



**The Sheku Bayoh Public Inquiry**

**Witness Statement**

**Police Constable Graham Patience**

Taken by [REDACTED] on MS Teams On 08 September 2023

**Witness details and professional background**

1. My name is Graham Patience. My date of birth is in 1971. My contact details are known to the Inquiry.
2. I am a Police Constable with Police Scotland. I have 19 years of police service as of May 2023 and am based in Dalgety Bay Police Station. I am currently a Response Police Officer where I attend and respond to calls as they come into Police Scotland. I have been in my current role for almost two years. Prior to this role I worked at Dunfermline Police Station. I am a part-time Officer Safety Training Instructor which I have done for almost 10 years.

**Previous Statements**

3. I have read my previous statement PIRC-00502 dated 07 February 2018. I remember sitting with the officers from PIRC for almost four hours to prepare this statement. I don't personally recall signing this statement but that's

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something I would have signed at the time to agree its content. I wouldn't have otherwise. This was the only statement that was produced.

- 4. I provided PIRC with a true and accurate account and to the best of my recollection at the time.
- 5. In the event of any discrepancy between my previous statements and what I have said in this statement, my PIRC statement should be preferred by the Chair. Given the fact that the previous statement was probably closer to the events in questions, it's probably more accurate to rely on the facts in there as more time has passed now- it's been five years since I provided that statement.

**Officer Safety Training and SPELS Training Instructor Experience: Qualification and Role**

- 6. I am referred to my PIRC statement PIRC-00502 at paragraph 2 of page 2 where I say:

*"I am a qualified OST instructor and have been since December 2013. I completed that at the Scottish Police College in Tulliallan where I completed a residential two-week course. On completion of the course, I was a qualified OST instructor and during the course, we were taught how to deliver OST training to students, and we were given a SPELS (Scottish Police Emergency Life Support) input. Over and above this, when I returned, I completed a First Aid at Work course at Glenrothes which was delivered by the learning and development department based within the office at Glenrothes."*

- 7. I am asked to expand upon the training that I would have received within the two weeks course to train as an OST instructor. Well, again, we're going back some time now, I think. I believe things have changed significantly now but, for myself, it was a two-week course. Quite an intense course. You participated in practical aspects as well as classroom learning. Just going

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through all sections and all aspects of the training manual as such, there was all the various different techniques and different methods on how to do it correctly and safely. It was, again, some time ago now. I don't know how it's taught these days but, certainly, it was a residential course where we're basically taught each individual technique, and of which there were very many of them. It concluded in examinations at the end of the course, which is a pass or fail, after which you were certified as an instructor.

8. As it relates to SPELS and First Aid at Work, it was similar. It was practical and written exams on both sections. That's changed significantly now. The course isn't the same as it was. I mean, we're going back, again, 10 years almost so things have changed significantly since then, but that is the way it was at the time. The First Aid at Work course was a three-day course, if I remember rightly, and it still is. Basically, you're put through the first aid at work course, the same as the civilian one. There's a manual that you retain for reference. It was a prerequisite to be an instructor. You needed to go through the first aid at work course.
9. I am asked to outline my role and responsibility as an OST and SPELS Instructor. My role and responsibility are to ensure that all students attend and leave as deemed competent by the end of the course in officer safety. As it's known as operational safety now, it's changed somewhat the terminology of it but, at the time, it was officer safety, and it still is the same role. You know, the students are expected to achieve a competence in both sort of practical side of it and the first aid side of it as well on completion of it. It was a one-day course at the time.
10. In my capacity as an instructor, I am asked if I train both probationers and annual recertification. I have done both. My usual role would be recertification; however, I have assisted in the past at Tulliallan College when they needed to be supported by other instructors. So, yes, I have assisted

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with probationers and special constables. In 2014/2015 I was training mainly recertification.

11. I am asked to clarify, for the avoidance of doubt, whether it would be fair to focus on the recertification aspect of training for the period of 2014/2015 or if I would be able to provide input on the probationary training. I think it's probably more pertinent to concentrate on the recertification because that was my main role. It's not often that I helped probationers.

12. I am referred to my PIRC Statement PIRC-00502 at paragraph 3 of page 2 where I say:

*"I am still involving in OST training and am regularly delivering inputs to students. There is a requirement to take a minimum of 6 classes per year, but I exceed this number. I would estimate that in the 4 years I have been qualified to do so I have taken over 100 courses."*

13. I am asked how often I undertake recertification training in my capacity as an instructor. In my capacity as an instructor my only requirement is to ensure that I carry out at least six courses a year or assist with six courses a year and attend an annual refresher workshop. It's basically just in case there's upskilling needed or there's maybe changes to the programme, etc, then we're refreshed in that, ourselves, as instructors in a workshop setting. So, yes, a minimum of six per year plus a workshop annually. The requirement for First Aid at Work is every three years.

14. I am asked if I am currently an OST instructor and if so if this is on a full time or part time basis. I am still an OST Instructor, and this is on a part time basis.

15. I am asked to clarify the difference between a full-time instructor and a part time instructor. A full-time instructor will carry out that duty Monday to Friday,

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their sole role is to carry out and facilitate OST courses Monday to Friday. Certainly, we have full time instructors at Glenrothes, however, I as a part time instructor, I'm asked to assist when there's a shortfall or they require other officers. So that's the difference. It's still the same duty, the same expectation of me as there would be with the full-timer but I only do it part-time.

**System to Co-ordinate Personal and Establishment (SCopE) Record Training**

- 16. I am shown my System to Co-ordinate Personal and Establishment (SCoPE) record PS18805 at page 6 and I am asked to confirm the entry which represents my initial training to qualify as an Officer Safety Instructor. My initial training to qualify as an officer safety instructor ran from 02/12/2013 to 13/12/2013 inclusive. The applicable First Aid at Work initial course ran from 12/03/2014 to 14/03/2014. I have confirmed this via my SCOPE record.

**Officer Safety Training Recertification Training in 2014/2015: General Overview**

- 17. I am referred to Position Statement 8 on Training on behalf of the Chief Constable of Police Scotland SBPI-00358 at paragraph 31 page 13 which states:

*"The 2013 OST Manual was also the primary reference document for refresher/ recertification at Divisional level".*

- 18. I am also shown PS10938 Officer Safety Training Manual version 2.00 dated September 2013 and I am asked to confirm if the recertification training that I provided in 2014/2015 was in accordance with this manual. Yes, this is the manual that I would have used as a reference.

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19. I am referred to my statement PIRC-00502 at the final paragraph of page 2 where I was shown a Probationary Training Officer Safety Training Course manual by PIRC:

*“...and can confirm that this was the material I used to deliver this input to the students. Over and above this however, we would have discussions throughout the day with regards to the medical conditions listed and the OST skills being considered.”*

20. I am asked if the manual that I was shown by PIRC is the same manual as PS10938 which I am shown at paragraph 18 above. Yes. To the best of my knowledge, that manual would be a reference point if needed to pinpoint any particular things. There was a kind of running order, a list, I think, which was used as the running order of the day, any reference you needed to make back to the original manual would be that manual at the time.

21. I am now referred to the first paragraph of page 3 of my Statement PIRC-00502 where I say:

*“The only additional material I would use would be laminated posters displayed on the walls of the hall. These posters contained information on topics contained within the manual. The information on these were a direct lift from the manual and were used so us instructors and students could easily look to and refer to these.”*

22. I am asked to outline what topics contained within manual PS10938 were covered within the laminated posters. It's difficult because we don't use them now. There were things like warning signs, danger signs of a subject that you're dealing with, so things to look for. There were things like the National Decision Model. Just various important aspects, main points throughout the course to be mindful of or points of reference for students if they needed a

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reminder. Certain things like that. It's hard to remember now – there were target areas of the body, maybe the wrong terminology to use, but you had red and green areas that were considered more sort of dangerous or more high risk to strike. Say for instance a baton strike was to be used in, that would be mindful of areas that were more high risk than other parts of the body, things like that. So, there was a few charts on the wall that would be a kind of instant reference for anybody that was needing a bit of clarity.

- 23. I am asked if I was the only instructor to use the laminated poster or if other instructors also made use of the laminated poster as additional material for the recertification training in 2014/2015. Other instructors used it, because at the time, you do a bit of a talk about what was contained on the posters. So, the students would be seated for that time, we called it at the time OST Theory at the time, and you'd just run along each one and discuss the content of each poster, just as a reminder, as a learning point.
  
- 24. I am asked if I used any other material during the recertification training in 2014/2015. Just the manual and the posters. There were no audiovisual aids at the time, as in PowerPoint or something like that kind of thing, as there is now there was only really just the reference material that we had.
  
- 25. I am referred to paragraph 22 above where I refer to the National Decision-Making Model being outlined on the laminated posters. I am asked to outline what was covered on the poster as it relates to the National Decision-Making Model. Well, it was about how you process information and then your decision that's made on the information that you have at the time and how you process it, how you risk assess it, what tactics you consider and what action you've taken and how you review it. Again, that's all affected again by more information that you might get on the incident or the subject you're dealing with. So, it was something that was a continuous model that spun, and it's something that is discussed in the police. That's something we use all the

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time without potentially even realising it. That's something that's quite pertinent in OST.

26. I am asked if I can recall when the National Decision-Making Model came into force. That was there from the start. It was always part of the curriculum. It was always part of the manual. It was always part and parcel of OST because you're having to make decisions.
27. For avoidance of doubt, when I've said it's always part of the curriculum and OST, I am asked if I am referring to it being around when I started with Police Scotland. Yes, going back 19 years, it's quite hard to remember now but, yes, I do recall it, yes. Certainly, it was a big part of the training in the West/East side of things. You've got to act on information that you have at the time. So, it was an important part of your OST training.
28. I am asked if I taught about the National Decision-Making Model beyond the poster during recertification in 2014/2015 and if so, did this also cover carrying out risk assessment. Yes, it would be commonplace for a teacher to bring it into the training. It's something that I would touch on anyway during the course of the day, or the days as it is now, that you use the National Decision Model without being conscious of it, because you've got to make decisions on the go in dynamic situations, and that'll determine what you may do. As a police officer you may find yourself carrying out a dynamic risk assessment without thinking too much about it, it becomes instinctive. This is not part of any OST material but would occasionally form part of the discussion.
29. I am asked if the recertification training in 2014/2015 covered the topic of risk assessment and carrying out a dynamic risk assessment and if so, to what extent was this covered. A dynamic risk assessment all comes down, to the justification for every officer for their own actions and, again, that's also tied into the National Decision Model, so it's about making the decisions at the time based on the information you have. So, I suppose that would've been

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taught because it's kind of part of the threat and risk part of the National Decision Model.

30. I am asked, in my opinion, if I believe that the training on dynamic risk assessment was adequate and fit for purpose in 2014/2015. Yes, yes, I would've. There's not much changed in that respect. We still use the same model, so yes.

