

# Transcript of the Sheku Bayoh Inquiry

Wednesday, 1 June 2022

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(10.01 am)

LORD BRACADALE: Good morning.

Now, Ms Grahame, the first witness today is

Dr Gillian Pickering; is that right?

MS GRAHAME: That's correct, yes.

LORD BRACADALE: Good morning, Dr Pickering. You're going to be asked questions by Ms Thomson, whom you have already met. Before that, would you take the oath and raise your hand, please.

DR GILLIAN PICKERING (sworn)

LORD BRACADALE: Ms Thomson.

Questions from MS THOMSON

MS THOMSON: What is your full name, please?

A. Gillian Moffat Pickering.

Q. Do I understand correctly that you're a consultant in emergency medicine?

A. Yes.

Q. How long have you been a consultant?

A. Almost four years.

Q. What are your professional qualifications?

A. MBCHB, MCHM and FRCEM.

Q. So the MBCHB, that's the medical degree --

A. Medical degree, yes.

Q. -- is that correct? And the second of your

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1           qualifications was?

2           A. The first stage is Member of the College of Emergency  
3           Medicine and then a Fellow of the Royal College of  
4           Emergency Medicine.

5           Q. Doctor, can you open up the folder that's in front of  
6           you, please. I want to make sure that you have  
7           everything you might need in giving your evidence this  
8           morning.

9                     There are a number of documents in there. The first  
10           should be a statement that you gave to the Inquiry,  
11           reference 00028; do you see that?

12          A. Yes.

13          Q. Do we see that this was a statement that you provided to  
14           a member of the Inquiry team, in two sessions on  
15           10 December and on 23 February of this year?

16          A. Yes.

17          Q. Can we turn to page 24, please, paragraph 124.

18          A. Yes.

19          Q. Do we see that you have concluded the statement with  
20           the words:

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

25          A. Yes.

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- 1 Q. And you have signed the statement, every page of  
2 the statement, and the date of your signature is  
3 11 April of this year --
- 4 A. Yes.
- 5 Q. -- is that correct? So although your signature has been  
6 redacted out, you'll see on the document on the screen  
7 there should be a signature on the hard copy in front of  
8 you?
- 9 A. Yes.
- 10 Q. Now, the statement that you provided to the Inquiry team  
11 is already evidence before the Inquiry, I don't intend  
12 to through it line-by-line, but if I want to ask you  
13 questions about any particular paragraph, I'll ask that  
14 they be put up on the screen in front of us.
- 15 Returning to the folder, we don't need to put these  
16 on the screen, but you should have two statements  
17 provided to the Police Investigation Review  
18 Commissioner, or the PIRC. The first is dated 14 May of  
19 2015.
- 20 A. Yes.
- 21 Q. And the second, 15 June of 2015, and both statements  
22 were given to a DSI Miles?
- 23 A. Yes.
- 24 Q. Are they both there in your folder?
- 25 A. Yes.

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1 Q. If we can return to your Inquiry statement, the same  
2 page that we were on a moment ago -- that was page 24,  
3 at paragraph 123 -- do we see that you have said:

4 "I remember giving two statements to PIRC. I told  
5 PIRC the truth and my memory would be better then than  
6 it is now. I read over my statements and signed them.  
7 If there is an inconsistency, my previous statements  
8 should be preferred, aside from the point about whether  
9 the handcuffs hindered CPR."

10 A. Yes.

11 Q. So we'll return to the handcuffs issue, but leaving that  
12 to one side for now, should we understand that if there  
13 are any differences between your Inquiry statement and  
14 your PIRC statement, the Chair should prefer your PIRC  
15 statements because they were closer in time to  
16 the incident and your memory was better then than it  
17 perhaps is now?

18 A. Yes.

19 Q. Returning to the folder, you should also have a set of  
20 A&E records with reference PIRC 01069. We don't need  
21 those on the screen just now, thank you.

22 A. Yes.

23 Q. Are they there too?

24 A. Yes.

25 Q. So you can dip into all documents in the folder if you

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1           would find it helpful to do so as you give your  
2           evidence.

3           If I can take you back to 2015, doctor, I understand  
4           that you were a registrar in the A&E department of  
5           the Victoria Hospital in Kirkcaldy?

6           A. Yes.

7           Q. You were what was known as a speciality training year 5?

8           A. Yes.

9           Q. What does that mean?

10          A. Senior registrar. Our training is six years,  
11          I did a bit extra for paediatrics, so it kind of goes  
12          from ST1 to ST6, some people do a bit extra, so ST5 is  
13          at the -- near end of finishing.

14          Q. So would that be five years after you graduated from  
15          university?

16          A. No, so I've done my FY1 and FY2 in 2008 and -- sorry,  
17          2009 and 2010 and then go into A&E training in 2010.

18          Q. So did you graduate in 2008?

19          A. Yes.

20          Q. 2009/2010 you did FY1 and 2, is that foundation years?

21          A. Foundation years, yes.

22          Q. Is that a general practice or is that specialities?

23          A. It's six specialities lasting four months each.

24          Q. Was one of those specialities for you A&E?

25          A. No, no.

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- 1 Q. It wasn't, all right.
- 2 You then commenced your speciality training which
- 3 you've explained lasted six years?
- 4 A. Yes, so mine lasted a bit longer because I did
- 5 paediatrics as a sub-speciality and I did an extended
- 6 bit of training as well. So I started that in 2010 and
- 7 finished in 2018.
- 8 Q. Was all of your speciality training, albeit there was
- 9 some degree of focus on paediatrics, was all of your
- 10 training in emergency medicine?
- 11 A. From ST4 onwards, the first three years is a mixture of
- 12 A&E, paediatrics and acute medicine, intensive care and
- 13 anaesthetics.
- 14 Q. So, by the time you were working as an ST5 registrar in
- 15 2015, how much experience did you have of emergency
- 16 medicine?
- 17 A. By that time, would at least two and half -- two to two
- 18 and a half years of pure emergency medicine along with
- 19 other specialities.
- 20 Q. And how many years of, if I might call it postgraduate
- 21 practical medical experience did you have by that point
- 22 in time?
- 23 A. That would be seven years.
- 24 Q. In a number of specialities --
- 25 A. Yes.

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1 Q. -- including A&E?

2 A. Yeah.

3 Q. Doctor, you were on duty at the Victoria Hospital on  
4 the morning of 3 May of 2015 when a man who we now know  
5 was Sheku Bayoh was brought into the A&E department by  
6 ambulance, and I want to ask you questions about that  
7 this morning.

8 Do I understand correctly that he arrived at  
9 the hospital shortly before the shift change, which was  
10 at 8 o'clock in the morning?

11 A. Yes. I think it was -- the box -- I think it probably  
12 was just after 7.30 in the morning.

13 Q. You mentioned the box?

14 A. So the box would go off to tell us if there's a crash  
15 call coming in, if the ambulance want us to bring  
16 a patient straight into resus.

17 Q. Explain what that means, what is this box and who can  
18 communicate through the box?

19 A. Yeah, so the ambulance crew will phone-in patients who  
20 need to be seen immediately and that can vary from  
21 patients who have respiratory distress, who are in  
22 extreme pain, traumas, cardiac arrest, etc. They will  
23 put the call through to a box that gets answered very  
24 quickly by one of the nursing or the medical team, and  
25 then we will have a team ready to receive the patient as

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1           they come in.

2           Q.   Is the purpose of this to allow the team to be  
3           assembled --

4           A.   Yes.

5           Q.   -- and at the ready --

6           A.   Yeah.

7           Q.   -- when a patient is received?

8                     What information did you have before the patient  
9           arrived at the hospital?

10          A.   From what I can remember, we had a male coming in who  
11          had collapsed. I don't recall if he was in respiratory  
12          or cardiac arrest from the crash call, I just remember  
13          him -- a story of him being collapsed and was coming in  
14          to us and that we needed to be ready for him coming in,  
15          and it was only a stand-by time of maybe about  
16          five minutes, if less than that.

17          Q.   We have heard that he had become unconscious in  
18          Hayfield Road.

19          A.   Mm-hm.

20          Q.   That's very close to the Victoria Hospital; is that  
21          right?

22          A.   Yes. I don't know Kirkcaldy very well, but yes, from  
23          what I understand, it was.

24          Q.   So what preparations could be made or were made between  
25          you receiving this crash call and the patient's arrival



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1 at hospital?

2 A. So depending on what is put through on the box, we will  
3 go and check that the anaesthetic machine is working,  
4 that we have got the oxygen -- we have a thing called  
5 a C circuit or a bag valve mask, so we have that ready  
6 in case we need to do any airway work. We'll make sure  
7 we've got -- ready to put a line in and take bloods and  
8 give drugs, and we will have a sufficient number of  
9 team, so there would be a senior doctor, which would be  
10 myself, another doctor, and at least one nurse, possibly  
11 two, if we can, if we're spare.

12 Q. Were these the sorts of preparations that were put in  
13 hand --

14 A. Yeah.

15 Q. -- on this occasion?

16 Can we pull up your Inquiry statement, please, and  
17 go to paragraphs 19 and 20. You say:

18 "The patient then came in. He was on a trolley from  
19 the ambulance. He had been seen by the ambulance crew  
20 and they brought him to resus. He came out  
21 the ambulance doors into resus and straight to me. He  
22 doesn't go anywhere else.

23 "Resus is a big bed area and I think it had 8 beds.  
24 If you're looking down resus he was put in the first  
25 right cubicle.

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1            "I positioned myself at the head-end because I'm  
2            the senior on at night so I was at the head-end. I have  
3            the decision-maker in A&E at this time. I then  
4            allocated the juniors to their roles."

5            So just to be clear, should we understand that, at  
6            least at the outset, you were in charge of this  
7            patient --

8            A. Mm-hm.

9            Q. -- and in charge of his resuscitation?

10          A. Yes.

11          Q. I want to ask about the personnel involved. You  
12          mentioned that typically there would be two doctors and  
13          a nurse, perhaps more.

14          A. Mm-hm.

15          Q. On this occasion, in terms of the A&E staff --

16          A. Mm-hm.

17          Q. -- you were in charge?

18          A. Yes.

19          Q. Were there any other junior accident and emergency  
20          doctors assisting you?

21          A. Yes. There was a junior, Dr Sophie Rollings, who I did  
22          my night shifts with, we were paired together on  
23          the rota, so she would have been in the resus room with  
24          me. There was a nurse -- I couldn't tell you the name  
25          of who that was. There may have been two nurses.

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1 I don't know if -- I don't know if there was another  
2 junior with me, I just remember Sophie definitely being  
3 there, though.

4 Q. So at least one junior doctor?

5 A. Yeah.

6 Q. At least one nurse?

7 A. Yes.

8 Q. And it may have been later on in the course of  
9 the resuscitation, but am I right to understand that  
10 the consultant anaesthetist became involved at one  
11 stage?

12 A. Yes. I recognised that this was a young male and in  
13 these situations you do want to have more help if you  
14 can, and therefore I did, fairly early on, ask for  
15 someone to phone the anaesthetic consultant. I think  
16 I had already met him earlier in the night with another  
17 patient, so I knew he was in the hospital, so I did ask  
18 that he get called to come down and join the team.

19 Q. Was there also an ITU consultant involved at some stage?

20 A. I think there was at some stage; I don't remember when  
21 they appeared.

22 Q. So that would be at least four doctors --

23 A. Yeah.

24 Q. -- possibly more, two at consultant grade plus yourself  
25 leading on the resus and at least one nurse --

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1 A. Yes.

2 Q. -- were involved in the resuscitation effort.

3 Doctor, when Mr Bayoh was brought to you on  
4 a trolley, can you describe what you saw in front of  
5 you?

6 A. Yes, so the patient will come in on the ambulance  
7 trolley, I would be standing at the head-end. He would  
8 move from their trolley onto our trolley. He was a very  
9 -- I remember him being a very big man. I remember him  
10 coming across. He had his handcuffs -- his hands in  
11 front of him on his chest, cuffed, and I remember there  
12 being a mark on his forehead. That's -- yeah, and then  
13 he comes over onto our trolley and then we start doing  
14 what we have to do.

15 Q. Right.

16 I want to ask you some questions about  
17 the information that was provided to you at about  
18 the point of this hand over from the paramedics to  
19 yourself. It might help if we would call up the A&E  
20 notes, and if we look at page 4, do we see  
21 under "Patient data", surname, unknown, forename  
22 unknown?

23 A. Mm-hm.

24 Q. So at the point that Mr Bayoh was brought in to you, you  
25 didn't have a name --

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1       A. No, we didn't know who he was.

2       Q. -- you didn't know who he was? Scrolling down a little,  
3       please, do we see that he was admitted or seen at 7.50  
4       in the morning?

5       A. Yes. That will have been written by myself after  
6       the event, because obviously I can't do it at the time.

7       Q. Of course.

8       A. So I -- I know it was between 7.30 and 8 o'clock, but  
9       I -- I couldn't tell you the exact time, other than  
10      what's written there.

11      Q. I see. So these notes were made retrospectively --

12      A. Yes.

13      Q. -- by you?

14      A. It happens pretty much straight after the event. So  
15      7.50 is probably about as accurate as it will be.

16      Q. I think you explain in fact in your statement to  
17      the Inquiry that you wrote up the notes at about  
18      9 o'clock --

19      A. Yeah.

20      Q. -- in the morning.

21              We see your name there, Dr Pickering?

22      A. Yes.

23      Q. Is that your handwriting?

24      A. Yeah.

25      Q. If we could turn to page 7, please. Again, is that your

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1           handwriting?

2       A.   Yes.

3       Q.   And very briefly, we'll return to page 7, but page 10 as

4           well, please.  Is that also your handwriting?

5       A.   Yes.

6       Q.   Returning to page 7, we see that you've recorded at

7           the top "written in retrospect" and "0900", that would

8           fit with what you told the Inquiry team --

9       A.   Yes.

10      Q.   -- that you wrote your notes up at that time.

11            You mention your name and Dr Rollings.  "PC" -- what

12            does that stand for?

13      A.   Presenting complaint.

14      Q.   Can you read out, please, that paragraph?

15      A.   "Found by police with knife aggressive attacked police

16           officer.  Pepper gas used and uncooperative, hit on back

17           of head.  Then was in respiratory arrest.  With

18           ambulance crew.  Cardiac output no respiratory effort."

19      Q.   Who provided that information to you?

20      A.   It would be the police officer.

21      Q.   The police?

22      A.   Yes.

23      Q.   Rather than the paramedics?

24      A.   No -- the -- I'm sorry.  It would be the paramedics

25           would have told me that story, and then if I wanted to

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1 confirm it, the police were there if I wanted to ask,  
2 but I don't recall asking.

3 Q. So to the best of your memory then, the information came  
4 from the paramedics?

5 A. Paramedics, yes, sorry.

6 Q. What's the purpose of noting a history? What's its  
7 relevance from your perspective?

8 A. It gives us an idea of what potentially may have caused  
9 him to go into respiratory arrest and then  
10 cardiac arrest. It let's us know what led up to  
11 the events. If we just had a patient come in with no  
12 history, you then have to do a bit of digging to figure  
13 out what happened, so it's useful to have the story from  
14 the paramedics of what occurred beforehand.

15 Q. Can we return to your inquiry statement, please,  
16 paragraph 27 onwards. Now, I'd like to go through  
17 a number of paragraphs here, doctor, just so that we can  
18 be absolutely clear as to the patient's condition at  
19 the point at which he was received at A&E by you and in  
20 particular whether he was in respiratory arrest or in  
21 cardiac arrest. I think it might be the case that you  
22 had advised the PIRC that he was in respiratory arrest;  
23 by the time you give a statement to the Inquiry some  
24 seven years later, your recollection was slightly  
25 different.

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1           A. Yeah, on -- with the -- when he first came in, from what  
2           my first statement says with the police was that he was  
3           in respiratory arrest and then he went into  
4           cardiac arrest. I think my statement to the Inquiry was  
5           that he was in cardiac arrest because I couldn't  
6           remember if he had been in respiratory arrest first.  
7           Basically, within about two minutes of him coming into  
8           the department and being in respiratory arrest, he went  
9           into cardiac arrest, so it was a very short time that he  
10          changed.

11          Q. A short time. If you bear with me I'd like to read this  
12          page in its entirety because this could be an important  
13          issue --

14          A. Okay.

15          Q. -- so let's go through it:

16                 "You check for a pulse when they come in and then  
17                 you check it again every two minutes as part of  
18                 the algorithm. When he came in his pulse may have been  
19                 checked by Sophie or one of the nurses. While  
20                 the paramedics gave the story I was feeling for a pulse.  
21                 There was no pulse so I told the others he's actually in  
22                 cardiac arrest and to start CPR. He could have been in  
23                 respiratory arrest with the crew and that's why they  
24                 were bagging but he definitely had no pulse when he came  
25                 into the resus room.



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1            "I've been shown my previous statement at page 2  
2            where I said 'I had checked his carotid neck artery and  
3            had found a pulse'. I genuinely don't recall that.  
4            I do vividly remember us doing CPR very quickly.  
5            I suspect I felt it, looked to get the story, and then  
6            felt it again and noticed it had gone. If I had felt  
7            the pulse then I would have gone on to do other things  
8            and we obviously haven't done those.

9            "I've been shown my previous statement to PIRC dated  
10           14 May and on page 2 in the first paragraph  
11           I state 'The message related to a young male  
12           cardiac arrest'. Further down page 2 in the first  
13           paragraph I state 'At this time when radioed in he was  
14           in respiratory arrest but had come over the radio as  
15           a cardiac arrest which was wrong as he had a pulse when  
16           he came'.

17           "The radio is the same as the crash box. What  
18           I said previously must be true. He didn't have  
19           the pulse for long, that much I can tell you. My memory  
20           is that he was in cardiac arrest, and he was in  
21           cardiac arrest very quickly. It was less than a couple  
22           of minutes and then he was in cardiac arrest. I can't  
23           remember who took the call.

24           "I see in the A&E records at page 7 I've written 'In  
25           resus initially ventilated by C-circuit, pulse lost

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1           within two mins'. I just don't remember him having  
2           a pulse initially but that would be true and accurate."

3           So should we understand that although the passage of  
4           time may have affected your recollection, the statement  
5           that you gave to the PIRC was true and accurate and that  
6           statement was given relatively shortly after Mr Bayoh  
7           passed away and that in fact, when you received him, he  
8           was in respiratory arrest as opposed to cardiac arrest  
9           but within a couple of minutes --

10          A. Yes.

11          Q. -- he'd gone into cardiac arrest?

12          A. Yes.

13          Q. Would that be a fair summary?

14          A. Yes.

15          Q. All right.

16                 I'm going to move on shortly to ask you questions  
17                 about your assessment and treatment of the patient, but  
18                 before I do that, I think it might be helpful, because  
19                 we've spoken about respiratory arrest and  
20                 cardiac arrest, if I might ask you to explain some of  
21                 the terminology. So what is respiratory arrest?

22          A. So respiratory arrest is when the patient isn't  
23                 breathing for themselves, their heart is still working,  
24                 it's still pumping, but they're not making any breathing  
25                 effort and you have to do that for them. That can lead

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1           on to cardiac arrest and that's when the heart is not  
2           working and then you have to start CPR.

3           Q. How would you treat a respiratory arrest?

4           A. So you would take over -- you'd go up to the head-end  
5           and you would start giving ventilations. Depending on  
6           the equipment you've got, you -- in Fife, from what  
7           I can recall, it was a bag valve -- it was a bag valve  
8           -- yeah, the Ambu bag that you used, and you would give  
9           ventilations to help the patient to breathe. You would  
10          then get the story of what had happened to decide what  
11          you could figure out why this had happened and what you  
12          needed to do next. If needed, you would potentially  
13          give him some drugs to paralyse and to put a tube in and  
14          take over their breathing and put them onto  
15          a ventilator, if that was appropriate. It may also be  
16          that you could give some drugs to reverse any effects of  
17          anything they may have taken to start them to breathe  
18          again themselves.

19          Q. All right. So when a patient is in respiratory arrest,  
20          they're not breathing for themselves, you need to  
21          breathe for them?

22          A. Yeah.

23          Q. And that could be by use of what you've called an  
24          Ambu bag?

25          A. Ambu bag, yeah. So there's two different ones people

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1           can use, there's a C-circuit machine that attaches to  
2           the anaesthetic machine or you've got an Ambu bag which  
3           just goes to an oxygen supply and you can use that and  
4           everybody would know how to use an Ambu bag.

5           Q. So as the name describes, is this some sort of bag that  
6           goes over the patient's mouth?

7           A. Yes, so it's a mask that goes over the face and then  
8           it's got a reservoir plastic bag that you squeeze to  
9           give oxygen and it's got another plastic bit on the end  
10          of that and then like a cord that can attach to oxygen.

11          Q. Okay, so this is a way of forcing oxygen --

12          A. Yes.

13          Q. -- through the mouth into the lungs?

14          A. Yes.

15          Q. Or the other artificial ventilation technique that you  
16          described would involve a tube; is that right?

17          A. So you could intubate as well, yes.

18          Q. Intubate and ventilate?

19          A. Yes.

20          Q. And we perhaps don't need to go into the technical  
21          details, but would that involve the patient being on  
22          a machine --

23          A. Yes.

24          Q. -- that was doing the breathing for them?

25          A. So you can put a tube in through and take over their

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1 breathing by attaching the Ambu bag to the tube and  
2 still doing the manual bagging yourself, or you attach  
3 them to a ventilator and the machine will do it for you.

4 Q. So that's how you would treat a respiratory arrest. You  
5 said that when the patient or if the patient goes into  
6 cardiac arrest, then the treatment is CPR?

7 A. Mm-hm.

8 Q. And I'm going to go on to ask you some questions about  
9 CPR shortly, but can you help me to understand, firstly,  
10 how it is that a respiratory arrest can lead to  
11 a cardiac arrest? How does one lead to the other?

12 A. It's more to do with the lack of oxygen supplying parts  
13 of your brain that then control the working of  
14 the heart. It's -- it's kind of to do with  
15 the medullary receptors and the regulating of the heart,  
16 it's quite hard explain in a sentence, but basically if  
17 you're not oxygenating your brain, you're not being able  
18 to supply the right bits that then will send  
19 the messages to tell your heart how to work so then you  
20 will go into cardiac arrest.

21 Q. So one can lead to the other?

22 A. Yes. Respiratory arrest will lead to cardiac arrest, if  
23 you don't deal with the respiratory arrest.

24 Q. So that is inevitable: if the respiratory --

25 A. If you're not breathing for yourself for a length of

## Transcript of the Sheku Bayoh Inquiry

1           time, you will go into cardiac arrest.

2           Q.   So if that situation, the respiratory arrest, is not  
3           reversed, then cardiac arrest --

4           A.   Will happen.

5           Q.   -- will inevitably follow?

6           A.   Yes.

7           Q.   What does CPR involve?  Firstly, what does it stand for?

8           A.   Cardio pulmonary resuscitation.  So for an adult that  
9           involves 30 compressions on the chest to two breaths.  
10          Doing that for a cycle of five times or two minutes, and  
11          then rechecking for a pulse, and then depending on  
12          whether you have a pulse or what rhythm is on our  
13          defibrillator, because we'll attach them to pads and see  
14          what rhythm they're in, and depending on what rhythm  
15          they're in, we will then decide if we need to give  
16          electric shock or not.

17          Q.   I'll ask you more questions about CPR later because  
18          I understand that that was the treatment or  
19          the management that was used for this patient, but we'll  
20          leave that to one side for now.

21                 Mr Bayoh was wearing handcuffs --

22          A.   Yes.

23          Q.   -- when he was brought into A&E, and in fact when you  
24          gave your evidence you put your hands in front of you --

25          A.   Yes.

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1 Q. -- to demonstrate the position of the cuffs?

2 A. They were in front of him, I can't remember if they were  
3 crossed over or together like that.

4 Q. In any event, they were to the front rather than to  
5 the back?

6 A. Yes.

7 Q. And you asked for them to be removed?

8 A. So, no. What happened was when I said he is in  
9 cardiac arrest, the police officer that was standing at  
10 the end of the bed said "do you want me to take the  
11 cuffs off" and I said yes.

12 Q. I beg your pardon.

13 A. No.

14 Q. If he hadn't made that offer, would you have asked for  
15 them to be removed?

16 A. Yes.

17 Q. Could we go to your Inquiry statement, please, at  
18 paragraph 49. Again, I'd like to read this out and then  
19 ask you some questions:

20 "Handcuffs would hinder CPR because if somebody  
21 small like me was standing over him on a stool doing CPR  
22 and his arm is in the way then my hand might not get  
23 full contact with the chest. You're doing compressions  
24 on the centre of the chest over the middle and over  
25 the sternum. If the hands are over the body, and

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1           they're a big person who has got big hands, you might  
2           not get your full hand in over the area you need to  
3           compress. Whereas if you've got things away from  
4           the chest, you've got full exposure and you're able to  
5           get proper, decent compressions. It doesn't stop you  
6           doing CPR completely but it can hinder it."

7           So you give an explanation there as to how cuffs  
8           might hinder the CPR effort.

9           If we can scroll down to paragraphs 50 and 51,  
10          please:

11          "I have been shown my previous statement to PIRC on  
12          15 June ... on page 2 I said 'The male was lying on his  
13          back and was handcuffed. He did have a large chest and  
14          his arms were positioned lower on his stomach. This  
15          would not have impeded in any way attempts to perform  
16          CPR as this requires work on the sternum'.

17          "I think what I was saying in the statement was that  
18          they wouldn't have impeded CPR because they were off  
19          straight away. Had they stayed on then they would have  
20          been in the way. The CPR would not have been as good.  
21          If his hands were down towards his stomach then his  
22          upper arms would have been across the chest a bit and  
23          impeded CPR."

24          If we could very quickly fast-forward to  
25          paragraph 123. This, doctor, you'll recall is



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1           the paragraph in which you said that you told the PIRC  
2           the truth and your memory was better then than now.  If  
3           there's an inconsistency your previous statements should  
4           be preferred, aside from the point about whether  
5           the handcuffs hindered the CPR.

6           A.  Yeah.

7           Q.  And you've given a clear explanation in your Inquiry  
8           statement as to what had been said to the PIRC and what  
9           you in fact meant by what you said to the PIRC?

10          A.  Yeah.

11          Q.  And you're very clear in your inquiry statement that CPR  
12          would have been hindered by the cuffs?

13          A.  Yes.

14          Q.  And you also have given evidence that if the police  
15          hadn't offered to take them off --

16          A.  Yes.

17          Q.  -- you would have asked for them to be removed?

18          A.  Yes.

19          Q.  Can we return to paragraph 52:

20                 "It would be very difficult to get IV access in  
21                 the arms if the arms were cuffed.  It's very difficult  
22                 to get into that area.  We usually go for the anterior  
23                 cubital fossa, on the inside of your arm where the elbow  
24                 bends.  We usually go there in resus because the back of  
25                 the hand is usually very shut down.  If the person's in

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1           cardiac arrest they're going down in their extremities  
2           first, so the veins are not going to be easy to see.  
3           You want access quickly so you can start giving drugs."

4           So you explained there another reason why cuffs  
5           might get in the way?

6           A. Yes.

7           Q. And it's to do with access to veins?

8           A. Yes.

9           Q. Doctor, we have heard that CPR was performed at  
10          the scene on Hayfield Road by officers and paramedics,  
11          and this continued in the ambulance on the way to  
12          hospital. Can you comment on whether, if the cuffs had  
13          been removed while CPR was being carried out at  
14          the scene by the police and the paramedics, it would  
15          have made any difference to the outcome here?

16          A. It could have. The gentleman was a big, big guy and his  
17          arms were big and they were across his chest. You -- to  
18          do good, effective CPR, you need to be able to get good  
19          access to the chest to do good compressions. The police  
20          are trained in doing CPR and will be delivering as good  
21          compressions as they can, opposed to someone who is not  
22          experienced in it, so I can only assume they were giving  
23          as effective CPR as they could. Whether the cuffs in  
24          the way, it would have -- it would have hindered giving  
25          really good compressions.

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1 Q. Can we look again at paragraph 49. Halfway through, you  
2 say:

3 "If the hands are over the body, and they're a big  
4 person who has got big hands, you might not get your  
5 full hand in over the area you need to compress."

6 A. The -- from what I remember, he had a big chest and his  
7 hands were right across and over his -- the front of his  
8 body. So that space there where I need to put my hand  
9 to compress (indicates) would be small, and if the hands  
10 are cuffed, you might not be able to get your hand in  
11 there very well.

12 Q. So when you're talking about hands in that sentence, are  
13 you talking about the hands of the patient or the person  
14 who's giving the CPR?

15 A. So the person who's got big hands is the patient who --  
16 if they've got big hands and big arms -- I suppose arms  
17 is more what I mean -- is in the way and if the person  
18 who is giving CPR has a big hand, they're going to  
19 struggle to get their hands into that space as well.

20 Q. I see. So if the person giving CPR has large hands --

21 A. Mm-hm.

22 Q. -- then that might also hinder giving --

23 A. Yeah.

24 Q. -- effective impression compressions --

25 A. Mm-hm.

## Transcript of the Sheku Bayoh Inquiry

1 Q. -- in circumstances where the patient is cuffed?

2 A. Yes.

3 Q. I'd like to ask you some questions now about your  
4 assessment of Mr Bayoh in accident and emergency. If  
5 I can take you to paragraph 35, you say:

6 "As soon as a patient is handed over to me, I will  
7 start to reassess the patient from the beginning. We  
8 have a system, A, B, C, D, E. It's a very easy system  
9 for A&E doctors. Each letter is as follows: airway,  
10 breathing, circulation, disability, environment. We  
11 work our way through that from A to E."

