

Transcript of the Sheku Bayoh Inquiry

Wednesday, 6 December 2023

(10.00 am)

INSPECTOR DAVID BRADLEY (continued)

Questions from MS GRAHAME (continued)

LORD BRACADALE: Ms Grahame.

MS GRAHAME: Thank you.

Good morning, inspector.

A. Good morning, ma'am.

Q. Can I go back to something I asked you about yesterday, just to ask for a little bit more detail. When we were talking about your personal perspective and your personal views about there being more authorisations for armed policing, I asked you a few questions about that. If we -- if the Inquiry wishes to go back to Police Scotland and ask about data and maybe statistics, is there a particular department that would be able to help us in relation to determining how many authorisations are granted, how many incidents they attend?

A. I think the Analysis and Performance Unit of Police Scotland would be the logical department to be able to look to who normally compile data of that sort of nature.

Q. Right, thank you very much. Have you ever seen any data for anything like that?

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1 A. No, ma'am, no.

2 Q. Yesterday we were looking at module 4 of the 2017 manual
3 which is PS18539. And if we could just finish up
4 looking at that. I think we finished on page 5 and
5 I would like to move on. I'm not going to take you
6 through pages 6 to 8 in any detail. We have heard quite
7 a few -- we have heard quite a lot of evidence about ABD
8 and we heard from Dr Stevenson last week about this, but
9 if we could look at page 7 and 8 -- let me just check.
10 Sorry, page 6 it is. There we are. So this is
11 section 4 on acute behavioural disturbance, and I'm
12 interested in the signs and symptoms which are in the
13 right-hand column.

14 We have heard quite a bit of evidence, as I say, on
15 this and it's very largely similar if not the same to
16 the 2013 manual in many ways, but there was a bullet
17 point here that says:

18 "Non-responsive to the presence of authority
19 figures/unable to follow commands."

20 That's new in the 2017 manual. Do you know anything
21 about the circumstances that gave rise to that being
22 added into this manual?

23 A. No, ma'am. I couldn't provenance the origin of that.

24 Q. Right. Do you know if that specific bullet point is
25 raised as part of the training course that's based on

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1 the 2017 manual?

2 A. I would have to look back to the current training
3 notes -- as you can imagine it's quite a long list -- to
4 confirm whether that specifying point was in the
5 training material or otherwise.

6 Q. And during the training courses for recertification, or
7 for the probationers, if you know, is that bullet point
8 highlighted, the "Non-responsive to the presence of
9 authority figures~...".

10 A. Again, that level of nuance, I would have to go back and
11 look at the training for that.

12 Q. All right, thank you.

13 Can I also ask you some further questions about
14 de-escalation. We looked in the module on tactical
15 communications yesterday, PS18538, and if we could look
16 at page 10. Now, this is a new section that was added
17 to this manual, section 10, "De-escalation strategy",
18 and it talks about, as it says:

19 "The elements of de-escalation strategies when
20 dealing with a subject, will depend on the context and
21 environment."

22 And it's very much what you were saying yesterday
23 and it then lists 14 principles which we can read at our
24 leisure.

25 We have heard evidence from a number of witnesses

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1 that in the 2013 manual and the training that was given
2 at that time there was an emphasis towards officers
3 gaining control of a subject.

4 A. Mm-hm.

5 Q. And that now, since the 2017 manual, de-escalation has
6 been inserted into that manual in a more significant way
7 than it was before and there's been a shift in the
8 training and we have heard that that shift has involved
9 maybe more greater recognition of people with mental
10 health difficulties and the way they may behave and have
11 to be managed, and also a greater emphasis on
12 de-escalation.

13 A. Mm-hm.

14 Q. And communication, in a way. And I wondered if you had
15 any views on that, or comments about the training now
16 and is there more emphasis on de-escalation?

17 A. Yes, I do think that's a reasonable conclusion to make
18 around where the training sits and where it's moving in
19 the future as well. As I mentioned, I think, yesterday,
20 this chapter as an example is outwith our Force
21 Negotiations Unit to examine the content, to look to
22 bring it up-to-date with the latest thinking from their
23 perspective as our service level experts on how we can
24 best integrate the most current principles around
25 tactical communications and de-escalation into everyday

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1 policing.

2 Certainly our plans moving forward with that are to
3 integrate that not just within operational safety
4 training but throughout the initial training period, so
5 I think I mentioned yesterday that it's not just in
6 operational safety training where officers undertake
7 scenario-based training. They do that at different
8 periods of their initial training through different
9 modules, be it roads policing, dealing with the
10 vulnerable, criminal elements and the like.

11 Our expectation moving forward is that we should see
12 a model of communication that can be employed throughout
13 that training and that we would like to see that model
14 debriefed and reinforced, so not just in operational
15 safety training because it's not just in use of force
16 matters that officers deal with members of the public
17 and these skills and strategies can be of wider use in
18 any way we deal with members of the public, because, as
19 we know, the members of the public don't tend to call
20 the police because things are going well.

21 So the ability to be able to employ these strategies
22 more widely than just in a use of force context we think
23 is important, but also it gives us a chance to reinforce
24 that model consistently throughout training to better
25 embed this as a method of communication moving forward

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1 and, you know, I would say it's important to understand
2 that we're not talking about a choice here between
3 de-escalation and use of force. I think we can accept
4 and understand that it's a more complex picture than
5 that, but we would still expect our officers, when they
6 are capable and when they're able to and when the
7 situation allows for it, to be able to employ these type
8 of strategies. And so trying to come to an agreed model
9 that we can use consistently, and again even between
10 comparable programmes like ourselves and the taser
11 programme, which is similar, we think is an important
12 step moving forward.

13 Q. So even with the taser programme is there an emphasis on
14 de-escalation also?

15 A. Yes. I think I mentioned yesterday myself and
16 Inspector Young working in comparable programmes.
17 I think it's important that we move forward together
18 with that, so again the officers who have then
19 subsequently attended initial training, have attended
20 recertification training and are hearing similar
21 strategies, when they attend taser training they again
22 hear and get reinforced with compatible strategies. So
23 we're reinforcing that same model throughout the whole
24 learning environment that the officer attends.

25 Q. So is there now a recognition that that consistency

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- 1 across all areas of training can reinforce positive
2 messages to officers?
- 3 A. Yeah, I think that's accurate and it reinforces that
4 understanding that we have limited training time and if
5 we wish to reduce opportunities for skill decay, if we
6 wish to embed schemas of training over a long period of
7 time, that that takes consistent investment at every
8 opportunity we get to interact with an officer when it
9 comes to training and that over a longer period of time
10 that consistent investment starts to pay off because the
11 officer only gets that message moving forward, albeit
12 updated by any advances in our understanding, but that
13 longer-term investment pays off in establishing those
14 schemas for an officer over a longer period of time.
- 15 Q. From your experience do you find that repeating that
16 message and reinforcing that message over a period of
17 time helps officers digest and comprehend and use the
18 training?
- 19 A. Yes, it's more likely that if we continue to reinvest in
20 those similar messaging every time we have that
21 opportunity we can look to reduce potential for skill
22 decay, we can look to embed those key messages and
23 learning as the schemas that they fall back on as
24 operational pressure increases as well, and it makes the
25 best of the training time that we have and the contact

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1 time we have with officers.

2 Q. Can I ask you how you handle the situation where
3 officers have perhaps been in the police for many, many
4 years and were trained 10 years ago, 15 years ago, or
5 more and learned a different, or possibly learned
6 a different way in their early training. How do you
7 balance what they learned originally and what they have
8 used for many years with this emphasis -- renewed
9 emphasis on de-escalation?

10 A. Yes, I think that's a really -- it's a really good
11 question because it's a really tough ask. We have
12 officers who have been trained a certain way over a lot
13 of years and that's going to take time to be able to
14 change those methods for them and all we can do around
15 that is look for that consistency. We can look at
16 alternate training models as well and how we perhaps
17 start to inject different opportunities for officers to
18 be exposed to that training and, you know, as one
19 example, for instance, in the beginning of next year we
20 will be looking at trialling a monthly operational
21 safety training model in certain areas of the country as
22 a test of change, to see whether we can look to lessen
23 skill decay, increase operational effectiveness through
24 that methodology. To my mind that's never been trialled
25 anywhere else. We will have our Analysis and

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1 Performance Unit analyse the results over that and see
2 if we can reduce injuries to both officers, subjects and
3 increase their abilities and their confidence around
4 having to use these techniques in challenging
5 environments.

6 Q. Can I ask you to look at your Inquiry statement please.
7 I was going to ask you about this later so forgive me if
8 I get the wrong paragraph.

9 A. That's okay, yes.

10 Q. I think it's paragraph 192. I may be wrong on that.
11 Yes:

12 "We have received permission to trial a monthly
13 Operational Safety training model with officers in a two
14 area commands in early 2024. It's never been done
15 before in the UK to my knowledge ..."

16 Is this where you address this in your Inquiry
17 statement?

18 A. That's right, ma'am.

19 Q. And can you tell us a little bit more about this monthly
20 trial?

21 A. So this was off the back of some independent -- or
22 research independent of my department, the Operational
23 Safety Training Department, done by the Analysis and
24 Performance Unit of Police Scotland, that indicated that
25 officers were 40% less likely to be injured on duty when

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1 they were within 30 days of attending their two-day
2 recertification period. A really interesting bit of
3 research, not something we had seen quantified before to
4 that level and they felt that they had quite a high
5 confidence in those results.

6 So on the back of that, as you would expect, we
7 asked ourselves the question of, well, what would that
8 look like to be able to continue that moving forward
9 because we -- the research noted that over the 12-month
10 period that effect diminished down to about a 7%
11 reduction at the 12-month mark. Now, that's what we
12 would expect when we map that against what we know
13 around skill decay for physical and cognitive skills
14 over a 12-month period. That almost maps that decline.

15 And so we asked ourselves what we could potentially
16 do as a test of change to examine whether we could
17 replicate and prolong that result, and so looking at
18 a monthly model to see whether we might be able to do
19 that with Analysis and Performance Unit to the side of
20 us, again measuring that outcome just to measure against
21 what impact that might have.

22 We don't know what the result will be because it's
23 not been done before, but in the interests of moving the
24 programme forward and looking at innovative models that
25 we can employ to be able to improve the safety of what

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1 our officers do operationally, we felt it was worth
2 exploring this to see -- to genuinely test the outcome.

3 Q. Is it only in respect of the safety of the officers, or
4 are there corresponding improvements in the safety of
5 the public?

6 A. Yes, I think that's a really good question and most
7 recently -- and actually as a result of the work we were
8 doing in putting together this statement one of the
9 questions that was asked of me was around the data that
10 we retain on subject injury. And I know it's mentioned
11 in my statement, we have quite a new and developing
12 database of a number of areas around use of force, but
13 one of the areas that wasn't included on it was subject
14 injury.

15 Subsequent to putting the statement together
16 I actually spoke to the analyst responsible for the
17 actual database and what's being put behind it and
18 what's being drawn from our data sets about the
19 potential to be able to track subject injury because it
20 seems like a logical addition. He was very positive
21 about that and is indeed already working to add that to
22 our data set that we will be able to track specifically
23 and gave me some initial numbers actually for the last
24 five years as well, as a starter for ten as well. So
25 that will be something that we can track going forwards

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1 and I would expect that will be a data set that we would
2 like to track through the period of the trial as well.

3 Q. And is the analyst working within the Analysis and
4 Performance Unit?

5 A. Yes.

6 Q. And if we wanted to find out more about these statistics
7 and the impact on skills decay and subject injury, would
8 that be the best place to go to?

9 A. Yes.

10 Q. Is there a particular person that we should get in touch
11 with?

12 A. I'm sure he will thank me for this, it's Andrew Coventry
13 is the analyst who has done some exceptional work
14 actually in this field.

15 Q. Thank you, excellent.

16 If we could go back to the manual please, if we
17 could look this time at PS18537 and page 14, which is
18 the Tactical Options Model. I asked you questions about
19 this yesterday. There we are. And we see just towards
20 the bottom of that page, if we can look at that, we see
21 that tactical positioning, tactical communication -- we
22 talked about this -- and can we look up at the top
23 please. You will see that there's nothing there that
24 says "Tactical options" specifically, but the whole
25 model is called "Tactical options".

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1 I asked Inspector Young about this when he gave
2 evidence and I would like to ask you the same thing. We
3 have heard evidence in the Inquiry about the tactical
4 options that are open to officers attending a knife
5 incident and we talked about this model yesterday.

6 A. Mm-hm.

7 Q. I specifically asked him about other evidence we have
8 heard regarding four options. I think you have listened
9 to Inspector Young's evidence, haven't you?

10 A. Yes, I have.

11 Q. So you probably remember me asking him about four
12 options.

13 A. Yes.

14 Q. One was a remote rendezvous point, an RVP we were
15 calling it; one was observe, wait, feed back -- again
16 there was not engagement with the subject but they would
17 be closer, not in a remote position; the third was
18 de-escalation, which involved engagement with the
19 subject and the fourth was -- we called it verbal
20 dominance, a hard stop.

21 A. Okay.

22 Q. And I asked Inspector Young what training in -- from the
23 2013 manual, what training prior to 2015 was available
24 to officers about those four options, when to use them,
25 how best to adopt those, and he said to me that there

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1 wasn't really any specific training in the 2013 manual
2 in relation to those options.

3 Now, if you wish I can give you a full and detailed
4 explanation of the evidence we have heard on those, but
5 if you have heard Inspector Young's evidence you maybe
6 don't need that?

7 A. Yes, I'm reasonably familiar with the four sets of
8 circumstances, yes.

9 Q. You are fine with those options. So I'm wondering, in
10 the current training programme, based on this manual, is
11 there training given to officers about those options --
12 those options?