31. I am referred to paragraph 4 of page 2 of my PIRC Statement PIRC-00502 where I say:

*"I have been asked to provide a brief overview of the OST Recertification course at the material time of January/February 2015. The purpose of the course is to update and refresh officers' safety skills. This is an annual, 1 day recertification course which officers need to complete to show a level of proficiency in this. The day would run between the hours of 0900 and 1700. The running order at the material time would start with a safety brief, followed by a practical SPELS session, which students would practice and demonstrate CPR and the recovery position, we would then complete a warmup.*

*Following this, we would move on to the practical aspects of the course/holds and restraints, baton, handcuff and incapacitant spray (CS at the material time). We would then deliver input on leg restraints and an input on a 2- and 3-person team (which is used when moving a non-compliant subject into a cell). Previous to the officers completing their SPELS training at the OST recertification, they would be asked to complete a 20-question multiple question style assessment which would thereafter be marked within the classroom. Students had to achieve a pass in this before moving on to the practical element. There were several discussions that would occur throughout the course of the day. With regards to the Medical Conditions and considerations I would deliver this as a verbal input to officers. I personally*

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*would read the OST manual word for word so as I was sure not to miss anything.”*

32. I am asked to expand on what I've outlined in my statement and provided an overview of the recertification training that I provided in 2014/2015. From what I remember anyway, as I say, it's changed a fair bit now. All students would attend in good time before nine o'clock. Once we did a roll call, it would be a case of confirming everybody is there that was meant to be there, because part of it was you should not be there unless you've done your SPELS recertification. At that time there was some online training to be done beforehand, which then you would book your course after completing that. So, all being well with the staff that were meant to be there, you run through your safety brief, kind of outlining the requirements for the health and safety side of things, if there was a fire drill, etc where fire exits were, about welfare of students during the day, that kind of thing.
33. Then we'd run into, SPELS, which was the Scottish Police Emergency Life Support teach, which at the time was only CPR and the recovery position. That was the only two main aspects that we taught at the time. This was taught and then demonstrated, participation required by the students to show competency in that. Once that was all completed, there was usually some kind of short break and then we'd move back into the practical side of officer safety training.
34. I am referred to paragraph 49 of Inspector Young's statement SBPI-00153 where he discussed SPELS recertification training:

*“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. [...] In the recertification 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 positions and carrying out CPR.”*

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35. I am asked based on my comments above relating to SPELS, do I agree with this comment by Inspector Young as it relates to SPELS recertification training in 2014/2015. Yes, that was the only two aspects really, the main aspects of SPELS that we demonstrated and assessed on.
36. Turning back to the recertification training provided in 2014/2015, again, there was some fluidity with the course order at the time, as long as you covered all the content within the course during the day. So sometimes it would run in a slightly different order but, as I say, as long as everything was covered, there was a bit of fluidity allowed in that. So, by the end of that, as long as the whole programme had been covered and people showed a competency, then that was the course completed by the end of the day.
37. I am asked to clarify how competency was assessed. There was no sort of exams as there is now. There was no sort of practical exam, but as long as people showed that they were carrying out techniques to a good standard, showing an understanding of the mechanics of it and the application of a particular technique then people would be signed off on that. Should there be somebody that was showing a wee bit of difficulty, and to be fair most people would draw your attention and ask if you could go through something like that again, just to be sure on things. But should you see somebody who was showing a bit of difficulty, there could be a wee bit of extra assistance with that perhaps at the end, just to go over something again. To the best of your ability, you ensured that everybody was leaving and understanding each technique and what it was for and a good level of competency.
38. I am asked if I recall any discussion around having a pass/fail assessment structure or resits in the recertification in 2014/2015. I can't remember that to be honest. There was always talk of how the course would change or modify as time goes on because things change all the time in the police. I knew at

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one point or another it would change, but I don't recall having an actual discussion about that with anybody.

39. I am referred to my statement and paragraph 29 where I said that "*I personally would read the OST manual word for word so as I was sure not to miss anything.*" I am asked if this was an individual preference or a general practice amongst instructors during recertification in 2014/2015. Certainly, it was an individual preference for me. There's a lot to remember, the manual at the time was enormous so you can't expect to remember absolutely every detail. Again, it's an important thing you're doing there, so I would tend to have the manual in front of me and read through just so I wasn't missing anything in particular. I thought it was quite important.
40. I am asked if I still practice reading the manual word for word during recertification training at present day. It's different now because most of the first aid teach is all based on PowerPoint. So, it's on a screen in front of the students and yourself so you have the prompt there, and it's basically a read-through prior to any practical. So, it is slightly different.
41. I am asked if completion of recertification in 2014/2015 was monitored and if completion was mandatory. Yes, it was mandatory, yes. Anybody who was coming close to the recertification date was sent an email. Certainly, it's common knowledge that people would be reminded that theirs was coming up and there was a duty to get themselves booked on a course. You know, do the required training on Moodle first and then get themselves booked onto a course at a suitable time.
42. I am asked if the SPELS training on Moodle section of the recertification was also monitored in 2014/2015. Yes, because when you completed it, it was marked on the system that you had completed it. You knew you had completed the course because it said you had successfully completed the training online. From then, the onus was on yourself as an officer to get booked onto a course before your recertification date. Then that would be

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done through a resource deployment unit. We'd confirm that you were booked on a course.

43. I am asked what would happen if you missed your reminder or forgot to book your OST training before the recertification date and if there were sanctions for not completing training before the recertification date. I couldn't say because it's not something that I had ever fallen foul of. Being an instructor, I was effectively always qualified as such because I do the number of courses and I attend the workshops, so I would never have fallen foul of that. So, I couldn't say what would happen if somebody didn't. I have no experience of that.

44. I am now referred to Position Statement SPELS on behalf of the Chief Constable of Police Scotland SBPI-00357 at paragraph 31 page 11 which states:

*"Officers undergoing OST instructor training were given an OST Instructors manual as part of their training. In 2012, the version was PS12330"*

45. I am also shown PS12330 Officer Safety Training Instructor Manual created October 2012 version 1.00 which is referenced in the above position statement. I am asked if I have ever used this manual during recertification training in 2014/2015. It would be difficult for me to confirm which version it would be. We had a personal manual we were given away on conclusion of the two-week course at Tulliallan. Plus, there was always reference material, as in the same manual would be held at Glenrothes with the other equipment. So, it would be hard for me to confirm the exact version number, but a training manual was kept at Glenrothes. At this point in time, I would be unable to confirm exactly what version number that would be.

46. For the avoid of doubt, I am asked what manual I am referring to when I've said, "the same manual would be held at Glenrothes", is it PS10938 Officer

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Safety Training Manual. Yes, I would be using the most up to date and the latest version at the time.

- 47. I am asked to provide an overview of what OST recertification training looks like now at present day. It's very different, to be honest, now. The day starts off with a practical in first aid, which is far more involved than it used to be. It goes quite beyond CPR and recovery position. It deals with catastrophic bleeding. It deals with choking. It's a far more sort of involved toolkit, than it used to be, for good reason. Once the practical and the first aid side of it was carried out, to clarify, the first aid part would cover at least half of the first day of the two-day course. So once that was finished, after lunch we'd move on to practical operational safety training, as it's called now, which would start at a low level. The order of the day runs from kind of low impact to higher impact towards the end of the two days, so it builds up.
- 48. So, it starts off with things like holds, restraints, ground pins. It's all kind of more empty hand stuff at first, and then it moves on to things like use of handcuffing, baton, progresses through to things like leg restraints.
- 49. Knife defence has been introduced as well, something that wasn't there before. The teaching before was always about creating space and trying to move away and get yourself some distance or some cover between yourself and somebody with a knife presented to you as a threat. This is more designed for, if you're compromised and you cannot get away from that knife threat, it's about how to deal with a knife, minimise the risk to yourself by a particular taking hold of the person. You're sacrificing personal space to get a hold of the person and the knife rather than trying to minimise the risk of being stabbed, that kind of thing. So, there's changes in that respect. There are quite a few different techniques that have gone, some other ones have been introduced. There's a kind of aim to simplify the course slightly to make it may be less techniques than there used to be. I believe that's the goal in the future

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as well, is to effectively reduce the number of techniques that people have to go through and have to try and remember.

- 50. I am asked what the thinking is behind this decision. The way I understand it, I think it's more the fact that under pressure a person's ability to kind of use fine motor skills can be compromised under high stress levels. People can freeze in a situation, whereas if they're sort of more simplified and maybe sort of less things to try and think about, then you're maybe more successful in protecting yourself and protecting other people, rather than trying to remember sort of complicated techniques, etc.
- 51. The main difference now as well, when the practical side of the day is finished, at the conclusion of day two, there's also a first aid exam. It's an oral exam where the students have got to run through a kind of tick list. There are criteria to be met when you're dealing with a casualty in front of you. So, you run through how to deal with, for example, an unresponsive casualty. So, if you have to run through CPR, that kind of thing, a defibrillator if required, looking for the sort of signs and symptoms of somebody who's maybe bleeding, somebody who's choking, that kind of thing.
- 52. So, we run through the criteria and there's a few questions asked and there's expected answers to come back from that. So as long as people satisfactorily complete that side of it, then we move on to a practical operational safety training assessment, which involves running through a few required techniques before the conclusion of the day, and as long as everybody's past that part of it then that's the course completed.
- 53. I am asked if I remember what the required techniques are. Not off the top of my head. Certainly, I used to have a baton for a knife defence, where you're striking forward to create space to prevent somebody coming at you with a knife. There's a ground pin where somebody's restrained on the ground. It's Difficult to remember exactly off my head now, because we run through not a

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checklist as such, but there's a set number of techniques that people have to demonstrate competency in.

54. I am asked to outline the present training as it relates to positional asphyxia as well as Acute Behavioural Disturbance formerly known as Excited Delirium. Positional asphyxia, it is discussed I would say a number of times through the two days, because there's certain things that could lead to that. There are certain techniques that you have to recognise that could be an aspect of it. Certainly, with things like ground control techniques where somebody's pinned on the floor they're always stressing the fact that the officer must keep off the centre line of the body, no pressure's put on their back, things like that. So, if we're running through something like that, it'd be like what could be the outcome? What could be the effect of this happening? You're expecting the answer of positional asphyxia to come back from the class, and it always does. So, it's something that I personally try and stress throughout the day as a risk factor through many different techniques.
55. I am asked if emphasis is also placed on Acute Behavioural Disturbance at present day. Yes, because of the situational training that is scenario-based that we run throughout the two days. There's at least one of the examples that involves a subject who could be suffering from Acute Behavioural Disturbance and, again, it's something that I do it as well as other instructors, you bring Positional Asphyxia into the discussion; you welcome personal experiences from operational policing because it can always help other people as well. So, I always ask, "Has anybody directly dealt with a subject who's suffering for Acute Behavioural Disturbance?", and you usually get a hand- somebody putting a hand up, or somebody speaking about it. I've dealt with it personally in my operational experience. So, it's about people recognising the signs that could lead up to it, and it's, "How do we deal with it?", because it's also part of the first aid assessment. There are questions that can be brought in asking, you know, "Can you tell me about some signs and symptoms of recognised

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Acute Behavioural Disturbance?” It is, again, talked about throughout the course.

**The Training of Officers involved on 03 May 2015**

56. I am referred to my PIRC Statement PIRC-00502 at page 5 final paragraph where I say:

*“I have been asked if I can confirm whether I delivered the OST Recertification Course at Glenrothes on 4 January 2015. I have no direct memory of instructing this course. The Investigators have informed me that SCOPE has been interrogated by PC Richard Wood and this documents that I was the instructor on this day. I have no reason to doubt this and accept that I would have been the instructor for this. It is usual practice that I record daily what my duties have been in my police issue notebook. However, I am currently not in possession of this notebook and as such cannot check this information against what I noted in this. I will state that I would not have noted who I instructed alongside or what officers were in attendance on the course. I have been asked if I have any personal knowledge of PC Alan Paton, I do not. I can confirm that I delivered this training as per the manual.”*

57. I am asked if I accept this to be true that Alan Paton was trained by me for his OST and SPELS recertification training on 04 January 2015. Yes, I would accept that, if that’s what’s recorded on the SCOPE system, and it’ll be documented, who attended on the training on that day. Yes, I would have no reason to doubt that.

58. I am referred to my PIRC Statement PIRC-00502 at page 6 first paragraph where I say:

*“I have been asked by the Investigators if I can confirm whether I delivered the OST Recertification in Glenrothes on 25 February 2015. Again, I have no*

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*direct memory of instructing this course but have been informed SCOPE has been interrogated and has identified me as the instructor on that date. As with before I have no reason to doubt this and accept this to be true. This may be recorded in my police issue notebook, but I would not have detailed anything further in this (other than date/time/location and course). I cannot speak to this as I am not in possession of this notebook at this time. I can confirm I would have instructed this course as per discussed and as per the manual. I have been asked if I have any personal knowledge of PC Nicole Short, I do not.”*

- 59. I am asked if I accept this to be true that Nicole Short was trained by me for his OST and SPELS recertification training on 25 February 2015. Again, if that’s how it’s documented I would accept that completely, yes.

