to have potentially have caused him to go into cardiac arrest, because of -- if he'd had a head trauma with a big bleed it would have caused pressure etc.

The other things to think about from a trauma point of view, was there any evidence on his abdomen, had he bled out, has his spleen ruptured and he has bled out into his abdomen causing him to go into cardiac arrest

from what we call hypovolemia. Then the second thing, other thoughts would be was there anything, his femur, had he broken his leg, these are the things I'm looking for to check where is the blood loss that would cause him to bleed out and to go into cardiac arrest.

Q. So the only apparent injury was to the head?

A. Yes.

Q. Can you describe the injury that you could see on his head?

A. From what I can remember it was a small abrasion, like a graze on his -- above his eyebrow, not necessarily significant enough to have caused a traumatic brain injury.

Q. But in addition to seeing that abrasion you've described going on to examine the head for boggy places, checking for bleeding in the ears and so on?

A. Yeah.

Q. Was this all to ascertain whether there might have been some underlying serious head injury that might have accounted for the arrest?

A. Yeah, I mean, at the point where we knew his pulse -- he

didn't have a pulse, we would be starting CPR and working through what we call the four Hs and four Ts which I'm sure you'll get to.

Q. We'll come on to those, yes.

A. So once I've gone through those to check there's not a reversible cause for the arrest, because that's what I want to get fixed first, I'm then thinking in my head what has caused -- what else can I think of that isn't in those four Hs and four Ts that I need to be thinking about, so head trauma, bleeding out, things like that would be also in my head as I'm going through it.

Q. I see. So did you go through your four Hs and four Ts first?

A. I would go through my four Hs and four Ts first because they are reversible causes of cardiac arrest and if I can fix those I can get his heart to restart and then I can worry about other things that might have led up to it, but I am thinking about them at the same time, I just know we have to go through the other things first.

Q. Why don't we go to the four Hs and four Ts now and then

we'll perhaps back to the head injury and the other possibilities that were in your differential diagnosis after you had excluded, as I think you did, the four Hs and four Ts.

Can we go to paragraph 89 of your statement, please, and as you have just said in your evidence, doctor, you have what are called in emergency medicine:

"...'reversible causes' in cardiac arrest ... four Hs and ... four Ts. If [you] can identify one or more ... [you] can possibly reverse the cause of the cardiac arrest and stabilise the patient."

So moving on to paragraph 90:

"The four Ts begin with tamponade, when there's blood in the pericardial sac, so the sac around the heart if there's been trauma to the heart and you can get blood compressing stopping the heart from being able to beat."

Was there any indication that that was the cause here?

A. No. The reason for not thinking it was that or not -- is because tamponade wouldn't happen quickly, it would

be a leak into the sac around the heart and he would slowly be getting worse and you would see signs of his heart rate going up and his blood pressure dropping and ideally, clinically, you should see the veins in his neck getting bigger as well. So it's not something that you would suddenly collapse and pass out with, it's something you would have -- you would realise that was where it was going. You'd also have evidence of trauma to the chest, so if they'd been stabbed in the chest is the most likely thing for cardiac tamponade, or a road traffic collision with full impact, these sorts of things tend to be what are the causes of tamponade.

Q. So should I understand that there wasn't any history or clinical presentation --

A. The clinical history, from what I knew, and what I could see in front of me didn't fit with cardiac tamponade.

Q. Returning to paragraph 90, the next T is toxins:

"... intentional drug overdoses, accidental drug overdoses, recreational drugs, medication, anything like that. This can be illegal or prescription drugs."

Was there any indication that that was relevant

here?

A. I hadn't been told by the crew that there had been any history of drug use, that I can recall, but in my head I was thinking this could be drugs.

Q. Why were you thinking that?

A. The causes for a young male or female tend to be sometimes misadventure for cardiac arrest in young people to die is trauma, misadventure or underlying illness. The most common causes tend to be misadventure from drug use intentionally or recreationally, or trauma tend to be the main causes.

From the -- a little bit of what I had been I'd been told about potentially having been aggressive on scene and then suddenly collapsing with respiratory then going into cardiac does make me think has he taken anything on board, so drugs were in my head as a potential cause.

Q. There's a little bit more about drugs as a potential cause in your statement, so I'm sorry for jumping around a bit, but could we perhaps go to paragraph 63. This follows on from the paragraph where you discuss potential trauma and looking for signs of injury:

"I then thought he may have taken drugs and ended up putting himself into an arrhythmia. Drugs can cause you to have seizures and potentially go into cardiac arrest if you are hypoxic for too long. Hypoxic means not getting enough oxygen."

Before I go any further, what's an arrhythmia?

A. So it's an irregular heartbeat. So you've got normal sinus rhythm, which is what we all are in, but you can go into other rhythms and sometimes certain drugs can put you into what we call ventricular tachycardia or ventricular fibrillation.

Q. Paragraph 64:

"If you have a seizure for too long a period of time you can't get enough oxygen to your brain. You have respiratory arrest and then a cardiac arrest. Drugs can cause your heart to go into different rhythms. It can then cause you to arrest as well. I wondered if he might have taken an opioid overdose, heroin or a variation of heroin, and therefore I gave him a drug called naloxone to try and reverse that. It didn't really do anything. I don't remember how many times

I gave that."

So you were considering, given his age and given your own knowledge and experience, that misadventure is a cause of arrest in young people.

A. Yes.

Q. You were considering the possibility of an opioid overdose, accidental or otherwise, and gave him naloxone. Is naloxone, to use lay terminology, an antidote to --

A. Yeah, it competes with the opioid on the receptors that the opioid would bind to in the body and therefore tries to reverse the effect that the opioid drug would have. So it's Narcan is probably the name that most people would know it as.

Q. Now you've described in that paragraphs that we've looked at drugs, in particular opiates, causing cardiac arrest. Can drugs cause respiratory arrest?

A. So opioids can. They can depress the respiratory centres in your brain and therefore cause you to go into respiratory arrest.

Q. Can other drugs aside from opioids have that effect, to

your knowledge?

A. Yeah, they can. I can't think of lots of them off the top of my head, but there's a kind of -- we kind of classify drugs or, in particular, recreational drugs into what we call downers or uppers, or stimulants and sedatives. So an opioid would be a downer in a way. It would -- euphoria, a nice -- whereas your uppers, your stimulants like MDMA or amphetamines, would cause you to be a bit more stimulated and a bit -- it wouldn't cause necessarily respiratory arrest.

Q. Let's go back to the four Hs and the four Ts and pick up where we left off. Paragraph 91, please. So tamponade is effectively excluded. Toxins were on your mind in the differential diagnosis?

A. Yes.

Q. 91:

"The next T is thrombus, for example a massive pulmonary embolism, blood clot on their lungs that's causing pressure on the heart causing them to go into an arrest, or a massive heart attack from a blood clot in the arteries that feed the heart muscle."

Was there any indication that that was the cause here?

A. Not from the story. I mean, I've already said the story was limited, but from what I could -- from what I'd been told there and from the events, I didn't think thrombus was likely. Thrombus tends to be in an older person if they have had a heart attack and gone into cardiac arrest. PE is an option but they tend to have had a history beforehand of shortness of breath, chest pain, something else that would have led up to us having an idea if that's what's caused it rather than suddenly collapsing.

The other thing that I think at this point he may have been now -- knew his name at this point, so I would have asked someone to go and look at his records to find out if there was a background of any other things that I needed to know about, any other medical problems, if he had presented to the hospital before.

Q. And did you know his name by this point?

A. I don't recall, but I do recall asking someone to go and look to see and I don't think there was anything on our

system for him at that time.
Q. Would your system have been updated if you had received information about his identity?
A. So if we have his identity, his name would have a CHI number, and that's unique to each person and they get logged into our -- like registered onto our computer system and then any medical notes for anything that's happened when he has been in hospital would be there, so it would be as up to date as it would be.
Q. So if you didn't know the identity of the patient --
A. I wouldn't have that information.
Q. -- when he was received, you haven't wouldn't have that information. And how might details of his identity have come to you?
A. That would be through the police finding out who he was. There's -- there's no way I was doing that at that time. I was -- so it would be the police usually. If we haven't got the identity of a person, then the police will get involved and help.
Q. So in the ordinary course of things where you have an unknown patient --

A. Yeah.
Q. -- in circumstances such as these, if their identity is confirmed by the police, you would expect that information to be fed back to you?
A. Yes, I would. Usually someone would come into the room and say, "We've got his name". It'd be honestly saying that my mind is concentrating on what I'm doing at that point. If I was to hear, "We've got a name for the person", then I might ask someone to go and look up some records and see if we had any more information about any previous medical history.
Q. And without the name, you --
A. I can't do that.
Q. -- obviously can't make those searches.

Returning to your statement:

"The final T [at paragraph 92] is tension haemothorax, so that's when the lung has collapsed on one side and is pushing over and you need to decompress it. I don't recall looking in my notes in the A&E records that we did that. I think we had good air entry on both side when we were bagging him. I don't recall

decompressing his chest."

Sorry, I spoke over you.

A. No, no, no, I spoke. It should say tension pneumothorax so apologies. So haemothorax is blood in the chest; it is a tension pneumothorax which is air, so when the lung is collapsed you've got air where it shouldn't be and it's pushing down and it will cause pressure on the return of the blood to the heart and therefore causing someone to then go into cardiac arrest.

When I was bagging him, Sophie would have -- must have listened and the chest, and I can see the chest rising, so if I could see the chest rising I know that the lungs are not collapsed, also his trachea, which is your windpipe, in a tension pneumothorax it will move away from the side that's collapsed and it was central, so I was able to rule out tension pneumothorax. We did go back over that later when more people had appeared from the day team and it was re-discussed, but the anaesthetist had intubated the patient at this point and was happy that he could bag the patient easily. If there is a pneumothorax you wouldn't be able to bag very

well, and also we could see the chest rising and I think they also did a quick look with an ultrasound and we decided that decompressing the chest was not in this patient's interest.

Q. So this T was effectively --

A. It was cleared, yeah.

Q. -- ruled out?

A. Yeah.

Q. You mentioned being able to see the chest rising and falling with the bagging; does that mean that the forced breaths were effective --

A. Yes.

Q. -- insofar as they were inflating the lungs?

A. Yes.

Q. And you also mentioned that at some point after the anaesthetist, the consultant anaesthetist arrived, he was successful in intubating?

A. Yes, and I remember that being fairly quickly because if I couldn't -- I -- I do remember asking for him very early on whether it was pre the patient arriving or just as the patient arrived, I do remember asking to phone

for him because I knew he was in the hospital having dealt -- having worked together on another patient earlier in the evening, and knew that I was going -- I couldn't get the tube in so I wanted them, and they came very quickly and I remember him then taking over the airway very quickly and me moving down to the foot of the bed and taking over the running of the arrest at that point. So yes, the patient would have been tubed.

Q. So those were the four Ts. Let's look now at the four Hs, if we can scroll down to paragraph 94, please:

"After checking the four Ts, we check the four Hs. Firstly the hypoxia. This is the patient not getting enough oxygen even though we are using the bag valve mask."

So?

A. Yeah, we use the bag valve, we're giving his oxygen but the best thing is to intubate the patient, that's the end point, that's the gold standard. So he was tubed early and he was being bagged properly with a tube in a protected airway, so the hypoxia had been dealt with.

Q. Hypothermia is next. Hypothermia is if they have been lying out in the cold or been submerged in water so if they've got a temperature that's like -- it says minus 32, should that be 32?
A. It should be 32, yes.
Q. "... then we have to keep warming them up until they're a sensible temperature."
A. Yes.
Q. Was there any indication of hypothermia?
A. No. No indication here.
Q. Was Mr Bayoh's temperature taken?
A. It would have been taken. I don't recall what it was, but the history didn't lead it to that either, from what I can ...
Q. We've heard evidence that Mr Bayoh was lying on the ground unconscious wearing a T-shirt on his upper half, only a T-shirt, and that it had been raining --
A. Okay.
Q. That he lay there for about 8 minutes --
A. Okay.
Q. -- between falling unconscious and the ambulance

arriving?

A. Mm-hm.

Q. Did you have that information?

A. No.

Q. Would that be sufficient to cause hypothermia?

A. It would cause his temperature probably to go down to about maybe 35/35.5, that kind of thing. If it's been about 8 minutes outside. The difficulty is he was in cardiac arrest which sounds like he did get CPR on the scene which again, I didn't know that. If he had CPR on the scene, his body will cool down because he's not -- he's in arrest, he's not regulating, he's not pumping blood. So it's difficult to say exactly what his temperature would be, but I don't think it would be low enough for me to be thinking about hypothermia as a cause.

Q. The information that I've just shared with you, would it have been helpful for you to have that information at the time?

A. It would have been useful in a way to know that he'd had a little bit more CPR before he'd come in. 8 minutes or

so isn't a lot really, often we have patients that come in who have had about 45 minutes of CPR before they've come to me. It would be useful just to know he had actually been in arrest before they got -- he came in, but it wouldn't have changed what I did.

Q. Just to be clear, nothing really turns on this, I said that he lay on the ground for about four minutes.

A. Yeah.

Q. We've heard evidence that for the first four minutes he was unresponsive but breathing, then he stopped breathing --

A. Okay.

Q. -- at which point the officers on the scene commenced CPR.

A. Yeah.

Q. And when the ambulance arrived, I understand that the paramedics continued with the CPR. So it would have been four minutes of CPR at the scene.

A. Yeah.

Q. And then some ongoing efforts to support him in the ambulance?

A. When he came into the department, there was no CPR ongoing. They were bagging him, but they weren't doing CPR. So what that might give me a hint of is that he might have been in respiratory arrest on scene but actually maybe still had a pulse but his output might have been quite low and people might not have been able to feel it and so quite rightly have done CPR, that would be the right thing to do. But he didn't come in -- no one was doing CPR when he came into the department.

Q. I see. Just in case I've misstated anything, we have certainly heard evidence that CPR was given by the officers at the scene.

A. Yeah.

Q. The Chair is yet to hear from the paramedics.

A. Yes.

Q. But I understand that some efforts were made to support him in some way between his removal from the scene and his arrival at the Victoria Hospital?

A. Okay.

Q. But it may be that nothing turns on that from your point

of view.

A. Yeah, yeah.

Q. Back to the Hs. At paragraph 95:

"Next is hypovolemia, so they've not got enough circulating blood volume because they've bled somewhere or they're septic and the distribution of the fluid in their body is not correct."

Were there any indications of hypovolemia?

A. So from a hypovolemia point of view, for him it was trauma that I was thinking about. So that's bleeding into the brain, it's bleeding into the abdomen, it's bleeding into a femur or a thigh bone, if it's broken. There was no evidence of that so that when we're looking for that. The second thing is a medical cause for the fluid to not be in the right places which are usually sepsis or heart failure. There was no history of that sepsis, obviously he has a history of leading up to being unwell, it's not a sudden collapse. So the story didn't hint at being sepsis. So trauma, thinking about that and where could he have been losing blood, but there was no obvious blood loss.

Q. You said earlier that having noticed the injury to his head, you carried out an examination of his head to check for any serious underlying injury.
A. So I would have asked the anaesthetist at the top end to have a look for certain things because I would be at the bottom of the bed at this point, I suppose it's controlling what's going on, because they're doing the airway, so I would have asked him to have a quick feel and see if he could see anything obvious.
Q. And you, or at least your team --
A. Mm.
Q. -- also, you said earlier, checked his abdomen?
A. Yes.
Q. And the legs?
A. So the thing with the abdomen you would see in CPR if you're bleeding out from somewhere is the tummy will just get bigger and bigger, and that wasn't evident in what we were doing -- I don't recall that being evident. I think we even did a fast scan, an ultrasound, a quick look at his tummy, which would be looking for free fluid in a trauma setting.

Q. You mentioned earlier in your evidence that something like a broken femur can in fact be sufficiently traumatic to cause the loss --
A. You can lose -- you can lose a lot of blood in a broken bone -- in your femur very quickly.
Q. The femur is one of the leg bones?
A. It's the big thigh bone, yes.
Q. We've heard evidence that Fast Straps, long Velcro straps were used to bind Mr Bayoh's legs at Hayfield Road.
A. Mm-hm.
Q. Were they present when he was brought into A&E?
A. I don't recall, but I know my statement has said -- the first one has said that there were straps on his legs, but I think I took them off.
Q. You think you took them off?
A. Yeah, I'm pretty sure I would have taken them off to look at his legs.
Q. Would they have got in the way of you examining his legs for injury?
A. They're usually at the feet, and I'm looking more at

the thigh. That's where I'm going to be seeing if there's any blood loss, but I would want to look in between the legs to see if there's any bleeding from there as well, so yes, they would get in the way for looking properly at the body.

Q. We may have heard they were applied either just above or just below the knee.

A. The knee, okay.

Q. If that was so, would they have got in your way?

A. Yes.

Q. So you might not recall this now, but you say you saw it in your PIRC statement and you removed them?

A. Yeah.

Q. Okay.

Back to the Hs, the final Hs:

"... hyperkalaemia, this is if their potassium is too high, and that can be from kidneys that don't work properly, sepsis, drugs and lots of other reasons. This can cause a patient's heart to go into arrhythmia and cardiac arrest."

Were there any indications that that was a potential

cause?

A. Yeah, so if he had a background of being a patient who had renal dialysis -- obviously I didn't know -- well, I didn't know that based on the history, but if he was a patient who was on renal dialysis then I would see something called a fistula on him so I would be able to say this is somebody who gets dialysis, we need to check his potassium because their potassium can get too high and can cause them to have arrhythmias and arrest. That would be one thought in a young -- in any person. The other thought from hyperkalaemia, that tends to be the main thing, or if they're unwell previously with sepsis etc, what we'd do very quickly is a blood gas and that gives us an answer what the potassium is within a few minutes, and we can say: well, it's very high let's treat that or not.

Q. And a blood gas screen I think was carried out in this case?

A. Yes, mm-hm.

Q. And were there any indications that there was anything wrong with the potassium levels?

A. No, the potassium, from what I can recall, was normal.
Q. So would that exclude that --
A. It would exclude it, yes. You'd have to have a potassium above 6.
Q. So you have effectively excluded all of the four Ts and four Hs with a perhaps question mark over toxins?
A. Yeah.
Q. But the remaining seven you have excluded. You said earlier in your evidence that having gone through that checklist you started to think about trauma in more detail and about the possibility of a potential drug-related cause of the arrest, hence the prescription of naloxone?
A. Mm-hm.
Q. You mention in your statement too cardiomyopathy, if we can look perhaps at paragraph 74 very quickly.
A. Yeah, I was kind of trying to think of other things.
Q. Paragraph 74 you say:

"Another possible cause I considered was an underlying medical problem like cardiomyopathy, which is an enlarged heart. The patient may or may not know

about this. The heart can go into dysrhythmias that sometimes people don't know about until something bad happens."

A. Yes.

Q. And at paragraph 75 you say:

"Ultimately I don't know what caused the patient's cardiac arrest. My gut feeling at the end of the arrest was it is most likely to have been drug related. I knew no mystery of his background so if he has no history of drug use then I would think it wouldn't be drug-related, but obviously I didn't know that at the time. I have to go with what's in front of me."

A. Yeah.

Q. And in terms of what was in front of you, you had the patient and his presentation and he was a young person?

A. Yes.

Q. And you've explained that misadventure is one of the more common causes of arrest in a young person and you had a history that was relatively limited?

A. Yes.

Q. And indeed you say at paragraph 76:

"I had to think about all these possible causes because it was not a clear story of what happened before the patient came into A&E."

A. Mm-hm.

Q. Can we look again at the medical records, please, page 7. So the clinical examination hasn't revealed an obvious cause for the respiratory or cardiac arrest and there's a limited history available to you. Let's remind ourselves of the information that you had:

"Found by police with knife aggressive attacked police officer. Pepper gas used and uncooperative, hit on back of head. Then was in respiratory arrest. With ambulance crew."

Now, I don't see any mention in your handwritten notes, doctor, of Mr Bayoh having been restrained by the police.

