



The Sheku Bayoh Public Inquiry

Witness Statement

Wendy Fitzpatrick

Taken by [REDACTED] via Microsoft Teams on Friday 13th October 2023

Personal information and background

1. My name is Wendy Fitzpatrick. My date of birth is [REDACTED] 1973. My details are known to the Inquiry.
2. I am told that my training record states that I came into the role within Training, Leadership and Development on 23rd February 2015 and that I left that role on 5 November 2017. When I was in that role I was a trainer for both First Aid at Work and Emergency First Aid at work, as well as in charge of developing the training.
3. Prior to my role in the Training, Leadership and Development department, I was an occupational health nurse. It would be doing all medicals for new recruits. It would be screening for medicals as well, such as AFOs, drivers' medicals, administering the Hep B vaccine.
4. I was not invited to become part of the team. It was something I applied for because occupational health was going to be outsourced.
5. My background is in nursing. I qualified in 1999 and I worked within the NHS. I worked in renal and the Western Infirmary, Glasgow, and then I came to Ireland, worked in dialysis, coronary care, accident and emergency. Then I returned back to Scotland and I worked with a private healthcare firm, and then I went to then Strathclyde Police, it was then, as an occupational health

Signature of witness [REDACTED]

nurse. I became an occupational health nurse for Police Scotland when it transitioned from the legacy forces.


6. I am asked about my qualifications for the role within the Training, Leadership and Development department. If I recall, the criteria for the job actually asked for someone who had a nursing or medical qualification, which I do. I also would have done Train the Trainer. I would have done a diploma in teaching, learning and assessment.
7. Prior to my role within Strathclyde Police, I did not have any experience within policing. I worked in healthcare.
8. As I was only in the post from 2015 to 2017, the answers that I give are only in relation to that time period.

Training

9. I am asked how I maintained my first aid knowledge throughout my role within Police Scotland. I wasn't asked at all. It's my responsibility to be registered with the NMC to always keep my skills and knowledge up and continue professional development, so I always done that. Nursing and Midwifery Council, the NMC, as a nurse, I have a duty to them to make sure that I keep my skills and knowledge up as well. So, yes, I've had to do some things for professional development. So, I know when I was in there, Jackton, I actually done - one of the courses I've done was the diploma in – teaching, learning and assessment or something. So that's what I would've done in my time when I was there. I'd have also done that course myself to be an instructor, a first aid instructor, which I actually funded myself.

Creation of First Aid at Work and Emergency First Aid at Work

10. I am asked when I created the First Aid at Work ('FAW') and Emergency First Aid at Work ('EFAW') documents. The materials were already in place, but I didn't use those ones because I wanted to develop my own in relation to the Health and Safety Executive syllabus which actually tells you what should be

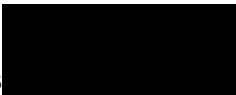
Signature of witness 

taught in a FAW course and an EFAW course. I couldn't give you the exact date, but I know materials were already there for the person who was in post before me. I did not use any of those PowerPoints because, again, when I reviewed them and there was a lot of things on there that I would not have agreed with, nor did it follow the syllabus of the Health and Safety Executive's recommendation.

11. I am asked whether I recall which points I disagreed with in the training. No, I couldn't. I'd have to review the original PowerPoints that they had to my new ones. I am asked how long after I assumed my post that the training was rolled out. I estimate that it is about 3 months.

Scope of FAW and EFAW courses

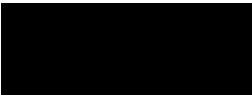
12. The title of the course is highlighted to me, namely that the course includes the word 'work'. I am asked to clarify the scope of the FAW and EFAW courses and who the intended recipient of the first aid was, whether the recipient of the first aid extended only to incidents between police officers/staff or whether it extended to the public. It's first aid, so no matter where they are at what time of whatever day that they can provide emergency safe treatment in any situation. Whether they use that in their work or whether they used it outside of work was nothing to do with me. I'm just telling them how to keep someone safe and how to get them the help they need. It's an obligation on the employer that you have to have first aiders in your workplace.
13. I am asked why the course and subsequent training was entitled First Aid at *Work* and Emergency First Aid at *Work* specifically, as opposed to simply First Aid. Again, it's the Health and Safety Executive. That's the title they use, hence why that's the title that I have used for that as well. Why they call it that, I don't know, but I think it is quite descriptive. You know, it is "at work" but, then again, you could look at that with regards to a football team, because football teams, they have to have a first aider, and it's actually the same course that they do.

Signature of witness 

- 14. I am asked whether the training is tailored to specific incidents that arise in the course of policing duties. It's just general, you know. Basically, to be able to get first aid to someone who's injured or becomes ill when they're at work.