13 A. Perhaps if we could go through just the name of each
14 option, I could give you some thoughts on it.

15 Q. So the first was the remote rendezvous point, RVP we
16 were calling it. This came from a suggestion in
17 evidence that the officers could have travelled to
18 Gallaghers pub, park in the car park, so it's removed
19 from the area around the bus stop in Hayfield Road, but
20 they could observe, wait for everyone -- it would give
21 them the opportunity to wait for other people to arrive,
22 they could have their roles identified, they could
23 watch. If the subject moved away, they could change
24 what option they were going for. If members of the
25 public suddenly descended, they could take a different

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1 view, but it was really just about the concept of an RVP
2 and whether that is part of the training now?

3 A. It's not part of operational safety training but we
4 wouldn't expect it necessarily to be in the OST
5 component. RVPs, to my recollection, are taught as part
6 of incident management in their initial training.

7 Q. That's for probationers, is it?

8 A. Yes.

9 Q. Right.

10 A. We would expect an RVP normally to be used as
11 a precursor to the arrival of specialist resources, if
12 they were assigned perhaps. We wouldn't necessarily,
13 I think, be discussing an RVP in the context of simply
14 a set of unarmed officers looking to attend an incident
15 because I think we would be challenged by working out
16 the purpose around that and the utility.

17 Q. So is this -- is RVP and the purpose of an RVP, or the
18 circumstances in which one would be decided upon, an
19 ad hoc RVP, is any of that part of this 2017 manual?

20 A. No, not to my knowledge. It might be in the section on
21 stay safe principles that's there, but I would have to
22 again look at the manual topic -- the manual area to
23 have a look at that, just to refresh my memory.

24 Q. Right. I think stay safe principles are in module 1,
25 aren't they?

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1 A. Erm~... I don't know if there's one there.

2 Q. I don't think I've got a copy of that in front of me,
3 but we do have a reference to it somewhere.

4 A. Yes, down in section 4 in module 2 ma'am, I can see it
5 talks about stay safe in conflict management.

6 Q. I wonder if we have module 1 on the playlist for today.
7 If we can put that up.

8 A. Module 2, ma'am, conflict management.

9 Q. Oh, sorry, module 2, oh, right. And did you say
10 section 4?

11 A. Yes, I think section 4.

12 Q. Section 4 please. Section 3 is page 20, 4 is 22. So
13 stay safe -- section 4, "Stay safe principles", and that
14 goes on to page 23 as well, I think.

15 A. Yes.

16 Q. So where in this section --

17 A. So you can see -- as I mentioned yesterday around RVPs
18 and the like, this is where officers get their
19 understanding of how to integrate with firearms officers
20 in their initial training and obviously can refer to the
21 manual. It talks about the deployment of authorised
22 firearms officers here and when they may be authorised
23 and if you look on to the second para -- the second --
24 sorry, if you can go back up again please. If you look
25 on to the other side of the page there you will see:

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1 "Some of the general tactical options that may be
2 considered by firearms commanders and armed officers
3 are~..."

4 Those, and if you follow that down a little bit
5 further you will see --

6 Q. So that's the bullet points:

7 "Waiting.

8 "Taking mitigating action.

9 "Keeping the subject under observation.

10 "Carrying out an investigative assessment.

11 "Containing the area around the subject ...
12 minimising the opportunity for harm.

13 "Communication with the subject.

14 "Taking decisive action."

15 A. And you will see the next paragraph there talks about:

16 "Unarmed initial responders should consider these
17 generic tactical options when responding to a firearms
18 incident."

19 That's why I say we would consider RVPs or
20 waiting -- very much those matters that you have gone
21 through, if we were looking at an armed deployment, if
22 we were looking at specialist resources to attend to
23 deal with the threat.

24 As far as its utility for unarmed officers at that
25 point, I can understand that it would be -- it certainly

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1 would be a tactical option. I guess the question for
2 myself would be would it meet a working strategy of
3 maximising the safety of the public. It would certainly
4 perhaps minimise the risk to the officers and perhaps
5 minimise the risk to the subject. I think it would be
6 challenging to suggest that a tactic such as that in
7 that circumstance would maximise the safety of the
8 public given the opportunity for the subject to make off
9 from officers, or to engage in a residential area,
10 for instance, with other members of the public.

11 Q. So in terms of the training that's given to probationers
12 or to those undergoing recertification under this
13 manual, is this the section where there would be some
14 discussion about these bullet points?

15 A. Yes, yes.

16 Q. And although it doesn't say remote rendezvous point,
17 waiting, taking mitigating action, keeping the subject
18 under observation, these could be in the context of
19 an RVP?

20 A. Caveated by waiting for specialist resources to take
21 over the incident, yes. And again, keeping in mind this
22 is complementary with -- or this complements the
23 training that officers will get on the management of
24 incidents in general that talks about RVPs, inner and
25 outer cordons and the like.

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1 Q. And then the second option was "Observe, wait, feed
2 back", but not at a remote point; closer to the subject,
3 and feeding back to ACR with what their observations
4 were. Would this also be within those bullet points,
5 that concept?

6 A. Yes, I think that's reasonable. Plus it falls into line
7 with the same concept that we speak to officers about in
8 taking a tactical pause before potentially moving
9 forward into a set of circumstances.

10 Again, I would probably caveat that around the --
11 whether for unarmed officers that meets the working
12 strategy about maximising the safety of the public, but
13 that will be situationally dependent. I think any
14 time -- if the matter is not going to be dealt with by
15 specialist officers and it is for unarmed officers to
16 manage, maximising the safety of the public is going to
17 be their highest priority at that stage, in conjunction
18 with maximising the safety of the subject as well, but
19 they will have to balance that off dynamically against
20 what they have seen and in particular the opportunities
21 for the subject to perhaps make off and for them to lose
22 the subject at that point in time.

23 Q. We have heard evidence about the benefits and
24 disadvantages of that as an option, but in terms of the
25 training this is specifically part of module 2 and would

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1 be trained to refreshing -- recertification students and
2 probationers?

3 A. It's not a specific topic in recertification at this
4 point in time but we would expect it to come out in any
5 discussion around these issues.

6 Q. And how much time do you spend normally in training on
7 stay safe principles?

8 A. For recertification or for initial training?

9 Q. For recertification in particular.

10 A. Not a significant amount of time. Again, it's not
11 a specific part of the theory that's recertified every
12 year. As you can imagine, the time is quite tight and
13 issues are prioritised as to what's taught over that
14 two-day period. But again, it's something I would
15 expect to come out when we're talking certainly about
16 edged weapons, in conjunction with the CUTT principles
17 and when it comes to edged weapons the CUTT principles
18 sort of took precedence over the stay safe principles
19 because they were designed at the time to be more
20 refined around edged weapons, but the principles are
21 similar.

22 Q. And I think when Inspector Young gave evidence he said
23 that an RVP was quite a commonly known tactic amongst
24 officers and he said:

25 "Answer: It may form part of the probationer

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- 1 training programme. It may also be mentioned in the
2 incident management training as well."
- 3 A. Yes.
- 4 Q. He thought it was probably more heavily emphasised in
5 the incident officer course?
- 6 A. It's certainly emphasised in the police incident officer
7 course that I did and to my knowledge still is.
- 8 Q. Right. Looking -- remaining with the stay safe
9 principles for the moment -- we have looked at two of
10 them -- in relation to de-escalation I suppose would the
11 bullet point "Communication with the subject" really
12 cover that sort of aspect?
- 13 A. Yes, I think it would and again, as long as those
14 circumstances are set to enable de-escalation then we
15 would expect -- because again we don't read this chapter
16 in isolation, we read it in conjunction with the other
17 training that's been given, but that communication with
18 the subject would be -- by default we would hope to
19 involve de-escalatory language where it's practical.
- 20 Q. And this -- there's numerous references in the manual to
21 communication. We talked yesterday about active
22 listening, empathetic communication.
- 23 A. Yes.
- 24 Q. The five positive steps and more dominant commanding
25 language as well.

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1 A. Mm-hm.

2 Q. Finally, when we look at the verbal dominance or the
3 hard stop, where direct commands are being given, would
4 that encompass the final bullet point there, "Taking
5 decisive action"?

6 A. Yes, I think so, and when we train these issues
7 around -- particularly around edged weapons there is
8 always going to be a balance between looking to take
9 decisive action and intervening where you feel there is
10 an immediate risk, or the circumstances are such that
11 some of these other tactics are not feasible because of
12 the nature of -- or because of the inability to maximise
13 the safety to the wider public.

14 I mentioned yesterday the -- and obviously this
15 morning about the opportunity for subjects to make off.
16 That's going to be a significant factor in an officer's
17 thinking at the scene. Where there's an opportunity to
18 take decisive action we would expect that officers may
19 take that tactical option, if they feel they can do so
20 safely and in particular look to maximise the safety of
21 the wider public.

22 Q. Thank you. And we have also have a written statement
23 available which is evidence for the Chair to consider in
24 relation to this verbal dominance, or this decisive
25 action, if you wish to call it that. I had asked

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1 Inspector Young about this scenario and he said:

2 "Answer: ... it's not something that would be
3 applicable to the OST programme and it would~...
4 potentially fall into your sort of tactical
5 communication side of things~..."

6 But again he said this is more about gaining
7 compliance, an approach that would be verbal dominance
8 would be about gaining compliance.

9 A. I think -- sorry, can you rephrase that perhaps for me
10 or give me a little bit more context from
11 Inspector Young's statement there because I want to make
12 sure I respond effectively to it.

13 Q. No, absolutely. When it came to the verbal dominance or
14 the hard stop option, tactical option, I asked
15 Inspector Young about this option and whether there had
16 been any training in the 2013 manual, or on the back of
17 the 2013 manual, which related to that type of option.

18 A. Mm-hm.

19 Q. And he said:

20 "Answer: At that time it was not something that
21 would be applicable to the OST programme. It would
22 fall -- potentially fall into your sort of tactical
23 communication side of things, but it was about gaining
24 compliance."

25 A. Yes, I can understand that, that period of time.

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1 I think I would suggest perhaps now it's slightly
2 different. I do think that it's reasonable to suggest
3 that the requirement to intervene is a consideration for
4 officers. It certainly needs to be from my point of
5 view around maximising the safety of the wider members
6 of the public. An incident such as we have discussed in
7 theory here would require officers to be making fairly
8 snap decisions and automatic decisions about taking
9 opportunities to secure a subject, so I don't think it's
10 just about gaining compliance and verbal dominance.
11 I do think it's about control, where opportunities are
12 perhaps taken to control a subject to protect the wider
13 public and bring the incident to a conclusion and negate
14 what is a lethal threat for unarmed officers to be
15 dealing with.

16 Q. Then Inspector Young went on to say by way of example --
17 he is talking about the 2013 manual and the training
18 then:

19 "Answer: ... I experienced some instructors telling
20 students that the best way to deal with someone who is
21 in possession of a weapon or a knife is to physically
22 control them because that way they can't hurt you. This
23 approach goes against the training ethos of CUT. We
24 taught in 2015 officers who are faced with a knife to,
25 where appropriate, Create distance, Use cover and

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1 Transmit. Immediately going in to physically control
2 someone with a knife puts the officer at grave risk of
3 injury. In the early days of my police career, I recall
4 that training given in relation to knife incidents had
5 a strong emphasis on gaining physical control.
6 I continued [in 2013 and onwards] to see this type [of]
7 outdated training being delivered intermittently during
8 my quality assurance visits."

9 I wonder if you feel that approach has now been
10 changed?

11 A. No, I would absolutely agree with that approach and
12 I think the nuance here is that we would still continue
13 to teach exactly what Inspector Young has highlighted
14 there. The challenge comes when we put our unarmed
15 officers in a position where they are faced with the
16 choice between having to engage with an edged weapon
17 subject, versus perhaps leave the wider public at risk
18 because our preference would always be that where
19 feasible specialist resources are dealing with this
20 enhanced threat because our officers in their unarmed
21 capacity are not best placed to deal with this. But
22 officers do do this and officers do put themselves
23 at risk regularly and make these very difficult and
24 challenging choices under pressure because they have no
25 alternative and the alternative is perhaps allowing an

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1 edged weapon subject access to wider members of the
2 public, so I don't think we're -- I don't think we're
3 inconsistent with our training now as to what
4 Inspector Young was putting forward then, I just
5 think --

6 Q. Well, he was saying that he experienced instructors
7 telling people the best way to deal with someone in
8 possession of a knife was to physically control them and
9 it was about gaining physical control, but he was saying
10 that went against the training ethos of CUTT?

11 A. Yes, no, we would absolutely prefer our unarmed officers
12 never to have to engage with and actively control an
13 edged weapon offender or an edged weapon subject because
14 of the risk they pose to the officers. And so I don't
15 think we're inconsistent at all with Inspector Young's
16 thoughts and approach there, but I do think we have to
17 be realistic and understand that there will be times
18 where officers are faced with that extremely difficult
19 choice.

20 Q. But in terms of the training that they're given, are
21 they trained to avoid putting themselves at risk?

22 A. Yes, the --

23 Q. Or are they trained to take physical control?

24 A. No, they're trained to avoid putting themselves at risk
25 with the caveat that we recognise that there are times

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1 when the choice will be they put themselves at risk or
2 the wider members of the public are at risk, and
3 officers will invariably choose to put themselves
4 at risk at that point in time.

5 Q. Right, thank you. Then we also have evidence --
6 a written statement from a Graham Patience who was one
7 of the instructors in relation to the 2013 manual and he
8 said, at paragraph 152 of his Inquiry statement:

9 "I've never seen anybody teach the fact that you
10 could go in and take control because that would
11 completely go against what the training would have been
12 at the time~..."

13 This is in 2013/2015:

14 "... and you're putting yourself at huge criticism
15 if you ever taught a student to do that. Aye, just go
16 in and take control of the person with a knife, that's
17 certainly nothing I ever taught and I would agree with
18 Inspector Young's concerns if he did see people telling
19 officers to do that."

