



The Sheku Bayoh Public Inquiry

Witness Statement

James Young

Taken by [REDACTED]
on MS Teams
On 21 March 2022

Witness details

1. My name is James John Young. I am 52 years old. My contact details are known to the Inquiry.
2. I am currently an Inspector with the Police Service of Scotland. I have 27 years' police service as at March 2022 and am based at Jackton. I am currently the Operational Lead for Taser and for the Specially Trained Officer Programme, which is the programme to train and equip a certain number of police officers, non-firearms officers, with taser.

Previous statements

3. I have had sight of the statements I gave to PIRC dated 14 September 2015,¹ 11 December 2017² and 12 January 2018³. I believe my memory of the matters outlined in my statements was clearer at the time of giving these statements to PIRC than it is now just with the passing of time. The statements I gave to PIRC were given to the best of my memory at the time and I did my best to be truthful and accurate in what I said. I expect that

¹ PIRC-00388

² PIRC-00389

³ PIRC-00390

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these statements will be more accurate than what I recall now. If there is any discrepancy between what I have said in this statement and my statements to the PIRC, the PIRC statements should be preferred. I remember reading over my PIRC statements at the time.

Officer Safety Training experience

4. I've been involved in officer safety training (OST) since 2012. I became a national OST instructor in 2012 whilst I was working as a police sergeant at probationer training at the Scottish Police College at Tulliallan. Then in around October 2013 I took over responsibility for the co-ordination of OST at Tulliallan. In that role I was only responsible for the OST that was delivered at the Scottish Police College at that time. In September 2014, I moved to Jackton and took over the role of the National Officer Safety Training Co-ordinator. In 2015 I qualified as a first aid Instructor. Then in October 2016, I was promoted to temporary inspector as the Head of Officer Safety Training and I then took over the role of taser as well. So I did joint roles up until March 2020. From March 2020, I had no longer any input in OST and I had responsibility for taser full-time from that date.

5. To become an officer safety trainer in 2012, you had to undertake was a 10-day instructor course. This was delivered by the staff at the Scottish Police College and that then allowed you to deliver OST courses. Then the national OST instructor position was a part-time position. At that time I was a sergeant at Probationer Training Division, so my primary role at that time was the supervision of probationer training instructors and the delivery of the National Probationer Training Programme to student officers. I also assisted with the delivery of OST to the student officers at Tulliallan on a part time basis.

6. As far as training qualifications are concerned, I have a Higher National Diploma in Training and Development, a Bachelor of Arts in Tertiary Education and a teaching qualification in further education.

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7. OST was governed by probationer trainer or Leadership, Training and Development in 2014/2015. Ultimate responsibility of that lay with the Chief Superintendent Head of Training. Back at that time that was the governance of it. Initially I was the co-ordinator for all the OST delivered at Tulliallan. I wasn't responsible for instructors' courses or for the content of the programme. I was only responsible for the basic co-ordination to ensure that there was appropriate resources and sufficient equipment in place to deliver these courses. So I didn't have any input on the actual content of the programme that was delivered. I just had to make sure back then that the training was delivered and we got it to all the officers.

8. I'm asked where OST fitted into the wider training structure in 2014/2015. Then the Training, Leadership and Development were responsible for the training of conventional officers. They had the ownership and governance of OST and the OST Instructors. So, when an officer joined the police they would go to Tulliallan and they would receive their OST at Tulliallan. There was a policy in place at that time that all officers would receive annual recertification or annual refresher training. So a year after completion of their initial probationer OST course at Tulliallan, they would then have to undertake annual recertification or refresher training back at their own divisions.

Probationer OST Manual

9. The probationer OST manual in use at the time was the probationer OST manual dated from 2013 (2013 Manual).⁴ I have been shown a version of that manual which is dated September 2013 and stated to be "version 2". This is the manual to which I refer. This version of the manual would have been in use for officers being trained from that date, September 2013 right through to May 2015. I provided a copy of this manual to PIRC and referred to it in my PIRC statement dated 14 September 2015.

⁴ PS-10938

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10. In terms of how the manual was used in 2014/2015, I can only primarily speak for the training that was delivered at Tulliallan at that time as I had no input then into the training that was delivered during annual re-certification training back at divisions. That wasn't part of my remit back then. The 2013 Manual was the primary reference document that was used for all OST training delivered at Tulliallan at that time.

11. When I came into post there was what's known as the OST Practitioners Group, which was a group of gurus, if you want to call them that, who had been involved in OST in the legacy forces for many years. They sat on the practitioner group and they decided what techniques went into the manual. That is my understanding of how our manual morphed until it was replaced by the new manual in 2016, which was fully clinically governed and fully approved. In terms of clinical governance, this is particularly relevant to the section on medical implications.

12. Before the new manual in 2016 we never had a medical professional look at what we were actually teaching. For example, the sections relation to medical implications of positional asphyxia, excited delirium, of striking a baton to the abdomen. Although we had the medical implications of them written down, I wasn't convinced that they were correct because no medical professional had signed them off. The new manual in 2016 was clinically governed by a recognised expert in accident and emergency medicine. This expert reviewed the manual, assessed it and was happy what we were saying was medically accurate. So, before that I wasn't aware of the provenance of what we were teaching in relation to medical implications of excited delirium and positional asphyxia. It could have been wrong. So, I wanted to make sure when I created the new programme that that was clinically governed and a recognised medical professional was comfortable and confident that that was accurate.

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13. My understanding is that the 2013 Manual was also the primary reference document that would be used for re-certification training. I'm not aware of any other materials that were used back then. There may have been still some legacy manuals that officers may that instructors may refer to, but the only reference material that I was aware of was the 2013 Manual. Certainly, when I carried out a national review back in 2014/2015 I looked at all the training that was delivered at divisions. The response I got was that the 2013 manual was their primary reference document for the re-certification training. Now, to what extent that training was delivered as per that manual is not possible to say, unfortunately.

OST Instructors Manual

14. I know there was an instructor's manual from 2012, but when I took over as the OST co-ordinator in 2015 I wasn't aware of the provenance of that manual, where it came from, and it was actually causing some confusion in my view. So, through the senior officers, I instructed that that the Instructor's manual no longer be referred to and that we only referred to and taught the techniques that were contained within the 2013 Manual. That was to ensure that consistency/standardisation across the country. So that was the only reference material that I was aware of.