Delivery of First Aid at Work and Emergency First Aid at Work material

- 15. I am asked to provide an estimate of how often the FAW and EFAW courses ran. That all depended on SCOPE and the need for training. So, the SCOPE system usually populated it when the courses were required for the needs for the business and obviously the fact they have people requiring the course. Again, they would tend to link in with me just to see when I would be looking at doing it as well. If I was off on annual leave or a different thing, then obviously the course wouldn't run.
- 16. I am asked to provide an estimate of how many courses ran per year. Without looking at the SCOPE system, I can only provide an estimate of one or two per month.
- 17. I am asked if the number of courses ran per year were the same for the EFAW course. If you look at the Health and Safety Executive syllabus, they actually state, there has to be a certain amount of people who need their emergency first work trained in their work environment. It's for the needs of the business. So, for an area that knew people were leaving, retiring, and their numbers were going down, and then they needed new people trained, then that was obviously when the courses then were put on. Maybe I had to highlight it to the fact that, "Oh, do you know, an emergency first aid at work course is needed," because the training department were obviously getting emails that say people are wanting the course.
- 18. I am asked to explain the key differences between the FAW and EFAW courses. Well, it's time. The three-day is obviously a lot longer. The EFAW course is only one day long. It's the hours, and again it's all followed by The Health and Safety Executive. They actually define how long a three-day at FAW course be and how long a one-day at EFAW course. That's not me who decides it. That's them.
- 19. I am asked if the topics differ between the FAW and EFAW course. Well,

Signature of witness 

again, it's the syllabus. If you look at the Health and Safety Executive, you will see there's more learning outcomes for the three-day than what there is for the one-day.

20. I am asked if everything is dictated by the Health and Safety Executive. It is, yes. So they guide you as to what learning outcomes and what should be covered in a three-day, and what should be covered in a one-day.
21. I am asked to confirm whether the Health and Safety Executive guided the trainers in creating learning outcomes. It is, yes. So they guide you as to what learning outcomes and what should be covered in a three-day, and what should be covered in a one-day.
22. I am asked if the FAW and EFAW courses were mandatory. Well, again, it depends because they've got to have so many first aid trainers in a workplace environment and, again, the Health and Safety Executive. So, if you've done the full three-day, then you can just do the two-day refresher.
23. I am asked again if the FAW and EFAW course were mandatory to attend. Sorry, I don't know. That wasn't anything to do with me. That was all on SCOPE.
24. I am asked whether I am aware of who these courses were aimed at. All police staff used to attend my courses. For whatever reason they were on the course was nothing really to do with me. Obviously, their manager had identified that they have to do the course.
25. It is put to me that the Inquiry has heard evidence that FAW and EFAW was intended for instructors and very specific officers/staff. No, I don't believe this is true, because I had new police officers, senior officers. There were sergeants, inspectors, chief inspectors, police constables and civilian staff.
26. I am asked whether it may be erroneous to believe that FAW and EFAW was only taught to senior officers. The people that I taught, the people in front of me were not all senior officers.
27. I am asked how often the refresher training was taking place per year in 2015. They do the three-day at work one and then they should be being refreshed every three years and then they can do the two-day at work. Yes, because, again, that's what would have been on the Health and Safety Executive

Signature of witness



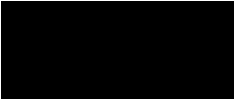
recommendations: that after someone does the three-day at work, they have to come back three years later to do the two-day refresher, which is usually the same content as the three-day, but now it's over two days, but you're thinking they already have the knowledge from the three-day, so it's more condensed in the two days. So it's just refreshing their skills and knowledge.

Health and Safety Executive as providers of material

- 28. I am asked if the Healthy and Safety Executive quality assured the material that was provided to trainers. Yes, they did.
- 29. I am asked if I am aware of how they quality assured the first aid material. I believe it was a checklist if I recall right.
- 30. I am asked if there were sanctions for failing to include certain topics and whether there was a feedback process. I don't actually know. Obviously, there was no issues with mine because I never got any of that recommendation.
- 31. I am asked if I am aware of how often the Health and Safety Executive reviewed the material. No, I am not aware.

Role as a trainer: delivery of assessments

- 32. I am asked if, as a trainer, I was responsible for conducting assessments. Yes, that is correct.
- 33. I am asked if I was responsible for chasing officers/staff who had not completed their assessments. Yes, I was. However, within my course, they all completed their assessments.
- 34. I am given the example where hypothetically someone did not complete an assessment. I am asked what I would do in this scenario. Well, in the guidance then they're given the opportunity and extra tuition and supervision, and they have to repeat it in 28 days, but thankfully in my time nobody had to do that.
- 35. I am asked how non-completion and failure of assessments was recorded in 2015. Well, like I say, it didn't actually happen to myself, but obviously in the

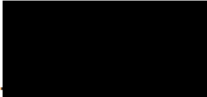
Signature of witness 

event if it did, when everyone had completed the training, you would send all the names to the secretaries in the training department who obviously then updated it on SCOPE. I didn't do that; that was them. You sent them an email just to confirm who attended and that they were successful or not and, again, all the training records for assessment would have been kept in a file, all broken down to the months and to the courses as well.