A. I don't think I had been told that at the time. I mean, I know he was cuffed and he would have had the bands on, and I presume -- if I'd been told he's been aggressive, then I presume that's what they have had to do, but that

I don't recall going into detail and to be honest when he comes in and he's in respiratory arrest, getting a lot of detail at that time, I'm trying to think of what other things to do, so I don't -- I don't particularly want them to give me a hold big long story because I need to do stuff.

Q. You just need the essentials?

A. Yeah.

Q. But there isn't any mention here of him having been taken to the ground and restrained for a period time or the position of the restraint.

A. Not at that time. I -- I suspect maybe afterwards somebody maybe told me a bit more, but at that time I don't recall being told anything other than what I've written here.

Q. And you perhaps have no recollection then of being told whether he was resisting a restraint or whether force or weights were being applied to his body on the ground?

A. Not that I remember, no. I don't, no. I mean, all I've been told is that he was aggressive and that's -- I don't -- I don't recall anybody telling me that they'd

had to pin him to the ground.

Q. And if you had been told something like that, would you have written it down?

A. Yes.

Q. Would you have found it helpful to have had that information?

A. It can be useful because it depends if he was pinned down face-down or on his back. So, sometimes, if you're pinned face-down, that can cause asphyxiation. So it can cause it, if they're been pressed down, so they're not necessarily getting -- able to breathe properly, so it would be useful to know that. If he had -- I mean, I know -- I've documented he got hit on the back of head, it would be useful to know had he then fallen to the ground. He was a big guy, that's quite a height to fall, so yes, it would be useful to have a bit more of what had happened previously.

Q. Quite a lot of evidence has been led about the position of the restraint and what the different officers involved in the restraint were doing.

A. Mm-hm.

Q. But there's certainly some information for the Chair that he was held in the prone position and that the way in which he was restrained has been described by a number of witnesses in a number of different ways, but just yesterday was described by a witness as looking like a collapsed rugby scrum. Would you have found that type of information helpful?

A. Yes.

Q. What difference, if any, would it have made to your assessment of the patient's condition?

A. So a prone position in somebody who has potentially got alcohol and drugs on board can restrict their breathing if they're being compressed down on the ground. Well, it can -- anybody, to be honest, it doesn't have to just be somebody -- but if they've also got other things on board, that will affect their breathing too. But if they are being pushed on the ground, it can -- if they're in a prone position, that could affect their breathing.

Q. So what difference, if any, might it have made to your treatment of Mr Bayoh?

A. It wouldn't have changed what I did, but it would have given me a bit more information as to what potentially could have caused him to go into respiratory and then cardiac arrest.

Q. And how would it have helped you and your practice of emergency medicine to have had that additional information about potential causes?

A. To be honest, it would just have given me a bit more information about what could have caused the respiratory arrest and then to go into cardiac arrest. It wouldn't -- it wouldn't change my management at all, because there's a set way I would manage this, and as I've -- as I've laid out. So it's not going to change what I do, but it would give me an idea of what has led up to it, rather than me necessarily having to think of everything under the sun that could have caused him to arrest, it would have given me a bit more: okay, so that's happened, that might have led to this, but I would still be going through all my four Hs, four Ts, etc.

Q. Doctor, there's one final thing I want to ask you about

before we go on to discuss the treatment of this patient, and it's the possibility of sickle cell anemia. I wonder if we can turn to -- you say:

"Sheku Bayoh being a black man had no impact on the assessment or treatment. However the only thought I might have considered is that sickle cell could be a cause. Sickle cell is a hereditary disease that is in some black people.

"It's when the blood cells have a sickle shape to them. You can either carry the gene with the sickle cell trait or you have sickle cell itself. It basically means that the body doesn't always carry oxygen as well as it could and, therefore, you can have crises. These crises can be bone crises because you've got occlusions because of the sickle cell sticking or you can have chest crises.

"For it to apply in this case, Sheku Bayoh would need to have been unwell medically beforehand. He would need to have had a different presentation to what was reported to us. It would be a slow deterioration in his health. You would need something like chest pains for

a time or become more unwell before going into cardiac arrest. It doesn't fit with this situation."

So do you recall thinking about sickle cell as a possibility at the time?

A. Yeah. Because he's a young person, there's -- you're trying to think of everything you can to: what could have caused this, what can I do to try and get his heart to restart. So you do end up thinking about what we call the zebras, I suppose. So the horses are the most obvious things that cause somebody to go into a cardiac arrest, but you're trying to think of other things: what am I missing, what could I be thinking here? And that popped into my head as: is this a cause? But, clinically, it didn't fit with the story. And also, whether we knew who he was at that point, we would then know if he had that in his background, because it certainly wouldn't have been the first presentation, because it's something that can happen throughout your life.

Q. So again, if you had known the identity of your patient --

A. Yes.
Q. -- you could have checked his records --
A. Yes.
Q. -- and confirmed a history --
A. Yes.
Q. -- one way or the other?
A. Yeah.
Q. Let's move on to the treatment of this patient, doctor, and we were talking about the A, B, C, D, E, and you explained you got as far as the C and had to jump onto a different algorithm.

If we could turn to paragraph 82, please, you explain for treatment -- and this is treatment of a cardiac arrest:

"... we follow an algorithm. There are certain drugs we give, and when the patient was in ventricular fibrillation we apply electric shock. VF means there is no pulse but the heart has a rhythm that can get an electric shock."

If we can pause there, I'm going to ask you a couple of questions again just to make sure that we all

understand the terminology there. What is meant by a rhythm?

A. So a rhythm would be looking to see if the heart has got an electric rhythm. So there's two ways. You -- you put the pads on the patient, you look at the defibrillator monitor and that will tell us. It can either be -- not a flatline like you see on the telly, but a kind of a squiggle that lets us know they're in something called asystole, so there's no rhythm there. They can be in something called pulseless electrical activity, which -- it looks a bit like a normal rhythm but there's no pulse, so it's -- it's a kind of rhythm but not a shockable one.

And then you've got two other rhythms that we would look at, which are ventricular tachycardia and ventricular fibrillation, and that is when -- so in VF, there's no real organised rhythm on the screen, you're just seeing a lot of -- basically lots of squiggly lines, is the easiest way to explain it, and that would let me know, okay, you're in VF, I need to shock you. And VT is another type of rhythm and it's slightly

different to VF, but again, it would be a shockable rhythm.

Q. Okay.

What's the relevance of a rhythm being shockable or not?

A. So if a rhythm is shockable, ideally you want to do early defibrillation. Chain of survival is: early recognition, early CPR, early defibrillation. If they are -- we want to recognise that straight away, so the first thing I would do when the patient, if I recognise they're in a cardiac arrest, is get the pads on and look at the rhythm. I would start CPR, look at the rhythm, it's a shockable rhythm, right, let's get electricity, because the sooner you apply that shock, the more likely you are to get them back into a normal rhythm and restart the heart properly.

Q. So do I understand correctly that it's the electric shock that gets the heart going again?

A. It's -- kind of. It takes over, or it restarts it so -- in a sense, because the heart has got a -- it's fibrillating, so it could -- if you were to open up

the chest, in VF, it would be going like this (indicates), so applying the electric shock kind of gives it a restart, it's like the on/off button to reswitch it back into going into a proper rhythm, or normal sinus rhythm.

Q. So for a successful outcome then, the rhythm needs to be a shockable rhythm.

A. So the algorithm splits into shockable and non-shockable, so it has to be a shockable rhythm for us to give electricity. If it's not a shockable rhythm, I can't give electricity.

Q. If the rhythm isn't shockable, is there anything more that you can do for the patient?

A. If it isn't shockable then we go down a different algorithm where we continue CPR, you give adrenaline every second cycle, and you then think about your reversible causes, and you try and see if you can get the heart to restart. After a certain period of time, you have to then make that decision to say it's time to stop.

Q. Okay, and is that -- we will look at this in more detail

but that is essentially what happened in this case?

A. Yes.

Q. Let's return to your statement, please, at paragraph 83 and this is your explanation of the algorithm that you have mentioned:

"Our cardiac arrest algorithm is CPR for two minutes and then do a rhythm check. This is repeated. Each time you do a rhythm check, you're looking to see, first of all, if there's a pulse, so if you got what we call return of spontaneous circulation, or you're looking to see what the rhythm is on our machine. We had pads on his chest so we're looking to see what the rhythm might be.

"On three occasions his rhythm was VF. We then gave three shocks so we're looking at the rhythm and we're also looking for whether it's a shockable rhythm or not."

So this all relates to CPR which is cardio pulmonary resuscitation, and you explained earlier the pulmonary element with the Ambu bag and the forced breaths; what's the cardio element? How were you actually

(overspeaking)?

A. So it's the compressions. The cardiac part is the compressions. So they would be done manually to begin with and then I think we got the LUCAS machine out to do mechanical ventilation to free people up.

Q. And I think I recall you saying earlier in your evidence that the pattern that you work to is 30 compressions --

A. 30 compressions to two in an adult.

Q. -- to two breaths. And that's repeated how many times in a cycle?

A. So you would do that for two minutes which is usually five cycles, and then you would recheck. What I mean by return of circulation or signs of life is at the two minutes you would check the pulse and you would look at screen. If the patient starts moving around then obviously there's something has started so then you go back and reassess from your A, B, C, D, E. If you're checking for a pulse and you're looking at the rhythm there's no pulse but the rhythm has changed to a non-shockable or it's still shockable. So say it's still shockable, you then deliver another shock and then

continue CPR for another two minutes.

Q. You said that the compressions are manual, but you also involved the LUCAS machine?

A. Yes.

Q. And we've heard evidence already from a nurse who was involved in using that machine, and you say, I think, in your statement that you don't specifically recall the machine being used?

A. Yeah. It's one of those things that we have -- that we'd ask for. There's certain things as a -- as I suppose as a senior running the arrest that you know you will have asked for, you just don't necessarily recall because it's habit and it's what you would do, but ideally you want to get manual compressions done so you're freeing up people so they can get other tasks done and also CPR is very tiring and you end up going through everybody and you don't then deliver as good CPR, so getting him on to the manual machine is in benefit for the patient and the team.

Q. If we can jump to paragraph 45 of your statement -- sorry, paragraph 44, first. This is your explanation of

how this machine works. You say:

"A curved board goes behind the patient's back, a band goes across the chest and a big sucker device hits onto the chest. A suction thing makes contact with the chest and sucking onto the chest. It's loud and you can hear it from nearby. The patient's arms are moved out of the way."

So that's an explanation as to how it actually mechanically --

A. Yeah --

Q. -- functions?

A. Yeah.

Q. It's a suction device then?

A. Yeah, so it doesn't sound very nice, but it's basically a piece of machinery that's got a big suction in the middle and it clicks onto a board that goes on the back of the patient and then there are straps that the arms get put into it so that they're not flapping around, they get put onto there, and then the machine will do the compressions for you.

Q. Does it compress at the same rate --

A. Yes.
Q. -- as if you were doing it manually?
A. It's better than manual compressions. It's -- it's -- it's set to go at the same rate and the same depth as what we should do, but obviously we're human and make more error and get tired, the machine does not, so it does a good job.
Q. Paragraph 45 you explain:

"It should connect in the middle of your breastbone, probably about 2 or 3 inches down from what we call the sternal notch between the two collar bones. It is over the heart so you're wanting to do manual compressions of the heart. We use the machine to compress the chest and squeeze the heart so it's doing its job pumping blood."

Now, can you help me by pointing to the sternal notch on your own body?

A. So the sternal notch is here (indicates), that wee bit there, and then the compression should be more here, so it's in your fifth intercostal space, so it's further down, it's about there.
Q. So you're pointing to the middle of your chest?

A. Yeah.
Q. And if I remember well the nurse who gave evidence described the location as being sort in alignment with the nipples --
A. Yeah.
Q. -- essentially --
A. Yeah.
Q. -- would that be correct?
A. Yeah. We call it the fifth intercostal space because that's basically where the heart should sit on the left side, so it's about there.
Q. For a layperson --
A. Yeah, in the middle.
Q. -- that would be a fair description?

If we can move to paragraph 55, please. The Inquiry may hear evidence in the fullness of time that a fracture of the first rib was detected at autopsy and you explain in your statement that:

"You would expect to fracture some ribs from CPR and using the LUCAS machine. If you're doing proper CPR at the right pressure, you will usually crack ribs.

"The ribs that would break are usually from rib 4 to 8. You've got rib 1 at the top and then you count down the chest. You've got 10 that are attached and then you've got 2 floating so you've got 12 in total. 4 to 8 are in the middle at the front."

Again, by pointing to your own body, can you indicate the position of the first rib?

A. The first rib's up here (indicates), so way up at the top.

Q. I can't quite see your finger through your jacket?

A. Sorry. It's probably kind of a bit up here, the first rib. It's kind of under -- lies just under your collarbone.

Q. Okay, just underneath the collarbone all right.

A. Yes, so it is up here.

Q. And ribs 4 to 8, where are they?

A. They would be a bit further down. It's not linear if that's what I'm trying to say because the ribs will curve round and up. So it's not like a line that they go, they do curve round. So 4 would be here, but 4 at the back would be a bit higher up.

Q. All right, but at the front -- again you're indicating --
A. It would be -- between the nipples.
Q. Okay, so roughly --
A. Roughly.
Q. -- in the same alignment --
A. Yes.
Q. -- as where you place the LUCAS machine?
A. Yeah.
Q. And sorry, is it rib number 4 that's in that alignment or is it all of 4 to 8 that are roughly in that alignment?
A. It was more of an estimate of what I thought if you were to have the device, so it's probably -- if you're putting the device in the right place, you're going to be compressing over ribs 4 and lower.
Q. Now some evidence has been led that there was difficulty positioning the machine, but to the extent that it may have been wrongly positioned, it was positioned lower down than it should have been?
A. I don't recall that, no.

Q. If you work with that hypothesis, what impact, if any, would that have on the likelihood of higher ribs being broken during (overspeaking)?
A. It would make it very unlikely to break a higher rib.
Q. Okay. In paragraph 57 you say:

"It would not be common for rib 1 to fracture in the course of chest compressions. In CPR you're talking ribs 4, 5, 6 and further down. To break up at rib 1 you have to press higher up at the top. It's not inconceivable because you can't say in medicine that anything is absolute, apart from death. Realistically you can't say breaking rib 1 in CPR is not a possibility."

A. So what I mean by that is if you've got a little old lady who is osteoporotic and you're doing CPR, which is a pretty aggressive procedure, then it's not totally inconceivable that you might crack a whole load of ribs that you don't necessarily expect to. On a gentleman like this patient, it's very unlikely to cause a fracture of the first rib.
Q. So returning to your treatment algorithm, can we go back

to paragraph 84, please, where you explain that:

"On three occasions Mr Bayoh's rhythm was ventricular fibrillation, so he was shocked three times."

So you were looking again at the rhythm and looking at whether it was a shockable rhythm.

And in paragraph 85 you explain that drugs were given to try and stabilise the rhythm, that he was given amiodarone and adrenaline and the purpose of those drugs is to try and stabilise the rhythm; is that correct?

A. Yes.

Q. Yes. And finally paragraph 97. Having refreshed your memory by reference to the records you say:

"The patient was in ventricular fibrillation at some point and [you] shocked him but it didn't do anything."

What did you mean by "it didn't do anything"?

A. So it wouldn't have put him back into a normal sinus rhythm -- basically it's not worked. He'll still be in the VF, and then as we continue CPR, the VF will change into a non-shockable rhythm.

Q. "... three episodes of VF rhythm. We continued to do

what we would normally do in the algorithm.
The patient's heart then went into a non-shockable rhythm so we kept doing only CPR and giving him adrenaline every second cycle."

A. Yeah.

Q. Was that all you could do at that stage?

A. Yes.

Q. Can we look briefly at the blood screen that was carried out at paragraph 106. You remember taking a venous blood gas reading and at paragraph 106 explain that you were looking to know how much acidosis is in the blood system from the arrest and how much will be reversible because you can get an idea of the prognosis. And you say that the hydrogen ions, which is what you work with, were not compatible with life, his acidosis was very bad. What is acidosis, doctor?

A. So it should be "hydrogen ions", not "irons", the "r", it's just a typo.

So acidosis is an accumulation of acid in the blood which will mean that the normal regulation of organs and the conditions that the organs and the cells work in are

going to be affected by the amount of acid and it will damage them and it can damage them beyond repair.

Q. What would cause that?

A. So, going into cardiac arrest can cause that. So your body isn't -- you're not getting oxygenated, you're not getting blood pumping around, so your body is shutting down or it has shut down but -- things are not working properly or aren't working, so therefore the acid will build up in your blood and that is quite normal in a cardiac arrest to have -- when we look at the blood gas when we're running arrests we look to see what the hydrogen ions and the pH are and it gives us an idea of, you know, potentially how long has this person been down before they came to us, etc.

So, yeah, I don't quite remember what the question was, sorry.

Q. I was just asking about acidosis and what might cause it but I think you've answered that.

A. Yeah.

Q. Can we move on to paragraph 109. You explain that another screen that came back from the blood test was

lactate, which was very high.

A. Mm-hm.

Q. And that people who have that kind of high lactate have a very poor prognosis for survival.

A. Yeah.

Q. Again, what is lactate?

A. So that's a product of when you're not oxygenating tissue, so you'll produce lactic, and it's kind of -- lactic acidosis is they kind of go together, lactate and acid. But the Ph are the hydrogen ions and the lactate, in certain cases like seizures or cardiac arrests or sepsis let us have an idea of the likelihood that we can (a) reverse this or what the prognosis is likely to be.

Q. So you have a patient who is now in an unshockable rhythm?

A. Mm-hm.

Q. You have been able to take a blood test. Can that be done very quickly at the bedside?

A. Yes, so you can take the blood test from the -- usually from the femoral artery in the groin. You can take blood from somebody who's dead quite a few hours

afterwards from certain vessels that will still have a bit of blood that hasn't clotted. So in an arrest we usually go for the femoral artery because we can do a stab and get blood straight away and that gives us information.

Q. So this isn't a situation where you have to send the blood to a laboratory and wait any period of time --

A. No.

Q. -- you can do this very quickly?

A. If I remember rightly, Sophie got access very quickly and I would have asked for a gas straight away because it gives me an idea ie for the potassium. And then I think we repeated his gas later on a couple of times just to see how things were going.

Q. And certainly by the time that the patient had an unshockable rhythm the information that you also had was that the lactate suggested a poor prognosis and --

A. Hydrogen ions of over 200 and a lactate of 18 is not compatible.

Q. Not compatible with life.

The blood samples that were taken, we're aware that

some blood was seized at the --

A. Yeah.

Q. -- hospital --

A. Yeah.

Q. -- and later subjected to examination.

A. Uh-huh.

Q. Can you help me with whether the blood samples that were taken in the accident and emergency department were taken before or after drugs were given to Mr Bayoh?

A. They would be taken -- there's two thoughts here, so apologies if I ...

I don't know if the crew had put a cannula in -- the paramedics had put a cannula in prior to him coming in, I suspect they did because that would be their normal practice. If that's the case, then I probably would have used that one for the Narcan or the naloxone, however, Sophie did get a line in straight away on the other side and would have taken bloods off at that point. So if he had been given Narcan, which is very short acting, it wouldn't necessarily have affected the bloods that we took, but we also could have given

Narcan through the drip that Sophie had just put in and of course the bloods would have gone out before that.

So the only drug that I would have -- I gave him, I think, was adrenaline, and amiodarone and Narcan and they shouldn't affect what blood tests would then -- that I know of, anyway.

LORD BRACADALE: Can I interrupt this just to -- we usually have a break, particularly for the sake of the stenographer, after an hour and a half, so would this be a convenient point to take a break?

MS THOMSON: It would, sir, although I can advise that I only have one final topic to explore and really -- in fact I think, on reflection, it would be advantageous to break at this stage, if that's convenient.

LORD BRACADALE: Yes, well, we will have a 20-minute break at this point.

(11.31 am

(A short break)

(11.53 am)

LORD BRACADALE: Yes, Ms Thomson.

MS THOMSON: Thank you, sir.

Doctor, before the break I was asking you some questions about blood samples that had been taken from Mr Bayoh which ultimately were -- the chair may hear, were uplifted by the police and sent to a laboratory for screening for drugs and alcohol and so on. And you may not know the answer to this question, but I'm keen to understand whether those blood samples would have been taken immediately upon his arrival in A&E and before he was given fluids or any drugs, or whether they might have been taken after fluids or drugs had been given.

