

The logo consists of a dark purple square with the words "SHEKU", "BAYOH", and "INQUIRY" stacked vertically in white, bold, sans-serif capital letters.

The Sheku Bayoh Public Inquiry

Witness Statement

Assistant Chief Constable Mark Williams

**Taken by [REDACTED] in Person, at Police Scotland, 5 Fettes Avenue,
Edinburgh, EH3 1RB, on Tuesday 26th September 2023**

Witness Details And Professional Background

1. My name is Mark Williams. My date of birth is [REDACTED] 1969. My details are known to the Inquiry.
2. I'm an Assistant Chief Constable. I've got 30 years' police service. I'm currently seconded from Police Scotland to the National Police Chiefs' Council, particularly to the National Police Operations and Coordination Centre (NPoCC), where I fulfil the role of the National Mobilisation Co-ordinator. I have been there for three weeks, having previously served in Police Scotland for that entire 30 years, and having most recently held the role of Assistant Chief Constable for Operational Support Division.
3. I am now shown my Police Scotland Training Record PS18784, and I am shown page 2 of my training record where it says

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December 2015 – Assistant Chief Constable Executive

That is when I started as a temporary ACC. At that time I was the temporary ACC for local policing in the West of Scotland. I started there in December 2015, and I held that post for two years before moving over to the Operational Support portfolio.


4. The Assistant Chief Constable Operational Support Division has quite a wide-ranging number of responsibilities and portfolios, but they broadly break down into three: The first one is Roads Policing. I had executive responsibility for the delivery of Roads Policing across the whole of Scotland.
5. Secondly, I had the executive responsibility for the delivery of Specialist Operations. That breaks down into a number of, as the name suggests, specialist departments, such as: Public Order Policing; Firearms Policing; Dive Marine Units; Air Support; Dogs; Horses; Negotiators, all of which were under my Executive Command and which exist to support frontline policing in a number of different areas and roles.
6. Thirdly, I held the portfolio for what is termed as 'EERP': Events, Emergency and Resilience Planning. That was very much focused on Emergency Planning, the Contingency Planning that's put in place for the response to any major incidents, crisis, or civil emergency. It also covered football policing within that portfolio, and that was an area of business that had a particular focus on partnership working, particularly with other emergency services and 'Category 1' responders across, not just Scotland, but the UK.
7. They were the three main portfolio areas, but in addition to that, I chaired a number of other groups or had involvement in a number of other business areas by virtue of my role. For example, I had responsibility for what are known as the Resource Deployment Units across Scotland. These are the locally-based

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teams of police staff and officers that manage the deployment of staff and officers on a day-by-day basis across the shifts, to court, to take time off, to backfill, and alike, to ensure that we have a functional Operational Model for policing.

8. That, as a result, led me to have a direct involvement in the Police Negotiating Board for Scotland as the Executive Lead for Operational Policing. I also chaired a number of groups associated with working practices, and had a very close relationship with the staff associations and unions as a result. There were a number of other smaller groups that I also chaired as a result of my portfolio, and these included the group in relation to clothing and equipment, which was led by one of my Superintendents, and one of my Chief Superintendents, but nevertheless was within my portfolio.


9. I was also Chair to the Clinical Governance Advisory Group, otherwise referred to as the Clinical Governance Group. The Clinical Governance Group was the sort of group which, in the early stages, considered work aligned to first aid training and the sort of equipment carried on and by officers for the sort of provision of first aid to members of the public or each other, depending on what was required. It was also the place that we first mooted and discussed the principle of 'Naloxone' and its use across Scotland for treating those who had overdosed on opioids before it was then taken forward by other Executive Leads and departments for policy introduction. Equally, there were other groups associated with Clinical Governance, which was focused on the sort of equipment officers may carry, the sort of training they had, and the sort of policy that we might consider, by way of development, across a number of areas. For example, the training that Firearms Officers undertake for Advanced Medical Practices as a result of their role, and the sort of training that we gave to Public Order Officers in relation to medical support in crisis and more violent situations.

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10. It was a very challenging portfolio, a very busy one. It certainly had a breadth to it, which was hugely challenging and a lot of very significant thematic responsibilities in terms of policy development.

Required Training: Assistant Chief Constables


11. I am now asked what training I had to undertake to become an ACC. I think most importantly, to become an Executive Officer in Police Scotland, and, in truth, across any force in the UK, you need to have successfully completed the Strategic Command Course. I undertook that in 2013. That is a course that all aspiring chief officers must attend. It's run by the College of Policing on behalf of UK policing and some international forces as well and some external organisations like the military. That is a significant training course of approximately 12 weeks in length that's residential, that provides senior officers, mainly chief superintendents but also some superintendents and senior police staff grades, with an immersive learning environment and a tested environment. One which requires you to pass the course, that once you have sat and passed, you can then apply for posts at executive level.
12. I can see that the Strategic Command Course, is not on the training record. It's surprising, because it is a really important element of command training and that covers a whole host of different elements of executive skills and development. It's academic insofar as it requires the submission of essays and the like. It also tests you in operational environments, and you are subject to tabletop and 'Hydra' type exercises. You are offered the opportunity and you listen to a wide variety of inputs from, not just police officers and others, but academics, senior legal officers, policing ministers, home secretaries, and other leaders, to really prepare you and develop a development plan that could take you into executive leadership and undertake the sort of responsibilities that come at board level when you are running a big organisation.

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13. You can't apply for a job at that level without having passed that course, and there's a selection process to get on the course in the first place, which is about a kind of 40-50 per cent pass rate for those that apply. That's probably the first thing to mention. Going back from there, there are some other key elements of training that I have undertaken to fulfil the role.

14. I undertook voluntary courses in relation to Strategic Firearms Command. I was a Strategic Firearms Commander as well in my previous role as a senior officer. Before being an Executive Officer, I was a Chief Superintendent Divisional Commander in Edinburgh. Prior to that, under Lothian and Borders Police, I was Divisional Commander for East and Midlothian and also undertook a number of roles, including the superintendent for the force contact centre, as it was back in the days of Lothian and Borders, and as the superintendent in charge of operational policing for the city of Edinburgh at Gayfield Police Station. Public Order Gold Commander training is also a good example of a voluntary course that a senior officer would undertake.

