

Transcript of the Sheku Bayoh Inquiry

Wednesday, 22 June 2022

(10.00 am)

Ruling

LORD BRACADALE: Good morning. This is my decision in the applications in respect of Mr Paton.

Because of the unusual arrangements for taking the evidence of Mr Paton it was not possible precisely to follow the normal Rule 9 procedure. Accordingly, I take a more flexible approach to the oral applications.

Mr Anwar raised a large number of points. It seems to me that many of the points raised by him are perfectly legitimate points which could appropriately be advanced in submissions. I have already indicated that after the hearing on cause of death I shall invite written and oral submissions on the evidence heard up to that stage so, for example, it would be open at that stage to make a submission that the evidence of Mr Paton that Sheku Bayoh had embarked on a course of conduct with a view to killing Mr Saeed was speculation on his part and unsupported in evidence.

Another example of a matter which could be the subject of submission would be that Sheku Bayoh did not, in the event, take advantage of Mr Paton's incapacity and attack him.

While that is a legitimate point to make in

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1 submission, I do not consider that further evidence from
2 this witness in relation to that or the earlier example
3 would assist the Inquiry.

4 In respect of a number of other matters canvassed by
5 Mr Anwar, I consider that they have been canvassed to
6 the extent that they can be with this witness and that
7 further exploration would not assist the Inquiry.

8 In relation to the long-standing feud within the
9 Paton family, I consider that a detailed examination of
10 that would be collateral and would distract the Inquiry
11 from its task. I have, however, on further
12 consideration, come to the view that specific
13 allegations of racist statements are relevant to the
14 Terms of Reference. Mr Paton has already been asked
15 about such an allegation made by his grandfather.
16 I consider that he should also be asked about the
17 specific allegations of racist remarks by him advanced
18 by his sister Karen and her husband Barry Swan. I shall
19 therefore invite Counsel to the Inquiry to pursue these
20 specific issues with Mr Paton.

21 I shall also allow questioning in respect of two
22 further specific issues. First, I think that when
23 Mr Anwar ascribed evidence to Kayleigh Good, he was in
24 fact referring to the evidence of Ashley Wyse in
25 relation to what she said she heard Sheku Bayoh say

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1 during the restraint, and I shall allow that to be
2 explored with Mr Paton.

3 I shall also allow questioning of Mr Paton as to
4 whether he or Craig Walker stated at the police office
5 that they had killed a man.

6 I think that in addition to the points raised by
7 Mr Anwar, that also covers the first issue raised by
8 Mr Moir.

9 In relation to Mr Moir's submission on training,
10 I am not satisfied that further exploration of this with
11 Mr Paton would assist the Inquiry.

12 In summary, therefore, I shall constitute a further
13 closed hearing at which Counsel to the Inquiry will
14 examine Mr Paton on the issues which I have identified.
15 Thereafter the recording will be played in public in due
16 course.

17 Now, Ms Grahame, who is the first witness today?

18 MS GRAHAME: The first witness will be Christopher Fenton
19 and he is present.

20 LORD BRACADALE: Very well. Do we have the witness, please?

21 (Pause).

22 Good morning, Mr Fenton.

23 A. Good morning.

24 LORD BRACADALE: You're going to be asked questions by

25 Ms Grahame. Before that, would you say the words of the

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1 affirmation after me.

2 MR CHRISTOPHER FENTON (affirmed)

3 LORD BRACADALE: Ms Grahame.

4 Questions from MS GRAHAME

5 MS GRAHAME: Thank you.

6 Good morning.

7 A. Morning.

8 Q. You are Christopher Fenton?

9 A. Yes.

10 Q. And what age are you?

11 A. I am 34.

12 Q. You are a community psychiatric nurse, as I understand
13 it?

14 A. Yep.

15 Q. You have a bachelors degree in psychiatric and mental
16 health nursing?

17 A. Yep.

18 Q. You have worked in that area or that field since 2013?

19 A. Yep.

20 Q. And from September 2014, you were working in the
21 Ravenscraig Ward at Whytemans Brae hospital in
22 Kirkcaldy?

23 A. Yeah.

24 Q. We have heard that that's a psychiatric hospital.

25 A. Yep.

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1 Q. It has, as I understand it, around 65 patients in the --

2 A. I think it's just one ward now of about -- I think it's

3 about 25 patients it has.

4 Q. So it's maybe smaller?

5 A. Yeah.

6 Q. In 2015 were there more patients?

7 A. No, there was still just one ward. Maybe about 30.

8 Q. Right, 30. Could you very briefly just tell us about

9 the type of work you were doing in Whytemans Brae

10 Hospital?

11 A. Yeah, so it covered a variety of mental health illness

12 for people aged under 65 and over 18, so it was an acute

13 admissions ward.

14 Q. And what does it mean, an acute admissions ward?

15 A. So that's more if people are having an acute onset of

16 mental illness, they will be admitted to wards when

17 they're not able to be maintained in the community.

18 Q. Okay. You're here today because I'm going to be asking

19 you some questions about 3 May 2015.

20 A. Yep.

21 Q. And I want to make sure you've got everything you might

22 need in front of you. So you will see a black folder --

23 A. Yep.

24 Q. -- in front of you, and when I refer to a paragraph in

25 a statement it will come up on the screen in front of

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1 you.

2 A. Okay.

3 Q. But that will just be one paragraph or maybe two.

4 A. Yep.

5 Q. But you will have hard copies of your statements in
6 front of you and, please, if you want to refer to any
7 other sections --

8 A. Okay.

9 Q. -- please do that. Let me know what they are and we can
10 put that on the screen.

11 A. Okay, that's fine.

12 Q. Can we look, first of all, at a statement dated
13 17 June 2015. Now, that should be in your folder and we
14 will also see that on the screen. We see it's
15 a statement with your name, Christopher Fenton,
16 psychiatric nurse, taken 17 June 2015.

17 A. Yep.

18 Q. And it was taken by Trainee Investigator Stuart Taylor
19 and Investigator Ross Stewart at your home address.

20 A. Yeah.

21 Q. Can we also look please at paragraph 20 of your Inquiry
22 statement, which is SBPI 11. While they're bringing
23 that up on the screen, am I right in thinking that when
24 you gave this statement to PIRC, that you were doing
25 your best to try and tell a true and accurate account of

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1 what had happened on 3 May 2015?

2 A. Yep.

3 Q. And if we look at paragraph 20 of your Inquiry
4 statement, which I will come to in a moment, it does
5 say:

6 "I believe my memory of the incident was clearer at
7 the time of giving a statement to PIRC than it is now
8 just with the passing of time. I gave a statement to
9 the Crown around a year after the incident and
10 I remember that that statement was a lot shorter than
11 the one I gave to PIRC. I suspect that was because
12 I couldn't remember the same level of detail. The
13 statement I gave to PIRC was given to the best of my
14 memory at the time and I did my best to be truthful and
15 accurate in what I said. I expect that the PIRC
16 statement will be more accurate than what I recall now.
17 If there is any discrepancy between what I have said in
18 this statement and my statement to the PIRC, the PIRC
19 statement should be preferred. I remember reading over
20 my PIRC statement at the time."

21 Is that correct?

22 A. Yeah, that's correct.

23 Q. Thank you. And then can we look at the first page of
24 this Inquiry statement and we will see that this is
25 a statement you have given to the Inquiry and it was

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1 taken by a member of the Inquiry team on 10 December
2 last year.

3 A. Yes.

4 Q. And if we look to the paragraph 23, so the end of this
5 statement, it says:

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

10 And in the light of that, you have then signed it.

11 A. Yep.

12 Q. Now, you will see that your signature has been redacted
13 from the copy on the screen, but the one in your folder
14 should have your signature on it.

15 A. Yeah.

16 Q. And it was signed on every page, on 31 March this year.

17 A. Yeah.

18 Q. Thank you. Now, in addition you should also have a copy
19 of a spreadsheet, a combined audio and video timeline.

20 It might be on the left, a big A3 page, and you will see
21 that this -- I don't know if you have seen any other
22 evidence, Mr Fenton?

23 A. No.

24 Q. No? Well, this is a spreadsheet that we have been
25 referring to with other witnesses.

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1 A. Okay.

2 Q. And you will see on the left-hand side there's times in
3 the 24-hour clock listed and so this is a combined audio
4 and visual timeline. To the left of centre is something
5 called the "Event Airwave transcription", so it's notes
6 of Airwave transcriptions of calls between the police.

7 A. Yes.

8 Q. And just to the right there's a description of visible
9 events in the video and what I will be doing at one
10 point is going through some combined footage of CCTV and
11 other things and we will be able to use this
12 spreadsheet, but when we come back to it I will explain
13 the area I need you to look at.

14 Let's start with your Inquiry statement and look at
15 paragraph 4, please. We see here you have told the
16 Inquiry you remember it was a Sunday morning about 7.20
17 in 2015.

18 A. Yep.

19 Q. And you were driving in your car, which was a black
20 Honda Civic.

21 A. Yep.

22 Q. And you were travelling from your house to Whytemans
23 Brae Hospital, and you have already told us that's where
24 you were working at the time.

25 A. Yep.

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1 Q. And the route you took as you came up Hendry Road,
2 travelling north towards Hayfield Road, and you
3 remember:

4 "... a police car passing [you] on Hendry Road at
5 quite a speed. I can't remember if it was one or two,
6 but I definitely remember a police car passing me on
7 Hendry Road because it was heading towards my work
8 direction and usually police are involved if there's
9 a psychiatric emergency, so that was the first thing
10 I noticed."

11 A. Yep.

12 Q. "It was a Vauxhall Corsa ... silver or white ... it had
13 lights on and possibly sirens. I continued on
14 Hendry Road and then as I approached the mini-roundabout
15 near the White Heather pub ..."

16 We have also heard that sometimes called Gallaghers
17 pub?

18 A. Yeah, yep.

19 Q. "... I seen a lot of police cars and vans in the
20 proximity. I thought it was probably a patient that's
21 from off the ward. At this mini-roundabout there's
22 a right turn into Hayfield Road. The police cars and
23 van were just scattered along a distance of about
24 100 yards on Hayfield Road. The nearest vehicle to me
25 was on the right-hand side of the road as you look down

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1 the road towards the hospital. It was possibly the
2 Corsa that passed me shortly before on Hendry Road.
3 I looked dumped on the road ..."

4 Is that maybe --

5 A. "It looked".

6 Q. "... it looked dumped on the road --"

7 A. Yes.

8 Q. " -- not parked parallel to the kerb."

9 And then you marked a map.

10 So just looking at that paragraph for a moment, you
11 said that you thought it was probably -- or you wondered
12 if it was a patient from off the ward.

13 A. Yes.

14 Q. What made you think that?

15 A. We have quite a high incidence of patients absconding
16 from the ward. We contact the police and report them as
17 missing.

18 Q. So as soon as you notice that a patient has absconded,
19 you contact the police?

20 A. Yep. Depending on the severity of their illness when
21 they have absconded. If there's any risk we will
22 contact the police.

23 Q. When you say "risk", what do you mean?

24 A. For example, somebody might be absconding to end their
25 life, or cause harm to others.

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1 Q. Right. So if you're concerned about them self-harming
2 or harming others, your first port of call is to phone
3 the police?

4 A. Yes, yes.

5 Q. How often do you -- or did in 2015, did you require to
6 phone the police in relation to patients?

7 A. It would vary, but potentially several times a day --

8 Q. Oh?

9 A. -- we would contact the police, yeah.

10 Q. So this was a common occurrence?

11 A. Yeah. We weren't a locked ward so it was -- patients
12 could easily abscond.

13 Q. Right. And so did you have regular contact with
14 the police --

15 A. Yeah.

16 Q. -- in your job in 2015?

17 A. Yeah. Throughout my whole time at Ravenscraig Ward,
18 yeah, regular contact.

19 Q. How long were you there?

20 A. Four years.

21 Q. And when we talk about contact with the police, would
22 you have to meet with the police or speak to the police
23 on a regular basis?

24 A. Yeah, yep. So if we reported somebody missing,
25 the police would come and collect a statement.

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1 Q. Right. And would the police often help to find the
2 person who had absconded and bring them back to the
3 ward?

4 A. Yes, yeah.

5 Q. Did they always bring the person back to the ward?

6 A. Yeah, nine out of ten times, unless if it was somebody
7 that was repeatedly absconding they would maybe take
8 them to a different hospital and assist with that.

9 Q. Any bad experiences where the person wasn't -- had
10 followed through with the risk?

11 A. Mm-hm.

12 Q. Yes?

13 A. Yep.

14 Q. Can I ask you to look now at some footage for me please.
15 This is an evidence video timeline and this is where we
16 will look at the combined audio-video timeline, which is
17 the spreadsheet I referred you to a moment ago.

18 A. Okay.

19 Q. And I'm going to ask -- it's already prepared. I'm
20 going to ask that a small segment of the footage is
21 shown. Let me explain to you what you will see on the
22 screen first of all, so the top left-hand corner is
23 a grey box that says "Real time"?

24 A. Mm-hm.

25 Q. And that's -- we have heard that that's to within one

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1 second accuracy of the actual time on the day. So the
2 time on the screen at the moment is 7.22.23 and it's on
3 3 May 2015. And you will see that there are buttons
4 underneath, 101 calls, 999 calls and Airwave
5 transmissions.

6 A. Yep.

7 Q. So there's also audio here and sometimes we will hear an
8 Airwave transmission which is a call between
9 police officers that they can hear and you will hear
10 that and that button will light up.

11 A. Okay.

12 Q. Underneath that it says "Emergency status". You can
13 ignore that for the moment. And at the bottom of the
14 screen is CCTV footage that we have heard comes from
15 Gallaghers pub, or the White Heather pub, from a camera
16 that was fixed on a building there.

17 A. Yep.

18 Q. And you will see the roundabout that we see on the
19 left-hand side and the road that goes off in the
20 distance is Hayfield Road we have heard and the road
21 closest travelling along the bottom of the screen is
22 Hendry Road. Do you recognise that area?

23 A. Yes, yep.

24 Q. And then at the top, in the middle, there's a tile
25 called "Reconstruction", and that shows a bird's eye

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1 view of Hayfield Road with the roundabout at
2 Hendry Road.

3 A. Yep.

4 Q. And you will see that there are already some cars in
5 that area with the white blocks. So we have heard
6 evidence that when a vehicle arrives, that that was
7 reconstructed in the image at the top.

8 A. Mm-hm.

9 Q. But for the purposes of this footage playing at the
10 moment I would quite like you just to look at the CCTV.

11 A. Yes.

12 Q. And also let me take you to the spreadsheet please, so
13 you will see that the time I'm going to look at is
14 7.22.23, so if you look at the bottom of page 5, you
15 will see 7.22.

16 A. Yes.

17 Q. Now, we're just slightly -- the moment I'm interested in
18 is actually on page 6 and that will be at 7.22.40, so
19 you will see a small clip beforehand but I'm interested
20 in 7.22.40 where a dark-coloured vehicle enters the
21 scene going north on south Hendry Road towards the
22 roundabout and turns right into Hayfield Road. I'm
23 going to be asking you some questions about that once we
24 have played it.

25 A. Yes.

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1 Q. So we will just watch that now.

2 (Video played)

3 Thank you. If we could go back to 7.22.40, please.

4 If we could just play that for a -- carry on playing it
5 for a second or two.

6 (Video played)

7 Stop, please.

8 Do you see that car --

9 A. Yep.

10 Q. -- the dark-coloured car that's come into the view from
11 the right-hand side?

12 A. Mm-hm.

13 Q. Do you recognise that car?

14 A. Yes, it looks like my car.

15 Q. Your car. And that car, if we just carry on playing
16 actually, we will see that it turns right on
17 Hayfield Road.

18 (Video played)

19 And is that the journey that you were taking
20 effectively --

21 A. Yes.

22 Q. -- to work that day. And if we could just pause that
23 there. By the time you were in Hayfield Road at that
24 time do you remember how many police cars there were?

25 A. No. I think my statement is five, five or six.

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- 1 Q. Could we also look at paragraph -- well, actually we
2 will look at some images first of all. If we could look
3 at still images 2, image 4. Now, this image is a 3D
4 reconstruction, an image of the scene in 2015. You will
5 see that actually there's only four cars there.
- 6 A. Yeah.
- 7 Q. But is it correct that you came in from the left here --
- 8 A. Yes.
- 9 Q. -- and then travelled along Hayfield Road, avoiding the
10 vehicles?
- 11 A. Yes.
- 12 Q. And heading towards Whytemans Brae which would be off to
13 the right?
- 14 A. Yes -- no, off to the left.
- 15 Q. Oh, sorry.
- 16 A. Yeah (inaudible overspeaking) on the right, Whytemans
17 Brae is on the left.
- 18 Q. So you would drive along Hayfield Road travelling --
- 19 A. Yeah.
- 20 Q. -- as we look at this screen to the right-hand side?
- 21 A. Yeah, yeah.
- 22 Q. But Whytemans Brae Hospital was further up that road to
23 the left?
- 24 A. That's on the left-hand side, yeah.
- 25 Q. Thank you. Sorry, I tried to confuse you there.

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1 A. I confused myself.

2 Q. Right, can we have a look at your Inquiry statement now
3 please and we will begin with paragraph 5 and if we look
4 at the beginning of it says:

5 "I turned right into Hayfield Road, as I was driving
6 passed the police car I have described, I could see
7 a bunch of police officers on top of somebody on the
8 pavement towards the right-hand side of the road. I had
9 a clear view of this through my driver's side window.
10 I wasn't far along Hayfield Road, maybe a house or two.
11 It was like a pile of bodies on top of somebody.
12 I remember seeing Sheku's shoulders and his head and
13 then a bunch of police officers on top of him. It
14 looked a bit like a rugby scrum. It looked like the
15 police officers were all lying on him, like it was
16 evidently right in the middle of some sort of restraint.
17 I don't know exactly how many police officers I saw that
18 were part of this, probably 6 or more. I have marked
19 the number 2 on the attached map showing their
20 location."

21 And then if we look at paragraph 6, please:

22 "I saw this as I was driving past so I was watching
23 this scene only for a couple of seconds. I could see
24 Sheku was lying prone on his front - I could tell this
25 from the position of his head and shoulders. I could

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1 also see a bald head, the top of his head. I could see
2 the man had dark skin. I couldn't really see his face
3 although his face was slightly to the side. His head
4 was towards the kerb and his feet were towards the
5 houses so his body was lying across the pavement.
6 I could just see the tops of his shoulders. He must
7 have been wearing a grey or whitish T-shirt."

8 And then paragraph 7:

9 "I couldn't see any movement from Sheku or the
10 officers. Being involved in restraints in my line of
11 work, sometimes people fall and you end up on top of
12 them ... I just assumed that was what happened when
13 I drove past. With the experience I have in restraint,
14 there wasn't anything that stood out to me or caused
15 concern other than the amount of people that were on top
16 of him. But, I had no context on the lead-up to that
17 point. At the point that I drove past, it was just
18 a pile of people on top of him. So, I assumed that they
19 have just taken him to the ground and they have not
20 started kind of managing him as yet. I suppose it's all
21 in context. If they're lying there for a split second,
22 there's less risk. If they're lying on top of him for
23 half an hour, there's much more risk. I presumed I was
24 only seeing the initial seconds of this gentleman being
25 restrained."

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1 I would like to go over all those three paragraphs
2 with you, if that's okay.

3 A. Yeah, of course.

4 Q. You've got all of them on your hard copy.

5 A. Yeah.

6 Q. We will go back to number 6, please. So you have
7 described a "bunch of police officers lying on top of
8 somebody", that's paragraph 5, sorry. If we just stay
9 on page -- we see paragraph 5, the second line:

10 "... I could see a bunch of police officers on top
11 of somebody on the pavement ..."

12 And you had a clear view out your driver's window.
13 And then you mention later the number of officers, so
14 when you say "On top of somebody", can you give us more
15 of a description of that?

16 A. I think the best description I could give it was like
17 a rugby scrum, it was just a bunch of people piled on
18 top of somebody.

19 Q. We have heard other evidence from a witness who
20 described it as a collapsed rugby scrum?

21 A. Yeah.

22 Q. Would you agree with that description?

23 A. Yeah, yep, yeah.

24 Q. So not a rugby scrum where the players are --

25 A. No.

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- 1 Q. -- upright.
- 2 A. Just like a bunch of bodies piled on top.
- 3 Q. Piled on top, thank you. And you have said that it
- 4 looked like they were lying on him.
- 5 A. Yeah.
- 6 Q. Now, it may have been suggested that for the lay person
- 7 it may look like people are lying on someone, but that
- 8 it's actually a technique that doesn't involve lying on
- 9 someone. You obviously, with your experience as
- 10 a psychiatric nurse, are you confident in your
- 11 description that they were lying on someone?
- 12 A. Yeah.
- 13 Q. Yeah, thank you.
- 14 A. There's multiple bodies on top of him.
- 15 Q. And just to be very precise, did you see the weight of
- 16 people on top of the person on the ground? Did they
- 17 have their body weight on that person?
- 18 A. Yeah, that's what it looked like to me.
- 19 Q. Did it appear to you that force was being used by the
- 20 officers to restrain the person to the ground?
- 21 A. In the time that I drove past I didn't see much movement
- 22 at all and that's why I assumed they had possibly fell
- 23 on top of him.
- 24 Q. Right. If we look at PIRC 251, which is your statement
- 25 from 17 June 2015, and we look at page 3 and

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1 paragraph 1, you talk about -- actually if we start at
2 the bottom of the previous page, you say that when you
3 turned right into the roundabout -- at the roundabout at
4 Hayfield Road you saw the dark-skinned male with the
5 T-shirt:

6 "He was lying in a prone position. I'm not sure if
7 he was facing down into the ground or if his head was
8 maybe turned slightly."

9 He was "lying across the footpath". And then you
10 say that:

11 "I maybe saw as many as six officers. I can't
12 remember if it was a mixture of male and female officers
13 or how many of each. I do not think I would be able to
14 identify any of them. I only really glanced out of the
15 window, although probably an extended glance. I was
16 still driving and had the various scattered police
17 vehicles to manoeuvre past. I was probably more focused
18 on the male than the police officers. None of these
19 officers were standing. They were all on top of the
20 male. It really just looked like a pile up. I can't
21 really recall exact positions of individual officers.
22 I couldn't really make out individual actions or
23 movements of anyone involved. There didn't appear to be
24 a lot of struggling going on. I would have said that
25 the officers had gained control of this male. I assumed

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1 that he was probably a pretty big guy to have required
2 so many officers to restrain him. I don't know how long
3 this male had been in this position for."

4 So certainly in your original statement you have
5 said you didn't see a lot of struggling?

6 A. Yes.

7 Q. Although you were focusing on the male on the ground?

8 A. Yes.

9 Q. So when you say "Struggling", do you mean the male on
10 the ground wasn't doing a lot of struggling?

11 A. Yes, or the officers.

12 Q. Or the officers at that time?

13 A. Yep.

14 Q. Thank you. Let's go back to paragraph 6 for a moment of
15 your Inquiry statement, please. You said in paragraph 6
16 that he was prone.

17 A. Yep.

18 Q. So he was on his front?

19 A. Yep.

20 Q. Can you describe the position as far as you remember
21 where he was and if you wish, we could go back to the
22 image of -- image 4 of still images 2, and you can maybe
23 use this to orientate --

24 A. Yep.

25 Q. -- where the person was. So you will see this is a sort

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1 of bird's eye view of Hayfield Road if you like.

2 A. Yes.

3 Q. You maybe don't know, but if you touch the screen you

4 can actually apply a red circle.

5 A. Okay.

6 Q. So if you can show us roughly the area where you saw the

7 pile up?

8 A. About here.

9 Q. Let's just remove the second one. Now also if you want

10 to move that circle you can put your finger in the

11 middle and move it around and it will adjust, and if you

12 prefer, Ms Drury can remove it.

13 A. Okay.

14 Q. Are you happy with that area?

15 A. Yeah.

16 Q. And could you tell us where the man's head was when you

17 drove past?

18 A. Yep, so his head was towards the kerb and his feet would

19 have been towards the hedges, so lying across the

20 pavement.

21 Q. Now, we may have heard that his head was closer to the

22 hedge and his feet were closer to the pavement. Do you

23 have any comment about that?

24 A. That might have been before or after I drove past, but

25 I definitely seen his head because I was trying to

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1 identify if it was one of the patients from the ward.

2 Q. Right, thank you. You didn't know who it was in the
3 end?

4 A. No.

5 Q. And you said in your Inquiry statement that his face was
6 slightly to the side.

7 A. Yep.

8 Q. What direction was his face facing?

9 A. As far as I could recollect it was towards -- it would
10 have been towards Whytemans Brae, so he would have been
11 facing to his right.

12 Q. To his right?

13 A. Yeah.

14 Q. And to the right of this picture as we look at it?

15 A. Yes, so facing towards the cars in the picture.

16 Q. Right. And his feet, where were his feet at that point?

17 A. They would have been towards the hedges.

18 Q. Towards the hedges. And then can we go back to
19 paragraph 7, please, of your Inquiry statement. You say
20 you:

21 "... couldn't see any movement from Sheku or the
22 officers."

23 A. Mm-hm.

24 Q. "... sometimes people fall and you end up on top of
25 them ..."

Transcript of the Sheku Bayoh Inquiry

1 A. Yep.

2 Q. And you just assumed that's what had happened at the
3 point you drove past.

4 A. Yes.

5 Q. And you said:

6 "I assumed that they have just taken him to the
7 ground and they have not started kind of managing him as
8 yet. I suppose it's all in context."

9 Can you explain to the Chair what you mean by that:
10 they have not started managing him yet?

11 A. So in my line of work, if people fall and they end up in
12 a prone or face-down restraint we try to get them onto
13 their back, or into a seated position.

14 Q. Why do you do that?

15 A. So that we don't compromise their breathing.

16 Q. Why would it compromise their breathing?

17 A. The weight pressure on their lungs could restrict them
18 being able to take breaths.

19 Q. Right. And when you say you try to get them on their
20 back, how quickly do you try to get them on their back?

21 A. Almost instantly.

22 Q. And when you say "almost instantly", can you help the
23 Chair understand what that means?

24 A. Yeah, so, for example, if we've got somebody that's
25 face-down in a prone restraint we might utilise that

Transcript of the Sheku Bayoh Inquiry

1 position to administer medication. Once that's done, we
2 will transition a patient onto their back.

