

The Sheku Bayoh Public Inquiry

Witness Statement

Stephen Boyd

Taken by [REDACTED]

on MS Teams

On 10 March 2022

Witness Details

1. My name is Stephen Boyd. I was born in 1963. My contact details are known to the Inquiry.
2. I was a Police Constable with the Fife Constabulary when I retired in January 2012. I completed 30 years' police service. I was then a police constable with the Civil Nuclear Constabulary from January 2012 for 7 and a half years, working as a firearms instructor, until I retired from that in 2019.

Previous statements

3. I have had sight of the statement I gave to PIRC on 28 September 2017¹. The statement I gave to PIRC was 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've read over the statement and accept the content is correct.

¹ PIRC-00497

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OST Training Background

4. I was involved with officer safety training (OST) since the early 1990s. In 1998 I qualified as a National Firearms Instructor. In 1999 I was trained to deliver the training with the roll out of CS Spray, which took place at [REDACTED] Police Training Centre. . It was about this time that I was working within Recruiting and Training Department. In 2002, until I retired, I worked in Operational Support Firearms Training. In 2008, I was responsible for delivering training of OST to all Fife Constabulary OST trainers.

5. I was involved with OST until retirement in January 2012. The training was either annually or biannually depending on decisions made by senior officers based on operational needs and requirements. In advance of any training given to officers, there would be instructor training conducted including the provision of lesson plans and training materials required in order to deliver that subsequent training to others.

6. Probationers would receive their training primarily at the Scottish Police College, and subsequent refresher training would be done by the individual forces themselves. I wasn't involved in delivering that training. it would be staff at the Scottish Police College that would undertake that.

7. I used to attend what was called an Officer Safety Training Practitioners Group, which was officer safety trainers from all of the eight Scottish police forces would meet periodically to discuss issues, matters from the OST training, styles of training, the type of training that was going to be delivered. This was in an effort to standardise the training. So that would happen periodically. I would occasionally attend training for instructors at the Scottish Police College as well either to deliver that training or to receive training in relation to officer safety training.

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8. I was involved in setting up Fife Constabulary's refresher training, also in delivery of instructor training as well as refresher training to officers. This role was done in addition to my role as a firearms instructor.

In terms of time commitment, initially, when I started doing this kind of training, when I was just a regular police officer, I would be taken aside to assist in the training. When I started moving into recruitment and training department itself, I was given periods of time to devote to that type of training, so just more or less taken out of the role I was involved in so I could concentrate on that aspect of the training to deliver a training package along with others. It was the same when I was a firearms instructor: from Operational Support, I would be given time to produce a training package so I would be solely concentrating on that training package until it was ready to go.

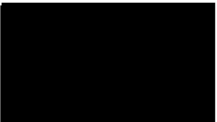
9. It would happen periodically because, initially, training would be once a year, and then, at some stage, it was delivered every second year due to operational requirements. When that training period was going to be coming up, I would be allocated a period of time prior to that in order to put together, with other instructors, a training package. So we would look at what was required. Sometimes there was other elements of this officer safety training that would be brought forward; for example, introduction of the PR24, which is a side-handled baton so there was training implications with that. I was instructor by that stage, so that was then rolled out, and other people were delivering that training to me. In 1999/ 2000, CS Spray was introduced. There was a trial programme in Strathclyde and Tayside Police and then once that was approved, we then got training to become instructors in the use of CS to deliver that to regular officers as well. So there's always been a progression in things.

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OST in Fife Constabulary

10. OST was an evolving, dynamic training programme. It was always evolving, it was always changing such as introduction of new equipment, for example in Fife Constabulary there was a change from the use of the PR24 Baton to the Monadnock retractable baton, and the training implications that such a change would require. A lot of these things were done in conjunction with the Officer Safety Training Practitioners Group through meetings held at the Scottish Police College.
11. The Scottish Police College were always aware of what all the forces were doing and what their requirements were for training. I was part of a small group that was convened the Scottish Police College to standardise the training that would be delivered to probationers and we produced a common minimum standards package for officer safety training that was a basis for what the Scottish Police College would deliver. Having a common minimum standard meant the individual police forces knew what probationer training would have been delivered at the Scottish Police College; if there was any additional elements that were required by the individual forces over and above that, then it would be delivered once they came back to force. Common minimum standards came in in the mid-2000s, I think. I'm not sure exactly.
12. The training provided at that time also covered dealing with individuals with mental health problems particularly how to recognise this and how to deal with these individuals. It was covered in refresher training through the use of PowerPoint presentations and it was incorporated into scenario-based training. So you would have set up a situation in which you'd have people role playing different elements just to try to get the officers to interact in an appropriate manner. When the officers recognise that somebody is