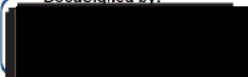
15. These are not all essential to undertake the role of an executive officer, but often as you progress through the ranks and become more senior, you aim to evidence and challenge yourself, and show that you have the ability and the capability and the competence to take out senior command you will undertake. These are all voluntary, I should add. None of these are a requirement to be an executive officer, the only one that is mandatory is the Strategic Command Course. That was undertaken in 2013, and you need to refresh and update your training to maintain a level of competence and capability. You don't just do it once and then keep that level of capability. You have to undertake yearly as part of professional development, often every five or six years, and resit the entire course to bring yourself up to speed with, for example, the latest legal position or the latest tactics or whatever might be appropriate. The purpose of resitting it also to be put under pressure by external assessors as to your competence and capability.

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16. I held a number of different roles and different ranks that required different levels of training. Ultimately, and at the most senior level, Public Order Gold Commander, Strategic Firearms Commander were probably the two most significant, and equally, as part of that, and you'll see there's other inputs there, such as leading critical incidents, Cimplexity back in 2013. Cimplexity refers to tabletop exercises based on critical incidents associated with equalities, and a critical incident surrounding racially motivated murders. There is Equality & Diversity training shown in my training record, as well as values and ethics briefings. Of course, training like the Command Course have a particular focus on Equality & Diversity, and on listening to a number of inputs and being challenged around culture, thought and process and its equity and fairness for the communities that we serve.

17. There is a particular focus in the Command Course on that, but prior to undertaking that, my training record shows numerous different training modules across a very wide range of technical and behavioural training development influencing organisational culture. Equally, crime reporting, training as a First-Line Manager, as a Police Incident Officer, along with training to deal with things like: Diversity for Executive Leaders; Critical incident and refining the Gold Command function of that; Diversity champion training for transgender issues in the workplace; CPD that I undertook in relation to leadership development. Training and other fundamental courses were undertaken that of course we are required to undertake, in relation to things like health and safety, cyber awareness, data protection and the like. This is often done on Moodle training packages online, but are necessary and have to be passed as well. The reality is that 30 years of policing is a lot of training, and a lot of inputs. The most significant ones are those that are the Strategic Command Course and the Gold Command Training around Firearms and Public Order, particularly for the role that I most recently fulfilled in Operational Support.

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ACC Frequency of OST & SPELS Training

18. I am now shown page 2 of my training record where it says

Last OST Prior to 03/05/2015 – 1st April 2010

Last SPELS Prior to 03/05/2015 – 25th May 2011

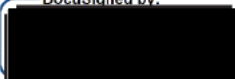
*Date of most recent Officer Safety / SPELS Training Recertification –
As above*

19. It is the Inquiry's understanding that police officers undertake OST recertification once per annum. I am asked to explain the background as to why that frequency does not apply to the Assistant Chief Constable rank. The requirement does apply to all ranks in principle but from those dates thereafter, I didn't deploy in any operational capacity in terms of frontline policing. I wasn't deploying with batons, handcuffs and spray in a public environment at any time. My role was wholly office based. As a result, the risk associated with this particular training omission was negligible and the priority for my training and development rested elsewhere.

20. There is a scale of risk associated with that insofar as officers who are deployed in frontline policing roles. Community Officers, Response Officers, Firearms Officers, Public Order Officers absolutely do, and regularly update and maintain their Officer Safety Training or their First Aid training / SPELS training as part of their work profile. Clearly, the work profile of an Assistant Chief Constable, a Divisional Commander, is very different to that. As a result, I would assess the risk associated with me not having that OST training was minimal.

21. Against that background provided, I am asked to clarify, for the avoidance of doubt, whether it is the case that an Assistant Chief Constable does not require to undertake OST and SPELS recertification (now Operational First Aid) given an Assistant Chief Constable is not operationally deployed. No, as stated above

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I think it is something that all staff *should* undertake but in reality some do not based on their role and exposure.

Summary: Involvement in OST as Assistant Chief Constable

22. I have been asked to summarise my involvement and input, if any, into OST. Officer Safety Training is owned through the training department in Leadership Training Development and through the Director of People and Development, as opposed to me as the ACC Operational Support Division. I have a very important role in training, but not in Officer Safety Training per se, at least not directly in terms of the course, its content, its delivery. I have responsibility for specialist training in relation to public order tactics, firearms, roads policing, mountain rescue, negotiating, things like that. However, wider Officer Safety Training, which is the 'base training' we'd expect everybody to be undertaking, which includes their First Aid as part of that two-day course, and is delivered to every police officer, as well as probationers when they join, and others on a yearly basis. It's refreshed, and is undertaken through Learning, Training and Development, and the course is delivered via that mechanism. It is not something I have a specific oversight of in terms of content or delivery.

Operational Safety Training Version 3 July 2022 Manual (Doc ID PS18535)

23. I am now shown the contents page of the Operational Safety Training modules doc ID PS18535. I can see that this is dated July 2022.
24. I am asked if I recognise this document. No, it's not something I've seen before.
25. I am asked if I have any awareness of Officer Safety Training. Only insofar as officer safety training is, as I said already, undertaken usually on a yearly basis as a result for those that are carrying personal protective equipment and first aid kits. Typically that's response and frontline police officers, public order and

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others, and the OST training at its most basic level is rolled out very widely across Scotland through Learning Training Development Division.

26. I am now shown Doc ID PS18535 being the contents page to the OST Manual dated 3 July 2022. I am asked whether I am aware of the OST topics mentioned, and whether any topics came up on the agenda for the Clinical Governance Advisory Group meetings. Not in my recollection for the content of this course in itself. I was aware that Officer Safety Training underwent a significant improvement in terms of content review and implementation, from the half-day course to a two-day all-encompassing OST and medical first aid course. That was discussed and summarised and updated to the Clinical Governance Group. In terms of this level of detail – the modules, the sections, the content of it and the detail of it – I do not recall seeing it in that level of detail in itself. I do know that the changes at a strategic level around First Aid and Officer Safety Training that were put in place did go to our Senior Leaders Board chaired by the Chief, and to which all the Executive attend for a) noting, and b) approval for that change to take place, because it had an implication on training and therefore the abstraction of officers from divisions to undertake that training. That's something that is always of interest to the Executive in terms of our capacity and capability.

27. Whilst that document and the detail of it was not ever Senior Leadership Board, the change and the upgrading of the training to a better level over a two-day period, and the implications of that, was approved. That will have been a document that came out as a result of that approval that will have been created to deliver the course itself.

28. I am asked, for the avoidance of doubt, whether the OST Manual came up between 2020 – 2022 when I was Chair of the Clinical Government Advisory Group. No, not in that level of detail.