3 Q. So how long would it take normally or generally to
4 administer medication?

5 A. Seconds.

6 Q. Seconds?

7 A. Yeah.

8 Q. So that's your training as part of the -- obviously
9 the police don't have medication --

10 A. Yeah, yeah, of course.

11 Q. -- with them, but in your line of work that's the aim
12 that you would have?

13 A. Yeah.

14 Q. Is that the way you're taught, to get the person up
15 almost immediately?

16 A. Yeah. We're not even trained to take people to the
17 ground in terms of prone restraint because it's so
18 dangerous.

19 Q. Was that the position in 2015, or is that the
20 position --

21 A. Yes.

22 Q. Yes?

23 A. (Nods).

24 Q. So you would try and avoid that if possible?

25 A. Yep. Obviously we appreciate that when people fall,

Transcript of the Sheku Bayoh Inquiry

1 sometimes they will fall face-first and end up in that
2 position naturally.

3 Q. Are you -- in your experience of restraint and the
4 training you have had, you have talked about trying to
5 avoid them being on their front.

6 A. Yep.

7 Q. What about applying weight to the back of the person
8 while they're on their front? Do you have any
9 experience or training of that?

10 A. We never do that.

11 Q. Why do you say that?

12 A. Again, it compromises their ability to breathe.

13 Q. Do you know in what way it compromises someone's ability
14 to breathe?

15 A. It affects their ability to inhale a breath.

16 Q. Right. Can I ask you to look at the spreadsheet again,
17 please.

18 Now, in paragraph 7 you say at the end there you:

19 "... assumed that they've just taken him to the
20 ground... if they're lying there for a split second,
21 there's less risk. If they're lying on top of him for
22 half an hour, there's much more risk. I presumed I was
23 only seeing the initial seconds of this gentleman being
24 restrained."

25 A. Yep.

Transcript of the Sheku Bayoh Inquiry

1 Q. I would like to explore that sort of with you because
2 obviously at one end of the scale there's a split
3 second --

4 A. Yep.

5 Q. -- and at the other there's half an hour and I'd like --

6 A. Yeah. That could be narrowed much down it's --

7 Q. -- to -- I would like to try and narrow that down with
8 you, because you have expressed that view.

9 A. Yeah.

10 Q. Could I ask you to look at -- let's look at 7.21.19, so
11 this should be on page 5, I think. Page 4, sorry. Oh
12 no, page 5. 7.21.19, page 4. You will see on the
13 spreadsheet at the time 7.21.19 -- no, we don't need the
14 footage, I'm just going to look at the spreadsheet to
15 give you some context in terms of timing.

16 A. Yep.

17 Q. "PC Ashley Tomlinson's emergency status is turned on".
18 Do you see that at that time? It's towards the last
19 two-thirds of the way down the page in the column that's
20 slightly to the right of centre. There's a red box
21 "PC Ashley Tomlinson's emergency status is turned on".
22 Page 4?

23 A. Oh, 4, sorry. Yes.

24 Q. Right. And you will see the time there is 7.21.19?

25 A. Yep.

Transcript of the Sheku Bayoh Inquiry

1 Q. We have heard that by the time that emergency status is
2 turned on, Mr Bayoh's on the ground, so that's the sort
3 of starting point I would like you to think about,
4 7.21.19.

5 A. Okay.

6 Q. And then if we turn on to the page 6, 7.22.40, to 51 or
7 7.22.50, the dark-coloured vehicles enter the scene.
8 You have told us that that was your car.

9 A. Yes.

10 Q. And then we -- let's look at that time just for the
11 moment. That's a period of 91 seconds.

12 A. Yes.

13 Q. So let's think not about a split second, but let's think
14 about 91 seconds.

15 A. Yep.

16 Q. Do you have any views -- obviously in paragraph 7 of the
17 Inquiry statement you talked about the two extreme ends
18 of the timing scale?

19 A. Yeah.

20 Q. What about 91 seconds? Any views about that?

21 A. So is that him being restrained for 91 seconds on the
22 ground or ..?

23 Q. He is on the ground being restrained by police officers.
24 Now, we have heard evidence that different officers
25 arrived at different times --

Transcript of the Sheku Bayoh Inquiry

- 1 A. Yeah.
- 2 Q. -- so I don't want to give you the impression that there
3 were six officers on him at any one time for that length
4 of time, but being restrained, we have heard evidence
5 from PC Tomlinson that he was being restrained at the
6 time his emergency button was pressed.
- 7 A. Okay.
- 8 Q. So that's the 7.21.19 seconds, and then your car passes
9 at 7.22.50.
- 10 A. Mm-hm.
- 11 Q. So we're talking about 91 seconds.
- 12 A. Yep. I suppose it depends if -- how long they have
13 taken to control him during that restraint as well.
14 I think 91 seconds is a long time for six people to be
15 lying on somebody, but I have no recollection of what's
16 happened prior to that. Has there been a struggle or
17 have they been on top of him for that period of time?
- 18 Q. All right.
- 19 A. Has there been an opportunity to move him -- positions?
- 20 Q. You have expressed concern in your paragraph in your
21 Inquiry statement about the duration --
- 22 A. Yep.
- 23 Q. -- of a restraint. Is there anything that causes you
24 concern in relation to that period?
- 25 A. Of 91 seconds?

Transcript of the Sheku Bayoh Inquiry

1 Q. Yes.

2 A. Yes, if there was six people lying on top of him, yes,
3 I would be concerned.

4 Q. And then looking at page 7 of the spreadsheet, at
5 7.25.17, we have heard evidence that at 7.25.17 -- so
6 that's almost halfway down the page --

7 A. Yeah.

8 Q. -- you will see in the second column a PC Smith said:
9 "The male certainly appears to be unconscious,
10 breathing, not responsive, get an ambulance for him."

11 A. Yep.

12 Q. So we have also heard evidence that he was being
13 restrained by officers up until they noticed that he was
14 unconscious, but breathing, and that's a period of over
15 four minutes --

16 A. Yes.

17 Q. -- on the ground being restrained. So again, can you
18 help the Chair in any way -- you have obviously
19 expressed comments in your Inquiry statement about the
20 duration.

21 A. Yes.

22 Q. Do you want to express any comment about a period of
23 four minutes?

24 A. Yes, I think four minutes is quite a long time, given
25 the potential for excited delirium and managing that

Transcript of the Sheku Bayoh Inquiry

1 and, like you said, the police don't have medication to
2 manage these, so I suppose they've got to manage with
3 what they've got in the tools that they utilise.

4 Q. Thank you. I will come back to what you have just
5 mentioned later because we're going to look at another
6 paragraph in your statement about that.

7 Can I ask you to -- can I ask you one thing about
8 PIRC 251 before we move on, again, on page 3,
9 paragraph 2. You -- so this is page 3, paragraph 2.
10 You say:

11 "As I passed through the scene I saw a male
12 uniformed police officer standing on the footpath on the
13 south side of Hayfield Road. He was stood next to the
14 passenger side of the Transit-style police van and was
15 facing the incident. Probably 6 foot or more, average
16 build and maybe in his 40s. He was white, had no
17 obvious facial hair and had a police hat on. He didn't
18 have glasses on. His demeanour seemed quite relaxed."

19 I wonder if we could go back to image 4 in still
20 images 2. Can you show us where this officer was
21 standing when you passed? Again, if you touch the
22 screen --

23 A. I can't remember, sorry.

24 Q. Oh, you don't remember.

25 A. Sorry.

Transcript of the Sheku Bayoh Inquiry

1 Q. All right, that's fine, thank you. Can we go back to
2 your Inquiry statement, please, paragraph 8. You say:
3 "I was trying to get a look at Sheku as I was
4 driving past because I thought if it's one of my
5 patients I probably could hop out, be of assistance, so
6 that's where my focus was at the time."

7 A. Yes.

8 Q. So your focus was very much on him?

9 A. Mm-hm.

10 Q. But -- he was prone, but you could see that it wasn't
11 a patient?

12 A. Yep.

13 Q. And then paragraph 9 you say:

14 "As part of my job, I've had training in restraint.
15 We used to go on two-day courses called Safe and
16 Therapeutic Interventions, so it was a control and
17 restraint course. As part of that, we received training
18 in de-escalation. We'll always try and verbally
19 de-escalate at the start: you would try and verbally
20 de-escalate around whatever the stressor was that was
21 triggering our patients to escalate, regardless of the
22 situation. But sometimes it's inevitable that we will
23 have to physically restrain people. By verbally
24 de-escalate, I mean talk through the person's behaviour
25 and try to problem-solve, work out the reasons for the

Transcript of the Sheku Bayoh Inquiry

1 behaviour and see what resolutions you could come to.
2 A big one in psychiatry is patients escalating because
3 they've run out of cigarettes. So, in terms of coming
4 to solutions, maybe having a nurse escort them down to
5 the shop to buy cigarettes, etc."

6 Can I ask you about this paragraph.

7 A. Yep.

8 Q. Could you help the Chair understand what you mean when
9 you say you:

10 "... try and verbally de-escalate at the start
11 around whatever the stressor was that was triggering our
12 patients to escalate."

13 Can you tell us what that is?

14 A. Yep, so I suppose any changes in people's behaviour we
15 would instantly have a conversation with them and try
16 and find out what their stressor was at that time that
17 was causing whatever the change in their presentation
18 was.

19 Q. When you talk about having a conversation, does that
20 have any technical meaning, or is it simply speaking to
21 the person?

22 A. Yeah, it it's opening up a line of communication for
23 them to express their needs, their wants at that time.

24 Q. And can you tell us about the tone that you would use to
25 try and de-escalate a situation?

Transcript of the Sheku Bayoh Inquiry

- 1 A. I would try and be as friendly as possible.
- 2 Q. Would you use a similar tone to the one that you're
3 using now?
- 4 A. Yeah, yep.
- 5 Q. Would you shout at the person, or shout commands at the
6 person?
- 7 A. It depends on the situation. If they're walking out of
8 the hospital potentially on a busy road in traffic,
9 yeah, I would shout.
- 10 Q. But in terms of trying to de-escalate --
- 11 A. Yeah.
- 12 Q. -- what is the tone you would use?
- 13 A. Yeah, there would be no point in me escalating my
14 behaviours to de-escalate somebody. It's trying to keep
15 everybody as calm as possible.
- 16 Q. And what about the sort of body language that you would
17 adopt?
- 18 A. Yes, an open body language, open hands.
- 19 Q. Would you give the person some space?
- 20 A. Yes, I would make sure I was a couple of metres away
21 from them.
- 22 Q. What about -- well, why would you be a couple of metres
23 away from them?
- 24 A. It would give me some time if they decided that they
25 were going to attack me, it would give me some time to

Transcript of the Sheku Bayoh Inquiry

1 get out of that situation.

2 Q. So it would allow you to preserve your route of escape?

3 A. Yep.

4 Q. What about time? Would you put time limits on the

5 amount of efforts you made to de-escalate?

6 A. No.

7 Q. Why do you say no?

8 A. Just our practice is always to use the least restrictive

9 invention and that would be the least restrictive for

10 us. I would much rather talk to somebody for an entire

11 shift if it meant I didn't have to restrain them.

12 Q. So if you're adopting the least restrictive or the

13 minimum level of restriction --

14 A. Yep.

15 Q. -- communicating with, you know, with words and with

16 your body language --

17 A. Yep.

18 Q. -- would be the best method to do that?

19 A. Yep.

20 Q. And you would do that as long as a full shift if you had

21 to?

22 A. Yeah, yeah, if I had to, yeah.

23 Q. What would happen for you if the patient was completely

24 non-responsive, so they didn't say anything to you;

25 would that cause you to increase your level of

Transcript of the Sheku Bayoh Inquiry

1 engagement with the patient, or would you continue to
2 attempt to de-escalate?

3 A. I suppose again it depends on the scenario. If
4 someone's not wanting to talk to me, I will maybe leave
5 them be, go back in five or ten minutes and try and
6 reinitiate that conversation. If they're not
7 communicating and their behaviours are escalating,
8 I suppose you then don't know what the risk is to
9 yourself or others, so that might involve restraint or
10 medication, or just medication being offered orally
11 first.

12 Q. So when you say "leave them be", could that involve just
13 stepping back --

14 A. Yes.

15 Q. -- and leaving them in their own space for a while?

16 A. Yes, for example, if they were on the ward and they were
17 in a side room, I would leave them be in the side room
18 then go back in five minutes, but kind of keep an eye on
19 the room so that you know where they are.

20 Q. I was going to ask you, would you keep -- would you
21 continue to observe them?

22 A. Yes, we would continue to observe.

23 Q. Yes. And why would you continue to observe?

24 A. Because they may be at risk of self-harming.

25 Q. Okay. And would that then allow you to --

Transcript of the Sheku Bayoh Inquiry

1 A. It would be --

2 Q. -- take action if required?

3 A. Yeah, yes.

4 Q. And can we look at paragraph 16, please. Do we see:

5 "In terms of employing de-escalation techniques,

6 I would use this much more than restraints and using

7 these techniques on a daily basis. I think we are quite

8 good at de-escalating situations before it gets to

9 a restraint when we're dealing with distressed

10 individuals on a regular basis. I find de-escalation

11 techniques very effective. But, again, it's

12 circumstantial to the individual as well and the rapport

13 you've got with them."

14 A. Yes.

15 Q. And if we could just go back to the top, you're saying

16 that you use these de-escalation techniques that you

17 have been taught, or did, on a daily basis?

18 A. Yep.

19 Q. Right throughout a shift --

20 A. Yeah, yes, of course.

21 Q. -- are you trying to de-escalate situations?

22 A. A lot of patients will be detained so they're there

23 against their will, so the entire shift may be appeasing

24 that.

25 Q. So many of your patients may not be very happy --

Transcript of the Sheku Bayoh Inquiry

- 1 A. Yep.
- 2 Q. -- about the situation they're in?
- 3 A. Yes, of course.
- 4 Q. Are many of your patients, or can they be aggressive?
- 5 A. Yep.
- 6 Q. And violent?
- 7 A. Mm-hm.
- 8 Q. But you still say that you think you're quite good at
9 de-escalating situations to -- before it gets to
10 a restraint?
- 11 A. Yes. I think we have also got medication that we could
12 utilise in-between times, that helps.
- 13 Q. How often do you have to restrain a patient, or in 2015
14 how often did you?
- 15 A. It would vary. Sometimes you could go a week or two
16 with no restraints, sometimes you will go weeks on end
17 restraining every shift. It just depends on the clients
18 that you've got in at that time.
- 19 Q. Oh, right. Then can we look down at the next -- the end
20 of that. You say:
- 21 "I find de-escalation techniques very effective."
- 22 A. Mm-hm.
- 23 Q. Tell us about your experience and the successes that you
24 have had with de-escalation.
- 25 A. I suppose it comes down to reciprocity and when we're

Transcript of the Sheku Bayoh Inquiry

1 taking away patient's liberties and their freedoms,
2 we're using verbal de-escalation to give back, and
3 improve their mental health and their wellness, so yeah,
4 I think it is effective in these scenarios.

5 Q. Okay, thank you.

6 A. The cigarette one is quite a good example. If somebody
7 is detained in hospital with no time out and they have
8 run out of cigarettes that can be something that will
9 escalate somebody pretty quickly, and yes, that is quite
10 a common win in terms of nursing staff being able to
11 verbally de-escalate people and come to that compromise,
12 whether we escort them down to the shop or we go for
13 them in our own time, but I would much rather spend my
14 break nipping away to the shop to get somebody
15 cigarettes than needing to restrain as they're trying to
16 leave the building.

17 Q. Yes, thank you. Can we look at paragraph 10, please,
18 and you have touched on this already. You talk about
19 the restraint training also involves training on how to
20 carry out a risk assessment when considering if
21 a patient needs to be restrained:

22 "We're constantly risk-assessing patients. There
23 are risks involved in any restraint from minor risks
24 such as bumps and bruises to extreme risks such as
25 death. Of all the risks, the risk of compromising

Transcript of the Sheku Bayoh Inquiry

1 a patient's breathing is the key thing. Restraining
2 a person in a face down position is risky. I'm aware
3 that a person's oxygen saturation levels drop simply by
4 being in the face down position. Lying on a person in
5 the face down position increases the risk of
6 compromising a person's breathing due to the pressure
7 that is being put on their chest. If a person was face
8 down, you would want to move them out of that position
9 as soon as you can."

10 So before we move on there, just lying face down on
11 the ground, for example --

12 A. Yep.

13 Q. -- reduces your oxygen levels?

14 A. Yes.

15 Q. Weight applied on top further reduces those levels?

16 A. Yep.

17 Q. And the longer that that weight is applied to the top,
18 the riskier it becomes?

19 A. Yep.

20 Q. Thank you. And then you say:

21 "Moving them onto their back is better, but ideally
22 you want to get them into a seated position."

23 So why is it you want to get them into a seated
24 position?

25 A. Just in terms of comfort and dignity, being able to

Transcript of the Sheku Bayoh Inquiry

1 maintain their airways as well, there's nothing that's
2 going to compromise that. I suppose if you're lying on
3 your back and somebody starts to struggle, somebody
4 might lean across you by accident or fall on top of you,
5 which again is going to put more weight -- pressure on
6 your chest, compromising your breathing.

7 Q. So even if you were on your back, that could --

8 A. Yeah.

9 Q. -- if someone was lying over you --

10 A. Yeah, yeah.

11 Q. -- that could also cause a reduction. Then you say:

12 "Previously, we were trained to take a person to the
13 floor when undertaking restraint. Now we're trained to
14 avoid that where possible."

15 A. Yep.

16 Q. So could I ask you about 2015. What was the position
17 then?

18 A. I think it had shifted by then. Initially when I done
19 that training in 2013 we were trained to take people to
20 the ground, but I think by 15 that had changed. It
21 was -- the part of that training then became floor
22 management if someone is to fall onto the floor, how we
23 manage them then.

24 Q. So in terms of --

25 A. So somewhere between 2013 and 15 I think it changed.

Transcript of the Sheku Bayoh Inquiry

1 Q. So in terms of your work in the psychiatric field --

2 A. Yep.

3 Q. -- that had already changed that guidance and training?

4 A. Yes, as far as I'm aware.

5 Q. Thank you. And you then talk about risk assessment.

6 A. Mm-hm.

7 Q. And if we could go up the page, please. So you are

8 carrying out risk assessments. Is that daily?

9 A. Yeah.

10 Q. Or in 2015, it was daily?

11 A. Yes.

12 Q. Depending on the patient and the situation that you were

13 faced with?

14 A. Yes.

15 Q. And then paragraph 11, please. This is a paragraph

16 where you deal with ABD, acute behavioural disorder

17 or --

18 A. Disturbance, yeah, yeah.

19 Q. "We deal with a lot of drug-induced psychosis. Verbal

20 de-escalation skills might not be as effective if the

21 person you are dealing with has a drug-induced

22 psychosis. However, I would still attempt verbal

23 de-escalation as we always go with the least restrictive

24 option."

25 So again, that's what you have said a moment ago?

Transcript of the Sheku Bayoh Inquiry

- 1 A. Yes.
- 2 Q. You would always try de-escalation?
- 3 A. Yes, yep.
- 4 Q. "I would still attempt verbal de-escalation as we always
5 go with the least restrictive option. It is
6 traumatising to be restrained and there are physical
7 risks involved that I have already mentioned, so we try
8 and minimise that, especially with people who are
9 already disturbed mentally."
- 10 A. Yep.
- 11 Q. And when you talk about people being disturbed mentally,
12 are you including in that drug-induced psychosis --
- 13 A. Yes.
- 14 Q. -- or ABD?
- 15 A. Yep.
- 16 Q. And I understand that -- you mentioned earlier excited
17 delirium --
- 18 A. Yes.
- 19 Q. -- and you have mentioned here ABD; my understanding is
20 that the understanding of those conditions, if you like,
21 has evolved over recent times.
- 22 A. Yeah.
- 23 Q. Is that your understanding as well?
- 24 A. Yes, yep.
- 25 Q. We will maybe hear more about that in due course.

Transcript of the Sheku Bayoh Inquiry

1 Can we look briefly at paragraph 17, please. You
2 have said:

3 "I work with patients with ABD or psychosis fairly
4 frequently and possibly daily, even now in the
5 community."

6 So is it quite a common occurrence, even in the
7 community?

8 A. Yes, yep.

9 Q. "The use of de-escalation and restraint with those types
10 of patients, I find that the success of de-escalation
11 comes down to your rapport with the patient. If you do
12 have that good relationship, you've got a much higher
13 chance of being able to successfully de-escalate
14 something if you have built that trust with them. For
15 patients who I didn't have that rapport with or I hadn't
16 had the opportunity to build a rapport, say, because
17 they were newly admitted to the ward, I still find that
18 de-escalation techniques can be successful in that
19 situation, but sometimes they're not. It's hit or miss.
20 Sometimes you might have a situation where verbal
21 de-escalation's not working, you end up in a restraint,
22 then you're in the same situation the next day and
23 verbal de-escalation works."

24 A. Yep.

25 Q. You would always try it though?

Transcript of the Sheku Bayoh Inquiry

1 A. Yeah, yeah, yep.

2 Q. And this is something that you have obviously built your
3 techniques in de-escalation over years of working --

4 A. Yeah.

5 Q. -- in the psychiatric field?

6 A. Mm-hm.

7 Q. And then paragraph 17, I think you say you are rarely
8 involved in restraint now --

9 A. Yes.

10 Q. -- in your current role?

11 A. Yep.

12 Q. Is that because you have moved from an acute ward to
13 a community --

14 A. Yes, because I'm in the community now.

15 Q. -- situation?

16 A. Yep. We still provide assistance to the wards if
17 required, if they pull their emergency alarms, if we're
18 in the building we will respond to it, so we still can
19 be involved but it's much rarer now.

20 Q. Okay, thank you. Paragraph 12:

21 "When attempting to restrain a person, I would
22 always involve others. We would never initiate it on
23 our own. In terms of maximum numbers of persons
24 involved in a restraint, I'm not aware of being advised
25 of any maximum numbers of people during [training].

Transcript of the Sheku Bayoh Inquiry

1 However, the more people you add in, the messier it
2 could get in terms of communication of who's doing what
3 and who's coordinating a restraint."

4 What do you mean it can get messier in terms of
5 communication?

6 A. I think if you've got too many people involved it's
7 harder to communicate who you want to delegate to do
8 what part of the restraint. I suppose that's more
9 common in unplanned restraints. When I worked in IPCU
10 at the start of the shift everyone would be designated
11 what they were doing in terms of restraint.

12 Q. What's IPU?

13 A. Intensive psychiatric care unit, so for example, at the
14 start of the shift you might know who will be
15 administering medication, who will be managing their
16 head, who will be taking arms, legs, etc.

17 Q. So you would allocate roles for someone to look after
18 the head?

19 A. Yes.

20 Q. What would they do at the head?

21 A. So they would be the ones that are communicating with
22 the patient, keeping an eye on their breathing. If the
23 patient is trying to bang their head on the floor, they
24 would manage that as well.

25 Q. When you say communicate with the patient, what does

Transcript of the Sheku Bayoh Inquiry

1 that involve?

2 A. Just talking to them, trying to -- again, even during

3 restraints they will try to verbally de-escalate.

4 Q. Right. So even as the restraint may be going on there's

5 someone allocated to the head to continue speaking to

6 the patient?

7 A. Yes. If there's nobody allocated to the head -- for

8 example if I was restraining somebody and I had an arm,

9 I would still be talking to the patient and trying to

10 come to a resolution.

11 Q. Can that work?

12 A. Yes.

13 Q. Even at that stage?

14 A. Yes, sometimes we could talk to patients and get them to

15 take oral medication rather than being injected with

16 medication.

17 Q. All right. And you talk about breathing, someone

18 checking breathing?

19 A. Yep.

20 Q. What do you mean by that?

21 A. So they will be counting their breaths per minute to

22 make sure that that's at an appropriate level. Also we

23 would put a pulse oximeter on somebody's finger which

24 would count their oxygen saturation, so the person on

25 the head would usually keep an eye on that as well.

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1 Q. What's an appropriate level of breaths per minute?

2 A. It's been a while now. Between 11 and 18 I think it is.

3 Q. And someone is actually counting those?

4 A. Yeah.

5 Q. Right.

6 A. If the person is taking excessive amounts of breath the
7 person at the head might try and talk to them and talk
8 them through their breathing as well to calm them down.

9 Q. So that can also be ongoing as well as part of the
10 communication?

11 A. Yes, yep.

12 Q. Can we look at paragraph -- sorry, at the end of that
13 paragraph you say:

14 "Five people would be a maximum in a nursing
15 situation."

16 Is that with a planned restraint?

17 A. Yes.

18 Q. Can we look at paragraph 13, please:

19 "During a restraint, we would usually have a nurse
20 managing the person's breathing, or if somebody involved
21 in the restraint was at the person's head, to stop them
22 banging their head ..."

23 And:

24 "... they would be talking to the patient and
25 monitoring their breathing. We would try and get some

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1 equipment on them as well, check their oxygen stats
2 during restraints. If they're prone we'll try and get
3 them on their back as quickly as possible."

4 So again, do we see there's a priority given to
5 getting the person off their front?

6 A. Yes.

7 Q. Paragraph 14 you talk about whether it's a planned
8 restraint or not. If it's not a planned restraint do
9 all these arrangements and delegated roles go out of the
10 window?

11 A. Yes, sometimes. If it's unplanned -- for example, if
12 you had somebody that was planned at the start of the
13 shift to take arms during the restraint, they might be
14 on their break so it's --

15 Q. Okay. What remains the priority, even if it's an
16 unplanned restraint?

17 A. Patient and staff safety, that's always a priority.

18 Q. And what about if the person is prone, what remains
19 a priority?

20 A. Do you mean, for example, if we can't get them out of
21 that prone position?

22 Q. No, I didn't actually, but we can look at that. Would
23 the priority remain that you should get them out of that
24 position as soon as possible?

25 A. Yes, yep.

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- 1 Q. What if you can't get them out of that position?
- 2 A. Increase our awareness of their breathing and try and
3 ensure their safety, make sure there's nothing
4 obstructing their breathing, nobody's leaning on their
5 back, etc.
- 6 Q. So make sure nobody is leaning on their back?
- 7 A. Yes, and listening to the patient whatever they have to
8 say during that situation. They might tell you that
9 they can't breathe.
- 10 Q. So someone at the head checking --
- 11 A. Yes.
- 12 Q. -- communicating, checking the breathing and speaking to
13 the patient?
- 14 A. (Nods).
- 15 Q. And again, continuing to try and de-escalate --
- 16 A. Yep.
- 17 Q. -- even at that stage?
- 18 A. Mm-hm.
- 19 Q. Could I ask you about loss of consciousness. You
20 mention this at the end of this paragraph, paragraph 14:
21 "If there are any concerns regarding loss of
22 consciousness you will see that person checking their
23 breath and pulse."
24 How would you go about checking the person's pulse?
- 25 A. Either at their wrist or the neck, or we will use

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1 equipment as well.