12 I'd like to ask you some questions about that. So,  
13 A is for airway; what was your assessment of Mr Bayoh's  
14 airway?

15 A. So he wasn't breathing for himself, therefore we needed  
16 to deal with that first before you can move on to  
17 breathing. So at that point, I don't know if you want  
18 me to keep saying what I did next or just explain  
19 airway.

20 Q. Carry on, please.

21 A. So an airway point of view we'd then have a look to see  
22 if we could put a tube into his trachea and take over  
23 his breathing. I remember having a look and not seeing  
24 that I could get a tube in so I put an LMA in, I think,  
25 instead, which is a slightly different type of tube that

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1           doesn't go into the trachea but it sits at the back in  
2           the top of the epiglottis, and at that point I think  
3           probably is when I asked for anaesthetics to be phoned.  
4           Then was bagging. At that point you're -- I'm stuck at  
5           that end, I can't leave airway when I'm at the airway  
6           doing the bagging, so I would have got probably  
7           Sophie Rollings to look at B, which is breathing, so  
8           checking if there is any trauma to the chest, if there  
9           was any breathing effort at all, have a listen. Then we  
10          would look at C, which is circulation, to see if there  
11          is a -- what the pulse is, what the blood pressure is,  
12          whether he's shutdown peripherally, what I mean by that  
13          is if they're cold in their hands or if they're warm in  
14          the centre. Then move on to D, which is looking to see  
15          if there's any marks anywhere, what their conscious  
16          level is, what their pupils are doing, and then E is  
17          looking for exposure to check if there's any injury on  
18          the back.

19                 We did not get down to E very quickly because we got  
20          A, he wasn't breathing, and then he lost his pulse and  
21          then therefore we change what we are doing to  
22          a different algorithm at that point because this is  
23          assessing a patient that's awake and -- or a patient  
24          that's alive, whereas if they have no pulse you have  
25          a dead patient and you have to start a different system.

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1 Q. All right. You've given me a lot of information there.

2 A. Sorry.

3 Q. No, not at all, it's incredibly helpful, but what I'm  
4 going to do is just take you through some of that in  
5 a little more detail and then we'll move to  
6 the alternative algorithm which I think is for CPR --

7 A. Yes.

8 Q. -- is that right?

9 So this A, B, C, D, E is applied indiscriminately to  
10 any patient who comes in --

11 A. Yes, any patient.

12 Q. -- and this your working model, but with a patient who  
13 doesn't have a pulse it's only going to take you so far  
14 and then you have to move on to another algorithm; is  
15 that correct?

16 A. Yes, yes.

17 Q. So, so far as this patient was concerned, airway, he  
18 wasn't breathing, you have described putting a sort of  
19 half-tube or a gadget into his throat to give access to  
20 the area; is that right?

21 A. Yes, it's a breathing -- it's called a laryngeal mask  
22 airway. It's a kind of -- it's an airway adjunct, is  
23 what we would call it and it gives you -- it allows you  
24 to give oxygen and prevent too much secretions and vomit  
25 getting into the airway if that was the case, but it

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1           allows you to -- better than nothing, basically, so it's  
2           a good extra device until you can get a tube through  
3           the trachea because that's ideally what you want because  
4           you want what we call a cuff tube through the trachea  
5           because that's a protected airway at that point.

6           Q. So that hadn't proved possible, is that correct?

7           A. Yeah, I couldn't see, so I couldn't get -- yeah.

8           Q. So this was the next best thing --

9           A. Yes.

10          Q. -- pending the arrival of the anaesthetist --

11          A. Yes.

12          Q. -- who was going to assist you in supporting the airway?

13          A. Yeah.

14          Q. So that's the A?

15          A. Yes.

16          Q. The B was the breathing and you said that

17                Sophie Rollings was helping you in that regard?

18          A. I can only assume that that's what Sophie was doing

19                because I can't move from airway, that's where I am.

20                Also I'm the senior doctor and during the day if you're

21                the senior doctor you'll probably be standing at the end

22                of the bed overseeing and directing everybody, but at

23                night there's less people around so you have to take

24                the roles as well. So I was stood at the head-end,

25                I wouldn't have been able to move from there and --

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1           until anaesthetics came down, and then they would take  
2           over and then I moved to the foot of the bed. So  
3           Sophie, I would assume, was doing B, because that  
4           wouldn't have been me.

5           Q. What would she have been doing, because you've already  
6           said this patient wasn't breathing --

7           A. Wasn't breathing.

8           Q. -- so what was she looking after?

9           A. So when I'm bagging I will inflate the lungs, so she  
10          will have a listen to see if she can hear anything, if  
11          there's any collapse of the lung, if there's any  
12          decreased air entry that would give us an idea of  
13          whether a lung had collapsed or whether there were  
14          secretions or any extra noises that would just give us  
15          a bit more information of what could have led to  
16          the event.

17          Q. So you were using the Ambu bag that you described  
18          earlier?

19          A. Yes.

20          Q. And this was to force oxygen into the lungs --

21          A. Yes.

22          Q. -- via this --

23          A. (overspeaking).

24          Q. -- adjunct that you have described?

25          A. Yeah.



## Transcript of the Sheku Bayoh Inquiry

1 Q. And Dr Rollings, in the meantime, would have been  
2 effectively monitoring whether that was effective?  
3 A. Yeah.  
4 Q. C, circulation, you said you would have checked blood  
5 pressure, pulse, peripheries, and there was no pulse?  
6 A. There was no pulse.  
7 Q. So at that point should we understand Mr Bayoh  
8 effectively dropped off this algorithm that was no  
9 longer valid and you had to move to the CPR algorithm  
10 because --  
11 A. Yeah, if they have no pulse and they're not moving then  
12 we have to move to what we called advanced life support  
13 which is starting CPR and following an algorithm with  
14 that.  
15 Q. So if a person isn't breathing and has no pulse, does  
16 that effectively mean they're in both respiratory and  
17 cardiac arrest?  
18 A. Yes.  
19 Q. Before we discuss the treatment that was given in terms  
20 of the CPR algorithm, I want to ask you some questions  
21 about your differential diagnosis, if that's the correct  
22 term, in terms of the potential causes of the arrest,  
23 and if we can perhaps turn to page 60 -- sorry,  
24 paragraph 60 of your statement. You say:  
25 "For the assessment of cardiac arrest, there's

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1 a list of things that you would think about when someone  
2 comes in. He came in unconscious with not really any  
3 hint of what has caused him to arrest. I had a list of  
4 things in my head to think about."

5 If I can pause there, you said earlier in your  
6 evidence that when you get a history from  
7 the paramedics, it's to give you an idea of the  
8 potential causes or the range of potential causes?

9 A. Mm-hm.

10 Q. And the history that you received on this occasion  
11 was --

12 A. Mm-hm.

13 Q. -- fairly limited, would that be fair?

14 A. It was more of what had happened before he just came in  
15 with -- with the police and the paramedics. It didn't  
16 -- I didn't have an idea of what happened leading up to  
17 the encounter with the police and the paramedics before  
18 he came to us. So as much as it told me that he'd had  
19 pepper spray or -- and had been put to the ground, it  
20 doesn't necessarily tell me a lot about what has led up  
21 to the event in the first place.

22 Q. Paragraph 61 you say:

23 "The first thought is trauma because I could see  
24 there was a mark on his head. My thought was, to  
25 explain this as simply as I can, whether he had enough

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1 trauma on his brain causing pressure on his breathing  
2 and heart control centres, causing cardiac arrest.

3 "I checked for trauma. The patient's head was  
4 the only site that I could see any injury. There was no  
5 other obvious trauma that we could see externally. This  
6 means checking for swelling or broken bones that could  
7 cause a loss of blood volume. There was no deformity  
8 that may have caused this."

9 So should we understand that you had effectively  
10 excluded trauma as a potential cause of cardiac arrest?

11 A. Yeah, so the -- there's a few things for young people  
12 that would cause cardiac arrest, and trauma is the most  
13 likely, or one of the most likely. So he had a small  
14 mark on I think the left -- above his left eyebrow, on  
15 his head, but we'd have a quick look to check there  
16 wasn't anything else around his head, and what I mean by  
17 that is looking for any bits that would indicate  
18 a cracked skull. So we would feel for what we call  
19 boggy haematoma, so that's a bit like feeling wet moss  
20 is the easiest way to describe it, so trying to feel for  
21 that on the skull, checking if there is any blood coming  
22 from his ears, any bruising or blood behind his ears,  
23 just looking for anything that would give me an  
24 indication of whether he had had a head trauma, being  
25 the most likely thing to have potentially have caused

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1           him to go into cardiac arrest, because of -- if he'd had  
2           a head trauma with a big bleed it would have caused  
3           pressure etc.

4           The other things to think about from a trauma point  
5           of view, was there any evidence on his abdomen, had he  
6           bled out, has his spleen ruptured and he has bled out  
7           into his abdomen causing him to go into cardiac arrest  
8           from what we call hypovolemia. Then the second thing,  
9           other thoughts would be was there anything, his femur,  
10          had he broken his leg, these are the things I'm looking  
11          for to check where is the blood loss that would cause  
12          him to bleed out and to go into cardiac arrest.

13         Q. So the only apparent injury was to the head?

14         A. Yes.

15         Q. Can you describe the injury that you could see on his  
16          head?

17         A. From what I can remember it was a small abrasion, like  
18          a graze on his -- above his eyebrow, not necessarily  
19          significant enough to have caused a traumatic brain  
20          injury.

21         Q. But in addition to seeing that abrasion you've described  
22          going on to examine the head for boggy places, checking  
23          for bleeding in the ears and so on?

24         A. Yeah.

25         Q. Was this all to ascertain whether there might have been

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- 1           some underlying serious head injury that might have  
2           accounted for the arrest?
- 3       A. Yeah, I mean, at the point where we knew his pulse -- he  
4       didn't have a pulse, we would be starting CPR and  
5       working through what we call the four Hs and four Ts  
6       which I'm sure you'll get to.
- 7       Q. We'll come on to those, yes.
- 8       A. So once I've gone through those to check there's not  
9       a reversible cause for the arrest, because that's what  
10      I want to get fixed first, I'm then thinking in my head  
11      what has caused -- what else can I think of that isn't  
12      in those four Hs and four Ts that I need to be thinking  
13      about, so head trauma, bleeding out, things like that  
14      would be also in my head as I'm going through it.
- 15     Q. I see. So did you go through your four Hs and four Ts  
16     first?
- 17     A. I would go through my four Hs and four Ts first because  
18     they are reversible causes of cardiac arrest and if  
19     I can fix those I can get his heart to restart and then  
20     I can worry about other things that might have led up to  
21     it, but I am thinking about them at the same time,  
22     I just know we have to go through the other things  
23     first.
- 24     Q. Why don't we go to the four Hs and four Ts now and then  
25     we'll perhaps back to the head injury and the other

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1           possibilities that were in your differential diagnosis  
2           after you had excluded, as I think you did, the four Hs  
3           and four Ts.

4           Can we go to paragraph 89 of your statement, please,  
5           and as you have just said in your evidence, doctor, you  
6           have what are called in emergency medicine:

7           "... 'reversible causes' in cardiac arrest ... four  
8           Hs and ... four Ts. If [you] can identify one or more  
9           ... [you] can possibly reverse the cause of the cardiac  
10          arrest and stabilise the patient."

11          So moving on to paragraph 90:

12          "The four Ts begin with tamponade, when there's  
13          blood in the pericardial sac, so the sac around  
14          the heart if there's been trauma to the heart and you  
15          can get blood compressing stopping the heart from being  
16          able to beat."

17          Was there any indication that that was the cause  
18          here?

19          A. No. The reason for not thinking it was that or not --  
20          is because tamponade wouldn't happen quickly, it would  
21          be a leak into the sac around the heart and he would  
22          slowly be getting worse and you would see signs of his  
23          heart rate going up and his blood pressure dropping and  
24          ideally, clinically, you should see the veins in his  
25          neck getting bigger as well. So it's not something that

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1           you would suddenly collapse and pass out with, it's  
2           something you would have -- you would realise that was  
3           where it was going. You'd also have evidence of trauma  
4           to the chest, so if they'd been stabbed in the chest is  
5           the most likely thing for cardiac tamponade, or a road  
6           traffic collision with full impact, these sorts of  
7           things tend to be what are the causes of tamponade.

8           Q. So should I understand that there wasn't any history or  
9           clinical presentation --

10          A. The clinical history, from what I knew, and what I could  
11          see in front of me didn't fit with cardiac tamponade.

12          Q. Returning to paragraph 90, the next T is toxins:

13                 "... intentional drug overdoses, accidental drug  
14                 overdoses, recreational drugs, medication, anything like  
15                 that. This can be illegal or prescription drugs."

16                 Was there any indication that that was relevant  
17                 here?

18          A. I hadn't been told by the crew that there had been any  
19          history of drug use, that I can recall, but in my head  
20          I was thinking this could be drugs.

21          Q. Why were you thinking that?

22          A. The causes for a young male or female tend to be  
23          sometimes misadventure for cardiac arrest in young  
24          people to die is trauma, misadventure or underlying  
25          illness. The most common causes tend to be misadventure

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1 from drug use intentionally or recreationally, or trauma  
2 tend to be the main causes.

3 From the -- a little bit of what I had been I'd been  
4 told about potentially having been aggressive on scene  
5 and then suddenly collapsing with respiratory then going  
6 into cardiac does make me think has he taken anything on  
7 board, so drugs were in my head as a potential cause.

8 Q. There's a little bit more about drugs as a potential  
9 cause in your statement, so I'm sorry for jumping around  
10 a bit, but could we perhaps go to paragraph 63. This  
11 follows on from the paragraph where you discuss  
12 potential trauma and looking for signs of injury:

13 "I then thought he may have taken drugs and ended up  
14 putting himself into an arrhythmia. Drugs can cause you  
15 to have seizures and potentially go into cardiac arrest  
16 if you are hypoxic for too long. Hypoxic means not  
17 getting enough oxygen."

18 Before I go any further, what's an arrhythmia?

19 A. So it's an irregular heartbeat. So you've got normal  
20 sinus rhythm, which is what we all are in, but you can  
21 go into other rhythms and sometimes certain drugs can  
22 put you into what we call ventricular tachycardia or  
23 ventricular fibrillation.

24 Q. Paragraph 64:

25 "If you have a seizure for too long a period of time



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1           you can't get enough oxygen to your brain. You have  
2           respiratory arrest and then a cardiac arrest. Drugs can  
3           cause your heart to go into different rhythms. It can  
4           then cause you to arrest as well. I wondered if he  
5           might have taken an opioid overdose, heroin or  
6           a variation of heroin, and therefore I gave him a drug  
7           called naloxone to try and reverse that. It didn't  
8           really do anything. I don't remember how many times  
9           I gave that."

10                 So you were considering, given his age and given  
11           your own knowledge and experience, that misadventure is  
12           a cause of arrest in young people.

13           A. Yes.

14           Q. You were considering the possibility of an opioid  
15           overdose, accidental or otherwise, and gave him  
16           naloxone. Is naloxone, to use lay terminology, an  
17           antidote to --

18           A. Yeah, it competes with the opioid on the receptors that  
19           the opioid would bind to in the body and therefore tries  
20           to reverse the effect that the opioid drug would have.  
21           So it's Narcan is probably the name that most people  
22           would know it as.

23           Q. Now you've described in that paragraphs that we've  
24           looked at drugs, in particular opiates, causing  
25           cardiac arrest. Can drugs cause respiratory arrest?

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1       A. So opioids can. They can depress the respiratory  
2       centres in your brain and therefore cause you to go into  
3       respiratory arrest.

4       Q. Can other drugs aside from opioids have that effect, to  
5       your knowledge?

6       A. Yeah, they can. I can't think of lots of them off the  
7       top of my head, but there's a kind of -- we kind of  
8       classify drugs or, in particular, recreational drugs  
9       into what we call downers or uppers, or stimulants and  
10      sedatives. So an opioid would be a downer in a way. It  
11      would -- euphoria, a nice -- whereas your uppers, your  
12      stimulants like MDMA or amphetamines, would cause you to  
13      be a bit more stimulated and a bit -- it wouldn't cause  
14      necessarily respiratory arrest.

15     Q. Let's go back to the four Hs and the four Ts and pick up  
16     where we left off. Paragraph 91, please. So tamponade  
17     is effectively excluded. Toxins were on your mind in  
18     the differential diagnosis?

19     A. Yes.

20     Q. 91:

21               "The next T is thrombus, for example a massive  
22               pulmonary embolism, blood clot on their lungs that's  
23               causing pressure on the heart causing them to go into an  
24               arrest, or a massive heart attack from a blood clot in  
25               the arteries that feed the heart muscle."

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1           Was there any indication that that was the cause  
2           here?

3           A. Not from the story. I mean, I've already said the story  
4           was limited, but from what I could -- from what I'd been  
5           told there and from the events, I didn't think thrombus  
6           was likely. Thrombus tends to be in an older person if  
7           they have had a heart attack and gone into  
8           cardiac arrest. PE is an option but they tend to have  
9           had a history beforehand of shortness of breath, chest  
10          pain, something else that would have led up to us having  
11          an idea if that's what's caused it rather than suddenly  
12          collapsing.

13          The other thing that I think at this point he may  
14          have been now -- knew his name at this point, so I would  
15          have asked someone to go and look at his records to find  
16          out if there was a background of any other things that  
17          I needed to know about, any other medical problems, if  
18          he had presented to the hospital before.

19          Q. And did you know his name by this point?

20          A. I don't recall, but I do recall asking someone to go and  
21          look to see and I don't think there was anything on our  
22          system for him at that time.

23          Q. Would your system have been updated if you had received  
24          information about his identity?

25          A. So if we have his identity, his name would have a CHI

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1           number, and that's unique to each person and they get  
2           logged into our -- like registered onto our computer  
3           system and then any medical notes for anything that's  
4           happened when he has been in hospital would be there, so  
5           it would be as up to date as it would be.

6           Q.   So if you didn't know the identity of the patient --

7           A.   I wouldn't have that information.

8           Q.   -- when he was received, you haven't wouldn't have that  
9           information.  And how might details of his identity have  
10          come to you?

11          A.   That would be through the police finding out who he was.  
12          There's -- there's no way I was doing that at that time.  
13          I was -- so it would be the police usually.  If we  
14          haven't got the identity of a person, then the police  
15          will get involved and help.

16          Q.   So in the ordinary course of things where you have an  
17          unknown patient --

18          A.   Yeah.

19          Q.   -- in circumstances such as these, if their identity is  
20          confirmed by the police, you would expect that  
21          information to be fed back to you?

22          A.   Yes, I would.  Usually someone would come into the room  
23          and say, "We've got his name".  It'd be honestly saying  
24          that my mind is concentrating on what I'm doing at that  
25          point.  If I was to hear, "We've got a name for

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1           the person", then I might ask someone to go and look up  
2           some records and see if we had any more information  
3           about any previous medical history.

4       Q.   And without the name, you --

5       A.   I can't do that.

6       Q.   -- obviously can't make those searches.

7           Returning to your statement:

8           "The final T [at paragraph 92] is tension  
9           haemothorax, so that's when the lung has collapsed on  
10          one side and is pushing over and you need to decompress  
11          it. I don't recall looking in my notes in the A&E  
12          records that we did that. I think we had good air entry  
13          on both side when we were bagging him. I don't recall  
14          decompressing his chest."

15          Sorry, I spoke over you.

16       A.   No, no, no, I spoke. It should say tension pneumothorax  
17          so apologies. So haemothorax is blood in the chest; it  
18          is a tension pneumothorax which is air, so when the lung  
19          is collapsed you've got air where it shouldn't be and  
20          it's pushing down and it will cause pressure on the  
21          return of the blood to the heart and therefore causing  
22          someone to then go into cardiac arrest.

23          When I was bagging him, Sophie would have -- must  
24          have listened and the chest, and I can see the chest  
25          rising, so if I could see the chest rising I know that

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1 the lungs are not collapsed, also his trachea, which is  
2 your windpipe, in a tension pneumothorax it will move  
3 away from the side that's collapsed and it was central,  
4 so I was able to rule out tension pneumothorax. We did  
5 go back over that later when more people had appeared  
6 from the day team and it was re-discussed, but the  
7 anaesthetist had intubated the patient at this point and  
8 was happy that he could bag the patient easily. If  
9 there is a pneumothorax you wouldn't be able to bag very  
10 well, and also we could see the chest rising and I think  
11 they also did a quick look with an ultrasound and we  
12 decided that decompressing the chest was not in this  
13 patient's interest.

14 Q. So this T was effectively --

15 A. It was cleared, yeah.

16 Q. -- ruled out?

17 A. Yeah.

18 Q. You mentioned being able to see the chest rising and  
19 falling with the bagging; does that mean that the forced  
20 breaths were effective --

21 A. Yes.

22 Q. -- insofar as they were inflating the lungs?

23 A. Yes.

24 Q. And you also mentioned that at some point after  
25 the anaesthetist, the consultant anaesthetist arrived,

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1 he was successful in intubating?

2 A. Yes, and I remember that being fairly quickly because if  
3 I couldn't -- I -- I do remember asking for him very  
4 early on whether it was pre the patient arriving or just  
5 as the patient arrived, I do remember asking to phone  
6 for him because I knew he was in the hospital having  
7 dealt -- having worked together on another patient  
8 earlier in the evening, and knew that I was going --  
9 I couldn't get the tube in so I wanted them, and they  
10 came very quickly and I remember him then taking over  
11 the airway very quickly and me moving down to the foot  
12 of the bed and taking over the running of the arrest at  
13 that point. So yes, the patient would have been tubed.

14 Q. So those were the four Ts. Let's look now at the four  
15 Hs, if we can scroll down to paragraph 94, please:

16 "After checking the four Ts, we check the four Hs.  
17 Firstly the hypoxia. This is the patient not getting  
18 enough oxygen even though we are using the bag valve  
19 mask."

20 So?

21 A. Yeah, we use the bag valve, we're giving his oxygen but  
22 the best thing is to intubate the patient, that's  
23 the end point, that's the gold standard. So he was  
24 tubed early and he was being bagged properly with a tube  
25 in a protected airway, so the hypoxia had been dealt

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- 1           with.
- 2           Q. Hypothermia is next. Hypothermia is if they have been  
3           lying out in the cold or been submerged in water so if  
4           they've got a temperature that's like -- it says minus  
5           32, should that be 32?
- 6           A. It should be 32, yes.
- 7           Q. "... then we have to keep warming them up until they're  
8           a sensible temperature."
- 9           A. Yes.
- 10          Q. Was there any indication of hypothermia?
- 11          A. No. No indication here.
- 12          Q. Was Mr Bayoh's temperature taken?
- 13          A. It would have been taken. I don't recall what it was,  
14          but the history didn't lead it to that either, from what  
15          I can ...
- 16          Q. We've heard evidence that Mr Bayoh was lying on  
17          the ground unconscious wearing a T-shirt on his upper  
18          half, only a T-shirt, and that it had been raining --
- 19          A. Okay.
- 20          Q. That he lay there for about 8 minutes --
- 21          A. Okay.
- 22          Q. -- between falling unconscious and the ambulance  
23          arriving?
- 24          A. Mm-hm.
- 25          Q. Did you have that information?



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- 1       A. No.
- 2       Q. Would that be sufficient to cause hypothermia?
- 3       A. It would cause his temperature probably to go down to  
4       about maybe 35/35.5, that kind of thing. If it's been  
5       about 8 minutes outside. The difficulty is he was in  
6       cardiac arrest which sounds like he did get CPR on  
7       the scene which again, I didn't know that. If he had  
8       CPR on the scene, his body will cool down because he's  
9       not -- he's in arrest, he's not regulating, he's not  
10      pumping blood. So it's difficult to say exactly what  
11      his temperature would be, but I don't think it would be  
12      low enough for me to be thinking about hypothermia as  
13      a cause.
- 14      Q. The information that I've just shared with you, would it  
15      have been helpful for you to have that information at  
16      the time?
- 17      A. It would have been useful in a way to know that he'd had  
18      a little bit more CPR before he'd come in. 8 minutes or  
19      so isn't a lot really, often we have patients that come  
20      in who have had about 45 minutes of CPR before they've  
21      come to me. It would be useful just to know he had  
22      actually been in arrest before they got -- he came in,  
23      but it wouldn't have changed what I did.
- 24      Q. Just to be clear, nothing really turns on this, I said  
25      that he lay on the ground for about four minutes.

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- 1 A. Yeah.
- 2 Q. We've heard evidence that for the first four minutes he  
3 was unresponsive but breathing, then he stopped  
4 breathing --
- 5 A. Okay.
- 6 Q. -- at which point the officers on the scene commenced  
7 CPR.
- 8 A. Yeah.
- 9 Q. And when the ambulance arrived, I understand that  
10 the paramedics continued with the CPR. So it would have  
11 been four minutes of CPR at the scene.
- 12 A. Yeah.
- 13 Q. And then some ongoing efforts to support him in  
14 the ambulance?
- 15 A. When he came into the department, there was no CPR  
16 ongoing. They were bagging him, but they weren't doing  
17 CPR. So what that might give me a hint of is that he  
18 might have been in respiratory arrest on scene but  
19 actually maybe still had a pulse but his output might  
20 have been quite low and people might not have been able  
21 to feel it and so quite rightly have done CPR, that  
22 would be the right thing to do. But he didn't come in  
23 -- no one was doing CPR when he came into  
24 the department.
- 25 Q. I see. Just in case I've misstated anything, we have

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1           certainly heard evidence that CPR was given by the  
2           officers at the scene.

3           A. Yeah.

4           Q. The Chair is yet to hear from the paramedics.

5           A. Yes.

6           Q. But I understand that some efforts were made to support  
7           him in some way between his removal from the scene and  
8           his arrival at the Victoria Hospital?

9           A. Okay.

10          Q. But it may be that nothing turns on that from your point  
11          of view.

12          A. Yeah, yeah.

13          Q. Back to the Hs. At paragraph 95:

14                 "Next is hypovolemia, so they've not got enough  
15                 circulating blood volume because they've bled somewhere  
16                 or they're septic and the distribution of the fluid in  
17                 their body is not correct."

18                 Were there any indications of hypovolemia?

19          A. So from a hypovolemia point of view, for him it was  
20          trauma that I was thinking about. So that's bleeding  
21          into the brain, it's bleeding into the abdomen, it's  
22          bleeding into a femur or a thigh bone, if it's broken.  
23          There was no evidence of that so that when we're looking  
24          for that. The second thing is a medical cause for  
25          the fluid to not be in the right places which are

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1 usually sepsis or heart failure. There was no history  
2 of that sepsis, obviously he has a history of leading up  
3 to being unwell, it's not a sudden collapse. So  
4 the story didn't hint at being sepsis. So trauma,  
5 thinking about that and where could he have been losing  
6 blood, but there was no obvious blood loss.

7 Q. You said earlier that having noticed the injury to his  
8 head, you carried out an examination of his head to  
9 check for any serious underlying injury.

10 A. So I would have asked the anaesthetist at the top end to  
11 have a look for certain things because I would be at  
12 the bottom of the bed at this point, I suppose it's  
13 controlling what's going on, because they're doing  
14 the airway, so I would have asked him to have a quick  
15 feel and see if he could see anything obvious.

16 Q. And you, or at least your team --

17 A. Mm.

18 Q. -- also, you said earlier, checked his abdomen?

19 A. Yes.

20 Q. And the legs?

21 A. So the thing with the abdomen you would see in CPR if  
22 you're bleeding out from somewhere is the tummy will  
23 just get bigger and bigger, and that wasn't evident in  
24 what we were doing -- I don't recall that being evident.  
25 I think we even did a fast scan, an ultrasound, a quick

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1           look at his tummy, which would be looking for free fluid  
2           in a trauma setting.

3       Q.   You mentioned earlier in your evidence that something  
4           like a broken femur can in fact be sufficiently  
5           traumatic to cause the loss --

6       A.   You can lose -- you can lose a lot of blood in a broken  
7           bone -- in your femur very quickly.

8       Q.   The femur is one of the leg bones?

9       A.   It's the big thigh bone, yes.

10      Q.   We've heard evidence that Fast Straps, long Velcro  
11           straps were used to bind Mr Bayoh's legs at  
12           Hayfield Road.

13      A.   Mm-hm.

14      Q.   Were they present when he was brought into A&E?

15      A.   I don't recall, but I know my statement has said --  
16           the first one has said that there were straps on his  
17           legs, but I think I took them off.

18      Q.   You think you took them off?

19      A.   Yeah, I'm pretty sure I would have taken them off to  
20           look at his legs.

21      Q.   Would they have got in the way of you examining his legs  
22           for injury?

23      A.   They're usually at the feet, and I'm looking more at  
24           the thigh. That's where I'm going to be seeing if  
25           there's any blood loss, but I would want to look in

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1           between the legs to see if there's any bleeding from  
2           there as well, so yes, they would get in the way for  
3           looking properly at the body.

4           Q. We may have heard they were applied either just above or  
5           just below the knee.

6           A. The knee, okay.

7           Q. If that was so, would they have got in your way?

8           A. Yes.

9           Q. So you might not recall this now, but you say you saw it  
10          in your PIRC statement and you removed them?

11          A. Yeah.

12          Q. Okay.

13                        Back to the Hs, the final Hs:

14                        "... hyperkalaemia, this is if their potassium is  
15                        too high, and that can be from kidneys that don't work  
16                        properly, sepsis, drugs and lots of other reasons. This  
17                        can cause a patient's heart to go into arrhythmia and  
18                        cardiac arrest."