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Operational First Aid Training (Doc ID PS18585)

29. I am now shown Doc ID PS18585 being a PowerPoint named 'Operational First Aid version 2.0'. I am asked if I recognise this document. Only insofar as it's a Police Scotland-looking PowerPoint. It's not one that I can recall seeing before.
30. I am asked if it is a document that came up in the course of Clinical Governance Meetings or presented to me as Chair of those meetings. I don't recall seeing that before.
31. I am asked to clarify whether I have any input into the training material contained in the PowerPoint. No. No and I wouldn't have, bluntly, into that level of detail. Ultimately there may have been a signoff, but I don't think so – certainly not that I can recall. I think it would have gone probably through other channels and OST and Leadership training.
32. I am now asked if I am aware of Operational First Aid training. Yes, I am, insofar as I am aware that our officers undertake yearly training, SPELS training, in relation to first aid. That is now, of recent times, part of a two-day course that is put together with Operational Safety Training.
33. I am asked if I, as part of my role as chair of the Clinical Government Advisory Group, have any role in devising the Operational First Aid training. Yes and no. The Clinical Advisory Group did take advice on special areas of Operational First Aid particularly associated with specialist operations. For example, as part of any agenda for the Clinical Governance Group we would include an update on any changes to the module for firearms officers around training in Operational First Aid for their particular discipline. Equally, we would do likewise for Public Order Officers and any that were associated with dive and marine because of the internal need for medical scrutiny over their

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activities and the dangers that came with it. The sort of training that was offered and the equipment that we provided to our mountain rescue teams, was also considered.

34. I did have an awareness of Operational First Aid more widely at that mass base level to our frontline officers and staff routinely as part of their two-day course with OST. However, I didn't have specific responsibility for any of that content, or how it was devised, or what was in it. There is no doubt that there would be issues that may have been raised in the Clinical Governance Group that went on to influence the content of that and what frontline officers, staff and others were doing. It would have influenced what they were trained in, what equipment they were given and the like. That is the type of thing that Clinical Governance would have potentially discussed, debated and then remitted into Leadership and Training Division to action and deliver.

Operational Support Division: Ensuring Adequacy of Training

35. Against the background provided, that I am part of the Operational Support Division and that I had an important role in officer training, I am now asked how I ensure officers are adequately trained. Looking to my previous role, the responsibility for Public Order and Firearms are good examples. The training for all of those roles is set out very clearly by the College of Policing and Police Scotland, as we're a 'non-home office force', but we still generally adhere to almost all of the College of Policing Authorised Professional Practice guidance on how to ensure training is consistent and standards are the same and there's interoperability across the UK. The officers who are trained in Public Order are trained to those standards, and there are very carefully maintained training records to ensure that they have 'retained their ticket', i.e. their training ticket. To be able to deploy, they must have completed, and be up to date, with the training that is required of them, depending on the role that they undertake. If they're a Public Order Medic, then they must have undertaken certain courses. If they're a driver, they've got to be qualified to do so. If they're a General Public

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Order Officer, then there will be specific courses that apply to them. There is a requirement for that to take place, and there is a full-time Public Order Training Team within Police Scotland who fall under my command.

36. On a bi-monthly basis, I chair the Public Order Monitoring Group, which was the overall Governance Board for Public Order Policing. On that board, I would seek assurance around our capability, our numbers, how many officers are trained, how many officers are out of ticket, how many officers are temporarily withdrawn due to personal reasons, discipline reasons, whatever it may be. This is so that I can assure myself, as an Executive Officer, that we still have a capability and a competence to deliver Public Order Policing should it be required. It's monitored through governance of which I was ultimately the Executive Lead. There will be other meetings beneath that: Tactical and operational type of meetings, which are more localised within the public order environment, that also take place regularly. My direct involvement as the Chair of the Public Order Monitoring Group would be through that group itself.

Information Relied Upon to Ensure Adequacy of Training

College of Policing Standards & Manuals

37. Against the background provided insofar that a part of managing the Public Order Monitoring Group involves a reliance on information from others, I am now asked what information I am relying on to assess whether training is carried out adequately and efficiently, particularly from a quality assurance perspective. The standards of training are very carefully defined through the College of Policing training manuals. There are training manuals for Public Order Policing, for Firearms Policing, and the like. There are certified courses, which are certified through the College of Policing. The trainers are trained by the College of Policing to train to a standard, and to assess that standard, and to pass or fail officers based on specific criteria and their ability to meet that criteria. That includes both the training itself by way of technique and application, but also

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fitness standards, for example, which they must adhere to. My assurance comes through the application of, if you like, accredited training by accredited trainers to the officers who we are asking to go out and then do that job.

38. The College of Policing will licence and check, and trainers and other officers have to recertify regularly to ensure that they still meet the standards that are required. That's quite a well-defined process, and there are timelines and guidance on meeting that. All of that is applied through myself, the Head Of Specialist Operations, the Chief Superintendent, and others in that public order policing environment. Of course, on top of that, there is then the need to train, and not just in specialised or specific pieces of training.
39. It's probably important to also point out that as a big force – Police Scotland is a big police service with 16,500/17,000 officers – we play an important role in the United Kingdom structure of capability, because sometimes forces need to support each other in big events. Again, the adherence to that College of Policing training standard means that if it's applied correctly across the whole of the UK, there can be mutual aid and mutual support and interoperability between all of the forces in a way which enables commanders to command people from different organisations but with a common parlance and language, common techniques, and common tactics that everyone understands. That's a really important element of the assurance and consistency of that training being applied, which is again a key part of the executive role in terms of supporting that sort of assurance.

Quality Assurance – Public Order Training & Attendance at Public Order Monitoring Group Meetings

40. I am now asked to explain whether anyone from Quality Assurance attends Public Order Monitoring Group meetings, and to explain my understanding of Quality Assurance involvement and other relevant attendees from a training perspective. Training in Police Scotland is delivered through a number of

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different channels. The majority of general training, if I put it that way, is delivered through Leadership Training and Development Department. That starts with Probationer Training at the College, and then carries on through thereafter. The sort of things that people undertake in relation to Officer Safety Training, First Aid, that's all associated through general training oversight and delivery.

41. There are mechanisms for external scrutiny into Policing and its effectiveness. There is the PIRC to consider, in terms of, for example, the automatic referral processes in situations such as TASER deployment or the pointing of firearms. That is an example of where that external and independent scrutiny, and assurance, of any deployment can be undertaken.

42. There is the College of Policing who license our training and therefore inspect its quality and its deliverability, all of whom are either completely independent or act as arbiters of training, provision and quality in Scotland and are important partners in that sense. I don't just get my assurance from the chief inspector, for example, in charge of public order training. I'll also take assurance from the College of Policing, from the licensing, from HMI and from PIRC should there be, depending on what the specific nature is, any sort of challenge forthcoming.