15. I've also had sight of two modules from the Officer Safety Training Instructor Manual. The first is on officer safety theory⁵ and second is on tactical report writing⁶. I am asked about the status of this manual. When I took over OST instructors, it was the Scottish Police College's primary responsibility to run the 2-week instructor course. That course would be delivered by the three physical education instructors who are also OST instructors at the college. They were assisted in delivery of the course and the assessment of the candidates these gurus from the OST Practioners group. They did the OST since the nineties, grandfather rights, if you want to call it that, who were the

⁵ PS12330

⁶ PS12330

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recognised experts within their own force. My understanding of this instructor manual was that this was developed back in 2011/2012, to be the source document for the instructors' course.

16. When I took over and I did the national review, I couldn't find any provenance for the instructor manual, I don't know who wrote it, I don't know where the information came from. Although a lot of it is duplicated in the student manual, and vice versa, there are some differences and there is additional information in the instructor's manual. Now, when I took my OST instructors course I was provided with a copy of this manual as our source document. When I became the OST lead, we didn't use this instructor's manual because we only wanted to keep one source document. It's prudent only to have one source document and any other kind of training materials required could sit ancillary and separate. There's some dubiety as to how much the instructor's manual was used; I've spoken to a number of people, some said they didn't use it, some that they did use it. Some other said they had never seen it before despite the fact they had their instructors' course round about the same time as me. So there was no standardisation that was the issue. So it's difficult to know how much it was used. This instructor's manual was used for instructors' courses until I discontinued its use in 2016 when it was superseded by the new OST manual and associated trainer guides.

17. One of the challenges that we faced was that we had instructors of all ages and experience. So we had instructors who had been trained back in the 1990s. I have absolutely no idea what training material they ever got or what training course they received. When I started they were just instructors. We had instructors who had attended an instructors' course at Tulliallan. That way we knew roughly what they'd been taught. So, there may have been reference material they used from legacy forces that I couldn't track down during the review. When I questioned, "Why are you teaching that particular technique?" which was not in the manual and I'd never seen before, a regular response was "Well, so and so taught me this back in the day and I still use it

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and I still like it.” So, it really was very, very disparate. So, it’s difficult to point to one source of reference for instructors. During the review, I didn’t speak to all 200 OST instructors to see what materials they used. However, it wouldn’t surprise me if, back then, some instructors were still using legacy material.

18. If new techniques or new equipment came in, there was on occasions special training around that for officers and instructors. Again, the approach to that was disparate because each legacy force was responsible for making their own programme. They were responsible for the governance of their own instructors. So if anything new came in, there was no standardised approach to that training because each division, each legacy force did their own thing. So, for instance, the PR24, which was the old side-handled baton: we moved from that to the single extendable baton. It was up to the individual force, because not all forces did it. And we had different batons. Even when we went to Police Scotland, Tayside had used the asp baton, which is a friction-lock baton as opposed to a mechanical lock baton, so we still had different equipment during Police Scotland.

19. At that time the only thing I’m aware of was that Strathclyde instructors would regularly get CPD days where they would be assessed by the Strathclyde Co-ordinator. I know Lothian and Border’s force did something similar. I believe that Lothian’s potentially partnered with Fife for that. I think they had to come in for two or three days a year every year to get instructor refresher training. But, I couldn’t find any documentation to support that. I don’t know what the content of these refresher days or these upskills were. Certainly if a new piece of equipment came in it was the responsibility of each individual force to ensure that their instructors were upskilled to be able to deliver the training in it. It was the same at Tulliallan, there we had to teach two batons, because officers who left Tulliallan to go to Tayside got the friction lock baton and officers who went elsewhere got the mechanical lock baton. But, as I say, to what extent and to how much CPD refresher training instructors got was down to each individual force.

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Probationer OST Training PowerPoint

20. I have had sight of two different versions of a PowerPoint presentation used in the Initial OST training provided to probationers. I can confirm that the content of **PS17208** entitled "Police Scotland safety Training PowerPoint (Historic)" is the version that would have been used in initial OST training in 2013-2015. **PS18621** entitled "Police Scotland safety Training PowerPoint (Current)" is the PowerPoint I introduced to support the new OST programme in 2016.

Requirement for standardisation of OST training

21. In the run up to the creation of Police Scotland, there was work ongoing for a couple of years prior to this on reform workstreams or standardisation workstreams, so likes of firearms, custody arrangements. So that come 1 April 2013, all the firearms officers in Scotland worked in a similar way. However, OST didn't have a standardisation workstream.

22. With the creation of Police Scotland, we were still following legacy arrangements and that continued in 2014 and 2015. Former legacy forces continued using legacy procedures and such legacy documentation that they had. The Training, Leadership and Development or Probationer Training Programme had ownership of what was delivered at Tulliallan and theoretically had ownership of what was delivered at divisions; however, during refresher training there was quite a significant disparity as to what was delivered at each individual force or division. The training went along the lines of previous legacy force procedures.

23. There was no quality assurance processes in place back then so it was pretty difficult to establish what an officer would actually get trained in when they went back for their annual re-certification programme. The vast majority of the divisions back then, the legacy force arrangements were to follow the 2013 Manual and the content thereof. But I know there was some divisions

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and some individual trainers that trained whatever they decided to deliver. So although there was national governance in place from PTD there was no quality assurance carried out back then. That didn't start until 2016, once that was in place we can be confident of what was delivered at refresher training.

24. The re-certification training that would take place locally. You still train locally, so there are a number of training venues across the country, in each division you've got either one or two, depending where you go. Some have more depending on the size of the area. Until recently, unless you were in the West Command area, recertification training was delivered by part-time divisional instructors. Now there is a full-time OST training team nationally to deliver recertification training. Although it's still delivered locally, it's delivered by national full-time instructors now.

25. So, when I took over as OST co-ordinator and given a national remit then my priority back then first of all was to minimise the risk posed by that, so that was to standardise the programme. It wasn't to enhance the programme or improve the programme. Back then for my review there was many forces had no lesson plans, they had no risk assessments, they had no training documentation, and there was no standardisation or consistency. So, my priority was to make sure that what was trained in Stranraer was the same as was trained in Aberdeen, and that took years to do. That wasn't even my primary role. My primary role was the management of the OST Team in the West Command. The secondary role was to standardise OST nationally, create a new programme, and create all the ancillary documents, programme specifications, lesson plans, risk assessments, health and safety. So it took years to get all that through.

National Review of OST

26. When I became the national OST co-ordinator, I undertook a full national review of OST provisions across the country. The review commenced on 1 December 2014 and concluded on 1 March 2015. In this review I made 28

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recommendations, all were approved and formed part of the new OST training programme that commenced in August 2016. 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.