A. They wouldn't -- they would have been taken fairly quickly, within five minutes of being in the department from going into arrest and asking for someone to put a cannula in, so the bloods would have been taken quickly because I do remember Dr Rollings getting a cannula in very easily. It would have been before any drugs that we gave. I can't say for drugs that the paramedics will have given.

Q. What about fluids?

A. Before fluids.

Q. Before fluids too.

Doctor, there are a few questions I would like to ask having simply reflected over the break on the evidence that you gave this morning, and they're in no particular order, and then there is one final chapter that I'd like to explore with you before I conclude your examination.

Once a patient has gone into respiratory arrest, can you say how long it would be before cardiac arrest would occur if the respiratory arrest were not reversed?

A. About five minutes. It would be pretty quick.

Q. You mentioned having access to the interior crucible fossa?

A. Anterior cubital fossa.

Q. Cubital fossa, I beg your pardon, and you explained earlier in your evidence that the presence of the cuffs may have impeded that access. Where is the anterior cubital fossa?

A. It's here in your elbow, where you bend your elbow.

Q. So that's the inside crease of the elbow?

A. Yeah.

Q. Do you mind my asking, what height you are, doctor?

A. 5 foot 5.
Q. You had been made aware by the paramedics at the time that you received Mr Bayoh that he had been sprayed. Would it have made any difference to how you assessed or treated him if you had been told that he had been sprayed by three separate officers with both CS spray and PAVA spray?
A. Not necessarily. He -- if he'd been conscious, then the spray in his eyes would have meant we would have had to have done eye wash-outs. For the fact that he'd gone into cardiac arrest, it wouldn't change what I did and it's not -- that doesn't cause cardiac arrest, it's more to deescalate or to stop somebody from doing things.
Q. Earlier in your evidence you said that it may have made a difference when the police were carrying out CPR if the cuffs had been removed.
A. Mm.
Q. What difference might that have made?
A. It would have just been better contact with the hand and the space to compress on the chest. If the space was small and the person who was doing CPR had a big hand,

you might not have got quite into the space as well, but unless I saw it, it's difficult to say, but basically it's about getting your hand right into the space to do good compressions.

Q. And if you're not able to get your hand right into the space either because of the presence of cuffs or potentially because the person giving CPR has big hands --

A. Yeah.

Q. -- then what impact does that have on the quality or the efficacy of the compressions given?

A. It could reduce the efficacy or the quality of it.

Q. What might be the overall impact of that on the CPR given?

A. It just means you're not giving good compressions, you're not pumping the heart manually to spread blood around the body, therefore you're not giving effective CPR and it's not necessarily going to help get the heart to restart.

Q. Finally, doctor, I'd like to ask some questions about the decision to pronounce life extinct.

A. Mm-hm.
Q. How was that decision taken?
A. So that decision is based on the amount of time that you've been working on the patient, it's based on the acidosis and the lactate from the gas, it's based on the reversible causes or what we think might have happened to cause the cardiac arrest and it's made as a team.
Q. So it's a team decision?
A. Yes.
Q. Who's involved in making that decision?
A. So it's usually the leader of the team will bring up the subject -- will say, "I think we're at the point where we're not getting anywhere, we're not able to restart the heart, there's no reversible cause, are we all in agreement that we should stop?"
Q. Can we look at the medical notes, please, page 10. If we can scroll to the bottom of page 10, please, do we see "PLE team agreement at 09.04"?
A. Yes.
Q. PLE is short for?

A. Pronounced life extinct.
Q. So the team reached that agreement at 9.04 --
A. Yes.
Q. -- in the morning?
Now, doctor, when we looked at page 7 we saw that you had written up the notes retrospectively at 0900 --
A. Yes.
Q. -- hours.
A. Mm-hm.
Q. Were you still at the bedside --
A. So --
Q. -- at this point in time?
A. No, what had happened was, about ten minutes before pronouncing life extinct, at this point my consultant was in the department and was -- I'd handed over to him and the day team registrar was there, Dr Anderson, and there was the ITU consultant and the anaesthetic consultant. So just before 9 o'clock, I had said to Dr Surinder Panpher, who is the consultant, A&E, and had said I think we're at the point where I think we should stop, we had been going for over an hour and a

half in theory, he had come in about 7.30, we've not got any reversible causes, we're now at acidosis of 213, I think we should stop. He agreed, however Dr Clark, the anaesthetist, did not want to stop at that point, he wanted to keep going for a bit longer, and I understood why, it's a young man, we wanted to see what we can do to do our best, so at that point I decided to step out and go and write the notes and let Surinder and Dr Clark decide when to stop.

Q. You had explained at the beginning of your evidence that Mr Bayoh was brought into A&E shortly before the shift handover?

A. Yes.

Q. Which I understand was at 8 o'clock in the morning?

A. So the nurses hand over at 7.30, and at that -- I remember this purely because a nurse I know had said something about seeing somebody out in the street, and then the box went off and we knew -- well, she had said, "I bet it's that person that I saw". So I recall it being just after 7.30, because it was the nurse change and then the doctors come in at 8 o'clock for

the handover at 8 o'clock for them.
Q. Did your handover happen at 8 o'clock?
A. No, no, we were busy doing this.
Q. Okay, so this would prioritise, this would be your priority --
A. Yes, absolutely -- the handover -- so there was another junior SHO doctor, Dr Gillies, who was on the day shift, so I think she went and took the handover from the other doctors who were on the night shift, whereas myself and I think Sophie actually had gone off to do that as well, however I stayed with Surinder and Dr Anderson with this patient.
Q. So your work is the priority over the shift handover?
A. This patient was the sickest patient in the department, so you stay with them.
Q. All right.
And you said you stepped out at about 9 o'clock to write up your --
A. I think I stepped out just after we --
Q. -- notes?
A. -- had a discussion about stopping and I stepped out at

that point and let the seniors decide when they wanted to stop.

Q. And should we understand that was because there were directors who were senior to you --

A. Yes.

Q. -- now involved in the resus?

A. Yes.

Q. Including two consultants?

A. Yes.

Q. That's Dr Panpher, the A&E consultant?

A. Yes.

Q. And Dr Clark, the consultant anaesthetist?

A. Yes.

Q. Is that right?

A. Yes.

Q. You also mentioned that the doctor who would be replacing you on the day shift was also now present?

A. Yes, Dr Anderson.

Q. So in those circumstances was it appropriate for you, although you had been involved in the resuscitation and leading the resuscitation, to step away and to allow

others to take over?
A. Yes, so as the senior overnight, yes, I'm the one running it, but when my consultant comes in, he will be there with me and let me continue to run it, or I hand over and let him take over. I think at that point it was -- it was appropriate to say, "I think you take over now", and step out.
Q. You said at that about 7.30, it was the nurses' handover --
A. Yes.
Q. -- and you recall one of the nurses saying that she'd seen the patient earlier that morning?
A. She didn't know it was the patient that we were obviously going to get, but she had said that on her way to work she'd seen somebody on the street with a knife. I -- the box -- about a couple of minutes after saying that, the box went off saying that we were getting somebody coming in and she said, "I bet that's that person I saw". That's why I remember it.
Q. Do you recall the name of the nurse?
A. No.

Q. Do you recall a Linda Limbert being on shift at that time?
A. It's a name I know, so it probably -- probably was, but I -- yeah, it would be seven years ago.
Q. Dr Pickering, is there anything more that you or your team could have done to save Sheku Bayoh's life?
A. No.
MS THOMSON: Bear with me just a moment, please.
Sir, that concludes my cross-examination.
LORD BRACADALE: Thank you. Are there any Rule 9 applications in respect of this witness?
Ms Mitchell.
Dr Pickering, I wonder if you would withdraw to the witness room while I hear a submission.
A. Okay.
(The witness withdrew)
Application by MS MITCHELL
LORD BRACADALE: Yes, Ms Mitchell.
MS MITCHELL: I'm obliged to both Counsel to the Inquiry in respect of the Section 9 and also other questions which -- that have been asked, but there are just one or two

that remain.

The first issue arises as a result of the witness saying about needing quick access to the veins to start giving drugs. The Inquiry may come to hear quite shortly that the paramedics couldn't get an IV in to give Mr Bayoh drugs because he was handcuffed, and what I would be wanting to ask the doctor was: what are the drugs that would be given when the IV goes in and what is the effect on delay in giving those drugs, because she stressed their importance -- she expressed the view that speed was important.

And the next was that the witness gave evidence about someone in a prone position who has potentially got alcohol and drugs on board, it can restrict their breathing. She talked about if they were also being compressed to the ground and her outcome was that if they're in a prone position, that could affect their breathing, and the question we would like to be asked was: could it cause respiratory arrest.

The final issue is in respect of the rib breaking -- the first rib breaking, and the Inquiry has heard

evidence that, in relation to Mr Bayoh, it was unlikely to have been the cause of the first rib, giving CPR, and what I want to ask, as the witness has expressed a view on whether or not CPR is likely or unlikely to cause the fracture of the first rib, to ask the witness whether or not the three police officers restraining him and the combined weight of the three officers, might that be a more likely cause of the fracture of the first rib.

Ruling

LORD BRACADALE: Yes, very well. I shall allow you to ask those questions. If we could perhaps rearrange the seating and the witness can be brought back in.

(The witness returned)

Dr Pickering, you're going to be asked some questions by Ms Mitchell, who's the Queen's counsel for the Bayoh families.

A. Okay.

Questions from MS MITCHELL

MS MITCHELL: Just a few questions. The first is in respect of some evidence you gave earlier about putting in an

IV.

A. Mm-hm.

Q. And the Inquiry may come to hear evidence at a later stage that the paramedics couldn't get an IV in to give drugs because of the handcuffs.

A. Okay.

Q. And what I was wondering was, when you get the IV in, what are the first drugs that are being put in?

A. So, for -- if he was still in respiratory arrest and not in cardiac arrest, I probably would have given naloxone fairly quickly to see if I could reverse the effects of whatever had potentially -- if it had been opioids that had caused the respiratory depression.

In a cardiac arrest it would be adrenaline. In the non-shockable rhythm, it would be every two minutes; in the shockable rhythm, it would be after the third cycle along with amiodarone.

Q. I think the first two of the drugs that you've spoken about are in fact ones that again the Inquiry will come to hear were considered by the paramedics.

A. Mm-hm.

Q. You explained that you want access quickly so you can start giving the drugs. What is the effect in each of those circumstances on delay in giving those drugs?
A. So, it means it just makes it harder to get the heart to restart. You want to give adrenaline early. There's an ethical debate over doing studies where you give a placebo or give adrenaline to find out whether it does do the job that we think it does, obviously that hasn't necessarily been approved yet, but the idea is giving adrenaline early will help to restart the heart and amiodarone helps to restabilise a heart that's in an irregular rhythm. So it is important to give them early, but if it's a shockable rhythm, the shocking is more important.
Q. And if it's not a shockable rhythm?
A. Then it's getting the drugs in as quickly as you can, and that's why you give them every second cycle.
Q. And do we take from that that the faster the drugs are in, the more likely it is? To help...
A. Yes, it will help. It does help.
Q. The next issue I would like to move on to is to pick up

on something you were talking about earlier about Mr Bayoh, when he was in the prone position, or that was -- it was put to you, and you gave a comment about that and you said:

"So, prone position is somebody who has potentially got alcohol or drugs on board it can restrict their breathing if they are being compressed down on the ground -- well, it can be anybody, to be honest, it doesn't have to be somebody -- but if they've got other things on board, that will affect their breathing too. But if they're being pushed on the ground, it can -- if they're in a prone position, that could affect their breathing."

A. Yeah.

Q. Could that circumstance that you've described cause respiratory arrest?

A. Yes.

Q. Moving on then to the next issue.

The next issue is in relation to the breaking of the rib, and we've heard your evidence about the breaking of rib 1 and the likelihood of Mr Bayoh

having suffered that breakage as a result of CPR.

A. Mm-hm.

Q. And I think you gave us the example that if you've got an older woman who osteoporotic and you've got aggressive CPR, then it's not inconceivable, but your view was, on a gentleman like this patient, meaning Mr Bayoh, it's very unlikely to cause a fracture of the first rib.

The Inquiry has already heard evidence that there were three police officers on Mr Bayoh when he was in a prone position restraining him, pressing him to the ground. These three officers were 13.5 stone, 20 stone and 25 stone, so a considerable weight was involved. Might that be a more likely cause of the fracture of the first rib?

A. It could, yeah.

LORD BRACADALE: Well, Dr Pickering, thank you very much for coming and giving evidence to the Inquiry. I'm going to rise to allow the introduction of the next witness and you'll then be free to go.

A. Okay.

(12.12 pm)

(A short break)

(12.15 pm)

LORD BRACADALE: Now, Ms Grahame, the next witness is Constable --

MS GRAHAME: PC Daniel Gibson.

LORD BRACADALE: -- Daniel Gibson.

Good afternoon, Constable Gibson. You're going to be asked questions by Ms Grahame, who I think you've already met. Before that, would you say the words of the affirmation after me, please.

PC DANIEL GIBSON (affirmed)

Questions from MS GRAHAME

LORD BRACADALE: Ms Grahame.

MS GRAHAME: Thank you.

Good afternoon, Constable Gibson.

A. Good afternoon.

Q. Do you want to give us your full name?

A. Yes, my name's Daniel Gibson.

Q. And what age are you?

A. I'm 32 years old.

Q. And how many years' service do you have now?
A. So now I just have over ten; ten years' service.
Q. And you were fully qualified in 2015?
A. Yes.
Q. And we have your contact details available to the Inquiry, so I won't be asking you to say those out loud, but have you managed to watch any of the other hearings that we've had up until today?
A. Yes.
Q. So you'll know that I want to make sure you're as comfortable as you possibly can be?
A. Yes.
Q. And there's a black folder in front of you. And you'll have seen from other evidence, if you've watched that, that I'll be referring to your Inquiry statement that you've given us.
A. Mm-hm.
Q. And you should have hard copies of that in the black folder.
A. Yeah.
Q. And you must feel free at any time to have a look at

that.

Now, when I bring up particular paragraphs on the screen, you might want to look around other paragraphs, and just feel free to do that, if you wish.

A. Okay, grand, thank you.

Q. Let's do that then.

Can we also have a look at PIRC -- the statement from 4 June 2015, please. This is PIRC 258, and you'll see that this is a statement that you gave to PIRC on 4 June 2015 and that's on the first page.

A. Yeah.

Q. So you'll see it on the hard copy, but you'll also see it on the screen as well.

A. Yeah.

Q. And that was a statement taken by Investigator James Bonner and DSI Edward Miles?

A. Yeah.

Q. And that was at your home address, and can we just confirm, you were doing your best at that time to give a true and accurate record of the events of 3 May 2015 to PIRC?

A. Yes, I was.
Q. Thank you.
And in addition, there was a map that was available, and that will come up on the screen, and this was also given, and this is COPFS 99. You'll see at the bottom left-hand side, that's got your name. It's just slightly below the screen, but it says "PC Daniel Gibson", do you want that (overspeaking) --
A. Oh, I can see it now, yeah.
Q. You can see it. And that was 4 June 2015?
A. Yes.
Q. Was that prepared by you?
A. I can't remember it, but it does look possibly like my writing, to be fair.
Q. All right, that's lovely.
And you may have seen with other witnesses that I've confirmed with them that if the Chair is hearing evidence from you today and seeing your Inquiry statement, if there's any difference between that and the statement you gave to PIRC in June of 2015, which should he prefer?

A. I would say he should prefer the PIRC statement, that probably would have been fresher at the time.
Q. Lots of people have already told us that their memories were fresher in 2015 than they are now?
A. Yeah, mm-hm.
Q. Is that the same with you?
A. Yes, I would say so, yes.
Q. Right, thank you very much.

Let's have a look at your statement, that is SBPI 45. Now, it's headed up "Response to Rule 8 request", and as with other witnesses, you were sent a large number of questions from the Inquiry team.

A. Yeah.
Q. And then you prepared this statement yourself in response to those questions with your lawyers?
A. Yes, yes.
Q. Thank you.

I'm going to call that your -- formally it's a response to a Rule 8 request, but I'm going to call that your Inquiry statement today.

A. Okay.

Q. Again, can we look at the final page, please, and the Inquiry team asked you to add in a paragraph at the end of this statement, you'll see that:

"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."

So you understood that at the time?

A. Yes.

Q. And although we can't see it on the version on the screen, you'll see that you've signed that on the hard copy that you have in front of you?

A. Yes, that's correct.

Q. Can you tell me the date that you signed it? Is it 15 April 2022?

A. My eyesight's not that good.

Q. Don't worry, I think you can take it from me that it was 15 April.

A. I did just see it, yeah, 15 April.

Q. That's lovely. So those are your statements in the black folder.

A. Yeah.
Q. Now, as well as that, there should be a spreadsheet in front of you.
A. Yeah.
Q. Let's have a look at that for a moment, just so you know what it is. So it's a combined audio and video timeline, and you'll see on the left-hand side that there's lots of timings given in the 24-hour clock.
A. Yeah.
Q. So it gives the hour, the minutes and the seconds. And then, to the left of centre, it talks about Airwaves transmissions, and it gives a sort of transcript of those.
A. Mm-hm.
Q. And then to the right there's a sort of thumbnail sketch of what can be seen in CCTV.
A. Yeah.
Q. And it's a combination. And again, if you watched any of the hearings up until today, you've probably seen that on the screen?
A. Yeah.

Q. That's the combined footage with the real-time clock and the CCTV and a reconstruction tile. Have you seen those?
A. Yes, yes.
Q. Great. So you'll know that you can touch the screen when we're talking about that and put a red circle or an arrow?
A. Yeah, I've seen some of the -- (inaudible - overspeaking) -- do that.
Q. You're quite comfortable with that?
A. Yes.
Q. Some better than others?
A. Yeah.
Q. That's good.

Then you'll also see that on the right-hand side there's Gallaghers CCTV mentioned, so sometimes that's what you see on the screen, and sometimes there's Snapchat footage?

A. Yeah.
Q. That will all be combined with the real-time.
A. Yeah.

Q. So again, if you want to refer to the spreadsheet at any time, or just check anything, please feel free to do that as well.
A. Okay, thank you.
Q. So everything you have in front of you, you can use as you wish?
A. Okay, grand.
Q. And if you need time to look at footage again, or you want to check something, or you want me to bring something up on the screen, just you tell me.
A. Okay, thank you.
Q. Thank you. Great.

Now, if I can paraphrase, when your senior counsel, Ms McCall spoke at the beginning of the Inquiry giving an opening statement, she said that you want the Chair to get the truth of what happened and that's why you're here today, to help assist the Chair in doing that?

A. Yes, that's correct.
Q. And that remains the position today?
A. Yes, it does.
Q. Thank you very much.

Now, to be clear, you weren't at the scene when the Airwaves transmissions said, "Officer injured"?

A. That's correct.

Q. That's right, isn't it? And you arrived later with Constable James McDonough?

A. Yes.

Q. Right. So what I'd like to do is just play about one minute of the footage and I'm going to show you some vehicles arriving and I want to see if you can recognise the vehicle you arrived in.

A. Sure.

Q. So can we look at the evidence video timeline, please, and if we play the footage really just shortly prior to your arrival, so from 7.21, and we play that just a full minute from 7.21, and feel free to look at the spreadsheet. So, you can see that 7.21 is a page 4 of the spreadsheet, and you'll see the timings going down the left-hand side. But if you -- I think, first of all, if you don't mind, first viewing, if you could have a look at the CCTV we see on the screen.

A. Sure, that's fine.

Q. And then I can go back over that if you want me to show it again.
A. Okay, thank you.
Q. That's great.
So 7.21, and we're very close to that, so we'll just play a full minute up to 7.22. Thank you very much.
(Video played)
Right, that's lovely. Thank you very much, Ms Smith.
Could we go back to 7.21.46, please.
Were you able to see the CCTV there?
A. Yes.
Q. So when we started playing that footage, there were two police cars already on Hayfield Road, and we've heard that the first one was a Transit van driven by PC Walker with PC Paton in the front passenger seat?
A. Yes.
Q. And then the second one contained PC Tomlinson and PC Short. And then you may have seen blue flashing lights coming from the other end of Hayfield Road towards the roundabout that we're looking at, and we've

heard that that was driven by PC Smith and the front passenger was PC Good.