**Training on Excited Delirium/Acute Behavioural Disturbance in 2014/2015 and Now**

- 60. I am referred to the final paragraph of page 3 of my PIRC Statement PIRC-00502:

*“I have been asked by the Investigators if there was anything taught specifically about recognising a person suffering from drug induced psychosis. I must clarify that this was covered within the excited delirium chapter of the manual. I would discuss with students that excited delirium could be drug induced, and was commonly caused by cocaine, but could be caused by other substances also. We would discuss signs and symptoms and how to recognise when someone was suffering from this. I must note the overarching principle taught with regards to this was when officers were to identify an individual as suffering from either positional asphyxia or excited delirium, they should be considered a medical emergency and treated as such.”*

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- 61. I am asked to outline the topics that were covered during the 2014/2015 recertification programme in so far as it relates to Excited Delirium. Again, it's hard to remember exactly now because it's not clearly treated as that now.
  
- 62. To assist with my memory, I am asked if the following areas were covered the recertification training in 2014/2015. I am asked if signs and symptoms of Excited Delirium was covered in the recertification in 2014/2015. Yes, we would much the same as it is now. You would run through every kind of stage of it, what to look for. It's how somebody would be acting, and the type of behaviour displayed.
  
- 63. I am asked if the risk factors of Excited Delirium were covered in the recertification in 2014/2015. Yes, I mean, I think the more at the time, as it is now. I think it's more the case of the danger posed to the subject more than anything by their behaviour, by the way they're acting and, I know we'll come to it, but treating it as a medical emergency. It's about the management of it so that the person doesn't put themselves in even more danger. Again, not much changed in that respect, as it is now.
  
- 64. I am asked to outline what was covered as it relates to the management of someone exhibiting Excited Delirium during the recertification training in 2014/2015. It was about making sure that an ambulance was called because the person could potentially go into cardiac arrest. That was one of the main features of it, that it was to be mindful over anything else. If somebody was acting (as excited delirium was at the time) in such an excited manner and their heart rate would be elevated potentially, to be mindful that this person could suffer cardiac arrest at any time. So, it must be treated as a medical emergency. That was the kind of overriding thing about it.
  
- 65. I am asked to clarify if the topic of Excited Delirium was only covered in OST training and not the SPELS recertification training in 2014/2015. Yes, as the

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SPELS was literally CPR and recovery position at the time, so it was part of the actual OST course material.

- 66. As it relates to officers being trained to call an ambulance if someone was exhibiting signs of Excited Delirium, I am asked if the recertification training in 2014/2015 also covered the type of information that should be communicated to a call handler or paramedics on the scene. I wouldn't say specifically. It was more a case of monitoring the person and rather than corralling somebody in, or not necessarily taking hold of somebody unless it became assaultive. It was more of a case of monitoring somebody the best you can until a more qualified help came, making sure that an ambulance is on the way.
  
- 67. During the recertification training in 2014/2015, I am asked if anything was taught in relation to communicating for example, that a subject was struck in the head with a baton or that CS spray had been used on the subject. Well, from a personal level, that would be a kind of no brainer, a common-sense approach to me. That's something that I would personally pass, yes. However, at the time of the training, it's difficult to recall if that was something that would be a generic thing but, certainly, it would be information that I would expect officers to pass. You know, if somebody had been sprayed with CS spray at the time or had been batoned, I would expect that that would be something that was conveyed to medical staff on the handover, but it's hard to recall if that was an actual part of the teach at the time.
  
- 68. During the recertification training in 2014/2015, I am asked if officers were taught on actions to taken upon identifying someone exhibiting Excited Delirium in addition to treating the situation as a medical emergency and calling an ambulance. If I could start with what not to do side of things, it was kind of stressing the fact that it wasn't always best practice to maybe hold somebody down. If somebody could be given the space to potentially calm down or something like that, then that was a method to consider, because of some of the signs evident of somebody with excited delirium could be the fact

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that they might be afraid of reflections and things. They might see that as a threat. The large movements that somebody might take, the way they're moving themselves about, to be mindful of things like that. I'm not saying it's wrong, but to consider it, to give somebody the space, the element of freedom, to contain rather than to immediately restrain somebody, unless it was relevant at the time to do that.

- 69. So, there was instruction about that kind of thing, about what to consider, given the circumstances you're faced with. You have the option of taking hold of somebody, but equally that might not be the best action to take at the time. Could you consider giving them the space while still containing them? So that was the options.
  
- 70. I am asked if I would consider the considerations that I've outlined in the previous paragraphs as forming part of risk assessment by an officer. Yes, definitely. Assuming everything else is based on the information that you get at the time, or the information that you get enroute to the call and coupled with the information you get when you arrive at a call, it's always about coming back to the National Decision Model. It's about information that you gain yourself when you get there, added to the information you're already getting by a call handler or your controller as you're attending the call. So that changes all the time, yes.
  
- 71. I am asked if the recertification training in 2014/2015 covered the topic of restraint of subjects who were under the influence of drugs or alcohol. I don't think it was specific. I think it was just on a general, like we talked about a couple minutes ago about, you know, considering all the aspects of it and, again, as with everything in OST, it was options open to you. It wasn't a prescribed, "You must do this." It was just a number of different options open to you and considering what action you might take given the information you

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have at the time. So, yes, I think there would be consideration given to it, certainly.

72. I am asked if the recertification training in 2014/2015 cover how to identify an individual experiencing a mental health crisis. Yes, because one of the scenarios, and I think it's still pertinent in the current training, if you have a scenario based part of training, there was usually somebody going through a mental health crisis. For example, you may have the students involved, expecting that it's going to be somebody who's going to be committing a crime or something like that and the person they're faced with may be somebody that's going through a mental health crisis. It changes the situation completely. So, yes, that was definitely involved.

73. It's about reacting appropriately at the time and considering, again, calling an ambulance or something like that, or it might be that somebody needs to not be dealt with in the sort of criminal aspect of things. If no crime's been committed, then it's more about care and welfare of the person and getting them dealt with appropriately. It's just like a side aspect rather than, you know, as I say, the students expecting something else to happen as a more straightforward officer safety type issue but, it was maybe something kind of throwing them a curveball, so to speak, somebody with a mental health issue instead.

74. I am now referred to the first paragraph of page 4 of my PIRC Statement PIRC 00502 which deals with the OST Training as of 2018 and refers to Excited Delirium now Acute Behavioural Disturbance:

*“There has been minor changes to the OST Recertification Course since the time discussed. Specifically, as of September 2017, there was an introduction into the use of shields, new drills, water safety and changes to certain techniques. PAVA has now replaced CS and that is also discussed within the recertification course. The purpose of the day is to impart knowledge and new*

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*techniques to officers in the training environment. Currently, within the health implications aspect of the training, there is an input delivered to students on Acute Behavioural Disorder. Again, as with before, during the session I would read out the chapter word for word, before having a discussion with the students about it. The essential medical elements of this are the same now as they were at the time mentioned, it seems to me that it is just the terminology that has changed from Excited Delirium to Acute Behavioural Disorder. Nowadays there is a scenario-based exercise, whereby students are divided into groups and one student is given the role of subject displaying symptoms of ABD. The other officers in the group are then assessed on how they deal with this individual and this is recorded on the current checklist in the additional information section at the situational training box that this has been completed. I have handed to the Investigators.”*

And further at paragraph 3:

*“Following this task, students are given a debrief and a discussion is held on their experiences of Acute Behavioural Disorder. Instructors will discuss with officers their approach, manner, and competency in dealing with the subject. The recertification OST course at present is done in line with the new Operational Safety Training Course Manual (V1.2 October 2017).”*

75. I am asked to outline the scenario-based training for Acute Behavioural Disturbance and to further outline the signs and symptoms that are highlighted in this type of training. The main thing would be the manic behaviour of somebody, somebody who’s displaying wild movements, they could be shouting, screaming. One of the symptoms could be potentially the person’s very hot to the touch, it could be pulling off clothes, etc. I’ve already touched on the fact that somebody might be averse to reflective surfaces, seeing their own reflection, could see that as a kind of threat to them. There were also signs to watch out for such as not complying with authority,

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instructions, that kind of thing. So, there was quite a number of things to look out for, which could be signs of it, or recognition signs of it.

76. I am asked to outline what the criteria was during certification training in 2014/2015 for assessing if an officer has passed this part of the training on Excited Delirium. That's a difficult question. It's about the kind of management they've displayed, if they've appeared to have dealt with the situation appropriately such as recognising the signs of it, particularly in the debrief as well. You're asking, "Can you tell me what the signs were there?" You know, you're getting a bit of feedback about that. If you're getting correct feedback about it, you know there's an understanding by the student that they knew what signs to look out for. Because if it was a scenario, the exercise ended, it'd be, "Can you tell me what happened there? What were you faced with? What about somebody displaying acute behavioural disturbance?" Or at the time, excited delirium. "Tell me what you were looking for there" and you get it through the feedback. Sometimes, just depending on the judgment of the students that we're dealing with at the time, they may have had to restrain the person, sometimes they may not have had to. So, you took the cues from that.
77. I am referred to my comment on "*Instructors will discuss with officers their approach, manner, and competency in dealing with the subject.*" I am asked to outline what this discussion entailed. Yes, certainly it's how you would also observe it, the drill going on or the situational training, as we call it now. You would observe it, see how the approach was made. I quite often say there's no right or wrongs within the training. It's about the judgment that the officers made at the time and, you know, "Okay, you did that, but could you tell me why you did that?" You justify why, say, for instance, you either put hands on somebody or you didn't. You know, what was your rationale behind that? That sort of thing. So that's just a common method of it.

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78. Again, as I say, there's no particular right or wrongs as such. It was a bit more justifying why you did that, or why you didn't do something and the same with introducing experiences. I always think that's a good learning tool within the class. There's a lot of people who may never have dealt with it, and there's people who have dealt with it multiple times, so if somebody wants to talk about it, they may encourage that.
79. I am asked if it is my preference to have a scenario-based approach to the recertification training or are all instructors told to take this approach. It's certainly encouraged. There are certain sections of the teaching where you're encouraged to get feedback and discuss experiences in that. Again, it's not something that anybody's obliged to do as a student, because some people might not want to talk about it, but some people are quite keen to talk about it. So, yes, it's actively encouraged.
80. I am asked if I have found a scenario-based approach to training to be a more useful approach to training. Yes, definitely. I think it encourages people to get more involved. Instead of me as an instructor just talking, it's a participation event. It's not something that you just come and listen to for two days and go away again. You've got to take part actively. Well, I encourage it anyway.
81. I am referred to paragraph 67 of Inspector Young's Statement SBPI-00153 where he says:
- "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."*
82. I am asked if I agree with this comment by Inspector Young and if it's fair to say that officers could experience fear when approaching someone who might be showing signs and symptoms of excited delirium. Definitely. It's certainly something that has been at the back of my mind, and if I approach somebody,

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because of the unpredictability of the subject, by the very fact that you're particularly dealing with somebody with excited delirium, there is an element of fear because you can only react to the person's actions. So, it's about, what are they going to do next, or are they going to comply? Is this going to be a very difficult person to deal with? So, yes, definitely fear would come into it. would challenge anybody who said they didn't express any fear.