19                        Were there any indications that that was a potential  
20                        cause?

21          A. Yeah, so if he had a background of being a patient who  
22                        had renal dialysis -- obviously I didn't know -- well,  
23                        I didn't know that based on the history, but if he was  
24                        a patient who was on renal dialysis then I would see  
25                        something called a fistula on him so I would be able to

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1           say this is somebody who gets dialysis, we need to check  
2           his potassium because their potassium can get too high  
3           and can cause them to have arrhythmias and arrest. That  
4           would be one thought in a young -- in any person.  
5           The other thought from hyperkalaemia, that tends to be  
6           the main thing, or if they're unwell previously with  
7           sepsis etc, what we'd do very quickly is a blood gas and  
8           that gives us an answer what the potassium is within  
9           a few minutes, and we can say: well, it's very high  
10          let's treat that or not.

11         Q. And a blood gas screen I think was carried out in this  
12          case?

13         A. Yes, mm-hm.

14         Q. And were there any indications that there was anything  
15          wrong with the potassium levels?

16         A. No, the potassium, from what I can recall, was normal.

17         Q. So would that exclude that --

18         A. It would exclude it, yes. You'd have to have  
19          a potassium above 6.

20         Q. So you have effectively excluded all of the four Ts and  
21          four Hs with a perhaps question mark over toxins?

22         A. Yeah.

23         Q. But the remaining seven you have excluded. You said  
24          earlier in your evidence that having gone through that  
25          checklist you started to think about trauma in more

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1 detail and about the possibility of a potential  
2 drug-related cause of the arrest, hence the prescription  
3 of naloxone?

4 A. Mm-hm.

5 Q. You mention in your statement too cardiomyopathy, if we  
6 can look perhaps at paragraph 74 very quickly.

7 A. Yeah, I was kind of trying to think of other things.

8 Q. Paragraph 74 you say:

9 "Another possible cause I considered was an  
10 underlying medical problem like cardiomyopathy, which is  
11 an enlarged heart. The patient may or may not know  
12 about this. The heart can go into dysrhythmias that  
13 sometimes people don't know about until something bad  
14 happens."

15 A. Yes.

16 Q. And at paragraph 75 you say:

17 "Ultimately I don't know what caused the patient's  
18 cardiac arrest. My gut feeling at the end of the arrest  
19 was it is most likely to have been drug related. I knew  
20 no mystery of his background so if he has no history of  
21 drug use then I would think it wouldn't be drug-related,  
22 but obviously I didn't know that at the time. I have to  
23 go with what's in front of me."

24 A. Yeah.

25 Q. And in terms of what was in front of you, you had



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1           the patient and his presentation and he was a young  
2           person?

3           A. Yes.

4           Q. And you've explained that misadventure is one of  
5           the more common causes of arrest in a young person and  
6           you had a history that was relatively limited?

7           A. Yes.

8           Q. And indeed you say at paragraph 76:

9                     "I had to think about all these possible causes  
10           because it was not a clear story of what happened before  
11           the patient came into A&E."

12          A. Mm-hm.

13          Q. Can we look again at the medical records, please,  
14          page 7. So the clinical examination hasn't revealed an  
15          obvious cause for the respiratory or cardiac arrest and  
16          there's a limited history available to you. Let's  
17          remind ourselves of the information that you had:

18                     "Found by police with knife aggressive attacked  
19          police officer. Pepper gas used and uncooperative, hit  
20          on back of head. Then was in respiratory arrest. With  
21          ambulance crew."

22                     Now, I don't see any mention in your handwritten  
23          notes, doctor, of Mr Bayoh having been restrained by  
24          the police.

25          A. I don't think I had been told that at the time. I mean,

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1 I know he was cuffed and he would have had the bands on,  
2 and I presume -- if I'd been told he's been aggressive,  
3 then I presume that's what they have had to do, but that  
4 I don't recall going into detail and to be honest when  
5 he comes in and he's in respiratory arrest, getting  
6 a lot of detail at that time, I'm trying to think of  
7 what other things to do, so I don't -- I don't  
8 particularly want them to give me a hold big long story  
9 because I need to do stuff.

10 Q. You just need the essentials?

11 A. Yeah.

12 Q. But there isn't any mention here of him having been  
13 taken to the ground and restrained for a period time or  
14 the position of the restraint.

15 A. Not at that time. I -- I suspect maybe afterwards  
16 somebody maybe told me a bit more, but at that time  
17 I don't recall being told anything other than what I've  
18 written here.

19 Q. And you perhaps have no recollection then of being told  
20 whether he was resisting a restraint or whether force or  
21 weights were being applied to his body on the ground?

22 A. Not that I remember, no. I don't, no. I mean, all I've  
23 been told is that he was aggressive and that's --  
24 I don't -- I don't recall anybody telling me that they'd  
25 had to pin him to the ground.

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1 Q. And if you had been told something like that, would you  
2 have written it down?

3 A. Yes.

4 Q. Would you have found it helpful to have had that  
5 information?

6 A. It can be useful because it depends if he was pinned  
7 down face-down or on his back. So, sometimes, if you're  
8 pinned face-down, that can cause asphyxiation. So it  
9 can cause it, if they're been pressed down, so they're  
10 not necessarily getting -- able to breathe properly, so  
11 it would be useful to know that. If he had -- I mean,  
12 I know -- I've documented he got hit on the back of  
13 head, it would be useful to know had he then fallen to  
14 the ground. He was a big guy, that's quite a height to  
15 fall, so yes, it would be useful to have a bit more of  
16 what had happened previously.

17 Q. Quite a lot of evidence has been led about the position  
18 of the restraint and what the different officers  
19 involved in the restraint were doing.

20 A. Mm-hm.

21 Q. But there's certainly some information for the Chair  
22 that he was held in the prone position and that the way  
23 in which he was restrained has been described by  
24 a number of witnesses in a number of different ways, but  
25 just yesterday was described by a witness as looking

## Transcript of the Sheku Bayoh Inquiry

1           like a collapsed rugby scrum. Would you have found that  
2           type of information helpful?

3           A. Yes.

4           Q. What difference, if any, would it have made to your  
5           assessment of the patient's condition?

6           A. So a prone position in somebody who has potentially got  
7           alcohol and drugs on board can restrict their breathing  
8           if they're being compressed down on the ground. Well,  
9           it can -- anybody, to be honest, it doesn't have to just  
10          be somebody -- but if they've also got other things on  
11          board, that will affect their breathing too. But if  
12          they are being pushed on the ground, it can -- if  
13          they're in a prone position, that could affect their  
14          breathing.

15          Q. So what difference, if any, might it have made to your  
16          treatment of Mr Bayoh?

17          A. It wouldn't have changed what I did, but it would have  
18          given me a bit more information as to what potentially  
19          could have caused him to go into respiratory and then  
20          cardiac arrest.

21          Q. And how would it have helped you and your practice of  
22          emergency medicine to have had that additional  
23          information about potential causes?

24          A. To be honest, it would just have given me a bit more  
25          information about what could have caused

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1 the respiratory arrest and then to go into  
2 cardiac arrest. It wouldn't -- it wouldn't change my  
3 management at all, because there's a set way I would  
4 manage this, and as I've -- as I've laid out. So it's  
5 not going to change what I do, but it would give me an  
6 idea of what has led up to it, rather than me  
7 necessarily having to think of everything under the sun  
8 that could have caused him to arrest, it would have  
9 given me a bit more: okay, so that's happened, that  
10 might have led to this, but I would still be going  
11 through all my four Hs, four Ts, etc.

12 Q. Doctor, there's one final thing I want to ask you about  
13 before we go on to discuss the treatment of this  
14 patient, and it's the possibility of sickle cell anemia.  
15 I wonder if we can turn to -- you say:

16 "Sheku Bayoh being a black man had no impact on  
17 the assessment or treatment. However the only thought  
18 I might have considered is that sickle cell could be  
19 a cause. Sickle cell is a hereditary disease that is in  
20 some black people.

21 "It's when the blood cells have a sickle shape to  
22 them. You can either carry the gene with the sickle  
23 cell trait or you have sickle cell itself. It basically  
24 means that the body doesn't always carry oxygen as well  
25 as it could and, therefore, you can have crises. These

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1           crises can be bone crises because you've got occlusions  
2           because of the sickle cell sticking or you can have  
3           chest crises.

4           "For it to apply in this case, Sheku Bayoh would  
5           need to have been unwell medically beforehand. He would  
6           need to have had a different presentation to what was  
7           reported to us. It would be a slow deterioration in his  
8           health. You would need something like chest pains for  
9           a time or become more unwell before going into cardiac  
10          arrest. It doesn't fit with this situation."

11          So do you recall thinking about sickle cell as  
12          a possibility at the time?

13         A. Yeah. Because he's a young person, there's -- you're  
14         trying to think of everything you can to: what could  
15         have caused this, what can I do to try and get his heart  
16         to restart. So you do end up thinking about what we  
17         call the zebras, I suppose. So the horses are the most  
18         obvious things that cause somebody to go into  
19         a cardiac arrest, but you're trying to think of other  
20         things: what am I missing, what could I be thinking  
21         here? And that popped into my head as: is this a cause?  
22         But, clinically, it didn't fit with the story. And  
23         also, whether we knew who he was at that point, we would  
24         then know if he had that in his background, because it  
25         certainly wouldn't have been the first presentation,

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1           because it's something that can happen throughout your  
2           life.

3       Q.   So again, if you had known the identity of your  
4           patient --

5       A.   Yes.

6       Q.   -- you could have checked his records --

7       A.   Yes.

8       Q.   -- and confirmed a history --

9       A.   Yes.

10      Q.   -- one way or the other?

11      A.   Yeah.

12      Q.   Let's move on to the treatment of this patient, doctor,  
13           and we were talking about the A, B, C, D, E, and you  
14           explained you got as far as the C and had to jump onto a  
15           different algorithm.

16                If we could turn to paragraph 82, please, you  
17           explain for treatment -- and this is treatment of  
18           a cardiac arrest:

19                "... we follow an algorithm.  There are certain  
20           drugs we give, and when the patient was in ventricular  
21           fibrillation we apply electric shock.  VF means there is  
22           no pulse but the heart has a rhythm that can get an  
23           electric shock."

24                If we can pause there, I'm going to ask you a couple  
25           of questions again just to make sure that we all

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1           understand the terminology there. What is meant by  
2           a rhythm?

3           A. So a rhythm would be looking to see if the heart has got  
4           an electric rhythm. So there's two ways. You -- you  
5           put the pads on the patient, you look at  
6           the defibrillator monitor and that will tell us. It can  
7           either be -- not a flatline like you see on the telly,  
8           but a kind of a squiggle that lets us know they're in  
9           something called asystole, so there's no rhythm there.  
10          They can be in something called pulseless electrical  
11          activity, which -- it looks a bit like a normal rhythm  
12          but there's no pulse, so it's -- it's a kind of rhythm  
13          but not a shockable one.

14                 And then you've got two other rhythms that we would  
15          look at, which are ventricular tachycardia and  
16          ventricular fibrillation, and that is when -- so in VF,  
17          there's no real organised rhythm on the screen, you're  
18          just seeing a lot of -- basically lots of squiggly  
19          lines, is the easiest way to explain it, and that would  
20          let me know, okay, you're in VF, I need to shock you.  
21          And VT is another type of rhythm and it's slightly  
22          different to VF, but again, it would be a shockable  
23          rhythm.

24          Q. Okay.

25                 What's the relevance of a rhythm being shockable or



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- 1 not?
- 2 A. So if a rhythm is shockable, ideally you want to do  
3 early defibrillation. Chain of survival is: early  
4 recognition, early CPR, early defibrillation. If they  
5 are -- we want to recognise that straight away, so  
6 the first thing I would do when the patient, if  
7 I recognise they're in a cardiac arrest, is get the pads  
8 on and look at the rhythm. I would start CPR, look at  
9 the rhythm, it's a shockable rhythm, right, let's  
10 get electricity, because the sooner you apply that  
11 shock, the more likely you are to get them back into  
12 a normal rhythm and restart the heart properly.
- 13 Q. So do I understand correctly that it's the electric  
14 shock that gets the heart going again?
- 15 A. It's -- kind of. It takes over, or it restarts it so --  
16 in a sense, because the heart has got a -- it's  
17 fibrillating, so it could -- if you were to open up  
18 the chest, in VF, it would be going like this  
19 (indicates), so applying the electric shock kind of  
20 gives it a restart, it's like the on/off button to  
21 reswitch it back into going into a proper rhythm, or  
22 normal sinus rhythm.
- 23 Q. So for a successful outcome then, the rhythm needs to be  
24 a shockable rhythm.
- 25 A. So the algorithm splits into shockable and

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1 non-shockable, so it has to be a shockable rhythm for us  
2 to give electricity. If it's not a shockable rhythm,  
3 I can't give electricity.

4 Q. If the rhythm isn't shockable, is there anything more  
5 that you can do for the patient?

6 A. If it isn't shockable then we go down a different  
7 algorithm where we continue CPR, you give adrenaline  
8 every second cycle, and you then think about your  
9 reversible causes, and you try and see if you can get  
10 the heart to restart. After a certain period of time,  
11 you have to then make that decision to say it's time to  
12 stop.

13 Q. Okay, and is that -- we will look at this in more detail  
14 but that is essentially what happened in this case?

15 A. Yes.

16 Q. Let's return to your statement, please, at paragraph 83  
17 and this is your explanation of the algorithm that you  
18 have mentioned:

19 "Our cardiac arrest algorithm is CPR for two minutes  
20 and then do a rhythm check. This is repeated. Each  
21 time you do a rhythm check, you're looking to see, first  
22 of all, if there's a pulse, so if you got what we call  
23 return of spontaneous circulation, or you're looking to  
24 see what the rhythm is on our machine. We had pads on  
25 his chest so we're looking to see what the rhythm might

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1 be.

2 "On three occasions his rhythm was VF. We then gave  
3 three shocks so we're looking at the rhythm and we're  
4 also looking for whether it's a shockable rhythm or  
5 not."

6 So this all relates to CPR which is cardio pulmonary  
7 resuscitation, and you explained earlier the pulmonary  
8 element with the Ambu bag and the forced breaths; what's  
9 the cardio element? How were you actually  
10 (overspeaking)?

11 A. So it's the compressions. The cardiac part is  
12 the compressions. So they would be done manually to  
13 begin with and then I think we got the LUCAS machine out  
14 to do mechanical ventilation to free people up.

15 Q. And I think I recall you saying earlier in your evidence  
16 that the pattern that you work to is 30 compressions --

17 A. 30 compressions to two in an adult.

18 Q. -- to two breaths. And that's repeated how many times  
19 in a cycle?

20 A. So you would do that for two minutes which is usually  
21 five cycles, and then you would recheck. What I mean by  
22 return of circulation or signs of life is at  
23 the two minutes you would check the pulse and you would  
24 look at screen. If the patient starts moving around  
25 then obviously there's something has started so then you

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1 go back and reassess from your A, B, C, D, E. If you're  
2 checking for a pulse and you're looking at the rhythm  
3 there's no pulse but the rhythm has changed to  
4 a non-shockable or it's still shockable. So say it's  
5 still shockable, you then deliver another shock and then  
6 continue CPR for another two minutes.

7 Q. You said that the compressions are manual, but you also  
8 involved the LUCAS machine?

9 A. Yes.

10 Q. And we've heard evidence already from a nurse who was  
11 involved in using that machine, and you say, I think, in  
12 your statement that you don't specifically recall  
13 the machine being used?

14 A. Yeah. It's one of those things that we have -- that  
15 we'd ask for. There's certain things as a -- as  
16 I suppose as a senior running the arrest that you know  
17 you will have asked for, you just don't necessarily  
18 recall because it's habit and it's what you would do,  
19 but ideally you want to get manual compressions done so  
20 you're freeing up people so they can get other tasks  
21 done and also CPR is very tiring and you end up going  
22 through everybody and you don't then deliver as good  
23 CPR, so getting him on to the manual machine is  
24 in benefit for the patient and the team.

25 Q. If we can jump to paragraph 45 of your statement --

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1           sorry, paragraph 44, first. This is your explanation of  
2           how this machine works. You say:

3           "A curved board goes behind the patient's back,  
4           a band goes across the chest and a big sucker device  
5           hits onto the chest. A suction thing makes contact with  
6           the chest and sucking onto the chest. It's loud and you  
7           can hear it from nearby. The patient's arms are moved  
8           out of the way."

9           So that's an explanation as to how it actually  
10          mechanically --

11         A. Yeah --

12         Q. -- functions?

13         A. Yeah.

14         Q. It's a suction device then?

15         A. Yeah, so it doesn't sound very nice, but it's basically  
16          a piece of machinery that's got a big suction in  
17          the middle and it clicks onto a board that goes on  
18          the back of the patient and then there are straps that  
19          the arms get put into it so that they're not flapping  
20          around, they get put onto there, and then the machine  
21          will do the compressions for you.

22         Q. Does it compress at the same rate --

23         A. Yes.

24         Q. -- as if you were doing it manually?

25         A. It's better than manual compressions. It's -- it's --

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1           it's set to go at the same rate and the same depth as  
2           what we should do, but obviously we're human and make  
3           more error and get tired, the machine does not, so it  
4           does a good job.

5       Q.   Paragraph 45 you explain:

6                        "It should connect in the middle of your breastbone,  
7           probably about 2 or 3 inches down from what we call the  
8           sternal notch between the two collar bones. It is over  
9           the heart so you're wanting to do manual compressions of  
10          the heart. We use the machine to compress the chest and  
11          squeeze the heart so it's doing its job pumping blood."

12                       Now, can you help me by pointing to the sternal  
13          notch on your own body?

14       A.   So the sternal notch is here (indicates), that wee bit  
15          there, and then the compression should be more here, so  
16          it's in your fifth intercostal space, so it's further  
17          down, it's about there.

18       Q.   So you're pointing to the middle of your chest?

19       A.   Yeah.

20       Q.   And if I remember well the nurse who gave evidence  
21          described the location as being sort in alignment with  
22          the nipples --

23       A.   Yeah.

24       Q.   -- essentially --

25       A.   Yeah.

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1 Q. -- would that be correct?

2 A. Yeah. We call it the fifth intercostal space because  
3 that's basically where the heart should sit on the left  
4 side, so it's about there.

5 Q. For a layperson --

6 A. Yeah, in the middle.

7 Q. -- that would be a fair description?

8 If we can move to paragraph 55, please. The Inquiry  
9 may hear evidence in the fullness of time that  
10 a fracture of the first rib was detected at autopsy and  
11 you explain in your statement that:

12 "You would expect to fracture some ribs from CPR and  
13 using the LUCAS machine. If you're doing proper CPR at  
14 the right pressure, you will usually crack ribs.

15 "The ribs that would break are usually from rib 4 to  
16 8. You've got rib 1 at the top and then you count down  
17 the chest. You've got 10 that are attached and then  
18 you've got 2 floating so you've got 12 in total. 4 to 8  
19 are in the middle at the front."

20 Again, by pointing to your own body, can you  
21 indicate the position of the first rib?

22 A. The first rib's up here (indicates), so way up at  
23 the top.

24 Q. I can't quite see your finger through your jacket?

25 A. Sorry. It's probably kind of a bit up here, the first

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1 rib. It's kind of under -- lies just under your  
2 collarbone.

3 Q. Okay, just underneath the collarbone all right.

4 A. Yes, so it is up here.

5 Q. And ribs 4 to 8, where are they?

6 A. They would be a bit further down. It's not linear if  
7 that's what I'm trying to say because the ribs will  
8 curve round and up. So it's not like a line that they  
9 go, they do curve round. So 4 would be here, but 4 at  
10 the back would be a bit higher up.

11 Q. All right, but at the front -- again you're  
12 indicating --

13 A. It would be -- between the nipples.

14 Q. Okay, so roughly --

15 A. Roughly.

16 Q. -- in the same alignment --

17 A. Yes.

18 Q. -- as where you place the LUCAS machine?

19 A. Yeah.

20 Q. And sorry, is it rib number 4 that's in that alignment  
21 or is it all of 4 to 8 that are roughly in that  
22 alignment?

23 A. It was more of an estimate of what I thought if you were  
24 to have the device, so it's probably -- if you're  
25 putting the device in the right place, you're going to



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1           be compressing over ribs 4 and lower.

2           Q. Now some evidence has been led that there was difficulty  
3           positioning the machine, but to the extent that it may  
4           have been wrongly positioned, it was positioned lower  
5           down than it should have been?

6           A. I don't recall that, no.

7           Q. If you work with that hypothesis, what impact, if any,  
8           would that have on the likelihood of higher ribs being  
9           broken during (overspeaking)?

10          A. It would make it very unlikely to break a higher rib.

11          Q. Okay. In paragraph 57 you say:

12                        "It would not be common for rib 1 to fracture in  
13                        the course of chest compressions. In CPR you're talking  
14                        ribs 4, 5, 6 and further down. To break up at rib 1 you  
15                        have to press higher up at the top. It's not  
16                        inconceivable because you can't say in medicine that  
17                        anything is absolute, apart from death. Realistically  
18                        you can't say breaking rib 1 in CPR is not  
19                        a possibility."

20          A. So what I mean by that is if you've got a little old  
21           lady who is osteoporotic and you're doing CPR, which is  
22           a pretty aggressive procedure, then it's not totally  
23           inconceivable that you might crack a whole load of ribs  
24           that you don't necessarily expect to. On a gentleman  
25           like this patient, it's very unlikely to cause

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1 a fracture of the first rib.

2 Q. So returning to your treatment algorithm, can we go back  
3 to paragraph 84, please, where you explain that:

4 "On three occasions Mr Bayoh's rhythm was  
5 ventricular fibrillation, so he was shocked three  
6 times."

7 So you were looking again at the rhythm and looking  
8 at whether it was a shockable rhythm.

9 And in paragraph 85 you explain that drugs were  
10 given to try and stabilise the rhythm, that he was given  
11 amiodarone and adrenaline and the purpose of those drugs  
12 is to try and stabilise the rhythm; is that correct?

13 A. Yes.

14 Q. Yes. And finally paragraph 97. Having refreshed your  
15 memory by reference to the records you say:

16 "The patient was in ventricular fibrillation at some  
17 point and [you] shocked him but it didn't do anything."

18 What did you mean by "it didn't do anything"?

19 A. So it wouldn't have put him back into a normal sinus  
20 rhythm -- basically it's not worked. He'll still be in  
21 the VF, and then as we continue CPR, the VF will change  
22 into a non-shockable rhythm.

23 Q. "... three episodes of VF rhythm. We continued to do  
24 what we would normally do in the algorithm.

25 The patient's heart then went into a non-shockable

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1           rhythm so we kept doing only CPR and giving him  
2           adrenaline every second cycle."

3       A. Yeah.

4       Q. Was that all you could do at that stage?

5       A. Yes.

6       Q. Can we look briefly at the blood screen that was carried  
7           out at paragraph 106. You remember taking a venous  
8           blood gas reading and at paragraph 106 explain that you  
9           were looking to know how much acidosis is in the blood  
10          system from the arrest and how much will be reversible  
11          because you can get an idea of the prognosis. And you  
12          say that the hydrogen ions, which is what you work with,  
13          were not compatible with life, his acidosis was very  
14          bad. What is acidosis, doctor?

15      A. So it should be "hydrogen ions", not "irons", the "r",  
16          it's just a typo.

17                So acidosis is an accumulation of acid in the blood  
18                which will mean that the normal regulation of organs and  
19                the conditions that the organs and the cells work in are  
20                going to be affected by the amount of acid and it will  
21                damage them and it can damage them beyond repair.

22      Q. What would cause that?

23      A. So, going into cardiac arrest can cause that. So your  
24          body isn't -- you're not getting oxygenated, you're not  
25          getting blood pumping around, so your body is shutting

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1 down or it has shut down but -- things are not working  
2 properly or aren't working, so therefore the acid will  
3 build up in your blood and that is quite normal in  
4 a cardiac arrest to have -- when we look at the blood  
5 gas when we're running arrests we look to see what  
6 the hydrogen ions and the pH are and it gives us an idea  
7 of, you know, potentially how long has this person been  
8 down before they came to us, etc.

9 So, yeah, I don't quite remember what the question  
10 was, sorry.

11 Q. I was just asking about acidosis and what might cause it  
12 but I think you've answered that.

13 A. Yeah.

14 Q. Can we move on to paragraph 109. You explain that  
15 another screen that came back from the blood test was  
16 lactate, which was very high.

17 A. Mm-hm.

18 Q. And that people who have that kind of high lactate have  
19 a very poor prognosis for survival.

20 A. Yeah.

21 Q. Again, what is lactate?

22 A. So that's a product of when you're not oxygenating  
23 tissue, so you'll produce lactic, and it's kind of --  
24 lactic acidosis is they kind of go together, lactate and  
25 acid. But the Ph are the hydrogen ions and the lactate,

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1           in certain cases like seizures or cardiac arrests or  
2           sepsis let us have an idea of the likelihood that we can  
3           (a) reverse this or what the prognosis is likely to be.

4       Q.   So you have a patient who is now in an unshockable  
5           rhythm?

6       A.   Mm-hm.

7       Q.   You have been able to take a blood test.  Can that be  
8           done very quickly at the bedside?

9       A.   Yes, so you can take the blood test from the -- usually  
10          from the femoral artery in the groin.  You can take  
11          blood from somebody who's dead quite a few hours  
12          afterwards from certain vessels that will still have  
13          a bit of blood that hasn't clotted.  So in an arrest we  
14          usually go for the femoral artery because we can do a  
15          stab and get blood straight away and that gives us  
16          information.

17      Q.   So this isn't a situation where you have to send  
18          the blood to a laboratory and wait any period of time --

19      A.   No.

20      Q.   -- you can do this very quickly?

21      A.   If I remember rightly, Sophie got access very quickly  
22          and I would have asked for a gas straight away because  
23          it gives me an idea ie for the potassium.  And then  
24          I think we repeated his gas later on a couple of times  
25          just to see how things were going.

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1 Q. And certainly by the time that the patient had an  
2 unshockable rhythm the information that you also had was  
3 that the lactate suggested a poor prognosis and --

4 A. Hydrogen ions of over 200 and a lactate of 18 is not  
5 compatible.

6 Q. Not compatible with life.

7 The blood samples that were taken, we're aware that  
8 some blood was seized at the --

9 A. Yeah.

10 Q. -- hospital --

11 A. Yeah.

12 Q. -- and later subjected to examination.

13 A. Uh-huh.

14 Q. Can you help me with whether the blood samples that were  
15 taken in the accident and emergency department were  
16 taken before or after drugs were given to Mr Bayoh?

17 A. They would be taken -- there's two thoughts here, so  
18 apologies if I ...

19 I don't know if the crew had put a cannula in --  
20 the paramedics had put a cannula in prior to him coming  
21 in, I suspect they did because that would be their  
22 normal practice. If that's the case, then I probably  
23 would have used that one for the Narcan or the naloxone,  
24 however, Sophie did get a line in straight away on  
25 the other side and would have taken bloods off at that

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1 point. So if he had been given Narcan, which is very  
2 short acting, it wouldn't necessarily have affected  
3 the bloods that we took, but we also could have given  
4 Narcan through the drip that Sophie had just put in and  
5 of course the bloods would have gone out before that.

6 So the only drug that I would have -- I gave him,  
7 I think, was adrenaline, and amiodarone and Narcan and  
8 they shouldn't affect what blood tests would then --  
9 that I know of, anyway.

10 LORD BRACADALE: Can I interrupt this just to -- we usually  
11 have a break, particularly for the sake of  
12 the stenographer, after an hour and a half, so would  
13 this be a convenient point to take a break?

14 MS THOMSON: It would, sir, although I can advise that  
15 I only have one final topic to explore and really -- in  
16 fact I think, on reflection, it would be advantageous to  
17 break at this stage, if that's convenient.

18 LORD BRACADALE: Yes, well, we will have a 20-minute break  
19 at this point.

20 (11.31 am

21 (A short break)

22 (11.53 am)

23 LORD BRACADALE: Yes, Ms Thomson.

24 MS THOMSON: Thank you, sir.

25 Doctor, before the break I was asking you some

## Transcript of the Sheku Bayoh Inquiry

1           questions about blood samples that had been taken from  
2           Mr Bayoh which ultimately were -- the chair may hear,  
3           were uplifted by the police and sent to a laboratory for  
4           screening for drugs and alcohol and so on. And you may  
5           not know the answer to this question, but I'm keen to  
6           understand whether those blood samples would have been  
7           taken immediately upon his arrival in A&E and before he  
8           was given fluids or any drugs, or whether they might  
9           have been taken after fluids or drugs had been given.

10          A. They wouldn't -- they would have been taken fairly  
11          quickly, within five minutes of being in the department  
12          from going into arrest and asking for someone to put  
13          a cannula in, so the bloods would have been taken  
14          quickly because I do remember Dr Rollings getting  
15          a cannula in very easily. It would have been before any  
16          drugs that we gave. I can't say for drugs that  
17          the paramedics will have given.

18          Q. What about fluids?

19          A. Before fluids.

20          Q. Before fluids too.

21                 Doctor, there are a few questions I would like to  
22                 ask having simply reflected over the break on  
23                 the evidence that you gave this morning, and they're in  
24                 no particular order, and then there is one final chapter  
25                 that I'd like to explore with you before I conclude your



## Transcript of the Sheku Bayoh Inquiry

1 examination.

2 Once a patient has gone into respiratory arrest, can  
3 you say how long it would be before cardiac arrest would  
4 occur if the respiratory arrest were not reversed?

5 A. About five minutes. It would be pretty quick.

6 Q. You mentioned having access to the interior cubital  
7 fossa?

8 A. Anterior cubital fossa.

9 Q. Cubital fossa, I beg your pardon, and you explained  
10 earlier in your evidence that the presence of the cuffs  
11 may have impeded that access. Where is the anterior  
12 cubital fossa?