27. My primary role following the review was that I was responsible for the co-ordination of all OST nationally, so that included what was delivered at Tulliallan, and the refresher or recertification courses. So, my responsibility was to make sure that we put on enough courses to cover demand, there was sufficient instructors in place. I took over responsibility for the programme. But by then I answered to an inspector who was an operational training inspector, so he had responsibility for operational training, probationer training in the west, he had responsibility for first aid training and OST. But my primary role was OST. I was responsible for the management of 14 or 15 full-time OST instructors in West Command. So, the national co-ordination part of my role wasn't my primary role, it was just a subsequent or an additional role.

28. Back in 2014/2015 when I took over, as explained, the 2013 manual was what was to be taught until we were in a position to put a new programme in place in 2016. I published my review in 2015. From about April 2015 to August 2016 was when I took that time to do all the work around about standardisation of the programme. I brought in all the instructors, I trained them all in the new programme. At least that way I knew that they were all trained to that common minimum standard across the country. I didn't have that comfort beforehand, because we had various instructors who were trained in 1995, 1998, and 2000, all different manuals, all different techniques and approaches. But until the new programme, it was basically a holding pattern with the 2013 Manual, which was our only piece of reference material until we could replace that.

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29. When the operational training inspector moved on I then took in post as the inspector as Head of OST training in October 2016. At that point, I took over full responsibility of all aspects of OST. That was delivery of the training, the content of the programme, designing the new programme, designing ancillary documents, lesson plans, and risk assessments. So I had ultimate responsibility for the OST programme back then.

Use of Force SOP

30. I gave a further statement to PIRC on 11 December 2017. I was asked by PIRC about the "Use of Force" SOP, version was 1.03⁷. PIRC were specifically interested in the mental health issues and medical conditions aspect of the SOP. I had no involvement in its creation. I believe it was tasked to a chief superintendent from Fife. I believe an officer called [REDACTED] had been tasked with pulling together all the legacy force Use of Force SOPs into one SOP so I was aware of its existence but had no involvement in the creation of that SOP. Version 1.03 was the version that was in use when I became the National OST Co-ordinator in September 2014. I then drafted version 2 of the Use of Force SOP which came into force on 30 November 2016. I'm not aware of there being any other versions of this SOP between version 1.3 and version 2.

31. The Version 2 SOP that I created in 2016, significantly differs from the SOP that was in place previously i.e. the version 1.3 SOP. Now, when I wrote the version 2, there was an introduction of the criteria for what should be included in this SOP and I took that guidance from the Policy Support Department. I was advised that SOPs should only include direct instruction in what is required and it shouldn't include material which is held elsewhere. So that includes training materials, guidance documents, manuals, et cetera. If you look at the Version 1.3, I believe there was lots of material in that that was duplicated elsewhere. That's why I removed the vast majority of the

⁷ PS10933 / PIRC-01342

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information contained within the Version 1.3. When I created Version 2 it was a very streamlined document: it contained very basic instruction and not anything that was contained elsewhere. I also removed material that related to legacy arrangements that had now subsequently been superseded by Police Scotland National Policy.

32. In my December 2017 statement, PIRC sought information about section 8 of the version 1.3 Use of Force SOP. Section 8 relates to mental health issues, disorders and syndromes. That information was also contained within the new manual that I'd created in 2016 so that was the primary reason for removing that section. But I also had concerns there was a lot of material in that SOP, particularly in section 8, where I couldn't ascertain the provenance, authenticity or the accuracy of the material. Therefore when I wrote version 2 of that SOP it only contained information and direct instruction that had been approved through our governance structure.

Medical considerations during arrest or restraint

33. I am asked about training provided in 2014/2015 in relation to medical considerations that officers had to be aware of when they were apprehending a subject, whether on initial approach or during a restraint. To the best of my recollection, the only training the officers in the OST programme received on medical conditions was around positional asphyxia and the prevention or, rather minimising of that, and of excited delirium. Training was also provided in relation to the effect of either strikes or batons or any use of force on the body and the considerations to be taken when striking with a baton: that there are certain areas which are higher risk of injury than other areas, but the only real medical conditions that were covered in the OST training programme were positional asphyxia and excited delirium back then.

34. In 2014/2015, there was a 36-hour initial training programme over five days so day one, in the norm, would consist of a 3-hour theory input. A PowerPoint presentation was used as part of the theory input. This covered a variety of

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topics including use of force, impact factors, various other parts of what we called OST theory such as use of force legislation, conflict resolution models, et cetera. There was a small part of that where positional asphyxia was covered in about three PowerPoint slides. It basically informed the officers what positional asphyxia was, what can cause it and the risk factors which contribute to the condition. That was things like body position which restricts and blocks the airway, drug/alcohol intoxication, inability to escape a certain position, especially if they're in the prone position.

35. The prone position was covered during this and the dangers and the consideration to be taken when a subject is in the prone position. Those considerations are mainly about when somebody's in the prone position what factors could contribute to the onset of positional asphyxia, so that included the size of the individual, if they were obese, the length of time that the person was restrained. We talked about respiratory muscle fatigue and that the person who would be resisting the police and the considerations for that, stress, lacking ability to escape. So those were all the factors that we covered back then. We also covered the signs and symptoms of positional asphyxia, how officers could identify if a person was showing signs of positional asphyxia and there was general signs of going inactive-- loud to quiet, active to passive, gurgling gasping sounds coming from the subject, changing skin colour, cyanosis, and that person basically verbalising that they were unable to breathe. That was the main theory that the officers were provided with.

36. Now, that was part of the 3-hour input. As there was no lesson plans in place back then, it's difficult to ascertain exactly how long that input on positional asphyxia was delivered. It could be 10 minutes, it could be 20 minutes, I couldn't say back then, because there was no set lesson plans that outlined exactly how long each topic had to be covered for. Then when they were into their practical exercises, the dangers of positional asphyxia were constantly reinforced, especially when talking about prone restraint. If you were involved in prone restraint, we taught about that urgency to try and alleviate the

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pressure on the diaphragm and on the chest. That included getting the person onto their side as soon as reasonably practical, either standing them up or sitting them up to release the pressure. So that was constantly reinforced throughout the practical elements of the course when the student officers were practising their restraint techniques.

37. The dangers of putting weight on a person's chest or back while restrained was constantly reinforced as well and reflected in our taught prone restraint techniques. We only ever taught that if they had to put them in the prone position and if had to put any weight on the individual then it should be no lower than the shoulder. For example, if it was knee restraint, i.e., if the officer's putting a knee and the person was in the prone position, that knee should not go any further lower than the shoulder. Or if it was a shoulder pin, that any pressure should only be executed through the shoulder blade area and not directly onto the chest. So no sitting on a person's back, no leaning on their back etc.