2 Q. And how do you check someone's breathing?

3 A. You will be looking for physical signs of them

4 breathing. Either listening to see if you could hear

5 them breathing, watching their chest for rising and

6 falling.

7 Q. Right. If the person appears to lose consciousness,

8 what would you do?

9 A. Start CPR.

10 Q. Straight away?

11 A. Yes.

12 Q. You wouldn't wait?

13 A. No.

14 Q. You wouldn't wait for that person to stop breathing,

15 would you?

16 A. Well, if I had observed they'd stopped breathing we

17 would be starting CPR.

18 Q. So if they have lost consciousness but they are

19 breathing, would you --

20 A. Yes, sorry, we would get them into the recovery

21 position.

22 Q. What else would you do?

23 A. We would be contacting the doctors and putting out for

24 cardiac arrest team and stuff to come, it's a medical

25 emergency.

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1 Q. Thank you. Then can we look briefly at paragraph 20.
2 You mentioned speaking to the Crown Office at -- around
3 a year after the incident. I understand that to be
4 11 October 2016.

5 A. Yes.

6 Q. And you say that you weren't able to give the detail
7 then that you were able to give in your PIRC
8 statement --

9 A. Yes, I don't think the questioning was as detailed
10 either.

11 Q. Right. What do you mean by that?

12 A. I'm sure my statement to PIRC was about three sides of
13 A4 and I think it took several hours to do my statement
14 with PIRC. With the Crown I think I was in and out in
15 about half an hour.

16 Q. And speaking to a fiscal?

17 A. Yes.

18 Q. The copy I have appears to be two pages, or two and --
19 you may have a copy of that in your folder, I don't
20 know -- just a few lines at the top of the third page.
21 You maybe don't have that.

22 A. I don't think so.

23 MS GRAHAME: All right. Thank you very much.

24 Could you give me a moment, please.

25 (Pause).

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1 That concludes my questions for this witness, thank
2 you.

3 LORD BRACADALE: Are there any Rule 9 applications?

4 Mr Fenton, I wonder if you would withdraw to the
5 witness room while I hear some legal submissions.

6 A. Yes.

7 (Pause).

8 LORD BRACADALE: Now, Ms Connelly, perhaps you could come
9 first to the table.

10 Yes.

11 Application by MS CONNELLY

12 MS CONNELLY: Sir, we have a couple of questions for this
13 witness. The first relates to restraint and the
14 response by the individual being restrained and I would
15 wish to ask this witness how they would interpret
16 a restrained person grunting.

17 And in terms of de-escalation, I would wish to ask
18 this witness in their view, when they're verbally
19 seeking to de-escalate a situation, would they shout at
20 an individual "Get down on the fucking ground".

21 And again, in relation to de-escalation, this
22 witness said that he would approach a patient with open
23 hands and I would like to ask this witness how he would
24 interpret open hands if a patient was using the same to
25 him.

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1 LORD BRACADALE: Are these your questions?

2 MS CONNELLY: That's all, thank you.

3 LORD BRACADALE: Perhaps if you could return to your seat
4 and I will hear from Mr...

5 Can you come to the table now, Mr ...

6 (Pause).

7 Yes.

8 Application by MR ADAMS

9 MR ADAMS: Thank you, sir. We have a couple of matters
10 arising from our original Rule 9 application on behalf
11 of Constables Gibson, McDonough and Sergeant Maxwell and
12 some additional matters that arise from the evidence
13 that has been led today.

14 In relation to those matters that arose in our
15 original Rule 9 application, one of the areas that we
16 wish to discuss is in relation firstly to senior Counsel
17 for the Inquiry's questions regarding the context about
18 this witness's experience and training within which he
19 carries out restraints in contrast to the restraint
20 that's been engaged with by these police officers, so
21 looking at -- that's question 1 of our application and
22 the questions of prior rapport, etc.

23 The second matter is that covered in question 6,
24 which is given his training in restraint he notes that
25 nothing he saw looked excessive or of concern, to cover

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1 that with the witness, and finally in relation to the
2 written Rule 9 request, whether it was possible, given
3 the limited period of view and restricted angle of
4 Mr Fenton's view, that officers were not all on top of
5 Mr Bayoh and that some may have been trying to control
6 his legs and apply restraint to his knees or feet and in
7 that regard reference would be made to the video and
8 audio footage played to him earlier.

9 In terms of the additional matters, sir, firstly and
10 in conjunction with the last point, it was put that
11 there was a concern whether Mr Fenton would be concerned
12 about 91 seconds of restraint up to that point, but also
13 his suggestion that he would be concerned if six people
14 were lying on Mr Bayoh, but of course it's whether to
15 invite and put to him whether or not what his view may
16 be where there were less officers involved in the
17 restraint up to that point.

18 Finally, in relation to the question of being
19 restrained for four minutes, the Inquiry has heard
20 evidence that during that four minutes there was
21 a period of ongoing struggle, active resistance and then
22 different numbers of officers involved in the restraint
23 and then those officers doing different things, many not
24 putting weight on Mr Bayoh, so putting those positions
25 to him, given his evidence today, sir.

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1 Those are the issues we would wish to cover.

2 LORD BRACADALE: Thank you. I will rise briefly to consider
3 these submissions.

4 (11.11 am)

5 (Short Break)

6 (11.21 am)

7 Ruling

8 LORD BRACADALE: I shall allow Ms Connelly to ask the
9 questions that she wishes to ask.

10 In relation to the issues raised by Mr Adams,
11 I shall allow you to ask the questions relating to the
12 first and second matters arising from the written
13 submissions.

14 In relation to the additional matters, it seems to
15 me that it is a matter for the Inquiry to assess his
16 evidence in respect of time periods in the light of the
17 whole evidence before the Inquiry and I do not consider
18 that it would assist me to explore these issues with
19 this witness further, so I shall not allow you to ask
20 these additional matters.

21 Now, if we can have the witness back, please.

22 (Pause).

23 Mr Fenton, you'll be asked questions by Ms Connelly
24 who is counsel for the families of Sheku Bayoh.

25 Ms Connelly.

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1 MR CHRISTOPHER FENTON (continued)

2 Questions from MS CONNELLY

3 MS CONNELLY: Thank you, sir.

4 Mr Fenton, if in the course of restraining
5 a patient, that patient began grunting, how would you
6 interpret that?

7 A. I would assume that they're experiencing an excited
8 delirium if they're grunting.

9 Q. And I would like to ask you about de-escalation.

10 A. Yep.

11 Q. You have given us a bit of information about how you
12 would seek to verbally de-escalate a situation.

13 A. Mm-hm.

14 Q. Would you consider it appropriate to shout at a patient
15 "Get down on the fucking ground" as a method of verbal
16 de-escalation?

17 A. No. I wouldn't shout at a patient, no.

18 Q. And again in relation to de-escalation you have told us
19 that you would approach a patient with open hands?

20 A. Yep.

21 Q. How would you interpret if a patient approached you with
22 open hands?

23 A. I would assume that they're not going to attack me,
24 whereas if they approached me with clenched fists, and
25 I think they're showing as well they've no weapons and

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1 so ...

2 MS CONNELLY: Thank you.

3 Thank you, my Lord.

4 LORD BRACADALE: Now, Mr Adams, will you come forward,
5 please.

6 Mr Adams will ask you some questions. He represents
7 certain police officers.

8 A. Okay.

9 LORD BRACADALE: Mr Adams.

10 Questions from MR ADAMS

11 MR ADAMS: Good morning, Mr Fenton.

12 A. Good morning.

13 Q. You have been asked certain questions today about your
14 training and experience in the context of restraining
15 patients.

16 A. Yep.

17 Q. Now, I just want to ask you some questions about that
18 initially, so if I can understand that training, that's
19 in the context of medical facilities.

20 A. Yep.

21 Q. So that would either be a hospital, or is that perhaps
22 clinics which you work in now?

23 A. Yep. And all other kind of hospital areas as well would
24 be covered, car parks, etc.

25 Q. And in terms of thinking of the hospital environment you

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- 1 were in in 2015, many of the patients would have
2 suffered from significant mental health issues?
- 3 A. Yep.
- 4 Q. And on their arrival as patients to the hospital, would
5 a risk assessment be carried out in relation to them --
- 6 A. Yep.
- 7 Q. -- and their risk to staff?
- 8 A. Yep.
- 9 Q. So if I can put it this way, unless a patient is being
10 restrained on arrival, you, as a nurse in the hospital,
11 would have familiarity with the risk that any given
12 patient presents at any given time?
- 13 A. Yeah. I suppose even if they arrived being restrained
14 from a different facility, the risk assessment would be
15 handed over from the nursing staff that are bringing
16 them.
- 17 Q. And in terms of your restraints, are they typically
18 being performed within the sort of -- the environment of
19 a hospital?
- 20 A. Yes.
- 21 Q. Which has -- you know, is an enclosed environment even
22 if it's not secure?
- 23 A. Yep.
- 24 Q. And with those patients, do you often have a prior
25 relationship or rapport?

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- 1 A. Not all the time. I suppose we have to build that
2 rapport with every one of our patients and you start
3 from your baseline, the first time you meet them, so
4 sometimes we restrain people we have no rapport with.
- 5 Q. But sometimes you often do have a rapport?
- 6 A. Yes, yep.
- 7 Q. And in terms of engaging with them and thinking about
8 the sort of restraint techniques that you have, do you
9 have available to you, for example, handcuffs?
- 10 A. No.
- 11 Q. Leg restraints?
- 12 A. No.
- 13 Q. Or other things that we might think in terms of
14 police officers have like CS spray or batons?
- 15 A. No.
- 16 Q. And you are not trained to restrain members of the
17 public?
- 18 A. No, but then I suppose what's the difference between
19 a member of the public and a patient? They're still
20 members of the public.
- 21 Q. But you're not trained to restrain members of the public
22 walking around the street?
- 23 A. No.
- 24 Q. And just finally on this issue, have you ever been
25 trained as a police officer?

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1 A. No.

2 Q. Turning then to your statement I think you gave to the
3 Procurator Fiscal, and if you bear with me one moment,
4 the reference for that is COPFS 00048. It's
5 a relatively short statement. In that, I think in
6 the -- if you just turn to the last paragraph, you note
7 there that:

8 "Against my background of training in restraint
9 I did not see anything which caused me concern but
10 I only saw it for about 30 seconds."

11 A. Yes.

12 Q. So did you -- is that an accurate reflection of what you
13 saw that day?

14 A. I don't think I saw it for 30 seconds.

15 Q. But in the time that you -- so you said you didn't see
16 it for about 30 seconds, would you accept it might be
17 less than that?

18 A. Yeah, yeah, it was probably 10 seconds in total driving
19 past.

20 Q. And you noted as you were driving past, is that because
21 you have also got cars on the road in front of you?

22 A. Yes.

23 Q. So in terms of that brief period that you saw it, you
24 didn't see anything that caused you concern?

25 A. Other than the number of bodies that were on top of

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1 Mr Bayoh.

2 MR ADAMS: Thank you. I have no further questions.

3 LORD BRACADALE: Thank you. Thank you very much, Mr Fenton,
4 for coming and giving evidence to the Inquiry. You're
5 now free to go.

6 A. That's great, thanks.

7 LORD BRACADALE: Do you wish me to adjourn briefly for
8 bringing in the next witness?

9 MS GRAHAME: Yes.

10 LORD BRACADALE: We might have the break actually. Yes,
11 okay, we will have the break at this stage, so
12 20 minutes.

13 (11.28 am)

14 (Short Break)

15 (11.52 am)

16 LORD BRACADALE: Now, Ms Grahame, who is the next witness?

17 MS GRAHAME: The next witness is David Taylor, who will be
18 taken by my learned junior.

19 LORD BRACADALE: Good morning, Mr Taylor. Would you take
20 the oath, would you raise your hand?

21 MR DAVID TAYLOR (sworn)

22 LORD BRACADALE: Ms Thomson.

23 Questions from MS THOMSON

24 MS THOMSON: What is your full name, please?

25 A. David Taylor.

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1 Q. How old are you, Mr Taylor?

2 A. 55.

3 Q. And you are a paramedic with the Scottish
4 Ambulance Service?

5 A. That's correct, yes.

6 Q. How long have you held that role?

7 A. About 20 years now.

8 Q. Before I ask you any questions, can I invite you to take
9 a look at the folder in front of you. I want to make
10 sure that you've got everything that you need to give
11 your evidence today, and the first thing you should find
12 in there is a statement that you gave to a member of the
13 Inquiry team, that's SBPI 17. Anything I refer to will
14 pop up on the screen, but it might be helpful to you to
15 have hard copies in front of you as well. So here we
16 see a copy of your Inquiry statement, it was taken on
17 23 December of last year, and if we scroll down to
18 page 13, please, if we scroll to the very bottom,
19 please, thank you, we will see that you signed the
20 statement on 31 March this year. Your signature has
21 been blanked out on the publicly available copy, but
22 your signature should be on the hard copy in front of
23 you.

24 A. Yes.

25 Q. And if we scroll up just a little to paragraph 71, we

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1 will see that your statement concludes with the words:

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

6 And having said that, you went on to sign the
7 statement.

8 If we can also look at paragraph 70, briefly. You
9 have explained in your statement that you spoke to
10 someone at the PIRC and later someone I think at
11 the Crown Office, and you say that your memory would be
12 better then than it is now and those statements should
13 be preferred if there's a contradiction within this
14 statement. You have been shown a handwritten copy of
15 your PIRC statement and can confirm it's your signature
16 at the bottom of each page.

17 A. Mm-hm.

18 Q. So the statements -- and we will look at them shortly --
19 would have been taken much closer in time to the
20 statement that you gave to the Inquiry --

21 A. Yes.

22 Q. -- which was at the end of last year. Let's turn to
23 your other statements then and again these should be in
24 the folder in front of you. PIRC 179.

25 Again, this will come up on the screen, but should

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1 hopefully again be in hard copy, Mr Taylor. We see this
2 was a statement that you gave on 19 May of 2015 to
3 a Ross Stewart at the ambulance depot very early in the
4 morning it seems at ten to seven in the morning.

5 A. Yeah.

6 Q. When you spoke with Mr Stewart from the PIRC, did you
7 tell the truth?

8 A. Yes.

9 Q. And do your best to give a complete and accurate account
10 of events.

11 A. Yes.

12 Q. And for completeness we should also have your statement
13 or your precognition rather that you gave to the Crown,
14 that's COPFS 51, and it was taken about 18 months later
15 on 25 October 2016. Again, did you tell the truth when
16 you spoke with Fiscal?

17 A. Yes.

18 Q. And did your best to give a complete and accurate
19 account of events?

20 A. Yes.

21 Q. You should also have within the black folder the patient
22 report form relating to this case. That's got reference
23 1068 -- I don't think we need it on the screen just now,
24 Ms Drury, thank you, but if you can satisfy yourself
25 that it's there in hard copy in the folder between you.

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- 1 A. Yes.
- 2 Q. And finally you should have an A3 spreadsheet. I think
3 it is sitting underneath the folder and we will come to
4 that in due course and I will explain its significance
5 when we look at it together.
- 6 So I would like to ask you questions about a call
7 that you attended on 3 May of 2015 and I understand that
8 your shift on that date started at 7 o'clock in the
9 morning?
- 10 A. That's correct, yes.
- 11 Q. And that you were partnered with Alan Finlayson?
- 12 A. Yes.
- 13 Q. And that you were both at the ambulance station in
14 Glenrothes when you received a call?
- 15 A. That's correct.
- 16 Q. The call you received was at 7.24 am.
- 17 A. Yes.
- 18 Q. The incident that you were asked to go to was in
19 Kirkcaldy; would Glenrothes have been the nearest
20 ambulance depot to Kirkcaldy?
- 21 A. There is an ambulance station in Kirkcaldy but the fact
22 that we got the job, I would assume that the ambulance
23 was on another call in Kirkcaldy so we would be the
24 first resource closer to that job.
- 25 Q. So you would have been the nearest available resource --

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- 1 A. Yes, aye.
- 2 Q. -- for the job. You explain in your Inquiry statement
3 that it was your role on this day to complete the
4 patient report form --
- 5 A. Yes.
- 6 Q. -- which we mentioned a moment ago. If you could have
7 a look at it, please, and we might bring it up on the
8 screen now, Ms Drury. It's PIRC 1068. I would just
9 like to ask you to confirm that this is the patient
10 report form that you completed?
- 11 A. It is, yes.
- 12 Q. We see at the very top of the form that it is dated
13 3 May 2015 and it is timed 08.37.
- 14 A. That's correct.
- 15 Q. Can you help me to understand whether you completed this
16 form in real time, or retrospectively, or perhaps a bit
17 of both?
- 18 A. No, it is completed in real time, but that time is when
19 the patient has been taken to the hospital, we've left
20 the patient at the hospital and then I'll go to the
21 ambulance to then finish off the PRF, and then once that
22 PRF is closed, that's the time it would be actually
23 closed on the tablet.
- 24 Q. Okay. PRF, is that patient report form?
- 25 A. Yes.

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1 Q. All right. So it's completed in real time but the time
2 stamp of 8.37 may be the point in time when you
3 effectively closed down this particular job, I think you
4 called it earlier.

5 A. That's correct.

6 Q. So that concluded your involvement in the case?

7 A. Yes.

8 Q. But the entries that we see and we will go on to look at
9 were completed in real time?

10 A. It was completed at the hospital after we dropped the
11 patient off at the hospital.

12 Q. We will be going through it in some detail and I will
13 ask you to help me understand when certain pieces of
14 information were received by you.

15 A. Right.

16 Q. Before we do that, I would like to ask for your help in
17 making sense of some of the entries. Are some of the
18 times that we see recorded there, such as call received,
19 crew passed, crew mobile and so on, are they generated
20 automatically by your system?

21 A. They are, yes. When I looked at that -- when I got the
22 patient report form I think what's happened there is
23 when you go mobile you have first an "acknowledge"
24 button and then you hit "mobile". I think what's
25 probably happened there is that we probably hit the

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1 "acknowledge" button and then we looked at the text or
2 the messages and we haven't actually hit the "mobile"
3 button, and then we have arrived at scene at 7.33 it
4 then just backfills the times in, but when I have
5 actually filled the patient report form in I have
6 actually taken all the messages and the times off the
7 screen and put them into the report form, so although
8 that looks wrong, the times in the actual report are
9 correct.

10 Q. I see. When we scroll down shortly to look at the
11 report we can look at the times, but I was keen to
12 understand whether that was some sort of glitch.

13 I don't think there's any doubt at all that you received
14 the call at 7.24 and arrived at the scene at 7.33?

15 A. 33, yes.

16 Q. And I wondered whether it was a technical glitch or
17 perhaps possibly because two ambulances had been called
18 to the locus in relation to two patients there and it
19 may be suggested that in fact your ambulance was
20 initially intended to attend to an officer --

21 A. Right.

22 Q. -- but when a person being restrained by the police
23 became unresponsive, you then being the nearest
24 available resource were effectively diverted because
25 that became the priority call. Does that ring true --

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1 A. No.

2 Q. -- or is that simply not within your knowledge?

3 A. No, we were going for a police officer injured, that was
4 our call.

5 Q. Yes.

6 A. And then we arrived at the scene we then were dealing
7 with the patient in cardiac arrest, and as far as I was
8 aware at that particular point we were the only
9 ambulance attending that scene at that time.

10 Q. All right. Well, let's look firstly at the next page
11 please where some of the history that you have shared
12 with us is in fact recorded.

13 If we could scroll to the bottom, please, Ms Drury,
14 there's a paragraph on the left-hand side, "History of
15 episode", and this is the paragraph I think that
16 contains the accurate timings that you referred to
17 earlier, so I wonder if we can begin by going through
18 this together:

19 "Crew at Glenrothes ambulance station received call
20 7.24 to outside Victoria Road Kirkcaldy for male
21 police officer assaulted head and facial injuries."

22 A. Injuries, yes.

23 Q. All right. So the call that you received was at 7.24.
24 You were asked to go to Victoria Road in Kirkcaldy?

25 A. That's correct, yes.

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- 1 Q. And you were made to understand that the patient was
2 a male police officer who had been assaulted and had
3 head and facial injuries?
- 4 A. That's correct.
- 5 Q. Now, where did that information come from?
- 6 A. That comes onto the screen on the vehicle, when you go
7 into the vehicle with the job up on the screen there's
8 a text message, and that's where that information comes
9 from, and that's sent by control to the vehicle.
- 10 Q. Right, so the source of the information is the control?
- 11 A. Yes.
- 12 Q. Would that be the area control room at Bilston?
- 13 A. No, the control room is in South Queensferry for the
14 ambulance.
- 15 Q. I see. We have heard some evidence about the workings
16 of the area control room in Bilston so far as the police
17 are concerned, but should we understand then that the
18 control room from the ambulance perspective is
19 a separate entity?
- 20 A. Yes, it's a separate entity, yes.
- 21 Q. And it's based in?
- 22 A. South Queensferry.
- 23 Q. Can we assume that there's some line of communication
24 between Bilston and South Queensferry?
- 25 A. Yes, the police and Ambulance Service, they will have

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- 1 a direct contact with each other.
- 2 Q. So if, for example, the police officers who were at this
3 incident had sent Airwaves transmissions to their
4 control room requesting an ambulance and providing some
5 information, should we understand that information would
6 then be conveyed from Bilston to South Queensferry?
- 7 A. Yes, that's what would happen.
- 8 Q. Who would then dispatch the nearest available resource
9 and provide the crew with information on a screen in the
10 way that you have explained?
- 11 A. Yes, that's correct, yes.
- 12 Q. Returning to the form and the history. "Undate" --
13 I wonder if that should perhaps be "update", "update
14 message"?
- 15 A. Update, sorry, yes.
- 16 Q. "Update message 7.25. Police advised [assailant] had
17 a knife [unknown] where assailant is police are [in
18 attendance]."
- 19 A. In attendance, yes.
- 20 Q. So should we understand then that at 7.25 you received
21 an update from your control room to that effect?
- 22 A. That's correct.
- 23 Q. That the assailant had a knife and his or her
24 whereabouts were unknown?
- 25 A. That's right.

Transcript of the Sheku Bayoh Inquiry

1 Q. Did that information flash on your screen or --

2 A. Yes, it comes up in a text message on your screen.

3 Q. So you're not using a radio to communicate with your

4 control room?

5 A. Not at that particular stage, no.

6 Q. "En route address changed to Seafield Road"?

7 A. Yeah.

8 Q. So at some point en route to Kirkcaldy you were told it

9 wasn't Victoria Road, it was Seafield Road"?

10 A. Seafield Road, yeah.

11 Q. CC code 04, can you help me with that?

12 A. It just means -- the code 04 is a code allocated to the

13 job and that just means that there's an assault, just

14 to --

15 Q. Was that new information or did that fit with your

16 understanding of the incident?

17 A. I think that just comes on the message, the text message

18 that comes on the screen.

19 Q. "Advised by control of new address on Hayfield Road

20 Kirkcaldy."

21 Then message 7.30:

22 "PT", would that be patient?

23 A. Yes.

24 Q. "In middle of Hayfield Road". So some time prior to

25 7.30 you were advised that the locus was in fact

Transcript of the Sheku Bayoh Inquiry

- 1 Hayfield Road not Seafield Road or Victoria Road?
- 2 A. (Nods).
- 3 Q. And the patient was in the middle of Hayfield Road.
- 4 Again, did that flash across your screen?
- 5 A. I think the way I worded that "advised by control",
- 6 I think that's a radio message at that point.
- 7 Q. We have heard evidence from the officers who attended
- 8 this incident that they all carry radios and they can
- 9 transmit and receive messages using the police Airwaves
- 10 and we have heard some evidence too that other emergency
- 11 services use the same Airwaves system?
- 12 A. Yes, we use Airwaves, yes.
- 13 Q. So you have the same kit essentially?
- 14 A. Yes.
- 15 Q. A radio that allows you to transmit messages to your
- 16 control room?
- 17 A. That's correct.
- 18 Q. And to receive messages from them?
- 19 A. That's correct.
- 20 Q. As well as the screen that you have in the ambulance?
- 21 A. Yes.
- 22 Q. "Update message 7.31 junction of Hendry Road and
- 23 Hayfield Road."
- 24 A. Yes.
- 25 Q. So you have received another update, and then we see:

Transcript of the Sheku Bayoh Inquiry

1 "Told by control that [patient] in cardiac arrest."
2 A. Yeah.
3 Q. Might that have been an Airwave if you've recorded --
4 A. I think just the way I've written that again "Told by
5 control" I think that's an actual Airwave message, yes.
6 Q. "Arrived at scene 7.33"?
7 A. Yes.
8 Q. So this is all information that you received prior to
9 your arrival at the scene and all of this information
10 came from your control room.
11 A. That's correct.
12 Q. Now although both the police and paramedics use
13 Airwaves, should we understand that you're using
14 different systems, you're not listening to one another's
15 messages --
16 A. No, they're totally separate from each other.
17 Q. Totally separate?
18 A. Yes.
19 Q. Okay. So would it be the case then that the officers on
20 the ground, as it were, would relay information to their
21 control room and insofar as that information was
22 relevant for your purposes, Bilston would convey the
23 information to South Queensferry and they in turn would
24 relay the information to you?
25 A. Yes, that's correct.

Transcript of the Sheku Bayoh Inquiry

1 Q. Is it sometimes the case that the control rooms, either
2 or both, have to interpret and make sense of messages
3 that they are receiving?

4 A. Yes, it's just -- it depends on the quality of the
5 information that gets passed back and forwards, yes.

6 Q. And does it ever transpire that information passed to
7 you is incorrect or incomplete?

8 A. It can do, yes.

9 Q. I think perhaps an example of that might be the change
10 to the locus that you were asked to --

11 A. Yes, the address is a change.

12 Q. -- to attend. So let's look at that. Can we look at
13 your Inquiry statement, please. At paragraph 9, you
14 explain the first message was to go to Victoria Road for
15 a male police officer, head and facial injuries. At
16 paragraph 11, you explain that you made yourselves
17 mobile, so this was a standing start from the ambulance
18 depot, is that right?