Training: Shared information Across Scottish and English Police Forces

43. I am now asked whether, and how, information might be shared between the National Forces for the benefit of police training. I'll just focus on public order and firearms as examples. The training structures across the UK for firearms would be the same. I focus on both of them because: (a) they were mine, and (b) they are the most acute and the biggest kind of chunks of specialist work that there is. They are very well established through the College of Policing networks, of the training environment across the UK for all of these disciplines associated with specialist operations and firearms. They are very, very good at

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maintaining regular contact but equally through sharing information, by way of awareness, briefings, debriefings, professional development, and they do come together very well under the College of Policing banner. That is the predominant mechanism through which this information is shared, and it's all electronic. It's predominantly email with briefing notes or training that are aligned to it. Of course, there's then meetings at a local / national Scotland, and national UK, level for all of these disciplines. For example, in my current role, I chair the National Police Chiefs' Council Board for Civil Contingencies. I have responsibility for the contingency planning from the police service side for the whole of the UK and on that there are working groups around nuclear emergencies, severe weather, whatever it might be. That mechanism and that network shares information, data, learning, briefings, and so on, to enable those that are party to it to cascade it within their own organisations and beyond, and the same applies for firearms policing. As the ACC for Operational Support, I chaired their Firearms Policing Monitoring Group and the Public Order one, but I also sat in the UK groups for both of them.

44. There is a really defined structure for sharing and learning and contact and support and governance across the whole of the UK. At those kind of groups you have representatives from HMI, the government, Home Office, Cabinet Office, College of Policing, Scotland, England, Wales, Northern Ireland, sometimes overseas territories, or the Crown Dependencies. You have that genuine network and governance for policy, discussion, updates, intelligence and the like. All of those groups that exist across the UK, from public order to firearms to air support but equally to Equality, Diversity and Inclusion. All then report into one group of Chief Constables at a national level called the Chief Constables' Council, and the Council meets every three months. They discuss every thematic area. That is your Senior decision-making body for Policing in the UK.

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Completion of Paperwork: Use of Force Forms & Data

Use of Force National Guidance (PS18622)

45. I have now been shown the document "Use of Force National Guidance", and see that it was published on 21st December 2021.
46. I have been shown page 3, section '6' which states

Police officers should record details of all use of force in their notebooks or police-issued mobile device, including reasons for why force was necessary. Additionally, all staff are required to complete the electric use of force form on system to coordinate personnel at SCoPE prior to the end of their shift.

'Accurate Recording of Use of Force on SCOPE' Memorandum (Doc ID PS18713)

47. I have now also been shown PS18713 being a Memorandum, sent by me, to the Divisional Commander/Heads of Department. I can see the memo is dated 2 August 2021, regarding the completion of Use of Force forms.
48. I have been shown the following paragraphs that say

It has become evident that on some occasions when a police officer or member of police staff has used force during their tour of duty, the incident is being recorded on crime systems but not being recorded on SCOPE Use of Force form.

Use of force, the purposes of recording, is defined as: any physical use of force, except compliant handcuffing and come along holds and includes:

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- *Empty hand techniques*
- *batons*
- *Irritant sprays (including draws);*
- *Leg restraints;*
- *Spit hoods;*
- *Personal Protective Equipment (PPE) shields*

For force to be reasonable it must be proportionate, legal, accountable, absolutely necessary and ethical in the circumstances.

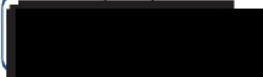
49. I am now asked to explain the background behind why this memo was circulated. We were trying to improve the completeness of recording and the accurate recording of the Use of Force on SCoPE which is, if you like, the system from which we tried to extract data to support our reporting of use of force. It was clear, as the memo outlines, that we weren't – and we were pretty confident we weren't – getting every report of use of force that we should have been getting. Whilst police officers weren't *not* recording it, they weren't recording it on SCoPE. They were recording it maybe in their notebooks, and they were recording it on the crime system, sometimes once, sometimes both, sometimes either/or. It should have also been going on SCoPE and the forms weren't necessarily being uploaded there.

50. So this was an effort to try and come up with a solution that would prevent that happening, so that we could not enforce but, by default, ensure that SCoPE picked up all recording that we possibly could make it pick up to enable us to have better or more complete data. By preventing officers from closing off these crime reports without having a SCoPE reference, it meant that they would continually get reminders and chase-ups from crime managers across the country looking for their updated and finished paperwork, which they wouldn't be able to submit until they put the Use of Force on SCoPE. So it was a way

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of making it happen electronically to prevent any slipping through the net, and that was the purpose of the memo.

51. This was one way of trying to improve on this and, in truth, it took us some time to even get to a position after that where we could publicly report on use of force with any sort of accuracy because we knew the data was incomplete and really not fit for publication at that stage.
52. I am asked when and how I became aware of the fact that there were issues with the recording of Use of Force forms. I don't recall specifically when it became something that, at an executive level, I was, if you like, concerned with. Some of that, in truth, will come as a result of there were so many systems that had been brought across from legacy arrangements, that recorded so much different information. We really struggled to get any accurate data from legacy systems or legacy policies which drew together an accurate, complete picture of Use of Force based on these criteria for Police Scotland.
53. The way that we actually structured that across Scotland to this day remains broadly as it was in the legacy systems, use of force included. There was a great deal of incomplete data, data assessment and data publication, because of the variety of sources and systems from which this was drawn and the variety of policies and procedures and practices that were in place under eight legacy organisations, but that we were seeking to bring together under Police Scotland.
54. Whilst it's perhaps easy to say that Police Scotland was created in 2013, it's important not to underestimate the complexity, scale, size and challenge that that is. Within the operating environment and the budget which we had, our investment and our ability to invest in things like new personnel systems or new ICT systems has been extremely limited. Very limited. We're only just at the point of creating a National Crime System now, ten years on. You still don't have access to things like body-worn video. These are big ICT challenges, and

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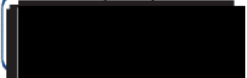
require investment and capital funding to underpin them. Some of that work remains to be done, and will remain to be done, until there is a sufficient budget to enable it to happen and things are prioritised. This is an area where there is no doubt investment in the ICT will assist.

55. I don't want to take away from, for example, the huge improvements that have been made for frontline officers with digital devices. They now have digital devices in their hands, and on there is an ability to record information and to record data – for example, Stop and Search data. Things have improved in recent years. We do now publish use of force data, as of now, and back in 2021 this was our effort to get it to a consistency and a depth that allowed us to start publishing it regularly, which I understand we now do. It took some time to get it to that level and it's only in recent years that we've achieved that. This is an example of one of many challenges that we faced.