20 Is that something you would agree with?

21 A. I would agree with that. The only techniques we teach
22 around the officer controlling an edged weapon offender
23 is -- are techniques that when they are exposed
24 spontaneously to the threat and they have no choice
25 because of the nature of the environment and the closing

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- 1 of the reaction gap by the offender, to be able to do
2 so.
- 3 Q. Right. Now, when I spoke to Inspector Young about the
4 different -- the four different tactical options that we
5 were interested in, he explained really that there
6 wasn't specific training in the 2013 manual about these
7 different options, but he thought again it was basic
8 policing techniques, these sort of techniques: RVP;
9 observe, wait, feed back; de-escalation; and the verbal
10 dominance.
- 11 A. I think that's reasonable. I do think we cover the
12 Tactical Options Model still now in each of our theory
13 lessons and we would run through any of those options
14 and how relevant they were and we use a video -- like we
15 use an edged weapon video right now, to be able to use
16 those as a way to be able to explain how those options
17 might apply in that set of circumstances as part of the
18 theory training in each recertification and in initial
19 training at the moment.
- 20 Q. Right. So perhaps more emphasis on these in the current
21 manual and the current training?
- 22 A. Yes, I think so.
- 23 Q. Thank you. Do you -- in your experience, do you still
24 see officers coming to recertification training, maybe
25 long-serving, who still have a mindset of gaining

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- 1 control and putting themselves at risk with an edged
2 weapon subject?
- 3 A. Not in my experience, and in fact I would probably
4 say -- I would probably say that that tide has turned.
5 I think officers now, irrespective of their years in
6 service, do have a much greater understanding of the
7 risks posed by edged weapon offenders. I think they
8 realise that when they're in a situation where they're
9 potentially exposed to that they're at great risk, so
10 I think the tide has probably turned on that and I can't
11 really speak to 2013 --
- 12 Q. No, no.
- 13 A. Only from the time I was an officer at that point. But
14 in my experience officers I think now have a greater
15 understanding of edged weapon threat and the risk that
16 it poses to them.
- 17 Q. So perhaps that message has gradually got through to
18 officers?
- 19 A. Perhaps.
- 20 Q. I would just like briefly to touch on some of the other
21 areas in the manual. The use of sprays, that's one of
22 the specific modules. You said yesterday -- module 10,
23 irritant sprays -- that is -- everyone now has PAVA?
- 24 A. Yes, ma'am.
- 25 Q. And has the training in relation to PAVA, now that

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1 everyone has that, has that developed over the years, or
2 does it remain very similar to the training that was
3 given in the 2013 manual?

4 A. I would have to compare the 2013 manual to the current
5 irritant spray. PAVA has certainly different properties
6 than CS that have been put into -- that will have been
7 put into the manual around that, particularly around the
8 directional requirement to be able to have effect, but
9 I would have to really compare the chapters side by
10 side.

11 Q. We have heard in 2015 some officers still had CS and CS
12 and PAVA were included in that manual, but with PAVA it
13 has to be directed to the eyes.

14 A. Yes.

15 Q. And it's got different properties.

16 A. Yes.

17 Q. But in terms of the stance, in terms of the use and
18 discharge of sprays, has there been any alteration to
19 the training that's been given?

20 A. Whilst I have not seen the chapter from the 2013 manual,
21 from my own experience doing recertification through
22 that period, no, there's not been any great changes to
23 the tactical positioning, the stance, the stances
24 taught, the drawing and use; just changes around the
25 differing properties.

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1 Q. I think in the 2013 manual when there was still
2 reasonable officer response categorised, I think the use
3 of a spray was level 4, if I remember correctly. That
4 obviously has been removed from the 2017 manual. Is
5 there guidance given to officers in training about the
6 point at which it's appropriate to remove their spray
7 from their holster and stand with the spray?

8 A. Yes, and again that comes around the officer's
9 individual assessment of impact factors when they
10 perceive that the threat is such that they need to draw
11 or indeed use their irritant spray to protect themselves
12 or others.

13 Q. Right. Are officers now taught to simply -- if they
14 alight from the vehicle, that they should have their
15 spray in their hands if they're approaching any subject?

16 A. I think that depends on the nature of the call and the
17 nature of the risk. It's not unusual for officers to --
18 depending on the threat identified already in the call,
19 to have PPE, be it PAVA, be it baton, prepared to be
20 able to use, in order to be able to react effectively to
21 the perceived threat that they are attending.

22 We teach discreet methods of carry for both PAVA and
23 baton to allow that to occur, so that the officer can
24 still adopt an appearance, where it's required, that
25 could appear de-escalatory and not necessarily aggravate

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1 a situation, but still have their PPE ready because,
2 you know, they will need to react to the subject and
3 that will take time and so preparing PPE through
4 discreet carry is a methodology that allows them to more
5 readily employ it should they need it based on the
6 threat.

7 Q. We have heard some evidence about this, is this where
8 they remove it from the holster but hold it down at the
9 side of their leg?

10 A. Yes, it might be to the rear of their body or down -- in
11 the case of the spray, or down to the side of their leg
12 in the case of the baton.

13 Q. Thank you. And module 7 is the baton in the 2017
14 manual. Are there any significant changes -- well, you
15 maybe don't have an understanding of that, but in terms
16 of the training in relation to the baton, it continues
17 to be the case that there are different areas of the
18 body which are treated differently, or officers'
19 awareness is that if it's in the head, that that is
20 higher risk; is that correct?

21 A. Yes, that's still the case.

22 Q. That still remains the position?

23 A. That still remains the position.

24 Q. That they're given different areas of the body and
25 different levels of risk.

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1 A. Yes.

2 Q. Thank you. I think yesterday you may have mentioned
3 a safety officer.

4 A. Mm-hm.

5 Q. Is there training now for those doing recertification
6 training in relation to safety officers, the appointment
7 of a safety officer during a restraint?

8 A. There's two areas in our manual at this point in time
9 where we discuss safety officers. We do discuss it
10 during acute behavioural disturbance or positional
11 asphyxia management and we do discuss it with regards to
12 violent prisoner teams. So officers do get -- that, the
13 appointment of a safety officer gets discussed in that
14 context. Where we don't discuss it is in terms of
15 general restraint where our expectation is that all
16 officers who are involved in the restraint have
17 a responsibility to the individual for their wellbeing
18 and safety. And the reason why -- the reason why that
19 doesn't apply equally across to more general restraint
20 is the dynamic nature of that restraint.

21 Whilst it would be ideal if we could seek to appoint
22 a safety officer in every instance, what is safer from
23 our point of view for the subject is fast and effective
24 restraint and given that, you know, we for instance have
25 two officers attending, then you have a third officer

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1 attend, if the two officers at that point in time have
2 not got secure -- have not been able to safely secure
3 the subject, the safest and most effective thing for the
4 third officer to do is to support that restraint, to get
5 the subject secured as safely and as quickly as possible
6 and look to mitigate against those wider risks.

7 We wouldn't necessarily be expecting for the
8 officer -- let's say the third officer arriving -- to be
9 stepping out and looking to be direct the restraint
10 whilst their colleagues were still actively struggling
11 with the subject and hadn't got them under control.

12 There are additional factors around that as well is
13 that whilst the two officers might be still struggling
14 with the subject in a dynamic external environment,
15 unlike, say for instance a custody environment, the
16 third and fourth officer may be required to protect the
17 officers and the subject from the wider crowd, so again
18 they will be diverted from that opportunity.

19 The other aspect around this is that we are asking
20 a lot potentially of officers who are actively involved
21 in a restraint where they may or may not be injured
22 themselves, they may be under significant pressure and
23 focusing on the subject, to be able to take the
24 cognitive step to divorce themselves from that to step
25 out into potentially another role and so -- and that's

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1 why within a custody environment it's a lot more
2 relevant and a lot more feasible because we have a much
3 more controlled environment. Many restraints are
4 pre-planned in custody and you see this certainly in the
5 Prison Service as well and you can start to appoint
6 custody -- safety officers at that point in time who can
7 specifically be responsible for just the wellbeing and
8 safety of the subject.

9 In the broader context, in the more general dynamic
10 context, it's a lot more challenging to be absolutist
11 and say, "Hey, we're going to appoint someone as
12 a safety officer", and I think it's perhaps a -- I think
13 it's perhaps an unrealistic standard to expect in
14 a dynamic incident where officers have multiple
15 responsibilities and roles. And of course, you know, we
16 might only have two officers at scene, and that's why we
17 take the approach that it is every officer's
18 responsibility to be able to look after the welfare of
19 the subject and indeed, you know, an officer
20 for instance -- an officer who might be responsible for
21 securing an arm to handcuffing might be in the best
22 position at that stage to be able to monitor the
23 subject. An officer who has completed their
24 responsibilities in securing the subject's legs and
25 subsequently rolls off the subject might be in a better

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1 position at that stage to be able to assess the
2 wellbeing of the subject.

3 So I understand the concept and we have explored the
4 concept and discussed at length on this issue, but we
5 still consider it safer right now to ensure that all
6 officers have a specific responsibility. I think it's
7 realistic in the dynamic environment to not be
8 absolutist at this because we don't think that is
9 particularly realistic in some of those circumstances,
10 but important also to retain it in our more controlled
11 environments wherever we can.

12 Q. So in a dynamic situation, in terms of the training that
13 you're giving to officers now, it sounds like there's no
14 absolute requirement imposed on officers to appoint
15 a safety officer?

16 A. No. There's an absolute requirement to impose on
17 officers that it is all of their responsibility to look
18 after the care and wellbeing of the subject.

19 Q. Right. Before I move on to their responsibility can
20 I ask you, if someone is standing -- so if there's more
21 than two officers, more than four officers, and someone
22 is standing slightly removed from the actual restraint
23 which is going on, say an acting sergeant, would you
24 nowadays be expecting them to effectively nominate
25 themselves as a safety officer, if they're not actively

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- 1 engaged in that dynamic?
- 2 A. I -- again, we wouldn't be absolutist on it because the
3 sergeant may be involved in commanding the incident and
4 doing -- and involved in wider activities than just
5 dealing with the restraint. I think it's difficult
6 to -- again to be absolute on it. Of course we would
7 want an officer to be able to monitor the subject as
8 best they possibly can within the scope of their ability
9 to be able to do that. We wouldn't be prescriptive in
10 expecting someone to act as the safety officer, although
11 we wouldn't preclude it either. We would be more than
12 content, if someone has the ability to be able to do it,
13 to do so.
- 14 Q. So in this regard specifically is the priority for
15 officers carrying out the restraint and gaining
16 compliance, rather than monitoring the safety of the
17 subject?
- 18 A. No, I think that's -- I think that's -- I think that's
19 an either/or that we wouldn't make a distinction
20 between, if -- I think realistically the safe and
21 effective and rapid security of the subject is the
22 overall goal because that's the safest thing for the
23 subject as well.
- 24 There is an ongoing requirement, a parallel
25 requirement, to monitor the care and wellbeing of the

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1 subject whilst that's ongoing, but these two are not
2 exclusive, and in fact they go together and they must go
3 together. But ultimately that depends on resources and
4 the ability to execute that. You know, if it takes four
5 officers, for instance, to control a subject, well, it
6 takes four officers and, you know, the faster and more
7 effectively we can secure that subject and start to take
8 those mitigating actions, then the safer we are, the
9 safer the subject is and the safer the officers are as
10 well.

11 Q. Looking at restraint, we have heard a lot of evidence
12 about the risks of restraint and we have heard evidence
13 about how it should be conducted and the -- in relation
14 to ABD or people who are vulnerable, who are vulnerable
15 because of mental health issues, or through drink or
16 drug intoxication, and we have heard about the risk of
17 cardiac arrest, the risk of very sudden collapse. We
18 have heard that they can stop breathing very quickly.
19 When we look at this manual, the 2017 manual, we have
20 looked at the 19 modules and none of these modules are
21 actually on restraint as a topic.

22 Now, I just wondered if you had any views about that
23 because obviously the risks to people of different types
24 are very significant and I wonder do you feel that the
25 current manual places sufficient emphasis on the risks

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1 of restraint rather than dealing with restraint in
2 relation to a lot of different topics -- obviously
3 mental health, ABD, empty hand techniques, edged weapon
4 techniques, restraint appears in many, many parts of the
5 manual. Do you feel that the dangers of restraint and
6 the concepts of restraint might be better presented in
7 their own module?

8 A. It's an interesting question because I guess I would
9 perhaps challenge the view that none of the manual deals
10 with restraint. I think it is a golden thread right
11 through the manual because that's what (inaudible -
12 overspeaking) are about.

13 Q. Yes, there's definitely references to restraint in the
14 manual, yes.

15 A. Always consistent references through -- restraint
16 through the manual because most of the manual is about
17 undertaking safe restraint. The medical mental health
18 module deals specifically with some of those key risks
19 around that.

20 Q. And the baton module deals with risks to do with that.

21 A. Yes, so I guess from my point of view, you know, we are
22 effectively reminding officers at each part of the
23 manual about those restraint risks, and I think that's
24 appropriate and I think the medical -- you know, the
25 medical implications and mental health chapter

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1 summarises the generic risks around this, although
2 I would say, you know, the manual -- that chapter itself
3 is with Dr Stevenson for review so we would always look
4 to take any advice from him with respect to that with
5 current learning.

6 I'm not sure we necessarily gain a lot by adding
7 a specific chapter on restraint, but again I'm not
8 averse to it either, most certainly.

9 Q. Thank you. We talked -- you talked a moment ago about
10 individual responsibility. I would like to ask you some
11 more questions about that. I asked Inspector Young
12 about this and he was of the view that certainly from
13 his view each officer is effectively a constable and
14 each officer has ethical duties --

15 A. Yes.

16 Q. -- and they have individual responsibilities to -- they
17 have duties towards the public and to subjects --

18 A. Yes.

19 Q. -- to preserve their safety, preserve their life. Would
20 you agree with that?

21 A. Yes, we have a duty under section 20 of the Police and
22 Fire Reform (Scotland) Act 2012 to protect life. It is
23 one of our duties.