38. Excited Delirium was also covered in training in 2014/2015. There's reference to it in the 2013 Manual: it basically describes what excited delirium is, why it can cause concern, why is it dangerous, potentially what causes it, how do you identify signs and symptoms in a person or a subject, when a subject is in a state of excited delirium and the actions to reduce the risk of death or serious injury when dealing with someone who is in excited delirium. So that was covered in the manual.

39. Excited delirium was covered in the PowerPoint presentation slides used with probationers in their initial OST training. It was covered in two slides and included what excited delirium was, signs and symptoms, what the causes were, that excited delirium is a medical emergency and the fact that excited delirium can cause sudden collapse and death. We taught exhaustive mania and how exhaustive mania can be fatal in certain circumstances.

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40. I would suggest that that was probably the only time when excited delirium was actually covered/reinforced was in the OST theory input. I don't recall it being covered in any great detail during the practical elements of the course. It would possibly be mentioned in the re-certification courses. This was unlike positional asphyxia, which I know was heavily reinforced during the re-certification courses.
41. In terms of training for dealing with acute intoxication or mental health crisis, I don't think there was any specific training on management of either. For acute intoxication, I think the only training provided was during their scenario training at Tulliallan, not their OST specific training, but they would get general police duty scenarios. You may have a role player, acting that they were intoxicated but, again, there's nothing I can think of specifically that in relation to management of a subject with either condition. All the material we brought in in 2016, did not exist in training prior to that. So nothing about how to identify someone who's in mental health crisis, the signs and symptoms, and then the subsequent management of that person. I can't remember anything in OST about that back then. They may have got it in other parts of the probationer training programme, but there was nothing specifically to do with it in a conflict management situation.

Training on de-escalation

42. I'm asked what officers were taught at that time as part of their probationer training about de-escalation. The term de-escalation wasn't used. It wasn't a concept that was taught back then. However, the 2013 manual did have a section on what was called tactical communications, which is the older term for de-escalation. A lot of the principles of tactical communications are similar to what we term now as de-escalation. We covered tactical communications in part of the OST theory, so that 3-hour input that the officers would get on day one of their initial course would include discussions on tactical communications. Tactical communications is basically that 2-way process of speaking and listening to gain a tactical advantage. We didn't use the term

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de-escalation, it was more about using tactical communications to obtain compliance back then. So, we informed officers about the best ways to communicate i.e. listening, how to use your words, active listening. The model of tactical communications was what we called a 5-step positive style. We would train officers to try and talk to persons who were perhaps breaking the law or committing a crime and we broke that down into five steps.

43. So the first step was what we called ethical appeal and that's basically just a direct request from the police officers, "Could you stop shouting and swearing, please." "Could you stand over here, please." That was then raised to the second step, which was called appeal and explain step, where once we make a request of someone we then will add onto that an explanation for example, "This is why we're asking you/requiring you to do X, Y and Z, because you're breaking the law," or "you're causing a disturbance," or, whatever it may be. The third step to that is what we call personal appeal and options, whereby officers were trained that we explained to the subject if these first two steps weren't appearing to be successful what they could lose, "If you continue your behaviour you may end up being arrested. If you end up being arrested you could lose your job" et cetera. So it was to try and reinforce the effects of their behaviour. Then we would do what's known as the practical appeal, which was this confirmation stage where steps one to three hadn't worked and you're basically then saying to them, "Is there anything that I, as a police officer, can do or say that would, help you or make you co-operate with me/follow my request?" et cetera. And then what we call step five was action, which was usually would be an arrest or moving onto an arrest, et cetera.

44. Then we talked very briefly on when tactical communications would fail. We used the mnemonic "SAFER", which is about security, attack, flight, excessive repetition and revised priorities. So what we're trying to get officers to identify, when that tactical communications would fail and the main reasons why tactical communications would fail. That was the extent of tactical

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communications back then. We didn't really train officers about moderation of language, about where to stand, what to do, what not to do.

45. The OST programme brought in in 2016, brought in specific training on de-escalation strategies. My PIRC statement from December 2017 states, at page 3, "*Currently in the OST training programme 2016, there is no specific training on de-escalation strategies*". This is a typing error and should say "there is now specific training". All students attending the Scottish Police College for their initial training since 2016 have and will received such training in de-escalation, which includes both theory and practical scenarios. What tactical communication didn't contain was what tone of voice do you take, how can you calm a situation down, can you withdraw, can you create distance, can you be less threatening. All the things that we talk about now in de-escalation we didn't teach back then. Back then it was very much a case of, "Will you comply with us?" and "If you don't comply with us, this could happen." Compliance was sought and if not achieved, then we were required to take action, whatever that action would be.

46. When I introduced the new programme in 2016 I introduced a theory pre-read which is essentially some documents provided to officers to read before attending for refresher training. During the review I had undertaken, it had been identified that officers would get all the theory training during the initial course and then when they came back for the refresher each year all they ever got was a refreshing on the techniques. So, I identified that there was a gap there, so I introduced a pre-read and that covered various topics such as mental health awareness and de-escalation strategies. So officers now have to read that every year which provides a refresh of the OST theory. So the change in training wasn't just for the new probationers, but also fed through to the re-certification part of the training. The training on the de-escalation strategies was then further reinforced by de-escalation scenarios during refresher training.

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First aid training

47. I'm asked about the first aid training which was provided in 2014/2015. The student officers at Tulliallan got their Scottish Police Emergency Life Support (SPELS) training package which there was lesson notes for. I can't actually remember how many hours was dedicated to that. I think it was potentially four, but I can't be sure. But that was a standalone first aid training and was along the lines of basic life support. So we talk about the chain of survival, basic life support, conducting casualty assessments, recovery position, choking hazards, how to treat choking, how to identify heart attack and control of bleeding. I think dealing with stroke and seizure were also involved and water safety. So, all student officers received their SPELS training, their basic life support training. They had to pass an assessment on that. That was conducted by a cadre of qualified first aid instructors separate to the OST. So, it was basic life support, basic identification of casualty assessment and then actions to be taken.

48. Then when officers went back for their re-certification programme, I can't remember if back in 2014 or 2015 if this was nationally standardised back then. I know if you were a legacy Strathclyde officer you had to complete an online training package prior to your OST, which was what was called SPELS training package which was a refresher of what I just discussed a minute ago. Then when you came for your refresher training you were basically given a refresher in the recovery position and CPR. So you got the resuscitation dolls out and you delivered an input and all officers had to show competence in being able to do CPR.