13 A. It's here in your elbow, where you bend your elbow.

14 Q. So that's the inside crease of the elbow?

15 A. Yeah.

16 Q. Do you mind my asking, what height you are, doctor?

17 A. 5 foot 5.

18 Q. You had been made aware by the paramedics at the time  
19 that you received Mr Bayoh that he had been sprayed.  
20 Would it have made any difference to how you assessed or  
21 treated him if you had been told that he had been  
22 sprayed by three separate officers with both CS spray  
23 and PAVA spray?

24 A. Not necessarily. He -- if he'd been conscious, then  
25 the spray in his eyes would have meant we would have had

## Transcript of the Sheku Bayoh Inquiry

1           to have done eye wash-outs. For the fact that he'd gone  
2           into cardiac arrest, it wouldn't change what I did and  
3           it's not -- that doesn't cause cardiac arrest, it's more  
4           to deescalate or to stop somebody from doing things.

5           Q. Earlier in your evidence you said that it may have made  
6           a difference when the police were carrying out CPR if  
7           the cuffs had been removed.

8           A. Mm.

9           Q. What difference might that have made?

10          A. It would have just been better contact with the hand and  
11          the space to compress on the chest. If the space was  
12          small and the person who was doing CPR had a big hand,  
13          you might not have got quite into the space as well, but  
14          unless I saw it, it's difficult to say, but basically  
15          it's about getting your hand right into the space to do  
16          good compressions.

17          Q. And if you're not able to get your hand right into  
18          the space either because of the presence of cuffs or  
19          potentially because the person giving CPR has big  
20          hands --

21          A. Yeah.

22          Q. -- then what impact does that have on the quality or  
23          the efficacy of the compressions given?

24          A. It could reduce the efficacy or the quality of it.

25          Q. What might be the overall impact of that on the CPR

## Transcript of the Sheku Bayoh Inquiry

- 1           given?
- 2           A. It just means you're not giving good compressions,  
3           you're not pumping the heart manually to spread blood  
4           around the body, therefore you're not giving effective  
5           CPR and it's not necessarily going to help get the heart  
6           to restart.
- 7           Q. Finally, doctor, I'd like to ask some questions about  
8           the decision to pronounce life extinct.
- 9           A. Mm-hm.
- 10          Q. How was that decision taken?
- 11          A. So that decision is based on the amount of time that  
12          you've been working on the patient, it's based on  
13          the acidosis and the lactate from the gas, it's based on  
14          the reversible causes or what we think might have  
15          happened to cause the cardiac arrest and it's made as  
16          a team.
- 17          Q. So it's a team decision?
- 18          A. Yes.
- 19          Q. Who's involved in making that decision?
- 20          A. So it's usually the leader of the team will bring up the  
21          subject -- will say, "I think we're at the point where  
22          we're not getting anywhere, we're not able to restart  
23          the heart, there's no reversible cause, are we all in  
24          agreement that we should stop?"
- 25          Q. Can we look at the medical notes, please, page 10. If

## Transcript of the Sheku Bayoh Inquiry

1           we can scroll to the bottom of page 10, please, do we  
2           see "PLE team agreement at 09.04"?

3       A. Yes.

4       Q. PLE is short for?

5       A. Pronounced life extinct.

6       Q. So the team reached that agreement at 9.04 --

7       A. Yes.

8       Q. -- in the morning?

9           Now, doctor, when we looked at page 7 we saw that  
10          you had written up the notes retrospectively at 0900 --

11       A. Yes.

12       Q. -- hours.

13       A. Mm-hm.

14       Q. Were you still at the bedside --

15       A. So --

16       Q. -- at this point in time?

17       A. No, what had happened was, about ten minutes before  
18          pronouncing life extinct, at this point my consultant  
19          was in the department and was -- I'd handed over to him  
20          and the day team registrar was there, Dr Anderson, and  
21          there was the ITU consultant and the anaesthetic  
22          consultant. So just before 9 o'clock, I had said to  
23          Dr Surinder Panpher, who is the consultant, A&E, and  
24          had said I think we're at the point where I think we  
25          should stop, we had been going for over an hour and a

## Transcript of the Sheku Bayoh Inquiry

1 half in theory, he had come in about 7.30, we've not got  
2 any reversible causes, we're now at acidosis of 213,  
3 I think we should stop. He agreed, however Dr Clark,  
4 the anaesthetist, did not want to stop at that point, he  
5 wanted to keep going for a bit longer, and I understood  
6 why, it's a young man, we wanted to see what we can do  
7 to do our best, so at that point I decided to step out  
8 and go and write the notes and let Surinder and Dr Clark  
9 decide when to stop.

10 Q. You had explained at the beginning of your evidence that  
11 Mr Bayoh was brought into A&E shortly before the shift  
12 handover?

13 A. Yes.

14 Q. Which I understand was at 8 o'clock in the morning?

15 A. So the nurses hand over at 7.30, and at that --  
16 I remember this purely because a nurse I know had said  
17 something about seeing somebody out in the street, and  
18 then the box went off and we knew -- well, she had said,  
19 "I bet it's that person that I saw". So I recall it  
20 being just after 7.30, because it was the nurse change  
21 and then the doctors come in at 8 o'clock for  
22 the handover at 8 o'clock for them.

23 Q. Did your handover happen at 8 o'clock?

24 A. No, no, we were busy doing this.

25 Q. Okay, so this would prioritise, this would be your

## Transcript of the Sheku Bayoh Inquiry

- 1           priority --
- 2           A. Yes, absolutely -- the handover -- so there was another
- 3           junior SHO doctor, Dr Gillies, who was on the day shift,
- 4           so I think she went and took the handover from the other
- 5           doctors who were on the night shift, whereas myself and
- 6           I think Sophie actually had gone off to do that as well,
- 7           however I stayed with Surinder and Dr Anderson with this
- 8           patient.
- 9           Q. So your work is the priority over the shift handover?
- 10          A. This patient was the sickest patient in the department,
- 11          so you stay with them.
- 12          Q. All right.
- 13                 And you said you stepped out at about 9 o'clock to
- 14          write up your --
- 15          A. I think I stepped out just after we --
- 16          Q. -- notes?
- 17          A. -- had a discussion about stopping and I stepped out at
- 18          that point and let the seniors decide when they wanted
- 19          to stop.
- 20          Q. And should we understand that was because there were
- 21          directors who were senior to you --
- 22          A. Yes.
- 23          Q. -- now involved in the resus?
- 24          A. Yes.
- 25          Q. Including two consultants?

## Transcript of the Sheku Bayoh Inquiry

- 1 A. Yes.
- 2 Q. That's Dr Panpher, the A&E consultant?
- 3 A. Yes.
- 4 Q. And Dr Clark, the consultant anaesthetist?
- 5 A. Yes.
- 6 Q. Is that right?
- 7 A. Yes.
- 8 Q. You also mentioned that the doctor who would be  
9 replacing you on the day shift was also now present?
- 10 A. Yes, Dr Anderson.
- 11 Q. So in those circumstances was it appropriate for you,  
12 although you had been involved in the resuscitation and  
13 leading the resuscitation, to step away and to allow  
14 others to take over?
- 15 A. Yes, so as the senior overnight, yes, I'm the one  
16 running it, but when my consultant comes in, he will be  
17 there with me and let me continue to run it, or I hand  
18 over and let him take over. I think at that point it  
19 was -- it was appropriate to say, "I think you take over  
20 now", and step out.
- 21 Q. You said at that about 7.30, it was the nurses'  
22 handover --
- 23 A. Yes.
- 24 Q. -- and you recall one of the nurses saying that she'd  
25 seen the patient earlier that morning?

## Transcript of the Sheku Bayoh Inquiry

1           A. She didn't know it was the patient that we were  
2           obviously going to get, but she had said that on her way  
3           to work she'd seen somebody on the street with a knife.  
4           I -- the box -- about a couple of minutes after saying  
5           that, the box went off saying that we were getting  
6           somebody coming in and she said, "I bet that's that  
7           person I saw". That's why I remember it.

8           Q. Do you recall the name of the nurse?

9           A. No.

10          Q. Do you recall a Linda Limbert being on shift at that  
11          time?

12          A. It's a name I know, so it probably -- probably was, but  
13          I -- yeah, it would be seven years ago.

14          Q. Dr Pickering, is there anything more that you or your  
15          team could have done to save Sheku Bayoh's life?

16          A. No.

17          MS THOMSON: Bear with me just a moment, please.

18                 Sir, that concludes my cross-examination.

19          LORD BRACADALE: Thank you. Are there any Rule 9  
20          applications in respect of this witness?

21                 Ms Mitchell.

22                 Dr Pickering, I wonder if you would withdraw to  
23          the witness room while I hear a submission.

24          A. Okay.

25                         (The witness withdrew)



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1 Application by MS MITCHELL

2 LORD BRACADALE: Yes, Ms Mitchell.

3 MS MITCHELL: I'm obliged to both Counsel to the Inquiry in  
4 respect of the Section 9 and also other questions which  
5 -- that have been asked, but there are just one or two  
6 that remain.

7 The first issue arises as a result of the witness  
8 saying about needing quick access to the veins to start  
9 giving drugs. The Inquiry may come to hear quite  
10 shortly that the paramedics couldn't get an IV in to  
11 give Mr Bayoh drugs because he was handcuffed, and what  
12 I would be wanting to ask the doctor was: what are  
13 the drugs that would be given when the IV goes in and  
14 what is the effect on delay in giving those drugs,  
15 because she stressed their importance -- she expressed  
16 the view that speed was important.

17 And the next was that the witness gave evidence  
18 about someone in a prone position who has potentially  
19 got alcohol and drugs on board, it can restrict their  
20 breathing. She talked about if they were also being  
21 compressed to the ground and her outcome was that if  
22 they're in a prone position, that could affect their  
23 breathing, and the question we would like to be asked  
24 was: could it cause respiratory arrest.

25 The final issue is in respect of the rib breaking --

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1 the first rib breaking, and the Inquiry has heard  
2 evidence that, in relation to Mr Bayoh, it was unlikely  
3 to have been the cause of the first rib, giving CPR, and  
4 what I want to ask, as the witness has expressed a view  
5 on whether or not CPR is likely or unlikely to cause  
6 the fracture of the first rib, to ask the witness  
7 whether or not the three police officers restraining him  
8 and the combined weight of the three officers, might  
9 that be a more likely cause of the fracture of the first  
10 rib.

### Ruling

11  
12 LORD BRACADALE: Yes, very well. I shall allow you to ask  
13 those questions. If we could perhaps rearrange  
14 the seating and the witness can be brought back in.

15 (The witness returned)

16 Dr Pickering, you're going to be asked some  
17 questions by Ms Mitchell, who's the Queen's counsel for  
18 the Bayoh families.

19 A. Okay.

### Questions from MS MITCHELL

21 MS MITCHELL: Just a few questions. The first is in respect  
22 of some evidence you gave earlier about putting in an  
23 IV.

24 A. Mm-hm.

25 Q. And the Inquiry may come to hear evidence at a later

## Transcript of the Sheku Bayoh Inquiry

1 stage that the paramedics couldn't get an IV in to give  
2 drugs because of the handcuffs.

3 A. Okay.

4 Q. And what I was wondering was, when you get the IV in,  
5 what are the first drugs that are being put in?

6 A. So, for -- if he was still in respiratory arrest and not  
7 in cardiac arrest, I probably would have given naloxone  
8 fairly quickly to see if I could reverse the effects of  
9 whatever had potentially -- if it had been opioids that  
10 had caused the respiratory depression.

11 In a cardiac arrest it would be adrenaline. In  
12 the non-shockable rhythm, it would be every two minutes;  
13 in the shockable rhythm, it would be after the third  
14 cycle along with amiodarone.

15 Q. I think the first two of the drugs that you've spoken  
16 about are in fact ones that again the Inquiry will come  
17 to hear were considered by the paramedics.

18 A. Mm-hm.

19 Q. You explained that you want access quickly so you can  
20 start giving the drugs. What is the effect in each of  
21 those circumstances on delay in giving those drugs?

22 A. So, it means it just makes it harder to get the heart to  
23 restart. You want to give adrenaline early. There's an  
24 ethical debate over doing studies where you give  
25 a placebo or give adrenaline to find out whether it does

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1 do the job that we think it does, obviously that hasn't  
2 necessarily been approved yet, but the idea is giving  
3 adrenaline early will help to restart the heart and  
4 amiodarone helps to restabilise a heart that's in an  
5 irregular rhythm. So it is important to give them  
6 early, but if it's a shockable rhythm, the shocking is  
7 more important.

8 Q. And if it's not a shockable rhythm?

9 A. Then it's getting the drugs in as quickly as you can,  
10 and that's why you give them every second cycle.

11 Q. And do we take from that that the faster the drugs are  
12 in, the more likely it is? To help...

13 A. Yes, it will help. It does help.

14 Q. The next issue I would like to move on to is to pick up  
15 on something you were talking about earlier about  
16 Mr Bayoh, when he was in the prone position, or that was  
17 -- it was put to you, and you gave a comment about that  
18 and you said:

19 "So, prone position is somebody who has potentially  
20 got alcohol or drugs on board it can restrict their  
21 breathing if they are being compressed down on  
22 the ground -- well, it can be anybody, to be honest, it  
23 doesn't have to be somebody -- but if they've got other  
24 things on board, that will affect their breathing too.  
25 But if they're being pushed on the ground, it can -- if

## Transcript of the Sheku Bayoh Inquiry

1           they're in a prone position, that could affect their  
2           breathing."

3           A. Yeah.

4           Q. Could that circumstance that you've described cause  
5           respiratory arrest?

6           A. Yes.

7           Q. Moving on then to the next issue.

8                     The next issue is in relation to the breaking of  
9           the rib, and we've heard your evidence about  
10          the breaking of rib 1 and the likelihood of Mr Bayoh  
11          having suffered that breakage as a result of CPR.

12          A. Mm-hm.

13          Q. And I think you gave us the example that if you've got  
14          an older woman who osteoporotic and you've got  
15          aggressive CPR, then it's not inconceivable, but your  
16          view was, on a gentleman like this patient, meaning  
17          Mr Bayoh, it's very unlikely to cause a fracture of  
18          the first rib.

19                     The Inquiry has already heard evidence that there  
20          were three police officers on Mr Bayoh when he was in  
21          a prone position restraining him, pressing him to  
22          the ground. These three officers were 13.5 stone,  
23          20 stone and 25 stone, so a considerable weight was  
24          involved. Might that be a more likely cause of  
25          the fracture of the first rib?

## Transcript of the Sheku Bayoh Inquiry

1 A. It could, yeah.

2 LORD BRACADALE: Well, Dr Pickering, thank you very much for  
3 coming and giving evidence to the Inquiry. I'm going to  
4 rise to allow the introduction of the next witness and  
5 you'll then be free to go.

6 A. Okay.

7 (12.12 pm)

8 (A short break)

9 (12.15 pm)

10 LORD BRACADALE: Now, Ms Grahame, the next witness is  
11 Constable --

12 MS GRAHAME: PC Daniel Gibson.

13 LORD BRACADALE: -- Daniel Gibson.

14 Good afternoon, Constable Gibson. You're going to  
15 be asked questions by Ms Grahame, who I think you've  
16 already met. Before that, would you say the words of  
17 the affirmation after me, please.

18 PC DANIEL GIBSON (affirmed)

19 Questions from MS GRAHAME

20 LORD BRACADALE: Ms Grahame.

21 MS GRAHAME: Thank you.

22 Good afternoon, Constable Gibson.

23 A. Good afternoon.

24 Q. Do you want to give us your full name?

25 A. Yes, my name's Daniel Gibson.

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1 Q. And what age are you?

2 A. I'm 32 years old.

3 Q. And how many years' service do you have now?

4 A. So now I just have over ten; ten years' service.

5 Q. And you were fully qualified in 2015?

6 A. Yes.

7 Q. And we have your contact details available to

8 the Inquiry, so I won't be asking you to say those out

9 loud, but have you managed to watch any of the other

10 hearings that we've had up until today?

11 A. Yes.

12 Q. So you'll know that I want to make sure you're as

13 comfortable as you possibly can be?

14 A. Yes.

15 Q. And there's a black folder in front of you. And you'll

16 have seen from other evidence, if you've watched that,

17 that I'll be referring to your Inquiry statement that

18 you've given us.

19 A. Mm-hm.

20 Q. And you should have hard copies of that in the black

21 folder.

22 A. Yeah.

23 Q. And you must feel free at any time to have a look at

24 that.

25 Now, when I bring up particular paragraphs on

## Transcript of the Sheku Bayoh Inquiry

1 the screen, you might want to look around other  
2 paragraphs, and just feel free to do that, if you wish.

3 A. Okay, grand, thank you.

4 Q. Let's do that then.

5 Can we also have a look at PIRC -- the statement  
6 from 4 June 2015, please. This is PIRC 258, and you'll  
7 see that this is a statement that you gave to PIRC on  
8 4 June 2015 and that's on the first page.

9 A. Yeah.

10 Q. So you'll see it on the hard copy, but you'll also see  
11 it on the screen as well.

12 A. Yeah.

13 Q. And that was a statement taken by Investigator  
14 James Bonner and DSI Edward Miles?

15 A. Yeah.

16 Q. And that was at your home address, and can we just  
17 confirm, you were doing your best at that time to give  
18 a true and accurate record of the events of 3 May 2015  
19 to PIRC?

20 A. Yes, I was.

21 Q. Thank you.

22 And in addition, there was a map that was available,  
23 and that will come up on the screen, and this was also  
24 given, and this is COPFS 99. You'll see at the bottom  
25 left-hand side, that's got your name. It's just



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1           slightly below the screen, but it says "PC Daniel  
2           Gibson", do you want that (overspeaking) --

3           A. Oh, I can see it now, yeah.

4           Q. You can see it. And that was 4 June 2015?

5           A. Yes.

6           Q. Was that prepared by you?

7           A. I can't remember it, but it does look possibly like my  
8           writing, to be fair.

9           Q. All right, that's lovely.

10                   And you may have seen with other witnesses that I've  
11           confirmed with them that if the Chair is hearing  
12           evidence from you today and seeing your Inquiry  
13           statement, if there's any difference between that and  
14           the statement you gave to PIRC in June of 2015, which  
15           should he prefer?

16           A. I would say he should prefer the PIRC statement, that  
17           probably would have been fresher at the time.

18           Q. Lots of people have already told us that their memories  
19           were fresher in 2015 than they are now?

20           A. Yeah, mm-hm.

21           Q. Is that the same with you?

22           A. Yes, I would say so, yes.

23           Q. Right, thank you very much.

24                   Let's have a look at your statement, that is  
25           SBPI 45. Now, it's headed up "Response to Rule 8

## Transcript of the Sheku Bayoh Inquiry

1 request", and as with other witnesses, you were sent  
2 a large number of questions from the Inquiry team.

3 A. Yeah.

4 Q. And then you prepared this statement yourself in  
5 response to those questions with your lawyers?

6 A. Yes, yes.

7 Q. Thank you.

8 I'm going to call that your -- formally it's  
9 a response to a Rule 8 request, but I'm going to call  
10 that your Inquiry statement today.

11 A. Okay.

12 Q. Again, can we look at the final page, please, and  
13 the Inquiry team asked you to add in a paragraph at the  
14 end of this statement, you'll see that:

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

19 So you understood that at the time?

20 A. Yes.

21 Q. And although we can't see it on the version on  
22 the screen, you'll see that you've signed that on  
23 the hard copy that you have in front of you?

24 A. Yes, that's correct.

25 Q. Can you tell me the date that you signed it? Is it

## Transcript of the Sheku Bayoh Inquiry

- 1           15 April 2022?
- 2           A. My eyesight's not that good.
- 3           Q. Don't worry, I think you can take it from me that it was
- 4           15 April.
- 5           A. I did just see it, yeah, 15 April.
- 6           Q. That's lovely. So those are your statements in
- 7           the black folder.
- 8           A. Yeah.
- 9           Q. Now, as well as that, there should be a spreadsheet in
- 10          front of you.
- 11          A. Yeah.
- 12          Q. Let's have a look at that for a moment, just so you know
- 13          what it is. So it's a combined audio and video
- 14          timeline, and you'll see on the left-hand side that
- 15          there's lots of timings given in the 24-hour clock.
- 16          A. Yeah.
- 17          Q. So it gives the hour, the minutes and the seconds. And
- 18          then, to the left of centre, it talks about Airwaves
- 19          transmissions, and it gives a sort of transcript of
- 20          those.
- 21          A. Mm-hm.
- 22          Q. And then to the right there's a sort of thumbnail sketch
- 23          of what can be seen in CCTV.
- 24          A. Yeah.
- 25          Q. And it's a combination. And again, if you watched any

## Transcript of the Sheku Bayoh Inquiry

- 1           of the hearings up until today, you've probably seen  
2           that on the screen?
- 3       A.   Yeah.
- 4       Q.   That's the combined footage with the real-time clock and  
5           the CCTV and a reconstruction tile.  Have you seen  
6           those?
- 7       A.   Yes, yes.
- 8       Q.   Great.  So you'll know that you can touch the screen  
9           when we're talking about that and put a red circle or an  
10          arrow?
- 11      A.   Yeah, I've seen some of the -- (inaudible -  
12          overspeaking) -- do that.
- 13      Q.   You're quite comfortable with that?
- 14      A.   Yes.
- 15      Q.   Some better than others?
- 16      A.   Yeah.
- 17      Q.   That's good.
- 18                 Then you'll also see that on the right-hand side  
19                 there's Gallaghers CCTV mentioned, so sometimes that's  
20                 what you see on the screen, and sometimes there's  
21                 Snapchat footage?
- 22      A.   Yeah.
- 23      Q.   That will all be combined with the real-time.
- 24      A.   Yeah.
- 25      Q.   So again, if you want to refer to the spreadsheet at any

## Transcript of the Sheku Bayoh Inquiry

1           time, or just check anything, please feel free to do  
2           that as well.

3           A. Okay, thank you.

4           Q. So everything you have in front of you, you can use as  
5           you wish?

6           A. Okay, grand.

7           Q. And if you need time to look at footage again, or you  
8           want to check something, or you want me to bring  
9           something up on the screen, just you tell me.

10          A. Okay, thank you.

11          Q. Thank you. Great.

12                 Now, if I can paraphrase, when your senior counsel,  
13                 Ms McCall spoke at the beginning of the Inquiry giving  
14                 an opening statement, she said that you want the Chair  
15                 to get the truth of what happened and that's why you're  
16                 here today, to help assist the Chair in doing that?

17          A. Yes, that's correct.

18          Q. And that remains the position today?

19          A. Yes, it does.

20          Q. Thank you very much.

21                 Now, to be clear, you weren't at the scene when  
22                 the Airwaves transmissions said, "Officer injured"?

23          A. That's correct.

24          Q. That's right, isn't it? And you arrived later with  
25                 Constable James McDonough?

## Transcript of the Sheku Bayoh Inquiry

1 A. Yes.

2 Q. Right. So what I'd like to do is just play about one  
3 minute of the footage and I'm going to show you some  
4 vehicles arriving and I want to see if you can recognise  
5 the vehicle you arrived in.

6 A. Sure.

7 Q. So can we look at the evidence video timeline, please,  
8 and if we play the footage really just shortly prior to  
9 your arrival, so from 7.21, and we play that just a full  
10 minute from 7.21, and feel free to look at  
11 the spreadsheet. So, you can see that 7.21 is a page 4  
12 of the spreadsheet, and you'll see the timings going  
13 down the left-hand side. But if you -- I think, first  
14 of all, if you don't mind, first viewing, if you could  
15 have a look at the CCTV we see on the screen.

16 A. Sure, that's fine.

17 Q. And then I can go back over that if you want me to show  
18 it again.

19 A. Okay, thank you.

20 Q. That's great.

21 So 7.21, and we're very close to that, so we'll just  
22 play a full minute up to 7.22. Thank you very much.

23 (Video played)

24 Right, that's lovely. Thank you very much,  
25 Ms Smith.

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1                   Could we go back to 7.21.46, please.

2                   Were you able to see the CCTV there?

3           A.   Yes.

4           Q.   So when we started playing that footage, there were two  
5           police cars already on Hayfield Road, and we've heard  
6           that the first one was a Transit van driven by PC Walker  
7           with PC Paton in the front passenger seat?

8           A.   Yes.

9           Q.   And then the second one contained PC Tomlinson and  
10          PC Short.  And then you may have seen blue flashing  
11          lights coming from the other end of Hayfield Road  
12          towards the roundabout that we're looking at, and we've  
13          heard that that was driven by PC Smith and the front  
14          passenger was PC Good.

15                 Then at 7.21.46 -- and we'll just play for a couple  
16          of seconds and pause, if you don't mind --

17                                 (Video played)

18                 -- if we could pause there, thank you.  Now, we see  
19          this police vehicle driving from Hendry Road to  
20          the roundabout with Hayfield Road, and then it's about  
21          to turn right.  Whose car is that?

22          A.   So that was the car that I was driving.

23          Q.   So you were driving that, and was that a Vauxhall estate  
24          Astra?

25          A.   I think that's how I've described it as, yeah.  I don't

## Transcript of the Sheku Bayoh Inquiry

1 know if it's an Astra, but it was definitely a Vauxhall  
2 kind of estate- type car.

3 Q. I'm not going to debate with you that. So we think it's  
4 an Astra and that's the car that you're actually  
5 driving?

6 A. Yes.

7 Q. Is PC McDonough in the front passenger seat with you?

8 A. Yes.

9 Q. So that's you, the fourth car to arrive at the scene?

10 A. Yes, yes.

11 Q. Thank you very much.

12 You'll see, if we look briefly at the reconstruction  
13 tile, which is at the top of the screen, in the middle,  
14 you'll see that this is a bird's eye view of  
15 Hayfield Road and the roundabout, it's a 3D  
16 reconstruction.

17 A. Yeah.

18 Q. Do you see at the roundabout now there's a white vehicle  
19 shown there?

20 A. Yes.

21 Q. And that's to symbolise, or be indicative of the car  
22 that's on the roundabout now, your car.

23 So can we just play for a couple of seconds, and  
24 we'll see it going round there.

25 (Video played)



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1           And we'll see it stop in Hayfield Road.

2           Now, if we can just pause there.

3           And you'll see on the CCTV it's actually blocked  
4 behind that white van that's actually just about to  
5 move, and we've heard evidence from the driver of that  
6 vehicle.

7           Do you see on the reconstruction tile, is that  
8 a reasonable indication of where you stopped in  
9 Hayfield Road?

10          A. Yeah, I'd be quite happy with that. I mean, I don't  
11 know if it's exact, but, yeah, certainly from looking at  
12 it, it would certainly match up with the CCTV, and from  
13 my recollection of where the car was parked, that would  
14 seem accurate to me.

15          Q. That's great, because the reconstructions are only  
16 indicative --

17          A. Yes.

18          Q. -- they're not exact, precise measurements, but if  
19 you're happy with that, that's very helpful, so thank  
20 you.

21                 Can I now move on to your Inquiry statement, please,  
22 and we'll have a look at paragraph 1, first of all.  
23 You'll see that on the screen, and you see that you  
24 refer to your PIRC statement that we looked at a moment  
25 ago, and you say:

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1            "I saw PC Nicole Short. It was clear from her  
2            demeanour that she was going to something. I asked her  
3            what she was going to. She told me that she was going  
4            to a call about a man kicking about Hendry Road with  
5            a knife. My radio was not on, so I had not heard  
6            the call."

7            So this is -- as I understand it, this is how you  
8            became involved with this incident at Hayfield Road?

9            A. Yes, that's correct.

10          Q. So your radio wasn't on at that time, but you'd spoken  
11          to PC Short and that's how you became aware of  
12          the incident ongoing?

13          A. Yes, that's correct.

14          Q. Thank you.

15          And then you say that:

16          "I said to her that me and PC ... McDonough would  
17          attend the call as well as that is what tends to happen  
18          when there has been a call regarding someone with  
19          a knife, the whole shift attends."

20          Was that the norm in 2015?

21          A. Certainly for that, yes, it is. So, this incident  
22          happened on a Sunday morning. Also, there's no mention  
23          there, but the car that we were on was classed as  
24          the diary car, which is used for appointments. Now,  
25          I couldn't tell you the kind of times now, but what used

## Transcript of the Sheku Bayoh Inquiry

1 to happen was the first diary appointment call -- these  
2 were done for non-emergency calls -- the first time  
3 these used to start were about 8 o'clock in the morning.  
4 So, certainly for this type of thing, yes, to answer  
5 your question, everyone would probably go if they've not  
6 got other commitments, and certainly if there was other  
7 commitments, then the diary car would have definitely  
8 went anyway, because their first commitment isn't until  
9 8 o'clock/8.30.

10 Q. You don't want to turn up at people's houses before  
11 8 o'clock on a Sunday morning.

12 A. No, definitely not.

13 Q. You wouldn't be very popular.

14 A. No, definitely not.

15 Q. So we've heard that the Transit van was called the 1-9?

16 A. Yeah.

17 Q. And we've heard that the smaller van that was second on  
18 Hayfield Road was called the fish van, and your vehicle  
19 was called the diary car?

20 A. Yeah, yeah.

21 Q. Right, okay.

22 A. Yeah. Not necessarily that exact vehicle, but yeah, so  
23 our call sign was the diary car call sign, so I guess  
24 that then becomes the diary car, if you understand what  
25 I mean.

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1 Q. So it was more the status?