83. I am asked if the recertification training in 2014/2015 taught students on how to manage their fears and be pragmatic in circumstances where they've encountered someone exhibiting Excited Delirium or Psychosis. Going back to the posters on the wall, there's a section that talks about warning signs and danger signs, and there's certain things to look out for, which could be a warning sign that somebody is maybe going to become a threat, or already is a threat. It's saying they're slightly different when you've got somebody who is maybe changing from avoiding you, or looking like they might be going to run away, to changing to somebody that's maybe going to assault you. So, there's differences in mannerisms to look out for. So that would be part of it, you know, just to be wary of some of the signs to look out for, yes.
84. I am asked if I believe the amount of time that I had to teach Excited Delirium, alongside other topics affected the quality or adequacy of training in 2014/2015. I think so, yes, but on balance, I suppose the move to a two-day course gives us more time these days. So, I would argue the point that trying to get everything into one working day could sometimes be difficult, but I think, certainly, I don't recall any particular difficulties with the length of that teach. But yes, there was a lot to fit into one day's training at the time.
85. For the avoidance of doubt, I am asked to clarify whether I believe that the quality and adequacy of training was impacted. No, I wouldn't say the quality of that would be affected. You were just mindful of your timings with certain sections of it, or the amount you had to fit into one day but, no, I didn't feel it was. It wasn't like a whistle-stop tour or anything. You carried out the teach

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as it was, and you moved on to the next subject. So, I certainly think it was adequate at the time.

86. I am asked, in my opinion, if I believe that the recertification training in 2014/2015 on Excited Delirium was adequate and fit for purpose. I would say so, yes.

87. I am asked to outline what the recertification training on Excited Delirium is now at present day and if there have been any recent significant changes. To be fair, there's not really much changed about it because the signs and symptoms are the same. It's still widely regarded as more to be a case of abuse of substances like cocaine. From what I'm made aware of research has shown, that's the main problem for it. It can be alcohol and that kind of thing, or a concoction of both, but that's not really changed. The teaching has not really changed at all. It's still the same signs and symptoms, it's still the same way to deal with it. It's more the naming of it, to acute behavioural disturbance that has changed.

88. I am asked, in my opinion, if I believe that the recertification training at present day on Acute Behavioural Disturbance previously known as Excited Delirium is adequate and fit for purpose. Yes, I would say. I can't think of any other way really to teach it differently, not that I can see.

**Training on Arrest and Restraint Techniques in 2014/2015 and Now**

89. I am asked if the recertification training in 2014/2015 in so far as it relates to restraint cover the following topics outlined below. I am asked if it covered the application of weight and pressure to a subject during restraint, particularly in the torso area. Yes, it was. That was definitely included. As I said before, there was a lot of time, a lot of effort put into the fact that you shouldn't be putting any pressure on the centre line on the spine, neck, that kind of thing

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and again being mindful, and you put it out to the class, “What could that cause?”, and the answer that be expected would be positional asphyxia. I still do it to this day, making sure that we’re not putting pressure on the spine or the centre line of the back. So, yes, that’s a big aspect of control and restraint.

- 90. I am asked if it covered the numbers of officers involved in a restraint and the risk associated with a restraint involving multiple officers. No, that’s not something that we prescribe because every situation is different. It might take one or two officers to restrain somebody, but it might require more, depending on the threat and the risk, the environment and other factors involved there. So that’s not something that you could prescribe, no.
- 91. I am asked if the training covered the length of restraint as it relates to how long you should or shouldn’t restrain a subject for. No. No, again, it depends. It’s all based on the officer’s perception, how they can justify any actions they’re taking.
- 92. I am asked if the training covered the appointment of a safety officer in particular when attending a knife incident. Not exactly, no, that’s not something that I’d be aware of. Again, I think it would be up to the officers attending to make sure that they’re keeping themselves and their colleagues safe and anybody else, keeping the public safe. I’d say it’s an instinctive thing, it’s not something that’s taught. It’s just, you know, make sure that they’re operating, justifying their actions again, and just basically acting in accordance with training. To my knowledge, you wouldn’t have an appointed safety officer at an incident as such. It would just be incumbent on each person to be aware of what was going on and minimise risk to themselves and any subject.

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93. I am asked if there was training in relation to assessing whether someone was breathing and not breathing during an arrest or restraint. Again, for me as a teacher, it comes back to the fact that, we're making sure we're not putting undue pressure on somebody to cause them breathing difficulties, and if there was anything evident there that we'd move to a different position to minimise that risk. Get somebody off a prone position as such, like face down if at all possible, and if it's safe, then get somebody to a position where they're relieving pressure on their chest and their lungs, etc. So, yes, certainly to be mindful of that and monitor things.
94. I am asked if there was training in relation to the risk to life caused by restraint which includes but isn't limited to positional asphyxia. Yes, because that's certainly one of the main teachings relating to that, would be directly during talking about positional asphyxia and, again, minimising the risk to somebody, describing particular people that could be at more risk than others. Somebody who's particularly big built, extra weight on their chest by their own body size, somebody who's maybe drunk or under the influence of something else, there's all the different factors to talk about that could increase the risk of it. Yes, so that is taught.
95. I am asked if the recertification training on 2014/2015 in so far as it relates to restraint cover the risk associated with restraining someone in the prone position. Yes, that's as it is now. That's not changed, because the risk is still the same and, again, the main ones for me would depend on body size and alcohol intoxication, etc. That's still a big risk and that's still taught the same.
96. I am asked if the recertification training in 2014/2015 cover medical considerations that should be considered during an arrest or restraint beyond the position asphyxia side of things. Yes, that'd be part and parcel of, again, the asphyxia I teach. Just for the fact that the consideration is to get

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somebody off that prone position, and to seek medical help should it be required. Yes, it would certainly be what I teach, yes.

97. I am now referred to Inspector Young's statement SBPI-00153 at paragraph 73 and 74 which deals with restraint techniques:

*"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 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."*

And para 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*

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*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."*

98. I am asked if I agree with these comments by Inspector Young and to clarify if officers undertaking recertification training in 2014/2015 were taught in line with what he has outlined above. Absolutely. Yes, I mean, it's a balance of controlling somebody adequately to minimise the threat to yourself and anybody else. Like Inspector Young says, if somebody's lying on their back then there's still a huge risk to us as officers, where balancing it with somebody being in the prone position and, again, it was always hit home in the teaching about being mindful of that risk that it creates. As Inspector Young already covered, getting somebody off of that position as soon as it's reasonably practical, whether they are on their side or they're sat up, etc. So, yes, that always has been the way it was taught and is still to this day. Yes, nothing's changed and I would agree with that.

99. I am asked, in my opinion, did the recertification training on restraint techniques in 2014/2015 alongside the other topics affect the quality or adequacy of training. In my opinion, the recertification training on restraint techniques did not have any particular effect on the quality or adequacy of training as they have not largely changed since 2014/2015. The same core principals of controlling a subject apply, with overall the same basic holds and restraints.

100. I am asked, in my opinion, was the recertification training on restraint technique adequate and fit for purpose in 2014/2015. In my opinion, the training on restraint techniques was adequate and fit for purpose in

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2014/2015. There was also the same emphasis on the risks of positional asphyxia as is taught now.

101. I am asked what the recertification training on restraint techniques look like at present day and if there have been any significant changes. The recertification training on restraint techniques has not significantly changed as such since 2014/2015, however there has been the addition of some updated techniques, for example a leg sweep, a Side Ground Control, which provides an additional method of securely restraining a non compliant subject on the ground whilst lying on their side, and Ground Control Subject Face Down, which assists in controlling a subject in the prone position.

102. I am asked, in my opinion, is the recertification training on restraints at present day adequate ad fit for purpose. In my opinion, I believe the training on restraint techniques as it stands is adequate and fit for purpose. However, as with many other aspects of operational policing, I understand it will adapt and change through time.

**Training on Positional Asphyxia in 2014/2015 and Now**

103. I am referred to Position Statement 8 on Training on behalf of the Chief Constable of Scotland SBPI 00358 at paragraph 69 of page 27 which comments on training relating to positional asphyxia as of 03 May 2015:

*“...the basic principles were covered, and the refresher/ recertification training would be delivered in line with the OST manual.”*

104. I am asked if I agree with this statement. Yes, definitely, I would say that.

105. I am asked if identifying someone exhibiting positional asphyxia and signs and symptoms of Positional Asphyxia was covered in the recertification in

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2014/2015. Yes, definitely. You would certainly be looking for, you know, one of the big ones was somebody telling you they can't breathe. You know, it's to be mindful of that might be them expelling their last breath. It's somebody that is in difficulty, telling you they can't breathe, and, you know, be mindful that you're not ignoring that. There'd be as Inspector Young has already said potentially a colour change. The person goes from being compliant to beginning to fight, or the reverse. It could be somebody who's actively trying to resist you start to go limp. That's something else to be mindful of. It's another sign that somebody could be affected by that. Yes, that's the main ones for me, certainly.

106. In relation to colour change, I am asked if the recertification training in 2014/2015 covered the colour change of minority ethnic individuals. Yes, that was described, to look out for what signs we'd be looking for.

107. I am asked if the risk factors of Positional Asphyxia were covered in the recertification in 2014/2015. Yes. The risk factors are things like somebody's age, size. It could be mental illness involved, a drug or alcohol intoxication. There are all different factors there that could cause a risk. So, any number of things, the lists are never exhaustive, but that's certainly some of the main ones.

108. I am asked if the recertification training in 2014/2015 taught students to treat Positional Asphyxia as a medical emergency. I'm just trying to remember. It's more about getting them off that position, getting them off their prone position in particular, which seems to be the most common method of restraint. Getting them off the prone position onto their side, sitting up. You know, considering medical attention, make sure you're monitoring them, and if there's any sort of continued breathing difficulties then, again, consider calling an ambulance. So, yes, certainly pressing that.

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109. I am now referred to paragraph 71 of page 30 of Position Statement 8 on Training on behalf of the Chief Constable of Police Scotland SBPI-00358:

*“As with Positional Asphyxia, officers should be aware of the recognition features and the relief and treatment from asphyxia related conditions.*

- *Officers should consider loosening or removing the LRS if the subject shows signs of medical distress.*
- *Officers must have constant visual contact with the subject.*
- *Officers must continue to monitor the subject until the LRS is removed.*
- *Officers should not apply the device over injured limbs or over areas of skin injury unless absolutely necessary.*
- *Officers should continue to monitor the subject throughout arrest and control procedures and must fully brief the Duty Officer regarding restraint techniques and equipment on arrival of the subject at the custody suite.*
- *Whenever a subject is lifted and moved with LRS applied, officers should always maintain control of the subject. This is to safeguard the subject against injury from falls or trips, or to prevent them from causing deliberate self-harm”.*

110. I am asked if this was covered in the recertification training in 2014/2015. Yes, definitely. Particularly about things like maintaining control was a big one, still is a big one. Not applying leg restraints to somebody and letting go of them, so to speak. If somebody's left, they could potentially lose their balance and fall, suffer a head injury. Yes, constant monitoring and checking. Checking straps as well, the leg restraint system just to make sure they're not too tight. All that kind of thing. That's still taught, that's the same.

111. I am asked if the recertification training in 2014/2015 covered what to do when a subject is unresponsive and not breathing, in particular when should CPR commence and or identifying and responding to a subject if breathing deteriorates. Yes, that's always been part of it and that's covered in the

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SPELS part of it. About monitoring, if there's any sign that somebody's not breathing, then immediately start CPR, call for an ambulance.

112. I am asked if this is part of basic life support in the SPELS training. Yes, that's part of it. About just being live to the fact that if somebody does stop breathing, then immediately you've got to, you know, revert to that, and ultimately get medical help as soon as possible.

113. I am asked if the recertification training on positional asphyxia in 2014/2015 alongside the other topics affected the quality or adequacy of training. I think it was sufficient enough time to do it, yes. It was certainly enough subject matter in there and, yes, the quality was adequate.

114. I am aske, in my opinion, if I believe that the training on positional asphyxia in 2014/2015 was adequate and fit for purpose. I would have said it was adequate at the time, yes.

115. I am asked to outline what the recertification training on Positional Asphyxia is now at present day and if there have been recent significant changes. I wouldn't say it's changed much. As I said before, the signs and symptoms are still the same, the management of it is still the same. It's always stressed about being live to it and making sure that you're not creating additional risk when somebody's restrained. Keeping off the back, that's something that's always reinforced and, just being live to it, and making sure that you're taking somebody away from that risk by moving them off that position whenever it's safe to do so.

116. I am asked, in my opinion, if I believe that the training on positional asphyxia as it stands now is adequate and fit for purpose. Yes, I believe it is.