49. I have been shown a document which is Scottish Police Emergency Life Support notes which states it was last amended in 2012.⁸ This was the reference material for the SPELS inputs provided to all student officers as part of their probationer training notes when they came to Tulliallan. There may

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have been a written assessment but there was certainly practical assessments. Officers had to demonstrate competence during a number of practical scenarios and would be assessed in a number of areas. This included management of choking, management of heart attack, control of external bleeding, shock, internal bleeding, and management of respiratory distress, stroke, seizure and adult CPR skills. This involved practical scenarios when an assessor would stand over an officer and assess them while they attempted to manage a scenario, for instance, how to put someone in the recovery position. The dangers of approaching an unconscious casualty and the considerations of casualty assessment was also covered. In the re-certification training, they were assessed on two things only, as far as first aid is concerned, and that was placing an unconscious subject into the recovery position and carrying out CPR.

Training in relation to Area Control Room

50. I am asked what training was provided to probationers or officers as part of recertification in 2014/2015 regarding the ACR and risk assessment by the ACR. I don't recall any training being given in respect to that, round about assessment of risk by the area control room. That's not something I'm aware of at all.

51. In terms of training with regard to deployment of specialist resources, I don't remember anything specifically in that. They may have had input with regards to that during Airwave training, which was training in how to use their radio. But I couldn't honestly say exactly what training they received in that at all.

Risk assessment

52. I am asked about the training provided in relation to officers carrying out a dynamic risk assessment in 2014/2015. I couldn't tell you how many minutes or hours were spent on this, but there was an input on threat assessment and

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what we call risk categories during their 3-hour OST theory input. Now, what you'll see in the manual is a reference to threat assessment. We talk about what's known as confrontation considerations, i.e. what will have or what could have a direct effect on an officer falling victim of an assault, so that's the officer's mindset or the mindset of the individual, their own tactics, their own skills. The main thing is that we talk about risk assessment primarily round about officer safety considerations and that threat assessment and the risk is posed by persons during a conflict situation as opposed to a threat assessment, a risk assessment about travelling on a road or going into a house.

53. We did cover threat and risk assessment and dynamic risk assessment in the 2013 Manual in Module 1, Section 5. What we talk about here is that the threat assessment is assessing the dangers posed by what we used to call POP or person, objects and places. So, assessing threat posed by the person and discussing the person's demeanour, their size, their level of aggressiveness, et cetera. We talk about objects, so what threat is posed by objects. Now, that can be a direct reference to knives or weapons or if there's objects that could be used as weapons nearby. Then what the threats or risks are. These can be taken from the place where you're in. So, for instance, if you're in a kitchen there's more risk in there of trying to arrest because they're got ready access to potential weapons. There's less risk if someone's in an open field.

54. OST differs significantly from what is taught in threat and risk assessment in, for instance, firearms and public order, because they talk about high, medium and low risk, whereas in OST we only talk about two levels of risk, which is either high risk, which is a person poses an obvious threat, or an unknown risk. So they may not present an obvious threat, but you don't know what that risk is. So we used to train that there's no such thing as a low risk. There's no low risk category, it's either high or unknown. That's what officers were taught back then.

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55. To assist with that assessment of threat and risk, we taught officers to actively assess what we called the ICI or the identity, capability and intent of the subject. So the identity of the subject, do you know who the subject is, do you have any past experience of the subject, do you know if that person has been violent in the past, et cetera. The capability of the subject. So, is the subject capable of causing you risk or harm? So do they have possession of a weapon? If they're in a cell then they're not capable of presenting a risk for yourself because they're contained in a cell. So does that person have the capability to do you harm? Then, if you can, you assess the threat posed by the intent of the subject. So is that subject making any verbal comments about wanting to harm someone, harm themselves, or harm others? Have they made any statements that you could assess that they intend to harm either the officer or others? Then we link all them into what we called jeopardy. When an officer is in jeopardy that means there's a risk, an extremely high risk of harm to that officer. There's an assessment of does a subject have the means to cause harm, the ability, the intent and the opportunity to commit harm. Now, that's all contained in the 2013 manual and that was a theme that we did teach back then.

56. As far as how much this was taught, it would depend. I doubt very much if this was ever covered in annual refresher training, but there is slides in the initial 3-hour theory that covers risk assessing person, object, place, unknown risk, high risk, no such thing as low risk, et cetera and assessing means, opportunity, ability, and intent to do harm. We then talk about assessing what we call warning and danger signs, and that's a massive part of your threat assessment. The warning signs are signs of what we call ritualised combat, which are basically unconscious activities that the brain goes through when either has been threatened or is aggressive or angry, that goes back to an animalistic behaviour that humans have. When humans are threatened or when they're angry or aggressive, will demonstrate, unconsciously, certain physiological behaviours. For example, bringing yourself up tall, moving your

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head back, making large movements with your hands. You'll see their breathing starts to accelerate. Officers were trained to identify these warning signs. A warning sign is usually a pre-cursor that an attack could be coming.

57. We would go on to discuss danger signs. Danger signs are more indicative of an imminent attack, so the behaviours will change away from putting their head back to their head going forward to protect their throat. Again, this is back to the animalistic behaviour. They'll start to maybe clench their fists, their lips will start to tighten, they won't be able to communicate, and/or their stance will change. So these are signs that we'd teach officers back then of how to identify potentially imminent signs of attack or aggression.

58. We then talk about impact factors, and this is all part of the assessment of threat and risk. The impact factors are human environmental differences that make every conflict situation unique. These factors will have a bearing on that threat assessment and potentially the tactics that an officer may have to use in a conflict situation. So impact factors can be physical, they can be size, muscular, gender, strength, intoxication, being under the influence of drink or drugs, the number of subjects there is, do they have weapons, and then you can go back to has the officer been running, are they exhausted, what's the weather conditions like underfoot, are you in a house. So there's all these different types of factors that makes every individual conflict situation different. So that's what definitely was covered back then. That was a common theme of what we covered back then about assessment of threat of risk.

59. There was other parts that we covered. For example, profiled offender behaviour. So what were the actions and behaviours of the subject and combine them with the warning signs, the danger signs, the threat posed by the person, object and place, et cetera. These were all mashed in to allow the officers to make an informed decision on what level of force would be appropriate and proportionate back then. So we talked about persons being

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compliant, verbal resistance, passive resistance, active resistance, assaultive resistance and then serious and aggravated resistance. That was different levels of profiled offender back then. We then talked about what we call reasonable officer response options, which, based on all these factors, what was the most proportionate and reasonable response that the officer could take based on the person's behaviour, the person's profiled offender behaviour and impact factors, warning signs, dangers signs, et cetera.