2 A. Yes, yes.

3 Q. You were taking the role of that?

4 A. Yes, yes.

5 Q. Okay, thank you.

6 Can I ask you about who you expected to turn up  
7 you've said the whole shift attends. Who would you have  
8 expected to be attending the call at Hayfield Road?

9 A. Probably everyone who was on duty on our team that day.

10 Q. Okay.

11 Who was that?

12 A. So, there was PC Walker, there was PC Paton, there was  
13 PC Short, there was PC Tomlinson, PC Smith, PC Good,  
14 myself and PC McDonough.

15 Q. And you said that was the norm, for the shift to attend?

16 A. Yes, yes. For -- for a knife incident, especially at  
17 that time in the morning, if there wasn't any other  
18 commitments.

19 Q. Okay.

20 And we have heard that was called the response  
21 team --

22 A. Yes.

23 Q. -- is that correct?

24 Can I ask you about previous experience of knife  
25 incidents that you had. So, this wasn't the first time

## Transcript of the Sheku Bayoh Inquiry

- 1           that you had attended incidents where there was  
2           an allegation that someone had a knife, was it?
- 3       A.   No.
- 4       Q.   So could you tell us a little bit about the number of  
5           incidents that you had previously attended, prior to  
6           May 2015?
- 7       A.   It would be hard to put a number on it.  There would  
8           definitely have been knife incidents, knife calls.  What  
9           I would say is, with regard to this situation, this --  
10          this knife call, if you like, that's rare, that type of  
11          call.  I have never been to a call like that before --
- 12      Q.   Why -- sorry, I interrupted.  Carry on.
- 13      A.   Sorry.
- 14      Q.   I was just going to say, why do you say it's rare; you'd  
15          never attended one like that?
- 16      A.   Well, prior -- prior to that -- actually, after --  
17          I don't think I've ever been to a knife call like that  
18          where someone's -- there's been calls that's came in,  
19          again, I'm not aware of the calls at the time, we've  
20          established that, but when you look at everything,  
21          there's calls from a member of the public saying that  
22          there is a male, he's in possession of a knife, he's in  
23          -- and goes from one street to another street, I've not  
24          had any dealings with anything like that.
- 25      Q.   Right.  So what was it about this particular incident

## Transcript of the Sheku Bayoh Inquiry

- 1           that made it rare? Was there anything in particular  
2           that made it unusual for you?
- 3       A. No, again, just -- probably just the number of calls  
4           that there's been. The fact that, when I went there, as  
5           well, emergency button activations, things like that,  
6           so, yeah, that -- that was rare. Also probably who was  
7           -- who the emergency button activation was from was very  
8           surprising as well.
- 9       Q. And were you aware that there had been emergency buttons  
10          activated?
- 11      A. Yes, I was certainly aware of the first one, and  
12          I believe I was aware of the second one, although there  
13          was some confusion with the second one as to who had  
14          pressed it. It was between two officers, and I couldn't  
15          make out which officer it was, the second -- the second  
16          activation. I now know now through this, but I was  
17          confused what officer it was for the second emergency  
18          activation.
- 19      Q. Right.
- 20                 And we've heard now that the first one was PC Paton?
- 21      A. Yes.
- 22      Q. And the second was PC Tomlinson?
- 23      A. I believe so fae - (indicates).
- 24      Q. What was it that made you think that was unusual? You  
25          mentioned the fact it was the person who pressed

## Transcript of the Sheku Bayoh Inquiry

- 1           the button?
- 2       A. Mm-hm. So, emergency buttons don't tend to be pressed  
3       a lot. I'm not aware of many incidents where  
4       the emergency button has been pressed. So, I had worked  
5       on that team, I pretty much knew everyone on the team,  
6       I knew Alan, Alan Paton. So, PC Paton was definitely  
7       over 6 foot, I know -- or he's apparently 6 foot 4 now,  
8       I'd probably put him about that height anyway. He could  
9       certainly look after himself. I think, if there was any  
10      kind of altercation, you know, there's -- there's  
11      PC Walker, there's PC Alan Paton. They're two of your  
12      biggest guys on your shift, effectively. You know, when  
13      one of them's pushing their emergency button, that could  
14      cause a bit of kind of panic, what -- what's going on.  
15      You know, I'm not there.
- 16      Q. When you say it can cause panic, how did it make you  
17      feel knowing that PC Paton had pressed his emergency  
18      button?
- 19      A. Well, again, I didn't really know -- obviously I knew  
20      through Nicole Short that she was going to a knife call.  
21      I guess it just made me wonder what was going on there.  
22      Again, I'm not at the incident yet, so I can't see  
23      what's going on, but I found, well, it must be something  
24      serious. That's the way I kind of thought: there must  
25      be something quite serious, or something's going quite

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1           wrong that this individual's pushed his emergency  
2           button.

3           Q. And when you say it could cause panic, did it cause  
4           panic in you?

5           A. No, it didn't cause panic in me, because at the end of  
6           the day, I was just driving to get there. So it didn't  
7           cause -- not panic per se, but that alerted me more,  
8           that PC Paton had pushed his emergency button, as it  
9           would to just maybe say -- take, for example,  
10          PC Tomlinson pushing his button.

11          Q. Right, okay.

12                    And you knew -- you've said you knew PC Paton, you  
13          knew he was an experienced officer --

14          A. Yes.

15          Q. -- and he could handle himself, I think you said?

16          A. Yes.

17          Q. How long had you been on that team by that time,  
18          May 2015?

19          A. A year maybe.

20          Q. Okay.

21          A. I'd obviously been on other response teams before.

22          Q. Right.

23          A. Yeah, a year.

24          Q. And during that year, for example, how many times had  
25          you attended knife incidents, or calls which made an



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1 allegation someone had a knife?

2 A. I couldn't put a number on it, to be honest. I know at  
3 one point I said in my statement about limited  
4 experience with knives. What I would say is that there  
5 is a lot of knife calls. I -- you know, there's --  
6 there's calls with self-harm, stuff like that. When  
7 I have said that about limited experience with knife  
8 calls, I mean in this kind of -- this kind of incident,  
9 on this kind of scale.

10 Q. Right.

11 A. But yeah, I mean, there's a lot of knife calls or knife  
12 allegation calls. I couldn't say how many.

13 Q. We've heard other evidence that they're quite frequent,  
14 or they're regular. Was that your experience in  
15 Kirkcaldy?

16 A. Yeah, they can -- they can be quite regular.

17 Q. And can you tell me, did any of those previous knife  
18 calls or knife incidents involve any black men?

19 A. No.

20 Q. Okay.

21 And did any of them involve people -- you've  
22 mentioned self-harm, but did any of those involve people  
23 who were at risk of self-harm or self-harming because of  
24 drink or drugs?

25 A. I think I can recall there was -- I'm sure there was one

## Transcript of the Sheku Bayoh Inquiry

1 incident.

2 Q. Tell us about that.

3 A. Well, I can't be sure all the details, but I don't know  
4 if it was through drink or drugs, I couldn't --  
5 I couldn't say. But definitely I've been to self-harm  
6 calls that involved a knife before.

7 Q. Right.

8 A. Definitely.

9 Q. And you've been involved in call-outs where people were  
10 on drink or drugs?

11 A. Yes, definitely. I remember one incident. I think that  
12 was before 2015, actually, and it wasn't a knife but yet  
13 you can -- the female had a pair of scissors, which  
14 could still be classed as a knife, it's a sharp  
15 implement, you can cause injury, and I recall it was  
16 a self-harm thing. I'm sure she was on a bridge and it  
17 was between jumping or self-harming.

18 Q. And that was something that you responded to?

19 A. I responded to that. So I think other officers were in  
20 attendance as well. I built up a rapport with  
21 the female, and ultimately it ended up with her not  
22 jumping, not self-harming, and I'm sure I ended up in an  
23 ambulance going with her, and I think we went to  
24 the hospital, or the Whytemans Brae Hospital for  
25 a mental health assessment.

## Transcript of the Sheku Bayoh Inquiry

1 Q. We've heard that that's a psychiatric hospital --

2 A. Yes.

3 Q. -- near Hayfield Road.

4 A. Yes.

5 Q. And so in building the rapport with that female, how did

6 you manage to do that?

7 A. I mean, it was just through communication, maybe trying

8 to relate to her experience, what -- maybe what she's

9 going through, how she's feeling, see if you can relate

10 that to an experience, a past experience you've possibly

11 had.

12 Q. And we've heard that that communication can sometimes be

13 called "tactical communication"?

14 A. Well, yeah, it can. For me, I wouldn't have classed it

15 as that, because for me, I just felt like I was

16 communicating with the female, and just like I was

17 having a conversation with her, so ...

18 Q. And that's how you were building rapport with her?

19 A. Yes.

20 Q. And the aim of that is to see what's wrong?

21 A. Yes.

22 Q. And to see if you can talk her down off the bridge, or

23 get her to put down the sharp implement?

24 A. Yeah, well, I mean, definitely that's our goal, so that

25 -- so that, yeah, she's not going to jump, or put down

## Transcript of the Sheku Bayoh Inquiry

1           the sharp implement. And then after that, we can  
2           always, like, discuss other things, and help that we can  
3           maybe get her and stuff like that.

4       Q. So you were aware at that stage that it was a medical  
5           emergency that needed your assistance?

6       A. I certainly -- from her actions, yes.

7       Q. And as you were building that rapport, was she  
8           communicating or conversing with you as part of  
9           that process?

10      A. She was conversing from the start, but very limited.

11      Q. When you mean -- when you say "limited"?

12      A. So -- so, limited like -- so if I'm having  
13           a conversation with just now, it's like you saying  
14           hardly anything to me: "Yeah" --

15      Q. Right.

16      A. -- "Okay". And it was minimal.

17      Q. So how did you deal with that minimal response from  
18           the female?

19      A. Just kind of being persuasive. Just -- sometimes it's  
20           about going over the same things again, just keep  
21           communicating.

22      Q. Keep speaking to her?

23      A. Yeah.

24      Q. And that seems to have worked on this occasion?

25      A. Well, I think so. I mean, I'm not a health professional

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1           and I don't know how these things work, but I felt that  
2           just speaking to her, maybe the first time she might not  
3           listen, maybe the second time she might not listen, if I  
4           keep on going, my goal is to ultimately try and get her  
5           off the bridge and drop the scissors, and if I can do  
6           that, I've kind of won the battle there, and then we can  
7           speak about other things, try and get the help, yeah, go  
8           to the hospital, talk about things, whatever.

9           Q. So you're continuing -- you're trying to keep that  
10          communication line open?

11          A. Yes.

12          Q. And you're obviously using a nice conversational tone  
13          with me today.

14          A. Mm-hm.

15          Q. Is that the type of conversational tone that you were  
16          using with this female?

17          A. In that instance, yes.

18          Q. So is that -- can you describe the tone that you're  
19          using when you're speaking to someone?

20          A. Probably a bit more sympathetic than how I've been  
21          speaking to you, but --

22          Q. I don't take offence.

23          A. No, I don't mean that. I don't mean it like that. This  
24          is me talking normal to you, but probably -- I can't  
25          give you an example. It's similar. It's maybe a little

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1 bit softer, but yeah.

2 Q. But it worked in this incident anyway?

3 A. Yes, and at no point would it ever have been aggressive  
4 in that situation, because she's on the bridge, she's  
5 got the scissors. That just wouldn't be the case.

6 Q. So not aggressive, not shouting?

7 A. Yes.

8 Q. Not shouting commands, or anything along those lines?

9 A. No.

10 Q. Okay.

11 Now, the previous knife incidents that you've dealt  
12 with, you've given us an example there, but did any of  
13 those involve the use of sprays, either CS or PAVA,  
14 prior to May 2015?

15 A. No.

16 Q. What about any other equipment, like batons? Did you  
17 ever resort to using your baton?

18 A. Did I ever -- have I ever?

19 Q. Yes, have you ever?

20 A. Yes.

21 Q. Prior to May 2015?

22 A. I don't know. Maybe, maybe not.

23 Q. Maybe.

24 A. It's around that kind of time.

25 Q. Do you remember any incident where you used your baton

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1           around that time?

2           A. Yes.

3           Q. Tell me about that.

4           A. So it wasn't a knife incident, though.

5           Q. Oh, right, it wasn't a knife incident.

6           A. No.

7           Q. Thinking about knife incidents --

8           A. Right, sorry. That's my fault.

9           Q. No, no, it will be my fault, please.

10                    So thinking about knife incidents round about or  
11           prior to May 2015, had you ever resorted to using your  
12           baton --

13           A. No --

14           Q. -- in that type of situation?

15           A. -- no.

16           Q. No.

17                    What about other officers that you were with?

18           A. No.

19           Q. And sprays? I mentioned sprays a moment ago, didn't I?

20           You said no to that.

21                    So what had you -- had you ever resorted to  
22           restraint in relation to one of those knife incidents  
23           prior to May 2015?

24           A. When you mean "restraint"? Like, even if I put on  
25           handcuffs, for example?

## Transcript of the Sheku Bayoh Inquiry

- 1 Q. Right.
- 2 A. So -- so that female -- the example I gave with the --  
3 with the bridge, with the scissors, I think she was put  
4 in handcuffs for just her own safety at the end, and  
5 she -- she was quite fine with that, so ...
- 6 Q. I'm thinking more along the lines of wrestling someone  
7 to the ground --
- 8 A. Right, okay.
- 9 Q. -- or being on top of them trying to put handcuffs on,  
10 where someone's resisting.
- 11 A. Sure, sure. I can't recall.
- 12 Q. Okay.
- 13 You don't recall that being done?
- 14 A. No.
- 15 Q. Right, okay.
- 16 Can I move on and ask you about your journey to  
17 Hayfield Road.
- 18 A. Yes.
- 19 Q. So I think in your statement you mention that as you  
20 were leaving Kirkcaldy Police Office, were PC Smith and  
21 PC Good also leaving at that time in their car?
- 22 A. Yes, or they were out in the back yard at the same time  
23 as us.
- 24 Q. Right.
- 25 And you've told us already you were aware of



## Transcript of the Sheku Bayoh Inquiry

1 emergency buttons having been pressed. And then at  
2 paragraph 3 of your Inquiry statement -- and if we could  
3 have that on the screen -- you said you didn't carry out  
4 a risk assessment en route as you were waiting until you  
5 arrived to see what the situation was then. I'm quite  
6 interested in that. You've told us that you were  
7 driving.

8 A. Yeah.

9 Q. And you say there that you didn't do a risk assessment  
10 en route. Can you give us a little bit more explanation  
11 of why you weren't doing a risk assessment en route?

12 A. I didn't do a risk assessment because I didn't know what  
13 to expect. I -- I was going to carry out a risk  
14 assessment when I was there.

15 Q. Right.

16 A. How I've took this is, I've not yet heard the emergency  
17 button either, so I am en route, going. I think we were  
18 going out; I've obviously seen PC Short, she's told me  
19 where she's going; I says me and James McDonough are  
20 going to attend. We then go out, we then start heading  
21 in the same direction. At some point -- now, I haven't  
22 heard this, but obviously I've seen the footage --  
23 PS Maxwell, APS Maxwell says, "I want all units to  
24 attend". Okay. I've not made the risk assessment.

25 Q. Right.

## Transcript of the Sheku Bayoh Inquiry

1           Can I ask you, you said you were on this response  
2           team for about a year --

3           A. Yes.

4           Q. -- before May 2015. So did you know Hayfield Road? Did  
5           you know the area it was in?

6           A. Yes.

7           Q. And did that make any difference to you, knowing  
8           Hayfield Road?

9           A. In regard to a risk assessment?

10          Q. Yes, just in regard to your confidence about attending  
11          that area.

12          A. No, I certainly had confidence attending the area. It  
13          didn't make a difference to my risk assessment. I mean,  
14          I am aware of the area. I'm aware that there's  
15          obviously the Whytemans Brae Hospital, there's  
16          the Victoria Hospital, there -- I don't know if it's  
17          a church now, but there certainly was a church there at  
18          one point, there's a cemetery, so -- and there's  
19          residential houses.

20          Q. We've heard there's houses and things.

21          A. Yeah, yeah.

22          Q. Right.

23                 And then you mention Police Sergeant Maxwell. Who  
24                 was in charge of this incident and the response to this  
25                 incident?

## Transcript of the Sheku Bayoh Inquiry

1 A. So at the time of the response, it would have been APS,  
2 Sergeant Maxwell.

3 Q. It was Sergeant Maxwell.

4 A. Yeah.

5 Q. Can I ask you to look at your PIRC statement -- so this  
6 is 258 -- and this is your statement of 4 June. Page 4,  
7 paragraph 2, please, and you'll see there it's on  
8 the screen as well, it says:

9 "The transmissions were very muffled but  
10 I heard 'Officer down', I think it was PC Alan Paton,  
11 I could see who my screen that it was his number 694  
12 that came up on the screen of my Airwave radio, there  
13 was muffled breathing like someone was out of breath,  
14 I got the impression that there was a struggle going on  
15 due to this but the only words I heard distinctively  
16 were 'Officer down'."

17 I think you said earlier there was some confusion,  
18 but you thought that was PC Paton that had that  
19 transmission; is that right?

20 A. The first transmission?

21 Q. Yes, the "Officer down" transmission.

22 It says:

23 "... I got the impression there was a struggle going  
24 on due to this but the only words I heard distinctively  
25 were 'Officer down'."

## Transcript of the Sheku Bayoh Inquiry

1                   And you thought that was PC Paton?

2           A.   Yes.

3           Q.   Thank you.

4                   Would you like to listen to that transmission again  
5                   before you confirm the position?

6           A.   Yeah.

7           Q.   Yes? Well, let's play the evidence video timeline.

8                   You'll see, actually, constable, that it's on  
9                   spreadsheet, page 4. So as you're listening to this,  
10                  it's 7.21.02, you'll be able to look at the text. So  
11                  it's on page 4 and it's 7.21.02. So it's about a third  
12                  of the way down. Have you found that? It says,  
13                  "Officers injured"?

14          A.   Yes.

15          Q.   That one. So I'm going to just play that for you, it  
16                  will just take a few seconds, and then I'll let you say  
17                  whether you still think it's PC Paton.

18          A.   Okay.

19          Q.   Thank you very much.

20                                  (Audio played).

21                  And is that -- you still recognise that as  
22                  PC Paton's voice?

23          A.   Yeah.

24          Q.   And is that what you are describing on page 4 of your  
25                  PIRC statement?

## Transcript of the Sheku Bayoh Inquiry

1 A. I'm sorry (inaudible) --

2 Q. No, I'm sorry, there's a lot of paperwork to get to  
3 grips with.

4 A. Yes, yes, that's ...

5 Q. Thank you.

6 I'd like to ask you, as I have with all the other  
7 officers, about your state of mind as you were heading  
8 to Hayfield Road. So what was your sort of state of  
9 mind? And I mean by that how were you feeling, what was  
10 going through your head?

11 A. Well, to start with, I wasn't really feeling anything.  
12 I was concentrating, just driving the police car. To  
13 start with, I actually thought it might have been a hoax  
14 call.

15 Q. Right.

16 And what made you change your mind?

17 A. When the emergency button was activated.

18 Q. So that was the key moment for you --

19 A. Yes.

20 Q. -- that you realised it wasn't a hoax call any more?

21 A. Yes.

22 Q. And can we look at your Inquiry statement, just so you  
23 have that in front of you, and it's paragraph 12. This  
24 is where -- you've mentioned this already, actually, but  
25 this is where you say you have limited experience:

## Transcript of the Sheku Bayoh Inquiry

1                    "... but I would have attended incidents involving  
2                    knives."

3                    Do you see that one?

4                    A. Yeah.

5                    Q. And then you say:

6                    "My experience of such incidents remains limited.  
7                    Taser officers are now typically sent to knife  
8                    incidents, and I have not been a response officer for  
9                    around a year, so I have not been exposed to a knife  
10                   incident during that time."

11                   Can I check, we've heard that in 2015 it was  
12                   firearms officers who had the tasers but normal police  
13                   officers responding didn't have them. Is that your  
14                   recollection?

15                   A. Yes.

16                   Q. So that wasn't something that you had available to you  
17                   as a constable in May 2015?

18                   A. No.

19                   Q. Right, thank you.

20                   But what you did have was you were fully trained and  
21                   your training was up to date in May 2015, and you had  
22                   some equipment with you. Can I just confirm that you  
23                   had your -- did you have PAVA spray with you or  
24                   CS spray?

25                   A. No, I think I would have been CS spray.

## Transcript of the Sheku Bayoh Inquiry

1 Q. You were still CS?

2 A. Yeah, I think -- I couldn't be certain. I think PAVA  
3 got rolled out a bit later, but some people -- I think  
4 some officers had it, but it was only a few.

5 Q. We've heard that.

6 A. Yeah.

7 Q. That some people had replaced it and got the PAVA spray.

8 A. Yeah.

9 Q. Right.

10 And then you had handcuffs with you?

11 A. Yeah.

12 Q. And a baton?

13 A. Yeah.

14 Q. And were you wearing a stab vest?

15 A. Yes.

16 Q. And you had a radio?

17 A. Yes.

18 Q. Lovely.

19 And can you tell me what height you are, PC Gibson?

20 A. 5'11.

21 Q. There's some references in the papers to 5'10, there's  
22 some references to 5'11; I just wanted to check.

23 A. The last time I checked, I was 5'11.

24 Q. All right, that's good.

25 And as I understand it, in May 2015 you were

## Transcript of the Sheku Bayoh Inquiry

1           12 stone, and is that the same as your weight today?

2           I don't want to embarrass you in any way.

3           A. No.

4           Q. No.

5           A. No.

6           Q. Now, were you one of the few that's gone down in weight,  
7           or are you not?

8           A. No, no. I've went up slightly.

9           Q. All right. So can I ask you, have you gone up much or  
10          just a little?

11          A. No, just a little. So I'm probably just under 13/13.5.

12          Q. So roughly about 5'11 and about 13/13.5?

13          A. Yeah.

14          Q. Thank you.

15                 Did it make -- you've talked about how hearing  
16          the emergency button, particularly from PC Paton, made  
17          a difference to you. Did it make a difference to you  
18          knowing, en route to Hayfield Road, that there were  
19          other experienced officers going to be there as well?

20          A. No, not really.

21          Q. No.

22                 And did it make a difference to you, travelling to  
23          Hayfield Road, that PC McDonough was with you?

24          A. No.

25          Q. And we've heard -- we may hear that PC McDonough is



## Transcript of the Sheku Bayoh Inquiry

1           5'6.5 tall, and that in May 2015 he was about  
2           10 stone 2. Does that seem about right, then?

3           A. His height would have been that, yeah. I mean, I don't  
4           know his weight, but he was definitely smaller than me  
5           weight-wise.

6           Q. He was smaller than you --

7           A. Yeah.

8           Q. -- and slimmer than you at the time.

9                     And he was, at the time, about 21 and had six months  
10           police service, I think?

11          A. I remember the six months, yeah, so ...

12          Q. Okay, lovely.

13                     Now, in paragraph 6 of your Inquiry statement you  
14           say that -- if I can find it -- oh, no -- yes, it is.  
15           Sorry, it's towards the bottom of that page. So you're  
16           asked:

17                     "What account, if any, did you have to the threat  
18           level?"

19                     And you say you:

20                     "... took no account of the threat level. This was  
21           just a knife call."

22                     And I'm interested in that. Now, other officers  
23           have said they did take account of the threat level.  
24           I'm interested in the fact you say you took no account  
25           of that. Why was that?

## Transcript of the Sheku Bayoh Inquiry

1       A. At first, I wasn't sure if I understood the question.  
2       However, I was aware of the threat level.

3       Q. Right.

4       A. However, the threat level made no difference to this  
5       call for me, if that makes sense.

6       Q. And why do you say it made no difference to you?

7       A. Because I just thought it was a knife call.

8       Q. Right, and so --

9       A. I didn't at any point think it was terror-related.

10      Q. But the threat level -- do you remember what the threat  
11      level was?

12      A. Severe.

13      Q. Severe.

14              And you say that you didn't think it was  
15      terror-related. So would you -- would an officer  
16      normally connect the threat level to a terrorist --  
17      potential terrorist, or you don't know?

18      A. I couldn't say. I -- I certainly didn't connect that.

19      Q. There was no connection in your mind?

20      A. Definitely not.

21      Q. So did you make any connection at all with the fact that  
22      the man said to have the knife was a black man? Did  
23      that bear -- have any bearing on the way you were  
24      thinking when you approached Hayfield Road?

25      A. No, it didn't have, but I also was -- I don't think

## Transcript of the Sheku Bayoh Inquiry

1 I was aware of race before I got there.

2 Q. All right.

3 So you weren't aware that it was a black man?

4 A. No, because I'm sure PC Short had says she was going to  
5 a male kicking about with a knife.

6 Q. Not that it was a black man. Thank you.

7 So I'd like to go over what was happening. Now, I'm  
8 conscious that we've got two minutes before the normal  
9 lunch hour. I'm going to move on at this stage and ask  
10 you to look at some 3D images.

11 A. Sure.

12 Q. So I'll just let you see those before we move on, but  
13 they're still images 2, and I think if we look at image  
14 4. Now, you might have had the chance to see some of  
15 these if you've looked at other evidence being given,  
16 and let's just look at image 4, first of all. You'll  
17 see that that's an image of Hayfield Road, and on  
18 the left-hand side of that image is the roundabout with  
19 Hendry Road.

20 A. Yeah.

21 Q. And we see three vehicles there, white police vehicles:  
22 the transit van at the bus stop; do you see that one?

23 A. Yeah.

24 Q. The fish van on the same side of the road behind the bus  
25 stop?

## Transcript of the Sheku Bayoh Inquiry

1 A. Yeah.

2 Q. Just slightly towards the centre of the screen.

3 We have got the van that's on the far right, which  
4 we've heard was driven by PC Smith with PC Good in it,  
5 and then the vehicle on the far left, is that the diary  
6 car?

7 A. Yeah, that's -- that's --

8 Q. And are you comfortable with that position there?

9 A. Yeah, yeah.

10 Q. Yes, that's lovely. Thank you very much.

11 Now, what I'm going to do is move on and start  
12 asking you to sort of position people in that scene, and  
13 you'll know that you can touch the screen and a red  
14 circle will come up.

15 A. Yeah, sure.

16 Q. Do you want to practice that at the moment. Could you  
17 tell us where you were --

18 A. Yeah, sure.

19 Q. -- when you got out of the car -- of the diary car,  
20 please.

21 A. So just when I exited the vehicle?

22 Q. Yes, just so when you got out.

23 A. (indicates). A bit closer.

24 Q. Yes, we can fine-tune these things in due course if we  
25 need to, but you essentially were just getting out of

## Transcript of the Sheku Bayoh Inquiry

1           the driver's side and you were just on that side of  
2           the diary car in Hayfield Road?

3           A. That's correct.

4           MS GRAHAME: Lovely, thank you very much.

5                        Would that be a ...?

6           LORD BRACADALE: Would that be a suitable time to stop for  
7           lunch? We'll sit again at 2 o'clock.

8           MS GRAHAME: Thank you very much.

9           (1.00 pm)

10                               (The short adjournment)

11           (2.01 pm)

12           LORD BRACADALE: Yes, Ms Grahame.

13           MS GRAHAME: Thank you.

14                        I'd like to go on to your Inquiry statement, and  
15           there's three paragraphs I'm interested in asking you  
16           about. So we'll start with paragraph 6, first of all,  
17           and you'll see that this covers part of the screen, and  
18           the one I'm particularly interested in, I'm going to be  
19           asking you questions about what you saw. You've told us  
20           before lunch how you arrived in the car:

21                        "I saw PC Craig Walker struggling with a male, who  
22           I now know to be Mr Bayoh, on the ground. He didn't  
23           have control of him so that is a risk to the officer and  
24           to Mr Bayoh. It stood out to me that PC Walker, who is  
25           a well-built officer, was struggling to control

## Transcript of the Sheku Bayoh Inquiry

1 Mr Bayoh.

2 "When Mr Bayoh was on the ground he was kicking out  
3 with his legs, and he was actively resisting my  
4 colleagues who were trying to restrain him."

5 And then another two paragraphs, 10 and 11, please,  
6 and you'll see on the other page, paragraph 10:

7 "I got out of the car and assessed the situation.  
8 I saw the signs of a struggle as already described.  
9 I then saw my colleagues struggling with Mr Bayoh, then  
10 I went over to where Mr Bayoh was in order to assist."

11 And then at number 11:

12 "With the passage of time I am not entirely sure who  
13 was present when I first arrived.

14 "What I said to the PIRC was that I saw PC Walker  
15 struggling with Mr Bayoh. That stuck out to me then and  
16 it continues to stick out to me.

17 "I also told PIRC that PC Ashley Tomlinson was  
18 beside Mr Bayoh, but I was not sure if he was standing  
19 or on the ground, or if he had hold of Mr Bayoh at that  
20 point. That was my best recollection at the time.

21 "I saw Mr Bayoh on the ground, and he was kicking  
22 his legs. He was not face-down at that point."

23 So there's three paragraphs there that you've told  
24 us about what you saw when you initially attended --

25 A. Yeah.

## Transcript of the Sheku Bayoh Inquiry

- 1 Q. -- and got out of the car.
- 2 But I'd like to know, first of all, what was  
3 the first thing that you saw when you got out of  
4 the diary car?
- 5 A. So the first thing I saw was that there was officers  
6 with someone.
- 7 Q. Right.
- 8 A. I don't know who the officers were at the time, but  
9 there's officers, they are with someone I don't know  
10 yet. I get out of the car, there's -- I recall there  
11 was a baton on the roadway, there was either PAVA or  
12 a CS, I don't know which, it was on the roadway, and  
13 then I make my way over to the officers.
- 14 Q. Right.
- 15 So could we maybe look at image 4 that we had on  
16 the screen just before lunch, and while Ms Smith gets  
17 that on the screen, did you have an impression when you  
18 first arrived how many officers were involved?
- 19 A. As in what I've -- I've seen before I get out of  
20 the car?
- 21 Q. Yes, you said there were officers --
- 22 A. Yes.
- 23 Q. -- that you saw?
- 24 A. Yes.
- 25 Q. Did you have an impression of how many?