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## Training on De-escalation and Conflict Management in 2014/2015 and Now

117. I am asked if officers received training on de-escalation or de-escalation techniques during recertification training in 2014/2015 and if so, did it form part of the scenario-based training. It wasn't an actual teach. There was a few of the scenarios involved. Everybody's ability is different, so you would have some officers that could be faced with the same scenario that somebody else had with a different outcome. Say, for instance, you might have the subject who ultimately ended up being arrested or something in one situation but, the same scenario being put to a different officer, their ability, they might be able to de-escalate it without the subject having to go any further. They might become compliant. So, although maybe not an actual teach, it was something that was talked about de-escalation strategies and how using your tactical communication can de-escalate a situation. Again, that's almost an expected skill of a police officer.

118. In so far as it relates to conflict management, I am asked what recertification training officers received for dealing with a subject who has been identified as suffering from Excited Delirium in 2014/2015. I think that was contained in the teach for that, about when you're looking out for the signs. Again, spinning the National Decision-making Model, would it be something you're obviously going to try and de-escalate it by talking with them. If that works, then that's great. If that doesn't, then you preclude that and then move onto something else. It might be that you eventually have to put hands on somebody. So, it's kind of taught at various points through the day, or would have been, about de-escalating. Maybe not directly, but it's something that would be introduced in various teaches because it's applicable to various different parts of the training.

119. I am asked, insofar as it relates to conflict management, what recertification training did officers receive when dealing with a subject who has been identified as suffering from a mental health crisis or intoxication from drugs or

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alcohol. Again, definitely contained within scenario-based training because there would have to be conflict management involved in that, depending on how the subject acted on that given day. It could be the person becomes compliant and, you know, as I say, the method of conflict management might work right away, or it might take a bit more work. The scenario could go on for some minutes, and the officer's got to try a bit further to get compliance, so to speak.

120. I am referred to paragraphs 42, 45 and 66 of Inspector Young's SBPI-00153 statement which deals with training on de-escalation and training on knife incidents, starting with 42:

*"The term de-escalation wasn't used. It wasn't a concept 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."*

121. I am asked if I agree with what Inspector Young has said that de-escalation was ultimately taught as tactical communication in 2015/2015. Yes, it was a big part of it at the start of the practical side of OST, about using your tactical communications because that could be all that's required in a situation, and that might be enough to get the result, to get a behavioural change.

122. I am asked what was taught in relation to tactical communication, what is it and what does it involve. It's about how you approach a subject and how you initially speak to them, how you gain information from them. It's about your manner towards them. It's about showing a level of empathy, trying to understand the situation and get more information from the person. It's about listening as well.

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123. I am asked if listening was and is a big part of tactical communication. Yes. A part of any police officer's skillset is being a good listener. It's not just about being authoritative to achieve that behavioural change, as we call it, or getting compliance, it's about listening as much as speaking.

124. I am referred to paragraph 45 of Inspector Young's SBPI-00153 statement:

*"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."*

125. I am asked if I agree with Inspector Young's comment as it relates to compliance. Yes, there's certainly got to be a level where if tactical communication is not working, then there has to be a point where, if you're not getting compliance, you're going to have to take action. Yes, definitely because at the end of the day, as police, we have to have a level of control of the situation for the safety of ourselves, for the safety of the wider public. If that was the situation, then yes, a line has to be drawn at some point where we would have to take decisive action.

126. I am referred to paragraph 66 of Inspector Young's statement SBPI-00153 which says:

*"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."*

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*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 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.”*

127. I am asked if I agree with this comment by Inspector Young. Yes. That kind of rings true. I think that probably back then, there probably was more of an onus to get control of somebody as soon as possible and, again, because it was so long ago, it's quite difficult to remember now because we don't refer to that kind of training anymore, as opposed to the new system we use. Yes, I would probably agree with that.

128. There was probably a bit more onus on getting somebody controlled, getting them handcuffed and dealing with them afterwards but, certainly I would agree with that there would be no specific training on containing and negotiating, which is a big part of police action now. I am public order trained as well, so that's a part of that containing and negotiating a subject, and trying to get a conclusion that way, rather than just getting hands on right away. Again, dependent on the situation.

129. I am asked, in my opinion, if I believe that the training on conflict management was adequate and fit for purpose in 2014/2015. Knowing what we do now, it obviously had room for improvement because it's changed. It's maybe something that Police Scotland developed better in the time since. Maybe there wasn't enough time spent on that compliance and de-escalation. Well, de-escalation was always something that we did speak about, but there wasn't a specific teach about it. It was just about using your tactical communication to do that, etc. I think we've probably improved that by now. I would say we've improved that now compared to what it was.

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130. I am asked to clarify, for the avoidance of doubt, whether I am saying that the training was or wasn't adequate and fit for purpose in 2014/2015. It was probably adequate for the time, but I think obviously as the programme develops, we know operational safety training is always being reviewed, and the programme's changed since then and it will change again in the future. So, I think there's always improvements made. It would have been seen as adequate at the time because that's what it was but, on reflection now, it may not have been adequately today's standards. I would say it's adequate then, but not now.

131. I am asked to outline what the recertification training on Conflict management and De-escalation is now at present day. Certainly, we don't go into great detail about things like containment and negotiating, but it is talked about. There's a PowerPoint at the beginning of the practical side of OST, and we go through. There's video footage showing a couple scenarios and, you know, we talk about, "What is Police Scotland's stance on it now?", and the answer you're looking about is contain and negotiate. That's talked about now, but it wasn't talked about before and, again, the same with the scenarios. The scenario training, we do, there is quite a lot about de-escalation in there, particularly in the debriefs. You know, "What did you use? How did you manage to get to that conclusion?", and quite often it's a fact that that's all that's required. All that's required is a bit of de-escalation rather than action as such. So, it is taught.

132. I am asked, in my opinion, if I would say that the training at present on conflict management and de-escalation is adequate and fit for purpose. Yes, I think I would. It's definitely fit for purpose, yes.

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### **Training in relation to Knife Incidents and Knife Defence in 2014/2015 and Now**

133. I am asked what the recertification training was in 2014/2015 on knife incident defence in so far as it relates to officers approaching a subject reported to be in possession of a knife. There was only one real practical lesson about it, but there was more the talk about creating distance. There's a principle an acronym, CUTT, and it says, "Creating distance, use cover, transmit", obviously use your radio, "and consider other tactical options."

134. I am asked to clarify if at the time in 2014/2015 the final T for 'tactical options' would have been included and if I remember when it was added. I'm trying to remember now, it's very difficult to remember, but I think that it was originally just the one T, and then the other one was added in for tactical options. I wouldn't be able to remember that. Sorry, I just remember that changing at some point there, and it's still the same.

135. The onus is creating some distance, using any barrier between yourself and the threat, whether it was getting behind something or closing a door or something like that. It was more about keeping away from the threat and summoning help, updating on the radio about the threat and about the situation, and then considering other tactical options, whether it was maybe firearms or public order or a dog handler or something like that. Even now, that's changed to, you know, it could be the use of a Taser or something, and obviously the other tactical options an officer has, whether it's a baton or their spray, so considering all that.

136. There was one practical technique that was taught, and it was about using your baton to create a space, a sterile area between yourself and the subject or the threat, which has changed now to a different technique, but it was more about striking. So, baton strikes of varying from high and low baton strikes to create this sterile area in front of you, between you and the threat, which has now changed to something else.

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137. I am asked what the recertification training was in 2014/2015 on knife incident defence and identifying the most appropriate tactical option in so far as it relates to officers approaching a subject reported to carrying a knife in public or alleged to have a knife in their possession. Again, officer discretion always comes into it, but it's about individual risk assessment. For me at the time, it was about not approaching, and the onus always seemed to be about creating that space, not putting yourself at the risk of being cut. There was very little about getting hands on somebody with a knife, or I think I mentioned already earlier on, there's slight differences now in the programme where, if you're compromised and you have no option to get away from somebody with a knife, there are tools we can use to deal with that, or to minimise the risk, but there wasn't a lot about approaching a subject with a knife in 2013/'14.

138. I am asked if the following tactical options were taught during the recertification training in 2014/2015 as it relates to attending knife incidents. Firstly, I am asked if remote rendezvous point was taught. Yes, an RVP, it's a commonly used tactic, basically for officers to group prior to engaging with somebody. Again, depending on the threat, it's not always the best option for everybody to go straight to the incident. It's a way for officers to kind of hot brief, and have a quick discussion about resources, about who may do what, and what tactics or what action they might take when they get there. So, it's a meeting point prior to attending an incident. It's an often-used tactic.

139. Secondly, I am asked if 'observe, wait and feedback' was taught. I would say so, yes. It's not something that would specifically be taught in OST or anything, it's not really applicable to the OST programme. Along with RVP, it's not something that we would teach but, again, it's basic policing techniques, I would say.

140. I am asked if it is not applicable to OST, where would it be taught. That's a good question. Not something that I would be able to put my finger on. It's

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more of an instruction really. Certainly, things like meeting at an RVP or staying back and giving feedback, it would be something that would probably be instructed over the radio at the time by a supervisor or something like that. It's not really something that would be instinctive, I would say.

141. I am asked if 'verbal dominance or a hard stop' approach was taught. Again, it's not something that would be applicable to the OST programme, but that would potentially fall into your sort of tactical communication side of things, to gain compliance. That would certainly be part of that. On first engagement with a subject, your first attempt would be to try and get verbal compliance. If it's somebody with a knife, you'd hope that that would be enough to get them to put the knife down and comply, and gain control after that. So, yes, that definitely would be part of it.

142. I am asked what the recertification training was in 2014/2015 in relation to the management of knife incidents and identifying the most appropriate option when arriving at an incident where circumstances of a knife remained concealed on the subject and is not visible. Again, that would come down to how you approach the subject and what tactical communication you're using, obviously asking them if they have a weapon on them. You would ultimately be keen to get control of that person at some point to affect a search because you still have to act on the information that you've got, to see if the person potentially has a knife. So, you'd want to either confirm it or confirm they haven't got one. So, you'd have to get hands on at some point.

143. I am now referred to paragraph 63 of Inspector Young's statement SBPI-00153 which deals with training in relation to knife incidents where he says:

*"The way I saw 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."*

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144. I am asked if I agree with this comment by Inspector Young. Oh, yes, definitely. Contact and cover's still a widely used tactic, and it's about your contact officer having the attention of the subject, the other officers in such a position where they can maybe see if somebody has a knife concealed or something like that. You've got an adequate view of the person while still maintaining a safe distance. So, yes, I would definitely agree with that. It was something that, like I said before, we weren't really taught about. It was always about creating distance, about keeping your distance, a safe distance.

145. I am now referred to paragraph 64 of Inspector Young's Statement SBPI-00153 where he says:

*"Pre-2016, knife defence was the CUT principle. However, this provided no guidance as to 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."*

146. I am asked what effect, if any, did the introduction of the final 'T' for tactical option has had on the recertification training and students now having this option available. Personally, I don't think it would have made a huge amount of difference because, as an officer dealing-- pre-2016, if you had created your distance, use your cover, you know, you transmitted on the radio, you would be considering what options you had anyway. Because for me it would be, "What do I do now? What tactics can I use now that I'm in this situation?"

147. So, I think it's neither here nor there, really, about the tactical side of it. It's just something that we reinforce now to make sure that people do consider the available tactics, and we go through them. Obviously, there's various examples, like I said, about considering firearms, dogs, Taser, etc. So, you just reinforce that now, it's just an additional part of reminding officers about the options that they could consider.