56. I am now asked, in the context of Police training and in my capacity as Assistant Chief Constable and Operational Support, what the significance of Use of Force forms data was. Accurate data that outlines the Use of Force is significant because it has a direct correlation to the underpinning principles of policing. Namely, that we police by consent, that we are accountable, and that we rely on the trust and confidence of the public to do our job.

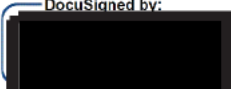
Use of Force Monitoring Group & Use of Force Data

57. Given my background and involvement in the Use of Force Monitoring Group, I am asked whether there was anything I would be looking for in the Use of Force forms data to inform and improve the adequacy of police training. Yes. I think it would be fair to say that if we had accurate data in the same way that we now do for stop and search, it would allow us to manage a huge number of potential risks and trends and threats that could be identified and pulled out as a result of having complete data. And, of course, that would include issues like the EDI profile of those that are subjected to the use of force. It would include

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19


things like injury statistics and data from both the public and officers. It would also assist with identifying any particular demographics that were certainly worthy of greater investigation or analysis in terms of use.

58. It gives the divisional commanders and others across the country, as it does in stop and search, an ability to be held accountable at a local level, but equally to understand what it is their officers and staff are doing in terms of the application of force. Accurate data and information provides a richer picture of the policing landscape and provides decisions, decision-making material and support to the executive to make decisions on a huge number of different things, like resourcing, like training, like risk. It may support our otherwise issues like litigation or complaints, or alike, so it is an important area, of course.
59. I might add that none of that recording of use of force, of course, prevents any overt complaint or observation by way of use of force from the public, from agencies, and from organisations, that might choose to raise it. That would be addressed, be considered and be investigated, but in terms of the macro-economics of it, what it looks like over a longer period of time, what the trends are and so on, that use of force data could be – and it would be – important in quite a wide range of different decision-making scenarios.
60. Against the background I have provided that the recording of Use of Force forms has improved to the point where data can be published, I am asked whether I have observed any positive or negative impacts, if any, that data has had on police training. I don't specifically know of examples of that nature, but I'm quite certain that having that sort of data, and not just Use of Force, but I think more widely it's the environment of policing over recent years, the learning, the reports that will have come out, the public inquiries, trials and other such things, all of that influences policing, policy, training and outcomes and outputs in various different ways. I can't say I can specifically say that this has changed one or the other. However, we know that there is a very significant

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EDI structure across the organisation, now led through the DCC Designate Office, and that links in through the EDI training and governance that there is in place, which is linked into training itself in specific areas. So, certainly, I would expect the improved recording of use of force forms to have had an influence, but specific examples of that I don't have to hand.

61. I am asked whether the discussion around Use of Force monitoring has been incorporated into OST, or any other police training. Not through OST. Through Operational Support Division, it was important that we saw an improvement in the data we were getting, that it would, as a result, lead to us being able to publish the use of force data at a force level, which was subject to Senior Leadership Board discussion, and approval, and to enable the Use of Force Monitoring Group to publish that data for the attention of the public thereafter.
62. Regarding the Use of force and the National Guidance that came out, the owning department of that is People and Development. Use of Force Monitoring sits under Operational Support. Officer Safety Training, and the techniques sits under Leadership, Training, Development, which is People and Development.
63. It's helpful, maybe, to look at TASER. TASER was in my area of responsibility, and was only introduced once Police Scotland came into being. In 2015, '16, we were able to build and create a dedicated national ICT recording function, Specially Trained Officer (STO) training module and a data stream, which was published from the outset with great ease, because we were a single organisation and it was all under one command. Use of Force was very different, as we are taking it all in from eight different forces, with eight different ways of working, and eight different sets of processes, and eight different sets of information that are recorded on eight different systems, and trying to get everybody to change to it. This was far harder.

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64. Because we were able to start TASER, we were able to create it from the outset, we were able to put in place far, far more easily the recording mechanisms, data, plus there's far fewer TASER-trained officers than there are officers who would submit a Use of Force form. There's 1,200 TASER officers in Scotland. Every one of them is trained on a five-day course, every one of them knows what's expected, every one of them knows what goes in every time a TASER is lifted, pointed, arced, it goes to the PIRC. We have a really tight assurance in quality management around that data.
65. It's not the same for a far wider body of information like use of force, which covers so many things, from open-hand techniques to handcuffs and beyond. To wrap around something that was never there in the first place and create good data from that is far more complicated for the organisation and that is one of the reasons it took so much time.
66. I am asked whether there is a mechanism to record 'qualitative data' in use of force – i.e. the circumstances in which force was used – alongside quantitative, and whether/how such data might be fed into police training. No, I don't know that I do know. My assessment of that would be that the majority of data isn't necessarily qualitative. It is quantitative or it's specific around age, gender, ethnicity, specific location, address, where it happened, where it took place.
67. I have now been asked whether I am aware of the PLANE principle. Yes. Use of Force has to be Proportionate, Legal, Accountable, Necessary and Ethical. That's a pretty basic element of training from when I was a probationer, let alone more recently. It's certainly a basic tenant of all public order training. There's a spectrum from speaking to somebody, and that spectrum goes all the way to 'Code 3' public order deployments. Officers deployed with helmets on, and shields and TASER and firearms are all on a continuum of some sort somewhere, and PLANE is a pretty fundamental underpinning all of that, not just use of force.

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68. I have been asked whether there a mechanism in which to assess whether the PLANE principle is being adhered to against the use of force data. At a macro level, that's probably not something that could be done. You have to drill down to every individual incident to do that because every incident is different and the circumstances are different. What's proportionate to use handcuffs in one scenario may be disproportionate in another and it will depend on a whole host of different factors, which you cannot assess from a table that says there was 450 people last month who were handcuffed. That doesn't tell you anything in terms of whether each individual case was Proportionate, Legal, Accountable, Necessary and Ethical. That has to be done on an individual Use of Force form, which is then assessed by the quality assurance side of the Officer Safety Training team who take in all that data and would have to assess each and every one of those reports, if they had sufficiency of data on it to assess it.

Ongoing issues with recording UoF Forms

69. I am asked whether there is still issues with compliance of submitting Use of Force forms. I'm not aware that it's as significant an issue as it perhaps was. Then again, do I think that police officers still have a lot to do at the end of a shift and a lot of paperwork and a lot of electronic administration to undertake? Yes. Part of the nature of being an accountable organisation is that lots of things get recorded, and you only have to look at something like dealing with a domestic incident, or a domestic assault, to appreciate the scale of recording and information sharing that takes place with key partners, and others, to ensure that people are protected. Use of force is another example of something that we're asking officers to do, and this must be done as well as submitting intelligence and clearing up their paperwork, and keeping up to date with their crime reports, and letting complainers know what's happening. There can be pressure.