## Transcript of the Sheku Bayoh Inquiry

- 1 A. I thought there was two.
- 2 Q. Two. But you said you didn't know who they were at that  
3 stage?
- 4 A. No, no. Not at that stage.
- 5 Q. And you've said that you saw a baton on the roadway?
- 6 A. Yes.
- 7 Q. Where was that? Would you like to point it out on  
8 the ...?
- 9 A. Yeah, sure, so --
- 10 Q. I think the circle with 1 is where you were getting out  
11 of the driver's side?
- 12 A. Right.
- 13 Q. If you want we will remove that --
- 14 A. No, no, it's fine.
- 15 Right, okay, so for the baton, probably about  
16 (indicates), a bit on the roadway.
- 17 Q. On the roadway?
- 18 A. Yes.
- 19 Q. And then you also mentioned a CS-- a CS or a PAVA spray?
- 20 A. That was -- I can't be certain what was before, if it  
21 was the baton or the spray, but they were roughly in  
22 the same kind of general kind of area, about there  
23 (indicates).
- 24 Q. And was that prior to where you saw your colleagues?
- 25 A. Yes.



## Transcript of the Sheku Bayoh Inquiry

1 Q. You saw that before you were near your colleagues?

2 A. Yes.

3 Q. Right, thank you.

4 And you've told us in your statement that you then  
5 decided to become involved --

6 A. Yes.

7 Q. -- or to assist. So tell us, as you decided to assist,  
8 what was your first thing that you did?

9 A. Some from what I recall, the first thing I did was  
10 assist with restraining Mr Bayoh at his legs.

11 Q. Tell us how you did that?

12 A. So what I did was, at the time, I recall that I didn't  
13 see anyone on his legs, so there's a recognised OST  
14 technique where officers can restrain the legs. They do  
15 that by dropping down onto, in this case Mr --  
16 Mr Bayoh's legs. You don't go down on your elbow, but  
17 it's on the flat side, depending if you're right-handed,  
18 left-handed, etc, of your body --

19 Q. And what are you?

20 A. I'm right-handed.

21 Q. You're right-handed?

22 A. Yes.

23 So I dropped down on the right side of my body.  
24 The elbow would effectively go on the ground, but your  
25 kind of weight here (indicates) lands on the kind of

## Transcript of the Sheku Bayoh Inquiry

1 thigh area before you would then make contact with  
2 the ground, okay? It's a recognised technique. Then  
3 what you would do is you would almost -- the best way  
4 I can describe it is either like a kind of barrel roll  
5 or sausage roll kind of down the legs so that you've  
6 done a full kind of turn down, and then you'd then be  
7 facing the feet, at which point you can cross over  
8 the legs to get a hold of the feet so that if Fast  
9 Straps need to be applied, they can be, by another  
10 officer.

11 Q. Right.

12 I'll just go over that a little bit --

13 A. Yeah, sure.

14 Q. -- more slowly if that's okay. So you've talked about  
15 going down onto the ground area.

16 A. Yes.

17 Q. Where Mr Bayoh was.

18 A. Yes.

19 Q. In the area of his legs. What was the first point at  
20 which your body contacted -- had contact with Mr Bayoh's  
21 body?

22 A. What -- what part of my body was first contact?

23 Q. I think you pointed --

24 A. Yes.

25 Q. -- to your right-hand side?

## Transcript of the Sheku Bayoh Inquiry

- 1 A. Yeah, sure. So it would be like my right-hand side.
- 2 Q. And where did that contact with Mr Bayoh?
- 3 A. So that would have been contact on kind of upper legs.
- 4 Q. Above his knee?
- 5 A. Yeah, or in that general area, yes, but it would be kind  
6 of thighs, back of thighs, front of thighs, whatever, or  
7 near the knees, and then rolled down or instead of  
8 rolling down, sometimes you're not able to, you might  
9 just kind of shuffle down, so ...
- 10 Q. And what did you do on that day, on 3 May? Was it  
11 a roll or was it a shuffle?
- 12 A. I can't recall if it was a roll or a shuffle but those  
13 are the two things that could only have been done.
- 14 Q. It would have been one or the other?
- 15 A. Yes, yes.
- 16 Q. Would you mind giving the Chair a demonstration of both  
17 of those manoeuvres?
- 18 A. For sure, yes.
- 19 Q. So if you come out here, you'll see there's a bit of  
20 sticky tape on the floor, and you may have heard me say  
21 to other witnesses that the audio isn't picking up much  
22 there.
- 23 A. Yeah.
- 24 Q. But I'll ask you to go down on the ground --
- 25 A. Sure.

## Transcript of the Sheku Bayoh Inquiry

1 Q. -- and demonstrate the first manoeuvre where you're  
2 going to your right side.

3 A. Yeah, sure.

4 Q. And then I'll ask you to demonstrate the roll, and then  
5 I'll ask you to demonstrate the shuffle.

6 A. That's fine.

7 Q. Thank you.

8 So first of all, show how you went down onto his  
9 legs, please.

10 A. Okay, so if we could just take it that Mr Bayoh's head  
11 would have been up this side and the legs are down here  
12 then (indicates).

13 Q. Right.

14 A. Obviously I can't do it in real-time, because --

15 Q. No.

16 A. So you'd be down, right, so remember, you've kind of  
17 done this at a -- in a force. So you've went down on to  
18 the legs (indicates), down like that (indicates), okay?  
19 So your elbow is now side-on.

20 Q. I see that. So you've gone down onto your knees, you've  
21 then effectively gone down onto your right hip, and then  
22 you put your right elbow on the ground?

23 A. What I would say about that, though, there isn't time --  
24 I've -- I've just done this in this demonstration --  
25 there isn't time to go down the legs, you actually drop.

## Transcript of the Sheku Bayoh Inquiry

- 1 Q. It's very quick --
- 2 A. Yes.
- 3 Q. -- in real life?
- 4 A. So you wouldn't drop on your knees, you would drop on
- 5 the subject, so on the legs (indicates) --
- 6 Q. Right.
- 7 A. -- with the side of your body.
- 8 Q. So a quicker movement in real life?
- 9 A. Yes.
- 10 Q. Not in the stages that you have just demonstrated?
- 11 A. No, no.
- 12 Q. Right. So, thank you.
- 13 Then can you show us the roll that you've been
- 14 describing, if possible.
- 15 A. Yeah, of course. So, on the legs, so, it's like
- 16 (indicates), and then you're down at the ankles, you've
- 17 crossed them over, this time your weight is transferred
- 18 more down the legs, they're not at the thighs, they're
- 19 not at the knee, they're both behind you now. You
- 20 crossover both legs -- I can try and show you after
- 21 this, so that someone can put on Fast Straps if they're
- 22 required.
- 23 Q. Right, so you've rolled down the body, and you talked
- 24 like as a sausage roll. So you're closer to the ankles
- 25 or the feet?

## Transcript of the Sheku Bayoh Inquiry

1 A. Yes.

2 Q. But the legs still remain between your right arm and  
3 your right-hand side of your body, and you're using both  
4 hands to secure the ankles or the feet?

5 A. Yes.

6 Q. Yes, thank you.

7 And then could you demonstrate the shuffle movement,  
8 please.

9 A. That's obviously just -- so, again, the same point,  
10 upper legs, the knee, and instead of doing the roll, you  
11 just (indicates) shuffle the weight down to -- and you  
12 would do the same thing, the ankles and you've still got  
13 the weight, but I suppose at one point your weight  
14 probably comes off a bit on the slide down.

15 Q. So your feet remain on the ground?

16 A. Yes.

17 Q. Your knees and hips are shuffling along, and your ankle  
18 is shuffling but remaining as a point of contact with  
19 the ground?

20 A. Yes.

21 Q. Thank you. Thank you very much.

22 Please come back to your microphone. Thank you.

23 Can you tell us where the other officers were when  
24 you were on the ground on the legs of Mr Bayoh,  
25 PC Gibson?

## Transcript of the Sheku Bayoh Inquiry

1           A. I recall Craig Walker being there. He was at the top  
2           half of Mr Bayoh. He looked like he was kind of  
3           reaching over almost to grab his -- his arm or arms.  
4           I can -- I don't know if I seen one of the arms, but --  
5           so PC Walker's effectively over Mr Bayoh, looking like  
6           he's trying to grab an arm.

7           Q. Was he on the other side from where you were?

8           A. Yeah, so -- yeah. So where I come down, so, yeah, we  
9           are on opposite sides.

10          Q. So you've shown us your car?

11          A. Yeah.

12          Q. And you approached the events that were going on from  
13          that angle, from Hendry Road towards Hayfield Road?

14          A. Yeah.

15          Q. And PC Walker, was he on the other side of Mr Bayoh from  
16          you?

17          A. So even if we took this, for example, this isn't where  
18          it is, it's not far from, but if we're talking about me  
19          and PC Walker, PC Walker could be number 2, I would be  
20          number 1, so we were on opposite sides.

21          Q. Right.

22                 And you said that when you pointed on the floor and  
23          did your demonstration, you said his head would be up  
24          here?

25          A. Yeah.

## Transcript of the Sheku Bayoh Inquiry

1 Q. Would that be towards the hedge area that we see on  
2 Hayfield Road?

3 A. Yeah, that's right. So Mr Bayoh's head would have been  
4 pointing in the direction of the hedgerow and the feet  
5 would have been pointing in the road.

6 Q. And we've heard that there's a grassy area with trees on  
7 the other side of Hayfield Road?

8 A. Yeah.

9 Q. So his legs would have been pointing more towards there?

10 A. Yeah.

11 Q. And where was PC Tomlinson?

12 A. I recall PC Tomlinson -- I think PC Tomlinson is almost  
13 at, like, the bum of the male.

14 Q. Right.

15 A. That's what I seem to remember.

16 Q. Where was he in relation to PC Walker?

17 A. So he was at the same side that I was at. So he --  
18 again, he's on the opposite side of PC Walker.

19 Q. Right. And was he to your left or to your right?

20 A. No, he would have been to my right.

21 Q. So he's on the same side as you?

22 A. Yeah.

23 Q. But to your right?

24 A. Yeah.

25 Q. And you think he was more in the bum area of Mr Bayoh?



## Transcript of the Sheku Bayoh Inquiry

1 A. Yeah.

2 Q. What position was he in?

3 A. He was crouched. I don't know -- I don't know what he  
4 was doing, but he seemed to be crouched.

5 Q. Okay.

6 A. He was obviously hunched over.

7 Q. Could you give us a demonstration of that?

8 A. Yeah, sure. From what I recall anyway, yeah.

9 Q. Come back out, please, and show us how PC Tomlinson was,  
10 and then while you're there, I'll ask you to demonstrate  
11 what PC Walker was doing as well.

12 A. Sure.

13 Q. So Tomlinson first, please.

14 A. Right, okay. So this is the right side.

15 Q. So head to my left, your right?

16 A. Yeah.

17 Q. And legs to my right, your left?

18 A. So this is PC Tomlinson. This is what I recall seeing.  
19 I think he was doing something like this (indicates).  
20 That's what I recall seeing. I couldn't see how --  
21 I seen that he was on his knees.

22 Q. Right.

23 A. But I don't --

24 Q. So leaning on his knees and leaning over?

25 A. Yeah, it looked like that.

## Transcript of the Sheku Bayoh Inquiry

1 Q. Was his body making contact with Mr Bayoh's body?

2 A. I couldn't see (inaudible).

3 Q. And then can I ask you to do a demonstration of what  
4 PC Walker was doing, and you've told us he was on  
5 the other side.

6 A. So, I don't know what he was doing with his legs, if he  
7 was on his knees, or if they were flat out, but he is  
8 over the male (indicates). Some of his body looks like  
9 it's on him, and he's trying to -- it looks like he's  
10 trying to grab something, which I'm assuming is his arm.

11 Q. Thank you. I'll ask you to come back to the mic.

12 So you were showing that -- that last demonstration  
13 was of PC Walker, and you say he was leaning over  
14 the male -- that's Mr Bayoh -- and leaning over towards,  
15 you thought, perhaps his arm?

16 A. Yes.

17 Q. Mr Bayoh's arm?

18 A. Yes.

19 Q. Thank you.

20 Can I ask you to look at your PIRC statement. So  
21 this is the one that you gave on 4 June 2015, and if we  
22 can turn to page 4, please. Page 4, and I'll look at  
23 paragraphs 6, 7, 8, 9, they're just short paragraphs.  
24 I'll read these out when they're on the screen, they're  
25 towards the bottom of page 4, and paragraph 6:

## Transcript of the Sheku Bayoh Inquiry

1 "I saw there were officers ..."

2 So if you could just go up. There we are:

3 "I saw there were officers on the ground with  
4 a male. I got out my vehicle and made my way to  
5 the officers and the male. As I approached I got  
6 a clearer view. I then saw a black male lying on  
7 the ground, he was on his side (left-hand side facing  
8 me), not sure of clothing worn by the male. There were  
9 two officers with the male that I noticed, that was  
10 PC Ashley Tomlinson and PC Craig Walker."

11 And that's what you've told us. You say there when  
12 you spoke to PIRC, "he was on his side, his left-hand  
13 side facing me". Looking at that now, do you remember  
14 that that was the position he was in?

15 A. Yes.

16 Q. Thank you.

17 Now you say:

18 "I didn't notice any other officers at that time.  
19 There could have been other officers but I didn't notice  
20 them.

21 "PC Ashley Tomlinson was at the legs of the male.  
22 I'm not sure if PC Tomlinson was standing or on  
23 the ground. The male's legs were to the roadway, his  
24 head towards the houses. His whole body was on  
25 the pavement. I cannot recall if PC Tomlinson had

## Transcript of the Sheku Bayoh Inquiry

1 a hold of the male at that point."

2 Now, looking at that now, is that -- do you remember  
3 saying that to PIRC?

4 A. Well, that's what I would have said.

5 Q. That's what you say. All right.

6 Then:

7 "PC Walker was struggling with the male, he was at  
8 the rear of the male who was on his left side, leaning  
9 over him and trying to grab the male's arms. The male  
10 was struggling, he was kicking his legs about, swaying  
11 back and forward with his arms and shoulders. I do not  
12 know if the male was handcuffed at that point. I do not  
13 know if PC Walker managed to get a hold of his arms or  
14 not."

15 When you say "he was swaying back and forward with  
16 his arms and shoulders", do you remember what you meant  
17 by that?

18 A. Yeah, so almost like a kind of "get off", struggling.

19 Q. So it's a struggle?

20 A. Yes.

21 Q. Thank you.

22 Then can I ask you to look at your Inquiry statement  
23 again, and I'd like to look at paragraphs 16, 17 and 22.  
24 So if we start with 16, and you were asked by  
25 the Inquiry team to provide as much detail as you could

## Transcript of the Sheku Bayoh Inquiry

1           about the restraint, and what your involvement had been,  
2           and you say here at 16:

3           "I was involved in the restraint of Mr Bayoh.  
4           Mr Bayoh was on the ground. I dropped down on to  
5           Mr Bayoh's thighs with the side of my upper body. I was  
6           leaning on the right side of my body, facing his feet.  
7           This is a recognised OST technique. I was doing this to  
8           gain control of his legs to prevent him kicking out."

9           I think that's what you've told us and demonstrated  
10          today.

11         A. Yes.

12         Q. "I do not know whether I rolled or slid down but I ended  
13          up further down his legs closer to his feet."

14          And again, that's what you have said today. And  
15          then:

16          "At some point other officers put 'Fast Straps'  
17          on Mr Bayoh while I was restraining his legs."

18          Do you know who the other officers were?

19         A. I don't know if I mentioned it. I seem to think --  
20          I kind of recall that it might have been Alan Smith and  
21          PC McDonough.

22         Q. Right, James McDonough?

23         A. Yes. I remember PC McDonough at one point when I was  
24          down on Mr Bayoh's legs, PC McDonough was down near  
25          the feet, so ...

## Transcript of the Sheku Bayoh Inquiry

1 Q. And he's the officer you went with --

2 A. Yes.

3 Q. -- isn't he?

4 So we've not heard from PC McDonough yet, but we may  
5 do. Then 17, you were asked to describe his position  
6 and was he prone. You say:

7 "I cannot clearly recollect now how Mr Bayoh was  
8 positioned when I was restraining his legs."

9 Do you have any sense of the position of his legs  
10 when you were restraining them?

11 A. I can't. I don't know -- that technique can be done  
12 when he's on his side as well, as if he was -- when  
13 I say on his front, he's -- I appreciate I'm talking  
14 about his legs kind of as he's almost face-down, so it  
15 can be done both ways. I recall that he might have been  
16 on his front, so it would have been the back of his  
17 legs.

18 Q. So you were lying on the back of his legs?

19 A. Yeah.

20 Q. And were his knees facing the ground?

21 A. Yeah, they would have been.

22 Q. Yes, thank you.

23 And then can we look at paragraph 22, please, and  
24 you're asked about:

25 "What weight, if any, did you place on Mr Bayoh ..."

## Transcript of the Sheku Bayoh Inquiry

1                   And what force there was. Your answer:

2                   "I applied my upper body weight to lie on Mr Bayoh's  
3                   upper legs, then his lower legs."

4                   Is that really what you've demonstrated to us today?

5           A. Yes.

6           Q. And then:

7                   "Once the 'fast straps' were applied I felt able to  
8                   take my weight off him slightly."

9                   And to what extent do you mean "I felt able to take  
10                  my weight off him slightly"?

11          A. Well, just to let you understand, so obviously I'm  
12                  putting the greater weight on because the male's  
13                  resisting, he's still kicking out. Even whilst I have  
14                  my upper body weight on, he's still able to kick out,  
15                  and the way I would describe it is almost like being on  
16                  a see-saw, like, you're still going up. At the time  
17                  I weighed 12 stone and I felt he's still trying to kick  
18                  -- kick off. Obviously later, when Fast Straps are  
19                  applied, he's not going to be able to kick off as much,  
20                  there's -- there's a restraint there to prevent him from  
21                  kicking out as actively, therefore I don't need to apply  
22                  as much weight to keep the restraint.

23          Q. So if he's not struggling as much --

24          A. Yes.

25          Q. -- you can apply less weight --

## Transcript of the Sheku Bayoh Inquiry

1 A. Yes.

2 Q. -- or less force --

3 A. Yes.

4 Q. -- to his legs?

5 A. Yes.

6 Q. And that's what you did?

7 A. The way I've always looked at it, the kind of force

8 matches the resistance. So he's not resisting as much,

9 I don't need to put on as much weight.

10 Q. Right. So the more the resistance, the greater

11 the weight or the force applied?

12 A. Yes, because, you know, putting on that force, if

13 I don't apply my full force at that point, he could

14 potentially get free his legs, he might get up.

15 Q. He's struggling to get up, but you're struggling to

16 restrain him?

17 A. Yes.

18 Q. So you want to match that level of force?

19 A. Yes.

20 Q. Thank you.

21 Then you were asked:

22 "How long was the weight or force applied."

23 And you say:

24 "I applied a greater amount of weight before

25 the 'Fast Straps' were applied. After that, I applied a



## Transcript of the Sheku Bayoh Inquiry

1            lesser degree of weight before coming off Mr Bayoh when  
2            I heard PC Alan Smith saying to get off Mr Bayoh."

3            Is that right?

4            A. Yeah.

5            Q. And you can't say how long you applied the weight in  
6            minutes or second. Do you have any impression of how  
7            long you were applying that weight?

8            A. No, none at all.

9            Q. Okay, thank you.

10            Trying to look at the duration of this, when you  
11            arrived he's already on the ground, and we saw from  
12            the footage that was at 7.21.46, and you've talked about  
13            applying your body weight to lie on his upper legs and  
14            his lower legs, and then until the Fast Straps were  
15            applied. Do you have any sense now of how long it took  
16            from your arrival to you effectively alleviating or  
17            lifting some of the weight or the force when the Fast  
18            Straps were applied?

19            A. I don't know. It seemed so quick for the whole  
20            incident, so I don't -- I wouldn't be able to say how  
21            long the weight's been applied before less weight --  
22            well, how the greater weight has been applied before  
23            less weight can be applied.

24            Q. Okay.

25            A. But it was however long it took for the Fast Straps to

## Transcript of the Sheku Bayoh Inquiry

1           actually get put on and I don't -- I'm sorry, I don't  
2           know how long that took.

3           Q. No, no need to apologise.

4           Can we look at paragraph 23. I think you were asked  
5           about the weight applied by other officers to Mr Bayoh,  
6           and you say:

7           "At that point I was involved in the restraint of  
8           Mr Bayoh, I was facing towards [his] feet so I couldn't  
9           see what weight, if any, was being applied by officers  
10          behind me."

11          A. Yeah.

12          Q. Was it your impression, constable, that they were  
13          applying any different weight or pressure to that that  
14          you were applying if Mr Bayoh was struggling?

15          A. I wouldn't be able to say, and the reason I say that is  
16          because I'm concentrating on his legs, and that, as  
17          I say, is -- you have to understand OST technique, but  
18          when you do that, you are facing the feet. You've  
19          applied your roll, or your slide down, you're at  
20          the feet, okay? If I then was to pay attention at  
21          what's going on behind me whilst I'm at the feet, then  
22          I'm not concentrating on that. Again, going back, he  
23          could kick his legs out and then we've got more of  
24          a problem.

25          Q. So would it be fair to say you're working as a team and

## Transcript of the Sheku Bayoh Inquiry

1           you're concentrating on your element --

2           A. Yes.

3           Q. -- of that?

4           A. Yes, that's fair to say, yes.

5           Q. And then can we look at paragraph 6, please. You've  
6           said here that we looked at this earlier and you said:

7                   "I saw PC Craig Walker struggling with a male. He  
8           didn't have control of him."

9                   And you then go to say:

10                   "Mr Bayoh was on the ground kicking out with his  
11           legs and actively resisting my colleagues who were  
12           trying to restrain him."

13                   So is it fair to say that at that time, PC Walker,  
14           who was struggling to control Mr Bayoh, Mr Bayoh was  
15           resisting, that he would have been applying some force  
16           or some weight to try to get control of Mr Bayoh?

17           A. Yeah, I think that's fair to say. Obviously, you know,  
18           again, I've not seen the full extent because I'm at  
19           the feet, but I would -- you would imagine that  
20           PC Walker is applying some form of weight to -- to match  
21           a kind of restraint for Mr Bayoh.

22           Q. Thank you.

23                   I'd like to show you some enhanced Snapchat footage  
24           now. We've been showing this to other people to try and  
25           identify who's who, and I'm hoping you'll be able to

## Transcript of the Sheku Bayoh Inquiry

1 help me with that --

2 A. Yeah, sure.

3 Q. -- as well.

4 So it's at 7.22.10, I think, but it's Snapchat  
5 footage. This is from the combined audio and visual  
6 footage.

7 A. Okay.

8 Q. You'll see there, this is at 7.22, it's stopped at  
9 12 seconds. And do you see the officers?

10 Oh, it's gone. Oh, no, no problem at all. There we  
11 are.

12 We've heard that this is Snapchat footage taken from  
13 one of the nearby houses, and you'll see that officers  
14 on Hayfield Road. Do you recognise the car behind those  
15 officers? Is that the diary car?

16 A. Yes, that was our car.

17 Q. That was the car you got out?

18 A. Yes.

19 Q. And do you see there's a number of officers there in  
20 that Snapchat footage? Now, we can play this, it only  
21 lasts a few seconds, and then I'm going ask you if you  
22 can see yourself.

23 A. Okay, yeah, that's fine.

24 Q. Thank you.

25 (Video played)



## Transcript of the Sheku Bayoh Inquiry

1           officers are? Can you recognise them?

2           A. Maybe not from that clip, but yes, I can recognise them.

3           Q. Right, well, do you want to tell us who they were?

4           A. Yeah, sure. So --

5           Q. Far left? Do you know who the person at the head was?

6           A. The far left is PC Alan Smith.

7           Q. And with his back to us crouching down or kneeling down?

8           A. Yeah, so next to Alan Smith is PC Paton. You can tell

9           that from the vest he's got on.

10          Q. What is it about PC Paton's vest?

11          A. I don't know if he had some kind of back problem or

12          something and had to wear a different vest, but he

13          always wore that vest and it is different to everyone

14          else's vest, because all the rest of us was the same.

15          Q. Okay. Then opposite PC Paton there's someone standing

16          there facing camera?

17          A. Yeah, that's PC McDonough.

18          Q. McDonough?

19          A. Yeah.

20          Q. And then crouched down on the other side of the person

21          or people on the ground facing the camera. Do you know

22          who that was?

23          A. Yeah, it must be Ashley Tomlinson.

24          Q. Tomlinson. And that's you on the right.

25                    And then I'm going to ask you if you can see what



## Transcript of the Sheku Bayoh Inquiry

1           the legs in and that will give you free hands to try and  
2           help in restraint, whether to help with putting cuffs  
3           on, that kind of thing.

4       Q.   So that's Mr Bayoh's leg?

5       A.   Yes.

6       Q.   And you're trying to do a technique where you cross his  
7           legs?

8       A.   Yes.

9       Q.   And which leg of his, of Mr Bayoh's, was it that you --

10      A.   I think that would be right leg.

11      Q.   His right leg?

12      A.   Yeah.

13      Q.   Thank you.   That's very helpful.

14                Could I then ask you to look at paragraph 24,  
15                please, of your Inquiry statement.   You were asked about  
16                the application of handcuffs to Mr Bayoh and what  
17                position he was in, and you say:

18                "The first time I remember seeing that Mr Bayoh was  
19                handcuffed was after I got off his legs.

20                "My memory of the position is now not clear, but  
21                what I said to the PIRC was that he was cuffed to  
22                the front and that was my best recollection at the  
23                time."

24                And you say:

25                "The first time I remember he was handcuffed was



## Transcript of the Sheku Bayoh Inquiry

1           after I got off his legs."

2           So when we saw the footage a moment ago and you had  
3           stood up and walked round to the legs, was that when you  
4           noticed he'd been handcuffed?

5       A. No, that would have been when I got off his legs after  
6       I'd done the manoeuvre -- the roll or the slide down.

7       Q. Was that later?

8       A. Yeah, yeah.

9       Q. That was later.

10           So after we saw the footage, you then went down onto  
11           his legs?

12       A. Yeah.

13       Q. Right.

14           So we see the footage, that's you standing, bending  
15           the knee, and then after that, you're on his legs doing  
16           the moves you've demonstrated?

17       A. Yeah.

18       Q. And it was after you'd completed that and stood up that  
19       you saw the handcuffs?

20       A. Yes.

21       Q. Thank you.

22           And do you have any impression of how long that  
23           process took?

24       A. No. It seemed to go really quick.

25       Q. All right, thank you.

## Transcript of the Sheku Bayoh Inquiry

1                   Do you know who applied the handcuffs?

2       A.  Nope.

3       Q.  No.  So do you know whether the handcuffs were on first  
4           or the leg restraints?

5       A.  No.

6       Q.  After the leg restraints were applied, were you aware of  
7           whether his legs were moving?

8       A.  When the legs restraints were applied?

9       Q.  When --

10      A.  Yes.

11      Q.  -- they were applied?

12      A.  Yes.

13      Q.  Do you remember where they were applied,  
14           the leg restraints?

15      A.  Well, I remember one being at the ankle.  I wasn't sure  
16           what was going on behind me.

17      Q.  All right.

18      A.  But where I ended up on his legs, lower down, the other  
19           Fast Strap, if there was another Fast Strap, would have  
20           been behind me, if that makes sense.

21      Q.  Fine.  So we may have heard that there was Fast Straps  
22           at his ankles and then above his knee?

23      A.  Okay then, yes, so I would be aware of the ankles but  
24           from behind me I wouldn't know -- if they were also  
25           applied then, yeah, they would be behind me.

## Transcript of the Sheku Bayoh Inquiry

1 Q. So anything going on above the knee would have been  
2 behind your back?

3 A. Yes.

4 Q. Thank you.

5 Can I ask you about when Mr Bayoh stopped  
6 struggling. Can I ask you to look at your PIRC  
7 statement, page 6, please, paragraph 3. You say:

8 "The next thing I heard ..."

9 Do you see that on the screen?

10 A. Yeah.

11 Q. "The next thing I heard was someone saying 'Get off  
12 him'. I think it was PC Alan Smith. I got off  
13 the male's legs and got to my feet, the male was not  
14 struggling or anything then. I got up and stood at  
15 the male's feet facing him, the male was on his front,  
16 the left-hand side of his face was on the pavement  
17 facing down to Hendry Road."

18 So is this the point you got off the male's legs,  
19 was this after the ankle straps -- the Fast Straps had  
20 been applied to the ankle?

21 A. Yes.

22 Q. And it says:

23 "The male was not struggling or anything then."

24 So at that stage, when you got up, he wasn't  
25 struggling?

## Transcript of the Sheku Bayoh Inquiry

1 A. Correct.

2 Q. And at that point he was on his front:

3 "... the left-hand side of his face [that's  
4 Mr Bayoh's face] was on the pavement ..."

5 A. Yes.

6 Q. "... facing in the direction of Hendry Road to the  
7 roundabout -- "

8 A. Gallaghers pub.

9 Q. Gallaghers pub, thank you.

10 Can we then look at your Inquiry statement,  
11 paragraph 26 and 35, please. Paragraph 26, you were  
12 asked:

13 "How did Mr Bayoh react to the restraint?"