Then at 7.21.46 -- and we'll just play for a couple of seconds and pause, if you don't mind --

(Video played)

-- if we could pause there, thank you. Now, we see this police vehicle driving from Hendry Road to the roundabout with Hayfield Road, and then it's about to turn right. Whose car is that?

A. So that was the car that I was driving.

Q. So you were driving that, and was that a Vauxhall estate Astra?

A. I think that's how I've described it as, yeah. I don't know if it's an Astra, but it was definitely a Vauxhall kind of estate- type car.

Q. I'm not going to debate with you that. So we think it's an Astra and that's the car that you're actually driving?

A. Yes.

Q. Is PC McDonough in the front passenger seat with you?

A. Yes.

Q. So that's you, the fourth car to arrive at the scene?
A. Yes, yes.
Q. Thank you very much.
You'll see, if we look briefly at the reconstruction tile, which is at the top of the screen, in the middle, you'll see that this is a bird's eye view of Hayfield Road and the roundabout, it's a 3D reconstruction.
A. Yeah.
Q. Do you see at the roundabout now there's a white vehicle shown there?
A. Yes.
Q. And that's to symbolise, or be indicative of the car that's on the roundabout now, your car.
So can we just play for a couple of seconds, and we'll see it going round there.
(Video played)
And we'll see it stop in Hayfield Road.
Now, if we can just pause there.
And you'll see on the CCTV it's actually blocked behind that white van that's actually just about to

move, and we've heard evidence from the driver of that vehicle.

Do you see on the reconstruction tile, is that a reasonable indication of where you stopped in Hayfield Road?

A. Yeah, I'd be quite happy with that. I mean, I don't know if it's exact, but, yeah, certainly from looking at it, it would certainly match up with the CCTV, and from my recollection of where the car was parked, that would seem accurate to me.

Q. That's great, because the reconstructions are only indicative --

A. Yes.

Q. -- they're not exact, precise measurements, but if you're happy with that, that's very helpful, so thank you.

Can I now move on to your Inquiry statement, please, and we'll have a look at paragraph 1, first of all. You'll see that on the screen, and you see that you refer to your PIRC statement that we looked at a moment ago, and you say:

"I saw PC Nicole Short. It was clear from her demeanour that she was going to something. I asked her what she was going to. She told me that she was going to a call about a man kicking about Hendry Road with a knife. My radio was not on, so I had not heard the call."

So this is -- as I understand it, this is how you became involved with this incident at Hayfield Road?

A. Yes, that's correct.

Q. So your radio wasn't on at that time, but you'd spoken to PC Short and that's how you became aware of the incident ongoing?

A. Yes, that's correct.

Q. Thank you.

And then you say that:

"I said to her that me and PC ... McDonough would attend the call as well as that is what tends to happen when there has been a call regarding someone with a knife, the whole shift attends."

Was that the norm in 2015?

A. Certainly for that, yes, it is. So, this incident

happened on a Sunday morning. Also, there's no mention there, but the car that we were on was classed as the diary car, which is used for appointments. Now, I couldn't tell you the kind of times now, but what used to happen was the first diary appointment call -- these were done for non-emergency calls -- the first time these used to start were about 8 o'clock in the morning. So, certainly for this type of thing, yes, to answer your question, everyone would probably go if they've not got other commitments, and certainly if there was other commitments, then the diary car would have definitely went anyway, because their first commitment isn't until 8 o'clock/8.30.

Q. You don't want to turn up at people's houses before 8 o'clock on a Sunday morning.

A. No, definitely not.

Q. You wouldn't be very popular.

A. No, definitely not.

Q. So we've heard that the Transit van was called the 1-9?

A. Yeah.

Q. And we've heard that the smaller van that was second on

Hayfield Road was called the fish van, and your vehicle was called the diary car?

A. Yeah, yeah.

Q. Right, okay.

A. Yeah. Not necessarily that exact vehicle, but yeah, so our call sign was the diary car call sign, so I guess that then becomes the diary car, if you understand what I mean.

Q. So it was more the status?

A. Yes, yes.

Q. You were taking the role of that?

A. Yes, yes.

Q. Okay, thank you.

Can I ask you about who you expected to turn up you've said the whole shift attends. Who would you have expected to be attending the call at Hayfield Road?

A. Probably everyone who was on duty on our team that day.

Q. Okay.

Who was that?

A. So, there was PC Walker, there was PC Paton, there was PC Short, there was PC Tomlinson, PC Smith, PC Good,

myself and PC McDonough.

Q. And you said that was the norm, for the shift to attend?

A. Yes, yes. For -- for a knife incident, especially at that time in the morning, if there wasn't any other commitments.

Q. Okay.

And we have heard that was called the response team --

A. Yes.

Q. -- is that correct?

Can I ask you about previous experience of knife incidents that you had. So, this wasn't the first time that you had attended incidents where there was an allegation that someone had a knife, was it?

A. No.

Q. So could you tell us a little bit about the number of incidents that you had previously attended, prior to May 2015?

A. It would be hard to put a number on it. There would definitely have been knife incidents, knife calls. What I would say is, with regard to this situation, this --

this knife call, if you like, that's rare, that type of call. I have never been to a call like that before --

Q. Why -- sorry, I interrupted. Carry on.

A. Sorry.

Q. I was just going to say, why do you say it's rare; you'd never attended one like that?

A. Well, prior -- prior to that -- actually, after -- I don't think I've ever been to a knife call like that where someone's -- there's been calls that's came in, again, I'm not aware of the calls at the time, we've established that, but when you look at everything, there's calls from a member of the public saying that there is a male, he's in possession of a knife, he's in -- and goes from one street to another street, I've not had any dealings with anything like that.

Q. Right. So what was it about this particular incident that made it rare? Was there anything in particular that made it unusual for you?

A. No, again, just -- probably just the number of calls that there's been. The fact that, when I went there, as well, emergency button activations, things like that,

so, yeah, that -- that was rare. Also probably who was -- who the emergency button activation was from was very surprising as well.

Q. And were you aware that there had been emergency buttons activated?

A. Yes, I was certainly aware of the first one, and I believe I was aware of the second one, although there was some confusion with the second one as to who had pressed it. It was between two officers, and I couldn't make out which officer it was, the second -- the second activation. I now know now through this, but I was confused what officer it was for the second emergency activation.

Q. Right.

And we've heard now that the first one was PC Paton?

A. Yes.

Q. And the second was PC Tomlinson?

A. I believe so fae - (indicates).

Q. What was it that made you think that was unusual? You mentioned the fact it was the person who pressed the button?

A. Mm-hm. So, emergency buttons don't tend to be pressed a lot. I'm not aware of many incidents where the emergency button has been pressed. So, I had worked on that team, I pretty much knew everyone on the team, I knew Alan, Alan Paton. So, PC Paton was definitely over 6 foot, I know -- or he's apparently 6 foot 4 now, I'd probably put him about that height anyway. He could certainly look after himself. I think, if there was any kind of altercation, you know, there's -- there's PC Walker, there's PC Alan Paton. They're two of your biggest guys on your shift, effectively. You know, when one of them's pushing their emergency button, that could cause a bit of kind of panic, what -- what's going on. You know, I'm not there.

Q. When you say it can cause panic, how did it make you feel knowing that PC Paton had pressed his emergency button?

A. Well, again, I didn't really know -- obviously I knew through Nicole Short that she was going to a knife call. I guess it just made me wonder what was going on there. Again, I'm not at the incident yet, so I can't see

what's going on, but I found, well, it must be something serious. That's the way I kind of thought: there must be something quite serious, or something's going quite wrong that this individual's pushed his emergency button.

Q. And when you say it could cause panic, did it cause panic in you?

A. No, it didn't cause panic in me, because at the end of the day, I was just driving to get there. So it didn't cause -- not panic per se, but that alerted me more, that PC Paton had pushed his emergency button, as it would to just maybe say -- take, for example, PC Tomlinson pushing his button.

Q. Right, okay.

And you knew -- you've said you knew PC Paton, you knew he was an experienced officer --

A. Yes.

Q. -- and he could handle himself, I think you said?

A. Yes.

Q. How long had you been on that team by that time, May 2015?

A. A year maybe.
Q. Okay.
A. I'd obviously been on other response teams before.
Q. Right.
A. Yeah, a year.
Q. And during that year, for example, how many times had you attended knife incidents, or calls which made an allegation someone had a knife?
A. I couldn't put a number on it, to be honest. I know at one point I said in my statement about limited experience with knives. What I would say is that there is a lot of knife calls. I -- you know, there's -- there's calls with self-harm, stuff like that. When I have said that about limited experience with knife calls, I mean in this kind of -- this kind of incident, on this kind of scale.
Q. Right.
A. But yeah, I mean, there's a lot of knife calls or knife allegation calls. I couldn't say how many.
Q. We've heard other evidence that they're quite frequent, or they're regular. Was that your experience in

Kirkcaldy?

A. Yeah, they can -- they can be quite regular.

Q. And can you tell me, did any of those previous knife calls or knife incidents involve any black men?

A. No.

Q. Okay.

And did any of them involve people -- you've mentioned self-harm, but did any of those involve people who were at risk of self-harm or self-harming because of drink or drugs?

A. I think I can recall there was -- I'm sure there was one incident.

Q. Tell us about that.

A. Well, I can't be sure all the details, but I don't know if it was through drink or drugs, I couldn't -- I couldn't say. But definitely I've been to self-harm calls that involved a knife before.

Q. Right.

A. Definitely.

Q. And you've been involved in call-outs where people were on drink or drugs?

A. Yes, definitely. I remember one incident. I think that was before 2015, actually, and it wasn't a knife but yet you can -- the female had a pair of scissors, which could still be classed as a knife, it's a sharp implement, you can cause injury, and I recall it was a self-harm thing. I'm sure she was on a bridge and it was between jumping or self-harming.

Q. And that was something that you responded to?

A. I responded to that. So I think other officers were in attendance as well. I built up a rapport with the female, and ultimately it ended up with her not jumping, not self-harming, and I'm sure I ended up in an ambulance going with her, and I think we went to the hospital, or the Whytemans Brae Hospital for a mental health assessment.

Q. We've heard that that's a psychiatric hospital --

A. Yes.

Q. -- near Hayfield Road.

A. Yes.

Q. And so in building the rapport with that female, how did you manage to do that?

A. I mean, it was just through communication, maybe trying to relate to her experience, what -- maybe what she's going through, how she's feeling, see if you can relate that to an experience, a past experience you've possibly had.
Q. And we've heard that that communication can sometimes be called "tactical communication"?
A. Well, yeah, it can. For me, I wouldn't have classed it as that, because for me, I just felt like I was communicating with the female, and just like I was having a conversation with her, so ...
Q. And that's how you were building rapport with her?
A. Yes.
Q. And the aim of that is to see what's wrong?
A. Yes.
Q. And to see if you can talk her down off the bridge, or get her to put down the sharp implement?
A. Yeah, well, I mean, definitely that's our goal, so that -- so that, yeah, she's not going to jump, or put down the sharp implement. And then after that, we can always, like, discuss other things, and help that we can

maybe get her and stuff like that.

Q. So you were aware at that stage that it was a medical emergency that needed your assistance?

A. I certainly -- from her actions, yes.

Q. And as you were building that rapport, was she communicating or conversing with you as part of that process?

A. She was conversing from the start, but very limited.

Q. When you mean -- when you say "limited"?

A. So -- so, limited like -- so if I'm having a conversation with just now, it's like you saying hardly anything to me: "Yeah" --

Q. Right.

A. -- "Okay". And it was minimal.

Q. So how did you deal with that minimal response from the female?

A. Just kind of being persuasive. Just -- sometimes it's about going over the same things again, just keep communicating.

Q. Keep speaking to her?

A. Yeah.

Q. And that seems to have worked on this occasion?
A. Well, I think so. I mean, I'm not a health professional and I don't know how these things work, but I felt that just speaking to her, maybe the first time she might not listen, maybe the second time she might not listen, if I keep on going, my goal is to ultimately try and get her off the bridge and drop the scissors, and if I can do that, I've kind of won the battle there, and then we can speak about other things, try and get the help, yeah, go to the hospital, talk about things, whatever.
Q. So you're continuing -- you're trying to keep that communication line open?
A. Yes.
Q. And you're obviously using a nice conversational tone with me today.
A. Mm-hm.
Q. Is that the type of conversational tone that you were using with this female?
A. In that instance, yes.
Q. So is that -- can you describe the tone that you're using when you're speaking to someone?

A. Probably a bit more sympathetic than how I've been speaking to you, but --
Q. I don't take offence.
A. No, I don't mean that. I don't mean it like that. This is me talking normal to you, but probably -- I can't give you an example. It's similar. It's maybe a little bit softer, but yeah.
Q. But it worked in this incident anyway?
A. Yes, and at no point would it ever have been aggressive in that situation, because she's on the bridge, she's got the scissors. That just wouldn't be the case.
Q. So not aggressive, not shouting?
A. Yes.
Q. Not shouting commands, or anything along those lines?
A. No.
Q. Okay.

Now, the previous knife incidents that you've dealt with, you've given us an example there, but did any of those involve the use of sprays, either CS or PAVA, prior to May 2015?
A. No.

Q. What about any other equipment, like batons? Did you ever resort to using your baton?
A. Did I ever -- have I ever?
Q. Yes, have you ever?
A. Yes.
Q. Prior to May 2015?
A. I don't know. Maybe, maybe not.
Q. Maybe.
A. It's around that kind of time.
Q. Do you remember any incident where you used your baton around that time?
A. Yes.
Q. Tell me about that.
A. So it wasn't a knife incident, though.
Q. Oh, right, it wasn't a knife incident.
A. No.
Q. Thinking about knife incidents --
A. Right, sorry. That's my fault.
Q. No, no, it will be my fault, please.
So thinking about knife incidents round about or prior to May 2015, had you ever resorted to using your

baton --

A. No --

Q. -- in that type of situation?

A. -- no.

Q. No.

What about other officers that you were with?

A. No.

Q. And sprays? I mentioned sprays a moment ago, didn't I? You said no to that.

So what had you -- had you ever resorted to restraint in relation to one of those knife incidents prior to May 2015?

A. When you mean "restraint"? Like, even if I put on handcuffs, for example?

Q. Right.

A. So -- so that female -- the example I gave with the -- with the bridge, with the scissors, I think she was put in handcuffs for just her own safety at the end, and she -- she was quite fine with that, so ...

Q. I'm thinking more along the lines of wrestling someone to the ground --

A. Right, okay.
Q. -- or being on top of them trying to put handcuffs on, where someone's resisting.
A. Sure, sure. I can't recall.
Q. Okay.
You don't recall that being done?
A. No.
Q. Right, okay.
Can I move on and ask you about your journey to Hayfield Road.
A. Yes.
Q. So I think in your statement you mention that as you were leaving Kirkcaldy Police Office, were PC Smith and PC Good also leaving at that time in their car?
A. Yes, or they were out in the back yard at the same time as us.
Q. Right.
And you've told us already you were aware of emergency buttons having been pressed. And then at paragraph 3 of your Inquiry statement -- and if we could have that on the screen -- you said you didn't carry out

a risk assessment en route as you were waiting until you arrived to see what the situation was then. I'm quite interested in that. You've told us that you were driving.

A. Yeah.

Q. And you say there that you didn't do a risk assessment en route. Can you give us a little bit more explanation of why you weren't doing a risk assessment en route?

A. I didn't do a risk assessment because I didn't know what to expect. I -- I was going to carry out a risk assessment when I was there.

Q. Right.

A. How I've took this is, I've not yet heard the emergency button either, so I am en route, going. I think we were going out; I've obviously seen PC Short, she's told me where she's going; I says me and James McDonough are going to attend. We then go out, we then start heading in the same direction. At some point -- now, I haven't heard this, but obviously I've seen the footage -- PS Maxwell, APS Maxwell says, "I want all units to attend". Okay. I've not made the risk assessment.

Q. Right.

Can I ask you, you said you were on this response team for about a year --

A. Yes.

Q. -- before May 2015. So did you know Hayfield Road? Did you know the area it was in?

A. Yes.

Q. And did that make any difference to you, knowing Hayfield Road?

A. In regard to a risk assessment?

Q. Yes, just in regard to your confidence about attending that area.

A. No, I certainly had confidence attending the area. It didn't make a difference to my risk assessment. I mean, I am aware of the area. I'm aware that there's obviously the Whytemans Brae Hospital, there's the Victoria Hospital, there -- I don't know if it's a church now, but there certainly was a church there at one point, there's a cemetery, so -- and there's residential houses.

Q. We've heard there's houses and things.

A. Yeah, yeah.
Q. Right.
And then you mention Police Sergeant Maxwell. Who was in charge of this incident and the response to this incident?
A. So at the time of the response, it would have been APS, Sergeant Maxwell.
Q. It was Sergeant Maxwell.
A. Yeah.
Q. Can I ask you to look at your PIRC statement -- so this is 258 -- and this is your statement of 4 June. Page 4, paragraph 2, please, and you'll see there it's on the screen as well, it says:
"The transmissions were very muffled but I heard 'Officer down', I think it was PC Alan Paton, I could see who my screen that it was his number 694 that came up on the screen of my Airwave radio, there was muffled breathing like someone was out of breath, I got the impression that there was a struggle going on due to this but the only words I heard distinctively were 'Officer down'."

I think you said earlier there was some confusion, but you thought that was PC Paton that had that transmission; is that right?

A. The first transmission?

Q. Yes, the "Officer down" transmission.

It says:

"... I got the impression there was a struggle going on due to this but the only words I heard distinctively were 'Officer down'."

And you thought that was PC Paton?

A. Yes.

Q. Thank you.

Would you like to listen to that transmission again before you confirm the position?

A. Yeah.

Q. Yes? Well, let's play the evidence video timeline. You'll see, actually, constable, that it's on spreadsheet, page 4. So as you're listening to this, it's 7.21.02, you'll be able to look at the text. So it's on page 4 and it's 7.21.02. So it's about a third of the way down. Have you found that? It says,

"Officers injured"?

A. Yes.

Q. That one. So I'm going to just play that for you, it will just take a few seconds, and then I'll let you say whether you still think it's PC Paton.

A. Okay.

Q. Thank you very much.

(Audio played).

And is that -- you still recognise that as PC Paton's voice?

A. Yeah.

Q. And is that what you are describing on page 4 of your PIRC statement?

A. I'm sorry (inaudible) --

Q. No, I'm sorry, there's a lot of paperwork to get to grips with.

A. Yes, yes, that's ...

Q. Thank you.

I'd like to ask you, as I have with all the other officers, about your state of mind as you were heading to Hayfield Road. So what was your sort of state of

mind? And I mean by that how were you feeling, what was going through your head?

A. Well, to start with, I wasn't really feeling anything. I was concentrating, just driving the police car. To start with, I actually thought it might have been a hoax call.

Q. Right.

And what made you change your mind?

A. When the emergency button was activated.

Q. So that was the key moment for you --

A. Yes.

Q. -- that you realised it wasn't a hoax call any more?

A. Yes.

Q. And can we look at your Inquiry statement, just so you have that in front of you, and it's paragraph 12. This is where -- you've mentioned this already, actually, but this is where you say you have limited experience:

"... but I would have attended incidents involving knives."

Do you see that one?

A. Yeah.

Q. And then you say:

"My experience of such incidents remains limited. Taser officers are now typically sent to knife incidents, and I have not been a response officer for around a year, so I have not been exposed to a knife incident during that time."

Can I check, we've heard that in 2015 it was firearms officers who had the tasers but normal police officers responding didn't have them. Is that your recollection?

A. Yes.

Q. So that wasn't something that you had available to you as a constable in May 2015?

A. No.

Q. Right, thank you.

But what you did have was you were fully trained and your training was up to date in May 2015, and you had some equipment with you. Can I just confirm that you had your -- did you have PAVA spray with you or CS spray?