36. I am asked if I was ever trained probationers. No, they were all police officers and police staff.

FIRST AID AT WORK: THREE DAY COURSE PS13248

37. I am referred to **slide 4 of** PS13248 where it states: "Aims/HSE Syllabus of the Course". I am told that the document information states that this document was created in 2000, however that the Inquiry has heard from Police Scotland that this document was created by me in 2015. I am asked to confirm whether this is the case. Yes, that's it.
38. I am asked what my role in creating this document was. If I remember correctly, I authored this document on my own because I was the only first aider.
39. I am asked to clarify whether I mean a FAW trainer. Yes, that is correct.
40. I am asked what resources I used to create this document. I used the Health and Safety Executive guidance.
41. I am asked whether there were any points where I deferred to someone else for knowledge or whether it was uplifted from the HSE document. I would have contacted the UK Resuscitation Council to get permission to use their algorithm for resuscitation.
42. I am referred to **slides 4 and 5** which show the syllabus of the course. I am asked whether I am aware of whether this training covered how to deal with someone who has been sprayed with an incapacitant spray. No, that's not covered in first aid at work training.
43. I am asked who the training dictates should dictate a first aider to jump to action. I am further asked whether the training dictates that there should be an

Signature of witness... 

allocated first aider on the scene. I think that would be quite obvious. If somebody's unwell then they should act on it. Normally in a workplace environment, there is the appointed first aid trainer, so people know who that first aid trainer is. So in the event someone, I don't know, gets a cut to their finger, whether it be a paper cut, if you're working in an office, you know who your first aid trainer is. They are told to go to the first aid trainer – who will know where the first aid box is – in order to get a plaster within that first aid box to give it to the person who's cut their finger.

- 44. I am asked whether the training dictates who should assume the role of first aider where officers are dealing with members of the public. Well, as far as I'm aware, they're all first aid-trained, police officers, so they all have a duty of care.
- 45. I am asked to clarify this answer further. I am asked whether, for example, there should be someone appointed to ensure that someone continues to breathe properly. No. In my opinion, they're all trained in it, so it shouldn't just fall down to one person. Everyone should be involved when someone's unwell. I would just look at that in a ward environment. You know, you have a ward that's staffed with five nurses and someone takes unwell, there's not just one nurse who's appointed to look after that patient, we would all go in and look after that patient.
- 46. I am given the example of an incident involving police officers and a member of the public. I am asked if every police officer should be aware and thinking about when first aid should come into use. Absolutely. They're meant to be preserving life. That's the whole aim of being a first aider, is to preserve life.
- 47. I am referred to **slide 8** and I am asked to provide further clarification of the scope of the FAW and EFAW training. I am read the following section and I am asked to provide clarification:

“Health and Safety (First-Aid) Regulations 1981


The Health and Safety (First-Aid) Regulations 1981 require employers to provide adequate and appropriate first aid equipment, facilities, and people so that employees can give immediate help if they are injured or take ill at work.”

Signature of witness



I am asked what I believe this section to mean, in my opinion. That's the list from the Health and Safety Regulation, because again, if you look at the syllabus, it's all relating to health and safety. So, that's why that slide is in there. Because again, you know, it is a first aid at work course, hence why it's referring to that.

48. I am referred to **slide 12** and I am asked to confirm that as at 2015 this is what the first aider should have in the forefront of their mind if there's a situation where someone's taken ill or they're injured. Yes, that is correct.
49. I am given the example of where there is an incident with officers and a member of the public. An arrest has taken place. I am asked to explain the acronym: "Preserve, Prevent and Promote" in a bit more detail in relation to this example. Well, it depends again, what is wrong with the person. Like, again, as a first aider, it's to recognise that someone is unwell. So 1) Can you deal with it? 2) Is this out with what you can deal with that at the time? So you need to phone 999 and get an ambulance to you or get that person to hospital. It's just like a quick kind of snapshot, you know that way. If they found somebody lying on the ground unresponsive and not breathing properly, then what they're told – and everybody is told in the First Aid At Work – is to obviously make sure you call for help and start CPR until help arrives. You're trying to preserve life. You are obviously interacting and doing something, but then you're also recognising that you need further help. Somebody else has to come along and help you.
50. I am referred to **slide 13** which is entitled 'Role of the First Aider'. I am asked if this slide is going through the steps that a first aider should take. I wouldn't have had all of that on it. I would say the treatment record book, so the first aid box should actually have a book in it. SCoPE records, don't know why that's on it, visitors, third parties, don't know anything about that form, and then obviously it was important just to make sure they document it, inform their manager. It would be up to their manager, then, to obviously complete incident forms depending on what the problem was.
51. I am asked if it is mandatory for the person who completed the first aid to perform the steps listed in **slide 13**. Well, like I say, I've just said I would always just ask them to make sure they record it in the book that's in the first aid box. And, again,

Signature of witness.. 

that is stated in the Health and Safety Executive. You've got to have a record if any accident actually happened. Obviously, I'm sure if something happened actually in the police buildings or whatever, their manager would direct them to a form that they need to complete, I'm sure, if they injure themselves. Because obviously you have to have a record of it if anybody goes and gets treatment for something.