19 A. That's correct, yes.

20 Q. You weren't already out and about?

21 A. No, we were in the ambulance station at the time.

22 Q. Okay. And you were updated and advised of a new address
23 of Seafield Road, Kirkcaldy, for an assault.

24 You explain at paragraph 12 that each of the updates
25 were very quick and didn't cause any delays to get to

Transcript of the Sheku Bayoh Inquiry

1 the incident because you were on the Thornton Bypass,
2 the A92, when you received them. And then at
3 paragraph 13 you explain that when you received the
4 proper address at 7.30, Hayfield Road you were
5 approaching the Gallatown roundabout in Kirkcaldy. You
6 were already going towards the correct address.

7 A. Aye.

8 Q. So I don't know Glenrothes/Kirkcaldy terribly well, but
9 from your statement should we understand that from the
10 moment that you were in the ambulance you were
11 effectively heading towards Hayfield Road, and being
12 provided with incorrect information about Victoria Road
13 and Seafield Road didn't actually cause you any
14 additional time?

15 A. No. I mean when you're going from Glenrothes you're
16 heading to Kirkcaldy and as you approach Kirkcaldy if --
17 by that time we've got Hayfield Road so we were able to
18 take the right, turning at the roundabout and head
19 towards Hayfield Road. If it had been that extra few
20 minutes we probably would have been heading down towards
21 Seafield in the wrong direction.

22 Q. In the event, no harm done?

23 A. No harm done, yes.

24 Q. I would like to show you a little bit of footage of the
25 ambulance arriving at the scene just so that we can

Transcript of the Sheku Bayoh Inquiry

1 confirm the arrival time and that it was in fact your
2 ambulance. Before we do that, let's look at the
3 spreadsheet. I said that we would come back to this.

4 You may be aware, Mr Taylor, I don't know whether
5 you have had the opportunity to watch any of the
6 evidence that's been led so far in the Inquiry?

7 A. (Inaudible).

8 Q. This spreadsheet has been shown to a number of witnesses
9 so far, but the Inquiry has available to it footage from
10 the pub at the roundabout, White Heather or Gallaghers,
11 CCTV footage from there, some mobile telephone footage,
12 dash cam footage, also recordings of 999 calls and
13 Airwaves. I should say we have the Airwaves
14 transmissions between the police and their control room,
15 not between your control room and the paramedics?

16 A. Oh, right, okay.

17 Q. But effectively what we have done with some expert help
18 is align all of that material according to a real time
19 clock.

20 A. Okay.

21 Q. And in this spreadsheet you will see a record of what is
22 heard over Airwave and what is seen on the different
23 pieces of footage, and the timings are in the left-hand
24 margin.

25 So I wonder then if we can look at the entries

Transcript of the Sheku Bayoh Inquiry

1 around 7.33. If I can direct your attention to page 13,
2 please. You will see in the left-hand column a time
3 7.33.35 to 7.33.46.

4 A. Okay.

5 Q. An 11-second section. And just to the right-hand side
6 of the mid-point of the page, there's a description of
7 what is seen in the footage from the Gallaghers public
8 house and the entry reads:

9 "The large marked police van pulls forward slightly
10 to approach the roundabout and stops. An ambulance
11 arrives on Hayfield Road approaching the roundabout and
12 stops next to the large marked police van and near the
13 group of people in the pavement area on Hayfield Road."

14 So I would like us simply to look at that 11-second
15 section of the footage, please, Ms Drury, that's at
16 7.33.35.

17 (Video played)

18 If we can pause it there just for a moment.

19 I should also explain that we see on the bottom half of
20 the screen the footage from Gallaghers. Above that we
21 see a bird's eye view reconstruction that shows the
22 placement of certain vehicles and persons. You can
23 ignore the ARLS data in the top right-hand corner for
24 present purposes, and you will see in the top left-hand
25 corner the real time clock. Thank you, Ms Drury.

Transcript of the Sheku Bayoh Inquiry

1 (Video played)

2 If we could pause it there, please. Did you see the
3 ambulance arriving?

4 A. Yes, I did, yes.

5 Q. It can be difficult to watch two things at once but
6 I don't know whether you saw on the reconstruction
7 tile --

8 A. Yes, the ambulance arriving there, yeah.

9 Q. A representation of the ambulance arriving too?

10 A. Yes.

11 Q. And is that familiar to you?

12 A. Yes, it is.

13 Q. Is that your ambulance arriving?

14 A. It is.

15 Q. Grand.

16 Now, you received the call at 7.24 and you arrived
17 at 7.33, so it took nine minutes to get from the
18 depot --

19 A. That's correct.

20 Q. -- to Hayfield Road. Can you help me with the distance
21 from the depot in Glenrothes to Hayfield Road?

22 A. I couldn't really tell you the distance. I would have
23 to check it out, but yeah, nine minutes is the normal
24 time -- response time from Glenrothes to Kirkcaldy.

25 Q. And would it have been possible to get there any faster

Transcript of the Sheku Bayoh Inquiry

1 than you did?

2 A. No. We were on blue lights, so we were travelling quite
3 fast at that --

4 Q. So you had blue lights on and sirens?

5 A. Yes.

6 Q. Were you driving at the speed limit or above the speed
7 limit?

8 A. Above the speed limit.

9 Q. Can we return to your Inquiry statement, please, and
10 look at paragraph 22. I want to ask you some questions
11 now about the scene that greeted you on your arrival at
12 Hayfield Road. You say at paragraph 22:

13 "I thought the patient would be a police officer.
14 I got the impression it was a police officer who was
15 assaulted. Then when it came down as a cardiac arrest
16 I thought it would be a police officer who was in
17 cardiac arrest."

18 So should we understand that even at the point that
19 you arrived at Hayfield Road your understanding was that
20 it was a police officer who had been injured rather than
21 a member of the public?

22 A. Yes, that was the impression from the messages that we
23 got.

24 Q. And those are the messages on the patient report form
25 that we looked at a few minutes ago?

Transcript of the Sheku Bayoh Inquiry

1 A. Yes, that was the messages coming up on the text on the
2 vehicle tablet.

3 Q. And was that the sum total of the information that you
4 had?

5 A. Yes.

6 Q. At the point that you arrived --

7 A. That's correct.

8 Q. -- at the scene. I would like to return to the
9 spreadsheet and look at some entries in it with you and
10 these are entries from the Airwaves between the police
11 and their control room, so you won't have seen these
12 entries before but I'm keen to draw them to your
13 attention and be clear as to whether any of this
14 information was within your knowledge or not.

15 So if we can begin on page 6, please, and if you
16 cast your eye down the column that is second from the
17 left and find the entry at 7.23.34, it's quite near the
18 bottom.

19 A. Yes.

20 Q. It's an Airwave transmission by an Acting Sergeant
21 Scott Maxwell. Do you see that?

22 A. Yes, I do, yes.

23 Q. "From 411 PC Short's been struck to the head eh is a bit
24 upset I'm going to need an ambulance here to check her
25 over. No bleeding, no visible injury, over."

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1 Do you see that entry?

2 A. I do, yes.

3 Q. And that appears to be the first Airwave transmission

4 from the police to their control room requesting the

5 attendance of an ambulance and it relates to

6 a constable --

7 A. Yes.

8 Q. -- rather than a member of the public, and the timing of

9 that transmission is 7.23.34, and we know that you

10 received a call at 7.24.

11 A. Yes.

12 Q. If we can move on to page 7, four or five entries down

13 there's an entry timed 7.24.28, again from Acting

14 Sergeant Maxwell, do you see that?

15 A. Yes, I do.

16 Q. "Although there's no visible injuries to PC Short she's

17 been stomped to the body a few times etc and struck to

18 the head and can see if the ambulance can attend ASAP."

19 And then at 7.24.39, the control room says:

20 "Yeah, we're getting the ambulance now."

21 At 7.25.01 the control room says:

22 "Units at the locus, can you just confirm what the

23 actual locus is."

24 And at 7.25.06, Acting Sergeant Maxwell says:

25 "It's Hayfield Road junction with Hendry Road."

Transcript of the Sheku Bayoh Inquiry

1 So do you see all of that information there?

2 A. Yes, I see that, aye.

3 Q. So would it appear to be the case that your ambulance
4 was dispatched -- or the call came through, I should
5 say, at 7.24 and that was in relation to the officer who
6 had been injured at the scene and that the officers in
7 attendance had confirmed to their control room at
8 7.25.06 that the locus was Hayfield Road at its junction
9 with Hendry Road?

10 A. Hendry Road, yes.

11 Q. If you cast your eye down another two or three entries,
12 please, Mr Taylor, to the one at time stamp 7.25.17,
13 PC Alan Smith, do you see that?

14 A. Yes, I have.

15 Q. "Roger, this male now certainly appears to be
16 unconscious, breathing, not responsive. Get an
17 ambulance for him."

18 So this would appear to be the police asking for
19 a second ambulance for a member of the public, a man who
20 we now know to be Sheku Bayoh, who had been restrained
21 by the police and that's the first entry in this
22 spreadsheet that relates to an ambulance for him.

23 On to page 8, please. Four entries down, 7.26.41
24 again Scott Maxwell, do you see that entry?

25 A. Yes, I see that, yes.

Transcript of the Sheku Bayoh Inquiry

- 1 Q. "I'm just looking to clarify has an ambulance been
2 contacted for this accused also over."
3 And control respond at 7.26.47:
4 "Roger, we have asked for two ambulances to Seafield
5 Road."
6 A. Yes.
7 Q. So two ambulances appear to have been requested by the
8 Bilston control room who had presumably contacted
9 South Queensferry?
10 A. Yes.
11 Q. And we see that an error appears to have crept in there
12 around the address?
13 A. Yes, aye.
14 Q. It has been given as Seafield Road.
15 If we can now move on to page 11, please. Two
16 entries from the top, another transmission by
17 Scott Maxwell at 7.29.30.
18 A. Yes.
19 Q. "Control, can you get a move on with the ambulance, this
20 accused is now not breathing. CPR is commencing, over."
21 So do we see now that this is a further update from
22 the police, that Mr Bayoh was no longer simply
23 unresponsive but wasn't breathing?
24 A. Breathing, no.
25 Q. And control respond at 7.29.42:

Transcript of the Sheku Bayoh Inquiry

1 "East overview, I will give them a call."

2 And at 7.29.45:

3 "Yes, supervisor here is calling them."

4 So it again appears that some contact or
5 communication is in place between Bilston and
6 South Queensferry.

7 A. And the control, yes.

8 Q. On to page 12, at the very top of the page, 7.31.22,
9 Sergeant Maxwell:

10 "Control, any update on ambulance. We could really
11 do with it here."

12 7.31.27 control says:

13 "They have been given a hurry up."

14 And then at 7.31.57:

15 "ETA is three minutes."

16 And further down the page, 7.32.25:

17 "Roger ETA two minutes for the ambulance."

18 And we know that you arrived at 7.33.

19 You said earlier that the sum total of the
20 information that was available to you was what has been
21 recorded in the patient report form?

22 A. That's correct.

23 Q. So these transmissions that I have taken you to that
24 were between the police and their control room, was any
25 of that information conveyed to you beyond that that you

Transcript of the Sheku Bayoh Inquiry

- 1 have recorded in the patient --
- 2 A. No, there's not anything, just what was recorded in the
3 PRF.
- 4 Q. All right. We can put the spreadsheet to one side for
5 now. I would like to ask you to describe the scene when
6 you arrived.
- 7 A. It was quite a busy scene, so as we approached they were
8 actually starting to tape off the road, so they let us
9 through the tape and then as we were driving through
10 there was just ambulances -- sorry, police cars and
11 police vans all around and there was a lot of
12 police officers on the scene and we drove through the
13 scene towards the end of the road.
- 14 Q. Let's look at paragraph 20, please, of your statement.
15 Here again you explain that it was a very busy scene and
16 that there were cars and vans there already and at
17 paragraph 21:
- 18 "I briefly saw the patient lying on the pavement
19 with the police around carrying out CPR or chest
20 compressions. He was handcuffed at the front and with
21 leg restraints."
- 22 A. That's correct, yes.
- 23 Q. And at paragraph 29 you provide a description of the
24 patient. You say:
- 25 "The patient was black, looked quite young, he was

Transcript of the Sheku Bayoh Inquiry

1 maybe in his 30s. He was quite muscular, so he looked
2 as though he was fit and trained at a gym. I didn't
3 know who he was at the time but I now know him to be
4 Sheku Bayoh."

5 A. That's correct.

6 Q. And you explain in the paragraph that follows that him
7 being black had no impact on your assessment or
8 treatment?

9 A. That's right.

10 Q. Can you describe for the Chair, please, the demeanour of
11 the police officers when you arrived at the scene?

12 A. When we arrived they were looking quite busy. The area
13 was getting taped off. There were some looked a bit
14 shocked and looked a bit sort of -- just standing,
15 looked a bit shocked, and then the ones that we focused
16 on were the ones that were doing the CPR on the patient.

17 Q. When you arrived, did you carry out an assessment of the
18 patient yourself?

19 A. I did, yes.

20 Q. If we can look at paragraphs 35 and 36, please. You say
21 you carried out a primary survey, what's a primary
22 survey?

23 A. A primary survey is your ABC, it's the immediate
24 life-threatening issues that you have to address.

25 Q. So ABC, is that airway, breathing and --

Transcript of the Sheku Bayoh Inquiry

1 A. And circulation.

2 Q. -- circulation?

3 A. That's right.

4 Q. Okay. You explain at paragraph 35:

5 "I carried out a primary survey: there was no
6 catastrophic bleeding at all, there was no obvious
7 injuries contributing to a cardiac arrest at that point
8 and his airway was clear. I checked his airway by
9 looking into the airway to see if there's any blockages
10 that may stop the oxygen going into his lungs.
11 I inserted an oropharyngeal airway into his mouth."

12 A. That's correct.

13 Q. What's that?

14 A. It's a plastic tube that goes into the mouth and it
15 stops the tongue falling onto the back of the airway.

16 Q. Why is that important?

17 A. It's important because the problem when somebody is in
18 cardiac arrest, the tongue becomes loose and it just
19 automatically falls down to the back of the airway and
20 it eventually occludes the airway and stops any oxygen
21 getting in.

22 Q. Paragraph 36 you say:

23 "I couldn't detect any breathing. I was looking at
24 the chest rising and listening for breathing.
25 I couldn't, by that point, detect any pulse at his

Transcript of the Sheku Bayoh Inquiry

1 carotid pulse at his neck, so I requested the
2 police officers to continue with the chest compressions.
3 With no pulse detected I realised this patient was in
4 cardiac arrest."

5 So your primary survey is that there are no obvious
6 injuries, this gentleman was not breathing, there was no
7 obvious pulse, he appeared to be in cardiac arrest?

8 A. That's correct.

9 Q. Paragraph 38, please. Here you say:

10 "I said to Alan just get the stretcher out because
11 it started to rain at that particular point, so it was
12 better just to get him out of the rain, get him into the
13 back of the vehicle and we'll try and do everything in
14 the privacy of the ambulance."

15 Why was it better to get him out of the rain?

16 A. If you're in a cardiac arrest you would be using a shock
17 box or defibrillator, and when you're actually putting
18 the pads on the chest, if you put that on the chest when
19 it's wet, the contact is ineffective and you also run
20 the risk as well of having the shock run across the
21 chest, having water and shock it -- although the risk is
22 minimal, there's still a risk of us getting a shock.

23 Q. Okay. You said it was raining. Had Mr Bayoh been
24 covered with a blanket or a coat?

25 A. No, no. It had just started to rain at that point that

Transcript of the Sheku Bayoh Inquiry

1 we arrived.

2 Q. So your initial assessment was that he appeared to be in
3 cardiac arrest and we have heard some medical evidence
4 already that the treatment for a cardiac arrest is CPR?

5 A. That's correct.

6 Q. If we can look at paragraph 39, please, where you
7 explain:

8 "I got the bag and mask out, attached the oxygen,
9 started to bag and mask with the police officer
10 continuing chest compressions and Alan went to get the
11 stretcher from the ambulance. The chest was rising with
12 the bag and mask and the flow of oxygen was moving."

13 So we have heard that CPR involves a combination of
14 chest compressions and breaths?

15 A. That's correct.

16 Q. So what purpose does the bag and mask serve?

17 A. The bag and mask is effectively simulating the
18 breathing, so the bag and mask goes over the face --
19 over the mouth and the nose, creates a seal and then
20 when you press on the bag it pushes oxygen into the
21 lungs and effectively breathing for the patient.

22 Q. At paragraph 40 you explain the information you got at
23 the scene from the police was that he was restrained,
24 went into apparent cardiac arrest, and then CPR was
25 commenced by the police --

Transcript of the Sheku Bayoh Inquiry

1 A. That's correct.

2 Q. -- is that right? There's a more detailed explanation
3 of how the bag and mask work in paragraph 26 if we could
4 look at that very briefly. You explain it is called an
5 AMBU bag:

6 "It's a [face] mask that goes over the nose and
7 mouth with a large bag attached to it ... you apply an
8 oxygen bottle through a tube ... [it gives] ... 100%
9 oxygen into the bag and mask. When you place the mask
10 over the patient's nose and mouth it creates a seal that
11 allows you to squeeze the bag and push oxygen into the
12 patient's lungs. When the air goes into the lungs it
13 expands the chest. It basically breathes for the
14 patient. Hopefully the oxygen in the lungs will then
15 transfer over to the blood stream and get oxygen into
16 the body."

17 A. Yes.

18 Q. And if we return to paragraph 39 which we looked at
19 a moment ago, you explain in the final sentence that
20 Mr Bayoh's chest was rising with the bag and mask and
21 the flow of oxygen was moving.

22 A. Yes.

23 Q. Does that mean that the simulated breathing appeared to
24 be serving the purpose --

25 A. It was working well, yes. The airway is clear and the

Transcript of the Sheku Bayoh Inquiry

1 oxygen is getting in okay and the chest is rising.

2 Q. Mr Taylor, did you personally carry out chest
3 compressions at the scene?

4 A. No.

5 Q. Did you witness the police carrying out chest
6 compressions?

7 A. It was the police officer that was doing chest
8 compressions, yes.

9 Q. We have heard that Mr Bayoh was handcuffed to the front.

10 A. That's right.

11 Q. So far as you could see, did the presence of the
12 handcuffs have any effect on the officers' ability to
13 carry out the chest compressions?

14 A. No, they didn't impede the CPR.

15 Q. Can we move on to paragraph 43. You explained that your
16 intention was to remove Mr Bayoh from the roadway or the
17 pavement into the ambulance and you go on to explain
18 that once inside the ambulance you:

19 "... connected up the defibrillator by putting two
20 large pads on his chest, one on the upper chest and one
21 sort of more to the left side. It allows you to see any
22 rhythm on the screen of what the heart is doing or
23 allows you to apply a defibrillator shock to that
24 patient. It has to be on bare skin. I can't remember
25 if we cut the T-shirt or if the chest wasn't exposed

Transcript of the Sheku Bayoh Inquiry

1 when we arrived."

2 So what exactly is a defibrillator?

3 A. A defibrillator is a shock box. It allows a shock to be
4 carried out across the heart, it basically stuns the
5 heart and hopefully a rhythm will start which will then
6 make the heart pump.

7 Q. And how do you connect a defibrillator? You make
8 reference to connecting the defibrillator?

9 A. There's two large pads, so one pad would go up here on
10 the right shoulder and one large pad will go on to the
11 left at the side of the chest, and the idea is that the
12 shock will go across the heart.

13 Q. Now, did the presence of the handcuffs have any effect
14 on your ability to access the chest --

15 A. No.

16 Q. -- and connect the defibrillator?

17 A. No, it didn't have any problem.

18 Q. Can we look at paragraph 44, please. Am I right to
19 understand that having applied the defibrillator, before
20 you administer a shock you get to some sort of reading?

21 A. Yes, we see a reading on the screen, yes.

22 Q. And do I understand correctly that you would only then
23 go on to shock if you get the right sort of reading?

24 A. That's correct, there's two rhythms, tachycardia and
25 ventricular fibrillation. That's the two shockable

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1 rhythms.

2 Q. So if the rhythm is other than one of those, then the
3 heart isn't shockable?

4 A. You can't shock it, yeah.

5 Q. Okay. You say:

6 "We saw on the screen that he had an irregular sinus
7 rhythm. That's when I realised there must be some kind
8 of heart rhythm. I was feeling for the pulse and I was
9 able to find a very faint carotid pulse in the neck."

10 So you had explained that there wasn't an apparent
11 pulse and you assumed that Mr Bayoh was in cardiac
12 arrest for that reason?

13 A. That's correct.

14 Q. But having connected the defibrillator has it
15 demonstrated that there was some sort of heart rhythm
16 and therefore there must have been some pulse?

17 A. Yes, it certainly indicated that there could be a pulse
18 there so that's what we just need to check again.

19 Q. And does that mean that you wouldn't then proceed to
20 shock the patient because the heart was functioning?

21 A. The heart was beating, yes.

22 Q. The heart was beating.

23 A. Yes.

24 Q. And you explain at paragraph 45:

25 "This meant that he was in respiratory arrest so we

Transcript of the Sheku Bayoh Inquiry

1 just continued using the bag and mask ventilations in
2 the back of the ambulance."

3 So should we understand that where the patient is in
4 cardiac arrest they need both the breath as well as the
5 chest compressions, but for respiratory arrest, the
6 appropriate management would simply be --

7 A. The bag and mask, yes.

8 Q. -- the simulated breath, in this case the bag and mask?

9 A. Yes.

10 Q. And 47, please, here you simply explain that:

11 "A cardiac arrest means you're not breathing and
12 your heart has stopped altogether. A respiratory arrest
13 means you're not breathing but your heart has electrical
14 activity and a faint pulse, meaning your heart is
15 technically beating."

16 You go on to explain:

17 "They're both as severe as each other. At the end
18 of the day, if you're not breathing you're going to go
19 into cardiac arrest. Potentially cardiac arrest is the
20 worst scenario. If you're not breathing it can be
21 corrected if there's a possibility to correct that."

22 And then you go on to explain:

23 "The treatment for respiratory arrest is the bag and
24 mask. For cardiac arrest it is the bag and mask and
25 chest compressions. If you have time you could gain IV

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1 access and give cardiac arrest drugs, adrenaline and
2 Amiodarone."

3 If a person is in respiratory arrest rather than
4 cardiac arrest, as you had confirmed Mr Bayoh was, would
5 there be any need to give drugs of this type?

6 A. The most obvious drug you would give for a respiratory
7 arrest would be a drug-related incident where there
8 would be heroin. If somebody has taken heroin somebody
9 tends to go into respiratory arrest, so we could give
10 Naloxone for that.

11 Q. And in lay person's terms, is Naloxone effectively an
12 antidote to --

13 A. To the heroin.

14 Q. -- heroin? Were you provided with any information or
15 did you see anything that caused you to think that this
16 might have been a heroin overdose?

17 A. No, no.

18 Q. So was Naloxone given?

19 A. No.

20 Q. I think in fact you explain at paragraph 53 that you
21 could give someone Naloxone:

22 "... if we're talking about a heroin or Valium
23 overdose ... I didn't believe it was an overdose. The
24 there was no evidence of an opiate overdose so you don't
25 just fire it in for the sake of it."

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- 1 So, it's not a drug that you would give
2 prophylactically; there would have to be some evidence
3 of an overdose?
- 4 A. Yes, you would get some evidence from the history or the
5 situation that would suggest that something had been
6 taken, but in this particular case there wasn't.
- 7 Q. Okay. And the drugs that were mentioned earlier in your
8 statement, amiodarone and adrenaline, do they serve any
9 useful purpose in a respiratory arrest, or would they
10 only be required in the case of a cardiac arrest?
- 11 A. Yes, they're only used in cardiac arrest.
- 12 Q. Have you ever heard of a drug called Flakka, a synthetic
13 cathinone?
- 14 A. No, no.
- 15 Q. If you had been advised at the scene by the officers in
16 attendance that they believed that he had taken a drug
17 called Flakka, a synthetic cathinone, would you have
18 considered administering Naloxone?
- 19 A. I'm not familiar with the term Flakka. Is that a street
20 term or a street name?
- 21 Q. It is. We have yet to hear evidence about its technical
22 properties or more formal names, but if it had been
23 suggested to you that Mr Bayoh was under the influence
24 of a drug with the street name Flakka, what would you
25 have done?

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1 A. I haven't come across that name, Flakka, so if -- it
2 would have to be a case of we would have to discuss it
3 between ourselves what the drug is. If it was found to
4 be an opiate-type drug, we could give Naloxone, but if
5 it's not an opiate-type drug then we couldn't give
6 anything for that.

7 Q. Would you have had at your disposal the means of making
8 some inquiry as to the properties of this drug?

9 A. Possibly. This is (inaudible) seven years ago. We
10 probably would be able to contact either control for
11 information or if somebody's got an internet-connected
12 phone, they could check it up and see what it is.

13 Q. Are those the sorts of things that you might have done
14 if it had been suggested to you --

15 A. Yes.

16 Q. -- that Mr Bayoh appeared to have taken this drug?

17 A. Yes.

18 Q. In the event, you didn't consider that you needed to
19 give any drug so you didn't need IV access, but if you
20 had required IV access, would the handcuffs have got in
21 the way at all?

22 A. Yes, they would have done. We would have had the
23 handcuffs removed at that point.

24 Q. You would have had to have had them removed at that
25 point?

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1 A. Yes, uh-huh, yeah.

2 Q. You explain in your statement that treatment continued
3 en route to the hospital. It only took two minutes to
4 get to the hospital --

5 A. Yes.

6 Q. -- it's actually just further along Hayfield Road we
7 have heard.

8 A. That's correct.

9 Q. And that bag and mask ventilation continued en route.

10 Can we return to the patient report, please, to the
11 following page, please, to this paragraph at the top on
12 the right. It records:

13 "Male who had allegedly brandished a knife at
14 police, was restrained by police, had been possibly
15 struck on the head with a baton."

16 Now, who provided you with that information?

17 A. That was when we were in the hospital. We had
18 transferred the patient over to the hospital bed and the
19 police officer who travelled in the back of the
20 ambulance, he was on his radio. There was a lot of
21 chatter on the radio and that's when he offered that
22 piece of information, as we transferred the patient
23 over.

24 Q. Okay. So that's information that came from an officer?

25 A. Yes.

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1 Q. And I understand that an officer had travelled with you
2 in the ambulance.

3 A. In the back of the ambulance, yes.

4 Q. Was it the same officer --

5 A. Who gave us that information, yes.

6 Q. -- who gave you that information. And you received that
7 information at the hospital?

8 A. At the hospital, at the hospital bed.

9 Q. Okay. So that's not information that you had when you
10 arrived at the scene?

11 A. No.

12 Q. And it's not information that you were given during the
13 period of time that you were assessing and treating
14 Mr Bayoh at the scene?