A. No, I think I would have been CS spray.

Q. You were still CS?
A. Yeah, I think -- I couldn't be certain. I think PAVA got rolled out a bit later, but some people -- I think some officers had it, but it was only a few.
Q. We've heard that.
A. Yeah.
Q. That some people had replaced it and got the PAVA spray.
A. Yeah.
Q. Right.
And then you had handcuffs with you?
A. Yeah.
Q. And a baton?
A. Yeah.
Q. And were you wearing a stab vest?
A. Yes.
Q. And you had a radio?
A. Yes.
Q. Lovely.
And can you tell me what height you are, PC Gibson?
A. 5'11.
Q. There's some references in the papers to 5'10, there's

some references to 5'11; I just wanted to check.
A. The last time I checked, I was 5'11.
Q. All right, that's good.
And as I understand it, in May 2015 you were 12 stone, and is that the same as your weight today? I don't want to embarrass you in any way.
A. No.
Q. No.
A. No.
Q. Now, were you one of the few that's gone down in weight, or are you not?
A. No, no. I've went up slightly.
Q. All right. So can I ask you, have you gone up much or just a little?
A. No, just a little. So I'm probably just under 13/13.5.
Q. So roughly about 5'11 and about 13/13.5?
A. Yeah.
Q. Thank you.
Did it make -- you've talked about how hearing the emergency button, particularly from PC Paton, made a difference to you. Did it make a difference to you

knowing, en route to Hayfield Road, that there were other experienced officers going to be there as well?

A. No, not really.

Q. No.

And did it make a difference to you, travelling to Hayfield Road, that PC McDonough was with you?

A. No.

Q. And we've heard -- we may hear that PC McDonough is 5'6.5 tall, and that in May 2015 he was about 10 stone 2. Does that seem about right, then?

A. His height would have been that, yeah. I mean, I don't know his weight, but he was definitely smaller than me weight-wise.

Q. He was smaller than you --

A. Yeah.

Q. -- and slimmer than you at the time.

And he was, at the time, about 21 and had six months police service, I think?

A. I remember the six months, yeah, so ...

Q. Okay, lovely.

Now, in paragraph 6 of your Inquiry statement you

say that -- if I can find it -- oh, no -- yes, it is. Sorry, it's towards the bottom of that page. So you're asked:

"What account, if any, did you have to the threat level?"

And you say you:

"... took no account of the threat level. This was just a knife call."

And I'm interested in that. Now, other officers have said they did take account of the threat level. I'm interested in the fact you say you took no account of that. Why was that?

A. At first, I wasn't sure if I understood the question. However, I was aware of the threat level.

Q. Right.

A. However, the threat level made no difference to this call for me, if that makes sense.

Q. And why do you say it made no difference to you?

A. Because I just thought it was a knife call.

Q. Right, and so --

A. I didn't at any point think it was terror-related.

Q. But the threat level -- do you remember what the threat level was?
A. Severe.
Q. Severe.

And you say that you didn't think it was terror-related. So would you -- would an officer normally connect the threat level to a terrorist -- potential terrorist, or you don't know?

A. I couldn't say. I -- I certainly didn't connect that.
Q. There was no connection in your mind?
A. Definitely not.
Q. So did you make any connection at all with the fact that the man said to have the knife was a black man? Did that bear -- have any bearing on the way you were thinking when you approached Hayfield Road?
A. No, it didn't have, but I also was -- I don't think I was aware of race before I got there.
Q. All right.

So you weren't aware that it was a black man?

A. No, because I'm sure PC Short had says she was going to a male kicking about with a knife.

Q. Not that it was a black man. Thank you.

So I'd like to go over what was happening. Now, I'm conscious that we've got two minutes before the normal lunch hour. I'm going to move on at this stage and ask you to look at some 3D images.

A. Sure.

Q. So I'll just let you see those before we move on, but they're still images 2, and I think if we look at image 4. Now, you might have had the chance to see some of these if you've looked at other evidence being given, and let's just look at image 4, first of all. You'll see that that's an image of Hayfield Road, and on the left-hand side of that image is the roundabout with Hendry Road.

A. Yeah.

Q. And we see three vehicles there, white police vehicles: the transit van at the bus stop; do you see that one?

A. Yeah.

Q. The fish van on the same side of the road behind the bus stop?

A. Yeah.

Q. Just slightly towards the centre of the screen.

We have got the van that's on the far right, which we've heard was driven by PC Smith with PC Good in it, and then the vehicle on the far left, is that the diary car?

A. Yeah, that's -- that's --

Q. And are you comfortable with that position there?

A. Yeah, yeah.

Q. Yes, that's lovely. Thank you very much.

Now, what I'm going to do is move on and start asking you to sort of position people in that scene, and you'll know that you can touch the screen and a red circle will come up.

A. Yeah, sure.

Q. Do you want to practice that at the moment. Could you tell us where you were --

A. Yeah, sure.

Q. -- when you got out of the car -- of the diary car, please.

A. So just when I exited the vehicle?

Q. Yes, just so when you got out.

A. (indicates). A bit closer.
Q. Yes, we can fine-tune these things in due course if we need to, but you essentially were just getting out of the driver's side and you were just on that side of the diary car in Hayfield Road?
A. That's correct.
MS GRAHAME: Lovely, thank you very much.
Would that be a ...?
LORD BRACADALE: Would that be a suitable time to stop for lunch? We'll sit again at 2 o'clock.
MS GRAHAME: Thank you very much.
(1.00 pm)
(The short adjournment)
(2.01 pm)
LORD BRACADALE: Yes, Ms Grahame.
MS GRAHAME: Thank you.
I'd like to go on to your Inquiry statement, and there's three paragraphs I'm interested in asking you about. So we'll start with paragraph 6, first of all, and you'll see that this covers part of the screen, and the one I'm particularly interested in, I'm going to be

asking you questions about what you saw. You've told us before lunch how you arrived in the car:

"I saw PC Craig Walker struggling with a male, who I now know to be Mr Bayoh, on the ground. He didn't have control of him so that is a risk to the officer and to Mr Bayoh. It stood out to me that PC Walker, who is a well-built officer, was struggling to control Mr Bayoh.

"When Mr Bayoh was on the ground he was kicking out with his legs, and he was actively resisting my colleagues who were trying to restrain him."

And then another two paragraphs, 10 and 11, please, and you'll see on the other page, paragraph 10:

"I got out of the car and assessed the situation. I saw the signs of a struggle as already described. I then saw my colleagues struggling with Mr Bayoh, then I went over to where Mr Bayoh was in order to assist."

And then at number 11:

"With the passage of time I am not entirely sure who was present when I first arrived.

"What I said to the PIRC was that I saw PC Walker

struggling with Mr Bayoh. That stuck out to me then and it continues to stick out to me.

"I also told PIRC that PC Ashley Tomlinson was beside Mr Bayoh, but I was not sure if he was standing or on the ground, or if he had hold of Mr Bayoh at that point. That was my best recollection at the time.

"I saw Mr Bayoh on the ground, and he was kicking his legs. He was not face-down at that point."

So there's three paragraphs there that you've told us about what you saw when you initially attended --

A. Yeah.

Q. -- and got out of the car.

But I'd like to know, first of all, what was the first thing that you saw when you got out of the diary car?

A. So the first thing I saw was that there was officers with someone.

Q. Right.

A. I don't know who the officers were at the time, but there's officers, they are with someone I don't know yet. I get out of the car, there's -- I recall there

was a baton on the roadway, there was either PAVA or a CS, I don't know which, it was on the roadway, and then I make my way over to the officers.

Q. Right.

So could we maybe look at image 4 that we had on the screen just before lunch, and while Ms Smith gets that on the screen, did you have an impression when you first arrived how many officers were involved?

A. As in what I've -- I've seen before I get out of the car?

Q. Yes, you said there were officers --

A. Yes.

Q. -- that you saw?

A. Yes.

Q. Did you have an impression of how many?

A. I thought there was two.

Q. Two. But you said you didn't know who they were at that stage?

A. No, no. Not at that stage.

Q. And you've said that you saw a baton on the roadway?

A. Yes.

Q. Where was that? Would you like to point it out on the ...?
A. Yeah, sure, so --
Q. I think the circle with 1 is where you were getting out of the driver's side?
A. Right.
Q. If you want we will remove that --
A. No, no, it's fine.
Right, okay, so for the baton, probably about (indicates), a bit on the roadway.
Q. On the roadway?
A. Yes.
Q. And then you also mentioned a CS-- a CS or a PAVA spray?
A. That was -- I can't be certain what was before, if it was the baton or the spray, but they were roughly in the same kind of general kind of area, about there (indicates).
Q. And was that prior to where you saw your colleagues?
A. Yes.
Q. You saw that before you were near your colleagues?
A. Yes.

Q. Right, thank you.

And you've told us in your statement that you then decided to become involved --

A. Yes.

Q. -- or to assist. So tell us, as you decided to assist, what was your first thing that you did?

A. Some from what I recall, the first thing I did was assist with restraining Mr Bayoh at his legs.

Q. Tell us how you did that?

A. So what I did was, at the time, I recall that I didn't see anyone on his legs, so there's a recognised OST technique where officers can restrain the legs. They do that by dropping down onto, in this case Mr -- Mr Bayoh's legs. You don't go down on your elbow, but it's on the flat side, depending if you're right-handed, left-handed, etc, of your body --

Q. And what are you?

A. I'm right-handed.

Q. You're right-handed?

A. Yes.

So I dropped down on the right side of my body.

The elbow would effectively go on the ground, but your kind of weight here (indicates) lands on the kind of thigh area before you would then make contact with the ground, okay? It's a recognised technique. Then what you would do is you would almost -- the best way I can describe it is either like a kind of barrel roll or sausage roll kind of down the legs so that you've done a full kind of turn down, and then you'd then be facing the feet, at which point you can cross over the legs to get a hold of the feet so that if Fast Straps need to be applied, they can be, by another officer.

Q. Right.

I'll just go over that a little bit --

A. Yeah, sure.

Q. -- more slowly if that's okay. So you've talked about going down onto the ground area.

A. Yes.

Q. Where Mr Bayoh was.

A. Yes.

Q. In the area of his legs. What was the first point at

which your body contacted -- had contact with Mr Bayoh's body?

A. What -- what part of my body was first contact?

Q. I think you pointed --

A. Yes.

Q. -- to your right-hand side?

A. Yeah, sure. So it would be like my right-hand side.

Q. And where did that contact with Mr Bayoh?

A. So that would have been contact on kind of upper legs.

Q. Above his knee?

A. Yeah, or in that general area, yes, but it would be kind of thighs, back of thighs, front of thighs, whatever, or near the knees, and then rolled down or instead of rolling down, sometimes you're not able to, you might just kind of shuffle down, so ...

Q. And what did you do on that day, on 3 May? Was it a roll or was it a shuffle?

A. I can't recall if it was a roll or a shuffle but those are the two things that could only have been done.

Q. It would have been one or the other?

A. Yes, yes.

Q. Would you mind giving the Chair a demonstration of both of those manoeuvres?
A. For sure, yes.
Q. So if you come out here, you'll see there's a bit of sticky tape on the floor, and you may have heard me say to other witnesses that the audio isn't picking up much there.
A. Yeah.
Q. But I'll ask you to go down on the ground --
A. Sure.
Q. -- and demonstrate the first manoeuvre where you're going to your right side.
A. Yeah, sure.
Q. And then I'll ask you to demonstrate the roll, and then I'll ask you to demonstrate the shuffle.
A. That's fine.
Q. Thank you.
So first of all, show how you went down onto his legs, please.
A. Okay, so if we could just take it that Mr Bayoh's head would have been up this side and the legs are down here

then (indicates).

Q. Right.

A. Obviously I can't do it in real-time, because --

Q. No.

A. So you'd be down, right, so remember, you've kind of done this at a -- in a force. So you've went down on to the legs (indicates), down like that (indicates), okay? So your elbow is now side-on.

Q. I see that. So you've gone down onto your knees, you've then effectively gone down onto your right hip, and then you put your right elbow on the ground?

A. What I would say about that, though, there isn't time -- I've -- I've just done this in this demonstration -- there isn't time to go down the legs, you actually drop.

Q. It's very quick --

A. Yes.

Q. -- in real life?

A. So you wouldn't drop on your knees, you would drop on the subject, so on the legs (indicates) --

Q. Right.

A. -- with the side of your body.

Q. So a quicker movement in real life?
A. Yes.
Q. Not in the stages that you have just demonstrated?
A. No, no.
Q. Right. So, thank you.

Then can you show us the roll that you've been describing, if possible.

A. Yeah, of course. So, on the legs, so, it's like (indicates), and then you're down at the ankles, you've crossed them over, this time your weight is transferred more down the legs, they're not at the thighs, they're not at the knee, they're both behind you now. You crossover both legs -- I can try and show you after this, so that someone can put on Fast Straps if they're required.
Q. Right, so you've rolled down the body, and you talked like as a sausage roll. So you're closer to the ankles or the feet?
A. Yes.
Q. But the legs still remain between your right arm and your right-hand side of your body, and you're using both

hands to secure the ankles or the feet?

A. Yes.

Q. Yes, thank you.

And then could you demonstrate the shuffle movement, please.

A. That's obviously just -- so, again, the same point, upper legs, the knee, and instead of doing the roll, you just (indicates) shuffle the weight down to -- and you would do the same thing, the ankles and you've still got the weight, but I suppose at one point your weight probably comes off a bit on the slide down.

Q. So your feet remain on the ground?

A. Yes.

Q. Your knees and hips are shuffling along, and your ankle is shuffling but remaining as a point of contact with the ground?

A. Yes.

Q. Thank you. Thank you very much.

Please come back to your microphone. Thank you.

Can you tell us where the other officers were when you were on the ground on the legs of Mr Bayoh,

PC Gibson?

A. I recall Craig Walker being there. He was at the top half of Mr Bayoh. He looked like he was kind of reaching over almost to grab his -- his arm or arms. I can -- I don't know if I seen one of the arms, but -- so PC Walker's effectively over Mr Bayoh, looking like he's trying to grab an arm.

Q. Was he on the other side from where you were?

A. Yeah, so -- yeah. So where I come down, so, yeah, we are on opposite sides.

Q. So you've shown us your car?

A. Yeah.

Q. And you approached the events that were going on from that angle, from Hendry Road towards Hayfield Road?

A. Yeah.

Q. And PC Walker, was he on the other side of Mr Bayoh from you?

A. So even if we took this, for example, this isn't where it is, it's not far from, but if we're talking about me and PC Walker, PC Walker could be number 2, I would be number 1, so we were on opposite sides.

Q. Right.

And you said that when you pointed on the floor and did your demonstration, you said his head would be up here?

A. Yeah.

Q. Would that be towards the hedge area that we see on Hayfield Road?

A. Yeah, that's right. So Mr Bayoh's head would have been pointing in the direction of the hedgerow and the feet would have been pointing in the road.

Q. And we've heard that there's a grassy area with trees on the other side of Hayfield Road?

A. Yeah.

Q. So his legs would have been pointing more towards there?

A. Yeah.

Q. And where was PC Tomlinson?

A. I recall PC Tomlinson -- I think PC Tomlinson is almost at, like, the bum of the male.

Q. Right.

A. That's what I seem to remember.

Q. Where was he in relation to PC Walker?

A. So he was at the same side that I was at. So he -- again, he's on the opposite side of PC Walker.
Q. Right. And was he to your left or to your right?
A. No, he would have been to my right.
Q. So he's on the same side as you?
A. Yeah.
Q. But to your right?
A. Yeah.
Q. And you think he was more in the bum area of Mr Bayoh?
A. Yeah.
Q. What position was he in?
A. He was crouched. I don't know -- I don't know what he was doing, but he seemed to be crouched.
Q. Okay.
A. He was obviously hunched over.
Q. Could you give us a demonstration of that?
A. Yeah, sure. From what I recall anyway, yeah.
Q. Come back out, please, and show us how PC Tomlinson was, and then while you're there, I'll ask you to demonstrate what PC Walker was doing as well.
A. Sure.

Q. So Tomlinson first, please.
A. Right, okay. So this is the right side.
Q. So head to my left, your right?
A. Yeah.
Q. And legs to my right, your left?
A. So this is PC Tomlinson. This is what I recall seeing. I think he was doing something like this (indicates). That's what I recall seeing. I couldn't see how -- I seen that he was on his knees.
Q. Right.
A. But I don't --
Q. So leaning on his knees and leaning over?
A. Yeah, it looked like that.
Q. Was his body making contact with Mr Bayoh's body?
A. I couldn't see (inaudible).
Q. And then can I ask you to do a demonstration of what PC Walker was doing, and you've told us he was on the other side.
A. So, I don't know what he was doing with his legs, if he was on his knees, or if they were flat out, but he is over the male (indicates). Some of his body looks like

it's on him, and he's trying to -- it looks like he's trying to grab something, which I'm assuming is his arm.

Q. Thank you. I'll ask you to come back to the mic.

So you were showing that -- that last demonstration was of PC Walker, and you say he was leaning over the male -- that's Mr Bayoh -- and leaning over towards, you thought, perhaps his arm?

A. Yes.

Q. Mr Bayoh's arm?

A. Yes.

Q. Thank you.

Can I ask you to look at your PIRC statement. So this is the one that you gave on 4 June 2015, and if we can turn to page 4, please. Page 4, and I'll look at paragraphs 6, 7, 8, 9, they're just short paragraphs. I'll read these out when they're on the screen, they're towards the bottom of page 4, and paragraph 6:

"I saw there were officers ..."

So if you could just go up. There we are:

"I saw there were officers on the ground with a male. I got out my vehicle and made my way to

the officers and the male. As I approached I got a clearer view. I then saw a black male lying on the ground, he was on his side (left-hand side facing me), not sure of clothing worn by the male. There were two officers with the male that I noticed, that was PC Ashley Tomlinson and PC Craig Walker."

And that's what you've told us. You say there when you spoke to PIRC, "he was on his side, his left-hand side facing me". Looking at that now, do you remember that that was the position he was in?

A. Yes.

Q. Thank you.

Now you say:

"I didn't notice any other officers at that time. There could have been other officers but I didn't notice them.

"PC Ashley Tomlinson was at the legs of the male. I'm not sure if PC Tomlinson was standing or on the ground. The male's legs were to the roadway, his head towards the houses. His whole body was on the pavement. I cannot recall if PC Tomlinson had

a hold of the male at that point."

Now, looking at that now, is that -- do you remember saying that to PIRC?

A. Well, that's what I would have said.

Q. That's what you say. All right.

Then:

"PC Walker was struggling with the male, he was at the rear of the male who was on his left side, leaning over him and trying to grab the male's arms. The male was struggling, he was kicking his legs about, swaying back and forward with his arms and shoulders. I do not know if the male was handcuffed at that point. I do not know if PC Walker managed to get a hold of his arms or not."

When you say "he was swaying back and forward with his arms and shoulders", do you remember what you meant by that?

A. Yeah, so almost like a kind of "get off", struggling.

Q. So it's a struggle?

A. Yes.

Q. Thank you.

Then can I ask you to look at your Inquiry statement again, and I'd like to look at paragraphs 16, 17 and 22. So if we start with 16, and you were asked by the Inquiry team to provide as much detail as you could about the restraint, and what your involvement had been, and you say here at 16:

"I was involved in the restraint of Mr Bayoh. Mr Bayoh was on the ground. I dropped down on to Mr Bayoh's thighs with the side of my upper body. I was leaning on the right side of my body, facing his feet. This is a recognised OST technique. I was doing this to gain control of his legs to prevent him kicking out."

I think that's what you've told us and demonstrated today.

A. Yes.

Q. "I do not know whether I rolled or slid down but I ended up further down his legs closer to his feet."

And again, that's what you have said today. And then:

"At some point other officers put 'Fast Straps' on Mr Bayoh while I was restraining his legs."

