

**The Sheku Bayoh Public Inquiry**

**Witness Statement**

**David Agnew**

**Taken by [REDACTED]**

**on MS Teams**

**On 18 February 2022**

**Witness Details**

1. My name is David Agnew. I was born in 1978. My contact details are known to the Inquiry.
2. I am currently a physical education instructor (PEI) employed by the Police Service of Scotland and am based at Tulliallan. I have 18 years' service.
3. I have a sports science degree from the University of Stirling and graduated in 2000. Thereafter, I did a diploma with Napier University and a teaching qualification for further education at the University of Stirling, and completed both in 2015.
4. I'm also a UK Strength and Conditioning Association accredited coach, which is a strength and conditioning qualification that's aligned with my job role. I achieved that in September 2021. I also attained the qualification of external verifier for the Scottish Qualifications Authority. So, I'm now a qualified external verifier and I do contractual work in first aid for SQA.

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**Previous statements**

- 5. I have had sight of my PIRC statements which are dated 6 February 2018<sup>1</sup> and 13 March 2018<sup>2</sup>.
  
- 6. The statements I gave to PIRC were given to the best of my memory at the time and I did my best to be truthful and accurate in what I said. I have had an opportunity to read over the statements at the time they were drafted by PIRC. I've read over the statements and accept the content is correct.
  
- 7. I'm asked if there were any discrepancies from what I have told the Inquiry in this statement and what was in my statement at the time, which statement would I want to be preferred. I would say my PIRC statements should be preferred. I would have a keener memory of the exact content and dynamics of the training and of the training records four years ago than I would now. But I imagine I would give a very similar response in this statement.
  
- 8. At the time of providing the statements to PIRC, I have been qualified as an Officer Safety Training (OST) instructor since February 2004. I completed further training in September 2005, which qualified me to teach the initial OST training course, the OST requalification annual course and the instructors course. However, I don't do much of that now, other than undertaking OST training, because the rest is really all done out of the national OST unit at Jackton; however, I am still capable of delivering, facilitating, assessing, internally verifying for those curriculums.

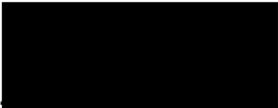
**Probationer OST Training**

- 9. In 2014/015, the initial probationer training course at the college lasted a full 12 or 13 weeks, of which there were 35 hours dedicated to OST training. The initial probationer OST training was very similar to what it is now, a four-period

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<sup>1</sup> PIRC-00503

<sup>2</sup> PIRC-00504

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theory input. So, classically that would have been from half-past eight in the morning when our timetable started till 11.45 in the morning; that's when it's put on the Monday of the OST week. This involves the use of the PowerPoint presentation. This is an introduction to OST and basically demystifies the OST manual in a shorter format because it's a very large document. It allows us to start discussing OST terminology and the things to expect when we do the practical training in the classroom.

10. In my statement dated 6 February 2018, I refer to two PowerPoint presentations: the Police Scotland Officer Safety Training PowerPoint (current) and the Police Scotland Officer Safety Training PowerPoint (historic). My statement refers to the historic PowerPoint as being the one used to "*supplement the theory side of the OST at the material time requested*". I am unclear what time period is being referred to in my statement when I say "*material time*". The Police Scotland Officer Safety Training PowerPoint (current) was in use at the time of giving my statement to PIRC in February 2018. However, I am unable to say which version of PowerPoint Presentation would have been in use in 2013, 2014 and 2015.

11. I'm asked whether there was much change in terms of content between the historic version and the current version. No, we went to a more corporate Police Scotland backing and format. But as regards the content, the historic one was done by us when we held ownership of the OST programme for the eight forces as they were. It was a very good PowerPoint, in my opinion, and it comprehensively covered all things within the OST manual. It had lots of videos to support the various topic areas. And the only things that really changed was there was less video footage but more theoretical information that came into the PowerPoint, but nothing that was new or different or that had been missed by the old PowerPoint. And there were a couple of changes in terminology, things like CS became PAVA, and excited delirium became acute behavioural disorder, and now it's acute behavioural disturbance. But all the symptoms and police action in and around these areas remained the

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same. So there was really not much difference. It was the content of the OST manual in PowerPoint format to enhance and aid initial student learning.