24 Q. And so is this something that's reinforced to officers
25 during recertification training?

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- 1 A. Yes.
- 2 Q. And what does -- how does that individual responsibility
3 look in terms of if an officer sees something that's
4 going on that causes them concern, that they are
5 concerned that perhaps there is a serious risk to the
6 subject's health or well being; how would that
7 individual responsibility manifest itself?
- 8 A. We would expect the officer to speak up and make
9 themselves known, and -- for all the difficulties that
10 can entail we would absolutely expect an officer under
11 current training to identify that risk to his or her
12 colleagues.
- 13 Q. We have heard that the police -- obviously it is
14 a hierarchical organisation, there are a number of
15 different ranks and there can be very senior ranks and
16 constables at scenes. Do you feel that -- have you any
17 concerns about individual constables maybe not feeling
18 able to speak up if someone of a senior rank is present?
- 19 A. I think it's an interesting question. It's not been my
20 experience that constables will struggle to speak up in
21 that sort of instance. I have not experienced that
22 challenge personally or professionally where --
23 particularly when it comes to the safety of a subject,
24 or the -- or operational safety. Operational safety is
25 something that is taught to all ranks at the same level

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1 who are operational, from -- who deploy operationally,
2 so it's quite a leveling experience. There's no rank in
3 the operational safety training arena per se, all
4 officers of all -- all constables of all ranks engage in
5 the same training and receive the same training inputs
6 around the techniques. So it's not something I have
7 experienced in the past or have any great concerns about
8 because of reports back to me on that issue.

9 Q. So that concept of individual responsibility, is that
10 maintained in the 2017 manual and that's been around for
11 a while, has it?

12 A. Yes, and it's maintained in our current training as well
13 and it's reinforced through both operational first aid
14 and through the operational safety training syllabus
15 where we get to those points where it's relevant, around
16 say ground holds or the like, that everyone is
17 responsible for looking after the subject.

18 Q. Right. And that will be taught to probationers?

19 A. Yes.

20 Q. And also to those doing recertification?

21 A. That's correct, ma'am, yes.

22 Q. So you don't imagine any difficulty really for
23 an officer at a lower rank interjecting perhaps and
24 saying, "Hang on, I think there's a problem", or "That
25 doesn't seem like the right way to do something"?

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1 A. You know, I can't preclude it but I have certainly never
2 heard any concerns raised about it, or witnessed any
3 concerns about an officer of any rank raising issues
4 about the safety and security of a subject in
5 particular.

6 Q. Thank you. I would like to ask you about some
7 miscellaneous questions about training. These may be
8 beyond your OST remit and if so please just say.

9 Are you aware of any training given to either those
10 doing recertification or probationer training on the
11 following topics: seizure, entry and search of
12 properties?

13 A. No, not covered in operational safety training.

14 Q. Best practice in relation to obtaining or recording
15 consent?

16 A. Again, not covered in operational safety training.

17 Q. Legal requirements about securing authority or obtaining
18 warrants?

19 A. Again, ma'am, not an operational safety training
20 subject.

21 Q. Legal authority for arresting people?

22 A. Officers get covered in their operational safety
23 training theory the times that they can use force, and
24 one of those is of course in effecting an arrest, but
25 the legal authorities around that are not covered in

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- 1 depth.
- 2 Q. Delivery of death messages or liaising with family and
3 friends of a deceased?
- 4 A. No, not covered in OST.
- 5 Q. Post-incident procedures?
- 6 A. Not covered in OST.
- 7 Q. Post-incident management, gathering items from a scene
8 and analysing any of that?
- 9 A. No, again ma'am, no.
- 10 Q. Securing or preserving evidence, clothing, footwear,
11 forensic recovery?
- 12 A. No.
- 13 Q. Completion of operational statements?
- 14 A. We do discuss, in both initial training and in
15 recertification training, the tactical report writing
16 and giving officers a framework of how they can best
17 explain use of force in a manner that is consistent and
18 accountable, and the Tactical Report Writing Guide
19 remains available for officers, both online and
20 physically to print out should they require it. That's
21 conducted certainly in initial training and refreshed
22 briefly in recertification training as well.
- 23 Q. I think in the 2017 manual there's -- module 18 covers
24 tactical report writing?
- 25 A. Yes.

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1 Q. Is that where that might be covered?

2 A. Yes.

3 Q. And use of force forms?

4 A. Yes, it's covered in initial training and in

5 recertification as well.

6 Q. Is that part of the module 18, tactical report writing?

7 A. No, it's a separate subject that we cover because it's

8 a specific form, as you may be aware, for our HR system

9 and so we cover how to fill that form out and what the

10 expectations are about when it should be filled out and

11 completed.

12 Q. We have heard that these are done on the SCOPE system

13 now; is that right?

14 A. That's correct, yes.

15 Q. And use of spray forms?

16 A. Same thing, covered in recertification and in initial

17 training.

18 Q. Right, and completion of notebooks or use of notebooks?

19 A. Covered in initial training as part of their requirement

20 in initial training. Probably not necessarily in detail

21 in OST because the expectation is that they would do

22 that in any incident that they attend, complete their

23 notebooks.

24 Q. And in terms of the training that's given in relation to

25 the completion of forms, we have obviously heard

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1 evidence, you may be aware, in this Inquiry, that forms
2 weren't completed for various reasons. What training is
3 given to officers now about the need to complete these
4 forms?

5 A. Yes, in initial training and every recertification
6 that's reinforced, about the requirements to complete
7 forms. I did hear some of the evidence around the
8 challenges that Inspector Young had at the time.
9 I think I'm now in the current position in a much more
10 fortunate position that I think we have seen
11 a significant increase in the compliance around the
12 completion of use of force forms. I think when I looked
13 last week for the year to date we were at about 3,700
14 use of force forms completed and that has steadily
15 increased year on year, from my recollection. So
16 I noted the challenges that Inspector Young had from
17 drawing data from such a small sample. I think the
18 service is in a much better position now around
19 compliance and compliance with use of force forms is
20 tracked as part of the Use of Force Monitoring Group as
21 well.

22 Q. Is part of the training about completion of forms any
23 discussion -- is there any discussion about the
24 consequences of failure to complete forms?

25 A. No, I don't think so. I think it's a positive approach

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1 to looking to explain why it's important to be able to
2 collect the data and encourage officers to do it because
3 it's the smart thing to do for us, both external --
4 external scrutiny-wise, but also internally for us to be
5 able to collect appropriate data to support officers
6 moving forward in training as well.

7 Q. And in terms -- you said there were 3,700 use of force
8 forms. Is that in line with what your expectations
9 would have been?

10 A. Yes, I think that's -- certainly tracking over the last
11 sort of year -- five years, that's an increase on year
12 to date average at the moment from recollection, and so
13 I think looking to hit about 4,000 forms I would suggest
14 by the end of the year is probably about where we would
15 expect to be and over the last number of years the
16 service has taken a number of steps to look at
17 increasing compliance and we have seen a pattern of
18 increasing compliance over that period of time. And, as
19 I said, that's tracked to ensure that we remain on track
20 with that.

21 Q. Thank you. And the Analysis and Performance Unit that
22 you have mentioned, are they involved with assessing the
23 completion rates of these use of force forms?

24 A. Yes, they're the unit that's responsible for pulling the
25 data forward into our data dashboard that we use to be

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- 1 able to track those sort of -- that sort of data.
- 2 Q. And are they involved in analysis of the data that they
- 3 have gathered?
- 4 A. Yes, and certainly when directed they can be targeted at
- 5 any area that we wish to look further analysis. They
- 6 can be directed by the Use of Force Monitoring Group
- 7 for instance to look at specific areas of data and come
- 8 back and report to the group.
- 9 Q. Thank you. Is there any mention in the current training
- 10 programme about the potential for disciplinary
- 11 proceedings if forms were not completed, or is that too
- 12 negative a --
- 13 A. No, not to my knowledge. There's no mention of that at
- 14 the moment.
- 15 Q. Right. And does the position remain the same with use
- 16 of spray forms as use of force?
- 17 A. Yes.
- 18 Q. Thank you. And so again the Analysis and Performance
- 19 Unit will be the people who would know about completion
- 20 of those?
- 21 A. Yes.
- 22 Q. Is there anything in the training programme now about
- 23 what officers do once they have discharged a spray,
- 24 completed the use of spray form; is there any training
- 25 given about what they then do with the canister?

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1 A. There is. Ironically that policy is actually being
2 redeveloped at the moment and will be coming out once
3 consultation is completed. The working group is working
4 on that right now to do that so ...

5 Q. Thank you. What's the name of the working group?

6 A. It's the PAVA Short Life Working Group.

7 Q. Thank you. Can I ask you about your experience. Are
8 officers nowadays, in the training that you have been
9 giving, adopting any techniques that maybe weren't part
10 of the training programme, or haven't been part of the
11 training programme, or were part of the training
12 programme 20 years ago?

13 A. No, I think we see that -- I think we see that -- I can
14 imagine why it occurred when a number of forces were
15 coming together and you had such disparate instructors
16 in different areas. We don't see that now. We work to
17 a very consistent syllabus, and frankly we're quite
18 happy with the product, the product is a good product,
19 so we promote the product that we use.

20 That's not to say that if an officer was to use
21 a technique that was not something we taught, that it
22 would automatically be unlawful or inappropriate. They
23 would still need to be able to justify that in
24 accordance with the Police Scotland test of
25 reasonableness because we recognise that say an officer

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1 has spent 30 years doing certain training and they
2 employ a technique, there is scope for us to consider
3 that in the context of what is lawful and what is
4 reasonable in the circumstances.

5 But no, when it comes to training and it comes to
6 what we deliver as a product, we seek to make that
7 product as consistent as possible and not look to teach
8 anything that isn't part of the syllabus that we have
9 authorised.

10 Q. But officers aren't trained that using an unauthorised
11 technique, or a technique that's not part of the
12 syllabus, is automatically illegal or any of that --

13 A. No, it would be unreasonable to do so if an officer has
14 got a depth of experience, for instance, that surpasses
15 the training that they have received in the police.

16 It -- you know, they may have automatically moved to an
17 option of securing a subject that's not specific in the
18 manual and also of course it's really unlikely that any
19 techniques used operationally accurately or completely
20 reflect how they are taught in training because that's
21 not how a dynamic confrontation works, so we have to
22 make allowances for the fact that those variances will
23 occur, but the principle remains that the officer still
24 must be able to justify the use of force in accordance
25 with Police Scotland's test of reasonableness.

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- 1 Q. Thank you. Can I ask about once the training is
2 completed. You talked yesterday about feedback forms
3 but I'm interested in how participants are assessed.
4 Are they evaluated as part of the training programme?
- 5 A. Yes. There's a -- there's a set evaluation at the end
6 of the second day which goes through a number of sort of
7 techniques that are either used regularly, or of
8 a higher risk, plus throughout the training period
9 there's a qualitative evaluation from the instructors
10 with regard to how students are accepting the training.
- 11 Q. And do they keep notes as they're going through the
12 training as part of this qualitative evaluation?
- 13 A. There's an evaluation sheet for each of the students
14 that is completed. It's a tick box evaluation at the
15 end to ensure that the instructor is satisfied that each
16 of the students attending has met the training
17 requirements and achieved the training standard.
- 18 Q. So no one can sit at the back of the class and hide
19 during the training?
- 20 A. No.
- 21 Q. They're being assessed on an ongoing basis?
- 22 A. Yes.
- 23 Q. And do any participants fail?
- 24 A. Yes. Yes, and, you know, perhaps in the past it was --
25 it didn't occur. It's not common because we expect our

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1 students -- the programme is such that we want our
2 students to be able to achieve the training objectives,
3 but there are times when students perhaps require
4 additional training before we satisfy ourselves that we
5 will recertify them, or indeed certify them initially.

6 I can think of a recent example where we were not
7 content with a student who was in initial training,
8 for instance, that despite a significant amount of
9 coaching throughout the course, and indeed one-on-one
10 coaching, that the student met the standards required to
11 deploy. So whilst they met all of the other standards
12 for deployment, we didn't certify them in operational
13 safety training until we could get them back for further
14 training and satisfy ourselves that they met the
15 standard required.

16 Q. So if they do not pass the course then they will not be
17 allowed to go out into operational --

18 A. They're not permitted to deploy operationally, no.

19 Q. Until they then~...?

20 A. Until they do.

21 Q. Is it a pass or fail, or is it a competent/working
22 towards competence?

23 A. It's a competent/working towards competence because we
24 would like to think again, you know, the officers need
25 to be able to do it for their deployment and we will

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1 work with them and coach them, two-on-one or one-on-one,
2 as we discussed, until we can get them to the point when
3 they are suitable.

4 Q. And when the instructors are carrying out this
5 qualitative evaluation and the assessment is conducted,
6 what is the standard that they have to either be
7 competent at, or be working towards competence?

8 A. With regards to the individual techniques or --

9 Q. In relation to the standard that's applied, so is it the
10 standard of the probationer, is it the standard of
11 an officer with so many years service, or~...?

12 A. We only have one standard and it's the standard as
13 outlined in the operational safety training manual. We
14 would expect each of the techniques to be carried out in
15 accordance with the way we instruct them, cognisant of
16 any safety requirements that are around that and so
17 there is only one standard.

18 Q. Right. So they have to demonstrate the techniques that
19 have been taught to them in a similar way to
20 instructors' demonstrations?