70. What I do think is that we've reached the position where we have approved the publication of use of force because we have the system where you can't close

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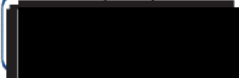
your crime report off without putting it on SCoPE. We therefore have an improved position in relation to officers submitting the data that we need, and we now publish that data. That's definitely a big step forward and that's a big improvement. I would hope, looking forward for Police Scotland, that we continue to get investment into ICT, into smarter ways of working. I suppose that would be the way of putting it, where you only put data in once and it actually shares across a number of databases where we record information and so on. Officers aren't having to do things multiple times and it makes it more efficient.

71. As things like that, I hope, in the years ahead improve, then you would hope that use of force and data like that would equally improve and be more available and cross-pollinate into other areas of interest that allow it to be contextualised and used more effectively. That's my assessment at the moment, but I think you would probably have to get a very up-to-date input from, for example, P&D or the Officer Safety Training Unit to ascertain whether they were more confident now about the levels of use of force reporting that there was.
72. Do I think it will be absolutely 100 per cent and accurate? Probably not. Is it better than it was? Yes. And are we doing everything within our current ICT capabilities and systems to record what we can? Yes. In that sense, that at least is an improvement on perhaps what it had been in the past.

Justification of Use of Force: Assessment of Officers Post-Deployment (PLANE Principle)

Lessons Learned: Incidents of Note & Debrief Reports

73. Given that my remit is Public Order, I have now been asked, hypothetically, where officers have been deployed to respond to a public order incident, how their response is assessed, and what factors I would be considering in that assessment. I have been asked this question particularly in consideration of

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how officers have applied the PLANE principle i.e. Proportionate, Legal, Accountable, Necessary, Ethical. I think again, there's no easy answer to that because it's quite a complex potential set of solutions, options and considerations. However, I'll try and work through it in a logical sense. Typically speaking, where there is any deployment of specialist resources, there will thereafter be some sort of debrief or deployment summary. There is what we call an 'Incident of Note', and that is the most basic thing that we create which is once it's done. An Incident of Note is a summary of what happened, and is created by the supervisors that were present at the time.

74. When I was the ACC for Operational Support, every morning I was party to a whole host of different Incidents of Note. They are all subject to scrutiny, assurance and consideration by the local division, which formed part of a National Division, by the commanders within those specialist areas. Thankfully, the vast majority of the time, it is pretty routine. There's not necessarily any learning or any assurance of performance as a result of the Incident of Note. It may be that somebody's arrested. It may be that a missing person's found. It may be that a peaceful protest takes place, and all we do is note it, and that's it. But on occasion, of course, things do happen that are more sensitive or acute and need to be considered.
75. For example, where protests occurred last year in Essex, and there was major disruption as a result in the public order space, the UK's public order structures will gather in, through the College of Policing, the 'Debrief Reports'. The Debrief Reports are sent out to all forces, and often then are built in, depending on the nature of what has been learned, into Continuous Professional Development training or new tactics, or just intelligence.
76. These things are shared across the network, which is a very well-established network of learning. There are online learning networks through the College of Policing where public order experts share that sort of information, and it can then be considered, and built into, future Operational Orders and training and practices thereafter. That is broadly true of all specialisms, in truth.

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77. I would expect both an Incident of Note, but then a Debrief Report to me, so that (a) I knew what had happened; (b) I could brief the Chief Constable or the Deputy Chief Constable or whomever; and (c) we could consider what steps we had to take next.

Lessons Learned: Complaints from Members of the Public & Informing Professional Standards

78. When a complaint is made by a member of the public, that goes in through professional standards and they come out and say, "We've had a complaint about the way public order officers did X, Y and Z. What do you know about it?" . Then a complaints process comes in. It's assessed through Professional Standards, and potentially PIRC and/or the Crown. It depends on the nature of it. Ultimately, from that comes learning, and comes change and policy consideration.
79. What the police service do is hugely public. It's mainly done in the public space in one way, shape or form. Therefore that sort of scrutiny is quite common and right in terms of accountability, as PLANE suggests, and through those processes, learning is developed and change takes place.
80. Against the background provided regarding members of the public lodging complaints against police officers, I am now asked if it is the case that senior ranks such as Assistant Chief Constable, and even the Chief Constable, might assess the actions of that officer against the PLANE principle. There is a number of factors to consider. It's complicated and it's a bit of a weaving answer. All officers in my expectation and understanding, from the day they join the police service take the oath, the Chief Constable explains to them their responsibilities and their powers, and the need for discretion and care around how they exercise those powers.

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81. Through that Probationer Training course, through their Officer Safety Training and then through any Specialist Training they get, the principles of Proportionality, Legality, Accountability, Necessity, and taking an Ethical approach, is fundamental. The National Decision-Making Model at its heart has the Code of Ethics which is critical and, again, that just is enshrined in the oath of the police service in terms of human rights. Right through your entire service, the principle of, not just PLANE, but fairness and integrity, in decision-making and judgment is critical to adhere to. Absolutely critical. I can't think of a more fundamental underpinning of what police officers do than those principals themselves.
82. I think that is absolutely part of training and actually if you look at decision-making logs for commanders, there are expectations for your accountability for why you made a decision, what you have considered, what you haven't considered, what parameters you've set, etc. All of it has PLANE behind it. All of it requires you to actually narrate an evidence with those considerations in terms of proportionality and legality: What powers you're using, and why? What were the alternatives? What were the lesser options that might be more feasible first? Why couldn't you use them? Why did you have to escalate to that stage quickly? Why did you move? Why did the continuum go from there to there?
83. The vast majority of those really difficult decisions, like those that are made under pressure, are made by constables and sergeants, inspectors at the front end under pressure, and under stressful conditions. I'm not saying that Executive Officers don't make difficult decisions, they do, but often they have more time to consider them than frontline officers. That is a fact, but it doesn't mean they're not still applying those principles, and I think that's something that's really important. That's something that I certainly as an Executive Officer since 2015, feel very, very passionate about and felt acutely in role was to ask: Is a decision I'm making the right decision? The integrity of it: is it fair? Is it proportionate? Am I acting with compassion and fairness, and can I stand up

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and evidence it? Whether that's a decision that affects 5,000 people or one person, actually those principles are really important. You see some of that playing out through very public channels as you did through COVID. The independence of the Office of Constable, even in a really challenging, politically charged environment, the decisions that are made by the police have to be operationally independent and those principles underpin all of them.