60. We talked about tactical communications, so communication may be enough to resolve that situation. The officer's presence may be enough, just the fact that an officer in uniform has arrived can be enough to affect people's behaviour. Then we talk about control skills and that was the likes of empty hand techniques, holds, restraints, blocks, handcuffing, et cetera. Then we talk about defensive tactics. That is primarily tactics to defend the officer, which would include the use of incapacitant sprays, batons, certain empty hand techniques, takedowns to the prone, Taser. Taser, at that time, was available to firearms officers only. Then what we talked about the confrontational continuum and the conflict resolution model. So all these things were taught together which would assist the officers in identifying the most appropriate tactical option to use in the circumstances. So, what we called confrontational continuum, which was a model that's been in existence for decades. Basically, that there's a direct correlation between the profiled offender behaviour of the subject and what the officer should do and you could link the two of them.

61. The confrontational continuum, profiled offender behaviour, reasonable officer response options, they've all been removed and been replaced with the National Decision Model. The academic research suggested back in 2015/16 was that the confrontational continuum or the use of force continuum was quite an outdated and restrictive model. The National Decision Model and that is now the basis of all police decision-making and that includes use of force.

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62. In 2014/2015 the National Decision Model was called the National Decision-Making Model. The National Decision-Making Model did form part of the OST training back in 2014/2015 in the sense that it was included in the 2013 Manual. However, although it is in the manual it doesn't necessarily mean it was taught. I don't ever remember the National Decision-Making Model being taught to officers during OST. It has been taught for many years in Scotland in the firearms/public order environment. I know in England and Wales they have been teaching the National Decision-Making Model or National Decision Model for very many years in conventional roles, OST routine policing, but we didn't teach it back then. Although it's in the manual, to the best of my recollection and from the courses nationally that I observed back then, I don't ever remember a specific input on the National Decision-Making Model. But the control room staff, especially the initial tactical firearms commander because they're firearms command trained, then, the National Decision-Making Model was central to everything they did. I brought that into OST back in 2016 to assist officers with their decision-making and to standardise and make it consistent

Training in relation to knife incidents

63. I am asked what training officers would have had in 2014/2015 on responding to a person in possession of a knife. Then we used to train officers, and there's a variation of it now, in what we called the CUT principle. So if you are presented with a subject in possession of a knife, then you would carry out what we call the CUT principles, which is create distance, use cover and then transmit and then adopt a tactical option. The way I saw the majority of that trained was not really to approach someone in possession or suspected of being in possession of a knife. We did talk about contact and cover and reaction gaps to make sure that you stay a safe distance away. We talked about where to position themselves so that if that person does come towards them they're able to react. They maintain a safe distance. Then we talked about knife defence as well. So back then we were taught about how to strike out the police issue baton to try and knock the knife out the person's hand or to

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try and at least keep them back to a safe distance. So, that's what they were taught in relation to, dealing with someone with a knife. But the contact and cover principles, the principles of maintaining a reaction gap, they can be applied to any situation and it would have been appropriate to apply in a situation if you suspect someone's got a knife. I can't remember it being taught in a manner of how to approach someone safely who you suspect may be in possession of a knife.

- 64. I didn't see it trained in any other way until we put the new programme in in 2016. Pre-2016, knife defence was the CUT principle. However, this provided no guidance as what to do thereafter. In 2016, I changed the acronym to CUTT which was create distance, use cover, transmit and select an appropriate tactical option.
- 65. So it may be appropriate, if you think someone's in possession of a knife, that you maintain that reaction gap and probably increase your reaction gap and, as one of your tactical options, seek back up before intervening. So we talk about a normal reaction gap of about 4 to 6 feet. Now, if that person's in possession of a knife, create distance is about creating that distance, containing the situation as best you can with the officers available and then to transmit and ask for additional resources. So, it's wholly appropriate if there's no need for an immediate intervention or physical intervention at that time.
- 66. My opinion of OST training back in 2014/2015 was it focused heavily on gaining control and gaining compliance. I don't know the circumstances of this incident at all because I've never been sighted on it. However, it wouldn't surprise me, based on the training ethos back then, if officers moved forward to try and establish control and compliance, because that was very much, in my experience, what the training ethos was then. Prior to 2016, there was no reference in the OST manual to contain and negotiate. In 2016, I removed the confrontational continuum and replaced it with a tactical options model. One of the tactical options provided was to contain and negotiate. A description of this

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tactic was provided in the new manual. This training was provided to more specialist departments, public order, firearms, et cetera. As far as conventional officers were concerned, training was not provided in relation to containing and negotiate and to try and de-escalate the situation as we would expect officers to do now. So it wouldn't surprise me if officers back then, faced with an individual, would try and gain compliance and control from them. So they would end up closing that reaction gap, maybe trying put hands on, maybe deploying PAVA or CS Spray, or go in with baton strikes, et cetera.

67. Now we'd expect officers to contain that situation, contain rather than restrain. But in my view it was still an appropriate tactical option back then to create that distance, maintain that distance depending on that threat and risk assessment. It comes down to individual officer perception, what their perception of the threat and risk posed by the subject was back then. I don't know how many officers were present, but I would imagine each officer would have a different perception of the threat and risk posed by the subject and their own perception based on their own skills, their own knowledge, their own fear would sometimes contribute to their actions.

Training on Use of Force generally

68. I am asked about what training was provided in 2014/2015 in relation to the circumstances in which use of force is permissible. This was covered in the 3-hour theory input, so this included the Human Rights Act and Articles 2, 3 and 5. We covered the PLANE with regard to use of force, that it must be proportionate, legal, accountable, and necessary. Then it didn't include ethical. We talked about accountability, justification and preclusion, so that was covered.
69. We never trained officers as to when they can't use force. We gave them a context or a model: if you do decide to use force, it must be proportionate, it must be legal, you must be able to account for your actions, it must be absolutely necessary. We talked about least intrusive and the minimum

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amount necessary to achieve lawful objectives, and proportionality, so less injurious options. That's the framework we gave them and it was then up to them. And I think that's standard across the UK. We will not be prescriptive in the fact that we say, "You can only use force in these circumstances," or, "You cannot use force in these circumstances," it's for each officer to justify their use of force. So, for example, we would never say that you can't strike someone on the head with a baton because there may be circumstances where that is a proportionate, accountable and justifiable use of force. Also, within that we had the confrontational continuum which allowed them to balance out or to assess the behaviour of the subject, so what would be a responsible officer response option and within the confines of that legal framework.