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vulnerable in some shape or form, once they've identified or recognised that there are indicators there, and then are they giving them time and space and distance in order to try and get some kind of resolution through negotiations, or is it inappropriate because of the immediacy of that threat? So there was all sorts of different scenario-based training at various different levels incorporated into it. And then there would also be group discussions in relation to the performance of officers through those scenario-based training.

13. Any time we were dealing or delivering training or whether it was the physical aspects of officer safety training, again there would be mention made about recognition or identifying factors that may contribute to how a person's behaving, so it was an ongoing thing.

14. Mental illness was also something that was covered in the CS spray training package; that's a fundamental part of the CS training package i.e. the recognition of when people might not be affected by CS Spray, including excited delirium.

15. Since the inception of OST there was a recognition that there was a condition called excited delirium. Back then, it was sometimes called cocaine-induced psychosis – it's a form of excited delirium. In terms of the training provided, it was covered in the PowerPoint presentations in refresher training. There was discussions, and reminders during regular training, when we were doing physical aspects, how to recognise that somebody may be suffering from excited delirium, such as, an increased anxiety, somebody's becoming very hot, stripping off clothes, almost into the realms of heatstroke symptoms. So, those are some of the behavioural indicators that might indicate excited delirium. So, again, it would just be brought out during general discussion as well covered in the training PowerPoints. I'm sure that part of the CS package mentions excited delirium as well, there's a specific part of their training package itself. It's not just excited delirium we talked about; we talked about

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all sorts of different medical conditions including Asperger's Syndrome and Autism and the various different levels of autism. So these medical conditions were spoken about on a fairly regular basis in the training.

16. What we did with the training, again, in conjunction with the Officer Safety Training Practitioners Group, was ask people what they're concentrating on for the period of refresher training. In some elements, for example, I would also go to Professional Standards and ask where the complaints against police officers were coming in. I would also go to the likes of Health & Safety and try and establish how and where police officers were being injured and the causation of those injuries.
17. In conjunction with them and line managers, I would then try and put together an informed package for refresher training, but it still had to include certain elements. It still had to include first aid; it also had to include some kind of refresher on CS spray; there had to be some elements of refresher training on handcuffs and on empty-hand techniques and restraint techniques; there had to be some kind of element in relation to the leg restraints as well. So, there was a lot to get involved in refresher training.
18. In each period there was maybe a wee bit more emphasis put on something that was new. For example, when the first aid training, known as Scottish Police Emergency Life Support (SPELS), came in, quite a large portion of the refresher training was about delivering that package but still having to cover some of the other important elements of the refresher training for OST. In such cases some other elements would have been reduced or condensed.
19. In Fife Constabulary, refresher training sometimes lasted a day, sometimes it was two days, it depended on what the operational requirements were at the time. If memory serves me right, that when SPELS training was introduced, I'm sure that was a two-day training course because of the need to deliver

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that training package as well. And again, when CS was introduced, that was a two-day training package as well. But there were other times where OST was reduced to a one-day refresher package. The SPELS training came in in early 2000s, I think.

Fife Constabulary Use of Force SOP

20. I was involved in drafting the Fife Constabulary Use of Force SOP². In terms of the process for drafting that SOP, I looked through the training documents that were supplied to within Fife Constabulary, I looked at other forces use of force procedures and policies. I also looked at the Scots law, then we compiled the SOP using that information. We used templates from other police forces that already had those type of policies in place.