Clinical Governance Advisory Group: Responsibilities as Chair and Training

- 84. I am asked when I took on the responsibility of chairing the Clinical Governance Advisory Group. I would have started when I took on Operational Safety Division (OSD) responsibility. That would have been 1 January 2018 that I would have taken on the responsibility of chairing the Clinical Governance Group. I left about three months ago, in about the summer of 2023.

- 85. I have now been asked to explain, in as much detail as possible, my role and responsibilities were as Chair of the Clinical Governance Advisory Group. That group brought together an interesting group of people. Central to it was the force medical advisor, Dr Stevenson, who was our Lead Clinical Advisor to policing around all issues associated with medical emergency and support. Equally, it had Leadership and Training Division i.e. College sitting on it. It had firearms policing, public order policing, health and safety, the police federation and our staff association, mountain rescue, and dive and marine. In many ways, probably, I chaired by default, because many of those skill areas were under my remit. The ambulance service were part of it as well.

- 86. The Group, over the years that I chaired it, met a couple of times a year,. We were a catalyst group for specific change in training and in policy change. Often, changes in training and policy didn't necessarily rest and get delivered through the Group, but was instigated elsewhere in the organisation as a result of us raising the issue. We took a lot of advice from Dr Stevenson and from other contributors in the room. A good example were things like defibrillators. The

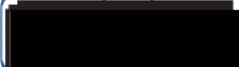
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point would come in from, say, myself asking a query around, “Well, look, we’ve got defibrillators in all police custody centres, but we’ve been given 40 by a charity to put in police cars. Who owns the defibrillator? What are the risks around this? Who should have them? Is it our responsibility? Does it fit within the policing mission? How do we maintain them? How do we train people to use them? Do we need to train people to use them?” That is the type of issue which often raises itself because these are kind of real-life things which police officers often get involved in, sadly, given they’re often the first people on the scene of somebody who’s had a heart attack.

87. It just happens. You drive down Princes Street, and you’re waved down by a crowd, and you’re there. What are you trained to do? What are you going to do? Now, everyone’s trained in CPR. That’s part of their SPELS, but we also know that the defibrillators are probably more effective and potentially lifesaving if they’re available. So, you then get into a policy debate around, “Okay, what is the role of, for example, the health service, ambulance service, police service. Are we there to intervene medically with people?” I don’t want to put words anyone else’s mouth, and they’d have to consider this. You may have a very well thought through and considered view from, say, this police federation saying, “Well, what’s the risk to our members here? Let’s say it goes wrong. Is there a liability on police officers? What’s the Crown’s position on this If somebody should die following police contact as a result of trying to save their life? Is there any sort of liability upon police officers?” Because, where there is recent contact with a member of the public who thereafter loses their life, it’s an automatic referral through the PSD and potentially into PIRC. So, these questions are relevant and have to be considered in terms of any policy decision, for example, of defibrillators in every police station, every police car or whatever.

88. At that group we’d also consider things like the training for our ARV trained officers, our Armed Responsive Vehicle Officers. They’re trained to a higher level around first aid because they are likely, sadly, if they discharge their

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weapons to have to deal with people who have got gunshot wounds. So, are they trained to deal with compression bandages, tourniquets, and things like that? And they get an additional level of training.

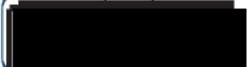
89. At the Clinical Governance Group, we will assess whether or not any guidance from the College of Policing may have changed around the medical module in, for example, firearms training. Dr Stevenson, for example, would offer advice or clarity on whether or not an issue raised was relevant to training. That would then be assessed through Leadership and Training, as to whether or not they would create the training for it and then deliver it thereafter. That's how we started the first aid discussions and the Officer Safety Training discussions as well because it was becoming clear to the Clinical Governance Group that in terms of First Aid Training, we really could benefit from expanding it slightly. This is because we know, from experience and now from record keeping, that officers are very frequently having to deal with medical casualties as well as casualties of crime potentially who are medical cases. The pressure they're put under, and the need to act, was something we were acutely aware of.
90. Again, without being controversial, there was a challenge around some of the timelines of attendance of ambulances and other such support at scenes where officers could be there for some time before an ambulance was made available. There was some consideration around things like, "What is our policy around transporting casualties in the back of a police car? You've somebody who's bleeding profusely and the ambulance is delayed. What do we do? Do we wait, or do we put them in the back of the car, and we get into hospital quicker? What's the risk again of transporting casualties, liability, medical care?" All of these things had to be considered. A good example just before I left, is that we did move to a policy around the considerations that needed to be undertaken before putting a casualty in the back of a police car. We did some work with the ambulance service around triage on the phone, through the radio system, to enable those officers to make better decisions before making such a decision, ultimately. The Group centred on that type of activity. It was a

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fascinating Group, a really challenging Group. Often the subjects we talked about were sensitive and drew a wide variety of different views and opinions, but ultimately it was often a catalyst for change that was then taken forward through other departments like Preventions, People and Partnerships for defibrillators and naloxone or others, Learning, Training and Development for, say, the OST and SPELS training which is now a two-day course.

Clinical Governance Group: Discussions around Positional Asphyxia as it relates to Intoxicated Subjects and Justified Use of Force

91. I am now asked whether there were any discussions in the Clinical Governance Group around the subject of Positional Asphyxia, as it relates to a subject who may be presenting as intoxicated, and use of force. I don't recall a Clinical Governance Group ever having any discussions around positional asphyxia at all at any point. I don't recall that. I'm aware because of the documents that are being shared with me as a potential witness that there are a number of different elements of the Officer Safety Training curriculum which include from bladed weapons to Positional Asphyxia, and the like, and therefore there is a document set which is relevant in that sense. However, I was not party to the compilation of, the authoring of or the approval of any of that. That will have, I assume, been done through our training side as part of officer safety training and awareness for the sort of techniques and options that are available and the safe way of dealing with members of the public who you're in contact with. I really am not and can't really comment on the background of that because it wasn't something I was involved in in any shape or form.
92. The Clinical Governance Group is really about the constituent elements of training that we undertook to support medical intervention and medical training for our officers and staff. So, it was about, "If you put somebody in the back of the police car, what do you need to assure yourself of? If you're a firearms officer, what's on the training package? If you're a public order medic, what's in the training package? If it's on your kit, your first aid belt on your uniform,

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what's in that first aid kit? Do we need to put different bandages in? Do we need upgraded tourniquets? Should we be teaching our officers tourniquet techniques or not?" It was that element. It wasn't anything to do with the use of force. It was actually how we intervened medically with each other or the members of the public to try and manage that situation. Use of Force was about the use of force, and where somebody had used their handcuffs or baton or spray. It was about recording that, assessing it, analysing it and trying to then report it publicly to people so that they understood the use of force statistics, if you like, and break-down across Police Scotland.