15 A. No, just at the hospital, it's been there.

16 Q. The entry continues:

17 "Male went into apparent cardiac arrest. CPR by
18 police commenced. On arrival male casualty lying on
19 pavement (handcuffed and with leg restraints) in
20 apparent cardiac arrest with police officers carrying
21 out CPR. Crew continued basic CPR. [Patient] lifted
22 onto stretcher and into ambulance due to rain and close
23 proximity to hospital. When defib applied irregular
24 sinus tachy rhythm seen on screen, checked for pulse and
25 casualty found to have a faint carotid pulse. Bag and

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1 mask ventilation continued. Police officer in back of
2 ambulance assisted crew. Police officer drove ambulance
3 to Victoria Hospital. Victoria stand by requested. Due
4 to short distance to hospital no attempt made to
5 cannulate en route. Ventilation en route and at
6 hospital arrival and handover."

7 At what point in time did you write this note up?

8 A. This is after we've handed the patient over to the
9 hospital staff. From our point of view that's our job
10 finished. I will then go back out to the ambulance.
11 Alan was just clearing up the back of the ambulance,
12 restocking the bag and then I was writing the PRF.

13 Q. Okay, so if we scroll down the page a little bit to the
14 column on the left-hand side, this is information that
15 I think you said you recorded in real time, it's to do
16 with the time that you received the call, the different
17 updates that you received en route.

18 A. Yes.

19 Q. And it concludes with your arrival at the scene.

20 A. Yes.

21 Q. But the paragraph further up the page, if we could
22 return to that, please, Ms Drury, this was completed by
23 you retrospectively and insofar as it contains
24 information such as the reference to the knife and the
25 baton strike, that's because those are not pieces of

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- 1 information that you had at the time?
- 2 A. That's correct, yes.
- 3 Q. Okay. And this is information you say that you received
4 when you got to the hospital?
- 5 A. Yes.
- 6 Q. So were you advised at any point before the ambulance
7 left Hayfield Road to go to Victoria Hospital that
8 Mr Bayoh had been chasing cars with a knife?
- 9 A. No.
- 10 Q. That he had ignored the police when they arrived and
11 acted like they weren't there?
- 12 A. No.
- 13 Q. That he had been sprayed several times with CS and PAVA
14 spray?
- 15 A. No.
- 16 Q. That the sprays had had no effect and he had wiped them
17 off like water?
- 18 A. No.
- 19 Q. That he had been struck to the head with a baton?
- 20 A. No.
- 21 Q. That he had been restrained by a number of officers?
- 22 A. Not by a number of officers; we just heard that he had
23 been restrained and went into cardiac arrest.
- 24 Q. That he had been restrained in the prone position?
- 25 A. No -- well, just restrained.

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1 Q. Just restrained. If the officers at the scene had had
2 the information that I have shared with you, would you
3 have found it helpful to have received that information
4 from them?

5 A. Yes. That would just have been information that would
6 tell us how the event happened and that would be
7 information that we would give to the hospital.

8 Q. Would you have expected them to provide you with that
9 information?

10 A. It's a bit -- it's very hard. When you arrive on scene
11 you want as much information as possible but it's a very
12 busy scene and it happens on all jobs. It really just
13 depends on what information is available, what's
14 happening at that particular point and how much
15 questions you ask and how much -- what you're doing at
16 the time so ...

17 Q. Things like being struck to the head, being sprayed with
18 CS and PAVA spray; are those the sorts of pieces of
19 information you might have been expected to be passed to
20 you?

21 A. That would be useful, yes.

22 Q. And why would that have been useful?

23 A. That's just information as to what may have led up to
24 the event as to cause the cardiac arrest.

25 Q. Would you have done anything differently if you had had

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- 1 that information?
- 2 A. No. It would still be CPR or bag and mask.
- 3 Q. Where you are attending a patient who has been sprayed
- 4 with an incapacitant spray, do you have to take any
- 5 precautions yourself so that you don't become
- 6 contaminated with the spray?
- 7 A. I've never actually had to deal with somebody who has
- 8 been sprayed but yes, you're very aware that if there is
- 9 spray around you get contaminated very easily and it's
- 10 very -- it will disable you very quickly, so you have to
- 11 be very careful how you approach and what you touch.
- 12 Q. The information that I have shared with you now, is that
- 13 the sort of information you might have thought important
- 14 to pass to the medical team at the time of the handover?
- 15 A. Yes. Again, it's just more information as to what may
- 16 have happened, or what's led up to that event.
- 17 Q. Okay. And if control had had information about spray
- 18 and baton strikes before you arrived at the scene, would
- 19 you have expected that information to be shared with
- 20 you?
- 21 A. If they had that information, but it's all down to time.
- 22 It's just how the information's transferred, and in
- 23 situations like that, there's -- I mean there's
- 24 nine minutes to get there, so it just depends how
- 25 much -- the time between police officers to control, to

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1 control to ambulance control, and then to us.

2 Q. Let's look at the spreadsheet again, please, at page 8.

3 There's an entry -- again, it's Acting Sergeant

4 Scott Maxwell. It's an Airwave entry at 7.26.52. So

5 that's more than six minutes before you arrive at the

6 scene, okay:

7 "Just for the log the initial on attendance this

8 male has attacked PC Short quite violently. As a result

9 he was sprayed with CS and PAVA and batoned. There may

10 be a suggestion that he has been batoned to the head

11 area. 41 over."

12 Do you see that?

13 A. Yes, aye.

14 Q. So it appears from this transcript that that information

15 which was acknowledged -- do you see at 7.27.10,

16 "Control room, roger", that information was conveyed by

17 the police to their control room more than six minutes

18 before your ambulance arrived at the scene.

19 A. Yes.

20 Q. But should we understand from your evidence and from

21 what's recorded in the patient report form that in the

22 intervening six minutes, that information did not make

23 its way into your hands?

24 A. Yes, I didn't get that information.

25 Q. I would like to conclude with a few questions about what

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1 happened at the hospital. It was a two-minute journey?

2 A. That's right.

3 Q. And you explain at paragraph 59, please, if we might
4 return to your Inquiry statement, that you put
5 a stand-by at the hospital by radio:

6 "We told them we have a stand-by."

7 You explain this:

8 "This informs A&E that there's an ambulance coming
9 with patient. We told them what happened and that we
10 were dealing with a respiratory arrest. I presume Alan
11 did the stand-by because I was with the patient doing
12 the bag and mask."

13 A. Yes.

14 Q. So you forewarned the hospital --

15 A. That's right.

16 Q. -- that you had a patient in respiratory arrest coming
17 in.

18 If we scroll down to the section headed "Arrival at
19 the hospital":

20 "We got to the hospital at 7.44... That's 9 minutes
21 on scene, 2 minutes to hospital. A total of 11 minutes
22 from that scene to hospital. I have read these times
23 from the [patient report form].

24 "We arrived at the hospital and handed over the
25 patient to the doctors. We opened the back door, took

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1 the patient out the back door and took the patient
2 through the hospital doors into the resuscitation area
3 (resus). This is the area where any patient who's
4 really sick and needs immediate attention and treatment
5 goes."

6 You explain there were lots of hospital staff there,
7 doctors and nurses, all dealing with your patient. At
8 64:

9 "A doctor requested the handcuffs to be removed and
10 this was done by the police officer who was with us.
11 I can't remember anything about the doctor but they were
12 in charge."

13 At 65:

14 "The doctor asked what happened and if we had any
15 information. I did the handover because I was the
16 attendant in the ambulance. I said the information
17 I had available at the time: he was getting restrained,
18 went into ... cardiac arrest and we found [out] that
19 he's in respiratory arrest.

20 "There's a lot of radio chatter on the police
21 officer's radio and that's when the police officer said
22 that he's possibly been struck on the head with the
23 baton."

24 So this is the handover that you mentioned earlier?

25 A. That's correct, yes.

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1 Q. So if you had had information about CS spray or PAVA or
2 Flakka even, are these the sorts of things that you
3 would have mentioned at this particular --

4 A. Yes, that's information we would pass on to hospital
5 staff.

6 Q. -- point in time, okay.

7 A. Yes.

8 Q. You go on to say:

9 "Once the doctor started dealing with it we just
10 left and filled out the patient report form in the back
11 of the ambulance. Alan tidied up the vehicle and
12 restocked the equipment. The police officers took our
13 details. From our point of view that was the job
14 closed."

15 So is it the case then that after you returned to
16 the ambulance having handed over Mr Bayoh to the
17 hospital staff, that you wrote up your report, restocked
18 your bag ready for the next emergency?

19 A. That's it, yes.

20 Q. And that was the end of your involvement in this case?

21 A. Yes, that was.

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

23 I have no further questions for you, thank you.

24 LORD BRACADALE: Thank you. Any Rule 9 -- Ms Connelly.

25 Anybody else? No.

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1 Mr Taylor, I wonder if you could just withdraw to
2 the witness room for a moment while I hear a submission.

3 (Pause).

4 Yes, Ms Connelly, if you come to the table, please.

5 Application by MS CONNELLY

6 MS CONNELLY: Thank you, sir.

7 Sir, you heard from Mr Paton that when he was
8 attending to Mr Bayoh that he was unable to get the
9 valve, as he said, "into the boy's mouth", and he was
10 unable to do so because his teeth were clenched shut,
11 and he attempted to open Mr Bayoh's teeth to insert the
12 one-way valve. I wish to ask this witness, sir, whether
13 when he checked Mr Bayoh's airway were his teeth
14 clenched and, further, would an unconscious person who
15 was not breathing unclench their teeth.

16 LORD BRACADALE: Is that the only --

17 MS CONNELLY: That's the question, my Lord.

18 Ruling

19 LORD BRACADALE: Very well, I will allow you to ask that.

20 MS CONNELLY: Thank you, my Lord.

21 LORD BRACADALE: If we can rearrange the seating.

22 (Pause).

23 MR DAVID TAYLOR (continued)

24 LORD BRACADALE: Mr Taylor, Ms Connelly who sits at the end
25 of the table here, who represents the Sheku Bayoh family

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1 has some questions for you.

2 A. Okay.

3 Questions from MS CONNELLY

4 MS CONNELLY: Mr Taylor, the Chair has heard from a witness
5 who was attending to Mr Bayoh with other
6 police officers, he himself a police officer, at the
7 time that they identified that Mr Bayoh was unconscious
8 and had stopped breathing.

9 A. Okay.

10 Q. This police officer said that he attempted to insert
11 a "one-way valve thing" into Mr Bayoh's mouth, but his
12 teeth were clenched shut and he attempted to open the
13 teeth with his fingers but he was unable to do so.

14 So my question is when you checked Mr Bayoh's airway
15 were his teeth clenched shut at that point?

16 A. No, for me it was a case of I was able to open the mouth
17 and put the airway in.

18 Q. And would an unconscious person who had clenched their
19 teeth, unclench their teeth?

20 A. They can do, yes. Sometimes when you go into cardiac
21 arrest they sort of try and seize up and then once it
22 goes into cardiac arrest the body relaxes, so it can
23 happen.

24 Q. And your evidence is that Mr Bayoh wasn't in cardiac
25 arrest when he was in the ambulance?

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1 A. When I checked his breathing and pulse on the pavement,
2 I believed he was in cardiac arrest, I couldn't find
3 a pulse, and then when we took him into the ambulance
4 that's when we saw the rhythm and then reassessed the
5 pulse and I could then feel a faint pulse at that point.

6 Q. And is that different observation, does that arise from
7 the fact that the machine is more accurate than human
8 touch?

9 A. No, it could just mean the fact at the point when he is
10 on the street the pulse is that weak that it's not
11 effectively pumping effectively, so the fact that we
12 started bag and mask CPR, they're reoxygenating the
13 body, that could then start the heart or build up the
14 heart. In the time we've got the patient into the back
15 of the ambulance the heart is now starting to beat.

16 Q. And in terms of when Mr Bayoh was on the pavement and
17 CPR was being administered to him, would that have been
18 more effective if there had been air also being put in
19 through the one-way valve?

20 A. It's more effective but then nowadays they're taught
21 when they're doing CPR they don't do mouth-to-mouth.

22 Q. But it would have been more effective in your view?

23 A. Chest compressions is what they were taught, or the
24 bystanders are taught to do chest compressions and then
25 it just pumps the oxygen around the body, but any oxygen

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1 going in would help.

2 MS CONNELLY: Thank you.

3 Thank you, sir.

4 LORD BRACADALE: Thank you. Thank you very much, Mr Taylor,
5 for coming to give evidence to the Inquiry.

6 A. Okay.

7 LORD BRACADALE: You are now free to go.

8 A. Okay, thanks.

9 LORD BRACADALE: Ms Grahame, it is now about 12.55. What
10 would you propose to do?

11 MS GRAHAME: The next witness is Brian Geddes and I don't
12 know whether you wish to start him. There may be very
13 little time to get him settled.

14 LORD BRACADALE: Yes. I think if we stop now and then aim
15 to sit at 1.55, that would be the best plan.

16 (12.53 pm)

17 (The luncheon adjournment)

18 (1.56 pm)

19 LORD BRACADALE: Now, Ms Grahame, who is the next witness?

20 MS GRAHAME: The next witness is Constable Brian Geddes.

21 LORD BRACADALE: Good afternoon, Constable Geddes. Will you
22 take the oath?

23 A. Yes.

24 PC BRIAN GEDDES (sworn)

25 LORD BRACADALE: Ms Grahame.

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1 Questions from MS GRAHAM

2 MS GRAHAME: Thank you.

3 You are Brian Geddes?

4 A. That's correct.

5 Q. What age are you?

6 A. 52.

7 Q. And you have 21 years' service, is that right?

8 A. That's correct, yes.

9 Q. And I don't know whether you have watched any other
10 evidence in the hearing?

11 A. No, (inaudible overspeaking).

12 Q. Let me explain. We have a black folder right in front
13 of you and you may use that throughout if you wish and
14 that should contain a number of statements that you have
15 given in the past, so let me just explain to you what's
16 there, because if at any time you want to refer to any
17 of them, you've got hard copies. So the first one is
18 PIRC 00355 and this should be a statement dated 14 July
19 at 13.10, and it was given by you to Investigator
20 Kareen Pattenden. Do you have that in your folder?

21 A. Yes, I think it's the last one.

22 Q. The last --

23 A. Yes.

24 Q. So that's the -- that was the earliest one, if you like,
25 14 July.

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- 1 A. Right, yes.
- 2 Q. And we have heard this will be called a PIRC statement,
3 the first statement you gave to an investigator from
4 PIRC.
- 5 A. Mm-hm.
- 6 Q. And that was 14 July, but it relates to the events on
7 3 May 2015.
- 8 A. Yes.
- 9 Q. And were you doing your best to try and tell the truth
10 and give an accurate account to PIRC about your
11 involvement in these events?
- 12 A. At the time, yes.
- 13 Q. And then the second statement -- so moving forward in
14 your folder -- PIRC 356 should be on a statement dated
15 23 July 2015, again, to Investigator Pattenden at
16 Kirkcaldy Police Office, and again, were you doing your
17 best to give true and accurate information to PIRC --
- 18 A. Yes.
- 19 Q. -- when they spoke to you on that occasion?
- 20 A. Yes.
- 21 Q. Thank you. Then the third statement was
22 12 January 2017. That should be PIRC 357. That was
23 taken 12 January 2017 by a DSI William Little at
24 Kirkcaldy Police Office but again, that was to
25 an officer from PIRC?

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- 1 A. Yes.
- 2 Q. Mr Little. Again, were you doing your best to tell him
3 the truth and give an accurate account --
- 4 A. Yes, I was.
- 5 Q. -- of the events. And you will see as we go through
6 these that they're also coming up on the screen,
7 Constable Geddes, and as we go through I might ask for
8 paragraphs or pages to be put on the screen, but if
9 you -- you have the hard copy, you can look around what
10 else is there if I'm putting the wrong thing up.
- 11 A. Yes, yes.
- 12 Q. And then finally you gave an Inquiry statement,
13 SBPI 128, on 21 February this year and that was taken by
14 a member of the Inquiry team, and if we look at the last
15 page, paragraph 120, you will see it says:
- 16 "I believe the facts stated in this witness
17 statement are true. I understand that this statement
18 may form part of the evidence before the Inquiry and be
19 published on the Inquiry's website."
- 20 Then it has been signed, as I understand it, on
21 every page by you.
- 22 A. Yes.
- 23 Q. You will see on the screen your signature has actually
24 been redacted, although it says you had signed it on
25 24 May this year, but on your hard copy you should see

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1 your signature.

2 A. Yes, that's there.

3 Q. That's great. And if we could look at your Inquiry
4 statement, paragraphs 18 and 19, you have been very
5 firm, you say:

6 "I'm a firm believer ... there's no point in lying
7 about stuff ..."

8 Sorry, I will get you get that. It's also on the
9 screen:

10 "... because this stuff will come back and catch you
11 out. If somebody doesn't get the answer they want to
12 hear, you've told them the truth and there's not going
13 to be any comeback because I've not lied. You dinnae
14 lie, lying's what gets you tripped up, gets you caught
15 out. It's not worth it in this job. I've got less than
16 3 years till I retire and it's not worth anything that's
17 going to risk me losing my job, irrespective of what it
18 relates to. I've stuck with that all through my
19 service."

20 And that's how you feel about things?

21 A. Yes: tell the truth at all times.

22 Q. Thank you. And then at paragraph 19:

23 "I have been asked if my memory would be better when
24 I gave the statements than it is now."

25 And that will be the PIRC statements we have looked

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1 at:

2 "100%, yes. I would say what's on the statements
3 given nearer the time would be more accurate. With the
4 passage of time, 7 years, any information I've given at
5 the time was fresher in my memory and I would stand by
6 the PIRC statements as the best recollection of what
7 happened."

8 A. Yes.

9 Q. And you agree with that and we will go through some of
10 the details as we go through matters, but during --
11 giving the Inquiry statement you were asked to look at
12 a number of passages from other statements and you have
13 commented on those and we've got your comments in the
14 Inquiry statement.

15 A. Mm-hm.

16 Q. Thank you. Right, so hopefully you will have everything
17 that you need as we go through this and I would like to
18 start with paragraphs 4 and 5 of your Inquiry statement.
19 You have given some information in these paragraphs. In
20 summary you were doing the custody duty on 3 May 2015.

21 A. Yes.

22 Q. And you actually were a member of Response Team 4 in
23 Kirkcaldy Police Office?

24 A. Yes.

25 Q. But you had been seconded to custody duty that day.

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- 1 A. That's correct, yes.
- 2 Q. Had you been doing that for a while before 3 May?
- 3 A. I have been custody trained since I think roughly 2013
- 4 and I have had various stints, Dunfermline Police
- 5 Station and Kirkcaldy Police Station, on year-long
- 6 secondments, and various times throughout that if
- 7 custody division had been short-staffed, I would be
- 8 called in to cover shifts.
- 9 Q. How long had you been working the custody shift in
- 10 Kirkcaldy by 3 May 2015?
- 11 A. I think that 3 May was my first day, or (inaudible) two
- 12 days' secondment, it was a couple of days I was required
- 13 at that point, so we started at 7 o'clock that morning.
- 14 Q. That was your first day in Kirkcaldy on duty?
- 15 A. Yes, I think that was the first day of my set of shifts,
- 16 yes.
- 17 Q. Right. So you have worked with PC Walker, Paton,
- 18 Tomlinson, Short and all the others in Response Team 4?
- 19 A. Yes, that's correct.
- 20 Q. You know who they are?
- 21 A. Yes.
- 22 Q. And when had you stopped being an active member of
- 23 Response Team 4?
- 24 A. I'm trying to think was it -- I think it was later on
- 25 2013 -- no, 2015 I went -- that's when I went on

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1 a year-long secondment in custody in Dunfermline.

2 I think I was on Team 4 the whole time. I think it was
3 2015, but I was on Team 4 for a couple of years.

4 Q. Right. So in May 2015 you hadn't quite finished your
5 active service with that team?

6 A. No, still with that team, yes.

7 Q. Still with that team. But doing the custody that day?

8 A. That day, custody, yes.

9 Q. Thank you. You were also, I think, if we see in
10 paragraphs 8 and 9 -- you were also a tutor constable at
11 that time.

12 A. That's correct, yes.

13 Q. And in fact, James McDonough was your probationer?

14 A. Yes.

15 Q. And can I ask you to look at paragraphs 14 and 15,
16 please. Now, it says there:

17 "There's a set-top radio in the Kirkcaldy enquiry
18 office. Because whoever covers the front desk, they've
19 got access to the radios as well because, if there is
20 a personal call coming in for a specific officer, they
21 can shout them up on the radio."

22 And then you mention there was a Lorraine Dewar that
23 was on on 3 May 2015 covering the public reception desk
24 and:

25 "She would hear what was being passed on the radio

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1 and access the call card. Part of her job is that if
2 anybody comes in she'd be creating a call card."

3 Now, there's a few sort of questions I would like to
4 ask just to explain the set-up in Kirkcaldy in May 2015,
5 so when you're talking about a set-top radio, we have
6 heard some evidence about Airwaves transmissions coming
7 across radios that individual officers have on their
8 uniform.

9 A. Yes.

10 Q. What's this set-top radio and what does it do?

11 A. It's exactly the same as the Airwave radio handheld that
12 a police officer carried, but it's more -- it's a base
13 unit, it's just a bigger version of the handheld radio.

14 Q. So it's not a mobile one --

15 A. No, no.

16 Q. -- it sits on a desk?

17 A. It would sit on a desk and it would be permanently
18 placed there.

19 Q. So during the course of a day, is it possible for you as
20 the custody officer to listen to Airwaves transmissions
21 that are being --

22 A. Yes.

23 Q. -- transmitted by officers at scenes?

24 A. Yes.

25 Q. So you could hear the Airwaves transmissions over that

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1 set-top radio in the enquiry office?

2 A. Yes.

3 Q. If you were in there?

4 A. If you were in the office, yes.

5 Q. Right. Do you also have a radio yourself?

6 A. Yes, a personal radio.

7 Q. Can you hear Airwaves transmissions on that radio as

8 well as from the set-top radio?

9 A. Yes, you can.

10 Q. So wherever you were in Kirkcaldy Police Office, you

11 would still have your own personal radio?

12 A. Yes.

13 Q. And what channel would you be tuned into on 3 May 2015?

14 A. Kirkcaldy was channel 3.

15 Q. And did you, at any time, tune in to the channel that

16 was dealing with the incident at Hayfield Road?

17 A. That was on channel 3.

18 Q. That was channel 3. Right. And then Lorraine Dewar,

19 you have talked about her being at the public reception

20 desk. Now, is that separate from the enquiry office?

21 A. Enquiry office is the same -- it's the same -- there's

22 two offices in the one building. They have the custody

23 office where all the custody staff work, and

24 Lorraine Dewar and the enquiry desk, public reception,

25 it's just -- they're the same, the same post.

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- 1 Q. The same sort of area --
- 2 A. Yes.
- 3 Q. -- at that time in May 2015?
- 4 A. Yes.
- 5 Q. I understand that there may have been changes to
6 Kirkcaldy since May 2015. Obviously the questions I ask
7 I'm interested in the way it was in May 2015?
- 8 A. Yes. That part of the building still hasn't changed.
9 The custody staff and the enquiry staff are in the same
10 office.
- 11 Q. Right. So Lorraine Dewar, is she a police officer?
- 12 A. No, she is a civilian.
- 13 Q. A civilian member of staff?
- 14 A. Yes.
- 15 Q. Working at the public reception?
- 16 A. Yes.
- 17 Q. Can she -- from where she is at the public reception,
18 can she hear the Airwaves transmissions?
- 19 A. She has a radio beside her on her desk.
- 20 Q. And you mention that she has -- talking about these
21 creating a call card?
- 22 A. Yes.
- 23 Q. Explain to the Chair what that work involves?
- 24 A. If someone was to want to report an incident to
25 the police, either by phone, initially a call card would

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1 get created, so she would create an entry on the system,
2 it would be time-dated for when the incident happened,
3 who has reported it and a general description of what
4 the incident is. That would then get created on the
5 system. It would then go to a filter which our
6 controller would then allocate an officer to attend and
7 deal with that, or if Lorraine was able to get someone
8 in the station, she could create the initial entry,
9 shout someone up on the radio to get an officer to
10 attend and they would then come down and speak to the
11 personal caller at the station.

12 Q. And is she typing these call cards?

13 A. When she creates new ones, yes, or any amendments that
14 may come up for other call cards, she can type updates
15 on them.

16 Q. There are other people creating call cards in other
17 parts --

18 A. Yes, if you were to phone through 10 -- 101 or 999, we
19 have the people up there, that they would create these
20 incidents, would then allocate them out to the stations.

21 Q. Is that the area control room?

22 A. Yes.

23 Q. But in addition to that there's Lorraine Dewar in the
24 office itself --

25 A. Yes.

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1 Q. -- at the public reception desk. So if a member of the
2 public came in to Kirkcaldy Police Office to report
3 something, Lorraine Dewar could prepare a call card for
4 that?

5 A. Yes, she would get the initial details for her to create
6 the call card and she would be able to put it on the
7 system and then it would go into the main filter where
8 the call would get allocated to officers to attend and
9 deal with.

10 Q. Thank you. Where was your sort of base? You have
11 talked about the reception desk, you have talked about
12 the enquiry office, where was your area for working when
13 you were the custody officer?

14 A. In the office there's like five or six desks in a square
15 in the middle and Lorraine would be down at the bottom
16 end, closest to the entrance to the public entry if
17 anybody wants to come and speak to her, and we would be
18 at the other end of the room, but it's just basically
19 one big rectangle desk on the same building, same -- as
20 we're sitting just now, I would be sitting directly
21 opposite Lorraine if I was looking at you just now.

22 Q. So where you were based, you could see Lorraine from
23 where you were?

24 A. Yes.

25 Q. Can I ask you to think back to May 2015. If someone,

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1 an officer, was coming into Kirkcaldy Police Office from
2 the back of the Police office we have heard there's
3 a back door that would lead towards an area where the
4 canteen was.

5 A. Yes.

6 Q. Can you describe to us how would that person come from
7 the canteen towards the area where you're working?

8 A. They would -- from the canteen there is a corridor that
9 leads basically towards the front of the building and
10 about three-quarters of the way down that corridor
11 there's another corridor that cuts down to the left.
12 That would take you straight down to -- one door would
13 lead to the public access area, through a secured door
14 they have then got access into the enquiry office or the
15 custody office.