21 A. Yes. I mean of course, as you would expect, instructors
22 are more competent. They do it every day. You would
23 expect that. But the officers still need to be able to
24 display that baseline level of competence around each of
25 the techniques that we display. They need to be

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1 positioned correctly, the technique needs to be executed
2 correctly, any checks or safety aspects of the
3 technique, such as for handcuffing, need to be seen to
4 be done and the instructors will look to that to ensure
5 that they are. The tactical positioning needs to be
6 correct. So all of the standards that you see in the
7 operational safety training manual is what we expect to
8 see when the subject -- when our students are
9 demonstrating competence.

10 Q. And then the debrief that you told us about yesterday
11 where you will be asking them to justify particular
12 options that they elected in the scenario-based
13 training, is that also part of the overall assessment?

14 A. It's not a pass/fail assessment, the debrief. It would
15 be challenging perhaps to do that, but it is -- it's
16 part of the qualitative make up and certainly we have
17 seen times where my staff -- you know, the instructors
18 have identified students who are perhaps struggling in
19 a scenario-based training environment and would look to
20 put them through further training around that where
21 that's required. That's part of the tactical review
22 process that I mentioned yesterday.

23 Q. So, when the instructor is doing the qualitative
24 evaluation, if something of concern was flushed out
25 during the scenario debrief, that could be taken account

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1 of?

2 A. Yes. I think we -- the instructors would try to deal
3 with that during the two-day recertification period as
4 well, but if they couldn't then they have the option to
5 come through us as their headquarters to approach around
6 looking for more training for the officer.

7 Q. Do instructors want people to pass the courses?

8 A. Yes, we do. We want students to be able to attain the
9 required standard but what the instructors are really
10 clear on is this is about the safety of subjects and
11 officers and we don't compromise on that standard
12 because it's too important not to do -- too important
13 for us to compromise on that.

14 Q. Right. Can I move on and ask you --

15 LORD BRACADALE: Just before you do that, Ms Grahame,
16 I wonder if you could help me on a broader aspect of the
17 issue of evaluation. Is there a process whereby you can
18 test whether the training that you're giving is working
19 out in practice in the field?

20 A. Yes, so it's a -- it's a great question and it's an area
21 of development that I think is being accelerated this
22 year through the use of our use of force form data, so
23 we're able to track rates of effectiveness of techniques
24 based off the use of force form reporting and it's why
25 yesterday when Ms Grahame asked me I was able to

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1 identify for instance the baton effectiveness rates
2 currently sit at around 45% to 50% or spray
3 effectiveness rates currently sit at around 80%. These
4 are not unusual based off the types of PPE that they are
5 and then we -- and so we can get percentages for each of
6 those rates and track those across the service but
7 across individual divisions and areas as well, to help
8 inform our training success.

9 Plus we have our level 1 evaluations at the end of
10 the training where officers who are coming back
11 repeatedly can tell us whether, you know, they have
12 confidence in their training. Externally we also get --
13 every year our Federation conducts a PPE and operational
14 safety training survey that provides us with external
15 information on the perceptions of competence and
16 effectiveness of the operational safety training
17 programme as well.

18 LORD BRACADALE: Thank you.

19 MS GRAHAME: We heard from Inspector Young that in relation
20 to 2013/2015 that at that time some officers would
21 express very negative views about training and make
22 comments in feedback forms and such-like and I wondered
23 if it that is -- if that culture continues, or if it
24 that's something that you have noticed a change in?

25 A. I have noticed a significant change in this area and

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1 I -- if I'm smiling it's because one of the most common
2 qualitative comments on the evaluation forms that we see
3 is, "I used to think this was the worst day of the year
4 to come and train, but now ..."

5 I think there is a really different focus from our
6 officers as a culture on the importance of operational
7 safety training. I think that's reflected in our
8 level 1 evaluations that show high degrees of confidence
9 and certainly the qualitative comments are vastly
10 different to what was experienced in 2013, and that's
11 a real credit to the permanent instructors who generate
12 a culture of inclusion, of support, of being able to
13 highlight the importance of why, despite the fact that
14 we have two days a year, it's important for the officers
15 attending the training to focus. But also I think it's
16 a reflection on the fact the programme is relevant and
17 the officers see that the contents of the programme
18 directly relate to their operational duties and they can
19 take away from that programme and relate to it.

20 So, you know, I think one of the most pleasing
21 things about the programme moving forward is exactly
22 that change in culture in the service around the
23 importance of operational safety to their daily duties.

24 Q. We heard evidence from Inspector Young that part of the
25 review he did just before -- well, in April 2015, was

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1 about trying to strip out some very technical
2 techniques, very subtle techniques which were
3 complicated. He said they were difficult to teach and
4 difficult to learn in a short period of time. Have you
5 noticed that there are fewer of those being taught now?

6 A. We just took 18 more techniques out in the last set of
7 refinement and our goal is to continue to do so and to
8 continue to simplify the programme because I would agree
9 with Inspector Young. When we were doing these
10 techniques in 2013 they were complex and some of them
11 were fine motor skill techniques and I think we know
12 from our research that those techniques are way more
13 challenging to complete under pressure and so the more
14 we can simplify the syllabus, the more we can continue
15 to make the syllabus as consistent as possible. And, as
16 I mentioned yesterday, the more we can involve other
17 officers in working together, I think the more effective
18 the syllabus becomes and that's an ongoing process and
19 we will continue to drive towards that goal of reducing
20 the amount of -- amount and complexity of techniques
21 where we can.

22 Now, there will be an irreducible minimum and there
23 will be some techniques that are more complex than
24 others, but where we retain a technique of complexity it
25 will be because we're comfortable that the environment

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1 that technique may be applied in will be of such that
2 the cognitive load on the officer is less significant.

3 If I could give you an example of that. We removed
4 a technique that included the use of the baton standing
5 to place an arm lock on a subject. It's a dynamic
6 technique, quite complex. Officers year to year were
7 struggling with the technique, even experienced
8 officers, so we have archived that technique. That's
9 not to say an officer can't use it, it's not an unlawful
10 technique, but it's not something we're going to teach
11 any more because it's too complex.

12 That similar technique is used on the ground to help
13 release a subject whose arms are perhaps really tight to
14 their body and facing down. Our research shows -- our
15 evidence shows that's actually a really successful
16 technique for officers to use and we theorised the
17 reason for that is because it's normally a third or
18 fourth officer coming in to employ the technique.
19 They're not necessarily focused on the restraint, they
20 have not been heavily involved and cognitively
21 challenged by the restraint. They're able to apply the
22 complex motor skill because they've got the cognitive
23 space to do it, so we have retained that element of the
24 technique.

25 So whilst that might seem counterintuitive because

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1 it's a complex motor skill, the environment the officer
2 is going to employ that in is such that they have really
3 high success rates with it, so we have retained that as
4 a useful skill and archived the standing version which
5 was not useful.

6 Q. Thank you. Can I ask you about any concerns you have --
7 we have heard a recent announcement from police that
8 they are suspending training and there will be
9 a suspension of probationers coming in until next year
10 and you mentioned yesterday the suspension during the
11 pandemic and the impact that had. Do you have concerns
12 about the impact on training and skills fade and
13 such-like because of this recent announcement?

14 A. I -- I think we as a service are in a very good position
15 now post-pandemic in that we have very high current
16 certification rates across the service, and that was
17 a significant effort over the last 12 months to -- after
18 significant suspensions due to the pandemic and other
19 operations, that the service is in a very good position
20 right now around recertification. The bulk of the
21 operational divisions are well into the 90% certified
22 rates, some of the highest that they have been.

23 You know, I'm the Head of Operational Safety
24 Training, I would always want to continue training, but
25 this training period is a short suspension. There will

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1 be people who will extend their period of
2 recertification over that period of time. They're being
3 tracked by their divisions. The rest of the service
4 that remains in card will continue at the current
5 recertification rates so the focus by the divisions post
6 this short training suspension will be ensuring that
7 those officers who are slightly extended are getting
8 booked on to courses as quick as they can.

9 As I said, I of course would love to be able to
10 train through but I'm really conscious as well that I'm
11 not privy to some of the other pressures that my
12 executive needs to consider when making these decisions
13 as well.

14 Q. So you don't have any concerns about a backlog building
15 up, as you did with the pandemic?

16 A. No, I think it's a much smaller problem and our demand
17 management staff are active -- in our divisions -- are
18 actively managing this issue. And certainly from my
19 role and the role of my department is to ensure that we
20 provide the training opportunities to do that and we
21 will continue to do so.

22 Q. Thank you. Could we look at your Inquiry statement
23 please, SBPI 00408, and I would like to ask you about
24 paragraph 17 please:

25 "I have been asked whether there has been any lesson

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1 learned exercise arising from the death of Sheku Bayoh.
2 Yes, there is. Whilst I am unsure when it commenced,
3 I sit in lessons learned meetings regularly since
4 I joined the department. We keep rolling logs of
5 lessons identified and report back regularly on our
6 progress in implementing lessons as they are identified
7 and considered. From our point of view, it's good
8 practice for us to monitor lessons that are coming out
9 of the Inquiry and where relevant to make adjustments to
10 training as we go forward. Training is an evolving
11 matter and we wouldn't want to wait till the end of an
12 Inquiry when we could make ongoing improvements to
13 programming ensuring that our training is up to date and
14 effective as possible."

15 Now, I have asked a number of senior officers who
16 were maybe involved at the time about a lessons learned
17 process and they didn't know of any lessons learned
18 process, but you have been involved in a lessons learned
19 exercise arising out of the death of Mr Bayoh?

20 A. Yes, ma'am, we're involved regularly in a lessons
21 learned -- and we are just one aspect of that process
22 that is replicated over a number of business areas. We
23 meet regularly to track any issues that are arising from
24 the Inquiry, where lessons can be perhaps explored and
25 learned and implemented early. And, as I mentioned in

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1 the Inquiry statement, there's a rolling log of those
2 lessons kept and I report back on our implementation, or
3 provide further information for consideration by our
4 senior officers as to what action we will look to take.

5 As I said, I think it would be -- it wouldn't be
6 good practice for us to wait to the end of the Inquiry
7 to do that when issues are arising that we can perhaps
8 improve our programme and learn now so that training is
9 better now moving forward.

10 Q. And what was the impetus for the commencement of this
11 lessons learned exercise?

12 A. I couldn't tell you, ma'am. I joined it after it
13 commenced.

14 LORD BRACADALE: Can I just clarify, if I may. This lessons
15 learned exercise is in relation to matters that emerge
16 from this Inquiry?

17 A. Yes, sir.

18 LORD BRACADALE: Are you aware of any lessons learned
19 exercise that started after the death of Sheku Bayoh?

20 A. I'm not, sir.

21 LORD BRACADALE: You're not?

22 A. No.

23 LORD BRACADALE: Thank you.

24 MS GRAHAME: Thank you. Do you know the name of the person
25 who is in charge of keeping this rolling log?

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1 A. I don't, ma'am. I only know it from my -- sort of my
2 end.

3 Q. I have been advised that it may be a Gillian Doherty?

4 A. Actually now that you mention it, Chief Superintendent
5 Doherty is probably the lead of that programme at the
6 moment. I believe she has a number of Inquiries she
7 tracks.

8 Q. Thank you. Thank you very much.

9 I also asked questions of Inspector Young of
10 a training needs analysis document. Have you been
11 involved in preparing a training needs analysis
12 document?

13 A. No. It's now called learning leads analysis in
14 Police Scotland. It's a process that's managed by our
15 quality assurance department. There is a learning needs
16 analysis toolkit on the intranet. I wouldn't expect
17 necessarily to be involved in a learning needs analysis
18 for a new programme -- sorry, for a current programme
19 where qualitative improvements are made progressively.

20 If we were looking at perhaps a -- the start of, or
21 commencement of a programme or something new, or
22 something different, then I would perhaps expect to be
23 involved in a learning needs analysis at that point.

24 Q. Do these analysis documents simply identify gaps in
25 relation to maybe larger strategic issues, new equipment

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1 or such-like, or do they also relate to individual
2 training needs?

3 A. I have not been involved in one, ma'am, so I wouldn't be
4 able to speak to the depth of content of it.

5 MS GRAHAME: Right, thank you. I'm conscious of the time.

6 Might that be an appropriate --

7 LORD BRACADALE: Yes, well, we will stop for 20 minutes at
8 this point.

9 (11.28 am)

10 (Short Break)

11 (11.53 am)

12 LORD BRACADALE: Ms Grahame.

13 MS GRAHAME: Thank you. Can I go back to a couple of things
14 that I asked you about before the break. One was in
15 relation to use of force forms and I asked you a number
16 of questions about that.

17 In terms of the completion by officers of use of
18 force forms you have talked about the training that
19 they're given and, as I understand it, the justification
20 for providing and completing a use of force form is to
21 explain what the justification was for using force on
22 a particular subject, is that right; it's so you can
23 have a record of why force was used?

24 A. No, it's not an explanation per se with regards to the
25 rationale in accordance with the test of reasonableness.

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1 It's a recording form to record what force was used and
2 whether it was effective or not.

3 Q. Right, and how is it that you determine effectiveness?

4 A. There's a specific section of the form which allows
5 officers to identify what type of force was used and
6 indeed decide or check whether it's effective or not
7 effective.

8 Q. Right. And is there any part of that process, once the
9 form is completed and sent in, whereby an assessment is
10 made, an independent, objective assessment made as to
11 whether use of force was justified, or reasonable?

12 A. No, and I think the form doesn't really lend itself to
13 do that. It is a data collection form for us to be able
14 to look at broader analysis.

15 Q. Right. And any broader analysis, would that be carried
16 out by the Analysis and Performance Unit?

17 A. Yes.

18 Q. And do you know what the broader analysis covers, or
19 would we be better going to them?

20 A. I think you would be better going to them, but the use
21 of force forms inform the quantitative power VI(?)
22 dashboard that I mention in my statement, that is our
23 use of force statistical dashboard that allows us to
24 track broader trends around the categories and data sets
25 that can be drawn from the use of force form,

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1 for instance.