- 52. I am asked if it is mandatory to inform a manager. Well, I think it's good practice. I know if I hurt myself in work, I'd be informing my manager.
- 53. I am asked what would happen if someone didn't complete the treatment record book or inform a manager. I am asked if there would be someone overseeing completion of these steps. I don't actually know. I couldn't tell you because I wasn't their manager.
- 54. I am referred to **slide 24** and to the head to toe survey. I am asked to explain more fully what the head-to-toe survey is, whether it is a visual or physical test. Both. You know, it's obviously a quick visual from top to toe. Is there anything obvious? Is their leg deformed, facing a different way? Because then, right away, you're thinking, "Okay, there's an injury to their leg there." If they are then unresponsive, you'd be doing then hands-on top-to-toe survey, and that's just a kind of quick, couple-of-second checks to see if there's anything that maybe you can feel or whether you see, actually, a response from your casualty on the ground. Because, again, sometimes it's not very obvious, that it's not until you're maybe touching the area that you may see their face flinch or something.
- 55. I am referred to the second line of **slide 24** where it says 'shoulder and chest'. I am asked to explain what I mean by 'chest'. Well, again, like that, it's just to break it down for first aiders to put it into sections. So, again, looking for any obvious signs of any deformities, any bleeding, maybe any rapid breathing or, you know, paradoxical breathing, anything abnormal that would actually alert you to think, "Well, there's their issue. There's the problem."
- 56. I am referred to **slide 25** and to an image of a girl with one dilated pupil. I am asked about the relevance of this picture. Well, again, you know, to obviously compare things. So, like, from left to right, again that could be arms or legs, looking at the shape, the deformity, the size, and again if you look at her eyes, it's very obvious

Signature of witness



there is a difference between the left and right eye. At the end of the day, they are not medical personnel, they are first aiders, that at least they can then say, "I notice a difference between both her eyes, they need to seek further medical attention."

- 57. I am ask if there is any specific relevance of the singular dilated pupil. Well, I wouldn't comment on that because at the end of the day they're first aiders. They're not training to be nurses or doctors. I would have the knowledge on that potentially but, again, I'm not going to make a diagnosis.
- 58. I am referred to the same slide and to a picture of a chain. I am asked of the relevance of this picture. It's just to alert first aiders, there's a thing called the talisman. So obviously some people who are maybe diabetic or maybe have any issues, that is a good alert for them. Some people do carry it, some people now have tattoos of it, but is it appropriate to strip somebody in the middle of the street to see if they have an alert? This is more if they're unresponsive. Years ago they used to always wear the bracelets, but there's new things that have come out now. Some people have anklets. Some people have tattoos. It tells it usually on their talisman what their problem is. You know, are they asthmatic? Are they diabetic? And it means then, when they're calling for help, they're able to say, "I actually found an alert on the person." Maybe if somebody's haemophiliac, they might have that on their talisman, or they might even carry a card in their wallet that actually alerts them that, "I'm haemophiliac, so if I bleed, I'm going to be very unwell."
- 59. I am referred to **slide 32** to point that is entitled 'Vital Signs' and it talks about respirations. I am asked about the five bullets on this slide and whether this forms part of the respiration test. Yes, that is correct.
- 60. I am asked where someone should be situated when they are conducting a respiration test. Well, they should be kneeling beside them. They should have a good view of their chest because you're obviously listening to hear how their breathing is – and obviously for you to count it as well – you would have to be near.
- 61. I am asked what to clarify what it means where it says 'ease' at **bullet point 4**. Well, think of an asthmatic: if they were having an asthma attack, their breathing is certainly not going to be at ease. They're going to be very anxious; they're going to be gasping for breath.
- 62. I am given the example of where an arrest is taking place and someone has lent

Signature of witness



across the casualty. I am whose responsibility it would be to ensure that the individual's breathing is not compromise further by being put into an arrest position. Well, do you know, I actually can't really comment on that question because I am just thinking, I'm Joe Public; I am not a police officer. But I know if I was standing witnessing something like that as a public bystander with my head on as a nurse-- I am not a police officer. I do not know what that person's done or what they're potentially going to do. I would be then thinking to myself, you know, yeah, you're potentially restricting that person's breathing there but, again, I couldn't comment. I'm not a police officer and I wouldn't arrest people, so I don't know what force has to be used to arrest somebody.