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148. I am now referred to paragraph 45 of Inspector Young's Supplementary statement SBPI-00362 in relation to knife incidents:

*"What I found during my evaluations and talking to officers and instructors is that that part of the training, on identity, capability and intent and threat and risk assessment was, a lot of the time, neglected. The ethos that OST instilled was that a knife equals high risk. This shouldn't be the case. Just because someone has a knife doesn't necessarily make them high risk. One of the issues with OST is that there are only 2 levels of risk: high and unknown. When officers deem someone to be high risk, this affects their response options meaning that they will probably revert to a higher tactical option which isn't always necessary."*

149. I am asked if I agree with this comment by Inspector Young.

Yes certainly, Identity, capability, intent, that's something that's definitely in the course material now. When I talked about at the beginning of the operational side of it, the operational safety training, there's PowerPoints introduced, etc., and that's something that's talked about then. So that was introduced. I would agree that one of the issues is, there's only the two levels of risk. So, historically, when there's mention of a knife being present, then that certainly, immediately puts people in thinking of a high-risk situation, because obviously nobody wants to be harmed with a knife. I would agree with what he's saying there, definitely. I can't really disagree with anything that he's said there, it immediately puts you on a high-risk level of thinking, and that is a difficult thing to say otherwise.

150. I am asked to expand on what has been introduced as I've mentioned at the previous paragraph. When we were talking about identity, capability, intent, that's a current thing, but there probably wasn't as much of an emphasis on that kind of thing at the time, 2014/2015. There definitely was still talk about the high risk and unknown risk because, if you put it out to the class at the

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time, it would be, "What are the two risks?", it would be high and low. Well, there is no low risk, only unknown. So, yes, that probably wasn't quite as detailed back then.

151. I am referred to paragraph 14 of Inspector Young's Supplementary statement SBPI-00362 where he says:

*"By way of example, I experienced some instructors telling students that the best way to deal with someone who is in possession of a weapon, or a knife is to physically control them because that way they can't hurt you. This approach goes against the training ethos of CUT. We taught in 2015 officers who are faced with a knife to, where appropriate, **C**reate distance, **U**se cover and **T**ransmit. Immediately going in to physically control someone with a knife puts the officer at grave risk of injury. In the early days of my police career, I recall that training given in relation to knife incidents had a strong emphasis on gaining physical control. I continued to see this type outdated training being delivered intermittently during my quality assurance visits (conducted as part of my OST review) in 2014/2015. Teaching officers to attempt to physically control persons with a knife is problematical, as inevitably some will use it and potentially get seriously injured. There is not enough time in the programme to teach officers to effectively use this tactic and become totally competent at it. "*

152. I am asked If I agree with Inspector Young's comment. I would agree. I've never seen anybody teach the fact that you could go in and take control, because that would completely go against what the training would have been at the time, and you're putting yourself at huge criticism if you ever taught a student to, "Aye, just go in and take control of the person with the knife." That's certainly nothing I ever taught, and I would agree with the inspector's concerns there if he did see that.

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153. Yes, the ethos at the time was always about, "Create distance, use cover and transmit" back then, as I said earlier, it was about keeping space between you and the threat, not closing it down, because you're at huge risk of being cut yourself. So, yes, and it probably would take another whole session, another whole training session about specific knife defence tactics, if they did exist at that time, because the risk is so high, and a lot of people wouldn't be proficient at it to be able to defend themselves. So that's why we stuck to the tactics of just, "Keep some distance between yourself and that knife," because that was the only safe method at the time.

154. I am asked if much has changed on the recertification training as it is at present as it relates to knife incidents and the tactical options available. Yes, because the course covers two days now, there is a little bit more time, but it's more the fact that there's been another approach added to it and, the fact that if you cannot maintain that distance, there are some options open to you. It doesn't minimise the risk, or it doesn't take the risk away. If anything, it's dealing with a higher risk but, that's only if you have no option, and it's about sacrificing that space and taking hold of the subject in a certain way where it minimises the risk of you being seriously injured. So that is one addition, it doesn't detract from maintaining that distance if you can. So that's how it's kind of been modified. The technique now, specifically for dealing with a knife incident, has changed slightly where a baton strike is different than it was before. So, it's more an overhead strike rather than being something to use for purely keeping a threat away. It's still creating that distance, but it's a different tactic.

155. I am asked to outline what recertification training on Knife Incidents and Defence is now at present day. Previously, it was more a strike from the shoulder to the centre. There were high and low strikes with the baton, random but, it was deemed that if somebody could time it properly, then if the threat was switched on enough, that they could time it once you had struck and drawn the baton back, then that just created an open space that

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somebody could come in and stab you, so to speak. The new tactic is more of a forward strike now. It's a positive strike out, again, creating that distance, but it's got more potential for protecting you than the previous one did, or less potential for the person to react against it.

156. I am asked if any other recent changes have been introduced for knife incidents and defence. As I say, there's a couple of holds now. It's about keeping somebody at length, but if the distance has been compromised and somebody is actively trying to stab you, say, for instance, in the abdomen, you're locking your arms out now and keeping that knife as far away from you as you can, just to gain you enough time for, say, for instance, a colleague to assist or for another tactic to be used against that threat by a colleague who maybe steps in and assists.
157. There's another one where you would essentially get the person in an arm wrap, and you're close in where the knife is essentially sort of kept to the rear, so the only potential cut you could have is maybe against your stab vest.
158. So, it's not so much as being stabbed in the front or the abdomen or anything, you're immobilising the person because you've got them in an arm lock, so to speak. Yes, so, again, there only should your distance be compromised that you have no option.
159. I am asked, in my opinion, if I believe that the training on knife defence as it stands now is adequate and fit for purpose. Yes, I think we're definitely getting there. I would say so. It's difficult to cover every aspect of the knife threat because it's so dangerous. We still maintain that the best defence is keeping that distance between you and the threat, if at all possible, so I would say so, yes. As with everything, it's going to change in the future as it's changed already, so I would say it's definitely adequate now.

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## Training on Use of Force in 2014/2015 and Now

160. I am now referred to my statement PIRC-00502 at the first paragraph of page 5:

*“With regards to the Use of Force Standard Operating Procedure (SOP) I have never used this during the course of delivering the OST recertification input. In my opinion there is no requirement to, as there is a section dedicated to this in the manual which students have access to and there is information displayed on the walls which detail use of force (as I mentioned, which re direct lifts from the manual). It is every officer’s individual responsibility to be aware of the Use of Force SOP. This is mirrored across other topics as officers are made aware of the existence of these documents on the intranet. It is the officer’s responsibility to acquaint themselves with these. In terms of use of force, we do teach officers the PLANE (Proportionate, Legal, Accountable, Necessary and Ethical) model and that they are responsible for and must justify their own use of force.”*

161. I am shown PS10933 Use of Force Standing Operating Procedure (SOP) version 1.03 published 26 August 2013 and I am asked if this was Use of Force SOP that I am referring to in my statement. Yes, I have no reason to believe it would be anything different. Certainly, the same kind of content.

162. I am asked if I remember what was included on the information displayed on the wall as it relates to Use of Force during recertification training in 2014/2015. Yes, certainly the section you’re dealing with now, you go through different levels from compliance through to aggravated resistance, it’s like a rising scale, and it was tied into the PLANE model about being proportionate, legal, accountable, necessary and ethical. It was essentially a teach about justification and every action you take you must be able to justify. When I first joined the police, it was almost like a graph that was referred to and it was about, “When you’re faced with this type of threat, you should consider this

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type of response,” and things, and that changed now. It was about making your own decision based on the threat you were faced with and the information you have at the time, again, tied in with the National Decision-Making Model, and it was about considering options open to you and what you could consider, what you could justify. So, yes, it was tied in with this rising scale from compliance up to serious and aggravated assault and aggravated resistance.

163. As it relates to the PLANE principle, I am asked how exactly I would teach the ‘ethical’ element. It’s about what’s right and proper in the situation. It’s about what would be considered reasonable force or what might be considered as excessive on review. So, again, it’s about, I don’t know, a strong emphasis on justifying your own actions. It’s about sort of the ethics was all tied in with human rights and that kind of code of conduct, so it was very important.

164. I am asked if the recertification in 2014/2015 covered circumstances in which use of force is permissible or not permissible. There were no hard and fast rules. It was about your own justification for use of force and, it was then and still is stressed now, it’s your decision. Nobody can tell you to use force, you shouldn’t be directed about using force. It’s about your own justification for it because you’re answerable for it as an individual officer. It was taught that way and it still is now, so it comes down to individual justification for every single measure you take.

165. I am referred to paragraph 4.6 of page 7 Profiled Offender Behaviour of the Use of Force SOP PS10933 which outlines as follows:

***“Level 1 – Compliance.***

*Most people dealt with are reasonable and will comply with any lawful instruction. This compliance may be verbal, or it may be active compliance such as stopping an action when told.*

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**Level 2 – Verbal Resistance and/or Gestures.**

*This includes shouting, swearing and verbal challenges to request and/or instructions given. It normally includes non-verbal gestures and posturing (body language) and can consist of Warning and Danger signs of potential attack.*

**Level 3 – Passive Resistance.**

*This is a typical tactic used, but not exclusively, by demonstrators. It is best described as non-active conduct with no compliance to lawful instruction.*

**Level 4 – Active Resistance.**

*This is more of a physical form of resistance, in that the subject is actively doing something to prevent or obstruct an officer from carrying out their duty. This type of resistance, although physical by nature, falls short of an assault upon another. It can include holding onto an object/person, either physically or mechanically; struggling to break free from an officer's grasp; trying to dispose of evidence.*

**Level 5 – Assaultive Resistance.**

*This is when there is a deliberate intention by another to cause a physical effect upon a person, either directly or by indirect means (assault by menaces). It can be caused by an individual or by a group of people acting together.*

**Level 6 – Serious/Aggravated Assaultive Resistance.**

*The highest level of resistance encountered which generally involves the intended use of weapons as part of the attack*

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*where the perceived threat is that of a serious injury or is life threatening. It can also include situations without the presence of weapons where the perceived threat is that of a serious injury or is life threatening.”*

166. I am asked if the recertification training in 2014/2015 covered the Profile Offender Behaviour as outlined above. Yes, that hasn't changed at all. The profiled offender behaviour hasn't changed. Yes, it was pertinent at the time.

167. I am asked what level of risk of the Profile Offender Behaviour would I apply to the following situations. Firstly, circumstances in which it is appropriate to draw CS or PAVA spray and using it. You'd be going up to at least active resistance (Level 4). In fact, more than that. It would be assaultive resistance (Level 5) because unless there's an actual physical threat to yourself and you've exhausted other means to either gain control or de-escalate it. And, again, it's each individual officer's choice to decide what to do there, but unless there's an actual physical threat to yourself, personally I would find it difficult to justify using spray or baton. So, you're probably looking at Level 5 at the least.

168. Secondly, circumstances where a baton is appropriate. I am asked if this would be a level 5 as just commented on above. Yes, I mean, there are techniques that you can use your baton with. In Level 4 with active resistance, there's a technique called the baton arm lock where if somebody was refusing to take their arms out potentially. Somebody may be lying on the ground, and they've got their arms crossed underneath them, there is a technique you can use by inserting the baton and rotating it in such a fashion that the arm is drawn out, and then you can gain control from there. So, it's not a strike, but it's the use of a baton, but that's a kind of lower level. Again, it's difficult for me to comment exactly, but to have to use spray or a baton against a subject, you would need to be at risk of harm, physical harm yourself, or somebody else might be.

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169. Thirdly, circumstances where handcuffs are appropriate. Handcuffing, they can be used in a number of different circumstances. For instance, the fact that somebody's going to be transported in a police vehicle, you could handcuff them. So, anybody that's basically going to a police station could be handcuffed for safety reasons.

170. I am asked to further comment on circumstances where handcuffs are appropriate during restraint. Anybody under arrest could be handcuffed because somebody could be handcuffed to protect other people, could be handcuffed to protect themselves, it could be if they were going to escape. You know, there's various situations where somebody could be handcuffed. If somebody's been restrained and secured sufficiently, again, that's the officer's individual choice to handcuff somebody. Potentially Level 4 (Active Resistance), you know, if somebody's actively resisting because if you get a level of compliance-- You know, like I say, you could consider handcuffing at any level just because of the fact that somebody may be going in a police vehicle but, yes, it's hard to put a quantity on that because handcuffs are used in a number of different situations.