12. In the OST training week, from the Monday afternoon onwards, the training would always go from empty hands to handcuffs, to baton, to CS Spray. Interspersed within all of that was drills and scenarios and linkage of the techniques as you got towards the end of the week. Bearing in mind, we are working with people who have, in the main, never done anything like this before. There would be a lot of individual scrutiny on techniques, learning the technique as an individual entity but then ensuring that we could link things together, such as deploying CS/PAVA, delivering aftercare, applying handcuffs, considering things like placement into cells and, linking all these things together. That's really how the OST week went then and still does now.

13. The only things I would say that are slightly different now are over those years from then until now, is that some techniques are brought in, some techniques are taken out. More focus on scenario or drill training has come in and gone out. The OST programme is governed by the national OST unit in Jackton. It was James Young, I think, in that time period who was in charge and they would, force-wide, ask for feedback on the current OST curriculum. They would marry that up against reports of use of force and incidences of violence and aggression, and they would adjust the programme subtly to try and have the best fit for a policing product at that time. So it was essentially delivered over 35 hours from Monday to Friday.


14. The probationer training is classroom based. Probationers have a reading list for each day of training. So before the next day's play, you ask them to read all the theoretical sections in their manual of the things that we're going to be covering. So, for example, if handcuffing's coming up, they need to read all the handcuff theory, they need to know about the risks of injury to the wrist, they need to know about the dos and don'ts of handcuffing, the component parts of the handcuffs and read through the techniques that they're going to

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practically work on the next day. I always afford them a period at the end of most days, because they're quite tiring and gruelling days, to go and study their manual and focus on the theoretical aspects because that's where most of the exam questions come from, things such as use of force, PLANE, human rights, and PAVA deployment, distances and what's in your PAVA canister and all the handcuffing things I've talked about there. So they are constantly studying all the theoretical and practical, but mainly theoretical, aspects of the OST manual. So they are well versed in the manual, and they won't achieve the required grade in the final exam if they're not very knowledgeable in all the theoretical aspects of OST.

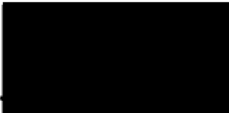
15. I'm asked whether in the initial OST course in 2014/2015, whether there was any training in risk assessment. Yes, the National Decision Model (NDM) is the model that's used by Police Scotland and it's applied to all decision making for police officers. So it's Police Scotland's operating decision-making model, and that's been in place for a number of years.

16. The NDM is used in various ways. It could be an officer is going to execute a drugs warrant, and you have planning time, but you're also putting into that operation, "what if". What if you're met with a high level of threat, weapons, things like that? So being as prepared as you can be, but also explaining to the officers probably the hardest thing is when you are driving to an incident, you don't know what you're about to be involved with, and that they may need to very quickly go through that decision-making model. And when you get to the take action part of the decision-making model, that may happen in seconds. So you may be talking to someone, they produce a weapon, and all of a sudden in the National Decision Model, you've either got to run, or deploy PAVA, or strike with a baton, or grab them, take them down. Your definitive action may happen extremely quickly. So it's a standard decision-making model used by Police Scotland, but it can be in very differing circumstances. It can be with a lot of planning or it can be instantaneous.

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17. I'm asked what training officers were given in 2014/2015 in relation to de-escalation. The officers were trained to de-escalate when control has been achieved. So de-escalate as and when is appropriate would probably be the message, but de-escalation must follow compliance immediately. Again, it's situation dependent. If anything is above Level 1 of the profiled offender, i.e., what an offender or potential aggressor or offender is displaying, if it's above Level 1, which is compliance, then the officer may not be able to de-escalate. Level 2 is verbal and gestures, so if they're still shouting, swearing, and they're in my face, then at that stage I may not be able to de-escalate. But once compliance has been achieved, and that may be physical and verbal or a combination of the two, then de-escalation should immediately follow because there is no requirement for further uses of force if the officer or officers have deemed the situation to be controlled and compliant.