Restraint techniques training

- 70. In terms of training in respect of permitted restraint techniques, use of handcuffs, batons, sprays, leg restraints and appropriate circumstances for use in 2014/2015, these would be outlined in the 2013 Manual. The manual contains a list of approved Police Scotland restraint techniques and use of baton. There is nothing to stop an officer using another technique. So they may be martial art trained, or they may have other skills or knowledge from outwith the police that they may instinctively use. There was over 70 techniques or 70 areas and the programme had to be covered in 30 hours. So officers actually received very little training in control/restraint techniques. They maybe only practiced them for a couple of minutes each time and then when they come for their refresher they may only practice them for another couple of minutes.

- 71. In my experience, I find that in a crisis situation, when the adrenaline's pumping an officer's gross motor skills start to diminish, officers often go back to whatever they know. So, as long as it's within that legal framework, as long as that restraint technique was proportionate to the threat posed, the level of force used was the minimum amount necessary, et cetera, then in my view there's

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nothing to suggest that an officer has to stick to those prescribed techniques that are in the manual. We have to be cognisant of the fact that in that conflict situation, in a high pressure situation, it may be the case that their training is just insufficient for it to become instinctive and second nature and they may resort back to something else. There's nothing to say that they can't use something that's outwith that programme as long as it's within that legal framework.

72. There are no techniques that are prohibited in terms of use of force or restraint. However, what we have to do is we have to outline the dangers of certain tactics and techniques. So, for instance, we have to tell officers the medical implications or potential of certain actions are. So, if you go back to positional asphyxia, we have a duty to inform officers that if you hold someone prolongedly in a prone restraint position what the potential adverse outcomes are of this. If you strike someone on the head with a baton, potentially there's a higher risk of injury. If you strike someone into the abdomen, there's a much higher injury potential there than if you strike someone, for instance, in the big muscles of the leg. So we train best practice. When we talk about baton strikes, for instance, we talk about aiming for muscular dysfunction because that will achieve the highest potential of incapacitation but have the minimum injury potential. So, there's nothing that is prohibited, because you may be in a fight for your life. What we did is we taught officers about the potential medical issues and adverse potential effects of certain actions. We would cover neck restraints because the neck is an area where injury can easily be caused and that injury can lead to serious injury and death. So restraining someone by the neck we tell them is a very dangerous action to take. However, we would never say you could never put someone in a head lock or a neck lock, if that's the only way that you think that you can save your life or save someone else's life. So as long as the action taken is proportionate to the threat.

73. The majority of the restraint techniques in the manual involve restraint in the prone position. The use of prone restraint is indicated because one of the

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safest places to restrain a violent individual is to put them face-down on the ground. This is because if you put an individual on the ground then you disengage their big postural muscles. So if someone is standing they can be very, very strong because they're able to use the big muscles in their legs, so their buttocks, which are the strongest muscles in the body, their abdominal muscles, their chest muscles, et cetera. If the subject is placed on their back they can still engage these big muscles of the legs and the abdomen.

74. What comes with that is the additional danger of placing undue pressure onto the diaphragm, onto the chest, restricting the subject's ability to breathe. So while prone restraint is trained and forms a part of the control/restraint programme, the dangers of that prone restraint position are always heavily reinforced. So, we cover only placing in the prone restraint for the minimum amount of time necessary to gain control of that person, to safely be in control of that person. So that can be by as soon as that person's placed in handcuffs, because placing someone's arm behind their back places them at increased pressure on the chest muscles, the muscles that assist with breathing and it can stop their breathing. So, we would train officers to get the person onto their side and that relieves that pressure. Or sit them up. Being conscious of the fact that you don't place direct pressure on the back, which puts pressure on the chest. Therefore the officers are trained that if they have to put pressure on the subject in the prone position it's only done through the shoulder blades. So that's the precautions that were trained back then and still are trained now with regard to reducing the likelihood of positional asphyxia. There's a lot of other risk factors, alcohol, drugs, mental ill health, the person's size, physical stature, underlying medical conditions, et cetera, which were mentioned. The training included the precautions that we take, make sure the person's head is to the side, and monitor their vital signs and their colour.

75. We talk about prolonged prone restraint and the likelihood of an adverse outcome of prone restraint increases with the longer the subject is in that position. So, we trained that officers try and get them into a position whereby

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the pressure's taken off the chest as soon as possible. Something else that was always reinforced is do not transport in the prone. Try and not transport, in the 'W' position whereby their hands are behind their back and their knees are up to their chest. If they're sitting in this way, that can cause undue pressure on the diaphragm, the lungs, and don't allow it to expand properly. So they're all the precautions that we did train in back then and positional asphyxia is something that was heavily reinforced, in my experience, during training. Not just the theory, but all the way through practical scenarios.

Training in relation to diversity and race

76. I'm also asked about training provided in relation to diversity and race in 2014/2015. There was no such training within OST training. From my role as a probationer training sergeant, I believe officers did get a 2-day, diversity awareness course. I wasn't a diversity trainer, so I never ever trained those two days, so I couldn't tell you exactly what the content of those two days were in relation to diversity and race. But, over the years, having had sight of the training notes, I'm sure race, different cultures, cultural perceptions, et cetera, was covered but I can't tell you exactly what training the officers would have received back then.

Miscellaneous Documents

77. I have been shown a PAVA guidance document dated June 2014.⁹ This wasn't written by me. June 2014 was before I came into post. So far as I understand it, the PAVA guidance document was written for the transition from CS spray to PAVA. I believe the rationale for the transition was to do with the Commonwealth Games. One of the main challenges with CS spray, was that the likelihood of cross-contamination was significant. It was not contraindicated for being used in crowds, but the potential for cross-contamination and for panic, et cetera, if CS spray is used in crowds, is massive. Because if you spray into a group of people, even if you sprayed

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that one person, you can guarantee everyone will be affected. PAVA doesn't cause as much cross-contamination, so therefore it's slightly better to use in crowds, because it's usually only the person or people immediate who will be affected by the PAVA spray. So, although the effects are roughly the same, PAVA, you have to strike in the eyes for PAVA to take effect. I was not really involved in operational aspects of it, but my understanding was this PAVA guidance document was created because there was going to be a transition from CS to PAVA round about that time.