- 63. [In the situation where someone is being restrained, what role would a first aider play in ensuring that the individual's condition was not being made worse by being in the prone position?]I would not comment on that because in first aid we don't teach restraint.
- 64. I am referred to **slide 35** which is entitled 'Causes of Unconsciousness' and to a diagram. I am asked whether drug/alcohol intoxication would fall under a category within this section. I don't know. No, again, that's just to open their mind to things as to different reasons why people might be unconscious. Again, first aid is not about making a diagnosis as to what's wrong with the person or potentially what has happened to the person. It's to open their mind to think of different reasons, you know that way.
- 65. This diagram was used more as a talking point to trigger discussion. It's just kind of trying to get us thinking, look at the bigger picture, because you think when we had that heatwave and the temperatures are soaring and you were to find someone lying, you're thinking, "God the heat in here." So trying to get them to quick thinking as to what first aid treatment this potential person is going to require.
- 66. I am asked whether positional asphyxia would be discussed during this slide. No, because, again, the first aid at work syllabus does not actually mention positional asphyxia.
- 67. I am referred to **slide 68** and to **9.2** where it states 'Identify the need for CPR'. The example is put to me where there is an incident with police and a member of the public. I am asked whether there would be a particular person who would put

Signature of witness



themselves forward as the first aider. Well, as far as I'm aware, every police officer is trained in CPR. So, in my opinion, they should all have a duty of care because they do all have that training. So, therefore, they should have all recognised that the person is in need of further intervention. You will always, in a group, get someone who will be more, what would you say, willing than other people and, again, I've witnessed that in my own profession in a ward situation where we have a cardiac arrest. Again, as I've said before, you can have a team of five nurses, but there will always be certain nurses who will go right in there first, but the rest will follow. You will always have a leader in a team. No, well, I know for me, in a hospital setting, we don't choose people to be the leader. They rise up to the occasion. At the first aid at work course you don't teach people to be a leader in cardiac arrest. Everyone has the responsibility of preserving life.

- 68. I am referred to **slide 147** which is entitled 'poisoning'. I am asked whether drugs and alcohol would fall under this category. I wouldn't say so. Again, that was because you were saying with alcohol, "What would it fall under?" and I said probably poisoning. But no, because I talk, there, poison in general. That doesn't necessarily mean drugs or alcohol. No, I'm talking about it in things in general. Again, when you're going into the signs and symptoms, again, looking for any evidence as you see there, they then say tablets, bottles, syringes. So if you find a bottle of vodka lying behind an unconscious person, you're then thinking, "Oh, have they just drank that bottle of vodka and now they are unconscious because of the bottle of vodka."
- 69. I am asked if it is possible that drugs and alcohol were discussed at this point. Drugs and alcohol? No, again, I'm giving examples of what they might they be, but I don't actually say, there, drugs and alcohol. Because, again, you're being judgmental there, aren't you? Because, again, some people take drugs and they're actually prescribed drugs, so who are we to say then that we're poisoned by those drugs when they've actually been prescribed? Because then that'd be an overdose.
- 70. I am asked if generally the impact of drug/alcohol intoxication was discussed in the FAW and EFAW training as at 2015. No, maybe. I don't know if some people might give examples themselves, their own personal experiences. I don't know but, no, I wouldn't be specific to drugs and alcohol because, at the end of the day,

Signature of witness



you're being very judgmental, and when I'm talking about poisoning, I'm talking about everything. No, I don't specifically take it down to one thing. Yes. They might be judgmental sitting in the audience and think, "Oh, yes, somebody, I don't know, drunk or somebody out their face in drugs or whatever." That's their own judgment and opinion, you know?

71. I am asked whether the first aid treatment may be impacted where they have ingested drugs and/or alcohol. I suppose I would be telling a first-aider, "If you find someone lying and there was evidence of tablets and bottles lying beside them, as a first aid, again, you're phoning for help." You're getting that person to a hospital. That would be the aim of the first-aider there, not make any diagnosis of a function. When they're phoning 999, then they can recite to the ambulance service what they have come across and the ambulance service will ask them questions. The officers will follow those directions. As an example, an officer might say: "They're unconscious. They're not breathing or they're not responding to me, but I do see that there's bottles or there's tablets lying beside them." Who are they to decide what has caused that? But they're letting the team know for the ambulance to be aware.
72. It is very much based on trying to identify whether someone is ill and what to do next. Absolutely, yes, because, as I say, they're the first aiders. They're not the one making the diagnosis. So if they can give emergency first aid treatment at the scene, that's what we'll do, but you have to make sure that they've already called for help in that situation that you discussed.
73. I am asked whether students were requested to give feedback at the end of the three-day FAW course. Yes, evaluation forms were given to all students and, again, those evaluation forms are kept on file, and they would have been stored in Jackton.
74. I am asked how the feedback would be implemented and whether the training would be changed. Depends on what the suggestion was because, again, if they were wanting to go out with the first aid at work, then I wouldn't entertain that. It wasn't put in the evaluation form, but officers were looking to be carrying the Narcan. There was a lot of officers saying how they should carry Narcan but, as I always said to the them, "Unfortunately, that's not in the first aid at work course, so

Signature of witness



that will not be happening during this course.”