18. I'm asked whether a great deal of subjectivity in an officer's assessment of risk when approaching a situation or subject. Yes, that's correct. There are a number of things that come into play. They would be checking the Police National Computer (PNC), for previous behaviours, weapon-carrying if that's a habitual thing, if they have ever assaulted someone or some group of people or police officers with a weapon. But an officer is going to take each situation on its merits and on its factors at that time, and we certainly instil in our officers, don't assume that because someone's been nice 100 times before, they may not be nice on the 101st time, so you've got to keep assessing and staying alert each time you attend an incident. And the factor of weapons, well, weapons would make an officer more tactically aware of their distancing, of the potential options that they might need to use, and spinning the NDM, using that NDM, they would potentially be being resourceful as regards contacting specialist units to attend should the situation escalate, such as taser, firearms, dogs unit, should it be required, shields, things like that, if weapons are present. So there are a number of factors.

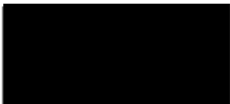
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19. I'm asked about any training given in relation to drug-induced psychosis in 2013/2014. Drug-induced psychosis, that came in around sort of mid-2013/2014. This was in relation to new psychoactive substances, as they were called at the time, and the awareness for police officers of the prevalence of use of these substances. This was essentially that people were able to buy drugs over the internet that are extremely harmful to them and the resultant aggressive behaviours that officers may face. So to recognise what these substances were, maybe to be able to identify packaging if they are attending a scene and understanding that this could well be a very, very quick fast track from someone behaving normally to someone suffering from ABD. That is one of the main risk factors for ABD is drug abuse, often alcohol and cocaine in combination classically for drugs that have been taken frequently for many, many years, but new psychoactive substances being as effective, or more effective at getting someone into a near-death state, which ABD is. It's very close to cardiac arrest.

20. Mental illness for our probationers taught in class as stand-alone inputs always and has come into the OST programme with more formality in more recent versions of the OST manual, but that could be going back to the mid-twenty-teens.

**Probationer SPELS training**

21. Immediately after that, they would do their first aid training. This was known as SPELS training: Scottish Police Emergency Life Support which is now Operational First Aid. Once they had those two things and they'd been sworn in, they were deployable. Some courses would be deployed after three weeks' service, for example. I think that's why it's encouraged that those elements are at the start of a probationer's training so that they're deployable. Thereafter, they have a two-period refresher session towards the end of the 12-week course.

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22. In terms of how long the SPELS training lasted, I think it would be four periods of theory input and practical work, and a period or two for assessment. Each period was a 45 minute session: two practical periods and two theory timetabled periods. And then on a separate day, not the same day, they get their assessment, which is a six/seven minute process per student and that was either over a period or two, just dependent on class sizes, how many we could get done in a allotted 45-minute period.

23. I'm asked whether SPELS training would have included any training on positional asphyxiation or ABD. Positional asphyxia and ABD or excited delirium as it was known, was housed within the OST programme, I think, at that time. They were seen as separate entities, the OST programme and the first aid programme. Now, they're mentioned in both curriculums. And SPELS is now operational first aid, and there is a question on positional asphyxia, recognition features, and treatment, and a question on ABD recognition features and treatment. That became part of the OST recertification two-day package; that was part of the reason of it expanding to two days.

**Annual recertification training**

24. Officers come to their recertification training with a knowledge of OST skills and techniques. Therefore, the same level of detail as the initial training is not covered. Officers come to their recertification days with a learned knowledge of OST skills and techniques so the same level of detail as the initial training is not covered. The recertification training allow officers to enhance their knowledge, awareness and skills involved in Officer Safety Training. The refresher training days allow officers to enhance their OST knowledge and skills.