2 Q. So in reality is the only assessment, if there's been --
3 if the use of force is reasonable or justified, is that
4 only performed if a complaint comes in?

5 A. Yes.

6 Q. And then that would go through some disciplinary or
7 possibly misconduct proceedings?

8 A. Yes, there are processes that are followed, and indeed
9 the operational safety training staff, senior members
10 can be asked to provide opinions on use of force by
11 either the Professional Standards Department, the Police
12 Investigative Review Commissioner or the Crown.

13 Q. Thank you. We have heard some things about disciplinary
14 proceedings.

15 Then can I also ask you one further question about
16 the training -- assessment and evaluation of training.
17 You talked about the instructors carrying out
18 a qualitative evaluation. Is or are fitness levels of
19 participants any part of that?

20 A. Only in so much as the ability for the subject or the
21 student officer to be able to complete the techniques
22 effectively. If a student was physically unable to do
23 so, they do need to declare fitness to attend training
24 and there are times where we reject students who attend
25 the course who are not physically cleared to train.

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1 They must be able to take part in the whole of the
2 training. We don't take students who have
3 modifications, for instance, that would preclude their
4 ability to be able to take part in aspects of the
5 training and if they were of a physical ability that
6 precluded them from being able to successfully complete
7 the technique, then we would not certify them as fit to
8 deploy operationally.

9 Q. And in terms of the modifications you're talking about,
10 would this be in relation to physical attributes or
11 abilities?

12 A. This might be a return from injury, that an officer has
13 suffered an injury but has been booked on a course
14 inadvertently, has declared the injury to us and we
15 won't allow them to train unless they have a medical
16 clearance to be able to train effectively.

17 Q. Or they could maybe perhaps provide medical -- a medical
18 report or a GP's letter saying they had difficulties?

19 A. We have an Occupational Health process and our
20 expectation is Occupational Health -- if they have
21 been -- if they have had any modifications or
22 restrictions that are of concern we would expect
23 Occupational Health to clear their attendance at
24 training and if they didn't have a clearance then they
25 don't train.

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1 Q. Right. What about officers who may have -- be carrying
2 considerable weight, particularly as people get older
3 that can be an issue for people?

4 A. Again, any student that attends needs to be able to
5 perform all of the techniques and that includes getting
6 up from the ground, getting up and down, moving into
7 ground position techniques and the like. They still
8 need to be able to do that. If they're unable to do
9 that then they can't be certified to deploy
10 operationally.

11 Q. And these evaluations, do you know if they were newly
12 introduced after the 2017 manual, or --

13 A. I couldn't say when they were introduced. It's -- I can
14 only speak from the time I'm certainly in the department
15 they are present and they continue.

16 Q. Right, thank you.

17 Can I move on to clinical governance please. We
18 have heard evidence from Dr Stevenson -- I don't know if
19 you have heard any of his --

20 A. Yes, I listened to Dr Stevenson's evidence.

21 Q. Did you listen to that? He was asked and commented on
22 some things that he thought might be beneficial in terms
23 of training, that may improve training and I would like
24 to ask you for your comments on those.

25 A. Yes, certainly.

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1 Q. So, for example, he talked about perhaps there being
2 a good -- it being a good idea if there was a periodic
3 review carried out by him or someone in relation to
4 clinical governance and he suggested perhaps annually.

5 A. I have no concerns with him doing that annually, if he
6 can fit it into what I know is a very busy schedule for
7 him, I would welcome that from Dr Stevenson. His input
8 is always welcome for the department.

9 Q. Is clinical governance and the medical elements of the
10 manual, is that going to be part of the review that you
11 have been talking about?

12 A. Yes. Dr Stevenson has got the current chapter. We sent
13 it to him on 2 November this year as part of the
14 standard review, asked him to have an initial look and
15 review over the current chapter to give his views. But
16 again, once we have completed the work it will go back
17 to him as one of our consultees as well, but he has
18 already been engaged in that process.

19 Q. Thank you. And he thought there may be benefit in
20 providing him with an opportunity to contribute to
21 lesson plans?

22 A. Again, I would have no concerns whatsoever sharing our
23 lesson plans with Dr Stevenson to review.

24 Q. Thank you. He thought that there may be benefit in
25 having an opportunity to contribute to devising

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1 scenarios as part of the scenario-based training that we
2 talked about yesterday. I think in your statement you
3 talk about probationers getting 16 hours of
4 scenario-based training. Again, do you have any
5 concerns if that was something that was --

6 A. No, I would welcome his input.

7 Q. He thought that perhaps having an opportunity to sit in
8 on officer safety training, perhaps not just the
9 scenario-based training but techniques, watching
10 techniques, the way they are taught, the way they are
11 demonstrated, the way they are used, he thought that
12 might be helpful if he could have an opportunity to
13 provide feedback?

14 A. Again, he has never approached me to come and observe
15 the training, but I would welcome Dr Stevenson, as
16 I said. I know he does his own training with British
17 Transport Police as well, so he is well versed in the
18 delivery of various operational safety training
19 programmes, but I would welcome his attendance.

20 Q. I don't think it was Dr Stevenson that came up with
21 these ideas, I think it was my learned junior that
22 proposed them and he commented and was asked if they
23 might help?

24 A. Certainly I would welcome his attendance.

25 Q. He was also asked about other medical professions.

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1 Obviously he is a consultant in A&E at Glasgow Royal
2 Infirmary and he was asked if there would be any benefit
3 in having perhaps other medics from different fields to
4 also assist Police Scotland with the training and he
5 thought perhaps a psychiatrist might be useful.

6 A. Mm-hm.

7 Q. Particularly in relation to the mental health chapter.

8 A. And is that on clinical governance, ma'am?

9 Q. Yes.

10 A. Again, I defer to his expertise on that and certainly if
11 that's something that he was recommending then we would
12 take that recommendation seriously and take it up with
13 clinical governance to pursue it.

14 Q. And he also thought that having another A&E doctor,
15 maybe another consultant or someone, a registrar, that
16 that would provide sort of checks and balances, I think
17 was the phrase he used in evidence.

18 A. Again, anything that can provide further support,
19 specialist expertise, would always be welcome.

20 Q. Thank you. And finally, I think there was some
21 discussion about clinical governance advisory groups.
22 There may be others in England and Wales. Is that
23 something that you do at the moment; do you liaise with
24 other clinical governance groups?

25 A. Each force will have a clinical governance -- each

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1 service will have a clinical governance set up.
2 Normally that would be done through our contacts with
3 the College of Policing and these issues would be raised
4 through the college to coordinate those areas.

5 I sat on a college working group last year that
6 revised the first aid learning programme from England
7 and Wales. We were invited on to that because our
8 programme had advanced a step change beyond where they
9 were at and we were asked to contribute to that.

10 I would expect our continued work to go through the
11 college as a one area of collation. That's not to say
12 we don't maintain informal liaisons as well with other
13 lead officers in different services around that, but
14 I would expect us to work through the College of
15 Policing, given that there are 43 of them down south,
16 it's more efficient and effective for us to collate
17 those lessons and work with the college.

18 Q. So is the College of Policing an organisation, or a body
19 who can collate a lot of the up-to-date information --

20 A. Yes.

21 Q. -- from down south -- from the different forces down
22 south?

23 A. Yes. They run a standardised programme down south as
24 well that they're modifying right now and rolling out
25 that's more akin to our programme, which they're rolling

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1 out in England and Wales over the next sort of six to
2 eight months.

3 Q. We may hear evidence next year about some up-to-date
4 matters in relation to the College of Policing and, as
5 I understand it, they have developed an app to provide
6 support for a national standard for police training; is
7 that something you're familiar with?

8 A. I'm not familiar with that, no, ma'am.

9 Q. It's called the public and personal safety training,
10 PPST. Have you heard of that?

11 A. Did you say an app?

12 Q. Yes.

13 A. I have not heard of the app. I know the programme. I'm
14 familiar with the programme development.

15 Q. Right. And in terms of your familiarity with it, is
16 there any plans to liaise with the college of policing
17 in relation to that programme?

18 A. Most certainly, we have done some already and continue
19 to do so. So myself and two of my team have already
20 been and observed their draft recertification programme,
21 their pilot programme that they're running and looking
22 to roll out. I spoke to one of the College of Policing
23 representatives only last week on this issue about
24 looking at making sure we continue to benchmark against
25 what they're doing. I'm heading over to see him in his

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1 home location in a couple of weeks' time, when he can
2 provide me with a date, so that we can further benchmark
3 and ensure that we're delivering the equivalency of --
4 and share lessons around this as well because it's a new
5 programme for them. And again, we have been working in
6 a scenario-based training environment for a period of
7 time longer than them, so the opportunity for us to be
8 able to share those lessons is going to be really
9 important moving forward and we will continue to track
10 it closely.

11 We currently hold a College of Policing licence for
12 the delivery of personal safety training at the moment
13 which gives us access to their training materials, their
14 training manual, which we use to benchmark against and
15 I would expect we will continue to do so.

16 Q. Can I ask you about that licence. It gives you access
17 to their materials. Is that part of the PPST programme
18 materials?

19 A. It's the PST programme at the moment, it will move to
20 the PPST programme and we're negotiating at the moment
21 about onward licensing.

22 Q. So your licence relates to PST?

23 A. Yes.

24 Q. And what does that stand for?

25 A. It's personal safety training. They have added a P to

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- 1 their programme name so --
- 2 Q. And that will then become public and personal safety
- 3 training?
- 4 A. Yes, ma'am.
- 5 Q. So you've got the licence for the PST version and you're
- 6 negotiating in relation to the PPST licence?
- 7 A. That's correct.
- 8 Q. What would that licence allow you to do?
- 9 A. Again, it would allow us to access the training
- 10 materials, it will allow us to attend instructional
- 11 courses as well to benchmark against the type of
- 12 instructor training that they do and allow our
- 13 programmes to learn from each other.
- 14 Q. So if you successfully negotiate to get the licence for
- 15 PPST, will some of your instructors, or yourself, be
- 16 provided with training in relation to that PPST
- 17 programme?
- 18 A. It's likely we will do that in any event and we were
- 19 supposed to attend a recent course but were unable to.
- 20 We're just looking at when the next course is available
- 21 for us -- for myself and a couple of my senior staff to
- 22 be able to attend their instructional course to again
- 23 learn lessons and benchmark against where we're at
- 24 because we're undergoing quite a significant revision to
- 25 our own instructors' course in parallel.

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- 1 Q. And whatever you learn from that course, once you have
2 attended it, will that then be fed into this review and
3 potentially rolled out?
- 4 A. Yes. I think, you know, again we don't just limit our
5 learning to dedicated reviews. Any time we can learn
6 lessons and provide opportunities to improve we've got
7 our own internal governance process that we would use to
8 act to look to make those recommendations and recommend
9 them to the service.
- 10 Q. Thank you. Can I move on to something different.
11 I think in your Inquiry statement, if we could have that
12 on the screen, SBPI 00408, at paragraph 139, you have
13 mentioned here that you have actually personal
14 experience of encountering subjects with ABD on two
15 occasions. Could you tell us when those occasions were?
- 16 A. I think the first one was when I was a response officer,
17 a constable working in the east end of Glasgow in
18 Shettleston and the second one was when I was a response
19 sergeant working out of Greenock in the west of
20 Scotland.
- 21 Q. And I think you told us yesterday you joined
22 Police Scotland in 2011?
- 23 A. Mm-hm.
- 24 Q. So you were initially in Strathclyde?
- 25 A. Yes, so --

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1 Q. Does that help you remember when --

2 A. So the first one was probably about 2012/2013. The
3 second one was likely, I would say 2015 to 2016.

4 Q. Can I ask you about the first one. Could you explain to
5 the Chair what the circumstances were?

6 A. Yes. My colleague and I were conducting a separate --
7 what we call an action plan, a small operation around
8 roads policing and were asked by our control room to
9 attend a disturbance outside a public house which was in
10 close proximity, around the corner. On attendance as we
11 pulled up we observed a male with his shirt off covered
12 in blood with a large carving knife, swinging it at
13 a crowd of individuals outside the public house.

14 After the male was arrested and taken into custody
15 we took him immediately to hospital and the reason we
16 did this is because he was covered in blood and we had
17 been involved in a fairly challenging arrest, surrounded
18 by a number of other patrons. He was settled in
19 hospital initially and then quite suddenly, after
20 a period in hospital, became severely agitated and
21 aggressive and attacked my colleague and I despite the
22 fact that he was handcuffed at this time. We had been
23 waiting for I imagine a period of 30, 40 minutes by that
24 stage in the waiting area.

25 We needed to subdue the male on to the ground and it

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1 was at that point in time that I noticed one of the key
2 symptoms that we often notice, hyperthermia, he was
3 extremely hot to the touch. We subsequently learned
4 that he had ingested a significant amount of cocaine but
5 we weren't aware of that, I don't believe, at that time.

6 At that point in time, I -- because we had him
7 secured on the ground at that point in time, two other
8 colleagues had attended at the hospital to take over
9 from us and I requested that they go directly to the
10 charge nurse to inform the charge nurse that we
11 suspected that the subject was experiencing acute
12 behavioural disturbance based off the hyperthermic
13 symptom, the severe agitation and aggression and the
14 suddenness -- the sudden change in that that we had
15 experienced.

16 He was taken subsequently into Resus, the
17 resuscitation area of the emergency department and
18 treated and we handed over to our colleagues. So that
19 was the first incident.

20 Q. When was the point at which you started to suspect ABD?

21 A. I think realistically when we -- when I felt that heat
22 coming off the subject, after the second burst of
23 aggression. Up to that time, as I said, he had been
24 fairly subdued, not very communicative with us, but
25 subdued whilst we were awaiting treatment -- but the key

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1 aspect for me was that tactile feel of heat coming from
2 the subject.