FIRST AID AT WORK: TWO DAY REFRESHER COURSE (PS13247)

- 75. I am referred to document number **PS13247** and it is highlighted to me that the document information section states that this was created in 2000. I am asked to confirm that this document was created by me when I came into post in 2015. I am not sure about this.
- 76. I am asked if I felt that the two-day FAW refresher training course was long enough to deliver the material. Yes, because it’s a refresher. It’s just about refreshing their knowledge, yes. So, again, the two-day refresher, I would have taken just the syllabus that the Health and Safety Executive advised. In the syllabus for the two-day refresher, I would have just pulled all my slides from the 3-day refresher into the 2-day.
- 77. I am asked what was cut from the 3-day course to create the 2-day FAW refresher course. I just took it from the HSE syllabus.
- 78. I am asked whether the students were assessed on the information within the two-day refresher course. Yes, it was the same assessment as the three-day course. Yes, because you’re wanting to ensure they’re still picking up the knowledge.
- 79. I am asked if the assessment was scored in the same way as in the 3-day training course. Yes, that is correct.
- 80. I am asked how the attendance of this course was monitored. Again, they would then do it via SCOPE. I would then be alerted. I would be able to go on and see who was attending, and then whoever attended on my sign-in sheet, again, I gave the names and sent that back to the secretary to say that they had attended and that they were successful in the course, and they updated SCOPE. I didn’t have anything to do with that.
- 81. I am asked whether the process would be the same where someone had an assessment as it was in the 3-day course. Yes, it is. So, obviously they would be given extra support and tuition and then they were given the opportunity to resit it in 28 days’ time but, like I say, there was nobody when I was there who actually failed the course. Because, again, it tends to be picked up when you’re actually delivering

Signature of witness



the course who the weaker students are, so you obviously offer them a bit more time and effort.

82. I am asked if there would be sanctions if someone did not pass at the resit stage.
No.

FIRST AID AT WORK: TWO DAY REFRESHER COURSE PS13247

83. This document is dated 2018, however, this is a document that I created in 2015. I have been asked why, if this document was created by me in 2015, was it being used by Police Scotland in 2018.

FIRST AID AT WORK: THREE DAY TRAINING COURSE (PS13248)

84. This document is dated 2018, however, this is a document that I created in 2015. I have been asked why, if this document was created by me in 2015, was it being used by Police in 2018. I would have updated when I came into post the three-day at work first aid course, again, because when I reviewed the document-- Running it alongside the syllabus at HSE obviously recommends there was a lot of things in it that shouldn't have been in it. That's why I updated it. Again, I think it would've been round about-- I'd need to get my USB because, again, I will see when I actually created the new one, which would've been, I don't know, maybe May time, and that's the one I would've used then in all my courses. Whether Phil used it after me, I don't know.
85. I am asked whether between 2015 and 2018 I would have anticipated that changes were to be made. Well, again, that's up to the person delivering it themselves because the onus is on them, not me. I made sure my information was all up to date with current guidelines. That's up to the person coming in after me to review it, I would say, you know, yes.
86. I am asked whether I would be concerned if changes were not made to the documents from 2015 to 2018. I couldn't comment on that because, like that, I would have just done it up to the point left, so I couldn't comment from, I would say,

Signature of witness



.....

when I left to then March because I don't know. Again, it's my background as a nurse, so it's all evidence based, so I couldn't comment on the evidence from November to March because I wasn't in post delivering that.

87. I am asked how quickly I would implement changes to the FAW and EFAW training when I received an update from HSE. Right away.

88. I am asked if this was good practice or standard practice. Absolutely, and, again, maybe it's just my background because, as a nurse, it's evidence based, so the minute evidence changes, you have to change your practice. I would say it was good practice.

PS13145

89. I am referred to **PS13245** and I am asked to confirm whether I am the author of this document. Again, I would really-- to answer that honestly, I would have to look at my USB.

90. I am asked what the student to trainer ratio was dictated by. Well, it's more for the CPR element of it. Yes, there's always usually 12, 12 students to one trainer. So, the UK Resuscitation Council, they'll obviously, you know, have an input as well into delivering CPR courses. The ratio would always usually be 12 students to one trainer for any BLS (Basic Life Support), so yes.