171. Fourthly, circumstances where fast traps or legal restraint are appropriate during a restraint. I would put it at the active resistance (Level 4) if somebody's trying to break free, somebody's kicking out with their legs potentially, I mean, that's the main usage of them. There's a risk of being assaulted by this person's use of their legs. Aye, certainly I would more consider it a Level 5 (Assaultive Resistance) if it's a deliberate intention.

172. Fifthly, circumstances where you place weight on a person during restraint. Level 4, because, you know, the person is actively resistant, there's a physical form of resistance. As it says there, they're actively obstructing. So, yes, if there was a level of restraint being put on somebody, because It's a way off the scale from compliance. This person's clearly not being compliant, so you

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have to gain control by some means and I would certainly say it'd be coming about Level 4.

173. I am referred to paragraph 4.7 at page 8 Officers Reasonable Response (Force Option) on the Use of Force SOP PS10933 as follows:

*“By combining the elements of Profiled Offender Behaviour and Impact factors it affords the officer/staff the ability to quickly assess the threat and to make an informed decision to adopt appropriate tactics from a range of force Options in order to deal with the situation in a controlled justifiable and accountable manner. These responses can be sub-categorised:*

**Level 1 – Officer Presence.**

*This is a broad term encompassing the physical and psychological aspects of an officer, especially in uniform or other specialist equipment, having a visual impact and effect on the mind or will of another merely by attending to or arriving at a situation. Adopting a professional approach and conduct can enhance this.*

**Level 2 – Tactical Communications.**

*By definition, tactical communication means the ability to give out and take in information in a way which gives the officer a tactical advantage. It incorporates verbal and nonverbal communication skills and is the ability of an individual to effectively use all forms of communication, within reason, to resolve an identified area of conflict. This level could include giving specific direction, commands, and/or instructions to an offender, even in a forceful vocal manner.*

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**Level 3 – Control Skills.**

*This is the lowest level of physical use of force where there is some form of restraint applied to an offender. This may be as little as placing a hand on an offender, applying hold and restraint techniques, up to and including various handcuffing techniques and the use of leg restraints.*

**Level 4 – Defensive Tactics.**

*These tactics are generally perceived to be strikes, whether delivered by means of empty hand techniques or baton strikes, but also include the more robust defensive handcuffing techniques and the use of the CS Incapacitant Spray.*

*In circumstances where use of Specialised Operations are authorised use of Public Order Tactics, Police Dogs and specialist weapons available to Authorised Firearms Officers, such as the L104A1 Launcher and Taser may be considered as Defensive Tactics.*

**Level 5 – Deadly or Lethal Force.**

*This is a level of force that has the potential to cause serious injury or even death when it is applied. It may in certain circumstances, where there is a serious risk of severe injury or a life threatening risk, be a deliberate choice of option, but in all circumstances must be appropriate to the perceived threat and degree of imminent danger. If this is the chosen option there must be a high degree of jeopardy involved; i.e. the subject has the Means, Ability/Opportunity and is displaying Intent to cause serious injury or kill. All elements of Jeopardy must be present immediately at that time that lethal force is applied. Officers using empty hand strikes, baton strikes, as well as Authorised*

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*Firearms Officers use of conventional firearms could potentially deliver lethal force.”*

174. I am asked if the recertification training covered the Reasonable Officer as outlined above. The best I can recall, that was part of the same teach as the use of force options, you know, the level that we just went through a few minutes ago there, so it was all kind of included in the same part of the teach. Not to a huge degree like that, but it was mentioned about the rise in scale, similar to the use of force model.

175. In so far as it relates to handcuffs, fast straps and other restraints, what were officers taught during recertification 2014/2015 on when these should be removed, particular as it relates to when CPR has commenced, and the subject is moved to an ambulance. The main thing taught about certainly with Fast straps and things is about more checking the tightness and “Are they too tight? Are they too loose? Should we check to periods of 20 minutes?”, just to make sure there's no constricting of blood flow, that kind of thing. So that was the main thing taught about the use of Fast straps, along with maintaining control and keeping observations on somebody. So, the rest would be kind of up to the officer concerned, really. There was nothing taught about when somebody was put in an ambulance that just wasn't part of the detail of the training.

176. For the avoidance of doubt, I am asked if it was taught when you should remove restraints if CPR has commenced. I don't remember that being taught at the time. Again, I keep referring to what it is like now but, yes, that's definitely talked about now. I don't think it was referred to, the handcuffs taken off, at the time. CPR, it would've been encompassed in the CPR teach about, you know, just monitoring and if somebody has stopped breathing, then you immediately go through the steps involved in the CPR as per your training. That certainly was taught and still is. It's about monitoring your subject and not just leaving them. When they're restrained and handcuffed

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and, you know, placed in leg restraints, they're not ignored. They have to be monitored.

177. I am asked what was taught in relation to the use of baton and the impact on the subject for example when you should call for medical assistance or ambulance during recertification training in 2014/2015. Nothing specific. You know, I already alluded earlier on to the chart. It was like a trauma chart for areas of the body that were deemed more high risk. There were high and low risk areas, red and green. Obviously red emphasised danger, green was less so. Obviously, striking to the head or other sensitive areas of the body were considered more dangerous to the subject, obviously, and that was something that an officer had to be mindful of, about where it would be appropriate on that given time to strike. That's something that would've been taught at the time, not specifically about when to call an ambulance, etc. Again, that's something that would be down to the individual officer's responsibility, to manage that as such. I wouldn't say it would be included in any teach.

178. As I have mentioned Baton strike, I am asked if the recertification training covered what to do if a person has suffered a head injury as a result of a baton strike. The first aid course wasn't specific enough at that time. No, I have to say there wasn't anything included in the teach about if somebody was struck to the head, what to do about it. That level of first aid teaching has only just come in, in the change of the programme in recent years, about traumatic and catastrophic bleeds, etc.

179. I am asked if the recertification training in 2014/2015 covered what to do when a subject has been sprayed with an incapacity spray. Yes, there always has been, and there still is now, about aftercare, a level of aftercare given when somebody's sprayed with at the time, it would've been CS incapacitant to give the person some type of aftercare, whether it's advising them not to rub their eyes, to try and blink, to try and encourage it to wear off. It was a temporary

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measure that'll wear off after time and, if the signs and the effects of it continued for more than a reasonable time then you would ask for an ambulance to get them seen at hospital because it could be an adverse reaction. So, yes, there was a bit more involved in that side of it for the spray.

180. I am referred to paragraph 82 of Inspector Young's statement SBPI-00153 regarding the submission of Use of Force Forms, where he says:

*"When I was involved in training probationers in 2014/15, 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 2014/15 in recertification training, but officers should have been made aware of it. [...] Some divisions recorded Use of force forms, others didn't, and they did it on various platforms. "*

181. I am asked if the recertification training in 2014/2015 covered the completion or requirement to complete use of force forms. I'm sure we did because that part of it was mentioned along with the requirement for instance, an officer had to discharge their CS spray at the time, there's a requirement to record that as well. That was all given in the same input. I'm fairly certain that ever since I've been teaching OST that there has always been mention of the requirement for the use of force form. I don't think there was a time where we didn't. So, yes, I would say there was always a requirement for that.

182. I am asked if this is still the same at present day. Yes, yes, it's still exactly the same requirement.

183. I am asked, in my opinion, if I believe that the training on Use of Force was adequate and fit for purpose back in 2014/2015. Yes. It was explained well, yes.

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184. I am asked where the training is at present day on the Use of Force. Still equally as important. Any time other than compliant handcuffing, as it's described as, a use of force form should be submitted now, and it's the officer's responsibility to have that done timeously so that PIRC can receive it by the next day, within 24 hours. If anything, it's an easier system to use than it was before, so it's not a time-consuming thing to do, and the reliance is on the officer to have that done. So, yes, it is just as important.

185. I am asked if there are any significant changes in the training on Use of Force at present. I think the positive changes and the use of forces recorded are definitely better, the fact that there has to be more accuracy now. So, for instance, if a form doesn't include all the options used, say, for instance, somebody's handcuffed, you must include any restraints that were used prior to that or in conjunction with it. So, every technique that was involved has to be documented, which is an important part of it before it could be submitted. It is an electronic form. Every step taken, every number of officers involved is recorded, so I would say it's a good system.

186. I am asked, in my opinion, if I believe that the training on Use of Force as it stands now is adequate and fit for purpose. Yes.

**Scottish Police Emergency Life Support (SPELS) Training in 2014/2015 and Now**

187. In my capacity as an instructor in 2014/2015 in so far as it relates to Scottish Police Emergency Life Support (SPELS) I am asked to confirm if PS12313 SPELS Lesson Notes last amended 25 February 2014 was the material in use for SPELS training. Yes. Yes, I think so, yes, because it certainly mentions about early defibrillator and early CPR, etc., so yes.

188. I am referred to the final paragraph of page 4 of my Statement PIRC-00502 where I say:

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*“As mentioned, at the time students would sit a SPELS paper assessment at their recertification training before completing this practical session. At present, the theory element is completed previous to the training on Moodle and is a prerequisite before registering on the course. This would be recorded on SCOPE and is something I clarify verbally at every course during the safety brief. I do not use or have ever used the above document in the delivery of SPELS. I base the SPELS input from the manual, my own knowledge and experience as a trained instructor and from updates contained within force memorandums. Every three years I complete a First Aid at Work certificate and I attend an instructor’s workshop yearly which incorporates the entire programme including SPELS, any updates and of which is recorded on SCOPE.”*

189. I am asked if the document that I have referred to in my statement is the same document I’ve been shown PS12313. That would be for the initial teach. I think what I was referring to there would be, because it was a relatively short teach, the SPELS section. I was doing that from memory as there’s only really two sections of it as per CPR and recovery position. So, I wasn’t very involved then and it’s something that I’m glad changed since then, and I think the feedback we get is that first aid is far better than it was then. So, for that reason, I was able to kind of run the teach off the top of my head and, you know, you’d offer input from your colleague who you were teaching with as well. So, it would be adequately taught, knowing that the documentation was there if you needed to refer to it.

190. In so far as it relates to basic life support, I am asked if the SPELS recertification training in 2014/2015 would cover positional asphyxia. Not necessarily then. It would be more in the actual section covered by positional asphyxia. It was more a case of going through the stages of a primary survey of a subject on the ground that might be unresponsive or looking for the danger that caused it, dealing with that and then, assessing your casualty, are

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they breathing, are they not breathing? So, you've got to run through the steps, ultimately finishing the CPR and then into the recovery position. So, there wasn't much more than that, really.

191. I am referred to Position Statement 7 at paragraph 28 which comments on Positional Asphyxia being taught:

*“The SPELS lesson notes for probationers were not used in SPELS refresher training. However, the SPELS refresher training would cover practical skills (CPR and recovery position) as well as the medical emergencies that officers might encounter, such as Positional Asphyxia, as set out in the SPELS lesson notes.”*

192. I am asked if I agree with this paragraph which states that Positional Asphyxia was covered in SPELS recertification training in 2014/2015. I don't really remember adding it into that because it was in a separate. You talked about medical aspects such as positional asphyxia, but that was more sort of clarified than the actual teach for itself as a kind of separate teach, but I wouldn't disagree with it, no, because it was covered, not necessarily in SPELS, but it was certainly covered. You talked about somebody being prone on the ground, and that's why every time we taught OST, as I mentioned earlier, we'd talk about the dangers of somebody being prone on the ground. So, again, that was maybe because there was an element of fluidity in the way you taught the programme. As long as all the subject matter was covered, it was sometimes maybe more appropriate to add it in at a different section of the day, if that makes sense. But, yes, it's again difficult to recall exactly, but I can't quite remember. I don't think it was taught at that time.