3 Q. And was that one of the signs that you had been trained
4 in --

5 A. Yes.

6 Q. -- prior to that?

7 A. Yes.

8 Q. And you mentioned the arrest was challenging. Was that
9 in relation to the subject himself, or was that in
10 relation to the people in the public house?

11 A. It was in relation to the circumstances. As we moved
12 towards the subject he was surround by about seven or
13 eight males and we needed to wade our way through those
14 males, secure the subject, find the weapon which had
15 been taken off him by one of the males, get handcuffs on
16 the subject and subsequently move him away. And I think
17 I mentioned at the beginning of my evidence around some
18 of the cognitive challenges I experienced, this was that
19 incident, and so all I recall from being on the ground
20 with the subject trying to handcuff him at the time with
21 my colleague was that we were surrounded by darkness and
22 that was the crowd around us and the next thing I recall
23 is sort of the night -- or the light from the evening
24 and the street was full of police cars. I had not for
25 a moment detected the arrival of the rest of my shift

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1 and the next shift because my colleague had had the
2 opportunity to shout "Knife" before she got out of the
3 car and that generated a very large response of officers
4 to scene, but I certainly didn't detect that until after
5 we had secured the subject.

6 Q. You said this was 2012?

7 A. Yes, I think something like that.

8 Q. How much service did you have in Strathclyde Police at
9 that stage?

10 A. Probably only about a year, year and a half's service.

11 Q. And then it was in the hospital that he was restrained
12 because of the agitation?

13 A. Yes. Well, he was handcuffed already at that point in
14 time because of the nature of the offence and the
15 potential risks that he posed, but it wasn't until some
16 time into the hospital period then his behaviour
17 completely changed.

18 Q. Right. And can I ask you about the second incident.
19 Could you explain the circumstances of that? You said
20 you were in Greenock and you were a sergeant at the
21 time.

22 A. It's not an unusual type of call, it's a disturbance
23 call. Again, it was a male who, in my recollection, was
24 causing a disturbance outside a premises -- outside
25 a house and threatening the occupier of the house who

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1 was known to him. On arrival -- and I attended as
2 a sergeant with another officer because our other
3 resources had been diverted to other calls at that point
4 in time and I recall that it was some way out of
5 Greenock, so it was a reasonably significant journey.

6 On attendance at the scene we encountered the
7 subject out the front of the premises. The female
8 occupant of the premises was outside as well. He was
9 abusive towards her and we perceived that he was posing
10 an immediate risk to her so we immediately arrested and
11 detained him. And again, he struggled for a period
12 until we were able to handcuff him and again at that
13 point in time it was my colleague who initially said to
14 me, "Sergeant, he is really hot to touch", and again at
15 that stage -- and I think this is a consistent theme.
16 It's one of the things that in my experience officers
17 are most likely to detect in and around an incident,
18 particularly once a subject is secured, is the
19 hyperthermia, is that general -- and I know Dr Stevenson
20 commented on that as a fairly stark symbol, or a stark
21 symptom. At that point in time we immediately called
22 for an ambulance and looked to convey the information
23 that our subject was potentially experiencing acute
24 behavioural disturbance and that we would like an
25 ambulance dispatched at the earliest opportunity.

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1 That ambulance did not come for a significant period
2 of time and through that period of time we looked to
3 mitigate the subject -- the symptoms for the subject by
4 lying him on his side and monitoring his breathing,
5 whilst continuing to request an ambulance attendance and
6 discussing with ourselves our next steps should the
7 subject deteriorate at that point in time and stop
8 breathing, which would have been to remove the handcuffs
9 and immediately commence CPR.

10 We discussed transporting the subject at that point
11 in time. Our concern was we were so far out that
12 firstly the subject would arrest while we were in
13 the police vehicle and that would make it very
14 challenging for the ambulance to find and so we made
15 a decision that we would continue to treat subject at
16 the scene on the basis that that gave us the most likely
17 opportunity for the ambulance to find us and be able to
18 deliver the immediate care that we believed the subject
19 needed. The ambulance eventually did attend and the
20 subject was taken care of at that point in time.

21 Q. And again, in terms of identifying ABD and identifying
22 the signs and symptoms, was that as a result of training
23 you had received prior to 2015/2016?

24 A. Yes, I think so. You know, it is a consistent theme of
25 training that we get taught the signs and symptoms.

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1 I think what's really significant for me in reflecting
2 on it is on both those incidents -- and again despite
3 the fact that I have been trained in this subject for
4 a number of years -- it wasn't until after the restraint
5 was complete that we were in a position to identify that
6 this had occurred and I think that reflects the fact
7 that we were very focused on the threat, risk and harm
8 to -- and ensuring that, you know, the subject was
9 secured at that point in time and the very obvious
10 symptom of hyperthermia was quite pivotal in that.

11 Q. So again, the moment you identified it may be ABD, was
12 that when you realised he was hot to touch?

13 A. Yes, and I think, as I said, it is certainly after we
14 had had a chance to take a breath, after we had had to
15 be involved in looking to secure the subject and it gave
16 us an opportunity to go, "Okay, where are we at now with
17 this incident?" And, as I say, it was my colleague in
18 the second incident, I had not identified it at that
19 time, he had identified that the subject was
20 hyperthermic.

21 Q. Right and you say that you immediately called for an
22 ambulance?

23 A. Yes. At that point in time we were still going through
24 our area control room to contact ambulance and so
25 I passed the information -- the age, sex of the subject,

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1 the signs and symptoms and what we suspected was the
2 cause of the medical emergency.

3 Q. So, having identified he was hot to touch and recognised
4 the possibility or likelihood of ABD, you or your
5 colleague immediately phoned ACR to request the
6 ambulance?

7 A. Yes, yes. After we had had a chance to recover from the
8 restraint and put ourselves in a position where --
9 because we had moved the subject to his side already
10 anyway, which would be standard for us after we had
11 secured him in the prone position, because he was in
12 prone whilst we were securing the handcuffs as we had
13 moved him to the ground, and we had already rolled him
14 to his side as standard and that was when -- once we had
15 both had a chance to recover from that, we identified
16 the -- or he identified the symptom and we made
17 a decision to immediately call an ambulance.

18 Q. And how long did it take, that period for you to recover
19 and call the ambulance?

20 A. It's difficult to say and I think it's really -- it's
21 always difficult when you're involved in a restraint to
22 be able to predict time. There is a short delay,
23 there's no doubt, because you're still trying to get
24 your breath and you're still -- you're still engaged in
25 the restraint. You know, it might have taken us

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1 a minute, it might have taken us 90 seconds, it might
2 have taken us a little longer because it was my
3 colleague who identified it, I didn't identify it
4 initially.

5 Q. And were you monitoring, making sure that he was
6 breathing --

7 A. Yes.

8 Q. -- as he lay on his side?

9 A. Yes, and I think that's pretty standard. I think all
10 officers get taught when it comes to monitoring
11 breathing -- and don't get me wrong, this is -- officers
12 don't get how to monitor respirations or like, that's
13 outside the scope for a response officer, but we do get
14 taught to monitor a subject, whether they are breathing
15 normally or not and that was still practised at that
16 stage. So we would observe that the subject is still
17 breathing and that that breathing is as normal as -- you
18 know, within our understanding of what is normal and
19 what is not normal, that that is still occurring.

20 It was our expectation that, you know, our
21 preparation at that point in time was we may need to
22 provide CPR to this subject if he arrests given what we
23 suspected was the case. And I recall a couple of
24 minutes into this, once we had identified and called the
25 ambulance, he and I having a discussion around, "Okay,

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1 what are we doing next here if the subject deteriorates
2 at this point in time and stops breathing?"

3 Q. So did you feel prepared at that stage, from the
4 training you had received, to manage that incident prior
5 to the ambulance arriving?

6 A. Insomuch as I knew that if the subject -- I could
7 monitor the subject's breathing, I could commence CPR
8 should that be required. You know, that's the scope of
9 practice for a response officer when it comes to that,
10 so as much as I could be. I don't think there's
11 anything else that we would have reasonably necessarily
12 been able to do in the circumstances, so yes, I feel we
13 knew what we needed to do next when and if that subject
14 deteriorated.

15 Q. You have mentioned the breathing and monitoring the
16 breathing. We have heard some evidence that originally
17 the training was breathing and not breathing and that
18 was the distinction that was made, but it then changed
19 to breathing normally, not breathing normally.

20 A. That's correct, yes.

21 Q. Which more reflected, as I understand the evidence,
22 a possible deterioration in that?

23 A. Yes.

24 Q. Do you remember in relation to the second incident in
25 2015/2016 what your training had been in relation to

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1 monitoring breathing?

2 A. I don't, ma'am, and to be fair I have had a significant
3 amount of first aid-related training over the years, so
4 I couldn't tell you when I understood the distinction
5 between breathing normally and not normally, but
6 certainly at that stage it was our understanding -- it
7 was certainly my understanding -- I couldn't tell you
8 from my recollection in 2015.

9 Q. All right. Can I ask you in relation to the subjects,
10 the first incident and the second incident, what race
11 were they?

12 A. Both white males.

13 Q. Thank you. Thank you very much.

14 Can I move on and ask you about some of the sources
15 that you use in training and in relation to the
16 evolution of training, or developing or even in relation
17 to the review. What other bodies or organisations or
18 groups are you part of and engaged with for that
19 purpose?

20 A. You will see in my statement I'm the Police Scotland
21 representative on the National Tactical Advisory Group,
22 which is the UK-wide group that is involved with
23 operational safety training, chaired by the College of
24 Policing, that meets on a quarterly basis to share
25 information and best practice. That's our standard

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1 national group that we are a part of and I represent, or
2 my deputy will represent if I'm unavailable.

3 We also, as mentioned, have a licence with the
4 College of Policing to be able to access that product.

5 I mentioned the MOU with our Scottish Prison Service
6 colleagues and I think that's becoming an increasingly
7 important aspect of our relationship, or of resources
8 around -- particularly around custodial matters, but
9 also they have a real focus on evidence-based practice,
10 as we do, and so our ability to be able to share
11 research evidence and findings and peer review is going
12 to be continually important. They will be one of our
13 peer review partners that we invite to review the manual
14 content when the time comes.

15 But we look broader than just those national areas
16 as well and we will look to trainers nationally and
17 internationally who might be specialising in areas where
18 we don't have necessarily depth of expertise in the
19 service. I know I mentioned in my statement a couple of
20 individuals like Dr Peter Jones when it comes to bias
21 training, for instance, or Mr Andy Roberts when it comes
22 to edged weapon defence, because it's prudent that,
23 you know, if we were to only look internally we're only
24 going to get internal answers. There are others who are
25 doing developmental work which it is prudent for us to

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1 explore. It's not to say we will take the training on
2 necessarily in detail, but it allows us to get the
3 broadest perspective of what's happening in the field to
4 be able to -- to continue to embed best practice and
5 continually improve our understanding of the very
6 detailed subject area.

7 Q. If there are any groups where you think that we might be
8 able to get some useful information, or contribute, do
9 you -- are you comfortable that you can approach them
10 and become part of those groups?

11 A. Yes, most certainly. I don't think -- certainly any
12 national groups or the like would welcome I think our
13 contribution as we would welcome theirs. Yes, there's
14 no limit to the amount of groups we can join who could
15 help inform us, I think, if they're part of our subject
16 matter.

17 Q. You mentioned Dr Jones, Peter Jones. I think you said
18 in your statement at paragraph 34 that he has provided
19 training on unconscious bias?

20 A. Yes.

21 Q. And how is it you became aware of Dr Jones?

22 A. I was aware of Dr Jones through social media actually
23 and his involvement in bias testing in policing and his
24 deep interest in bias and that's where his expertise
25 lies. And it was at a time when we were aware of issues

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1 arising in the Inquiry around this and we felt that we
2 wanted to give our instructors a deeper understanding of
3 the potential impacts of bias as they relate to use of
4 force.

5 Dr Jones was a logical individual to approach and we
6 sought permission to be able to have Dr Jones speak to
7 our cadre of full-time instructors at the time to give
8 a day's training on his views and his level of expertise
9 on that, to deepen their understanding, with a view to
10 seeing how that could potentially positively influence
11 our syllabus.

12 At the time the service was discussing whether they
13 would be putting out a more general training product
14 around ED&I, equality, diversity and inclusion, and we
15 expected that would perhaps when it happened include
16 issues around unconscious bias. But we wanted to make
17 sure that our instructors had a better understanding
18 around the potential implications of unconscious bias as
19 it relates to use of force, so we were able to get some
20 training and some briefings from Dr Jones.

21 Then subsequently we were able to then shape that
22 with the help of our equality, diversity and inclusion
23 trainers, to be able to add information to both initial
24 and recertification training around the potential
25 impacts of unconscious bias as they relate to use of

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1 force, and that's a product that I think we inserted on
2 12 June this year and continues -- and it will
3 continue -- it's already in recertification and the
4 initial training module and it will go into the manual
5 as well, as the manual is revised.

6 Q. So that's already included in the training to some
7 extent since June?

8 A. Yes, since 12 June.

9 Q. Thank you. And have you noticed that added element of
10 training has had an impact?

11 A. I think it's probably too early to tell realistically.
12 12 June is an early -- we're six months down the track
13 perhaps. Certainly the training is well received by
14 officers. They understand it. You know, we put it in
15 the context of: this is what unconscious bias is, this
16 is what it can do around issues of use of force, and
17 these are the tactics you can use to mitigate against
18 it, awareness being firstly the key part of that and
19 understanding that, and reinforcing some of those good
20 tactical practices to try and mitigate any impact of it.

21 Q. How many participants in the recertification course or
22 the probationers course have you now taught with this
23 added element of unconscious bias?

24 A. I would have to check but we have probably run over
25 1,000 courses I imagine in that six-month period

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1 perhaps. I would have to confirm how many but quite
2 a significant number because it has been operating
3 forensics months, so we would expect that's roughly half
4 of our recertification audience, so if I was to estimate
5 it would probably be 6,000 or 7,000 officers given we
6 have a training audience every 12 months of about
7 14,500.