91. I am asked if the student to trainer ratio was adhered to. I wouldn't never take any more than 12 students on a course.

92. I am asked about the practice of the other FAW trainers. I am asked if they adhered to the student to trainer ratio. I didn't train with any other trainers. I just worked in Jackton on my own.

93. I am asked to confirm whether there were any other FAW at work trainers at Jackton. Yes, I was the only trainer training at Jackton. I don't know what the rest of the trainers were doing.

94. I am referred to **page 1** to a point where it states 'Difficult course content' after which it states 'Give out first aid manual'. I am asked if this was a generic first aid manual or whether this was a specific first aid manual. Well, I know when I first started, again, all the manuals used to be in the training room and they were from

Signature of witness



.....

Strathclyde Police. Now, a lot of the content, again, wasn't relevant to a first aid at work course, so I actually revised the document to sit alongside the syllabus with the Health and Safety Executive.

- 95. I am asked who instructed me to create this document. You've got to do that. For any course that you're delivering, you should have a course file, and part of your course file is actually a lesson plan. You know, again, I've taught nurses practically all my career, and a lesson plan actually keeps you focused and structured, that if you're, say, teaching CPR, for example, and you're giving yourself 40 minutes, you know you're only going to get 40 minutes and you're not going to work over your time and doing it over three hours. So, lesson plans should be done for every course that anybody's doing.
- 96. I am asked if use of a lesson plans were dictated by HSE. I imagine it would be, yes, because, again, you know, you do train the trainer. That's actually what they explore as well. They actually tell you to do a lesson plan and, again, any private companies that are running first aid at work courses, they would always have lesson plans, you know. So, yes, I do recall on the instructor course, yes, and, again, when I done my post-grad in teaching, learning and assessment, again, it tells you all about how you should do a detailed lesson plan.
- 97. I am asked what my process of putting a lesson note together was. Well, I was obviously looking at the learning outcomes, you know, and you use the SMART acronym. It's got to be specific, measurable, achievable, reliable and done in a timely fashion.
- 98. I am asked whether I had to get any sign-off on this lesson plan. I can't remember what they call the department in the place. They had a department, sort of like your kind of compliance department. I mean, there were some people in Jackton, but there was people in Tulliallan, and then you sent the whole course file to them and they reviewed everything and signed it off. So, yes, that would've all went through the channels of them.
- 99. I am asked whether there were any superiors within the Training, Leadership and Development team that I had to escalate my work to. Well, I suppose obviously I had my managers. The sergeant of the department would've been Jim Young and the inspector would've been [REDACTED]. If there was any issues or challenges

Signature of witness.. [REDACTED]

I met, obviously I would go to them. I can't remember their department in there. I keep saying quality assurance and it's because that's what we call it now where I work. So, they went basically to that department and they review it all. I would've dealt with [REDACTED], maybe, I think it was, and, again, they were based in Tulliallan, so they review your whole programme and they quality-assure it to say that everything's above board. Even though they might not have the knowledge of the course then, they were still seeing that it is accredited with regards to them.

100. I am asked if there were any steps taken by my superiors to measure the effectiveness of the lesson plans and whether they were meeting standards. I suppose they knew about the evaluation form, so if anything wasn't up to scratch, they would see that on the evaluation form which was stored in one of the cupboards in Jackton, so yes. I'm sure if they did see an issue then they would've escalated it or got me to do something about it.

ASSESSMENT CRITERIA: FIRST AID AT WORK/REFRESHER AND EMERGENCY FIRST AID AT WORK (PS13241)

101. I am referred to **PS13241** and I am asked what the written element of the assessment for the 3-day FAW course entailed. Well, as it says there, "Written examinations – students are given 40 questions, multiple choice, pass mark, and the time allowed to complete." If I recall, yes. Again, I couldn't be specific to the actual questions, but obviously it will relate to the course. Again, that would all be on my USB.

102. I am referred to the section where it states that:

"Students' practical skills will be assessed by demonstrating practical first aid across a number of areas. Students must demonstrate all 48 points within the assessment sheet to achieve a pass."

I am asked whether those 48 points would generally be point-by-point of training. Related to the course content, yes.

103. I am asked whether I drafted the assessments or whether they were drafted by HSE. Yes, well, again, I'd have obviously been guided by them but, yes, I've put them all up.

Signature of witness

[REDACTED]

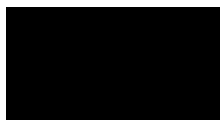
.....