Do you know who the other officers were?
A. I don't know if I mentioned it. I seem to think -- I kind of recall that it might have been Alan Smith and PC McDonough.
Q. Right, James McDonough?
A. Yes. I remember PC McDonough at one point when I was down on Mr Bayoh's legs, PC McDonough was down near the feet, so ...
Q. And he's the officer you went with --
A. Yes.
Q. -- isn't he?
So we've not heard from PC McDonough yet, but we may do. Then 17, you were asked to describe his position and was he prone. You say:
"I cannot clearly recollect now how Mr Bayoh was positioned when I was restraining his legs."
Do you have any sense of the position of his legs when you were restraining them?
A. I can't. I don't know -- that technique can be done when he's on his side as well, as if he was -- when I say on his front, he's -- I appreciate I'm talking

about his legs kind of as he's almost face-down, so it can be done both ways. I recall that he might have been on his front, so it would have been the back of his legs.

Q. So you were lying on the back of his legs?

A. Yeah.

Q. And were his knees facing the ground?

A. Yeah, they would have been.

Q. Yes, thank you.

And then can we look at paragraph 22, please, and you're asked about:

"What weight, if any, did you place on Mr Bayoh ..."

And what force there was. Your answer:

"I applied my upper body weight to lie on Mr Bayoh's upper legs, then his lower legs."

Is that really what you've demonstrated to us today?

A. Yes.

Q. And then:

"Once the 'fast straps' were applied I felt able to take my weight off him slightly."

And to what extent do you mean "I felt able to take

my weight off him slightly"?

A. Well, just to let yous understand, so obviously I'm putting the greater weight on because the male's resisting, he's still kicking out. Even whilst I have my upper body weight on, he's still able to kick out, and the way I would describe it is almost like being on a see-saw, like, you're still going up. At the time I weighed 12 stone and I felt he's still trying to kick -- kick off. Obviously later, when Fast Straps are applied, he's not going to be able to kick off as much, there's -- there's a restraint there to prevent him from kicking out as actively, therefore I don't need to apply as much weight to keep the restraint.

Q. So if he's not struggling as much --

A. Yes.

Q. -- you can apply less weight --

A. Yes.

Q. -- or less force --

A. Yes.

Q. -- to his legs?

A. Yes.

Q. And that's what you did?
A. The way I've always looked at it, the kind of force matches the resistance. So he's not resisting as much, I don't need to put on as much weight.
Q. Right. So the more the resistance, the greater the weight or the force applied?
A. Yes, because, you know, putting on that force, if I don't apply my full force at that point, he could potentially get free his legs, he might get up.
Q. He's struggling to get up, but you're struggling to restrain him?
A. Yes.
Q. So you want to match that level of force?
A. Yes.
Q. Thank you.

Then you were asked:

"How long was the weight or force applied."

And you say:

"I applied a greater amount of weight before the 'Fast Straps' were applied. After that, I applied a lesser degree of weight before coming off Mr Bayoh when

I heard PC Alan Smith saying to get off Mr Bayoh."

Is that right?

A. Yeah.

Q. And you can't say how long you applied the weight in minutes or second. Do you have any impression of how long you were applying that weight?

A. No, none at all.

Q. Okay, thank you.

Trying to look at the duration of this, when you arrived he's already on the ground, and we saw from the footage that was at 7.21.46, and you've talked about applying your body weight to lie on his upper legs and his lower legs, and then until the Fast Straps were applied. Do you have any sense now of how long it took from your arrival to you effectively alleviating or lifting some of the weight or the force when the Fast Straps were applied?

A. I don't know. It seemed so quick for the whole incident, so I don't -- I wouldn't be able to say how long the weight's been applied before less weight -- well, how the greater weight has been applied before

less weight can be applied.

Q. Okay.

A. But it was however long it took for the Fast Straps to actually get put on and I don't -- I'm sorry, I don't know how long that took.

Q. No, no need to apologise.

Can we look at paragraph 23. I think you were asked about the weight applied by other officers to Mr Bayoh, and you say:

"At that point I was involved in the restraint of Mr Bayoh, I was facing towards [his] feet so I couldn't see what weight, if any, was being applied by officers behind me."

A. Yeah.

Q. Was it your impression, constable, that they were applying any different weight or pressure to that that you were applying if Mr Bayoh was struggling?

A. I wouldn't be able to say, and the reason I say that is because I'm concentrating on his legs, and that, as I say, is -- you have to understand OST technique, but when you do that, you are facing the feet. You've

applied your roll, or your slide down, you're at the feet, okay? If I then was to pay attention at what's going on behind me whilst I'm at the feet, then I'm not concentrating on that. Again, going back, he could kick his legs out and then we've got more of a problem.

Q. So would it be fair to say you're working as a team and you're concentrating on your element --

A. Yes.

Q. -- of that?

A. Yes, that's fair to say, yes.

Q. And then can we look at paragraph 6, please. You've said here that we looked at this earlier and you said:

"I saw PC Craig Walker struggling with a male. He didn't have control of him."

And you then go to say:

"Mr Bayoh was on the ground kicking out with his legs and actively resisting my colleagues who were trying to restrain him."

So is it fair to say that at that time, PC Walker, who was struggling to control Mr Bayoh, Mr Bayoh was

resisting, that he would have been applying some force or some weight to try to get control of Mr Bayoh?

A. Yeah, I think that's fair to say. Obviously, you know, again, I've not seen the full extent because I'm at the feet, but I would -- you would imagine that PC Walker is applying some form of weight to -- to match a kind of restraint for Mr Bayoh.

Q. Thank you.

I'd like to show you some enhanced Snapchat footage now. We've been showing this to other people to try and identify who's who, and I'm hoping you'll be able to help me with that --

A. Yeah, sure.

Q. -- as well.

So it's at 7.22.10, I think, but it's Snapchat footage. This is from the combined audio and visual footage.

A. Okay.

Q. You'll see there, this is at 7.22, it's stopped at 12 seconds. And do you see the officers?

Oh, it's gone. Oh, no, no problem at all. There we

are.

We've heard that this is Snapchat footage taken from one of the nearby houses, and you'll see that officers on Hayfield Road. Do you recognise the car behind those officers? Is that the diary car?

A. Yes, that was our car.

Q. That was the car you got out?

A. Yes.

Q. And do you see there's a number of officers there in that Snapchat footage? Now, we can play this, it only lasts a few seconds, and then I'm going ask you if you can see yourself.

A. Okay, yeah, that's fine.

Q. Thank you.

(Video played)

That's fine, thank you. If we can go back to it. Would you like to see that again?

A. No.

Q. Are you -- fine. If we could go back to that, please, and then I'd like you to see if you can point to yourself. Let's just wait until it's on the screen.

There. Can you see yourself? Do you want it moved on a little?

A. No, it's fine. I'm on the -- standing, far right.

Q. You're standing?

A. Yes.

Q. Facing the person with the camera?

A. No, I'm back -- back against the camera on the right-hand side.

Q. Oh. So we've heard other people saying that that is indeed you, PC Gibson?

A. Yeah.

Q. And you recognise yourself?

A. Yeah.

Q. So that's you standing on the far right-hand side, moving towards the legs?

A. Yeah.

Q. Let's just watch that for a moment or two.

(Video played)

Stop it there, please. Do you see who the other officers are? Can you recognise them?

A. Maybe not from that clip, but yes, I can recognise them.

Q. Right, well, do you want to tell us who they were?
A. Yeah, sure. So --
Q. Far left? Do you know who the person at the head was?
A. The far left is PC Alan Smith.
Q. And with his back to us crouching down or kneeling down?
A. Yeah, so next to Alan Smith is PC Paton. You can tell that from the vest he's got on.
Q. What is it about PC Paton's vest?
A. I don't know if he had some kind of back problem or something and had to wear a different vest, but he always wore that vest and it is different to everyone else's vest, because all the rest of us was the same.
Q. Okay. Then opposite PC Paton there's someone standing there facing camera?
A. Yeah, that's PC McDonough.
Q. McDonough?
A. Yeah.
Q. And then crouched down on the other side of the person or people on the ground facing the camera. Do you know who that was?
A. Yeah, it must be Ashley Tomlinson.

Q. Tomlinson. And that's you on the right.

And then I'm going to ask you if you can see what you're doing at this point. So let's just play this clip, please.

(Video played)

We've got a slower version, if that helps. Do you see that?

A. Yeah.

Q. Do you know what you were doing there?

A. Yeah, so, obviously what I've said to start with and my best recollection is I've went on the legs but obviously by looking at that I can see what's happened there. Now, with his leg, it looks like I've tried to bend his leg to his knee.

Q. Yes.

A. I think it just looks like one leg, to be fair, I wouldn't have managed to get two, but I've tried to bend one of the legs up towards into like his -- his knee, top of his thigh, so the heel would press against his thigh, if that makes sense.

Q. So his knee would be face down on the ground at that

point?
A. Yeah.
Q. And you've lifted the leg up?
A. What I'm trying to do there is cross -- there's another technique where you can cross the legs like that. Your kind of stomach area and a bit lower can press and lock the legs in and that will give you free hands to try and help in restraint, whether to help with putting cuffs on, that kind of thing.
Q. So that's Mr Bayoh's leg?
A. Yes.
Q. And you're trying to do a technique where you cross his legs?
A. Yes.
Q. And which leg of his, of Mr Bayoh's, was it that you --
A. I think that would be right leg.
Q. His right leg?
A. Yeah.
Q. Thank you. That's very helpful.
Could I then ask you to look at paragraph 24, please, of your Inquiry statement. You were asked about

the application of handcuffs to Mr Bayoh and what position he was in, and you say:

"The first time I remember seeing that Mr Bayoh was handcuffed was after I got off his legs.

"My memory of the position is now not clear, but what I said to the PIRC was that he was cuffed to the front and that was my best recollection at the time."

And you say:

"The first time I remember he was handcuffed was after I got off his legs."

So when we saw the footage a moment ago and you had stood up and walked round to the legs, was that when you noticed he'd been handcuffed?

A. No, that would have been when I got off his legs after I'd done the manoeuvre -- the roll or the slide down.

Q. Was that later?

A. Yeah, yeah.

Q. That was later.

So after we saw the footage, you then went down onto his legs?

A. Yeah.
Q. Right.
So we see the footage, that's you standing, bending the knee, and then after that, you're on his legs doing the moves you've demonstrated?
A. Yeah.
Q. And it was after you'd completed that and stood up that you saw the handcuffs?
A. Yes.
Q. Thank you.
And do you have any impression of how long that process took?
A. No. It seemed to go really quick.
Q. All right, thank you.
Do you know who applied the handcuffs?
A. Nope.
Q. No. So do you know whether the handcuffs were on first or the leg restraints?
A. No.
Q. After the leg restraints were applied, were you aware of whether his legs were moving?

A. When the legs restraints were applied?
Q. When --
A. Yes.
Q. -- they were applied?
A. Yes.
Q. Do you remember where they were applied, the leg restraints?
A. Well, I remember one being at the ankle. I wasn't sure what was going on behind me.
Q. All right.
A. But where I ended up on his legs, lower down, the other Fast Strap, if there was another Fast Strap, would have been behind me, if that makes sense.
Q. Fine. So we may have heard that there was Fast Straps at his ankles and then above his knee?
A. Okay then, yes, so I would be aware of the ankles but from behind me I wouldn't know -- if they were also applied then, yeah, they would be behind me.
Q. So anything going on above the knee would have been behind your back?
A. Yes.

Q. Thank you.

Can I ask you about when Mr Bayoh stopped struggling. Can I ask you to look at your PIRC statement, page 6, please, paragraph 3. You say:

"The next thing I heard ..."

Do you see that on the screen?

A. Yeah.

Q. "The next thing I heard was someone saying 'Get off him'. I think it was PC Alan Smith. I got off the male's legs and got to my feet, the male was not struggling or anything then. I got up and stood at the male's feet facing him, the male was on his front, the left-hand side of his face was on the pavement facing down to Hendry Road."

So is this the point you got off the male's legs, was this after the ankle straps -- the Fast Straps had been applied to the ankle?

A. Yes.

Q. And it says:

"The male was not struggling or anything then."

So at that stage, when you got up, he wasn't

struggling?

A. Correct.

Q. And at that point he was on his front:

"... the left-hand side of his face [that's Mr Bayoh's face] was on the pavement ..."

A. Yes.

Q. "... facing in the direction of Hendry Road to the roundabout -- "

A. Gallaghers pub.

Q. Gallaghers pub, thank you.

Can we then look at your Inquiry statement, paragraph 26 and 35, please. Paragraph 26, you were asked:

"How did Mr Bayoh react to the restraint?

"Before I got involved, Mr Bayoh was actively struggling and kicking out his legs. Even after I was restraining his legs, he was still attempting to kick. I could feel that his legs were still moving.

"After the 'Fast Straps' were applied, his legs were still moving but that movement was reduced."

And then can we look at paragraph 35:

"Please provide as much detail as you can about when you became aware that [he] had lost consciousness."

And you say:

"I was not aware of Mr Bayoh losing consciousness."

I'd like to ask you about this sort of moment. We've heard some evidence from PC Smith that he noticed that Mr Bayoh had become unconscious, and were you aware that PC Smith had become aware that Mr Bayoh was unconscious?

A. No, the only thing I was aware of is that I'm sure it was PC Smith who told me to get off him or whoever else was on him to get off.

Q. And you immediately got off him --

A. Yeah.

Q. -- when you were told?

A. Yeah.

Q. Once you had got off him, where were you positioned or what did you do?

A. I think I stayed down towards the feet, but I wasn't on Mr Bayoh.

Q. Were you standing in that area of the feet at that time?

A. I don't know if I was standing or crouching.
Q. Okay. How long after you stood or you were crouching did you -- how long was it before you realised he was unconscious then?
A. I don't know. I don't think it was long. I think I started realising a problem when I think somebody was going to get a -- like a mouth bag to -- it looked like they were going to start CPR.
Q. We've heard some evidence about a valve --
A. Yeah.
Q. -- and a face mask?
A. Yeah, I probably haven't described it that well but yeah, that's the same thing.
Q. When you were standing or crouching at his feet area, what were the other officers doing at that point?
A. I don't know. I think -- I don't know about all of them, I am sure PC Smith is quite involved trying to check the officer's -- Mr Bayoh's breathing, and I'm sure Alan Paton was also assisting with that.
Q. Okay. Do you remember what PC Walker was doing?
A. Not at that point, no.

Q. PC Tomlinson?
A. No.
Q. Can I ask you to look at your PIRC statement, 258, page 6, paragraph 5, please. You'll see it says:

"At that point I seen PC Craig Walker, PC Alan Paton (that's the first I had seen him) and PC Alan Smith. PC Walker was crouched to the left-hand side of the male facing towards him at his upper body, he was not holding the male or having any physical interaction with him. That's the first time I saw the male was handcuffed. He was handcuffed to the front. I know that as PC Alan Smith checked the man's breathing (I think he did that as he is an OST instructor, there was no indication that anything was wrong that I'm aware of, PC Smith confirmed that the male was breathing verbally, I think he said something like 'He's breathing'). When he done this he moved him to his side, that's when I saw the handcuffs to the front of the male."

Looking at that now, do you remember this moment where he's moved onto his side, that Mr Bayoh is moved onto his side?

A. Yes.
Q. And do you remember which side he was moved on to?
A. Left-hand side.
Q. His left-hand side. And is that the point that you realised he had handcuffs on?
A. Yes.
Q. Right, thank you.

Then we've heard that at that moment PC Smith recognises he's unconscious but he's breathing. But then, around four minutes, four and a half minutes later, he realised he'd stopped breathing. I'm interested in knowing what was happening after PC Smith realised he was unconscious but breathing, which is the point you mention in this statement here. So what happened in the period immediately after PC Smith recognised he was unconscious but breathing?

A. I'm not sure. I'm sure, like, CPR started pretty soon after an ambulance was called. I was -- I was quite shocked at that point.
Q. What were you doing in this period?
A. No, I -- as I said, I was crouched beside his feet, so,

no, I wasn't doing much at that time.

Q. You weren't really involved --

A. No.

Q. -- in the events at that time?

A. The way I looked at it at that point was I was the officer with three years' experience and there was -- one was an OST instructor with ten years, the other two were more senior than him. I don't know in any circumstance where an officer of three years tells three officers with more service what to do.

Q. So we've heard that PC Smith was an OST trainer. When you refer to the other more experienced officers, who are you talking about?

A. So PC Paton. I'm not one to speculate and say who had more service out of PC Paton and PC Walker, but I think both of them had more service than PC Alan Smith.

Q. Right, so we've heard those are the most experienced members of the team?

A. Yes, I don't know who had more, but yeah.

Q. So you wouldn't have felt that was your place, to contribute to that?

A. Definitely not.
Q. All right, thank you.
And then do you remember -- I think you said in paragraph 38 of your statement to the Inquiry that you were aware that PC Smith and PC Walker performed CPR on Mr Bayoh at that time, and you're not sure if PC Paton also assisted?
A. Yeah, mm-hm.
Q. Thank you.
And can I ask you to look at PIRC 258 again, please, page 6, and it's the final paragraph I'm interested in looking at this time. Thank you. You say:
"I'm sure that PC Walker asked for an ambulance and the next thing the male was turned onto his back, I don't know who done that, and then CPR started, chest compressions. It was still PC Walker, PC Smith and PC Paton who were round the male, it was a bit frantic by this time. The first person I remember doing CPR was PC Craig Walker. PC Smith and PC Paton were at some stage doing CPR but I'm not sure exactly at what point."
Do you remember saying that to PIRC?

A. Yes.
Q. When you say "it was a bit frantic by this time", what do you mean?
A. People trying to do CPR, panicking, other officers not sure what's happening, that's what I mean by frantic.
Q. How were you feeling at this point?
A. Horrific.
Q. When you say "horrific", what do you mean?
A. Shocked, what's going on. I'd never experienced anything like this before.
Q. All right. Then I'm going to move away from this. I'm going to ask you to look at a couple of photos, please, so PIRC 03374, and again, if you can help us identify people, that would be very helpful. I've been asking other officers to do the same. So you'll see this photograph here taken at a later stage, and there's various people identified, someone's written "photographs", and we may hear from this officer later.

But you'll see that you're identified there, PC Gibson. Do you recognise yourself in that photo?
A. Yeah.

Q. And is that correct, that you've been identified correctly?
A. And what I said earlier as well is that I couldn't recall if once the restraint had all finished, if I was standing or crouching at the feet, but that would tie in, because that is me at the bottom of the feet.
Q. That's you crouching at the feet of Mr Bayoh?
A. Yes.
Q. And looking at the other officers that are named, do you agree with the identification of the other officers? We'll start from the left, PS Maxwell, Sergeant Maxwell?
A. So everyone else is fine.
Q. Yes. It sounds like there's a "but" coming?
A. DC Connell, yeah, that's him, and if DI Robson's there, then that's maybe him but I don't know who that is with the black.
Q. So you can't tell from DI Robson?
A. No.
Q. Because the photograph is blurred at that point?
A. No.
Q. But everyone else?

A. But the rest, the people labelled, it's all correct, yeah.
Q. Thank you.
Then can we look at the next photograph, please. And again, it's just a different photograph. Again, looking at that, you'll see that you've been identified there as at the feet, sort of -- it looks like you're kneeling with one knee. Is that you?
A. I can't say for that.
Q. You can't say --
A. I would think it is.
Q. You think it is?
A. But then I can't -- who's that, PC McDonough there? For that photo, okay, this one --
Q. Yes.
A. -- DC Connell's, the blue jacket, far right, okay?
Q. Yes.
A. That's PS Maxwell with a hat on, first on the screen. I recognise DS Davidson and I can see Craig Walker.
Q. Right, and those are the ones that you recognise?
A. Yes, for that photo. I mean, the other photos,

definitely I can identify everyone.

Q. Thank you, that's helpful.

Can I ask you about your PIRC statement again, please.

A. Sure.

Q. So this time I'm interested in page 5, paragraphs 8, 10 and 11. So they're towards the latter half of that page, and you talk about the recovery of a knife at the scene. So it starts with:

"DS Davidson came across and all I remember is hearing her voice. She was asking someone is there a knife been recovered or has there been a knife, if was something like that. A male voice, I don't know who that was, answered her back saying 'it's lying on the grass' and DC Connell was there."