25. From the Friday of that initial five-day block of OST probationer training that should trigger on SCOPE. 365 days later, they are duty bound to book onto an annual recertification, which all police officers are required to do every 12

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months. Annual recertification training was a one day course in 2014/2015 and has been until very recently when it moved to a two-day recertification. It possibly changed to a two day course in around 2019.

26. During the recertification, officers spend no more than one timetabled period (30/40 minutes) on Scottish Police Emergency Life Support (SPELS). During this, we cover basic life-saving skills including CPR and recovery position. Prior to students attending at their recertification, they are required to have completed an online Moodle package to cover all other aspects with regards to this.

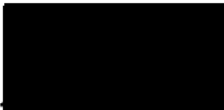
### **Probationer OST Manual**

27. I've been shown a version of the Probationer OST Manual.<sup>4</sup> I can see this is dated September 2013 and that it is Version 2. I see from my statement this was the relevant version of the probationer manual that I provided to PIRC. It's my understanding that it was this version of the manual that was in force as at 3 May 2015. This version of the manual would have been used by probationers as part of their OST training.

28. I'm asked whether this manual was also used in recertification training in 2014/2105. Certainly, the basic principles from the manual were covered and this training is done in line with that manual. However, whether the manual was actually referred to would depend on the trainer and whether they're asked to bring that along and use that to support the training. Classically, I would say no, that the manual generally wasn't brought to recertification training sessions in 2014/2015 and any time when it was the one day. Whether the current probationer manual is used for recertification training now, I don't know. Annual recertification's, again, something I used to do more frequently, but now just due to high intakes and things like that, pretty much exclusively probationer training, initial 12-week training course. But the officer has the OST Manual for the rest of their service. We certainly

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<sup>4</sup> PS11538(a)


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encourage our officers to keep looking at and they understand the advice that, should they use force, should they be put in an operational statement, that when they're writing their reports, that they use that manual to assist them in formulating these. This will help them to write using the most OST conversant, and use of force conversant language that they possibly can. So it's there to support the officer throughout their service should they use force or should they use any aspect of OST in their role, which they inevitably will.

**Restraint techniques**

29. In the initial OST training that officers received, when empty-hand techniques, and restraint techniques were covered, the health and safety aspects considerations were covered at the same time. The model of teaching is to show the technique in real time. So, for example, to show the technique and what you're trying to achieve from that particular type of restraint. You would then discuss all the health and safety associated with the risk to the officer and the risk to the subject with that technique, and then you would get the students to practise. That's applied to every single technique that's ever delivered. For example, a takedown to the ground, you would be talking about the potential facial injuries, the arm injuries. And when you pin that person on the ground, such as a side ground pin, or a shoulder ground pin you'd be absolutely mentioning, at any point, if you restrain someone on a surface, whether it's the ground, the wall, a vehicle, things like that, we must be considering restraint related or positional asphyxia, and be ready to take action immediately. That is applied to all restraint training that we deliver.

30. I'm asked whether the restraint techniques that were taught normally involve restraining someone in a prone position. This depends on exactly what level of resistance the officer perceives as occurring at that time. But if the officer feels jeopardy is a factor, which is the means, ability, opportunity, and intent so jeopardy being the officer feels placed in fear of their welfare or life – then they may take resulting action.

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So, it is down to individual officer perception, and no two officers are going to think exactly the same thing at the same time. So, that's what's impressed upon them. But, underlying this, we're trying to get them to identify the levels of profiled offender behaviour, and understand what is appropriate use of force dependent on the level of aggression displayed by the subject. So, that's all very clearly signposted and trained.

31. Restraining someone in the prone position allows the officer probably to exert the maximum control that they can over an individual that they maybe are not as strong as or they feel they're less equipped if the person is standing up or kneeling or moving. So, you inhibit movement you inhibit a person's ability to fight, you offer up multiple different ground pin positions that you can create, and it also offers a platform for the safest form of handcuffing, which is handcuffs to the rear so the person can't continue to lash out with their arms or access weapons with their hands. So it's an absolutely viable option for a police officer but only with justification. And it could be impact factors such as physical size and weapons etc. but also the fact that the officers may perceive themselves being placed in severe, extreme jeopardy because they believe that person has the means, ability, opportunity, and intent to cause them harm.