21. In terms of contacting other police forces, this was facilitated through the Officer Safety Training Practitioners Group which shared information across all eight Scottish police forces. They pulled together all of the policies and procedures from all of the forces and distribute them to everybody. It was through this Officer Safety Training Practitioners group where most of the information came from. So, it's a common ground or a common knowledge base to draw from. I also had access to materials from England. It was all open-source material. I got information from the organisation that was the predecessor of the College of Policing. I know I got information from Staffordshire Police and I got information from the Met also. Some of the stuff that was involved in the policy came from firearms training. There was a whole section devoted to dealing with vulnerable persons, so that was incorporated into officer safety training as well. There was a recognition of dealing with people that may be vulnerable for various reasons.

² PIRC-01339

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22. The information that I used in the Use of Force SOP that is referenced under the heading Mental Health Issues, Disorders and Syndromes and also Medical Conditions and Implications, I got from training material that I had been supplied with from these various sources. I see that my statement says, at page 2, *"I recall that I made checks on this information to ensure that it was current and valid. Whilst I cannot recall the exact checks I carried out, it would have been with other forces particularly English forces as they had this training for a longer period than Scottish forces. I would also have made checks with current reference documents on to both subjects."* That is correct. I'm unable to add anything further to this.

23. This Use of Force SOP covered positional asphyxia. Since inception of Officer Safety Training, there was a recognition that somebody being put into certain physical positions could be compromising their breathing and could cause positional asphyxia. In refresher training, it was mentioned all the time. Whatever you're doing, holding somebody down on the ground, one of the recognitions is that you could be causing somebody breathing problems.

24. Every time in training that a technique such as a ground pin was being demonstrated or handcuffing a subject in the prone position, essentially any technique where a subject has been forced to the ground, the risks of positional asphyxia would be discussed. In some instances taking somebody to the ground, into the prone position, may be the best or safest position to deal with a person displaying violence; face down on the ground to reduce their ability to be violent towards you. Sometimes though, as a result of a struggle, that's just the position that you may find yourself in. However, if someone's lying face down there is a risk of positional asphyxia, so officers would be reminded during training for this type of situation to take this into account. When training for the ground pin officers were taught to try and achieve an arm lever, pinning the shoulder into the ground, to avoid direct pressure on the neck and spine; again, dependant how violent somebody is

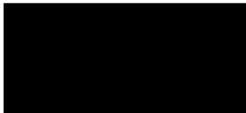
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struggling with you, that could be really difficult. But as soon as you've managed to gain control of a person, we would train officers to try and get the person on their side or sitting up so you can allow the chest wall to rise and fall more freely to reduce the risks of positional asphyxia.

25. Any time we were doing any kind of restraint training we would be discussing at some stage getting them on their side to relieve the pressure on their chest. We would highlight to officers to be aware of the risk of a person struggling to breathe and to recognise if the person suddenly gets quiet, or if there's cyanosis or blueness starting to come round about the extremities. It's just recognition of the actual position that person is held in for any prolonged period of time can compromise their breathing.

26. My statement states, at page 2, *"I am aware that there has been progression and development in the area of officer safety training. In England there is a national guidance document produced by the College of Policing. It is available online through the national managed learning environment known as NCALT. This document is entitled Personal Safety Manual. There is a specific module within this document entitled Medical Implications Module. This module covers under the umbrella of Aggravated Behavioural Disorders a number of the medical and mental health disorders, like excited delirium and the issue of positional asphyxiation that I included in the standard operating procedure I wrote in 2008."*

27. My understanding is that that information is still current. When I looked at that when I was working with Civil Nuclear Constabulary, the English forces were still using that information. That information has been part of officer safety training for as long as I can remember, since I was first involved with officer safety training. It's not a new thing.

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28. In terms of the use of the SOP itself, there was reference made to it in training. It was put out periodically to officers that the SOPs were readily available online through the intranet so people could review them periodically. In Fife Constabulary, it was down to individual officers to how far they want to progress with those things, but they were actively encouraged to look at the SOPs and keep themselves informed. But during refresher training, we all made mention of the fact that the SOPs were available for everybody, and the training was based on the SOPs.

Contact with other witnesses

29. In terms of knowing other witnesses in this case, I don't know any other witnesses.

Media

30. I'm asked if I have been following this case on social media or the news. No, not as such. Just whenever it comes up on the news.

31. 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 | 5:16 PM BST
Date..... Signature of witness..... 