14 "Before I got involved, Mr Bayoh was actively  
15 struggling and kicking out his legs. Even after I was  
16 restraining his legs, he was still attempting to kick.  
17 I could feel that his legs were still moving.

18 "After the 'Fast Straps' were applied, his legs were  
19 still moving but that movement was reduced."

20 And then can we look at paragraph 35:

21 "Please provide as much detail as you can about when  
22 you became aware that [he] had lost consciousness."

23 And you say:

24 "I was not aware of Mr Bayoh losing consciousness."

25 I'd like to ask you about this sort of moment.

## Transcript of the Sheku Bayoh Inquiry

1           We've heard some evidence from PC Smith that he noticed  
2           that Mr Bayoh had become unconscious, and were you aware  
3           that PC Smith had become aware that Mr Bayoh was  
4           unconscious?

5           A. No, the only thing I was aware of is that I'm sure it  
6           was PC Smith who told me to get off him or whoever else  
7           was on him to get off.

8           Q. And you immediately got off him --

9           A. Yeah.

10          Q. -- when you were told?

11          A. Yeah.

12          Q. Once you had got off him, where were you positioned or  
13          what did you do?

14          A. I think I stayed down towards the feet, but I wasn't on  
15          Mr Bayoh.

16          Q. Were you standing in that area of the feet at that time?

17          A. I don't know if I was standing or crouching.

18          Q. Okay. How long after you stood or you were crouching  
19          did you -- how long was it before you realised he was  
20          unconscious then?

21          A. I don't know. I don't think it was long. I think  
22          I started realising a problem when I think somebody was  
23          going to get a -- like a mouth bag to -- it looked like  
24          they were going to start CPR.

25          Q. We've heard some evidence about a valve --

## Transcript of the Sheku Bayoh Inquiry

1 A. Yeah.

2 Q. -- and a face mask?

3 A. Yeah, I probably haven't described it that well but  
4 yeah, that's the same thing.

5 Q. When you were standing or crouching at his feet area,  
6 what were the other officers doing at that point?

7 A. I don't know. I think -- I don't know about all of  
8 them, I am sure PC Smith is quite involved trying to  
9 check the officer's -- Mr Bayoh's breathing, and I'm  
10 sure Alan Paton was also assisting with that.

11 Q. Okay. Do you remember what PC Walker was doing?

12 A. Not at that point, no.

13 Q. PC Tomlinson?

14 A. No.

15 Q. Can I ask you to look at your PIRC statement, 258,  
16 page 6, paragraph 5, please. You'll see it says:

17 "At that point I seen PC Craig Walker, PC Alan Paton  
18 (that's the first I had seen him) and PC Alan Smith.  
19 PC Walker was crouched to the left-hand side of the male  
20 facing towards him at his upper body, he was not holding  
21 the male or having any physical interaction with him.  
22 That's the first time I saw the male was handcuffed. He  
23 was handcuffed to the front. I know that as  
24 PC Alan Smith checked the man's breathing (I think he  
25 did that as he is an OST instructor, there was no

## Transcript of the Sheku Bayoh Inquiry

1           indication that anything was wrong that I'm aware of,  
2           PC Smith confirmed that the male was breathing verbally,  
3           I think he said something like 'He's breathing'). When  
4           he done this he moved him to his side, that's when I saw  
5           the handcuffs to the front of the male."

6           Looking at that now, do you remember this moment  
7           where he's moved onto his side, that Mr Bayoh is moved  
8           onto his side?

9           A. Yes.

10          Q. And do you remember which side he was moved on to?

11          A. Left-hand side.

12          Q. His left-hand side. And is that the point that you  
13          realised he had handcuffs on?

14          A. Yes.

15          Q. Right, thank you.

16                 Then we've heard that at that moment PC Smith  
17                 recognises he's unconscious but he's breathing. But  
18                 then, around four minutes, four and a half minutes  
19                 later, he realised he'd stopped breathing. I'm  
20                 interested in knowing what was happening after PC Smith  
21                 realised he was unconscious but breathing, which is  
22                 the point you mention in this statement here. So what  
23                 happened in the period immediately after PC Smith  
24                 recognised he was unconscious but breathing?

25          A. I'm not sure. I'm sure, like, CPR started pretty soon

## Transcript of the Sheku Bayoh Inquiry

- 1           after an ambulance was called. I was -- I was quite  
2           shocked at that point.
- 3       Q. What were you doing in this period?
- 4       A. No, I -- as I said, I was crouched beside his feet, so,  
5           no, I wasn't doing much at that time.
- 6       Q. You weren't really involved --
- 7       A. No.
- 8       Q. -- in the events at that time?
- 9       A. The way I looked at it at that point was I was  
10           the officer with three years' experience and there was  
11           -- one was an OST instructor with ten years, the other  
12           two were more senior than him. I don't know in any  
13           circumstance where an officer of three years tells three  
14           officers with more service what to do.
- 15      Q. So we've heard that PC Smith was an OST trainer. When  
16           you refer to the other more experienced officers, who  
17           are you talking about?
- 18      A. So PC Paton. I'm not one to speculate and say who had  
19           more service out of PC Paton and PC Walker, but I think  
20           both of them had more service than PC Alan Smith.
- 21      Q. Right, so we've heard those are the most experienced  
22           members of the team?
- 23      A. Yes, I don't know who had more, but yeah.
- 24      Q. So you wouldn't have felt that was your place, to  
25           contribute to that?



## Transcript of the Sheku Bayoh Inquiry

1 A. Definitely not.

2 Q. All right, thank you.

3 And then do you remember -- I think you said in  
4 paragraph 38 of your statement to the Inquiry that you  
5 were aware that PC Smith and PC Walker performed CPR on  
6 Mr Bayoh at that time, and you're not sure if PC Paton  
7 also assisted?

8 A. Yeah, mm-hm.

9 Q. Thank you.

10 And can I ask you to look at PIRC 258 again, please,  
11 page 6, and it's the final paragraph I'm interested in  
12 looking at this time. Thank you. You say:

13 "I'm sure that PC Walker asked for an ambulance and  
14 the next thing the male was turned onto his back,  
15 I don't know who done that, and then CPR started, chest  
16 compressions. It was still PC Walker, PC Smith and  
17 PC Paton who were round the male, it was a bit frantic  
18 by this time. The first person I remember doing CPR was  
19 PC Craig Walker. PC Smith and PC Paton were at some  
20 stage doing CPR but I'm not sure exactly at what point."

21 Do you remember saying that to PIRC?

22 A. Yes.

23 Q. When you say "it was a bit frantic by this time", what  
24 do you mean?

25 A. People trying to do CPR, panicking, other officers not

## Transcript of the Sheku Bayoh Inquiry

- 1           sure what's happening, that's what I mean by frantic.
- 2       Q.   How were you feeling at this point?
- 3       A.   Horrorific.
- 4       Q.   When you say "horrorific", what do you mean?
- 5       A.   Shocked, what's going on. I'd never experienced
- 6           anything like this before.
- 7       Q.   All right. Then I'm going to move away from this. I'm
- 8           going to ask you to look at a couple of photos, please,
- 9           so PIRC 03374, and again, if you can help us identify
- 10          people, that would be very helpful. I've been
- 11          asking other officers to do the same. So you'll see
- 12          this photograph here taken at a later stage, and there's
- 13          various people identified, someone's written
- 14          "photographs", and we may hear from this officer later.
- 15                 But you'll see that you're identified there,
- 16          PC Gibson. Do you recognise yourself in that photo?
- 17       A.   Yeah.
- 18       Q.   And is that correct, that you've been identified
- 19           correctly?
- 20       A.   And what I said earlier as well is that I couldn't
- 21           recall if once the restraint had all finished, if I was
- 22           standing or crouching at the feet, but that would tie
- 23           in, because that is me at the bottom of the feet.
- 24       Q.   That's you crouching at the feet of Mr Bayoh?
- 25       A.   Yes.

## Transcript of the Sheku Bayoh Inquiry

1 Q. And looking at the other officers that are named, do you  
2 agree with the identification of the other officers?

3 We'll start from the left, PS Maxwell, Sergeant Maxwell?

4 A. So everyone else is fine.

5 Q. Yes. It sounds like there's a "but" coming?

6 A. DC Connell, yeah, that's him, and if DI Robson's there,  
7 then that's maybe him but I don't know who that is with  
8 the black.

9 Q. So you can't tell from DI Robson?

10 A. No.

11 Q. Because the photograph is blurred at that point?

12 A. No.

13 Q. But everyone else?

14 A. But the rest, the people labelled, it's all correct,  
15 yeah.

16 Q. Thank you.

17 Then can we look at the next photograph, please.  
18 And again, it's just a different photograph. Again,  
19 looking at that, you'll see that you've been identified  
20 there as at the feet, sort of -- it looks like you're  
21 kneeling with one knee. Is that you?

22 A. I can't say for that.

23 Q. You can't say --

24 A. I would think it is.

25 Q. You think it is?

## Transcript of the Sheku Bayoh Inquiry

1 A. But then I can't -- who's that, PC McDonough there? For  
2 that photo, okay, this one --

3 Q. Yes.

4 A. -- DC Connell's, the blue jacket, far right, okay?

5 Q. Yes.

6 A. That's PS Maxwell with a hat on, first on the screen.

7 I recognise DS Davidson and I can see Craig Walker.

8 Q. Right, and those are the ones that you recognise?

9 A. Yes, for that photo. I mean, the other photos,  
10 definitely I can identify everyone.

11 Q. Thank you, that's helpful.

12 Can I ask you about your PIRC statement again,  
13 please.

14 A. Sure.

15 Q. So this time I'm interested in page 5, paragraphs 8, 10  
16 and 11. So they're towards the latter half of that  
17 page, and you talk about the recovery of a knife at  
18 the scene. So it starts with:

19 "DS Davidson came across and all I remember is  
20 hearing her voice. She was asking someone is there  
21 a knife been recovered or has there been a knife, if was  
22 something like that. A male voice, I don't know who  
23 that was, answered her back saying 'it's lying on  
24 the grass' and DC Connell was there."

25 Then you say:

## Transcript of the Sheku Bayoh Inquiry

1           "DC Connell went across the over side of the road,  
2           I could see him and where he went as I was still lying  
3           across the male's legs facing towards the grass area.  
4           That's when I looked down Hayfield Road and saw  
5           PC Nicole Short beside a police van marked make unknown,  
6           she was staggering on the ground holding her stomach.  
7           She had her hand across her stomach. I didn't see  
8           anyone with her at that time. I looked back and saw  
9           DC Connell on the grass. He was looking about, he had  
10          a bag, a paper brown bag, a production bag. I'm not  
11          sure if he had this with him when he first went over.  
12          My attention was distracted looking down the road and  
13          seeing PC Short. I didn't see DC Connell pick anything  
14          up, my attention was all back and forward as I was still  
15          concentrating on holding the male's legs."

16                 So this is at the point that you're still lying over  
17                 Mr Bayoh's legs?

18           A. Yeah.

19           Q. So earlier from where we've got to. And there's mention  
20           of recovering a knife.

21                 Can you tell us a little bit more about what was  
22                 happening at this point with DC Connell?

23           A. Well, for all I seen with DC Connell was he was over at  
24           the grass area where I'm looking across to -- on  
25           Hayfield Road because I'm obviously on Mr Bayoh's legs,

## Transcript of the Sheku Bayoh Inquiry

1           so I seen him looking about in the grass area.

2           Q. And when we looked at the photos earlier and we you saw  
3           you identified DC Connell with the blue jacket --

4           A. Yeah.

5           Q. -- so he wasn't in a hi-vis vest --

6           A. Yes.

7           Q. -- was that the general area where you saw him going?

8           A. Yes.

9           Q. Thank you. I understand you took steps tapping across  
10          Hendry Road?

11          A. I can't remember that.

12          Q. All right.

13                   And then you were still there when the ambulance  
14          arrived; is that correct?

15          A. Yes, yes.

16          Q. Can I ask you to look at the video evidence timeline  
17          again, please, and I think we're interested in 7.27.31.  
18          This may be some Snapchat footage. If we need to just  
19          play it from there, that's fine, and we can pause it.  
20          So this is later than the earlier events, and if we can  
21          just play that.

22   (Video played)

23          Pause it, please.

24          Do you see the Snapchat footage? That is similar to  
25          where the still has been taken --

## Transcript of the Sheku Bayoh Inquiry

- 1 A. Yeah.
- 2 Q. -- that we looked at a moment ago, yes?
- 3 So you had identified yourself from that previously?
- 4 A. Yeah.
- 5 Q. Then can we look, please, at 7.31.34, and you'll see
- 6 this is referred to on page 12 of the spreadsheet. So
- 7 page 12 of the spreadsheet, and 7.31.34, which is near
- 8 the top, and you'll see:
- 9 "Three persons can be seen moving toward the grassy
- 10 area from the exit of the roundabout..."
- 11 Have you got that bit on page 12?
- 12 A. Yeah.
- 13 Q. "... into Hayfield Road. One person breaks away from
- 14 the other two to move further up towards north
- 15 Hendry Road and pauses at the grassy area."
- 16 Can I ask you to look at that and we'll play this
- 17 until 7.32.23, or thereabouts.
- 18 (Video played)
- 19 That's fine. Thank you very much.
- 20 Did you see the movement on the CCTV with officers,
- 21 what appears to be moving tape?
- 22 A. Yeah.
- 23 Q. Do you know who they were?
- 24 A. No.
- 25 Q. No, you don't. That wasn't you being involved in that

## Transcript of the Sheku Bayoh Inquiry

1 process where --

2 A. No idea.

3 Q. You don't remember. You don't remember.

4 Can we look at PIRC 258, page 7, please,  
5 paragraph 3. So this is your PIRC statement, page 7,  
6 which was given in early June, 4 June 2015, and you say:

7 "I recall at one point I went away to put tape  
8 across the road at Hendry Road, this was before  
9 the ambulance arrived. I recall I had went back over to  
10 where the male was before the ambulance arrived.

11 I remember standing beside PS Maxwell when the ambulance  
12 arrived. My recollection is that it was the same three  
13 officers that were dealing with the male (PC Walker,  
14 PC Smith, PC Paton). There could have been other  
15 officers there but I just remember seeing those three."

16 So it does appear you were involved at some point in  
17 taping --

18 A. Yeah, I just can't remember it is all, but if that's  
19 what I said PIRC, then --

20 Q. That's absolutely fine.

21 Now, can I ask you, before you left the scene at  
22 Hayfield Road, did you recall -- do you recall any  
23 senior officer speaking to you about, "Don't  
24 confer", "don't discuss the incident with anyone else"?  
25 Did anyone mention that to you?



## Transcript of the Sheku Bayoh Inquiry

1 A. No.

2 Q. No. And I think you say in your PIRC statement --  
3 I don't need to take you to this -- that you were told  
4 to head back to the station at some point by  
5 Sergeant Maxwell; is that right?

6 A. Yeah.

7 Q. And then you drove one of the cars back to Kirkcaldy  
8 police office. Do you remember which one?

9 A. No.

10 Q. Do you remember if you drove any other officers back to  
11 Kirkcaldy Police Office?

12 A. I can't remember.

13 Q. How were you feeling when you got back to  
14 Kirkcaldy Police Office?

15 A. Not in this world is the best way I could probably  
16 describe it.

17 Q. Right.

18 Could you look at paragraph 55 of your Inquiry  
19 statement, please, and you say -- as we get this on  
20 the screen I'll just start reading it out:

21 "I was still in shock. I didn't know the outcome of  
22 what happened as Mr Bayoh was taken away in an  
23 ambulance. I didn't know what would happen when we got  
24 back to the police station in terms of procedure."

25 Does that sum up what you were thinking?

## Transcript of the Sheku Bayoh Inquiry

- 1 A. Definitely.
- 2 Q. Did you feel at that time that you were uncertain about  
3 the right procedures and the way things were going to be  
4 carried out?
- 5 A. What do you mean by that?
- 6 Q. When you say there:
- 7 "I didn't know what would happen when we got back to  
8 the police station in terms of procedure."
- 9 A. Yeah, so what I mean by in terms of procedure is what's  
10 going happen when we go back to the station. Again, I'd  
11 never been involved in an incident like that and  
12 certainly at that time, so I didn't know what was going  
13 to happen, what -- what outcome there was going to be,  
14 I didn't know what was going to happen with Mr Bayoh, he  
15 was away in an ambulance, so, yeah.
- 16 Q. All right, thank you.
- 17 Then paragraph 56 you say:
- 18 "On return I think I went into the writing room.  
19 PC Walker was there and I think he said that someone  
20 needs to call the Federation. I think PC Paton was also  
21 there at that time. I didn't say anything to them."
- 22 Is the writing room near the canteen?
- 23 A. No.
- 24 Q. No.
- 25 What's in the writing room?

## Transcript of the Sheku Bayoh Inquiry

1       A. So the writing room is basically where officers would  
2       get access to their computer and that's where all  
3       the admin would be done, where your kind of do(?) kit,  
4       where you could keep your paperwork, they were in  
5       the writing room, that kind of thing.

6       Q. So we've heard some mention of forms being available on  
7       computers?

8       A. Yeah, sure.

9       Q. Is the writing room where the computers are available?

10      A. Yeah.

11      Q. Right. And the "federation" is  
12      the Scottish Police Federation?

13      A. Yeah, that's right.

14      Q. Do you remember any conversation that Walker and Paton  
15      were having in the writing room?

16      A. No, I just distinctly recall PC Walker saying that  
17      somebody needs to call the Federation.

18      Q. Right.

19                And then I think Sergeant Maxwell told you to go to  
20      Victoria Hospital to collect PC Smith; is that right?

21      A. I can't remember that, but --

22      Q. All right. Do you want to look at paragraph 57 of your  
23      Inquiry statement, and you say:

24                "I was only in the station for about five minutes  
25      before Police Sergeant Scott Maxwell told me to go to

## Transcript of the Sheku Bayoh Inquiry

1 Victoria Hospital to collect PC Smith, and once I got  
2 back with PC Smith, I went to the canteen."

3 Do you remember that now seeing that there?

4 A. I remember obviously going to the canteen, but no,  
5 I would have been still in shock, so that's not to say  
6 I didn't go to the hospital, but I just can't remember  
7 that part.

8 Q. Okay, that's fine.

9 So this is from your Inquiry statement that you gave  
10 us. Do you remember at all any conversation with  
11 PC Smith or anything that happened at the hospital?

12 A. No.

13 Q. No, okay.

14 Can I ask you to look at your PIRC statement,  
15 page 8, please, paragraph 3. You say:

16 "I went upstairs to the writing room ..."

17 Do you see that?

18 A. Yeah.

19 Q. "... I went in there and PC Craig Walker and PC Alan  
20 Paton were in there. I remember PC Walker saying that  
21 the Federation were coming, there was no discussion  
22 between us about what had happened. I was only in  
23 the office for about 5 minutes and PS Maxwell came in  
24 and told me to go to the hospital to pick up  
25 PC Alan Smith. I left the office by myself to pick up

## Transcript of the Sheku Bayoh Inquiry

1 PC Smith. I had a marked Corsa ... I got to Victoria  
2 Hospital, I went into the hospital, I tried to  
3 point-to-point him on the radio but he did not answer."

4 We've heard that that's a direct call, effectively,  
5 to another officer; is that right?

6 A. That's right.

7 Q. " ... he did not answer. When I was in the hospital  
8 I saw PC Nicole Short, she was in there getting  
9 treatment. I did not have any discussion about what had  
10 happened to her, I just asked her if she was all right.  
11 She was with PC Mark Hay (Glenrothes), I did not have  
12 any discussion with him. I found PC Smith and the two  
13 of us came back to the police office. I was speaking to  
14 PC Smith on the way back but what about I don't recall,  
15 I don't remember anything specifically being mentioned  
16 about the incident. PC Smith never said anything about  
17 the male's condition. I was still quite shocked by this  
18 whole incident so my recollection of any conversation is  
19 unsure."

20 And this is your PIRC statement. So just over  
21 a month after the events you said you were still quite  
22 shocked at the point you went to collect PC Smith?

23 A. Mm.

24 Q. And if your recollection wasn't good then, I don't  
25 imagine it's any better now?

## Transcript of the Sheku Bayoh Inquiry

1 A. No.

2 Q. No, okay.

3 When you went back to the canteen, perhaps we could  
4 look at paragraph 56 of your Inquiry statement, you talk  
5 about going back to the canteen. Sorry, I've gone back  
6 over that.

7 I'm interested in -- sorry, I've gone to -- I'd like  
8 to go to paragraph 69 -- the equipment that you had on  
9 the day and where you stored your vest and items like  
10 that. So you've told us you went back to the canteen.  
11 Where were you storing equipment and your stab-proof  
12 vest? So paragraph 69 talks about being in the canteen  
13 and I'm just wondering if that's where you stored your  
14 equipment?

15 A. On that day?

16 Q. Yes, on that day.

17 A. Then, yes, in the canteen, yeah.

18 Q. We've heard other officers talking about leaning their  
19 vests against walls, or things being on the floor and  
20 some things being on a table.

21 A. No, I think I would have had my stuff probably down on  
22 the floor beside me where I was sitting.

23 Q. Where were you sitting in the canteen?

24 A. There was, like, a kind of big table. I can't say where  
25 I was sitting, but I was sitting at the table.

## Transcript of the Sheku Bayoh Inquiry

- 1 Q. And were there other people at the table as well?
- 2 A. I think there was people, I can't recall who, but there  
3 would have been people, and I think some people were --  
4 there's two kind of sofas and I think somebody was sat  
5 there.
- 6 Q. Okay, thank you.
- 7 Do you remember receiving any instructions from any  
8 senior officers that day in the canteen not to speak to  
9 other officers or in relation to your status as  
10 a witness or a suspect?
- 11 A. I'm not so sure about the speaking to other folk, but  
12 definitely not about the status.
- 13 Q. Definitely not about that?
- 14 A. Nope.
- 15 Q. We've heard some senior officers mentioned. Can I just  
16 give you their names and see if you remember any of them  
17 speaking to you. So Conrad Trickett?
- 18 A. I was in quite -- still a lot of shock. I'm aware that  
19 Conrad Trickett is now there, but if Conrad Trickett  
20 walked in front of me, I wouldn't know what he looked  
21 like.
- 22 Q. You mean he was there on 3 May?
- 23 A. Yeah.
- 24 Q. Stephen Kay?
- 25 A. I know Stephen Kay. I can't recall seeing Stephen Kay,

## Transcript of the Sheku Bayoh Inquiry

1 I don't think.

2 Q. Okay. Pat Campbell?

3 A. I've no idea who Pat Campbell is.

4 Q. All right. You have said in your Inquiry statement you  
5 don't recall Nicole Short coming back from the hospital?

6 A. Not that I can recall.

7 Q. Can I ask, did anyone give you advice or instructions  
8 about completing any paperwork, and when I say  
9 paperwork, I'm thinking, first of all, use of spray  
10 forms. I mean, you've told us you didn't use a spray,  
11 so that wouldn't have been relevant to you?

12 A. No.

13 Q. Use of force forms; would that have been relevant to you  
14 in 2015?

15 A. It could -- yeah, it could have.

16 Q. Could have, yes.

17 Did anyone give you advice or instructions about  
18 completing a use of force form?

19 A. No, but then for me, personally, it wouldn't have been  
20 for me, because I done the Fast Straps, which I didn't  
21 think were part of use of force at that point. They are  
22 now.

23 Q. Right.

24 A. However, I don't -- see what can happen now is one  
25 officer can -- they can submit a use of force for all



## Transcript of the Sheku Bayoh Inquiry

1 the kind of elements.

2 Q. Right, so we've heard at that some point there could  
3 have been one form completed for an incident.

4 A. Yes.

5 Q. In 2015, is it your recollection that it was one form or  
6 was it every officer, having used force would complete  
7 the form?

8 A. I don't know, I just think it would have been one form  
9 with that, I could be wrong.

10 Q. Okay. what about your notebooks? Did anyone give you  
11 advice or instruction about completing or not completing  
12 your notebook?

13 A. Not that I can recall, no.

14 Q. Now, you've said in your statement there was a system in  
15 place for checking officers' notebooks by senior  
16 officers. Could you tell us a little bit more about  
17 that system.

18 A. Yeah, sure. So basically, what would happen is, every  
19 so often, I think it was normally an inspector, normally  
20 your shift inspector, would come round, they would check  
21 your notebook at the beginning of a shift, whether it be  
22 a day shift, night shift, they would take everyone's  
23 notebook, check through it, that included all  
24 the officers, make sure that they were filling it in  
25 correctly, and then they would give you it back, or they

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1           would say, "That's not good enough, you need to do this  
2           like this", etc, so that's all that was.

3       Q.    So there was some sort of supervision at that time?

4       A.    Of notebooks, yeah.

5       Q.    Yes.  You've mentioned the shift inspector.  Who would  
6           that have been on 3 May?

7       A.    I don't know.

8       Q.    You don't know?

9       A.    No.

10      Q.    Any idea at all who that would have been?

11      A.    Maybe Stephen Kay.  I'm not sure.

12      Q.    Okay.

13                 Did anybody inspect your notebook that day at the  
14                 end of your shift?

15      A.    Not that I can recall.

16      Q.    No.  You've said in paragraph 80 of your Inquiry  
17           statement that you weren't capable of making notes given  
18           the state you were in?

19      A.    Sure.

20      Q.    Do you want to tell us about the state you were in?

21      A.    Yeah, as I said earlier, I felt like I was in  
22           a different world, I was shocked, I wouldn't know what  
23           to write in my notebook, even if I wasn't, I don't know  
24           if anyone would have known what to write in their  
25           notebook about an incident like that.  I think even now

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- 1           if this happened, no one would know what to write in  
2           their notebook.
- 3       Q.   I think in your PIRC statement you used the words "zoned  
4           out"?
- 5       A.   Mm-hm, that's accurate.
- 6       Q.   Is that accurate?
- 7       A.   Mm-hm.
- 8       Q.   What did you mean by that "zoned out"?
- 9       A.   Not listening to taking in information, not that I'm not  
10           wanting to, it's not like being ignorant and ignoring  
11           someone, but just not taking -- retaining information.
- 12      Q.   All right, thank you.
- 13                    At paragraph 80 you say:
- 14                    "I did not fill in my notebook or prepare an  
15                    operational statement as Amanda Givan had told us not to  
16                    give a statement at that time as the incident had just  
17                    happened. Thereafter I received advice from my  
18                    solicitor not to provide an account until my status was  
19                    confirmed."
- 20                    And that was the advice you were given by your  
21                    lawyer?
- 22      A.   (Nods).
- 23      Q.   When did you -- just when did you get that advice from  
24           your lawyer?
- 25      A.   Oh, I don't know, it wasn't long after that.

## Transcript of the Sheku Bayoh Inquiry

1 Q. But it was after 3 May?

2 A. Yeah.

3 Q. You've said there that "Amanda Givan told us not to give  
4 a statement at that time as the incident had just  
5 happened". Did she explain why she was giving you that  
6 advice?

7 A. Yeah, because the incident had just happened and we  
8 needed to find out what's happening.

9 Q. Right. And when you say "what's happening"?

10 A. I don't know. She said that, then and what I understood  
11 to that is, right, okay, the incident has just happened,  
12 we've not received all the information, so we're --  
13 we're not giving a statement.

14 Q. And we've heard from other officers that they weren't  
15 clear on 3 May what their status was --

16 A. I wasn't -- no --

17 Q. -- they didn't know if they were --

18 A. Yeah, that's right, I was never clear.

19 Q. You weren't clear either?

20 A. No.

21 Q. So you didn't know whether you were a witness or  
22 a suspect?

23 A. No.

24 Q. And we've heard from other officers that they maybe  
25 would have liked something in writing or something to be

## Transcript of the Sheku Bayoh Inquiry

1 explained more clearly.

2 A. Mm-hm.

3 Q. Would you have liked that sort of approach?

4 A. Spoken to, something confirmed in writing, contact my  
5 lawyer or the Federation, yeah, everything.

6 Q. Yes. So you would have liked a bit of clarity --

7 A. Yeah.

8 Q. -- about that. And then can I ask you to look at your  
9 PIRC statement, 258, page 8, please, and paragraph 7,  
10 you say here:  
11 "There was a Federation officer, a female ..."  
12 You see that on the screen?

13 A. Yeah.

14 Q. "... who spoke to us as a group. I remember her saying  
15 that the PIRC would be dealing with it. I cannot recall  
16 all that she said, I remember her telling us to 'Just  
17 say nothing just now', as it had all just happened."  
18 Is that a reference to Amanda Givan of the SPF?

19 A. Yeah, well she was the only Federation officer that was  
20 there, so yeah, I would say so. I know I've not  
21 mentioned her there but yeah.

22 Q. Okay, thank you. Then can I ask you about the MIT or  
23 the MIT. Can we look at page 9 of your PIRC statement,  
24 paragraph 10. That starts:  
25 "Within the week I am not sure of exactly when I was

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1 spoken to by the two officers from the MIT team and  
2 asked to provide an operational statement. I don't know  
3 who the officers were. I made them aware that  
4 I wouldn't be after being told that the PIRC were  
5 investigating the incident and I found it weird that  
6 the MIT team would ask for a statement. I had also been  
7 given legal advice after a meeting with Peter Watson,  
8 lawyer. He told us not to provide a statement as this  
9 status was to be confirmed."

10 Now, you say there you found it "weird that the MIT  
11 team would ask for a statement". What was weird about  
12 that?

13 A. I believed PIRC to be an independent body, so I don't  
14 understand why people employed by Police Scotland from  
15 the major investigations team would get a statement on  
16 their behalf.