32. The risks of restraining a person are taught. It is considered high risk, always. You don't know what that person has ingested. You don't know how much subcutaneous body fat they have. You don't know how weak or strong their respiratory system is. You don't know their medical condition or heart conditions. It's an unknown, and the fact that you're exerting pressure potentially yourself through a recognised ground pin, and gravity is also working against that person's respiratory system, it's a high index of suspicion for a bad reaction to that. And the protocol for any signs of positional asphyxia, any signs of ABD is a medical emergency, and they must be assessed by a medical professional thereafter.

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33. I've been referred to the probationer OST manual<sup>5</sup>, and page 74, which is headed module two, section 9 in relation to holds and restraints. These are generally holds with the subject standing, which you would encourage unless they feel there's a justifiable reason to go to ground. A justifiable reason to go to ground could involve a number of impact factors: size, strength, intoxication, weapons, inability to create the positions that are shown in the manual with the subject standing, loss of control of the subject that may endanger the officer, their colleague, or members of the public; environmental location, are they in a safe space or are they in the middle of the road? There could be a number of reasons why an officer would take the person down to the ground. That officer may feel that there are huge factors against them as an individual or as a group of officers and they may feel that they can't deal with the situation standing up. So, that would be reasonable grounds to move to a takedown on the ground.

34. I'm asked if an officer thought that an individual was carrying a weapon whether that would be a reason to take that person to the ground. Yes, it would be a reason especially if that person had the means, the ability, the opportunity and intent to do that officer serious harm, that would then be deemed assaultive or serious and aggravated resistance. So, the officer would be within their rights to deploy their CS or PAVA, to use their baton, to potentially call in taser and certainly takedowns and ground-restraint techniques. The officer most probably would be assessing that that would be a safer place to have the person rather than standing with a weapon, I'm assuming in their hand or hands.

**Risk of positional asphyxia**

35. During training of restraint techniques, health and safety considerations form part of that. We always discourage putting bodyweight on a subject, certainly in the centre of the person's back or down the line of the spine, due to the high risk of restraint related/ positional asphyxia occurring. If the subject is

<sup>5</sup>PS11538(a)

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unable to escape the position then their lungs may not reinflate. So, an acute awareness of that, identifying signs of positional asphyxia, and aiming to put your bodyweight in the places that you saw in those pictures over the shoulder joint or not on the person at all, off to the side. What you will be encouraging officers to do is you could have an officer controlling the legs, you could have an officer on the other arm on the other side if there's multiple officers in attendance – but at all times having a high index of suspicion for positional asphyxia. And if you are on top of someone's back then, at the safest opportunity, that position should be adjusted. But only in the safest opportunity. If the person's still a massive and huge threat, then the officer could potentially justify what they're doing down on the ground.

36. We train officers that the signifying factors for positional asphyxiation that they need to be looking out for is someone who has been very aggressive going very passive, someone who's been very loud going very quiet, someone who has had a lot of muscular tone and tension in their muscles, going from tense to relaxed, and saying that "I can't breathe" or repeating the same phrase over and over if they don't speak in English because generally people when they're suffocating will or can communicate that. If they don't communicate that, then the loss of consciousness, those signs and symptoms that I've just mentioned, is what the officers are looking out for. Also what they're listening for, and this is where it merges in with the first aid work that they do, is breathing rate and the noise that the person's breathing is making. If they're going into cardiac arrest, then they will be making agonal gasps, which is not normal breathing, and it's a gurgling and gasping and sort of rasping noise not just a normal, steady, smooth flow. So, it would be very difficult, I imagine, in a highly-charged operational situation with a lot of noise, a lot of adrenaline, a lot of fear, but there are a number of things in there that should be identifiable within a reasonably short period of time.