104. I am asked how the students demonstrated competency in the practical element of the course. I am asked whether there was a criteria that they had to demonstrate against. Yes, and, again, if I had the actual sheet that I use, I'd be able comment further but, as it stated there, they "must demonstrate all 48 points" so, you know, like maybe they would get one point because they were able to check for danger, respond If they looked at the USB you will find the assessment criteria there, which would be more specific as to what the 48 points. Yes, so they are assessing that they're able to know when to take the person to hospital.
105. I am given the example of CPR. I am asked how competently a student would have to demonstrate CPR in order to gain a point in this assessment. No, not perfect. It's to make sure that they've obviously got the rhythm, and they've got it, and they obviously know how to then get help on its way and to be able to ask someone to take over when they're getting tired, get somebody else to take over. Not even a medical professional could give you 100 per cent in cardio pulmonary resuscitation because, again, if you were to get a nurse to do it at 10 o'clock in the morning who's had a good night's sleep, her CPR in regards to depth and time and then rhythm would be 100 per cent maybe, yet you ask that person to do it at 8 o'clock at night, there's going to be a difference, but I think all that just that what they want you to do is CPR. At the end of the day, as I've always said, no CPR is better than nothing as well. It doesn't matter, really, with regards to quality.

Email correspondence between Phillip Briggs and James Young (PS12874)

106. I am referred to **PS12874** which is an email from Philip Briggs, my successor, and Inspector James Young. I am asked to review this email and whether I recall whether there were any conflicts between my training and the SPELS programme. I don't know. I didn't do the SPELS program, so I wouldn't have commented on that email. That's what I would have said, especially because when you read down on it, he specifically talks about seizures which, yes, is covered in a first aid work course, which has a little bit of water safety, now covered in OST, not covered in a first aid at work course, positional asphyxia, es, it is, the signature of distress, I suppose, yes, it is, but it's not under that specific care then, and then it did say

Signature of witness



.....

there are new inclusions of sections, defibrillation, which would have been covered, positional asphyxia, it's not, and acute behavioural disorder. What I would have said was that's not covered in the first aid at work course, end of.

107. I am asked whether, at the date of this email, I was aware of any specific calls for training on positional asphyxia, defibrillation, and Acute Behavioural Disorder. No, not in my role as first aid trainer in Jackton, no. Defibrillation, yes because, again, that's something that was all over Scotland at that time. More defibrillators were getting put in public places. I did a lot of work with Save a Life for Scotland - it was that whole bystander CPR and use of a defibrillator. So, outside of it, yes, absolutely, I would have been 100 per cent behind that. Positional asphyxia and ABD, no, because, again, I wouldn't have any dealings with that.

SCOTTISH POLICE EMERGENCY LIFE SUPPORT SKILLS (PS12110)

108. I am referred to **PS12110** which is Scottish Police Emergency Life Support Skills Course Evaluation Report. It is highlighted to me that I am included in the acknowledgements section. I am asked if I had any involvement in the drafting of this document. I don't know who did that; certainly wasn't me that did that one. Now, I see why they've acknowledged me. If you look at section 9, it mentions "emergency first aid at work force," so I see why they've acknowledged me in that part but, again, "18 trainers," I never wrote that document. That's obviously been at another level, but I'd say that's why they've acknowledged me in it because it's saying about section 9. But no, I didn't contribute to this report at all. I certainly didn't write it. I've maybe confirmed that that is the syllabus. Anything else I probably wouldn't have commented on because, again, they relate to SPELS. I didn't have anything to do with that, SPELS, didn't have anything to do with that.

109. I am referred to **Section 13** of the report where it states that the first-aid training can be delivered remotely via distance-based IT. Well, I didn't do blended learning. We were all face to face. They didn't do any, what would you say, pre-learning or anything, there was no course. Like, I'm just thinking, as me as a nurse, I can actually do blended learning, so I could do a CPR element of a blended learning course. So I have to do just, say, four hours online, but then I still have to physically

Signature of witness



go in and demonstrate CPR, but not when I was in Jackton. I didn't do blended learning, no. They all came face to face.

110. I am asked if I am aware whether any of my colleagues did blended learning for the FAW course. I don't know. As I say, I was only ever in Jackton myself.

Contact with other witnesses

111. I am asked if I have had contact with any of the other witnesses to the Inquiry. I have not had any contact from anybody from Police Scotland since I left.

Involvement in the investigation since 3rd May 2015

112. I am asked if I have had any involvement in the investigation since the 3rd May 2015. No, I have not.

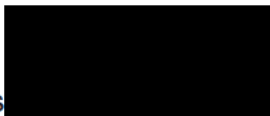
Media

113. I am asked if I have been following the Inquiry in the media. When my mother and father received the letter to the house in Scotland. Obviously, I didn't know what it was about or different things, so I did actually Google the name to see what it was all about, and I did obviously see there is a dedicated Inquiry page to it. Other than that, no.

Declaration

I, Wendy Fitzpatrick, do hereby confirm that this account is true and accurate to the best of my knowledge.

Signature of witness



November 10, 2023 | 4:36 PM GMT
Date.....