

WITNESS STATEMENT

Agency Ref :
PF Ref :

Surname : YOUNG Other or previous surname :

Forenames : James DoB : [REDACTED] 1969 Age : 48

Occupation : Temporary Inspector Other Occupation :

Police Station : Scottish Police College Years Service : 23

Disclosable address : C/O PIRC
Hamilton House

Caird Park
Hamilton

Post Code: ML3 0QA

This statement was taken :

Date and time : 11th of December 2017 13.30

By : DSI WILLIAM LITTLE
Place : SCOTTISH POLICE COLLEGE, JACKTON

In the presence of : T/INV ASHLEIGH LEITCH

I have/the witness signed/refused to sign this and all other pages

It was/not read over to the witness and was/not recorded on Audio tape and/or Video tape

States :

I am employed by Police Scotland as a Temporary Inspector within the Operational Training Leadership Training and Development, Scottish Police College, Jackton, East Kilbride.

I have 23 years police service and I have been doing my current role since October 2016. In this role I am the national lead for Police Scotland in respect of Operational Safety Training (OST) and first aid training. I have been involved with OST since 2012. In that year I qualified as a national OST instructor and as a first aid instructor in 2015. I also hold a diploma in Higher Education Development which I gained at

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Napier University in 2014 and a Bachelor of Arts degree in Tertiary Education with teaching qualification in further education which I gained in 2016 from Stirling University.

I have an awareness of the role of the Police Investigations & Review Commissioner (PIRC) and their investigation in to the death of Sheku Bayoh.

On the 16th of August 2017, I was contacted by William Little, Deputy Senior Investigator with PIRC, regarding a query which concerned the provenance and medical governance that led to the sections entitled MENTAL HEALTH ISSUES AND MEDICAL CONDITIONS AND IMPLICATIONS, that were contained within the Police Service of Scotland Use of Force SOP version 1.03.

At that time I was asked by DSI Little if I could assist to identify the source of the information contained in both sections. At that time I advised DSI Little that I could provide no information to assist. I was never involved of the development of the original SOP and this version 1.3 was the SOP that was in place when I became the National OST Coordinator.

I, in my current role, wrote the current Use of Force SOP which is entitled

Production no Police Scotland - Use of Force SOP (v2.00) dated
30/11/2016

In Preparing the current SOP, I had concerns regarding the provenance of the sections that DSI Little was seeking clarity on namely section 8 MENTAL HEALTH ISSUES, DISORDERS AND SYNDROMES and section 21 MEDICAL CONDITIONS AND IMPLICATIONS. I could not identify any clinical assurance of where the information contained in section 8 or 21 had come from or who had clinically assured this information. In the current SOP I decided not to include this information for the reasons given and also a SOP is not the best place for such information.

Any information which now refers to medical or mental health currently sits within the national OST manual which is also supported by a number of training packages. Training in areas such as medical or mental wellbeing are now delivered in the OST context through OST training and supporting training packages.

I recognise during the drafting of the current SOP, that areas such as medical or mental wellbeing was better to be included in training packages or guidance rather than in a SOP, as I am aware that SOPs are not always read.

On the 7th of November 2017, I was again contacted by DSI Little, this time regarding clarification of the OST training that would have been undertaken by the officers on or before May 2015 and if the information contained within the Police Service of Scotland Use of Force SOP version 1.03 formed part of that OST training.

Although on or before May 2015 the officers were members of Police Scotland, OST training was delivered in accordance with what was the legacy force OST training, which in the main followed the Scottish Police College OST manual.

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In my role as National OST Coordinator I asked the OPERATIONAL TRAINING TASKING AND COORDINATION GROUP for approval to undertake a full national review of OST provisions across the country. This approval was granted on the 19 November 2015. The review commenced on the 1 December 2014 and concluded on the 1 March 2015. In this review I made 28 recommendations, all were approved and form part of the new OST training programme that commenced in August 2016.

I have today handed a copy

Production no National Officer Safety Training Review, Review and Evaluation Report April 2015.

This review was mainly about standardisation of processes and procedures, however, as part of this review we looked at the delivery of training and identified that the training delivered to officers through OST regarding mental health and acute behavioural disorder could be improved.

My recollection is that on or before May 2015, local training was provided by the following persons; [REDACTED] (Fife), [REDACTED] (Lothians) and David Agnew (SPC).

Also following my review and to support the current Use of Force SOP, an irritant spray guidance document was developed and introduced in February 2017. This document could be supplied by Policy Support.

On the 24 November 2017, I was again contacted by DSI Little this time in particular regarding a section that is contained within page 33, paragraph 2, point 1.4 of the report by Dame Elish Angiolini "Report of the Independent Review of Death and Serious Incidents in Police Custody" January 2017.

DSI Little asked if there is a memorandum of understanding in force or being developed between Police Scotland and health partners as detailed within Dame Elish Angiolini's report. In answer I am not aware of there being any MOU in place regarding guidance on how the Police should act in NHS mental health settings, where the staff consider that restraint is necessary and that they (NHS) themselves are unable to administer it, without police assistance.

On or before May 2015, tactical communication was taught as detailed within module 1 of the 2013 officer safety training manual. The actual term de-escalation is not referred to, but basic conflict resolution skills are.

Currently in the OST training programme 2016, there is no specific training on de-escalation strategies. This is delivered as a pre-read for all officers before they attend OST training. Which is then further reinforced by de-escalation scenarios during refresher training (annual). All students attend the Scottish Police College (SPC) for their initial training now receive such training in de-escalation.

Under development is a programme named "Safe and Effective Response to Conflict" which will further enhance de-escalation strategies, which will encourage

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officers to seek other viable tactical options which may reduce requirement for physical intervention.

Also in place is the national training on acute behavioural disorder, this is mandatory online training for all officers up to and including Inspectors and includes all custody and control room staff.

I have signed certificate of authentication and document backing sheets. I will make available the training and guidance as discussed in this statement.

Signed :

(Witness)

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WITNESS STATEMENT

CONFIDENTIAL MATERIAL - NOT TO BE DISCLOSED

Surname : YOUNG Forenames: James
Alias/known as :

Place of birth : [REDACTED] Age : over 18

Home address : Telephone :

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Dates when unavailable in next 12 months :

Other Confidential Material :