78. There's no real training implications here. The only implication is that you have to hit the subject in the eyes with PAVA. I believe that's the reason why this document was created, was to give officers guidance on the difference between CS and PAVA and what you have to do if you're going to deploy PAVA as opposed to CS spray. I think at one point some officers had CS, some officers had PAVA and there was a transitional period. That was to support the officers who would move to PAVA, I believe. So my understanding was that this document was cascaded through from training down to the local divisions, who would then cascade it down to the individual officers. I don't know if there was a process in place that gave any assurances as to if the officers had read it or not. I couldn't comment on that because I wasn't involved in it but I would surmise in all likelihood that would be the case.

79. I've been shown a CS Spray Generic Risk Assessment document dated November 2013.¹⁰ I'm aware of this document. It was in place when I started. Every piece of equipment has to have a risk assessment. Any potential risks associated with the use of that piece of equipment have to be documented and therefore the mitigations measures to minimise any risk have to be put in place. For example, how do you dispose of the canisters safely, what action is to be taken, if it's sprayed, who's at risk of being

¹⁰ PS18270

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sprayed, the mitigations for that. The vast majority of mitigations are through training. So, for instance, officers are trained that if you spray CS spray then there's certain aftercare that you must undertake. There are certain risks including the risk of cross-contamination.

80. Material of this kind would have been placed on the intranet and divisions would make reference to it. Primarily this would be held by OST, but is applicable for divisions' health and safety advisors, et cetera. It's not something to which police officers would expect to refer. This is more a corporate document and all it does is it shows that we have identified these risks and we have measures in place to mitigate them. While your routine patrol officer at division wouldn't have knowledge of this risk assessment, they would have knowledge of the mitigation measures that they are expected to take. So that would be your aftercare, how to carry it properly, how to dispose of the canisters, how to store the canisters properly, that kind of thing. So they would be made aware of that, but that's primarily done through training.

81. I have also been shown a Police Scotland Memorandum on the Operational Discharge of CS Incapacitant Spray dated 1 April 2013.¹¹ It appears to be it's been sent out to all divisional commanders, head of departments Scotland-wide. It states that from 1 April there is a legal requirement for the Police Scotland to ensure compliance with the provisions of the Police and Public Order and Criminal Justice (Scotland) Act 2006. This means that on each occasion when CS spray is discharged operationally there is a legal requirement to record that incident and report to the Police Investigation and Review Commissioner (PIRC) within 24 hours. I was aware of this memo. With the creation of Police Scotland came the creation of PIRC. Under the Police Scotland and Fire Reform Act then came the statutory requirement to report any discharges of a firearm to the PIRC. So this memo is informing officers that as of 1 April, there is now a statutory requirement that Police

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Scotland must report the discharge of any firearm, including the use of CS Spray, to PIRC. Police Scotland created a form that officers had to fill out, which would then be sent to the Officer Safety Training Unit, who would then forward that to PIRC. So all that memo was doing is outlining that statutory requirement and informing all the processes round about it.

82. When I was involved in training probationers in 2014/2015, they were made aware of this requirement in their OST training. However, I'm unsure as to whether training was provided in relation to completion of use of force forms in 2014/2015 in recertification training but officers should have been aware of it. Going back to that time, there was quite a disparate approach to recording use of force, hence, the reason for this memo. Some divisions recorded use of force, others didn't, and they did it on various platforms. I know for a fact when I took over, from 2016 it was included in the training and there was a specific part in the lesson plan that talked about the requirement to record the discharges, as it was then. Whether it was included in training prior to that, I couldn't comment.

83. I've also been shown an extract from the Association of Chief Police Officers (ACPO) College of Policing Manual in relation to irritant sprays.¹² This manual has no status in Scotland. Police Scotland not being a Home Office Force, we're not part of what was back then the Association of Chief Police Officers of England and Wales. Then all forces in England and Wales had a manual that was accredited or approved by ACPO (now the National Police Chiefs Council), which was known as the ACPO Personal Safety Training Manual and that was a manual that was developed by a particular group of officers, specialist officers, for ACPO, paid for by each individual force and that is their manual. In England and Wales they call it "personal safety training". That manual covers all aspects and that is their recognised curriculum. It's then up to each individual force to choose what areas of that

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curriculum they want to teach. That has to be from that manual. We never signed up to that manual, were never part of that manual. We always had our own manuals. Whilst a lot of the content is common knowledge within the OST community, we have never followed that manual. I've used it over the years as reference material, for best practice and benchmarking, but it's never had any standing in Scotland.

84. I'm asked whether the ACPO College of Policing manual has informed the development of OST in Scotland. That's a difficult one. My understanding - it's only my understanding - is that when OST was first introduced back in 1995/96, or 94/95, by Strathclyde Police, they had their own manual and I think that manual was taken from a variety of different sources, whether it be the baton manufactures' manual on how to use the baton, handcuff manufacturers how to use the handcuffs, et cetera. Historically, police officers have always used restraint techniques since time immemorial, so I think it's been an amalgamation of material. I think they relied on what's taught in the Scottish Prison Service, potentially the military, what people were using from their own martial arts backgrounds and then each force developed their own manual. Those manuals morphed and evolved over the years into the 2013 Manual but I think there's been manuals at Scottish Police College before that. I would assume that they took some techniques from the English and Welsh manual. It would be silly not to. The manual and what's informed our training appears to have been an evolution of the adaptations.

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Use of Force SOP

85. I'm asked if there was any requirement for police officers to read SOPs specifically on Use of Force. I don't recall ever anything coming out saying, "You must read this." It's like any SOP, it's there as a reference point. I don't read every SOP, I'm not aware of every SOP in existence. I will read it if something comes along that I need to reference or I need some instruction on and that's the common standard with SOPs is that they're there but you won't probably use them until such time that you encounter a situation where you need guidance or instruction. I think there's an expectation, but I don't think there's a requirement that officers would have to read that SOP. I would be very surprised if many officers did, in fact, read it, unless they were having to reference it directly.

Contact with other witnesses

86. I'm asked if I have spoken to any other witnesses in this case or discussed this case with them. I don't know who the witnesses are in this case. The only people I discussed it with is the current OST sergeant, that's just about the production of documents to Op Tarn, so that's the only thing I ever discussed.

Media

87. I'm asked if I have been following this case on social media or the news. Yes, I have obviously because of my interest, but that's basically been my only source of information. I'm totally unaware of anything that occurred outwith what I've seen in the media. I don't consider what I have seen affects my evidence in any way.

88. 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.

June 20, 2022 | 9:50 AM BST

Date.....

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