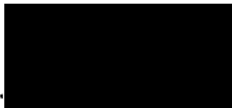
37. I'm asked whether there is there any guidance or training in terms of how many officers should be involved in a restraint. No there isn't: it is situational dependent. Anecdotally, I've heard of 8, 9, 10 officers being required to move

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or arrest or handle a subject. The only things maybe anecdotally we would say is cell extractions. So, when you take a subject into a cell who's very violent and aggressive and is continuing to be very violent and aggressive, removing all the restraint devices, such as restraints and handcuffs, and getting out the cell door, it becomes more problematic because of the space constraints. So, normally it will be three or four maximum just to get through the doorway and out safely. But in an outdoor operational environment, there's no set number; it would be what the collective of officers deemed necessary and appropriate for that specific situation.

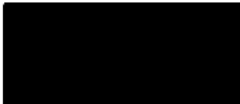
38. I'm asked whether in a larger group of officers, whether the restraint training involves appointing one of the officers to take responsibility for monitoring the subject's vital signs. Normally situations will end up with a contact officer and cover officer or officers. All officers are first aid trained, SPELS trained, which means that they are all capable of identifying someone who is not breathing, identifying someone who's unconscious and knowing what to do as regards recovery position if they are breathing, CPR if they're not breathing. In an OST context, that again, all officers are trained to identify the signs of positional asphyxia and ABD and take ownership to do something about it. I can't answer whether, in a specific situation, one person would be designated, but I'm led to believe, and anecdotally what I've heard from a number of years working with the police, that is normally what occurs is that someone will be restraining, someone will be checking they're okay, someone will be doing the communications for ambulance or for back up and things like that.

39. Prior to 2015, positional asphyxiation was covered in the annual recertification course. In all OST formats that are delivered, whether it was initial probationer, recertification, or instructor's course, it was always taught and inbuilt into roleplay scenarios and drills.

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### Excited delirium

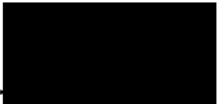
40. I'm asked what was taught about ABD or excited delirium back in 2014/2015. It was taught that if they identify that that condition is absolutely happening, then it'll be a medical emergency regardless of the outcome of the interaction. The person will not be left unattended. As regards their actions, it would be completely situation dependent. So, ideally, we would have encouraged officers to contain, don't restrain, get medical help with no other parties having to physically make contact with the person or handcuff or things like that. However, immediately that impacts factors such as risk to life, jeopardy, the person having the means, ability, opportunity and intent to do harm, then the officers may be forced to contain and restrain due to the immediate threat to themselves and members of the public. So you can't give a definitive answer of "This is what you do at an ABD situation." It depends on all those factors.
41. So the protocol was to call 999, get an ambulance or the officers may elect to transport that person blue light by themselves if they think they're going to get them to definitive medical care in a quicker time, and police officers often have that capability due to their authorisation to drive with emergency response capability, blue light and fast. If they're unconscious and the person is breathing or not breathing but unconscious, yes, calling an ambulance would be the best way because you get medical experts at your scene. But it's not outwith the realms of possibility the officer, in order to preserve life, may take action themselves to get someone to a medical professional if they need to.
42. Prior to 2015, ABD was covered in the annual recertification course. In all OST formats that are delivered, whether it was initial probationer, recertification, or instructor's course, it was always taught and inbuilt into roleplay scenarios and drills.

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### OST Instructor Course

43. The OST Instructor Course is the course which is used to teach students how to become an OST instructor. The instructor training course was taught in line with the probationer OST Manual in 2014/2015 and in training we would go through that manual in its entirety and ensuring that the candidate can deliver all techniques, and be conversant in all theoretical aspects. Also you are training them and assessing them on their ability to deliver, problem solve, health and safety practice, monitor a class and be an effective, trainer and facilitator. So it was a two-and-a-half-week course initially, then went to a three-week course. It was very in-depth, quite stressful, comprehensive, and had good assessment strategy and good instruments of assessment. So we certainly always felt it was a tough course, but they were well prepared to deliver OST.