Then you say:

"DC Connell went across the over side of the road, I could see him and where he went as I was still lying across the male's legs facing towards the grass area. That's when I looked down Hayfield Road and saw PC Nicole Short beside a police van marked make unknown,

she was staggering on the ground holding her stomach. She had her hand across her stomach. I didn't see anyone with her at that time. I looked back and saw DC Connell on the grass. He was looking about, he had a bag, a paper brown bag, a production bag. I'm not sure if he had this with him when he first went over. My attention was distracted looking down the road and seeing PC Short. I didn't see DC Connell pick anything up, my attention was all back and forward as I was still concentrating on holding the male's legs."

So this is at the point that you're still lying over Mr Bayoh's legs?

A. Yeah.

Q. So earlier from where we've got to. And there's mention of recovering a knife.

Can you tell us a little bit more about what was happening at this point with DC Connell?

A. Well, for all I seen with DC Connell was he was over at the grass area where I'm looking across to -- on Hayfield Road because I'm obviously on Mr Bayoh's legs, so I seen him looking about in the grass area.

Q. And when we looked at the photos earlier and we you saw you identified DC Connell with the blue jacket --
A. Yeah.
Q. -- so he wasn't in a hi-vis vest --
A. Yes.
Q. -- was that the general area where you saw him going?
A. Yes.
Q. Thank you. I understand you took steps taping across Hendry Road?
A. I can't remember that.
Q. All right.

And then you were still there when the ambulance arrived; is that correct?

A. Yes, yes.
Q. Can I ask you to look at the video evidence timeline again, please, and I think we're interested in 7.27.31. This may be some Snapchat footage. If we need to just play it from there, that's fine, and we can pause it. So this is later than the earlier events, and if we can just play that.

(Video played)

Pause it, please.

Do you see the Snapchat footage? That is similar to where the still has been taken --

A. Yeah.

Q. -- that we looked at a moment ago, yes?

So you had identified yourself from that previously?

A. Yeah.

Q. Then can we look, please, at 7.31.34, and you'll see this is referred to on page 12 of the spreadsheet. So page 12 of the spreadsheet, and 7.31.34, which is near the top, and you'll see:

"Three persons can be seen moving toward the grassy area from the exit of the roundabout..."

Have you got that bit on page 12?

A. Yeah.

Q. "... into Hayfield Road. One person breaks away from the other two to move further up towards north Hendry Road and pauses at the grassy area."

Can I ask you to look at that and we'll play this until 7.32.23, or thereabouts.

(Video played)

That's fine. Thank you very much.

Did you see the movement on the CCTV with officers, what appears to be moving tape?

A. Yeah.

Q. Do you know who they were?

A. No.

Q. No, you don't. That wasn't you being involved in that process where --

A. No idea.

Q. You don't remember. You don't remember.

Can we look at PIRC 258, page 7, please, paragraph 3. So this is your PIRC statement, page 7, which was given in early June, 4 June 2015, and you say:

"I recall at one point I went away to put tape across the road at Hendry Road, this was before the ambulance arrived. I recall I had went back over to where the male was before the ambulance arrived. I remember standing beside PS Maxwell when the ambulance arrived. My recollection is that it was the same three officers that were dealing with the male (PC Walker, PC Smith, PC Paton). There could have been other

officers there but I just remember seeing those three."

So it does appear you were involved at some point in taping --

A. Yeah, I just can't remember it is all, but if that's what I said PIRC, then --

Q. That's absolutely fine.

Now, can I ask you, before you left the scene at Hayfield Road, did you recall -- do you recall any senior officer speaking to you about, "Don't confer","don't discuss the incident with anyone else"? Did anyone mention that to you?

A. No.

Q. No. And I think you say in your PIRC statement -- I don't need to take you to this -- that you were told to head back to the station at some point by Sergeant Maxwell; is that right?

A. Yeah.

Q. And then you drove one of the cars back to Kirkcaldy police office. Do you remember which one?

A. No.

Q. Do you remember if you drove any other officers back to

Kirkcaldy Police Office?

A. I can't remember.

Q. How were you feeling when you got back to Kirkcaldy Police Office?

A. Not in this world is the best way I could probably describe it.

Q. Right.

Could you look at paragraph 55 of your Inquiry statement, please, and you say -- as we get this on the screen I'll just start reading it out:

"I was still in shock. I didn't know the outcome of what happened as Mr Bayoh was taken away in an ambulance. I didn't know what would happen when we got back to the police station in terms of procedure."

Does that sum up what you were thinking?

A. Definitely.

Q. Did you feel at that time that you were uncertain about the right procedures and the way things were going to be carried out?

A. What do you mean by that?

Q. When you say there:

"I didn't know what would happen when we got back to the police station in terms of procedure."

A. Yeah, so what I mean by in terms of procedure is what's going happen when we go back to the station. Again, I'd never been involved in an incident like that and certainly at that time, so I didn't know what was going to happen, what -- what outcome there was going to be, I didn't know what was going to happen with Mr Bayoh, he was away in an ambulance, so, yeah.

Q. All right, thank you.

Then paragraph 56 you say:

"On return I think I went into the writing room. PC Walker was there and I think he said that someone needs to call the Federation. I think PC Paton was also there at that time. I didn't say anything to them."

Is the writing room near the canteen?

A. No.

Q. No.

What's in the writing room?

A. So the writing room is basically where officers would get access to their computer and that's where all

the admin would be done, where your kind of do(?) kit, where you could keep your paperwork, they were in the writing room, that kind of thing.

Q. So we've heard some mention of forms being available on computers?

A. Yeah, sure.

Q. Is the writing room where the computers are available?

A. Yeah.

Q. Right. And the "federation" is the Scottish Police Federation?

A. Yeah, that's right.

Q. Do you remember any conversation that Walker and Paton were having in the writing room?

A. No, I just distinctly recall PC Walker saying that somebody needs to call the Federation.

Q. Right.

And then I think Sergeant Maxwell told you to go to Victoria Hospital to collect PC Smith; is that right?

A. I can't remember that, but --

Q. All right. Do you want to look at paragraph 57 of your Inquiry statement, and you say:

"I was only in the station for about five minutes before Police Sergeant Scott Maxwell told me to go to Victoria Hospital to collect PC Smith, and once I got back with PC Smith, I went to the canteen."

Do you remember that now seeing that there?

A. I remember obviously going to the canteen, but no, I would have been still in shock, so that's not to say I didn't go to the hospital, but I just can't remember that part.

Q. Okay, that's fine.

So this is from your Inquiry statement that you gave us. Do you remember at all any conversation with PC Smith or anything that happened at the hospital?

A. No.

Q. No, okay.

Can I ask you to look at your PIRC statement, page 8, please, paragraph 3. You say:

"I went upstairs to the writing room ..."

Do you see that?

A. Yeah.

Q. "... I went in there and PC Craig Walker and PC Alan

Paton were in there. I remember PC Walker saying that the Federation were coming, there was no discussion between us about what had happened. I was only in the office for about 5 minutes and PS Maxwell came in and told me to go to the hospital to pick up PC Alan Smith. I left the office by myself to pick up PC Smith. I had a marked Corsa ... I got to Victoria Hospital, I went into the hospital, I tried to point-to-point him on the radio but he did not answer."

We've heard that that's a direct call, effectively, to another officer; is that right?

A. That's right.

Q. " ... he did not answer. When I was in the hospital I saw PC Nicole Short, she was in there getting treatment. I did not have any discussion about what had happened to her, I just asked her if she was all right. She was with PC Mark Hay (Glenrothes), I did not have any discussion with him. I found PC Smith and the two of us came back to the police office. I was speaking to PC Smith on the way back but what about I don't recall, I don't remember anything specifically being mentioned

about the incident. PC Smith never said anything about the male's condition. I was still quite shocked by this whole incident so my recollection of any conversation is unsure."

And this is your PIRC statement. So just over a month after the events you said you were still quite shocked at the point you went to collect PC Smith?

A. Mm.

Q. And if your recollection wasn't good then, I don't imagine it's any better now?

A. No.

Q. No, okay.

When you went back to the canteen, perhaps we could look at paragraph 56 of your Inquiry statement, you talk about going back to the canteen. Sorry, I've gone back over that.

I'm interested in -- sorry, I've gone to -- I'd like to go to paragraph 69 -- the equipment that you had on the day and where you stored your vest and items like that. So you've told us you went back to the canteen. Where were you storing equipment and your stab-proof

vest? So paragraph 69 talks about being in the canteen and I'm just wondering if that's where you stored your equipment?

A. On that day?

Q. Yes, on that day.

A. Then, yes, in the canteen, yeah.

Q. We've heard other officers talking about leaning their vests against walls, or things being on the floor and some things being on a table.

A. No, I think I would have had my stuff probably down on the floor beside me where I was sitting.

Q. Where were you sitting in the canteen?

A. There was, like, a kind of big table. I can't say where I was sitting, but I was sitting at the table.

Q. And were there other people at the table as well?

A. I think there was people, I can't recall who, but there would have been people, and I think some people were -- there's two kind of sofas and I think somebody was sat there.

Q. Okay, thank you.

Do you remember receiving any instructions from any

senior officers that day in the canteen not to speak to other officers or in relation to your status as a witness or a suspect?

A. I'm not so sure about the speaking to other folk, but definitely not about the status.

Q. Definitely not about that?

A. Nope.

Q. We've heard some senior officers mentioned. Can I just give you their names and see if you remember any of them speaking to you. So Conrad Trickett?

A. I was in quite -- still a lot of shock. I'm aware that Conrad Trickett is now there, but if Conrad Trickett walked in front of me, I wouldn't know what he looked like.

Q. You mean he was there on 3 May?

A. Yeah.

Q. Stephen Kay?

A. I know Stephen Kay. I can't recall seeing Stephen Kay, I don't think.

Q. Okay. Pat Campbell?

A. I've no idea who Pat Campbell is.

Q. All right. You have said in your Inquiry statement you don't recall Nicole Short coming back from the hospital?
A. Not that I can recall.
Q. Can I ask, did anyone give you advice or instructions about completing any paperwork, and when I say paperwork, I'm thinking, first of all, use of spray forms. I mean, you've told us you didn't use a spray, so that wouldn't have been relevant to you?
A. No.
Q. Use of force forms; would that have been relevant to you in 2015?
A. It could -- yeah, it could have.
Q. Could have, yes.

Did anyone give you advice or instructions about completing a use of force form?

A. No, but then for me, personally, it wouldn't have been for me, because I done the Fast Straps, which I didn't think were part of use of force at that point. They are now.
Q. Right.
A. However, I don't -- see what can happen now is one

officer can -- they can submit a use of force for all the kind of elements.

Q. Right, so we've heard at that some point there could have been one form completed for an incident.

A. Yes.

Q. In 2015, is it your recollection that it was one form or was it every officer, having used force would complete the form?

A. I don't know, I just think it would have been one form with that, I could be wrong.

Q. Okay. what about your notebooks? Did anyone give you advice or instruction about completing or not completing your notebook?

A. Not that I can recall, no.

Q. Now, you've said in your statement there was a system in place for checking officers' notebooks by senior officers. Could you tell us a little bit more about that system.

A. Yeah, sure. So basically, what would happen is, every so often, I think it was normally an inspector, normally your shift inspector, would come round, they would check

your notebook at the beginning of a shift, whether it be a day shift, night shift, they would take everyone's notebook, check through it, that included all the officers, make sure that they were filling it in correctly, and then they would give you it back, or they would say, "That's not good enough, you need to do this like this", etc, so that's all that was.

Q. So there was some sort of supervision at that time?

A. Of notebooks, yeah.

Q. Yes. You've mentioned the shift inspector. Who would that have been on 3 May?

A. I don't know.

Q. You don't know?

A. No.

Q. Any idea at all who that would have been?

A. Maybe Stephen Kay. I'm not sure.

Q. Okay.

Did anybody inspect your notebook that day at the end of your shift?

A. Not that I can recall.

Q. No. You've said in paragraph 80 of your Inquiry

statement that you weren't capable of making notes given the state you were in?

A. Sure.

Q. Do you want to tell us about the state you were in?

A. Yeah, as I said earlier, I felt like I was in a different world, I was shocked, I wouldn't know what to write in my notebook, even if I wasn't, I don't know if anyone would have known what to write in their notebook about an incident like that. I think even now if this happened, no one would know what to write in their notebook.

Q. I think in your PIRC statement you used the words "zoned out"?

A. Mm-hm, that's accurate.

Q. Is that accurate?

A. Mm-hm.

Q. What did you mean by that "zoned out"?

A. Not listening to taking in information, not that I'm not wanting to, it's not like being ignorant and ignoring someone, but just not taking -- retaining information.

Q. All right, thank you.

At paragraph 80 you say:

"I did not fill in my notebook or prepare an operational statement as.Amanda Givan had told us not to give a statement at that time as the incident had just happened. Thereafter I received advice from my solicitor not to provide an account until my status was confirmed."

And that was the advice you were given by your lawyer?

A. (Nods).

Q. When did you -- just when did you get that advice from your lawyer?

A. Oh, I don't know, it wasn't long after that.

Q. But it was after 3 May?

A. Yeah.

Q. You've said there that "Amanda Givan told us not to give a statement at that time as the incident had just happened". Did she explain why she was giving you that advice?

A. Yeah, because the incident had just happened and we needed to find out what's happening.

Q. Right. And when you say "what's happening"?
A. I don't know. She said that, then and what I understood to that is, right, okay, the incident has just happened, we've not received all the information, so we're -- we're not giving a statement.
Q. And we've heard from other officers that they weren't clear on 3 May what their status was --
A. I wasn't -- no --
Q. -- they didn't know if they were --
A. Yeah, that's right, I was never clear.
Q. You weren't clear either?
A. No.
Q. So you didn't know whether you were a witness or a suspect?
A. No.
Q. And we've heard from other officers that they maybe would have liked something in writing or something to be explained more clearly.
A. Mm-hm.
Q. Would you have liked that sort of approach?
A. Spoken to, something confirmed in writing, contact my

lawyer or the Federation, yeah, everything.

Q. Yes. So you would have liked a bit of clarity --

A. Yeah.

Q. -- about that. And then can I ask you to look at your PIRC statement, 258, page 8, please, and paragraph 7, you say here:

"There was a Federation officer, a female ..."

You see that on the screen?

A. Yeah.

Q. "... who spoke to us as a group. I remember her saying that the PIRC would be dealing with it. I cannot recall all that she said, I remember her telling us to 'Just say nothing just now', as it had all just happened."

Is that a reference to Amanda Givan of the SPF?

A. Yeah, well she was the only Federation officer that was there, so yeah, I would say so. I know I've not mentioned her there but yeah.

Q. Okay, thank you. Then can I ask you about the MIT or the MIT. Can we look at page 9 of your PIRC statement, paragraph 10. That starts:

"Within the week I am not sure of exactly when I was

spoken to by the two officers from the MIT team and asked to provide an operational statement. I don't know who the officers were. I made them aware that I wouldn't be after being told that the PIRC were investigating the incident and I found it weird that the MIT team would ask for a statement. I had also been given legal advice after a meeting with Peter Watson, lawyer. He told us not to provide a statement as this status was to be confirmed."

Now, you say there you found it "weird that the MIT team would ask for a statement". What was weird about that?

A. I believed PIRC to be an independent body, so I don't understand why people employed by Police Scotland from the major investigations team would get a statement on their behalf.

Q. Did you feel you had a clear explanation of why MIT were coming -- were wanting to speak to you about this?

A. I don't know. Like, I understand some of the things that have been said, but I wasn't aware of statuses and if they were acting on behalf of PIRC. I don't know if

anyone ever -- we were told PIRC were investigating it, so the MIT team come in and then saying they're getting statements just -- yeah, that sounded weird to me.

Q. Is it fair to say you were a bit confused about what was going on at that time?

A. Yeah, definitely.

Q. And how were you feeling? You've said that it was within the week, but how were you feeling at that point when you were speaking to them?

A. Just probably the same as what I did on -- after -- right after the incident.

Q. Yes.

You've used the word "shock"?

A. Mm-hm.

Q. Still feeling zoned out?

A. Oh, definitely.

Q. Okay, thank you.

Then can I ask you to look at page 8, paragraph 7 of your PIRC statement, and -- no, I think I've actually just referred to that, I don't need to go back to that.

I'd like to move on now and ask you some questions

about race.

A. Sure.

Q. Can you tell us, had you had training on equality and diversity in Police Scotland by May 2015?

A. Yes.

Q. Tell us about that.

A. So that was at the police college.

Q. At Tulliallan?

A. Yes, yes. So that would be during your -- your probation. I think it's all different now than I think it used to be in the police college, but I think when I was there, it was ten weeks. You were then put to station for so long and then you came back and done two or three weeks, I think. So certainly for the first initial ten weeks, you done it on the first week, and I think it was -- they kept kind of going back to it a couple of lessons into the course, I'm sure.

Q. So something they came back to as your course was continuing --

A. Yeah -- yeah, so, like, the first week was all equality/diversity and then there was other kind of

aspects of policing, but I'm sure they still touched on equality/diversity whilst they were doing some of that.

Q. Fine, and that was throughout your period at Tulliallan?

A. Throughout the ten weeks, yeah, first (inaudible).

Q. And in terms of the equality and diversity training, what sort of topics did the course cover, do you remember?

A. They would have covered quite a lot things. I'm sure there was, like -- just like discrimination, stuff like that, stuff about age, gender, sexual orientation, these kind of things, race, religion, yeah.

Q. Okay. And were you taught on that course about unconscious bias?

A. No.

Q. No?

A. No.

Q. So were you ever asked to identify in yourself any type of unconscious bias?

A. Not that I recall.

Q. And in terms of what you did learn on that course, you've talked about the different elements of it, how

were you able to put that into practice in your day-to-day work?

A. Well, that was easy for me, because I just treat everyone the same anyway, so ...

Q. All right, okay.

And have you ever made assumptions about anyone based on the colour of their skin?

A. No.

Q. Do you remember how many officers were at Kirkcaldy Police Office in 2015?

A. No.

Q. Can you give us an indication at all of the sort of size of Kirkcaldy Police Office?

A. Including all officers and custody officers?

Q. Yes.

A. I don't know, I'd just say 80/90.

Q. Were any of them black or from other ethnic minority groups?

A. I don't think so.

Q. You don't think so.

Before May 2015, had you ever -- did you ever

encounter anyone making racist comments or jokes at work --

A. No.

Q. -- in Kirkcaldy?

Did you ever encounter any comments or jokes about Islam or terrorists?

A. No.

Q. Had you ever seen any of your colleagues on your team, your response team, exhibiting behaviour of that type?

A. No.

Q. Had you ever heard any of them using words like "coloured" in referring to someone who was black?

A. Not my colleagues, no.

Q. When you say "not your colleagues", do you mean other people?

A. Members of the community have said that.

Q. Oh, right. So people that you were coming into contact with?

A. Yeah.

Q. In Kirkcaldy?

A. Yeah.

Q. In the area?
A. Yeah.
Q. If you had heard any comments of that nature in your work, how would you react to that?
A. I think it's about education and addressing it. So, for example, I know you're asking a question about police officers, but if I just could quickly take it back to members of the public.
Q. Please do, yes.
A. So I've -- I've seen -- I've dealt with incidents where people have made mention a black man, or someone who's Muslim or anything like that, calling him "coloured".
Q. Right.
A. So I have had to address that before.
Q. And what have you done? In your day-to-day work what did you do when you say you addressed it?
A. Well, educate them on the fact that "coloured" is not a correct term now.
Q. Right. And were you doing that before May 2015?
A. Yes.
So, the way I see that, right, is "coloured", for

me, was used years ago, and I think it's about education, I think a lot of people got confused and seem to think that by referring to someone colour -- of colour was a politer way of addressing that instead of calling someone black. It's definitely not acceptable now, and I think it's almost an educational thing that people aren't aware of it. There's a lot of people that -- I'm aware a black man is a black man, a black woman is a black woman; they're not coloured.

Q. Right.

A. But it's quite -- I -- I kind of label it as a -- as almost a generational thing.

Q. What do you mean by that?

A. When I say that is that, not everyone, you have to understand, but you can -- especially in Kirkcaldy, that's where I've worked, okay, there's a lot of people in Kirkcaldy that still refer to people of colour, okay. For me, it seems quite Kirkcaldy-based, you get a lot of elderly people that are maybe just from a different time, from a different era, who are maybe just not as educated in it, that make these kind of comments.