17 Q. Did you feel you had a clear explanation of why MIT were  
18 coming -- were wanting to speak to you about this?

19 A. I don't know. Like, I understand some of the things  
20 that have been said, but I wasn't aware of statuses and  
21 if they were acting on behalf of PIRC. I don't know if  
22 anyone ever -- we were told PIRC were investigating it,  
23 so the MIT team come in and then saying they're getting  
24 statements just -- yeah, that sounded weird to me.

25 Q. Is it fair to say you were a bit confused about what was

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1           going on at that time?

2           A. Yeah, definitely.

3           Q. And how were you feeling? You've said that it was  
4           within the week, but how were you feeling at that point  
5           when you were speaking to them?

6           A. Just probably the same as what I did on -- after --  
7           right after the incident.

8           Q. Yes.

9                     You've used the word "shock"?

10          A. Mm-hm.

11          Q. Still feeling zoned out?

12          A. Oh, definitely.

13          Q. Okay, thank you.

14                     Then can I ask you to look at page 8, paragraph 7 of  
15          your PIRC statement, and -- no, I think I've actually  
16          just referred to that, I don't need to go back to that.

17                     I'd like to move on now and ask you some questions  
18          about race.

19          A. Sure.

20          Q. Can you tell us, had you had training on equality and  
21          diversity in Police Scotland by May 2015?

22          A. Yes.

23          Q. Tell us about that.

24          A. So that was at the police college.

25          Q. At Tulliallan?

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- 1       A. Yes, yes. So that would be during your -- your  
2       probation. I think it's all different now than I think  
3       it used to be in the police college, but I think when  
4       I was there, it was ten weeks. You were then put to  
5       station for so long and then you came back and done two  
6       or three weeks, I think. So certainly for the first  
7       initial ten weeks, you done it on the first week, and  
8       I think it was -- they kept kind of going back to it  
9       a couple of lessons into the course, I'm sure.
- 10      Q. So something they came back to as your course was  
11      continuing --
- 12      A. Yeah -- yeah, so, like, the first week was all  
13      equality/diversity and then there was other kind of  
14      aspects of policing, but I'm sure they still touched on  
15      equality/diversity whilst they were doing some of that.
- 16      Q. Fine, and that was throughout your period at Tulliallan?
- 17      A. Throughout the ten weeks, yeah, first (inaudible).
- 18      Q. And in terms of the equality and diversity training,  
19      what sort of topics did the course cover, do you  
20      remember?
- 21      A. They would have covered quite a lot things. I'm sure  
22      there was, like -- just like discrimination, stuff like  
23      that, stuff about age, gender, sexual orientation, these  
24      kind of things, race, religion, yeah.
- 25      Q. Okay. And were you taught on that course about



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- 1           unconscious bias?
- 2       A. No.
- 3       Q. No?
- 4       A. No.
- 5       Q. So were you ever asked to identify in yourself any type
- 6           of unconscious bias?
- 7       A. Not that I recall.
- 8       Q. And in terms of what you did learn on that course,
- 9           you've talked about the different elements of it, how
- 10           were you able to put that into practice in your
- 11           day-to-day work?
- 12       A. Well, that was easy for me, because I just treat
- 13           everyone the same anyway, so ...
- 14       Q. All right, okay.
- 15           And have you ever made assumptions about anyone
- 16           based on the colour of their skin?
- 17       A. No.
- 18       Q. Do you remember how many officers were at
- 19           Kirkcaldy Police Office in 2015?
- 20       A. No.
- 21       Q. Can you give us an indication at all of the sort of size
- 22           of Kirkcaldy Police Office?
- 23       A. Including all officers and custody officers?
- 24       Q. Yes.
- 25       A. I don't know, I'd just say 80/90.

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1 Q. Were any of them black or from other ethnic minority  
2 groups?

3 A. I don't think so.

4 Q. You don't think so.

5 Before May 2015, had you ever -- did you ever  
6 encounter anyone making racist comments or jokes at  
7 work --

8 A. No.

9 Q. -- in Kirkcaldy?

10 Did you ever encounter any comments or jokes about  
11 Islam or terrorists?

12 A. No.

13 Q. Had you ever seen any of your colleagues on your team,  
14 your response team, exhibiting behaviour of that type?

15 A. No.

16 Q. Had you ever heard any of them using words  
17 like "coloured" in referring to someone who was black?

18 A. Not my colleagues, no.

19 Q. When you say "not your colleagues", do you mean other  
20 people?

21 A. Members of the community have said that.

22 Q. Oh, right. So people that you were coming into contact  
23 with?

24 A. Yeah.

25 Q. In Kirkcaldy?

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1 A. Yeah.

2 Q. In the area?

3 A. Yeah.

4 Q. If you had heard any comments of that nature in your  
5 work, how would you react to that?

6 A. I think it's about education and addressing it. So, for  
7 example, I know you're asking a question about police  
8 officers, but if I just could quickly take it back to  
9 members of the public.

10 Q. Please do, yes.

11 A. So I've -- I've seen -- I've dealt with incidents where  
12 people have made mention a black man, or someone who's  
13 Muslim or anything like that, calling him "coloured".

14 Q. Right.

15 A. So I have had to address that before.

16 Q. And what have you done? In your day-to-day work what  
17 did you do when you say you addressed it?

18 A. Well, educate them on the fact that "coloured" is not  
19 a correct term now.

20 Q. Right. And were you doing that before May 2015?

21 A. Yes.

22 So, the way I see that, right, is "coloured", for  
23 me, was used years ago, and I think it's about  
24 education, I think a lot of people got confused and seem  
25 to think that by referring to someone colour -- of

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1 colour was a politer way of addressing that instead of  
2 calling someone black. It's definitely not acceptable  
3 now, and I think it's almost an educational thing that  
4 people aren't aware of it. There's a lot of people that  
5 -- I'm aware a black man is a black man, a black woman  
6 is a black woman; they're not coloured.

7 Q. Right.

8 A. But it's quite -- I -- I kind of label it as a -- as  
9 almost a generational thing.

10 Q. What do you mean by that?

11 A. When I say that is that, not everyone, you have to  
12 understand, but you can -- especially in Kirkcaldy,  
13 that's where I've worked, okay, there's a lot of people  
14 in Kirkcaldy that still refer to people of colour, okay.  
15 For me, it seems quite Kirkcaldy-based, you get a lot of  
16 elderly people that are maybe just from a different  
17 time, from a different era, who are maybe just not as  
18 educated in it, that make these kind of comments.

19 Q. So the older people may use words like that?

20 A. Of course, but remember, younger people can also -- I've  
21 heard younger people say it as well, but I'm just kind  
22 of --

23 Q. Yes. That's your experience?

24 A. Yes.

25 Q. Then can I ask you, at the time of Mr Bayoh's death in

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1           May 2015, were you aware of any public concerns about  
2           the use of force by police officers, particularly  
3           against black men? Did you have any general awareness  
4           of those concerns?

5           A. In 2015, before it, sorry?

6           Q. In 2015?

7           A. No, no.

8           Q. And in your own experience, were you aware if that was  
9           of any concern to Police Scotland on a wider basis,  
10          concerns about use of force by police officers  
11          against --

12          A. Not that I'm aware.

13          Q. No.

14                 You may be aware now that there's been a number of  
15          high profile deaths in police custody, not just in  
16          Scotland, I'm talking about the wider UK, and some of  
17          those specifically relate to concerns about the use of  
18          restraint by police officers. So at the time, in  
19          May 2015, were you aware of any other cases in,  
20          you know, down south, in the UK more widely, where  
21          a person had died in police custody and restraint had  
22          been an issue?

23          A. No.

24          Q. No. Were you aware if learning from other areas of  
25          the UK was being shared with Police Scotland?

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1 A. Not that I was aware of, no.

2 Q. Was that something you'd come across in Tulliallan when  
3 you were on your course, maybe the sharing of  
4 information from England or experiences down south, or  
5 Northern Ireland?

6 A. I think at some point I had been aware of sharing of  
7 information with other agencies, but not necessarily  
8 about that.

9 Q. Okay, thank you.

10 Can I ask you some questions about your  
11 understanding and awareness of the black community in  
12 Kirkcaldy.

13 A. Sure.

14 Q. Had you been involved in any community relation work?

15 A. No.

16 Q. No. Were you aware of any such work being undertaken by  
17 colleagues, say on the response team?

18 A. No.

19 Q. Did you have much experience of the black community, and  
20 I mean not just as suspects of crime, but as witnesses  
21 or victims of crime?

22 A. I probably would have dealt with victims, witnesses,  
23 that kind of thing. I've -- I don't think I've ever  
24 dealt with a black suspect before.

25 Q. Right.

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1           And had you been dealing with members of the black  
2           community who were maybe witnesses or victims of crime?

3           A. I would of at some stage.

4           Q. And had you had, at that stage, much contact with  
5           members of the black community, even on a social basis?

6           A. No, just other than my work.

7           Q. Right.

8           A. Or, like -- or I used to play rugby and there was  
9           a black man that they played with, so.

10          Q. How often did you play rugby?

11          A. So I used to -- I played all during my teenage years and  
12          then later and then kind of just in my late 20s.

13          Q. Right. And was that a regular game that you would play?

14          A. Yeah, so I would play for a team and that, so you'd  
15          train, like, Tuesday and Thursdays, and play on  
16          a Saturday.

17          Q. All right, so it was three times a week?

18          A. Yeah.

19          Q. How many years did you play rugby?

20          A. I could say it was a while; I played for a while.

21          Q. Okay. Can I ask you to look at a photo and we may, at  
22          some point, hear that this is a photo of a wedding that  
23          you attended in 2013, and we're going to put that up on  
24          the screen. Just to give you a little bit of the  
25          background, this was a wedding -- a photo from a wedding

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1           of a woman called Jodie Lynch, she was the bride, you're  
2           nodding, and I think your partner at the time was  
3           a friend of the bride and they worked together at that  
4           time?

5           A. Yes.

6           Q. And she also happened to be a friend of Collette Bell,  
7           who was Mr Bayoh's partner at the time?

8           A. Okay.

9           Q. All right, you maybe weren't aware of that connection?

10          A. No. How that was put to me, that, again, I could be  
11          wrong, that Collette Bell was the cousin of Jodie Lynch.

12          Q. Oh, right, so she might have been even more than a  
13          friend, she might have been related?

14          A. I could be wrong but that's what I was told.

15          Q. No, no, that's fine.

16                 Do we see in this photo that actually, is that you  
17          there that we see dressed up for the wedding?

18          A. Yes.

19          Q. And then we also see Mr Bayoh?

20          A. That is Mr Bayoh.

21          Q. Yes. So had you had any contact with him at that  
22          wedding? That was the wedding that took place in 2013,  
23          on 4 May 2013.

24          A. I don't think I had any contact with him. I think my  
25          partner recalls that we were sat at the same table,



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1            though, but I -- I wasn't sure about that. I don't  
2            know.

3            Q. Right, okay. Well, that's fine, thank you very much.  
4            We can put that photo away.

5            Can I ask you about black stereotypes.

6            A. Sure.

7            Q. Are you aware of any stereotypes in relation to black  
8            people generally and black men in particular in relation  
9            to criminal justice?

10           A. Have I heard from other people things like that?

11           Q. Yes.

12           A. Not my views? No.

13           Q. No, no, just are you aware of (overspeaking) --

14           A. Criminal justice, okay, yeah, yeah.

15           Q. Can you tell us what some of the stereotypes are that  
16           you've heard of?

17           A. I probably couldn't list all of them, but -- so black  
18           men are more likely to be part of a gang.

19           Q. Right.

20           A. That's probably one I could think of that I've heard.

21           Q. And where have you heard these sort of stereotypes?

22           A. Media, social media.

23           Q. Okay.

24           A. Probably television, documentaries, things like that.

25           Q. So you're aware of that. Is that something that you

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1           received training on in relation to the training you've  
2           had at Tulliallan? Did they address things like  
3           stereotypes and how to avoid falling into any  
4           stereotypical traps or making assumptions?

5       A. They probably did about assumptions and stuff like that.  
6           I'd imagine they did cover that, I can't completely  
7           recall it, but that's something they probably would have  
8           addressed, to be fair.

9       Q. And were you aware of any attitudes in Kirkcaldy at that  
10          time that black men might have been perceived as more  
11          likely to resist, to be less compliant, more violent, or  
12          to have superhuman strength or size?

13      A. No, and like I said earlier, apart from this incident,  
14          I -- I have never dealt with a black suspect, female or  
15          male.

16      Q. Okay.

17                 So you didn't have any assumptions like that  
18                 yourself?

19      A. No.

20      Q. Could you just give me a moment, please?

21      A. Sure.

22      MS GRAHAME: Thank you very much.

23                 Thank you very much, I have no further questions.

24      A. Thank you.

25      LORD BRACADALE: Thank you.

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1           Apart from Ms McCall, are there any other Rule 9  
2 applications? Ms Mitchell, Mr Scullion and --

3           Constable Gibson, I wonder if you would withdraw to  
4 the witness room so that I can hear submissions.

5           A. Yes, sir. Thank you.

6   (The witness withdrew)

7           Ms Mitchell, if you come out first then, please, and  
8 make your submission.

9           Yes.

10   Application by MS MITCHELL

11           MS MITCHELL: Yes, the first issue that I would like to put  
12 to the witness arises from his PIRC statement, 258,  
13 page 7 of 11, and he speaks about that Nicola Shepherd  
14 came into the canteen and she said that the family have  
15 a right to know what happened, and I would like to  
16 explore that a little more to find out when it was that  
17 she came in, who Nicola Shepherd said this to, what was  
18 she saying it in response to. I think the witness goes  
19 on a little to explain that he believes that it might  
20 have been because the Federation officer had told them  
21 to say nothing. So I would just like to explore --

22           LORD BRACADALE: Is this explored in evidence as well as in  
23 the PIRC statement?

24           MS MITCHELL: It's not explored -- it hasn't been explored  
25 in evidence with my learned friend. So that was

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1 the first issue.

2 The second issue is --

3 LORD BRACADALE: Sorry, I didn't catch that. Yes, the page  
4 number is there.

5 MS MITCHELL: Page 7 of 11 --

6 LORD BRACADALE: Yes.

7 MS MITCHELL: -- the final three paragraphs:

8 "Chief Inspector Nicola Shepherd, the Kirkcaldy  
9 CI came in at one point and she said that the family  
10 have a right to know what happened."

11 And I just want to explore a little more of that  
12 context with the questions that I've put forward.

13 The next issue is in relation to issues of race, and  
14 he has spoken about, I suppose, the lack of racism and  
15 what I would like to ask him is whether or not he is  
16 aware of any allegations of racism outwith the police,  
17 ie by members of the public against police officers and  
18 whether or not he was aware if any of those allegations  
19 had been upheld. So rather than simply looking at it as  
20 to whether or not there was racism within the police  
21 force, were there allegations made by members of  
22 the public.

23 LORD BRACADALE: Is there an evidential base for that?

24 MS MITCHELL: There is an evidential base for that that's  
25 been disclosed. This witness may not know of that, but

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1 I want to ask in general whether or not he's aware of  
2 any allegations of racism.

3 LORD BRACADALE: Yes.

4 MS MITCHELL: So I wouldn't be able to put to him a precise  
5 allegation about somebody else, but he may know of that.

6 In relation to the next issue, the witness said that  
7 he was given training on discrimination and he said that  
8 he was given training on gender, he was given training  
9 on sexual orientation, and the Inquiry will come to hear  
10 when another witness gives evidence, in her statement  
11 she had been asked if there was sexism or homophobia,  
12 and she responds that she saw someone being treated  
13 differently because they were being treated differently  
14 if they were a female, or they are gay or lesbian, and  
15 she said she did witness that. So what I would like to  
16 pose to this witness is whether or not they were trained  
17 not to make comments or jokes or treat people  
18 differently in relation to their gender, or not to make  
19 comments or jokes or treat people differently in  
20 relation to sexual orientation, and also of course to  
21 not make comments or jokes or treat people differently  
22 because of their race, because we have at least an  
23 instance of one officer saying that at least two of  
24 those other things occurred.

25 And the final issue that I would like to raise is

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1 the issue of the last questions that were asked in  
2 respect of the picture being taken, and he said his  
3 partner recalled that they had sat at the same table.  
4 Just to explore when it was that they realised that  
5 they'd been to a wedding together and why he didn't  
6 mention that he had met Mr Bayoh when he was interviewed  
7 by the PIRC.

8 LORD BRACADALE: Are these all the issues?

9 MS MITCHELL: Yes.

10 LORD BRACADALE: Could you return to your seat then, please,  
11 and Mr Scullion, if you can ...

12 Application by MR SCULLION

13 MR SCULLION: The witness was asked if, in the period  
14 following 3 May of 2015, there was some confusion  
15 surrounding his status, and he told the Inquiry that, as  
16 part of the confused picture, he said that he believed  
17 that the PIRC were an independent body, so he didn't  
18 understand why people employed by Police Scotland,  
19 namely the MIT, would get a statement on their behalf,  
20 but it wasn't explored where he got the information that  
21 MIT were taking statements on behalf of PIRC, and  
22 I would like to explore with him whether in fact he got  
23 that information at a meeting on 7 May of 2015 where he  
24 met with Detective Inspector Stuart Wilson and  
25 Detective Chief Inspector Keith Hardy at which time he



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1 (3.32 pm)

2 (A short break)

3 (3.53 pm)

4 Ruling

5 LORD BRACADALE: Ms Mitchell, I shall allow you to ask  
6 questions in relation to Nicola Shepherd. I do not  
7 consider that it would assist the Inquiry to explore  
8 further with this witness any of the other issues you've  
9 raised.

10 I shall allow Mr Scullion to explore his issue.

11 I do not consider that it would be of assistance to  
12 the Inquiry for Mr Moir to explore his issues with this  
13 witness.

14 So could we have the witness back now, please.

15 (The witness returned)

16 Constable Gibson, you're going to be asked some  
17 questions first by Ms Mitchell QC, who acts for  
18 the Bayoh families.

19 A. Thank you, sir.

20 Questions from MS MITCHELL

21 MS MITCHELL: I wonder if we could look at your PIRC  
22 statement. That's number 258, and we're looking at  
23 page 7 of 11, the final three paragraphs. And I'll just  
24 explain, while we're waiting for that, that I want to  
25 ask you -- sorry.



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1 UNIDENTIFIED SPEAKER: Could you repeat that?

2 MS MITCHELL: Certainly, yes, PIRC 258, page 7 of 11.

3 LORD BRACADALE: It's actually page 8.

4 MS MITCHELL: 8, sorry. Thank you.

5 Now, do we see at the bottom of that page -- and

6 that page talks about when you're back in

7 the canteen -- it says:

8 "I remember that CI ..."

9 Is that chief inspector?:

10 "I remember that CI Nicola Shepherd, the Kirkcaldy  
11 CI came in at one point, she said that the family have  
12 the right to know what happened. She only came from for  
13 about 5 minutes.

14 "I don't know why she said that, I'm assuming that  
15 was because the Federation officer (female) had told us  
16 to say nothing at that stage."

17 Then if we could go on to the next page, please:

18 "Much later on I was told that my clothing and  
19 equipment was going to be taken."

20 Do you remember Chief Inspector Shepherd coming in  
21 to speak to you?

22 A. Yes.

23 Q. And when she came to speak to you, did she speak to you  
24 all as a group?

25 A. She made a statement in front of the group.

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1 Q. Okay.

2 And did that statement involve her speaking about

3 the family having a right to know what happened?

4 A. Yes.

5 Q. And what context was that said in?

6 A. I seem to recall it's, "You better cooperate, because

7 someone's lost a family member".

8 Q. Okay. So she was asking you to cooperate. And

9 by "cooperate", what did she mean?

10 A. I have no idea.

11 Q. Were you being asked, for example, to give statements?

12 A. I don't know.

13 Q. Well, were you being asked to give statements by that

14 point? Had anyone asked you about giving a statement?

15 A. I'm not sure if anyone has asked about a statement.

16 I know that we were given advice by the Federation that

17 the incident had just happened and not to -- to provide

18 any kind of statement just now.

19 Q. So is your position that you thought that

20 Nicola Shepherd was saying that you should in fact

21 cooperate with giving a statement because the family had

22 a right to know what happened?

23 A. I would assume that's what she meant by saying that.

24 Q. Can I ask you, can you remember what time she said that?

25 I'm not asking for a --

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1 A. Sure.

2 Q. -- an actual pinpointed time --

3 A. Sure.

4 Q. -- but we see in your statement there you say, "Much  
5 later on I was told that my clothing and equipment was  
6 going to be taken". Can you approximate when it was  
7 that Chief Inspector Shepherd came in and spoke to you  
8 about that?

9 A. Not exactly, but probably not long after we had found  
10 out that Mr Bayoh was now deceased.

11 LORD BRACADALE: Thank you, Ms Mitchell. If you'd like to  
12 return to your seat.

13 Mr Scullion.

14 Mr Gibson, you're going to be asked questions by  
15 Mr Scullion, who is the senior counsel for PIRC.

16 A. Thanks, sir.

17 Questions from MR SCULLION

18 MR SCULLION: PC Gibson, you were asked by Senior Counsel to  
19 the Inquiry about confusion surrounding your status in  
20 the period following the events of 3 May 2015.

21 A. Sure.

22 Q. And by "status", you'll understand that that is whether  
23 you were a suspect or a witness at that time?

24 A. Yes, sir.

25 Q. And you explained that you believed PIRC to be an

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1 independent body, and you said that you didn't  
2 understand why people employed by Police Scotland from  
3 the Major Investigation Team would be getting  
4 a statement on their behalf. Do you remember giving  
5 that evidence?

6 A. Yes, I do.

7 Q. And where did the information come from that officers  
8 from the Major Investigation Team would be getting  
9 statements on behalf of PIRC?

10 A. I think that's came through the Inquiry that I've seen,  
11 that they were getting it on behalf of PIRC.

12 Q. Did you attend a meeting on 7 May 2015 involving  
13 a Detective Inspector Stuart Wilson and  
14 a Detective Chief Inspector Keith Hardy?

15 A. I don't know who the other officer was, but I seem to  
16 recognise the name Hardy that I spoke to, or went to.

17 Q. Is it possible that there was -- that you were at  
18 a meeting where you were asked to provide a statement on  
19 behalf of PIRC?

20 A. That could have been a possibility, yes.

21 Q. And do you remember now whether it was in the context of  
22 that meeting that those officers told you that they were  
23 there on behalf of PIRC?

24 A. They might have. I can't recall that. I couldn't say.

25 Q. All right.

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1           And do you remember, around that time, being asked  
2           to provide a statement and told at that time that your  
3           status was that of witness?

4           A. I can't recall.

5           Q. Is that a possibility?

6           A. It could be a possibility.

7           MR SCULLION: All right. Thank you.

8           LORD BRACADALE: Ms McCall, do you have any matters?

9           MS MCCALL: Yes, sir.

10          LORD BRACADALE: Can you give me an indication of the areas  
11          you're going to cover.

12          MS MCCALL: Yes. The first area is to clarify who applied  
13          the Fast Straps, because Constable Gibson, in his oral  
14          testimony, indicated he couldn't quite remember, so it  
15          was to refer him to his PIRC statement and see whether  
16          he thought that was accurate.

17          And the second issue is in relation to questions on  
18          race. Constable Gibson was asked how he put his  
19          training into practice, and it was to take an  
20          illustration of that from him, from his experience, with  
21          reference to a document that's before the Inquiry.

22          LORD BRACADALE: Are these the matters?

23          MS MCCALL: These are.

24          LORD BRACADALE: I shall allow these matters.

25          So you're going to be asked some questions by your

## Transcript of the Sheku Bayoh Inquiry

1 own counsel.

2 A. Thank you, sir.

3 Questions from MS MCCALL

4 MS MCCALL: Constable Gibson, you were asked if you  
5 remembered who applied the Fast Straps to Mr Bayoh, and  
6 what you said was you weren't sure, but you thought it  
7 might have been Constable Smith and Constable McDonough.

8 A. Yes.

9 Q. I wonder if I could just ask you to look again at your  
10 PIRC statement, which is 00258, and it's page 5 of that,  
11 paragraph 2. I'll just read a bit of that to you:

12 "I'm not 100% sure but I think at some stage  
13 PC Alan Smith (he is an OST trainer) was at the legs and  
14 he mentioned Fast Straps, I remember PC McDonough saying  
15 he had Fast Straps ...

16 "PC McDonough started off trying to apply  
17 the Fast Straps to the male's legs. By this point I was  
18 aware that PC Kayleigh Good was there and she was  
19 assisting to pull the straps through. By this time the  
20 male was on his front. When the straps were through PC  
21 Alan Smith crossed the straps over and tightened them.  
22 I still stayed on his legs."

23 Do you see that?

24 A. Yes, I do.

25 Q. And if that's what you said to the PIRC on 4 June 2015,

## Transcript of the Sheku Bayoh Inquiry

1 do you think that's likely to be accurate?

2 A. Yes, I've -- I've more or less described it all.

3 However, by looking at this, I see I've left out PC

4 Kayleigh Good.

5 Q. Well, that's what I was trying to get from you, that

6 PC Good was involved in pulling the strap through.

7 A. Yeah, I mean PC Kayleigh Good's involvement wasn't as

8 great as some of the other officers due to her

9 inexperience. But yeah, if that's what I've said to

10 PIRC there, then that will have been what happened.

11 Q. That will be right. All right, thank you.

12 And then I want to ask you about the question of

13 race. You were asked about the training you'd received,

14 and you were asked how you put that into practice.

15 A. Sure.

16 Q. And you told the Chair you just treat everyone the same.

17 A. Yes.

18 Q. And I wondered if I could ask you about a particular

19 example of when you might have put your training into

20 practice.

21 Do you recollect an incident you were involved in

22 which involved a witness who was a Pakistani female and

23 you were required to use an interpreter in your

24 involvement with her? Does that ring a bell with you?

25 A. I've had to do that a couple of times.

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1 Q. All right.

2 I wonder if I could ask you to look at something

3 then, please. Hopefully we can put it on the screen.

4 UNIDENTIFIED SPEAKER: (Inaudible - off microphone).

5 MS MCCALL: I'll perhaps just set that up while the hard

6 copy comes.

7 What you're going to be shown, Constable Gibson, is

8 a copy of a performance development review that's yours

9 for the period that ends November 2013, so about

10 18 months before the incident with Mr Bayoh.

11 A. Okay.

12 Q. We'll just wait for that document to come so that you

13 can see it.

14 (Pause)

15 (Handed)

16 I'll just give the number for this for

17 the transcript. It's PS01116. And if you look,

18 Constable Gibson, at the first page, do you see that

19 this is headed up "National PDR", which I think stands

20 for "Performance Development Review"; is that right?

21 A. Yes.

22 Q. And we see under that it's got your name on it, and

23 the review period has a finish date of 24 November 2013;

24 do you see that?

25 A. Yes.



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1 Q. Were you still in your probation at that time?

2 A. Yes.

3 Q. If you turn, please, to page 3.

4 A. Yes.

5 Q. And one of the competences that they're reviewing is  
6 "respect for diversity", so you should see that heading  
7 at the top of the page; do you see that?

8 A. Yes, I do.

9 Q. And we see that you're assessed as "competent" in this  
10 period?

11 A. Yes.

12 Q. I'll just read this out to you:

13 "PC Gibson was tasked with attending the home of  
14 a Pakistani female to inform her of ..."

15 And then the issue is redacted:

16 "It was known in advance that the female did not  
17 speak any English and an interpreter was used to assist.  
18 The female had been a hostile witness. PC Gibson  
19 briefed the interpreter as to the requirements and asked  
20 how best he should approach the female, what wordings  
21 would be best used and if there were any cultural issues  
22 that he should be aware of, or any issues he should  
23 avoid talking about. He completed the task accordingly  
24 and in addition set up a means of communication that  
25 the female could use to contact police in an emergency

## Transcript of the Sheku Bayoh Inquiry

1           if she had the need to use the 999 system for any  
2           further problem given her lack of English."

3           Now that I've read that to you, do you recollect  
4           that incident?

5       A. It would be quite hard to recollect, because it was so  
6       long ago, but there has been similar things like that  
7       before, more recently.

8       Q. A couple of things that are noted there is that you  
9       asked the interpreter how you should approach  
10      the female, what wording would be best used, if there  
11      are any cultural issues that you should be aware of or  
12      anything that you should avoid talking about. Why did  
13      you do that?

14     A. So the interpreter spoke the language of -- of  
15     the female, so in this case she spoke Pakistani. She  
16     might understand things a little bit better. I'm aware  
17     through training, not necessarily Pakistani people, but  
18     I remember it was some kind of religions that some  
19     females might not want to speak to a male police  
20     officer, they might want to speak to a female, these  
21     kind of things. So I think she would maybe have a -- a  
22     kind of better understanding, so I used that to my  
23     advantage and asked her if she could assist, and, yeah,  
24     basically so I could make the female be at ease and just  
25     have a bit of respect for her, I guess.

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1 Q. So was that an example of things that you'd learned to  
2 do through your training?

3 A. Some of, yeah.

4 MS MCCALL: Thank you.

5 Thank you, sir.

6 LORD BRACADALE: Thank you.

7 Constable Gibson, thank you very much for coming to  
8 give evidence to the Inquiry. The Inquiry will be  
9 adjourning for the day in a moment and then you will be  
10 free to go.

11 A. Thank you, sir.

12 LORD BRACADALE: I'm going to adjourn now until next

13 Tuesday, so it's a long weekend, and I hope you all have  
14 a calm long weekend.

15 (4.10 pm)

16 (The hearing adjourned until Tuesday, 7 June 2022)

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