193. In relation to the online training platform Moodle, I am asked if I had oversight to see what the theoretical element of the SPELS recertification training entailed. No, no particular oversight. Moodle's a purely online platform where somebody would log on to it and then carry out that particular training

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programme, which is still used today for various aspects, various training modules. As I said before, somebody would have to complete their Moodle training for first aid prior to coming on the course. The only other side of it would be when they carried out the sort of multiple-choice exam and it would be marked afterwards. So that was the only other part we were involved with, but it was nothing to do with Moodle.

194. I am asked, in my opinion, if I believe that the recertification training on SPELS which only covered basic life support was adequate and fit for purpose in 2014/2015. From a personal note and, I'm putting myself maybe at risk here, but I've never felt it was adequate enough personally. I always thought it should include more such as it does now. We have a much better programme in place now but, again things evolve, things improve over time with everything. No, personally I don't think it was enough at the time.

195. I am asked if there a specific element that I think should have been included in 2015/2015. I feel we didn't do enough for things like trauma management and dealing with bleeds. We dealt with choking, which was a good one, but there wasn't much more involved. Dealing with somebody, which is important, the CPR side of things is very important, but other than that, putting somebody in a recovery position, I never felt it was enough, just personally.

196. I am asked to outline what SPELS now referred to as Operational First Aid looks like at present and if there has been any notable improvement. Things like, as I said, dealing with bleeds, knowing how to pack a wound, we'd teach how to apply a tourniquet now. There's more effective management of choking, it's just more involved. I think the fact that it's more a sort of overall first aid now is far better than it was, giving officers a bit more information than they had before and more skills.

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197. I am asked if the SPELS recertification training at present day covers Acute Behavioural Disturbance, Positional Asphyxia, Psychosis, Drug and Alcohol intoxication. Yes, that's certainly part of the signs and symptoms of drug and alcohol intoxications included. It could be some of the questions that you're asked in the assessment at the end of the day. So, they formed part of that and Acute Behavioural Disturbance to look for signs and symptoms of that as well. So, yes, that is all definitely included.

198. I am asked, in my opinion, if I believe that the training at present day on Operational First Aid is adequate and fit for purpose. Yes, I do.

**Standardisation in 2014/2015**

199. I am referred to paragraph 25 of Inspector Young's statement SBPI-00153 where he says:

*"Back then for my review there were many forces that had no lesson plans, they had no risk assessments, they had no training documentation, and there was no standardisation or consistency."*

200. I am asked if I agree with what Inspector Young has had. I didn't really see much of that myself. I'd say it was mostly differences in teaching style I would say more than anything. I assisted a few times at Fettes headquarters in Edinburgh, as I said before, at the college at Tulliallan. No, I didn't really particularly experience that. Because I spent most of my time in Glenrothes teaching up there and largely with the same people, I would say we had a kind of standardisation of how we talk there. It would be hard to comment on other areas because I didn't really venture too much into other policing areas, there's only one or two times really, but I recognise there was a need for standardisation across Scotland.

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### **Death Message in 2014/2015**

201. I am asked if the recertification training in 2014/2015 trained officers on the liaison with the next of kin or delivery of a death message. No, no, I don't think I was ever part of delivering a death message. No, I don't think it was ever part of the programme. Generally, I don't recall that ever being something we would teach. It wouldn't fit into the syllabus. I think that's something that would be more taught at probationer training at Tulliallan. I'm not sure, I don't get involved in that.

### **Area Control Room and Stay Safe Message in 2014/2015**

202. I am asked if the recertification training in 2014/2015 trained officers on communicating with the Area Control Room when they're attending an incident, in particular in relation to providing feedback to the Area Control Room. No, again, that's more I would say core training, nothing specific to officer safety training at the time. There is a reference to it these days obviously about more than a case of casualty updates when you're requesting an ambulance, that kind of thing. It's more about if a subject is not breathing, you know, it's about the urgency of an ambulance attending. No, there's nothing about standardisation about radio procedures.

203. I am asked if the recertification training in 2014/2015 trained officers on the Stay Safe message. There's a reference to it when we talk about the CUT principles because that is something that gets passed by a controller and, when we talk about it during the knife teaches, when we ask for, you know, "Can somebody tell me what CUT stands for?", somebody will use a reference or that's what the controller tells you if a safe message comes over. So, there is a reference to it there, but it's more like an ad lib part of it.

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## Recertification Checklist in 2014/2015

204. I am referred to paragraph 2 of page 5 of my statement PIRC-00502 where I say:

*“Following completion of the course, firstly at the time of January/February 2015, the instructor would be responsible for taking the OST checklist, an attendance register (which is a hard copy record of all officers in attendance - officers were required to sign their names on a sheet) and the fitness declaration form to the Learning and Development Office in Glenrothes. As I have been based here to deliver training this was the protocol we followed, I cannot speak to other locations.”*

205. I am asked to confirm if document PS11096 the Officer Safety Training Checklist was in use and used by me during the recertification training in 2014/2015. Yes, I think it was. We used the same kind of one for years until the programme changed.

206. I am also shown **PS11096** and PS17855 Officer Safety Training Checklists to clarify if these were also in use at the time. Okay, I think that would be when there was a slight variation over the years. The original programme when I started, as you would appreciate, some techniques were removed, other new ones brought in, so there will be slight variances in the original one and the updated one.

207. I am asked to confirm which one would have been relevant and in use in 2014/2015. Hard to remember now, I'm sorry. That would be within two years of me being qualified as an instructor, the incident in question we're talking about, so the form could have been introduced at any time over that. Seeing the three of them, I find it difficult to know which one I used at the time because I see the later one (PS17855) includes the body armour check, which is something that was introduced a bit later on. Yes, because I think

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that has checks of body armour, which we ordinarily didn't do at the very beginning when I started training. So, the later version, I think. Given that, I would find it difficult to know exactly which one we used at the time. But I do recognise all three.

208. I am now referred to paragraph 6 page 5 of my PIRC-00502 Statement where I say:

*“At present, the procedure has changed slightly with regards to record keeping. In Glenrothes, the resource deployment unit will print out a list from SCOPE of officers expected to be in attendance at a session. At the start of the course, the instructor will check this by completing a roll call of names to ensure all officers are accounted for and the session is not over-prescribed. There is a strict ratio here for 1 instructor per 8 students which must be adhered to. Only officers who have been listed as being attendees will be allowed to participate. After completion of a course, Instructors will take the OST checklist and the attendance sheet to the Divisional Co-ordination Unit...If an individual had failed to achieve competency in a session this would be recorded on the previously mentioned checklist, however in my experience as an OST Instructor this has never occurred.”*

209. I am asked if attendance sheets are still used as I've described above at present. Yes, there's a printout and a roll call still carried out the same, because you could have somebody who's had to call in sick that morning, or there's maybe been a late substitution where somebody else has stepped in. So, you're just confirming who is attending and the same still stands for being overprescribed. That tends not to happen. So, yes, you're just checking you have everybody there that's meant to be there.

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210. I am referred to my comment on *“There is a strict ratio here for 1 instructor per 8 students which must be adhered to”*. I am asked if this was always adhered to in 2014/2014. It would be hard to recall, maybe once or twice an entire time I’ve been an instructor, there’s been one too many people. I can’t quite recall how that managed to happen. I’ve had to send somebody away before and asked them to get themselves on another course. That’s happened once or twice.

211. I am referred to paragraph 2 of page 3 of my statement PIRC-00502 where I say:

*“At this time, the training was recorded on a OST course checklist which documented all the techniques to be covered. At this time, instructors were not informed to deliver the training in exact sequential running order of the checklist, but every aspect was to be covered, which was documented when sections were “ticked off”. For information purposes, that is different now in that the running order is more prescriptive and instructors do follow the chronology on the form. This checklist was filled out by instructors during the course for a class group. If an individual was experiencing issues with a particular technique, instructors would spend time and focus on that person until the achieved competence. I have never had an experience whereby an officer has failed to meet a required standard for a technique.”*

212. I am asked if I was able to cover all the topics from the checklist in the allotted time during the recertification training in 2014/2015. Yes, we allotted a starting time of nine o’clock and generally it was always finished before 5 p.m. So, yes, we did cover all techniques and the requirement was, like I say in the statement there, everything to be kind of ticked off and accounted for. It didn’t necessarily have to be in that running order but, as long as we covered all the techniques, because sometimes you find it more beneficial to a certain teach at a certain time, it’s just a kind of dynamic way the course was set out. It was

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more to do with individual teaching style than anything else. You found it sometimes more beneficial to teach certain things at certain times, as long as we covered everything, which we did.

213. I am asked if I believe that the length and content of the checklist impacted the quality of training provided to the officers. I didn't feel at the time, no. And, again, referring to how it is now, things are different because it's a two-day course, but I didn't feel at the particular time we were struggling to fill things in, no. Because we managed to cover all the content in the time, it would have been adequate.

214. I am asked, as the checklist didn't run in sequential order, were there certain topics or subjects of training that I placed more emphasis on than others. No, no. I wouldn't say so. They're all there for a reason, for a specific reason, so no.

**Training on Deaths in Custody in 2014/2015 and Now**

215. I am asked if the recertification training 2014/2015 provided training on Deaths in Custody or Deaths following Police Contact and If so, what did this training entail. There was no specific training provided regarding Deaths in Custody or Death following Police Contact.

216. I am asked if there is training at present day on Deaths in Custody or Death following Police Contact and if so, how has the training developed from 2014/2015. There is no specific training at present day regarding this.

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## Equality and Diversity

217. I am referred to paragraph 76 of Inspector Young's statement SBPI-00153 where he says:

*"I'm also asked about training provided in relation to diversity and race in 2014/ 2015. There was no such training within OST training."*

218. I am asked if I agree with this statement by Inspector Young. The only part I can remember and, I think it was related to then, was about when it came to searching people. It was more about awareness of cultural needs and potentially those of transgender identity when carrying out an intimate search or a search at a police station. So, I'm sure it was covered to some degree then, but there wasn't a specific teach about race and diversity.

219. I am asked to clarify what I mean by cultural sensitives and circumstances. One of the particular instances we covered, if it was, say for instance, like religious headgear, headwear, that kind of thing. So, if somebody had a religious head cover there was kind of the sensitivity around that and about communicating with the subject and finding the best way to approach it. It's difficult to say 100 per cent, I know we do that, it's all covered now, but I'm pretty sure there was a reference to it then, during searching.

220. I am asked when I say it is covered now, is it a standalone part of recertification training provided to officers. No, not specifically, no. Again, it's more about when it comes to searching persons in police custody. So, it's very similar, about communicating and asking the best way to carry out that search without offending the person or about respecting their cultural needs, etc.

221. I am asked if I receive any additional training on Equality and Diversity in my capacity as an instructor. Well, some years ago now, in initial probationer training at Tulliallan in 2004. Same as everybody else, I think you spend the

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first week – I certainly did then – on diversity training. That was one of the first things you had an input on at police training college.

222. I am asked if my most recent training in relation to Equality and Diversity would have been in my probationary training. Yes, I can't think of any other specific circumstances where there's been any update on that.

**Contact with other witnesses.**

223. I am asked if I know or have spoken with other witnesses in this inquiry or discussed the inquiry with them. No, no I haven't.

**Post Involvement and Media**

224. I am asked if I have been involved at all in the investigation since 03 May 2015. No, the only involvement I had is with my previous statement in 2018. That's the only involvement I've had.

225. I am asked if I have been following the inquiry on the news or social media. I've seen some of the news clips on the news on TV. I haven't specifically sat and watched anything, as in the stuff that was posted on YouTube, etc., but I've seen a few of the clips, yes. It's just the news. I don't really follow social media as such, but I've seen some on the Scottish news.

226. I am asked what I have seen or heard about the inquiry. I haven't really watched much of it. I think one of the main, in fact it was only last week when the retired Divisional Commander Derek McEwan, I didn't pay much attention, I just noticed that he was giving evidence. To be perfectly honest, I don't really recall what he said but I just remember seeing him on TV and, as I said, I don't really pay it an awful lot of mind.

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

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November 17, 2023 | 7:41 AM GMT  
.....Date.....