16 Q. Now, we may also be hearing about something called the
17 primary charge bar and the secondary charge bar.

18 A. Yes.

19 Q. Can you explain to the Chair what the primary charge bar
20 is?

21 A. It's basically the main -- the first charge bar you
22 use -- if you're putting one custody in, you would
23 always go to the primary one, it's the main one. The
24 second one is if you get really busy and there's enough
25 staff on, you can book multiple people in at the one

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1 time, so it saves a build-up of if you have got multiple
2 custodies getting brought in to get booked into the
3 station, we can process them quicker to get them booked
4 into the system by opening the two charge bars.

5 Q. So primarily you will use the primary charge bar?

6 A. Yes.

7 Q. Clue in the name there, primary, and you will use that
8 unless there's an overspill or it gets busier?

9 A. Yes.

10 Q. And then use the secondary charge bar?

11 A. Yes.

12 Q. Are you in charge of both areas in your job as the
13 custody --

14 A. The sergeant -- the custody sergeant would be in overall
15 charge of whatever staff were working in the custody
16 area and he would make the decision if we're busy enough
17 we need to open up the second charge bar as well but
18 ultimately that would be the sergeant's decision, he is
19 in charge.

20 Q. Now, we might also hear about something called the cell
21 corridor, and I'm interested -- you know, where in
22 relation to the primary charge bar is the cell corridor?

23 A. Where the charge bar is it's situated down the
24 right-hand corner and basically directly -- if you're
25 looking straight out on the left there's a gate that

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1 goes there through there and that's where the -- all the
2 male cells are.

3 Q. So it's very close to -- through a gate, as you say?

4 A. Yes.

5 Q. Thank you. Now, can I ask you to look at paragraph 26
6 of your Inquiry statement. I think you say there that
7 a call came in about a male walking down the street with
8 knives. You heard response teams running out of the
9 office because they have to run down wooden floors:

10 "When you're down the stairs you can hear everybody.
11 I think everybody that was in the station went running
12 out. I had left my radio in the offices."

13 Could you hear that there was a call coming in from
14 the radio, the set-top radio?

15 A. At the time, had I been in the office I would have heard
16 the call but at that time when they were running out
17 I was in the custody area, cell down near the custody --
18 I was doing a check on custodies. I just heard the
19 sound of people running out, so I knew something was
20 happening but I didn't have my radio, I had went and
21 left it on my desk.

22 Q. When you say you were in the custody area, is that the
23 primary charge bar area or the cell corridor?

24 A. Down where the cells are because we would -- at that
25 time in the morning we do welfare checks on the

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1 custodies that are in, and it's usually the first visit
2 of the day, we go round, make sure everybody is okay,
3 any concerns, any issues and update the cell sheets
4 saying if they have had a morning visit and that there's
5 no issues.

6 Q. So the individual cells that you have in Kirkcaldy
7 Police Office, that would be called the custody area?

8 A. Yes.

9 Q. Because the custodies who have come in are secure in the
10 cells?

11 A. Yes.

12 Q. Thank you. And you say at paragraph 28 you went to ask
13 Lorraine Dewar at the front desk where everybody was
14 going to:

15 "That was nosiness if nothing else because it's my
16 shift who are going, and that's when I was told it was
17 possibly the male walking down the road carrying
18 a knife."

19 So you have heard the noise, you have heard officers
20 leaving the building and you have asked Lorraine and
21 Lorraine is doing the calls. We may hear of something
22 called STORM cards?

23 A. Yes.

24 Q. Is that the system she's --

25 A. STORM call card, it's the same thing.

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1 Q. STORM call card, the same thing.

2 A. Yes.

3 Q. So she is working on that at the desk and you go and ask
4 her. So you've got access to the Airwaves
5 transmissions, you've got access to Lorraine and you --
6 she has or is creating or has access to the STORM call
7 cards and do you also have access to the call cards?

8 A. Yes.

9 Q. Now, you mention, I think in paragraph 35 to 38 of your
10 Inquiry statement, that you have access to the call
11 cards as well unless something happens and they get made
12 restricted, and then it's only certain people that can
13 access them, and once the seriousness of what happened
14 to the male became known, that's Mr Bayoh:

15 "... they restricted the call card, so then that was
16 it. We've then not got access, it's only certain people
17 [that have]... access to the call card..."

18 A. Yes.

19 Q. So the position with the call cards is you have access
20 at first unless that's changed?

21 A. Yes.

22 Q. And is that if a major incident is declared?

23 A. It could be -- depending on the nature of the people
24 involved, it may well be it's police officers, maybe
25 politicians, important people that we don't need to know

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1 about. It's not anything that's going to affect us, so
2 it's not in our interests to see the thing as well, so
3 they restrict them from only -- staff officers at
4 a higher level that -- it will be them that will be
5 dealing with it.

6 Q. Who makes that sort of decision, is it a senior
7 officer --

8 A. It's a senior officer that makes the decision, aye, yes.

9 Q. Do you remember when these call cards became restricted
10 on 3 May 2015?

11 A. Off the top of my head, no. I couldn't even guess. It
12 didn't go on for hours anyway before it was restricted.
13 I think it was quite quickly once the nature of the
14 incident came known, what had happened to Mr Bayoh, that
15 it got restricted.

16 Q. When you say when it became known what had happened to
17 him, are you talking about after he was known to have
18 died?

19 A. No, before then. Once he had the injuries in the --
20 they could see they were starting the CPR, that was
21 a serious enough event that they just -- the call card
22 gets restricted so that -- for 1, to stop people looking
23 for nosiness.

24 Q. So you had access to the call cards, as did Lorraine --

25 A. Yes.

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1 Q. -- until --

2 A. The decision was made.

3 Q. -- CPR started and then from then, from that moment, you

4 were no longer able to secure access to them had you

5 wanted to?

6 A. If I wanted to I couldn't do it then, no.

7 Q. You couldn't have done it, thank you. Can I ask you to

8 look at some STORM call cards, so let's look at -- we

9 have two, but I would like you to look at PS 00231,

10 please. Do you recognise the document that's come up on

11 the screen?

12 A. It's a call card, yes.

13 Q. So this is a call card. It doesn't actually say that at

14 the top. It says "Police Scotland ISR report", but this

15 is what you're referring to when you talk about a call

16 card?

17 A. Yes.

18 Q. Or a STORM call card?

19 A. STORM call card, yes.

20 Q. Right. I would like to just look very briefly through

21 some of these entries. If we could look first of all at

22 page 2 of the call card. Thank you. And we see at

23 the -- no, sorry. I would like -- could we have a look

24 at 231 instead, please. Sorry. I think I have given

25 you the wrong number, Ms Drury. 231, that's it, and

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1 page 2. That's it. We will have this, so it's 232 and
2 page 2. Do you see at the top you see in block
3 capitals:

4 "Male in possession of large knife, a black male
5 wearing white T-shirt, no jacket, walking along the
6 street with a large knife in right-hand about 9-inch
7 blade walking in the direction of the hospital, walking
8 quickly more ..."

9 And that is on 3 May 2015 at 7.15.42.

10 A. (Nods).

11 Q. And so these are the types of call cards that are
12 created when a call has come in?

13 A. Yes.

14 Q. Thank you. And if we look further down that page at
15 7.22.15 we see:

16 "Male down on ground, one officer possibly injured."

17 And then at 7.24.07:

18 "From PI Stewart ... monitoring incident, aware that
19 male detained and secured and that officers reported to
20 have been assaulted by being punched to rear of head, no
21 weapons used."

22 So does that appear -- we have heard about an
23 Inspector Stewart at ACR, does it appear that entries in
24 these call cards are not just coming from officers at
25 the scene?

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- 1 A. No.
- 2 Q. Or from telephone calls, 999 calls into ACR, they're
3 actually also containing information from other
4 officers?
- 5 A. Yes. Obviously if the police were passing anything back
6 on the radio, the person on the end of the radio that
7 received this message will be updating the call card as
8 they go, so anything that gets passed back gets
9 recorded.
- 10 Q. So the information that is more widely available is
11 actually on these?
- 12 A. Yes.
- 13 Q. So that would explain, would it not -- we have been
14 looking through Airwaves transmissions, but there seems
15 to be more information in these than there is on the
16 Airwaves transmissions but that would be because the
17 source of this information in the call cards is much
18 wider --
- 19 A. Yes.
- 20 Q. -- than just the officers --
- 21 A. Because the initial entry is going to be from the person
22 that phoned it in, so they give the brief stuff and then
23 any updates that officers on scene would pass back, they
24 would also then get updated on the same call card.
- 25 Q. Thank you. And then at the bottom of that page we will

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1 see at 7.27.40 it says:

2 "Male attacked PC Short violently, suspect has been
3 sprayed and batoned."

4 So that's at 7.27.40 and then if we can go over on
5 to the next page, and do we see on this page that
6 7.30.14, you see the time:

7 "Male is now not breathing and commencing CPR."

8 At that time. And then at 7.31.10 -- what does that
9 say, is it "EOV ambulance now updated", or is it F?

10 A. I think it is E, EOV.

11 Q. Do you know what that stands for?

12 A. I have -- no.

13 Q. "... with the suspect's current condition and requested
14 to attend as soon as possible."

15 So it would appear that an ambulance had been
16 requested. That's 7.31.10. And then 7.31.26:

17 "Ambulance updated that the casualty is no longer
18 breathing and CPR is being carried."

19 Or -- "being carried", mm-hm. Is it fair to say
20 that if it there's an Airwaves transmission from the
21 scene of an incident, that might happen before these
22 call cards are actually created, that there would be
23 a time difference between the two?

24 A. Between it getting passed on the radio and the person
25 typing it on, there could be a delay, it might be

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1 seconds, but it shouldn't be a long delay between
2 someone passing back a message on the radio and the call
3 card getting updated.

4 Q. So there will be some delay for transmission but it
5 shouldn't be too long?

6 A. Yes.

7 Q. Thank you. Then at 7.32.30 it says:

8 "CPR has commenced but he is not breathing."

9 Do you see that there?

10 A. Yes.

11 Q. 7.32.30. And then in the next page, please, at 7.47.42,
12 do you see that:

13 "PC Paton and Walker are fine and back at station."

14 So back at 7.47.42, and then below that:

15 "PS Maxwell ..."

16 We have heard that's Acting Police Sergeant Maxwell:

17 "... returning to station to carry out basic trim.

18 DS Davidson off a locus, arranging resilience cover to
19 attend from other areas in the division."

20 And that was at 7.49.36. And then at 7.59.42 which
21 is slightly down, you see:

22 "Please contact DI Robson and release a media
23 disclosure with relevant details about closure of
24 Hayfield Road to relieve traffic conditions."

25 Do you see that?

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1 A. Yes.

2 Q. At this stage did you still have access to the call --

3 A. No.

4 Q. -- call cards?

5 A. No.

6 Q. So had that stopped after the CPR?

7 A. I think it -- it would have been roundabout the same

8 time, once they obviously realised the seriousness of

9 the nature -- the incident that was ongoing, that that

10 was when they would restrict it, that we don't need --

11 that doesn't need to be out there for everybody to have

12 a look at.

13 Q. Right, thank you. Can I ask you to look at

14 paragraph 40, please, in your Inquiry statement now. So

15 you say there:

16 "The incident's going on about 7 o'clock, back of 7

17 in the morning. They never got back into station until,

18 I want to say early afternoon, but I can't be sure of

19 the time. It was certainly hours before they came

20 back."

21 Now, I have just shown you the STORM call card

22 saying that Paton and Maxwell and Walker were back

23 before 8.00 in the morning. Is it possible that you are

24 mistaken in paragraph 40?

25 A. Yes.

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- 1 Q. So it wasn't the case that they were back later that
2 day, from the call cards?
- 3 A. From the call card obviously they have been back sooner,
4 but because I'm in a different part of the building to
5 where they were, I didn't know when exactly they came
6 back, I just assumed it was later on so ...
- 7 Q. So you didn't have access to the call cards after
8 a certain moment in time?
- 9 A. Yes.
- 10 Q. And you're not at the part of the building where
11 officers have returned?
- 12 A. No, they are a completely different part of the building
13 to us.
- 14 Q. Thank you. Can I ask you to look at paragraphs 41 to
15 44. It might be easier for you to look at the hard
16 copy, but we will certainly see these on the screen and
17 you were told:
- 18 "... when the cops are coming back they're going to
19 go into the canteen and we've not to interact, we've not
20 to go and speak to them, we've not to talk about
21 anything that's went on. I can't remember who told us
22 not to speak to them."
- 23 Now you say you can't remember who told you that; do
24 you remember if it was a senior officer?
- 25 A. It would have been. It would have been a senior --

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- 1 Q. Who were the senior officers that day?
- 2 A. I believe it was DI Colin Robson that ended up coming
3 into the station that day, so he was the one who passed
4 that information on.
- 5 Q. At paragraph 43 you say:
- 6 "Seeing that now I remember Colin Robson. It was
7 him that came into the front office and told us that."
- 8 Is that the office where you and Lorraine Dewar were
9 working?
- 10 A. Yes.
- 11 Q. "I think he was actually based at Glenrothes at the time
12 and he was the most senior person that was on duty.
13 Basically he's taken over all control of what's happened
14 so he's just come on and basically passed that
15 information on to us."
- 16 So from your perspective, Constable Geddes,
17 Colin Robson was the senior officer --
- 18 A. At that time.
- 19 Q. -- in Kirkcaldy Police Office that day?
- 20 A. At that time, yes.
- 21 Q. So he was in charge?
- 22 A. (Nods).
- 23 Q. Thank you. And he was the one that passed information
24 to you not to speak to any of the officers, not to
25 discuss it with them?

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1 A. Mm-hm.

2 Q. Thank you. Now, we have heard about some other senior
3 officers that were in Kirkcaldy that day. Can I ask you
4 just about them. Did you have any contact with
5 Pat Campbell?

6 A. I don't think so. I can't say I remember.

7 Q. Conrad Trickett?

8 A. (Shakes head).

9 Q. And Nicola Shepherd?

10 A. I know her personally but I don't remember seeing her
11 that day. Aye, I can't -- I don't think I had
12 involvement with her then.

13 Q. Stephen Kay?

14 A. I remember seeing him in the station at one point but
15 I don't think I spoke to him.

16 Q. And Garry McEwan?

17 A. I did see him.

18 Q. Did you have any involvement with any of them?

19 A. No, other than Sergeant Maxwell needed to borrow a radio
20 for Garry McEwan, so he borrowed my Airwave radio, so
21 that was three days before I got that back again because
22 he has come in, he didn't have a radio, so he needed to
23 communicate with people so he borrowed mine.

24 Q. We will come on to that. I think you do mention that in
25 your Inquiry statement.

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1 Now, you have said in paragraph 44, if we could just
2 look at that, that DI Colin Robson was the DI from the
3 CID. It was going to be his team:

4 "We were just getting told that there's going to be
5 witnesses coming to into the station. It's a branch of
6 the CID but not quite the CID, it's just sort of a step
7 below them. It's for stuff that's possibly not quite
8 serious enough."

9 Could you explain to the Chair what you mean by
10 that?

11 A. It's the crime team. They are a version of --
12 a department part of the CID, but they will not
13 necessarily deal with the same crimes that the CID would
14 deal with. Again, just possibly a step below what they
15 did, not quite serious enough. That's probably the best
16 way I could describe.

17 Q. An intermediate level?

18 A. Yes. They're sort of in the same department as them but
19 a slightly lower level.

20 Q. Thank you. I'm going to ask you some questions about
21 some CCTV and some transcripts. I know you have gone
22 through quite a lot of that in your Inquiry statement,
23 so I would like you to have copies of documents in front
24 of you because when I'm showing the CCTV footage, that
25 will be on the screen, but you won't be able to have the

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1 transcript on the screen at the same time, so I have
2 arranged for you to have three sets of transcripts in
3 front of you and the Chair also should have those in
4 front of him. So we're all working from the same
5 documents.

6 Can I just go through these, just so we know what
7 we've got. So you will see at the top of PIRC 01463
8 that it says it's a CCTV audio and visual timeline for
9 camera 12 at Kirkcaldy Police Office. Now, we will be
10 looking at this in a moment, but we will see some
11 footage and this should be a cell corridor. So
12 camera 12 is a camera in a fixed point that shows the
13 cell corridor, and you have said that's the custody
14 area, it's also known as that?

15 A. Yes.

16 Q. And then you will see COPFS 05963 is the CCTV audio and
17 visual timeline for camera 14 for Kirkcaldy Police
18 Office. Have you got that as well?

19 A. Yes.

20 Q. That, we will hear in a moment, should be for the
21 primary charge bar, so that's the area you have told us
22 most custodies will go to first and foremost before
23 they're moved to the custody area, the cell corridor.

24 A. Yes.

25 Q. Is that right? And they are closely joined to each

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1 other?

2 A. Yes.

3 Q. And then the third is PIRC 041472, and that's an audio
4 and visual timeline for camera 15, which we will hear is
5 for the secondary charge bar.

6 Now, is the secondary charge bar also quite close to
7 the primary charge bar?

8 A. It's about as far as from here to that wall away
9 (indicating), it's not very far.

10 Q. Right, so not far at all?

11 A. No.

12 Q. So you will see we've got camera 12, the cell corridor;
13 camera 14, the primary charge bar; and camera 15, the
14 secondary charge bar. And we will use these as we go
15 through the CCTV. Can I start, please, just by looking
16 at a transcript just to familiarise ourselves with what
17 we have here. I would like to look at PIRC 01463, which
18 is the transcript for camera 12, which is the cell
19 corridor.

20 LORD BRACADALE: (Mic turned off) 01463, is that right?

21 MS GRAHAME: PIRC 01463.

22 LORD BRACADALE: Yes, I have that, thank you.

23 MS GRAHAME: I'm sorry.

24 LORD BRACADALE: My mistake.

25 MS GRAHAME: So that should say at the top camera 12 and

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1 this should be the cell corridor and I would like just
2 to look at pages 2 and 3. I'm not going to play this
3 footage but just to let us look at the transcript. You
4 will see at the bottom on the right-hand side there's
5 just the words "Page 2 of 55" is written. We can see
6 that on the screen and opposite 7.19.04 you will see
7 that the content is given as:

8 "PC Geddes enters cell corridor carrying out custody
9 duties."

10 And then at 7.19.34:

11 "PC Hay indicates that he hears something over his
12 Airwave."

13 And if we go on to page 3 of 55, and it says:

14 "... Airwave terminal to the effect that 'officer
15 injured'. A conversation then ensues resulting in
16 PC Hay requesting to be able to attend the call."

17 And at 7.19.56:

18 "PC Geddes exits cell corridor."

19 And then at 7.20.26:

20 "PC Geddes enters cell corridor together with
21 PC Cockburn and PC Harris."

22 And then there's a discussion with PC Hay being:

23 "...heard at this time providing updates from his
24 Airwave terminal that indicate that an officer has been
25 punched to the head."

Transcript of the Sheku Bayoh Inquiry

1 And then at 0.7.20.40:

2 "PC Harris can be heard saying the name 'Ashley'."

3 07.20.52:

4 "PC Hay can be heard conversing with PC Geddes. He
5 appears to be asking PC Geddes to go with him to the
6 incident."

7 And at 07.21.10:

8 "PC Hay exits the cell corridor."

9 And we can just leave that there for the moment and
10 then can we look at camera 15, so this is the
11 transcript, PIRC 01472, for camera 15, and I will ask
12 you to look at pages 3 and 4 of that transcript if we
13 start at 3. Now, this is the transcript from the
14 secondary charge bar and you will see again at the
15 bottom of page 3, 7.21.16:

16 "PC Hay seen to run through to secondary charge bar
17 area and exits out the main door of the custody
18 facility."

19 Do you see that?

20 A. On the screen, yes.

21 Q. Yes. So this transcript seems to record from CCTV to
22 CCTV cameras, the first in the cell corridor, and the
23 second at the secondary charge bar seems to record
24 PC Hay hearing the Airwaves transmission about
25 an officer injured and exiting -- making his way out of

Transcript of the Sheku Bayoh Inquiry

1 Kirkcaldy Police Office to go and attend the incident
2 and do you remember that, PC Hay going to attend the
3 incident?

4 A. Yes, because I remember he asked me to go with him but
5 I was on custody duty so I couldn't leave the station.

6 Q. Yes. So you -- and your role as custody officer is to
7 remain with the custodies?

8 A. Yes.

9 Q. Who are people who are in custody in the cell corridor?

10 A. Yes.

11 Q. And it's not open to you to simply rejoin the response
12 team and go and attend --

13 A. No, that would have to be a decision of maybe
14 a supervisor to relieve me of the duties and ask me to
15 do other ones.

16 Q. So when a call comes over the Airwaves "All units", that
17 does not include you --

18 A. No.

19 Q. -- or officers stationed or based in Kirkcaldy Police
20 Office?

21 A. Depending on their role. In custody it wouldn't effect
22 us because had there been any police officers, whether
23 it be CID, uniformed or -- that was available in the
24 station if a call was saying officers to assist, it is
25 basically response officers that can attend to that, and

Transcript of the Sheku Bayoh Inquiry

1 CID and plain clothes might have been available in the
2 station.

3 Q. Thank you.

4 Right, I would like to move to a period of time that
5 is covered by some of these transcripts, which is 7.35
6 on 3 May, and the first thing I would like to look at is
7 the transcript for PIRC 01472. This is the transcript
8 for camera 15 and I would like to look, first of all, at
9 pages 4 and 5, so this is camera 15, which is the
10 secondary charge bar and I would like to begin at
11 page 4, moving on to page 5. And I would like to look
12 at the time that starts 07.35.10 which is at the bottom
13 of page 4. Do you have that?

14 A. Yes.

15 Q. Does the Chair have that?

16 LORD BRACADALE: I do, yes.

17 MS GRAHAME: Thank you. So let's just look at this
18 transcript first of all before I play this clip. It
19 says 07.35.10:

20 "PC Geddes enters secondary Charge Bar area. He can
21 be heard talking to PC Harris (PC Harris is out of
22 camera view). PC Geddes [and this is in quotation
23 marks] 'It is one of the female officers that's been
24 assaulted and hit two or three to the head and body'."

25 And then PC Harris, it is inaudible, and then:

Transcript of the Sheku Bayoh Inquiry

1 Lorraine.

2 Q. So Lorraine would be through that door, through
3 a corridor?

4 A. Yes.

5 Q. To the left of what we see here on this camera, what's
6 at that side?

7 A. That -- to the left of the door or to the left of --

8 Q. To the left-hand side?

9 A. Keep going to the left where I headed, that would then
10 take you through to the main charge bar and to the
11 doctor's room, which is diagonally opposite that door.

12 Q. So the primary charge bar --

13 A. Primary charge bar, yes.

14 Q. -- would be to the left?

15 A. Yes, if you kept on going down that corridor.

16 Q. This is the secondary charge bar?

17 A. Yes.

18 Q. And the door on the far right-hand side at the top of
19 the screen, what does that lead to?

20 A. That leads out to the short corridor that leads to the
21 front office.

22 Q. Right. So if you wanted to leave the building would
23 that be a route out?

24 A. It would be -- it would be not the quickest route to get
25 out, but it's one way -- certainly it would be an area

Transcript of the Sheku Bayoh Inquiry

1 that would get you out of the custody part of the
2 station.

3 Q. If you wanted to get to the cell corridor, or the
4 custody area, where is that in relation to what we see
5 here?

6 A. The cell corridor is outside that door. It's the one --

7 Q. Which door are you talking about?

8 A. The door on the right in the top corner.

9 Q. The door on the right in the top-hand corner?

10 A. Yes.

11 Q. So that would lead to the cell corridor?

12 A. It's the cell corridor that leads access to the enquiry
13 office and to the interview rooms and the fingerprint
14 suite.

15 Q. Thank you. And on the far left out of shot, out of
16 camera, that would be the primary charge bar?

17 A. Yes.

18 Q. And this area is the secondary charge bar?

19 A. Yes.

20 Q. Thank you. You will see at the bottom there's a time
21 given and the time is 3 May 2015, 7.35.14.

22 A. Yes.

23 Q. So if we could just go back to the beginning of this
24 clip and we will just play this, just until -- just for
25 less than a minute. Thank you.

Transcript of the Sheku Bayoh Inquiry

1 (Video played)

2 Thank you. Who was that that we could see on the
3 screen?

4 A. That was me.

5 Q. That was you?

6 A. That was me walking out the door, yes.

7 Q. So moving from the primary charge bar towards the
8 custody area and having a conversation. So looking at
9 that transcript do you agree with what's been gleaned
10 there from the conversation?

11 A. Yes.

12 Q. There's areas where it's inaudible. Do you remember
13 what PC Harris was saying?

14 A. No.

15 Q. Can I ask you to -- can I ask you some questions about
16 this. You say there:

17 "It's one of the female officers that's been
18 assaulted and hit two or three to the head and body."

19 Where had you obtained that information from?

20 A. That would have been passed back over the radio, so say
21 it had been passed on the radio in the front office or
22 Lorraine Dewar had picked it up, been passed over the
23 radio, that's the only place that would have come from.
24 So if I see -- when I've been in the front office, I've
25 heard it on the radio when I've been in the front

Transcript of the Sheku Bayoh Inquiry

1 office, or it's been passed on to me from someone in the
2 front office that's heard it coming over the radio.

3 Q. So either from the Airwaves transmissions which you can
4 hear over the radio?

5 A. Yes.

6 Q. Either your own or the set-top one?

7 A. Yes.

8 Q. Or from Lorraine Dewar who is doing --

9 A. Who is sitting next to the radio the whole time anyway.

10 Q. -- the STORM, and she is doing the STORM cards?

11 A. Yes.

12 Q. So either from the Airwaves or the STORM cards.

13 Now, can I ask you without taking you to them --
14 I can if you want -- it's not on the STORM cards that
15 she had been hit two or three times on the head and
16 I don't see anything in the Airwaves transmission that
17 she has been hit two or three times on the head. Now,
18 do you remember where that information came from? You
19 said "hit two or three to the head and body", it may not
20 be Nicole Short, it may be something else that you're
21 referring to?

22 A. I would say it was referring to that incident that
23 happened there, but then if it's not on the call cards
24 and that, I don't know why it wouldn't be typed up,
25 because the only place I would hear it, had to have been

Transcript of the Sheku Bayoh Inquiry

1 passed over Airwaves or someone else had heard it passed
2 over Airwaves when I wasn't there, because being the
3 station we weren't there, so the only place we were
4 getting any information was being passed over Airwaves.

5 Q. So could it have been that it was Mr Bayoh that had been
6 hit two or three times to the head?

7 A. Well, it's saying on there obviously it's saying it's
8 a female has been hit. I wouldn't mix up a female for
9 a male.