44. I'm asked whether, as part of the instructor OST, there is any greater emphasis on medical conditions and risk considerations when using force. I certainly would say yes. On every OST course, regardless of whether it's an instructor's course or an initial basic course, the dangers of medical conditions are attached and associated with all officer interactions with members of the public when it moves away from compliant. So even at verbal resistance and gestures, passive resistance, active resistance, assaultive resistance, serious or aggravated resistance at the very top, there are going to be medical implications with maybe pinning someone up against a surface or to the ground or striking them or pushing them away. A low-level response of a fend-off, which is just where you push someone back to give yourself thinking time, it's not out of the realms of possibility that person then trips, falls backwards, hits their head and has a more significant injury. So we certainly are impressing that upon the OST instructors or soon-to-be-qualified OST instructors, the inherent dynamic risk of training people in these techniques and the inherent dynamic risk of officers practising these techniques operationally.

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So I think there's as much emphasis on all courses, but, probably the most would be the OST instructors course because it's the lengthiest and most intensive course.

45. I'm asked whether OST Instructors were expected to have a higher standard of delivery of OST practice as a result of being an instructor. I would say, no. Probably in the police world with officers, there would be an informal expectation that they were better due to being an OST Instructor; that might be a culture. But does an OST instructor require to do anything fancy or more out of the ordinary, or react in a different way to other officers? Absolutely not. It's a completely level playing field as regard officer interpretation of a situation and incident and their actions at that incident.

46. I have taught the OST Instructors course. However, the last time I did so was in 2015.

#### **Use of Force SOP**

47. I'm asked about the Use of Force SOP<sup>6</sup> and how much of the content would be covered in training. As I've said in my statement, it wasn't a document that we would use in the course of either initial probationer training or the instructor training course, but you would expect students to have an awareness of this document before attending training. The PLANE principle – i.e that an officer's actions must be proportionate, legal, accountable, necessary and ethical – and that all officers must justify the use of force was something that was taught consistently to both probationers and reinforced in recertification training. Human rights will always be theoretically discussed and it's part of the written examination that our probationary constables have. So they all have to pass, and have done since my time in the role, a theoretical exam in order to pass the course as well as the practical training that we do with them.

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<sup>6</sup> PS10933

Signature of Witness.....  .....

And Articles 2, 3 and 5, the right not to be tortured, the right to life and the liberty and security of a person. That all Police Scotland officers should treat people with integrity, fairness, respect. So that's delivered, it's in their manual and they're assessed on that, so it's frequently covered.

48. However, there is not a specific requirement for police officers, or probationers, to study the Use of Force SOP. I imagine that the fact that they are examined and authorised and given authorisation cards to be able to use their PPE and administer first aid, that that proves that within those curriculums and those examinations that the key components of use of force the officer has understood, been examined and is now authorised to be deployed. If they'd failed any element of OST at their initial training or the recertification, then they're obviously given adequate development time and there are official appeals and resit policies in place. But an officer would be non-deployable if they haven't achieved in those areas or if they don't achieve at their annual recertification the required standard at the assessment. No doubt the key aspects of the SOP are covered in the training and the manual but they are not necessarily reading it as a separate document.

49. In terms of SOPs generally, there literally will be hundreds of them, so, police officers are not sat down and told, "You have to read every standard operating procedure," but I think they're well aware that a standard operating procedure will be in existence for literally all aspects of anything they could ever do within their role as police officer. So if they're required to, they would know to go onto the intranet and request it and look at it, but I can't answer the question as to a police officer's responsibility to be well versed in all SOPs.

50. I'm asked about the training for special constables and the conversion course. I don't know the details of this. It is not part of my remit.

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**Contact with other witnesses**

51. In terms of knowing other witnesses, I only know PC James McDonagh. I've known him since 2010. He is a casual acquaintance. I have not discussed my evidence with him or any other witness.

**Media**

52. I'm asked if I have been following this case on social media or the news. No, I have not.

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

May 16, 2022 | 11:30 AM BST  
Date..... Signature of witness.....