8 Q. Right, thank you. Can I ask you about equality impact
9 assessments.

10 A. Yes.

11 Q. We heard evidence from Inspector Young that when he was
12 doing -- looking at the 2013 manual and he did a review,
13 he wasn't -- he didn't realise at that time that there
14 should be an equality impact assessment and he
15 eventually went and got some advice about that and then
16 realised it had to be done and then started adopting
17 that.

18 A. Yes.

19 Q. I just want to confirm, are you aware of the need for
20 what was an equality impact assessment and now has --
21 the name has changed to human rights impact assessment?

22 A. Yes, ma'am. There are two equality and human rights
23 impact assessments that impact on my business area at
24 the moment around this, the operational safety training.
25 One relates to the use of force guidance that the

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1 service produces which is the Capstone guidance document
2 which all other documents fall under. The use of force
3 guidance document is just being updated at the moment to
4 incorporate a couple of aspects around control of
5 subjects in custody. Because of that, that triggered an
6 immediate revision of the equality and human rights
7 impact assessment as it relates to that document, so
8 that EQHRIA is being reviewed as we speak on the basis
9 of the changes to the use of force guidance document.

10 Then there's subsequently an EQHRIA around
11 operational safety training as well. That's due for
12 review and it's timed well for us because we have just
13 obviously undertaken a small refinement to the programme
14 so as we embed that programme refinement we will take
15 the opportunity to review the EQHRIA to make sure it's
16 updated. The major manual change next year, however,
17 once the consultation is completed, as part of that we
18 will again review that EQHRIA but they are the two key
19 ones that we utilise and work from.

20 Q. Can I ask you about His Majesty's Inspectorate of
21 Constabulary in Scotland. They have prepared a phase 1
22 of a thematic inspection of Police Scotland training and
23 development and phase 1 was September 2020. Are you
24 aware of this review? It's SBPI 00412.

25 A. I am aware. I haven't read it since it came out though,

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1 I think. I have read it subsequently, but not for some
2 time.

3 Q. Let me look at this. For context, this is the report of
4 phase 1 of an assessment of training and development of
5 Police Scotland and I would like to look at
6 paragraph 135. We see it on the screen there,
7 September 2020. It's paragraph 135 and
8 recommendation 9. If we look at paragraph 135 so:

9 "HMICS heard that Equality and Human Rights Impact
10 Assessments (EQHRIA) are part of the Police Scotland's
11 Quality Assurance checklist for all new training
12 programmes. Obviously these assessments should be
13 carried out at the start of the development process so
14 that the assessment can inform and influence the content
15 of new training products. However, we were told that in
16 practice these assessments are usually completed after
17 the product has been developed. As a result, the scope
18 for the EQHRIA to help shape the development of the
19 product is minimal."

20 And recommendation 9 was that:

21 "Police Scotland should initiate an ... (EQHRIA) at
22 the earliest possible stage in the development of all
23 training and development products so that the
24 implications for equality and human rights are
25 considered and addressed from the start."

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1 Are you satisfied that your current arrangement with
2 these assessments is sufficient to do that, to consider
3 equality and human rights at the start of the process?

4 A. Yes, and I think we need to point out we already have
5 EQHRIAs in place, it's not the start of the process for
6 us, and as I mentioned they're being updated as the
7 documents are reviewed. So yes, I'm satisfied with
8 that.

9 Q. Right, thank you.

10 Can I ask you to look at the next HMICS review,
11 which is SBPI 00413. This is on a separate matter, so
12 this is the thematic review of policing mental health in
13 Scotland from October this year. Are you aware of this?

14 A. I am, ma'am.

15 Q. You are. Can we look at page 36 please, which is
16 paragraphs 62 and 63, and we will see here it says:

17 "We heard examples of temporary sergeants making
18 such decisions, having received no supervisory training
19 whatsoever before taking on this additional
20 responsibility. In our 2020 ... Phase 1 [review] ..."

21 Which we just looked at a moment ago:

22 "... we highlighted the importance of officers and
23 staff who are taking on supervisory roles being properly
24 trained beforehand. The following recommendation, from
25 this review, should be revisited by Police Scotland."

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1 Recommendation 5:

2 "Police Scotland should ensure that all officers and
3 staff are provided with appropriate leadership training
4 prior to undertaking a supervisory role."

5 I'm interested in this. We have heard evidence that
6 an acting sergeant, on 3 May 2015, was in that role but
7 we have looked at his SCOPE record with Inspector Young
8 and we couldn't see any reference to police incident
9 management training and I wondered are you aware of this
10 issue about acting or sort of temporary officers not
11 having training in this additional responsibility but
12 being sent out in a response team?

13 A. Firstly, I caveat it by saying it's not my department,
14 it's the operational command training department. I am
15 aware broadly of the issue. I'm aware that the
16 department is undertaking steps to provide online
17 training to bridge some of that gap, but again, ma'am,
18 not being my department I would not want to comment on
19 it in detail.

20 Q. So if we were to seek more information on this, is there
21 a particular person, or~...?

22 A. I think you would go through Learning Training and
23 Development to seek that. The department is part of it.

24 Q. LTD?

25 A. LTD.

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1 Q. Thank you. You mentioned yesterday an MOU, a memorandum
2 of understanding.

3 A. Yes.

4 Q. And I would like to ask you about one where I think we
5 may hear evidence from Dame Elish Angiolini, or
6 Lady Angiolini, as she now is, about a memorandum of
7 understanding between Police Scotland and
8 a recommendation they engage with healthcare partners.

9 A. Okay.

10 Q. This came from her independent review of deaths and
11 serious incidents in police custody from 2017. I was
12 wondering if you have any awareness about what's being
13 done to engage with healthcare partners at the moment
14 and whether that is at all part of your remit?

15 A. It is to an extent as it effects operational safety
16 training. Normally engagement is done through our
17 partnerships division and they lead on engagement and
18 then my department and myself might be called to work on
19 certain aspects of that. You know, we have a matter
20 ongoing at the moment with Scottish Ambulance Service
21 that I'm involved in and my department is involved in
22 around acute behavioural disturbance, for instance, and
23 that's managed through PPCW, our partners division.

24 Q. Sorry, I didn't catch that, that's disturbance?

25 A. So -- around acute behavioural disturbance at the moment

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1 and so we would work through our partners through the
2 division and my department and myself, or other
3 representatives, would be called in to work with those
4 partners depending on what the issue is.

5 Q. Thank you. And is that something you're engaged in at
6 the moment?

7 A. Yes, actively, yes.

8 Q. And will that potentially feed into the review that's
9 being carried out in regard to the manual?

10 A. Again, that's independent of that. That will move ahead
11 as rapidly as we can move it ahead. Any learning from
12 that, or any subsequent policy out of that will of
13 course go into the manual but it won't be dependent on
14 the manual. It's a separate issue.

15 Q. Right. I appreciate that you have a review ongoing at
16 the moment and you have explained that's a wholesale
17 review, root and branch, about the whole manual.
18 Sitting here today are there any areas that you would
19 like to highlight to the Chair where you feel
20 improvements can be made and are perhaps going to be
21 made to the manual?

22 A. I think we will continue to work towards making the
23 manual more realistic in its reflection of the
24 operational environment. What I mean by that is that we
25 will continue to reduce the complexity. We will

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1 continue to look to make the contents and the technical
2 aspects of the manual more accessible and -- for
3 trainees, to look to improve their competence in the
4 limited time that we have to train.

5 That is an ongoing process and it's -- you know,
6 it's one that we don't take lightly and it is one that's
7 our raison d'être is to continue to make our programme
8 safe. It won't finish at completion of the manual
9 revision, it's a continual process that we will look to
10 learn from. We will continue to improve our operational
11 first aid syllabus. The next stage of that will be
12 including the 10-second triage model adopted down south
13 for major casualties, or mass casualty incidents or
14 marauding terror attack, so those aspects will be
15 covered.

16 The issue of acute behavioural disturbance will
17 remain a high priority for us in dealing with our
18 Scottish Ambulance Service colleagues on the challenges
19 that we face -- now that I mentioned in my statement
20 around the triaging of acute behavioural disturbance,
21 when officers identify it at scene will be a real
22 priority for us moving forward, so that our Scottish
23 Ambulance Service colleagues are able to better identify
24 and categorise an officer's suspicions of acute
25 behavioural disturbance to ensure that that receives an

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1 emergency response because at the moment we aren't
2 content that it does on a number of occasions due to the
3 question set that's asked of officers from scene which
4 perhaps causes incidents of this nature to be
5 categorised inappropriately.

6 That's ongoing work that we will continue to do.
7 And we will continue to work with partners like the
8 College of Policing as they move through their process
9 of changing their first aid learning programme, changing
10 their PPST syllabus, to pick up lessons as we move
11 along. And again, continue to work with our Scottish
12 Prison Service colleagues, in particular around their
13 areas of expertise to ensure that from a peer basis
14 we're learning from their experiences, but in particular
15 together moving forward, making sure that we're drawing
16 from an evidence base because fundamentally I think
17 that's the largest shift for us as we move forward in
18 the programme is being able to point to an evidence base
19 for everything we do and be able to very clearly
20 identify why we are doing something and why the
21 decisions are made. So I think that's -- they are the
22 areas that we will continue to improve.

23 Q. And for officers who are operational and going out and
24 dealing with the public, will there be improvements made
25 in relation to tactical communications training?

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1 A. Yes. I mentioned before our work -- ongoing work with
2 the negotiators at the moment and again that's just --
3 for us that's an update to best practice. I know that
4 our negotiation colleagues are intending to insert into
5 our syllabus the current model that is about to be
6 rolled out to wider negotiator cadre in a manner that is
7 accessible for response officers, given they're not
8 going to get -- necessarily the depth of training that
9 a negotiator gets, but the same model. And I know that
10 current discussions around probationer training and the
11 training time allotted to probationer training includes
12 allotting operational safety training/operational
13 first aid more time and, as I discussed before,
14 embedding that model of communications as the single
15 model of communications right through training to
16 provide our new officers with a framework that they can
17 consistently work from throughout their training
18 experience and then deploy in the operational
19 environment.

20 Q. And do you consider those changes will encourage
21 officers, including long-serving officers, to turn to
22 communication methods first before using force?

23 A. Well, I -- I would challenge the premise they don't
24 already. I think our officers do do their best,
25 particularly in Scotland, to look to communicate with

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1 subjects in challenging environments. It's certainly
2 been my experience that they do. That's not to say we
3 can't do it better. I think what we will be able to do
4 is provide a model moving forward that gives officers
5 a realistic -- a realistic understanding of how and when
6 they can use their communication skills more
7 effectively, given the set of circumstances.

8 Q. And in light of that training, will that have the impact
9 of encouraging officers to try communication skills more
10 readily rather than simply saying, "I'm never going to
11 be able to" --

12 A. Well, I've not encountered officers that don't try to
13 communicate effectively. I think it's about improving
14 their communication skills, you know. Our officers
15 I think -- they don't resort to the use of force
16 lightly. They understand the implications. My
17 experience operationally is that officers do their best
18 in circumstances to be able to communicate effectively.

19 What we're about is, of course, improving their
20 ability to do so and trying to give them the best
21 evidence-based practices that will give them the best
22 opportunity for success when the circumstances are set
23 that allows them to do so.

24 Q. And in relation to restraint, restraint itself, the
25 techniques for restraint, but also the first aid

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1 implications of that, will improvements be made in
2 relation to training in that regard?

3 A. I think that's likely given the fact that we're
4 undergoing a review of documentation that is perhaps
5 a number of years old, although I would say our current
6 first aid syllabus is probably at the leading edge of UK
7 policing at the moment with, as I said, other services
8 down south catching up over the next six to eight
9 months.

10 Q. And in terms of the manual and improving training in
11 relation to diversity, equality, the protected
12 characteristics under the Equalities Act, will there be
13 improvements in relation to training in that regard?

14 A. Well, the service has certainly already undergone
15 a general ED&I refresher service-wide earlier this year.
16 The obligation on us is to ensure that we continue to
17 learn from that and, as we have done with the
18 unconscious bias product, make sure that if there's
19 areas that we feel are unique to operational safety
20 training, such as the implications of unconscious bias
21 on use of force, that we reflect that in both
22 recertification, initial training and the training
23 material and, you know, we have already made steps
24 towards that and we would continue to do so.

25 Q. I think we have heard evidence that consistency and

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1 standardisation amongst all the materials is of benefit
2 to officers and I think that reflects what you have said
3 today as well.

4 A. Yes. It's certainly our goal is to ensure that we are
5 delivering as consistent a product across the country as
6 we can, you know, aware of the challenges of that given
7 that we train in 13 different locations across Scotland,
8 but the use of permanent cadre instructors who meet
9 regularly, who have honest and frank discussions and who
10 are provided with training material that is up-to-date
11 and consistent supports that.

12 Q. Could you give me one moment please?

13 A. Of course, ma'am.

14 MS GRAHAME: Thank you very much. I have no further
15 questions.

16 LORD BRACADALE: Thank you. I'm going to adjourn to consult
17 with my Assessors, so if you just wait, there may be
18 some further questions.

19 (12.47 pm)

20 (The luncheon adjournment)

21 (12.59 pm)

22 LORD BRACADALE: Are there any Rule 9 applications? No.

23 Thank you very much, Inspector Bradley, for coming
24 to give evidence to the Inquiry. I'm grateful to you
25 for taking the time to do that.

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1 I'm going to rise shortly and you will then be free
2 to go.

3 A. Thank you, sir.

4 LORD BRACADALE: That completes the evidence in this
5 hearing, so the Inquiry will now adjourn.

6 (1.00 pm)

7 (The hearing adjourned)

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