10 Q. Right. So this is a -- this is a recording from 7.35 in
11 the morning. The officers aren't back from
12 Hayfield Road at that time. So as far as you're
13 concerned, the only source of information you have is
14 the Airwaves or the STORM cards.

15 A. Yes.

16 Q. Is there any other source of information --

17 A. Not to me, no.

18 Q. -- that you could have?

19 A. No.

20 Q. What about Lorraine Dewar, is there any other source of
21 information she could have?

22 A. No, she would be the same. She would be getting
23 anything from that what's passed on the radio or it's on
24 the call cards.

25 Q. Right, okay, thank you. And then it says:

Transcript of the Sheku Bayoh Inquiry

1 "I'll no know yet ... the boy gone unresponsive
2 getting CPR..."

3 Now, we looked at the STORM call cards a moment ago
4 and you may remember on page 3 it said he was
5 unresponsive and CPR had started, so could that
6 information have come from the STORM card?

7 A. Yes.

8 Q. Thank you. Can we look at 8.07, and if we look at the
9 transcript for camera 12, and this will be for page 7
10 and 8, so this is a slightly later period of time, 8.07.
11 Now, we know by this time from the STORM card that
12 Walker and Paton have returned and Maxwell have
13 returned, although you have indicated you weren't aware
14 of that at that stage.

15 A. Mm-hm.

16 Q. So page 7 of the transcript for camera 12, camera 12
17 being the cell corridor which I will play in a moment,
18 but you will see on page 7 it says:

19 "PC Geddes, 'Battened to the head by a cop. They'd
20 reckoned he'd had a big machete type blade. He's been
21 coming at the cops, they CS'd and PAVA'd him.
22 Apparently he just went ha ha (gestures with his left
23 hand to his face implying that he is wiping something
24 from his face) and kept coming wi the knife eh.
25 Straight for the wee-ist lassie Nicole Short is about

Transcript of the Sheku Bayoh Inquiry

1 this height ... (gestures with his right-hand a little
2 under his shoulder height) short by ...'

3 "PC Harris, 'Yeah'.

4 "PC Geddes, 'Went straight for her. She'd been
5 knocked to the ground, he's been stamping on her and Ash
6 has then batted him seems to have batted him to
7 the head'.

8 "PC Harris, 'Unlucky, he's used lethal force.'

9 "PC Geddes, 'I know'.

10 "PC Harris, '... he's got a machete, fuck him.'.

11 "PC Geddes, 'There's about, a dozen, loads of
12 members of the public have phoned up about it by
13 I dinnae. How the fuck's Ash going to feel about the
14 fact.'.

15 "PC Harris, 'Yeah, yeah'.

16 "PC Geddes, '... guilt...'

17 "PC Harris, 'Is ash male or female'.

18 "PC Geddes, 'It's a boy, aye, every time he sends
19 for uniform they send him female stuff ... Ashley
20 Tomlinson his name is ...'

21 "PC Harris laughs.

22 "PC Geddes continues talking but goes out of camera
23 view as he appears to leave the cell corridor."

24 So just looking at that for a moment, I'm going to
25 ask in a moment Ms Drury to play a clip and this is from

Transcript of the Sheku Bayoh Inquiry

1 camera 12. When she locates the clip I'm going to ask
2 her to pause it immediately and we will just familiarise
3 ourselves with the screen. Right, if we could just stop
4 there for a moment. Oh, well, sorry, it is 8.07 that
5 I'm interested in. Thank you, this is perfect. If we
6 just pause there. This should be camera 12 and it
7 should be showing us the cell corridor, is that correct?

8 A. Yes.

9 Q. So we can see cells on the left-hand side going away
10 into the distance as we look at this, an officer sitting
11 on the left besides the cells and is that you in the
12 middle there standing up?

13 A. Yes, it is.

14 Q. And from this location, where would the door be to the
15 secondary charge bar?

16 A. If you see in the bottom right-hand corner you can just
17 make out the bottom of a gate.

18 Q. Yes.

19 A. As soon as you go back through there that takes you
20 directly to the primary charge bar and then again
21 straight through that gate you turn right, it takes you
22 back out to the secondary one.

23 Q. So could you say that again, please. So the primary
24 charge bar -- if you wanted to go to the primary charge
25 bar from this --

Transcript of the Sheku Bayoh Inquiry

1 A. From where I'm standing there in the bottom right-hand
2 corner of the screen you can make out the bottom of
3 a gate. That's opened against the wall, you go through
4 that opening in the gate and that takes you to the
5 primary charge bar.

6 Q. Right.

7 A. And then -- the primary charge bar, directly in front of
8 you is the secondary one.

9 Q. Thank you. And we may see later that there is
10 a storeroom or hear --

11 A. Yes, that's -- we can see where that black bucket is.

12 Q. There's a black bucket and a red sort of trolley?

13 A. It's a trolley for all dirty laundry. Just between them
14 you see there's a door. That's where the storeroom is.

15 Q. And is that a storeroom that officers can have access
16 to?

17 A. Yes. We would store plastic cups for water for
18 custodies and sometimes officers would come down and
19 acquire them for cups of tea for themselves.

20 Q. Thank you. So I would like to play this clip until just
21 again for roughly around a minute, please.

22 (Video played)

23 Thank you.

24 So that's a clip from that camera 12 in the cell
25 corridor and you saw the transcript a moment ago.

Transcript of the Sheku Bayoh Inquiry

1 A. Mm-hm.

2 Q. Can we look at paragraph 69 of your Inquiry statement
3 please. And I think you were asked about this clip, or
4 the transcript of this clip and you say:

5 "I have been asked where I got this information
6 from. I sound like I'm trying to blame Lorraine for
7 a lot of stuff here. She's sitting in front of the
8 computer, she's seeing all the call cards. Any time we
9 have gone in she's given us updates on what's been
10 happening."

11 So at this point, 8.07, do you still have access to
12 the call cards at least through Lorraine?

13 A. I'm not sure if I still had it at that point. I don't
14 know.

15 Q. Right. So if we look at the transcript again, you see
16 page 7 of the camera 12 transcript, and if you didn't
17 have access to the call cards, so this is PIRC 01463,
18 you see there where you say to the other officer:

19 "Batoned to the head by a cop. They'd reckoned he'd
20 had a big machete type blade. He's been coming at the
21 cops. They CS'd and PAVA'd him and he just went ha
22 ha ..."

23 And you are seen wiping something from your face:

24 "... and kept coming wi the knife ... straight for
25 the wee-ist lassie, Nicole Short, is about this

Transcript of the Sheku Bayoh Inquiry

- 1 height ..."
- 2 Where did that information come from?
- 3 A. At that time, the only place I was getting it was from
- 4 Lorraine, from Lorraine Dewar.
- 5 Q. From Lorraine. What about the Airwaves messages that
- 6 you were listening to on the radio?
- 7 A. It would depend if I had my radio with me because going
- 8 backwards and forwards into the cells I didn't always
- 9 take my radio. Sometimes it was left at my desk and
- 10 I didnae always have had with me so if -- I don't know
- 11 if that would have been passed over the radio or not.
- 12 I would ...
- 13 Q. Right. So again, sources of information: Lorraine, you
- 14 think first and foremost, who was getting information
- 15 from the call cards, or maybe from your own radio if you
- 16 had it with you at any given time?
- 17 A. Mm-hm.
- 18 Q. What about the gestures? You're saying -- you will see
- 19 that you gestured with your hand, implying that he was
- 20 wiping something from his face. Are you suggesting that
- 21 that information came from Lorraine, or the call cards?
- 22 A. It wouldnae be on the call cards, something like that,
- 23 so the only place I would have got that would have been
- 24 from Lorraine, if -- but now I can't remember where that
- 25 came from, but -- because I've not spoke to any of the

Transcript of the Sheku Bayoh Inquiry

1 officers, anybody else about that yet.

2 Q. We have heard that Maxwell and Paton and Walker are
3 back, according to the STORM call cards by this time.
4 They're back before 8.00. Is it possible that you could
5 have spoken to any of them before 8.00 about this
6 incident?

7 A. It is possible, but unfortunately I can't recall if
8 I did speak to them or not because it would certainly
9 make more sense. They would be someone who would have
10 that information rather than Lorraine.

11 Q. I think certainly with the gestures it's difficult to
12 see how that information could have been shared over the
13 call cards?

14 A. That wouldnae -- that information would not be on the
15 call cards.

16 Q. Right. Okay, thank you. And then it says at the bottom
17 of that page:

18 "... went straight for her. She had been knocked to
19 the ground. He's been stamping on her and Ash has then
20 batoned him, seems to have batoned him to the head."

21 And again, where would that information have come
22 from?

23 A. It's -- it wouldnae be on the call card. Again, it
24 could have come from Lorraine, or as I say, if I have
25 spoken to any of the people that were there, it would

Transcript of the Sheku Bayoh Inquiry

1 have come from them, but honestly, I don't recall where
2 that came from.

3 Q. Right. In fairness to you, Constable Geddes, can we
4 look at the transcript -- the combined audio and visual
5 transcript which is the spreadsheet you have in front of
6 you. You maybe don't have it at the moment. Here we
7 go. Could we look at page 8. Now, we have heard about
8 these Airwaves transmissions, so this is from
9 Hayfield Road and you will see on page 8 there's one at
10 7.26.52. And it's an Airwaves transmission from Acting
11 Police Sergeant Maxwell that says:

12 "Just for the log, the initial on attendance, this
13 male's attacked PC Short quite violently. As a result,
14 he was sprayed with CS and PAVA and batoned. There may
15 be a suggestion that he has been batoned to the head
16 area."

17 Now, we have heard evidence that this information is
18 inaccurate, but it was an Airwaves transmission at 7.26
19 on 3 May. Now, that is prior to 8.07, the transcript
20 that we were looking at a moment ago. Is it possible
21 that you listened to that Airwaves transmission?

22 A. It is possible, yes.

23 Q. As well as getting information from Lorraine?

24 A. It's possible -- or if Lorraine had got that
25 information, she's passed if I have been out the office

Transcript of the Sheku Bayoh Inquiry

1 doing checks and if I have missed that transmission she
2 might have made me aware of that.

3 Q. Right, thank you. And in relation to the stamping on
4 her and then Ash batoned him, can we look at page 7 of
5 the spreadsheet. You will see again 7.24.28 on page 7,
6 again Acting Police Sergeant Maxwell you will see:

7 "Although there's no visible injuries to PC Short
8 she has been stomped to the body a few times etc and
9 struck to the head. Can see if ambulance can attend as
10 soon as possible."

11 So there was mention there of being stomped to the
12 body. Is it possible that you heard that transmission?

13 A. It is possible, yes.

14 Q. Or that's been shared with Lorraine?

15 A. Or that's been shared with me when I have been in the
16 front office.

17 Q. And then PC Harris at the bottom of page 7 of this
18 transcript says:

19 "Unlucky he has used lethal force".

20 And you say "I know". What did you mean agreeing
21 with PC Harris about lethal force. What do you
22 understand that to be?

23 A. I took it from when he said he has struck him to
24 the head, which potentially could be a cause of a lethal
25 incident, could kill someone, seriously injure them.

Transcript of the Sheku Bayoh Inquiry

- 1 Q. Is that something that most police officers will know
2 and be aware of?
- 3 A. It's one of the red zones when you get your officer
4 safety, as a last resort you would hit somebody in a red
5 zone. If you're concerned that what's going on is
6 causing or likely to cause concern for another person's
7 life, it's justifiable hitting someone in a red zone
8 with your baton to preserve someone else's life.
- 9 Q. That's considered a last resort?
- 10 A. A last resort, yes.
- 11 Q. Because of the potential danger to the person?
- 12 A. The potential seriousness that potentially could happen
13 if you strike somebody with a baton to the head.
- 14 Q. All right, thank you. Can I look now at a slightly
15 later time, 8.26, so if we go back to camera 12
16 transcript, which is PIRC 01463, and if we look at
17 page 9 of that and you will see towards the top of that,
18 8.26.23:
- 19 "The voice of PC Geddes can be heard from out of
20 camera view."
- 21 Do you see that at the top?
- 22 A. Yes.
- 23 Q. "PC Geddes, 'Apparently there's no word yet, they're
24 still working on him'."
- 25 And then there's some conversation and then you are

Transcript of the Sheku Bayoh Inquiry

1 out of camera view and 8.26.27:

2 "'It's just a matter of time before he dies ...

3 yeah'."

4 PC Lamb is there as well. PC Geddes enters cell

5 corridor at 8.27.17, and then PC Harris says something

6 inaudible and he says:

7 "'He was clinically dead for an hour they brought

8 him back, they kept him then 24 hours ...'"

9 Do you know what he's talking about there?

10 A. If they're saying he's clinically dead I would assume

11 they were talking about Mr Bayoh.

12 Q. Is PC Harris talking about this incident or maybe

13 a different incident?

14 A. I would take it he is talking about this incident.

15 Q. All right, okay. And then:

16 "PC Geddes, 'Aye, that's what we're wondering noo

17 because the ISIS attack and that on a female on Friday

18 big boy ..."

19 And something inaudible. And then PC Harris says:

20 "ISIS staying in the station."

21 And PC Geddes assists with cell checks and then

22 8.27.45:

23 "Sergeant Maxwell observed in the cell corridor

24 doorway."

25 And Sergeant Maxwell can be heard shouting to

Transcript of the Sheku Bayoh Inquiry

1 PC Geddes asking to borrow his Airwave terminal and then
2 8.28.02 Sergeant Maxwell exits the cell corridor
3 followed by PC Geddes towards the charge bar.

4 So again, I'm just going to ask Ms Drury to play
5 that clip which is really only from 8.26 to 8.28, so
6 it's a short clip, if we can watch that.

7 Again, this is from camera 12 which is the cell
8 corridor and we will see it just coming up at 8.26 and
9 we will listen to that.

10 Thank you very much.

11 (Video played)

12 Thank you. So just looking again at the transcript
13 for camera 12 on page 9, this is at 8.26 and in fairness
14 to you, Constable Geddes, we did look at the STORM cards
15 earlier and there was one that talked about him still
16 being worked on by the hospital staff and there was no
17 further update at that stage. Is it possible that where
18 you say "Apparently there's no word yet they're still
19 working on him", that that came from the call cards?

20 A. Yes.

21 Q. So either you still had access to them, or Lorraine has
22 shared that with you?

23 A. Yes.

24 Q. And then you say "it's a matter of time before he dies".
25 So did you know at that stage that he was in a serious

Transcript of the Sheku Bayoh Inquiry

1 condition?

2 A. By that comment, I'd say yes we did.

3 Q. And turning on to page 10 you say:

4 "Aye, that's what we're wondering noo because the
5 ISIS attack and that on a female on Friday big boy ..."

6 Can you tell us what you meant when you referred to
7 that?

8 A. I think that -- there was an intelligence briefing that
9 came out saying that there was intelligence -- I don't
10 know where it came from, it's part of the briefing we
11 get at the start of every shift, that there was
12 intelligence that a female police officer was going to
13 be attacked. Didn't say any specific about where it
14 was, whether it was even Kirkcaldy, but it just had come
15 through the police intelligence system and that's the
16 only place that that information, or that comment would
17 have come from. That's the only place I would have
18 picked that up from.

19 Q. That was the Friday prior to 3 May 2015?

20 A. I'm not sure what day -- the day of the week it was, but
21 there was an intelligence. At the start of every shift
22 when you have your briefing you will go through any
23 previous intelligence that may have come in the day
24 before, or if you have been off-duty on your rest days
25 it's something -- you'd all go through it so you get an

Transcript of the Sheku Bayoh Inquiry

1 update of any new intelligence that's come in, it could
2 be linked to anything: known shoplifters, any main
3 suspects for shoplifting that we've got images of, just
4 any intelligence that comes in that might be relevant to
5 officers that go about their day-to-day job and that was
6 one of the things that was mentioned, that someone's
7 picked up on that.

8 Q. It says "On Friday", that's why I mentioned the word
9 Friday?

10 A. Oh sorry.

11 Q. Do you think that's when the intelligence was made known
12 to you?

13 A. Or it was going to happen on a Friday. It may well have
14 been made known to me on a Friday but I can't recall
15 just now.

16 Q. But your understanding was that there was some
17 intelligence shared at some point with you about
18 a female and an attack on a female?

19 A. Yes.

20 Q. Now, we have heard some evidence already about this and
21 we have heard evidence that a search has been conducted
22 and no such intelligence can be found.

23 A. Mm-hm.

24 Q. We have also heard other evidence that it was a rumour,
25 a strong rumour going round Kirkcaldy Police Office,

Transcript of the Sheku Bayoh Inquiry

1 regardless of whether or not there was intelligence.

2 Are you -- you are telling us you thought it was
3 intelligence?

4 A. It was -- it was intelligence. I'm positive it was an
5 intelligence briefing that that information came from.

6 Q. Do you remember who gave you that intelligence briefing?

7 A. Not at this point, no.

8 Q. Do you remember how that was shared with you? We have
9 heard about a muster, we have heard about emails and
10 guidance being issued?

11 A. If it had been given at the muster, if it was on an
12 e-briefing, but you're saying that there was nothing on
13 that e-briefing, I don't know then where it would have
14 come -- because usually everything would go on the
15 electronic briefing for the start of the shift if any
16 intelligence comes in because it would go to the
17 divisional intelligence office who would read things and
18 put it on the system for getting shared about amongst
19 all the shifts, all the stations.

20 Q. Okay. Now, you have mentioned the ISIS attack. What
21 was that a reference to? That's the words used on the
22 page?

23 A. Yes. I don't know, I think there must have been some
24 sort of ISIS attack around about that time happened
25 somewhere in the country. I -- that's the only way

Transcript of the Sheku Bayoh Inquiry

1 I can think of that just now because I cannae say
2 anything more specific unfortunately.

3 Q. And why did you connect an ISIS attack with the incident
4 at Hayfield Road?

5 A. I just mentioned it may have been an ISIS attack because
6 of the suggestion a female officer has been targeted for
7 it, and it may well have been ISIS.

8 Q. So your connection was the ISIS attack on a female?

9 A. Yes.

10 Q. And because we heard Nicole Short was injured --

11 A. Yes.

12 Q. -- that that was the connection?

13 A. Yes.

14 Q. Was it anything to do with the fact that Mr Bayoh was
15 black?

16 A. No.

17 Q. Can I ask you to look at your Inquiry statement, please,
18 paragraph 70 to 73. You were asked about this section
19 of the transcript and the CCTV. If we move on to 71 you
20 say you don't know what the ISIS attack is and:

21 "That's certainly not a way I would talk, to even
22 say to somebody 'big boy'. It's a ... derogatory in
23 terms of a rounder person ... slagging people off.

24 I would say from reading that there's going to be an
25 attack on the Friday coming up."

Transcript of the Sheku Bayoh Inquiry

1 When you say "it's not a way I would talk, to even
2 say to somebody big boy", that is what the transcript
3 says you said.

4 A. Mm-hm. It's not a phrase that I would use. I had -- in
5 my previous hearing I didn't have my statement in front
6 of me so I was only getting read small bits at a time
7 because that completely flung me when they've said I've
8 said the word "big boy" because it's not a phrase that
9 I use and it's not until then I've got further down and
10 I saw the rest of what was in my statement, the context
11 that it came out a wee bit more that that was part of
12 a quote that this is what the person said, whether it's
13 a handle that they have used a name, a nickname for
14 themselves, and it was -- because that is not a phrase
15 that I use.

16 Q. Right, so this is said to be what you have said, the
17 words "Big boy". When you mention a previous hearing,
18 what are you talking about?

19 A. Previously hearing that phrase, are you saying, sorry?

20 Q. No, you just said to me that at your previous hearing?

21 A. Sorry, the last video one that this statement is from.

22 Q. Oh, the clip that we have just looked at?

23 A. The clip that I looked at -- sorry, you have lost me.

24 Q. Will we start again?

25 A. Yes. Basically this statement here in the folder that

Transcript of the Sheku Bayoh Inquiry

1 this has come from, because I had no knowledge at the
2 time I had said that until I got remembered when it got
3 read back to me.

4 Q. So you didn't remember saying it?

5 A. No.

6 Q. But now that you have looked at transcript and looked at
7 the transcript and seen the clip you know that you said
8 that?

9 A. Aye, I know that I have said that.

10 Q. But do you remember why you said that or what you were
11 referring to?

12 A. The only thing I would be referring to, that's what the
13 intelligence was, that's part of the phrase that was
14 used, the quote that was given. Whether that was the
15 person's name I don't know, but it was all in the one
16 thing about big boy targeting a female officer.

17 Q. So you think that the phrase "Big boy" may have been
18 part of the intelligence briefing?

19 A. Yes.

20 Q. As maybe someone's name or a description?

21 A. Yes.

22 Q. That seems quite an unusual phrase for someone to add to
23 an intelligence briefing but you think that could be the
24 case?

25 A. Yes, because it's certainly not a phrase that I would

Transcript of the Sheku Bayoh Inquiry

1 use. It's not words that I would use.

2 Q. So you think that you are quoting that from some other
3 source?

4 A. Yes.

5 Q. And then you say at 72:

6 "The only thing I can think of at the time there's
7 been terrorist attacks on the go and it's whether
8 there's some kind of connection between a black male
9 being involved in an incident and is there anybody going
10 to link it to some sort of terrorist thing."

11 So that does appear to say -- it does seem to
12 suggest looking at that there that the terrorist attack
13 is being connected to a black male being involved?

14 A. Yes.

15 Q. And when you say "The only thing I can think of", are
16 you saying that that is what you were thinking of, that
17 there was this connection, or is there someone else that
18 was making that connection?

19 A. I would say -- and I don't know -- potentially that's me
20 making that connection because of the intelligence that
21 there's going to be a terrorist attack and connect
22 that -- a black male attacking someone.

23 Q. Yes, so -- I mean this is your Inquiry statement that
24 we're looking at, which was from February of this year,
25 so you think the only thing you could think of was that

Transcript of the Sheku Bayoh Inquiry

1 there was this connection being made between the fact
2 that Mr Bayoh was a black male and possible terrorist
3 attacks?

4 A. Yes.

5 Q. Then you say at 73:

6 "I have been asked what I understood the comment
7 'ISIS staying in the station' to mean, and whether that
8 related to somebody who was being kept in the cells. No
9 I don't get it. I think it comes from something
10 mentioned about the briefing that ISIS was going to
11 attack a female officer. To my knowledge we have not
12 had anybody in the station because, for one, if anybody
13 was linked to that they would be going straight through
14 to Glasgow. The antiterrorism unit is based through
15 that way, so if anybody was arrested in relation to
16 anything like that, they would not be coming to a local
17 station."

18 So Kirkcaldy Police Office is not seeing a lot of
19 people who are accused of terrorist activity?

20 A. No, no.

21 Q. And that's not something that you're dealing with in the
22 cells?

23 A. No.

24 Q. Ever?

25 A. Never.

Transcript of the Sheku Bayoh Inquiry

1 Q. Never. So if there had been any intelligence or
2 connection between Mr Bayoh and ISIS or such-like, that
3 would -- you say that would go through to Glasgow?

4 A. Yes.

5 Q. But it was the Kirkcaldy response team 4 that were
6 dealing with the matter?

7 A. It was the Kirkcaldy response team that attended it,
8 yes.

9 Q. Thank you.

10 Can I ask you to look at paragraphs 75 and 76 of
11 your Inquiry statement. Now, we looked a moment ago at
12 the transcript regarding Acting Police Sergeant Maxwell,
13 and you -- if we look at the transcript for camera 15,
14 and you're asked about 8.28, which is on page 8 -- well,
15 it says here page 9 and 10, but on my copy you will see
16 at the bottom of page 8 of the transcript for camera 15,
17 8.28.04:

18 "Sergeant Maxwell and PC Geddes enter the secondary
19 charge bar and exit out of the main door of the custody
20 facility."

21 And you will remember just not that long ago you
22 told us about Sergeant Maxwell asking for a radio for
23 Garry McEwan?

24 A. Yes.

25 Q. And he came to you and spoke to you and asked you for

Transcript of the Sheku Bayoh Inquiry

1 that?

2 A. Yes.

3 Q. Had you spoken to Acting Police Sergeant Maxwell prior
4 to that conversation?

5 A. Not to my knowledge, no.

6 Q. Did you speak to Sergeant Maxwell about that -- about
7 the incident at Hayfield Road when you dealt with him
8 about the radio for Garry McEwan?

9 A. No, not to my knowledge, no. I just went and gave him
10 a radio and I came back into custody and continued the
11 checks.

12 Q. So that was just really about the radio and securing
13 a radio for Garry McEwan?

14 A. Yes.

15 Q. No other extended conversation about the incident?

16 A. No.

17 Q. Were you aware that Acting Police Sergeant Maxwell had
18 been at Hayfield Road at that time?

19 A. Probably yes, I would say, because he was the sergeant
20 on duty, and he would have been there as well when all
21 the other officers were now.

22 Q. Okay, thank you. Can we look at again a slightly later
23 period, to move to 8.56. So this is prior to 9 o'clock,
24 it's prior to Mr Bayoh being pronounced life extinct.
25 I would like to begin with camera 12, so if we can look

Transcript of the Sheku Bayoh Inquiry

1 at the transcript for camera 12 which is the cell
2 corridor. And if we look at pages 11 and 12 you will
3 see at the bottom of page 11 that the 8.56 and
4 30 seconds appears and it says:
5 "PC Lamb followed by PC Geddes enter cell corridor
6 carrying out custody duties.
7 "PC Cockburn, 'What's happening now?'
8 "PC Geddes ..."
9 This is at the top of page 12:
10 "...The only good thing is he didnae hae the knife
11 in his hand when he attacked Nicole (gesturing with
12 right hand'.
13 "PC Lamb exits cell corridor towards Charge Bar.
14 "PC Cockburn, 'He didn't?'
15 "PC Geddes, 'Nut, he just walked up and hooked him
16 up (inaudible) ... standing on his back and then the
17 other cop, he's about my size (gesturing with arms at
18 his side) a little bit bigger ey, he was just trying to
19 run at him and knock him out of the way. He was
20 bouncing aff him. Apparently the boy seemed like seemed
21 like (inaudible) ...'"
22 "... Is he known to us?'
23 "... Geddes: 'Never heard of him, we've got a name,
24 think who it might be, but dinae ken yet, never
25 heard..."

Transcript of the Sheku Bayoh Inquiry

1 Craig."

2 Let's just look at the transcript for the moment
3 before we go through the details in your Inquiry
4 statement. Can you look at page 12 of the camera 12
5 transcript and you will see the 8.57.19 and you say:

6 "... he just walked up and hooked him up ..."