Q. So the older people may use words like that?
A. Of course, but remember, younger people can also -- I've heard younger people say it as well, but I'm just kind of --
Q. Yes. That's your experience?
A. Yes.
Q. Then can I ask you, at the time of Mr Bayoh's death in May 2015, were you aware of any public concerns about the use of force by police officers, particularly against black men? Did you have any general awareness of those concerns?
A. In 2015, before it, sorry?
Q. In 2015?
A. No, no.
Q. And in your own experience, were you aware if that was of any concern to Police Scotland on a wider basis, concerns about use of force by police officers against --
A. Not that I'm aware.
Q. No.

You may be aware now that there's been a number of

high profile deaths in police custody, not just in Scotland, I'm talking about the wider UK, and some of those specifically relate to concerns about the use of restraint by police officers. So at the time, in May 2015, were you aware of any other cases in, you know, down south, in the UK more widely, where a person had died in police custody and restraint had been an issue?

A. No.

Q. No. Were you aware if learning from other areas of the UK was being shared with Police Scotland?

A. Not that I was aware of, no.

Q. Was that something you'd come across in Tulliallan when you were on your course, maybe the sharing of information from England or experiences down south, or Northern Ireland?

A. I think at some point I had been aware of sharing of information with other agencies, but not necessarily about that.

Q. Okay, thank you.

Can I ask you some questions about your

understanding and awareness of the black community in Kirkcaldy.

A. Sure.

Q. Had you been involved in any community relation work?

A. No.

Q. No. Were you aware of any such work being undertaken by colleagues, say on the response team?

A. No.

Q. Did you have much experience of the black community, and I mean not just as suspects of crime, but as witnesses or victims of crime?

A. I probably would have dealt with victims, witnesses, that kind of thing. I've -- I don't think I've ever dealt with a black suspect before.

Q. Right.

And had you been dealing with members of the black community who were maybe witnesses or victims of crime?

A. I would of at some stage.

Q. And had you had, at that stage, much contact with members of the black community, even on a social basis?

A. No, just other than my work.

Q. Right.
A. Or, like -- or I used to play rugby and there was a black man that they played with, so.
Q. How often did you play rugby?
A. So I used to -- I played all during my teenage years and then later and then kind of just in my late 20s.
Q. Right. And was that a regular game that you would play?
A. Yeah, so I would play for a team and that, so you'd train, like, Tuesday and Thursdays, and play on a Saturday.
Q. All right, so it was three times a week?
A. Yeah.
Q. How many years did you play rugby?
A. I could say it was a while; I played for a while.
Q. Okay. Can I ask you to look at a photo and we may, at some point, hear that this is a photo of a wedding that you attended in 2013, and we're going to put that up on the screen. Just to give you a little bit of the background, this was a wedding -- a photo from a wedding of a woman called Jodie Lynch, she was the bride, you're nodding, and I think your partner at the time was

a friend of the bride and they worked together at that time?

A. Yes.

Q. And she also happened to be a friend of Collette Bell, who was Mr Bayoh's partner at the time?

A. Okay.

Q. All right, you maybe weren't aware of that connection?

A. No. How that was put to me, that, again, I could be wrong, that Collette Bell was the cousin of Jodie Lynch.

Q. Oh, right, so she might have been even more than a friend, she might have been related?

A. I could be wrong but that's what I was told.

Q. No, no, that's fine.

Do we see in this photo that actually, is that you there that we see dressed up for the wedding?

A. Yes.

Q. And then we also see Mr Bayoh?

A. That is Mr Bayoh.

Q. Yes. So had you had any contact with him at that wedding? That was the wedding that took place in 2013, on 4 May 2013.

A. I don't think I had any contact with him. I think my partner recalls that we were sat at the same table, though, but I -- I wasn't sure about that. I don't know.
Q. Right, okay. Well, that's fine, thank you very much. We can put that photo away.
Can I ask you about black stereotypes.
A. Sure.
Q. Are you aware of any stereotypes in relation to black people generally and black men in particular in relation to criminal justice?
A. Have I heard from other people things like that?
Q. Yes.
A. Not my views? No.
Q. No, no, just are you aware of (overspeaking) --
A. Criminal justice, okay, yeah, yeah.
Q. Can you tell us what some of the stereotypes are that you've heard of?
A. I probably couldn't list all of them, but -- so black men are more likely to be part of a gang.
Q. Right.

A. That's probably one I could think of that I've heard.
Q. And where have you heard these sort of stereotypes?
A. Media, social media.
Q. Okay.
A. Probably television, documentaries, things like that.
Q. So you're aware of that. Is that something that you received training on in relation to the training you've had at Tulliallan? Did they address things like stereotypes and how to avoid falling into any stereotypical traps or making assumptions?
A. They probably did about assumptions and stuff like that. I'd imagine they did cover that, I can't completely recall it, but that's something they probably would have addressed, to be fair.
Q. And were you aware of any attitudes in Kirkcaldy at that time that black men might have been perceived as more likely to resist, to be less compliant, more violent, or to have superhuman strength or size?
A. No, and like I said earlier, apart from this incident, I -- I have never dealt with a black suspect, female or male.

Q. Okay.

So you didn't have any assumptions like that yourself?

A. No.

Q. Could you just give me a moment, please?

A. Sure.

MS GRAHAME: Thank you very much.

Thank you very much, I have no further questions.

A. Thank you.

LORD BRACADALE: Thank you.

Apart from Ms McCall, are there any other Rule 9 applications? Ms Mitchell, Mr Scullion and --

Constable Gibson, I wonder if you would withdraw to the witness room so that I can hear submissions.

A. Yes, sir. Thank you.

(The witness withdrew)

Ms Mitchell, if you come out first then, please, and make your submission.

Yes.

Application by MS MITCHELL

MS MITCHELL: Yes, the first issue that I would like to put

to the witness arises from his PIRC statement, 258, page 7 of 11, and he speaks about that Nicola Shepherd came into the canteen and she said that the family have a right to know what happened, and I would like to explore that a little more to find out when it was that she came in, who Nicola Shepherd said this to, what was she saying it in response to. I think the witness goes on a little to explain that he believes that it might have been because the Federation officer had told them to say nothing. So I would just like to explore --

LORD BRACADALE: Is this explored in evidence as well as in the PIRC statement?

MS MITCHELL: It's not explored -- it hasn't been explored in evidence with my learned friend. So that was the first issue.

The second issue is --

LORD BRACADALE: Sorry, I didn't catch that. Yes, the page number is there.

MS MITCHELL: Page 7 of 11 --

LORD BRACADALE: Yes.

MS MITCHELL: -- the final three paragraphs:

"Chief Inspector Nicola Shepherd, the Kirkcaldy CI came in at one point and she said that the family have a right to know what happened."

And I just want to explore a little more of that context with the questions that I've put forward.

The next issue is in relation to issues of race, and he has spoken about, I suppose, the lack of racism and what I would like to ask him is whether or not he is aware of any allegations of racism outwith the police, ie by members of the public against police officers and whether or not he was aware if any of those allegations had been upheld. So rather than simply looking at it as to whether or not there was racism within the police force, were there allegations made by members of the public.

LORD BRACADALE: Is there an evidential base for that?

MS MITCHELL: There is an evidential base for that that's been disclosed. This witness may not know of that, but I want to ask in general whether or not he's aware of any allegations of racism.

LORD BRACADALE: Yes.

MS MITCHELL: So I wouldn't be able to put to him a precise allegation about somebody else, but he may know of that.

In relation to the next issue, the witness said that he was given training on discrimination and he said that he was given training on gender, he was given training on sexual orientation, and the Inquiry will come to hear when another witness gives evidence, in her statement she had been asked if there was sexism or homophobia, and she responds that she saw someone being treated differently because they were being treated differently if they were a female, or they are gay or lesbian, and she said she did witness that. So what I would like to pose to this witness is whether or not they were trained not to make comments or jokes or treat people differently in relation to their gender, or not to make comments or jokes or treat people differently in relation to sexual orientation, and also of course to not make comments or jokes or treat people differently because of their race, because we have at least an instance of one officer saying that at least two of those other things occurred.

And the final issue that I would like to raise is the issue of the last questions that were asked in respect of the picture being taken, and he said his partner recalled that they had sat at the same table. Just to explore when it was that they realised that they'd been to a wedding together and why he didn't mention that he had met Mr Bayoh when he was interviewed by the PIRC.

LORD BRACADALE: Are these all the issues?

MS MITCHELL: Yes.

LORD BRACADALE: Could you return to your seat then, please, and Mr Scullion, if you can ...

Application by MR SCULLION

MR SCULLION: The witness was asked if, in the period following 3 May of 2015, there was some confusion surrounding his status, and he told the Inquiry that, as part of the confused picture, he said that he believed that the PIRC were an independent body, so he didn't understand why people employed by Police Scotland, namely the MIT, would get a statement on their behalf, but it wasn't explored where he got the information that

MIT were taking statements on behalf of PIRC, and I would like to explore with him whether in fact he got that information at a meeting on 7 May of 2015 where he met with Detective Inspector Stuart Wilson and Detective Chief Inspector Keith Hardy at which time he was told that they were there on behalf of PIRC in order to get a statement, and whether he was asked to provide a statement at that time and informed that his status was that of witness.

LORD BRACADALE: Thank you.

Mr Moir?

Application by MR MOIR

MR MOIR: Sir, the questions I would like to ask relate to the officer when he was in the canteen, and similar to yesterday:

In the aftermath of the incident, were you or any of your colleagues concerned about whether allegations of racism may come up due to Mr Bayoh's race?

During the time spent in the canteen at Kirkcaldy Police Office, did you or any of your colleagues raise the issue of Mr Bayoh's race or

potential allegations of racism? If so, in what context?

During the time spent in the canteen at Kirkcaldy Office, did anyone raise concerns about potential allegations of racism, and if so, what was said and by whom?

That's what I would like to ask, sir.

LORD BRACADALE: Yes, thank you.

Well, I'll adjourn to consider these submissions.

(3.32 pm)

(A short break)

(3.53 pm)

Ruling

LORD BRACADALE: Ms Mitchell, I shall allow you to ask questions in relation to Nicola Shepherd. I do not consider that it would assist the Inquiry to explore further with this witness any of the other issues you've raised.

I shall allow Mr Scullion to explore his issue.

I do not consider that it would be of assistance to the Inquiry for Mr Moir to explore his issues with this

witness.

So could we have the witness back now, please.

(The witness returned)

Constable Gibson, you're going to be asked some questions first by Ms Mitchell QC, who acts for the Bayoh families.

A. Thank you, sir.

Questions from MS MITCHELL

MS MITCHELL: I wonder if we could look at your PIRC statement. That's number 258, and we're looking at page 7 of 11, the final three paragraphs. And I'll just explain, while we're waiting for that, that I want to ask you -- sorry.

UNIDENTIFIED SPEAKER: Could you repeat that?

MS MITCHELL: Certainly, yes, PIRC 258, page 7 of 11.

LORD BRACADALE: It's actually page 8.

MS MITCHELL: 8, sorry. Thank you.

Now, do we see at the bottom of that page -- and that page talks about when you're back in the canteen -- it says:

"I remember that CI ..."

Is that chief inspector?:

"I remember that CI Nicola Shepherd, the Kirkcaldy CI came in at one point, she said that the family have the right to know what happened. She only came from for about 5 minutes.

"I don't know why she said that, I'm assuming that was because the Federation officer (female) had told us to say nothing at that stage."

Then if we could go on to the next page, please:

"Much later on I was told that my clothing and equipment was going to be taken."

Do you remember Chief Inspector Shepherd coming in to speak to you?

A. Yes.

Q. And when she came to speak to you, did she speak to you all as a group?

A. She made a statement in front of the group.

Q. Okay.

And did that statement involve her speaking about the family having a right to know what happened?

A. Yes.

Q. And what context was that said in?
A. I seem to recall it's, "You better cooperate, because someone's lost a family member".
Q. Okay. So she was asking you to cooperate. And by "cooperate", what did she mean?
A. I have no idea.
Q. Were you being asked, for example, to give statements?
A. I don't know.
Q. Well, were you being asked to give statements by that point? Had anyone asked you about giving a statement?
A. I'm not sure if anyone has asked about a statement. I know that we were given advice by the Federation that the incident had just happened and not to -- to provide any kind of statement just now.
Q. So is your position that you thought that Nicola Shepherd was saying that you should in fact cooperate with giving a statement because the family had a right to know what happened?
A. I would assume that's what she meant by saying that.
Q. Can I ask you, can you remember what time she said that? I'm not asking for a --

A. Sure.
Q. -- an actual pinpointed time --
A. Sure.
Q. -- but we see in your statement there you say, "Much later on I was told that my clothing and equipment was going to be taken". Can you approximate when it was that Chief Inspector Shepherd came in and spoke to you about that?
A. Not exactly, but probably not long after we had found out that Mr Bayoh was now deceased.
LORD BRACADALE: Thank you, Ms Mitchell. If you'd like to return to your seat.

Mr Scullion.

Mr Gibson, you're going to be asked questions by Mr Scullion, who is the senior counsel for PIRC.
A. Thanks, sir.

Questions from MR SCULLION

MR SCULLION: PC Gibson, you were asked by Senior Counsel to the Inquiry about confusion surrounding your status in the period following the events of 3 May 2015.
A. Sure.

Q. And by "status", you'll understand that that is whether you were a suspect or a witness at that time?
A. Yes, sir.
Q. And you explained that you believed PIRC to be an independent body, and you said that you didn't understand why people employed by Police Scotland from the Major Investigation Team would be getting a statement on their behalf. Do you remember giving that evidence?
A. Yes, I do.
Q. And where did the information come from that officers from the Major Investigation Team would be getting statements on behalf of PIRC?
A. I think that's came through the Inquiry that I've seen, that they were getting it on behalf of PIRC.
Q. Did you attend a meeting on 7 May 2015 involving a Detective Inspector Stuart Wilson and a Detective Chief Inspector Keith Hardy?
A. I don't know who the other officer was, but I seem to recognise the name Hardy that I spoke to, or went to.
Q. Is it possible that there was -- that you were at

a meeting where you were asked to provide a statement on behalf of PIRC?

A. That could have been a possibility, yes.

Q. And do you remember now whether it was in the context of that meeting that those officers told you that they were there on behalf of PIRC?

A. They might have. I can't recall that. I couldn't say.

Q. All right.

And do you remember, around that time, being asked to provide a statement and told at that time that your status was that of witness?

A. I can't recall.

Q. Is that a possibility?

A. It could be a possibility.

MR SCULLION: All right. Thank you.

LORD BRACADALE: Ms McCall, do you have any matters?

MS MCCALL: Yes, sir.

LORD BRACADALE: Can you give me an indication of the areas you're going to cover.

MS MCCALL: Yes. The first area is to clarify who applied the Fast Straps, because Constable Gibson, in his oral

testimony, indicated he couldn't quite remember, so it was to refer him to his PIRC statement and see whether he thought that was accurate.

And the second issue is in relation to questions on race. Constable Gibson was asked how he put his training into practice, and it was to take an illustration of that from him, from his experience, with reference to a document that's before the Inquiry.

LORD BRACADALE: Are these the matters?

MS MCCALL: These are.

LORD BRACADALE: I shall allow these matters.

So you're going to be asked some questions by your own counsel.

A. Thank you, sir.

Questions from MS MCCALL

MS MCCALL: Constable Gibson, you were asked if you remembered who applied the Fast Straps to Mr Bayoh, and what you said was you weren't sure, but you thought it might have been Constable Smith and Constable McDonough.

A. Yes.

Q. I wonder if I could just ask you to look again at your

PIRC statement, which is 00258, and it's page 5 of that, paragraph 2. I'll just read a bit of that to you:

"I'm not 100% sure but I think at some stage PC Alan Smith (he is an OST trainer) was at the legs and he mentioned Fast Straps, I remember PC McDonough saying he had Fast Straps ...

"PC McDonough started off trying to apply the Fast Straps to the male's legs. By this point I was aware that PC Kayleigh Good was there and she was assisting to pull the straps through. By this time the male was on his front. When the straps were through PC Alan Smith crossed the straps over and tightened them. I still stayed on his legs."

Do you see that?

A. Yes, I do.

Q. And if that's what you said to the PIRC on 4 June 2015, do you think that's likely to be accurate?

A. Yes, I've -- I've more or less described it all. However, by looking at this, I see I've left out PC Kayleigh Good.

Q. Well, that's what I was trying to get from you, that

PC Good was involved in pulling the strap through.

A. Yeah, I mean PC Kayleigh Good's involvement wasn't as great as some of the other officers due to her inexperience. But yeah, if that's what I've said to PIRC there, then that will have been what happened.

Q. That will be right. All right, thank you.

And then I want to ask you about the question of race. You were asked about the training you'd received, and you were asked how you put that into practice.

A. Sure.

Q. And you told the Chair you just treat everyone the same.

A. Yes.

Q. And I wondered if I could ask you about a particular example of when you might have put your training into practice.

Do you recollect an incident you were involved in which involved a witness who was a Pakistani female and you were required to use an interpreter in your involvement with her? Does that ring a bell with you?

A. I've had to do that a couple of times.

Q. All right.

I wonder if I could ask you to look at something then, please. Hopefully we can put it on the screen.

UNIDENTIFIED SPEAKER: (Inaudible - off microphone).

MS MCCALL: I'll perhaps just set that up while the hard copy comes.

What you're going to be shown, Constable Gibson, is a copy of a performance development review that's yours for the period that ends November 2013, so about 18 months before the incident with Mr Bayoh.

A. Okay.

Q. We'll just wait for that document to come so that you can see it.

(Pause)

(Handed)

I'll just give the number for this for the transcript. It's PS01116. And if you look, Constable Gibson, at the first page, do you see that this is headed up "National PDR", which I think stands for "Performance Development Review"; is that right?

A. Yes.

Q. And we see under that it's got your name on it, and

the review period has a finish date of 24 November 2013; do you see that?

A. Yes.

Q. Were you still in your probation at that time?

A. Yes.

Q. If you turn, please, to page 3.

A. Yes.

Q. And one of the competences that they're reviewing is "respect for diversity", so you should see that heading at the top of the page; do you see that?

A. Yes, I do.

Q. And we see that you're assessed as "competent" in this period?

A. Yes.

Q. I'll just read this out to you:

"PC Gibson was tasked with attending the home of a Pakistani female to inform her of ..."

And then the issue is redacted:

"It was known in advance that the female did not speak any English and an interpreter was used to assist. The female had been a hostile witness. PC Gibson

briefed the interpreter as to the requirements and asked how best he should approach the female, what wordings would be best used and if there were any cultural issues that he should be aware of, or any issues he should avoid talking about. He completed the task accordingly and in addition set up a means of communication that the female could use to contact police in an emergency if she had the need to use the 999 system for any further problem given her lack of English."

Now that I've read that to you, do you recollect that incident?

A. It would be quite hard to recollect, because it was so long ago, but there has been similar things like that before, more recently.

Q. A couple of things that are noted there is that you asked the interpreter how you should approach the female, what wording would be best used, if there are any cultural issues that you should be aware of or anything that you should avoid talking about. Why did you do that?

A. So the interpreter spoke the language of -- of

the female, so in this case she spoke Pakistani. She might understand things a little bit better. I'm aware through training, not necessarily Pakistani people, but I remember it was some kind of religions that some females might not want to speak to a male police officer, they might want to speak to a female, these kind of things. So I think she would maybe have a -- a kind of better understanding, so I used that to my advantage and asked her if she could assist, and, yeah, basically so I could make the female be at ease and just have a bit of respect for her, I guess.

Q. So was that an example of things that you'd learned to do through your training?

A. Some of, yeah.

MS MCCALL: Thank you.

Thank you, sir.

LORD BRACADALE: Thank you.

Constable Gibson, thank you very much for coming to give evidence to the Inquiry. The Inquiry will be adjourning for the day in a moment and then you will be free to go.

A. Thank you, sir.

LORD BRACADALE: I'm going to adjourn now until next Tuesday, so it's a long weekend, and I hope you all have a calm long weekend.

(4.10 pm)

(The hearing adjourned until Tuesday, 7 June 2022)

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