7 What does that mean?

8 A. To me that would be he's walked in, hitting him, if you
9 have hooked somebody.

10 Q. Who are you referring to, hitting who?

11 A. I would also say that should be her, because the only
12 thing weird is it was a female officer that was hit
13 which was Nicole, so I don't know how it's -- how I have
14 said "He just walked ... and hooked him up", I don't
15 know how it's went -- got from him, because from
16 (inaudible) it was a female officer who was assaulted.

17 Q. Right. So who was doing the hitting?

18 A. From that I would take it it would be Mr Bayoh was doing
19 the hitting.

20 Q. And you now think it wasn't a him that got hooked, it
21 was Ms Short?

22 A. Nicole Short.

23 Q. PC Short? And then it is inaudible and it says
24 "Standing on his back". Can you explain what you meant
25 by standing on his back?

Transcript of the Sheku Bayoh Inquiry

- 1 A. Again, I would take the "his" should be a "her", and we
2 had been told that he had been standing on the person's
3 back.
- 4 Q. You had been told he, Mr Bayoh, had been standing on her
5 back?
- 6 A. Yes.
- 7 Q. Who told you that?
- 8 A. I can't recall who said that.
- 9 Q. So this is at 8.57. It's before 9 o'clock. Do you
10 remember who you had had conversations with by this
11 stage?
- 12 A. I know at one point but I can't remember the time just
13 now I did speak to Craig Walker. But I don't know the
14 other people who would be in the office, the office
15 staff so ...
- 16 Q. I'm going to come on to the later periods. I'm going to
17 take you through everything in chronological order.
- 18 A. Right.
- 19 Q. So at this stage I have -- we have no CCTV footage that
20 shows you having a conversation with PC Walker.
- 21 A. Right.
- 22 Q. It's before that time, so I'm wondering who would have
23 shared that information with you about someone standing
24 on his back?
- 25 A. The only person it would have been, because the only

Transcript of the Sheku Bayoh Inquiry

1 person who might have been listening to the radio
2 checking on the call card would have been Lorraine,
3 Lorraine Dewar.

4 Q. And if there's no call cards or Airwaves transmissions
5 suggesting somebody had been standing on his back or
6 standing on her back -- you will know that I referred
7 you to the stomping --

8 A. Mm-hm.

9 Q. -- but no standing on someone's back, where would that
10 information have come from?

11 A. I don't know.

12 Q. And then it says:
13 "And then the other cop, he's about my size
14 (gesturing with his arms at his side) ..."
15 Who are you referring to when you say the other cop?

16 A. I would say that would be Craig Walker.

17 Q. Right. So are you similar heights with Craig Walker?

18 A. Yes.

19 Q. What height are you?

20 A. 6' 4.

21 Q. We have heard that he is also 6' 4:
22 "... a little bit bigger. He was just trying to run
23 at him and knock him out the way."
24 Who told you that?

25 A. Again, the only person I would think would be Lorraine.

Transcript of the Sheku Bayoh Inquiry

- 1 Q. Where would Lorraine be getting that information?
- 2 A. I don't know. It's certainly nothing that would be on
3 the call card so I don't know where Lorraine was getting
4 it, if it was even her that told me that.
- 5 Q. Who else could it have been?
- 6 A. I don't know.
- 7 Q. So somebody shared information with you that he was just
8 trying to run at him. Who is the "he" in that
9 discussion?
- 10 A. The "he" -- the "he" was trying to run at him would be
11 Craig.
- 12 Q. Craig Walker?
- 13 A. Craig Walker.
- 14 Q. And run at "him"?
- 15 A. Should be Mr Bayoh.
- 16 Q. Mr Bayoh. And "Knock him out the way", that would be
17 Craig Walker knocking Mr Bayoh out of the way?
- 18 A. Yes, because he is standing on the back of the cop --
- 19 Q. And then it says "He was bouncing aff him". What does
20 that mean?
- 21 A. He could not knock him off because he was just too
22 strong, he was bouncing off.
- 23 Q. Craig Walker was bouncing off Mr Bayoh?
- 24 A. Mm-hm.
- 25 Q. And again, who gave you that information?

Transcript of the Sheku Bayoh Inquiry

1 A. Again, I don't know. The only place -- I'm guessing it
2 could have been Lorraine because she's the only person
3 that was --

4 Q. Right. There is nothing in the call cards, or the
5 Airwaves transmissions that mentions that someone was
6 "Bouncing aff" somebody else, so you think that that
7 would be information from Lorraine?

8 A. Possibly.

9 Q. And where would she get that information?

10 A. Again, I don't know.

11 Q. You don't know. Right. And then you say at the bottom
12 of that page:

13 "Never heard of him. We've got a name. Think who
14 it might be."

15 By this time, 8.57, before 9 o'clock, were you aware
16 that the police had a name for Mr Bayoh?

17 A. At this time I would have been, yes.

18 Q. So you were aware of that at that stage?

19 A. (Nods).

20 Q. Prior to him dying. We have heard he wasn't pronounced
21 life extinct until after 9 o'clock, right.

22 A. Mm-hm.

23 Q. Who gave you the information that you had a name for
24 Mr Bayoh?

25 A. Again, I don't know. I can't recall.

Transcript of the Sheku Bayoh Inquiry

1 Q. Is basically everybody -- is this the talk of the
2 steamie? Is everybody talking about what's going on in
3 Hayfield Road?

4 A. I would say everybody who was in the station that had
5 been out would have been talking about it, yes.

6 Q. So anyone you are coming into contact with or other
7 people, they're just talking about this?

8 A. (Nods).

9 MS GRAHAME: Can we look at a slightly later period after --

10 LORD BRACADALE: Ms Grahame, if we are going to move on to a
11 different area I think we should give the stenographer
12 a 10-minute break.

13 MS GRAHAME: Oh, yes, thank you.

14 (3.27 pm)

15 (Short Break)

16 (3.38 pm)

17 LORD BRACADALE: Yes, Ms Grahame.

18 MS GRAHAME: Thank you. Before I move on to the events
19 after 10.30 that morning, the break has allowed me to
20 check something, so could I ask you to look at PIRC
21 statement 00367 by Lorraine Dewar, please. We may not
22 have the facility to bring it up on the screen but if
23 you give me a moment I will just read out the section.
24 For those who do have access to it at the moment, it's
25 PIRC 00367 and it is page 3, paragraph 10. I'm going to

Transcript of the Sheku Bayoh Inquiry

1 read it out to you. So this is a statement given by
2 Lorraine Dewar to PIRC about the events on 3 May 2015:

3 "You have asked me regarding general discussion
4 about the incident in the front office. Yes, there was
5 only general discussion. We didn't know any details.
6 The only other information we knew about the incident is
7 what we heard on the radio. The radio unit in the front
8 office."

9 So she is talking about general discussion but the
10 information very much coming from the radio in the front
11 office where you told us she works and you work. So in
12 relation to Lorraine Dewar it appears that her
13 information was coming from the radio. Now, there's no
14 mention of ISIS on the STORM call cards or the Airwaves
15 transmissions. There's no mention at all of bouncing
16 off -- someone bouncing off someone else on the STORM
17 call cards or on the Airwaves transmissions, and there's
18 no mention of Mr Bayoh wiping his face of spray, or any
19 gesturing, either on the STORM call cards or on the
20 Airwaves transmissions.

21 That information, in relation to those three
22 specific things, must have come from someone who was at
23 the scene, would you agree? If it wasn't in the STORM
24 call cards, it wasn't in the Airwaves transmissions and
25 if Lorraine Dewar is telling the truth that she didn't

Transcript of the Sheku Bayoh Inquiry

- 1 have any details, then it must have come from someone at
2 the scene, do you agree?
- 3 A. I agree with that, yes.
- 4 Q. So where did you get that information when you were
5 talking about it before 9 o'clock that morning?
- 6 A. I have -- I don't know. I honestly don't know where
7 I've got the information from then. I've assumed it had
8 been in general conversation with people in the front
9 office, but I don't know specifically has they told me
10 that information.
- 11 Q. You must have got that from someone at the scene.
- 12 A. Mm-hm.
- 13 Q. Do you have any recollection before 9 o'clock that
14 morning of speaking to someone who was at the scene?
- 15 A. No. Maybe with Sergeant Maxwell when I came to get my
16 radio but I have not spoken to -- by that point not
17 spoken to anybody.
- 18 Q. Right. So no recollection at all?
- 19 A. No.
- 20 Q. Right. Can I ask you about your discussions with
21 Constable Walker. So let's look first of all at the
22 transcript for camera 14, please, and if we can look at
23 page 22, and you will see on page -- if you have 22, do
24 you?
- 25 A. Yes.

Transcript of the Sheku Bayoh Inquiry

1 Q. And you will see that at 10.37.55:

2 "PC Craig Walker observed [entering] the secondary
3 charge bar area and walk out of sight into the right
4 cell corridor."

5 And then at 10.38.17:

6 "PC Walker comes back in to view exiting from the
7 right cell corridor. He appears to be speaking with
8 someone in the right cell corridor as he exits. At this
9 time he is carrying 2 x sleeves of white
10 plastic/polystyrene cups. One in each hand.

11 "PC Walker, 'It's been reported in the news that
12 she's been stabbed. It's flippin -- I dinnae ken where
13 they got that fae eh. But she's back from the hospital
14 so, she's fine, yeah just a bit shaken eh. A bit CS
15 (inaudible) and a punch to the back oh the heed eh
16 (indicates to the back of his head with a sleeve of the
17 plastic/polystyrene cups held in his right hand) ..."

18 And it's inaudible. So that's the camera 14 which
19 is the primary charge bar and if we can also look at the
20 transcript for camera 12 -- sorry, camera 15, so the
21 transcript for camera 15 is the secondary charge bar and
22 if we can look at pages 16 to 17, this is around the
23 same time, 10.37.47.

24 A. Sorry, I'm on the wrong page.

25 Q. So it's page 16 of the camera 15 transcript which is the

Transcript of the Sheku Bayoh Inquiry

1 secondary charge bar.

2 A. Page 15, you say?

3 Q. Page 16, camera 15.

4 A. Aye.

5 Q. And you will see at 10.37.46:

6 "PC Craig Walker enters [the] custody facility
7 whistling and walks in [the] direction of primary Charge
8 Bar and cell corridor."

9 And then 10.38.54:

10 "PC Walker enters secondary Charge Bar area at the
11 same time PC Geddes enters the custody facility.

12 "PC Geddes, 'Everybody all right?'

13 "There is additional comments made but inaudible.

14 "PC Geddes follows PC Walker back out of the main
15 door of the custody facility."

16 And then over on to page 17, 10.42.16:

17 "PC Geddes enters custody facility and walks in
18 direction of primary Charge Bar and cell corridor."

19 And then 10.45:

20 "PC Geddes enters secondary Charge Bar area and
21 exits out main door of [the] custody facility."

22 So you will see there's references in both those
23 transcripts, that's 15 and 14, to PC Walker appearing on
24 the CCTV?

25 A. Yes.

Transcript of the Sheku Bayoh Inquiry

1 Q. And then if we can look at 12, camera 12, which is the
2 cell corridor and again, we're going to look at 10.37.57
3 which is page 20, and it's the top of the page at
4 page 20, and this covers three pages. You will see
5 10.37.57:

6 "PC Craig Walker enters [the] cell corridor walks to
7 storeroom and obtains what appears to be two sleeves of
8 plastic/polystyrene cups.

9 "PC Cockburn, 'Is the girl alright?'

10 "PC Walker, '... aye she's fine, she's back...

11 "PC Walker, 'It's getting reported in the news
12 though this morning. It's reported in the news that
13 she'd been stabbed ... I dinnae ken where they got that
14 fae but she's back fae the hospital, she's fine noo,
15 just a bit shaken up'."

16 10.42.26:

17 "PC Geddes enters cell corridor carrying out custody
18 duties.

19 "PC Geddes, 'His Mrs and baby are out front. And eh
20 it seems like it's almost everybody that was there hit
21 him with their baton, not just one person but in ways
22 I says it's going to be better eh nobody's going to ken
23 who struck the blow at the same point could be worse
24 cause all of them hit him, know what I mean. Craig, the
25 boy that come for the cups he's the one that was just

Transcript of the Sheku Bayoh Inquiry

1 bouncing off him ...'"

2 That's page 21 and then towards the end of that page
3 you will see you say:

4 "Aye oh, they'll all come in and ... they have
5 launched a big investigation into everything. It may
6 well be that the CID will want to interview all the
7 cops, get a statement from all the cops taken rather
8 than just taking operational statements. Cause at some
9 point the PIRC will want the, once the cops have
10 finished there then PIRC will come in and get involved
11 and do all their things, they will then interview them
12 aw in aw. This will drag on for ... months and
13 half ..."

14 Then it says "inaudible":

15 "Nicole's back from the hospital, apparently she got
16 a good cracking punch to the back of the head. He's put
17 her doon and the boy just jump on her, stamped on her
18 ... (inaudible) ... Then they couldnae get him aff oh
19 her, didnae matter what they did they just couldnae get
20 the boy moving eh, and then they've had ta, that's when
21 they got the batons oot."

22 So you will see that over each of these three
23 transcripts there's references to PC Walker being filmed
24 on the CCTV in the different areas, primary charge bar,
25 secondary charge bar and the custody area, at roundabout

Transcript of the Sheku Bayoh Inquiry

1 10.37, and it appears that at 10.37.47, which is the
2 camera 15 transcript, he enters the facility walking in
3 the direction of the primary charge bar and you come
4 into the custody facility just shortly after that.

5 And then at 10.37.55 he is seen on camera 14
6 entering the secondary charge bar, so shortly after, and
7 then walking through -- past the secondary charge bar
8 towards the cell corridor and then, transcript 12, which
9 is the camera regarding the cell corridor, he is seen
10 going and getting some sleeves of plastic cups and you
11 have told us earlier that was from a storeroom and then
12 he essentially walks all the way back --

13 A. Yes.

14 Q. -- through the different areas that he has just walked
15 through. Right.

16 I'm going to try and play these clips and Ms Drury
17 is going to help me with that. So maybe we can start
18 with the camera 14 transcript, which is 10.37.55, that's
19 him entering the secondary charge bar area. We're
20 looking at times around about 10.37, that sort of time.

21 (Video played)

22 What do we see here?

23 A. That's the camera from behind the main custody, the
24 charge bar.

25 Q. So that's the primary charge bar area?

Transcript of the Sheku Bayoh Inquiry

- 1 A. The primary one, yes.
- 2 Q. And the door that we see at the top of the screen there,
3 where does that come from or lead to?
- 4 A. The top right-hand corner of the screen, that leads back
5 out as if you're heading back to the enquiry office,
6 custody office, and just to the right of that door is
7 where the secondary charge bar is.
- 8 Q. Right. So the door that we see facing the camera is out
9 to the main enquiry desk?
- 10 A. Yes.
- 11 Q. And then there's some grey cabinets that you see in
12 front of the camera.
- 13 A. Filing cabinets where the custody relevant paperwork is
14 kept in. That's the property locker.
- 15 Q. And just beyond those grey cabinets to the right there's
16 another door there.
- 17 A. Yes.
- 18 Q. And where does that lead?
- 19 A. Just on the right, past those cabinets, that takes you
20 into the male side of the cells.
- 21 Q. Right. And the door on the left at the top?
- 22 A. The left, that's the female side of the cells.
- 23 Q. Oh right. So let's play this clip for a short time.
24 This is camera 14.
- 25 (Video played)

Transcript of the Sheku Bayoh Inquiry

1 Q. And this is him walking past the secondary charge bar?

2 A. Yes.

3 Q. And he is heading towards a door that would lead him
4 where?

5 A. To the primary charge bar, or down towards the male
6 cells to the storeroom where the cups are.

7 Q. Right. And can we just play this. This is ...

8 (Video played)

9 If we can just stop that there. Was that you that
10 we saw?

11 A. Yes, it was.

12 Q. So you were coming in that door near the secondary
13 charge bar.

14 A. (Nods).

15 Q. By this time PC Walker has got the white plastic cups?

16 A. Yes.

17 Q. And you follow him out after he leaves, so you've come
18 in that door and you follow him out. Did you continue
19 to speak to him at that --

20 A. I did, yes.

21 Q. You did. And then can we just keep playing please.

22 (Video played)

23 If we just stop that there. Is that you returning
24 from your conversation with PC Walker?

25 A. Yes, it is.

Transcript of the Sheku Bayoh Inquiry

1 Q. And heading back towards the primary charge bar area?

2 A. Yes.

3 Q. Thanks. I would like to ask you some questions about
4 what we hear in these moments. Can I ask you to look at
5 your Inquiry statement, first of all, and you might want
6 to look at paragraphs 46 to 55. You will see that the
7 Inquiry team have asked you a number of questions about
8 your discussions with PC Walker on 3 May 2015.

9 A. Mm-hm.

10 Q. And when you gave your Inquiry statement you said:

11 "At one point Craig Walker's come through to get
12 cups, because they're sitting in the canteen and they're
13 wanting to get a cup of tea ... I did speak to Craig and
14 I did ask him 'Who all hit him?'. He said 'We all did'
15 and that was it. He's then went and got the cups, I've
16 went back to doing my work."

17 So when you were asked by the Inquiry team about
18 this you basically recall a conversation that amounts to
19 "Who all hit him?" and PC Walker saying "We all did" and
20 nothing else.

21 A. Yes.

22 Q. And then you say at paragraph 47:

23 "I just assumed apart from that comment he said that
24 it was everybody there that's had their baton out and
25 hit him."

Transcript of the Sheku Bayoh Inquiry

1 And then you go on to be asked questions -- to be
2 referred to your PIRC statement and that's on 14 July.
3 I won't take you to this because it's quoted here:

4 "'Again I remember asking him how Constable Short
5 was but I cannot remember his response nor do I remember
6 exactly what I said'. I don't remember asking about
7 Nicole. Obviously it happened but at this moment in
8 time I don't remember it."

9 So your recollection when you gave your Inquiry
10 statement was as you have set out in paragraph 46, but
11 then you are referred to your PIRC statement and it
12 refreshes your memory and you remember asking also about
13 Nicole.

14 A. Mm-hm.

15 Q. And then at 49 you say:

16 "The statement looks as if that was quite a lengthy
17 time with Craig, it was only a matter of seconds. It's
18 like passing in the corridor when he's been getting the
19 cups and I just asked him those questions to make sure
20 he's all right. But it's in passing. It's not as if
21 there's been any length of time starting a long
22 conversation about it."

23 You were a bit shocked, at paragraph 50, about the
24 way he looked and then at paragraph 51:

25 "As much as we were told not to speak to them, I was

Transcript of the Sheku Bayoh Inquiry

1 concerned because I'm not used to seeing Craig like
2 that. So I was wanting to make sure he was all right.
3 I did ask him about the incident with Ash and the baton,
4 as much as we were told not to. When it's somebody you
5 work with, when it's somebody you class as a friend and
6 you see them like that, you're going to at least ask
7 them if they're all right. I'm sorry, the human side of
8 people, with somebody you work with day in, day out, you
9 want to make sure they're all right. I shouldn't even
10 have asked him what I did, but it's a friend, you want
11 to make sure he's all right."

12 And then you say:

13 "I don't know if he's answered stuff that I've asked
14 him or if he said something off his own back ..."

15 And then you are referred to your statement again,
16 PIRC statement 23 July, paragraph 53, it said:

17 "'The information told to me by PC Walker included
18 the fact that all officers had batoned the deceased,
19 they were having trouble restraining him,
20 PC Nicole Short had received a blow to the back of her
21 head and she had been stamped on.' I know at the time
22 it was mentioned that she had been stamped on, but
23 I don't recall that conversation with Craig, and Craig
24 saying that. I'm aware of him saying that they had all
25 batoned him but I can't recall him saying about Nicole.

Transcript of the Sheku Bayoh Inquiry

1 I know at some point I was aware that Nicole had been
2 assaulted, but I can't remember ..."

3 Then at paragraph 55:

4 "I have been asked if I saw Constable Walker later
5 on in the day. No."

6 So it seems that when you gave your Inquiry
7 statement all you remembered was a very -- one comment
8 by you and one response by Constable Walker.

9 A. Mm-hm.

10 Q. I think subsequently, having been referred to your PIRC
11 statements, you then remember that it was a more
12 detailed conversation.

13 A. (Nods).

14 Q. But you still thought it was just a few seconds?

15 A. Yes.

16 Q. But then did you go on to be referred to the transcripts
17 and look at the transcripts of the CCTV that we have
18 just looked at?

19 A. This again -- I think I did, yes.

20 Q. Right, and do you now accept that your conversation with
21 PC Walker was more extensive at that time?

22 A. Yes.

23 Q. It wasn't as limited as you had recalled --

24 A. That's correct, yes.

25 Q. -- when you first spoke to the Inquiry.

Transcript of the Sheku Bayoh Inquiry

1 So in relation to what information Constable Walker
2 actually gave you during that conversation -- we have
3 heard that Constable Walker was at Hayfield Road and he
4 was one of the first officers on the scene and remained
5 there until Mr Bayoh was taken away in the ambulance.
6 What information were you given by Constable Walker at
7 that time?

8 A. At the time, I can't recall the full information he gave
9 me at this --

10 Q. Right.

11 A. Sure, he's the one that's said that -- bouncing off him,
12 they couldn't get him off Nicole and when they used the
13 CS and the PAVA on Mr Bayoh that's when he's made the
14 gesture of basically wiped it out of his face, that it's
15 had -- it's had no effect on him. There's a small
16 percentage of people that CS and PAVA don't affect and
17 I (inaudible) think it's Craig that's told me that and
18 then they've managed to restrain him, got him to the
19 ground and got him handcuffed.

20 Q. So he gave you more details than you had received from
21 the Airwaves transmissions --

22 A. Yes.

23 Q. -- or the STORM cards, or from Lorraine?

24 A. Yes.

25 Q. Or anyone else really that you had spoken to at that

Transcript of the Sheku Bayoh Inquiry

1 time.

2 A. Yes.

3 Q. Can we look at camera 12, to page 20 for the transcript
4 please. So at this stage, at the bottom of page 20, you
5 say that:

6 "... it's going to be better ... nobody's going to
7 ken who struck the blow at the same point, could be
8 worse cause all of them hit him, know what I mean."

9 Now, that reads as if all of the officers at the
10 scene struck Mr Bayoh. Is that the information that you
11 got from Constable Walker?

12 A. When I asked Craig who hit him, he said "We all did".
13 I took that to mean that everybody there struck him. No
14 names were given. I've just made that assumption
15 because he said "We all hit him" that everybody did.

16 Q. So was it your assumption that they all hit him with
17 a baton?

18 A. From that expression, yes.

19 Q. Right. But the information he gave you was that they
20 all hit him, all the officers at the scene?

21 A. Yes, when I asked that question.

22 Q. And you thought that was a better situation?

23 A. To the extent that if -- because at that point I wasnae
24 sure who had struck potentially the lethal blow. If --
25 to me it's always better, if that's happened, you don't

Transcript of the Sheku Bayoh Inquiry

1 know who's done it, so it's going to weigh on someone's
2 conscience more if they know they're the person that's
3 struck a fatal blow. However, if you don't know who has
4 done it -- may be a warped way of thinking, but you'd
5 rather not know if you're the person that's caused
6 someone to die.

7 Q. Was it your assumption that it was a blow to a head with
8 a baton that had caused Mr Bayoh's death?

9 A. I would assume a blow to the head with a baton wouldn't
10 be the best of things to do anyway. It could cause that
11 offence -- sorry, that injury.

12 Q. And when you -- when we see at the top of page 21, "He's
13 the one that was just bouncing off him", so was it
14 PC Walker that had given you the information about him
15 bouncing off Mr Bayoh?

16 A. Yes.

17 Q. And then you say at the bottom of page 21:

18 "The CID will want to interview all the cops, get
19 a statement from all the cops taken rather than just
20 taking operational statements."

21 What is it you mean by that?

22 A. If you do an operational statement you prepare that on
23 your own and it may well be that, because of the nature
24 of what happened, that they will want to effectively get
25 a statement noted potentially under caution, or by

Transcript of the Sheku Bayoh Inquiry

1 police officers.

2 Q. Is it suspects who are interviewed under caution?

3 A. Usually suspects, yes.

4 Q. And was it PC -- was it part of your conversation with

5 PC Walker that they may be interviewed under caution?

6 A. I don't recall if I had that conversation, no.

7 Q. And then you say that PIRC are going to get involved and

8 if we can move on to page 22 you talk about:

9 "He's put her doon and the boy just jump on her,

10 stamped on her ..."

11 Are you talking about Mr Bayoh?

12 A. Yes.

13 Q. And:

14 "Then they couldnae get him aff oh her, didnae

15 matter what they did they just couldnae get the boy

16 moving eh, and then they've had ta, that's when they got

17 the batons oot."

18 Was that information from Constable Walker?

19 A. I would say, yes.

20 Q. Right. Can you explain to the Chair when DI Robson told

21 you not to speak to any of the officers who had been at

22 the scene, why you had that conversation with

23 Constable Walker?

24 A. At the end of the day, they're still my friends, work

25 colleagues, and when I saw Craig, Craig was not the

Transcript of the Sheku Bayoh Inquiry

1 Craig Walker that I knew. Craig was -- he is
2 a happy-go-lucky type bloke and he just did not look the
3 same person, so I have had a conversation, asked if he's
4 all right and then that's led on to -- if I asked him
5 what happened, or if he told me what had happened, but
6 it was just really I was wanting to speak to him to make
7 sure he was okay. I know I shouldn't have, but at the
8 end of the day he's my work colleague and he's someone
9 I would still class as a friend and you want to make
10 sure they're okay.

11 Q. I'm conscious of the time. I just want to ask one last
12 question because I might forget tomorrow.

13 When you had -- you had custodies in the cell
14 corridor that day. Were any of them black or Asian?

15 A. To my knowledge, I don't -- no, I can't answer that
16 question just now. No, I don't know.

17 Q. I'm not going to be able to finish going through the
18 clips with this witness today.

19 LORD BRACADALE: Yes, very well. You return to continue
20 your evidence tomorrow morning at 10 o'clock.

21 A. I'm cited for a court hearing tomorrow morning in
22 Kirkcaldy.

23 LORD BRACADALE: Is that a Sheriff Court, is it?

24 A. Yes.

25 LORD BRACADALE: Well, I will just rise briefly. If you

Transcript of the Sheku Bayoh Inquiry

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