Responding to Knife Crime & When Responding Officers should call an Ambulance

93. Given my background in public order, and my experience as Chair in the Clinical Governance Advisory Group, I am now asked what my expectation would be for responding officers to call an ambulance when deployed to a knife incident. I think every incident is unique and should/would be dealt with depending on the context and circumstances. Police Officers' will call an ambulance where the circumstances require it – we have a duty to preserve life. Just contextualising my last comments there, some of the challenges that we've had around demand, capacity, the ambulance service, police officers, transporting casualties have become more acute since COVID. That wasn't really a pre-COVID issue that was raised up to my level, but it certainly became an issue after COVID, and it has been a more recent issue. In the last couple of years, during COVID and post-COVID, there has been a need for us to support and clarify to officers our expectations around how we mitigate the delays in ambulance attendance when police officers are dealing with a casualty. So, that has been a more recent issue. So, I've just put that to one side. Prior to COVID and before that, I don't remember it being as an acute an issue. I'm not saying it wasn't on occasion, but I don't remember it being as acute an issue. It would depend on the context, the situation, which is effectively

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the context, and common sense and judgment approach of police officers based on what they're dealing with.

Armed Response Vehicle (ARV) Training 2014/15 & Tactical Options

'Record of Firearms Standing Authority' (PS11572)

94. I have now been shown the document named "Record of Firearms Standing Authority" (PS11572), being a document dated from 2014 through to 2020, showing various entries of my name on the document.
95. I am now referred to the following paragraph on page one, that states

Purpose

The purpose of this report is to provide the rationale surrounding the Police Scotland decision to implement a Firearms Standing Authority for Armed Response Vehicles (ARV) and National Specialist Firearms Unit (NSFU) officers when employed on general patrol duties.

I have then been shown the final sentence of the final paragraph of page one that states

A consistent approach to arming and method of deployment would therefore be appropriate for all ARVs.

96. I have been asked if it would be fair to say that this document came into effect around 2014/2015. Yes. I'd have thought from the outset of Police Scotland almost, it would have been in place but certainly, as long as I've been in post ACC and Operational Support, the Standing Authority has been in place, as it is across most of the country

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97. I been asked if there was a consistent approach to the method of deployment for ARVs in 2014 and 2015 as mentioned in this document. Yes, in a firearm sense, there will have been. I wasn't in post at that time. I was a Divisional Commander in Edinburgh in 2014 and then in December 2015 I went to the west of Scotland as ACC. I wasn't responsible for firearms policing. But I was a Strategic Firearms Commander back in that day so I'm very well aware of the training that every command level in firearms response has, as well as that that is expected of the ARVs. There is a very rigorous process of authorisation for firearms, and one which is very accountable. All officers who carry a gun start off and do an initial training course as an AFO, an Authorised Firearms Officer. Becoming an Armed Response Vehicle Officer is a further enhancement to that training and they go through a rigorous training programme to train to be ARV officers and they go through regular refinisher training throughout the year at various points to maintain their competence and credibility in that role. Those that oversee their deployment, in the first instance – that is in an organised sense – that's normally the Control Room Inspector.

98. I have been asked what might be expected from when a call from a member of the public comes in to the decision to deploy an ARV to the reported incident. When the call comes in it gets patched into the Control Room. At some point the call will escalate to the Initial Tactical Firearms Commander – ITFC - and they are trained on an assessed training course they must pass to manage the management of the ARVs as they respond to an incident. That person will authorise the response and provide the direction, guidance and clarity on deployment for that incident, and act as the commander of it until they can pass it to somebody more senior, at a time that is suitable to pass it on. In the heat of something happening very spontaneously, it sometimes is the case that that person, i.e. the inspector in the control room, sees it through from start to finish because it all happens in very quick time. Once the ITFC has control he/she will refer it to a Tactical Firearms Commander, of which I was one, usually a Chief Inspector or Superintendent, and then they will notify a Strategic Firearms Commander, who's gold level, and they're usually a Chief Super or an ACC.

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Basically, the incident starts and will be escalated quickly, if possible, so that everybody in that chain knows and there is a level of command, accountability, authority and guidance for those officers attending.

Hypothetical: Expectations of Responding Officers Awaiting the Arrival of an ARV


99. I have been asked, hypothetically, if responding officers were notified of the possible deployment of an ARV, what would then be expected of those officers to monitor the incident whilst awaiting the arrival of an ARV. It's almost an impossible question to answer in that sense because it depends on the circumstances and the context, and that's really important. It depends what time of day it is, where the potential suspect is, what the nature of the danger is that they present to public, themselves, officers, what training the officers have had. They've got their Personal Protective Equipment: is there something they can do by way of at least maintaining observations or trying to negotiate and give space and speak and defuse a situation in a way that wouldn't require armed officers or others to be involved?
100. And all of that is the essence of judgement and decision making and information that is shared between the control room, the officers at the scene, those attending and even the local supervisors and others who may be listening in on any given incident. All of that is relevant in what the best decision is or what the least worst decision might be because there's not often an easy decision amongst that. The truth is we expect officers to intervene and have to deal with difficult situations that sometimes require them to protect themselves from those that are violent or unsettled in some way, which is the reason they carry protective equipment. There is again that continuum of engaging with that person, speaking to them: where does that take you? Okay, open hand techniques – "hands up" – and then does it require CS spray? Does it require baton? Does it require handcuffs? Does it require leg restraints? Does it

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require a TASER? Does it require firearms? All of that is in play depending on the escalation and the assessment that's made.

101. Without all of that information, it's difficult for me sitting here to say what would or wouldn't be expected, and I think it also highlights just how difficult it is for officers to make simple judgements. None of that is simple. All of that's really difficult, particularly when you're probably under pressure yourself or you're attending something in a car at speed and you don't quite know what you're going to face when you get there.
102. Against that response, and for the avoidance of doubt, I have been asked if it is a fair summary that officers are expected to defuse, deescalate, and assess the situation, step by step, in terms of how they approach and use force, even where an ARV might be expected. Yes, if it's possible. Again, that depends on the circumstances. You go into a scenario with that in your mind, when you literally walk around the corner and somebody throws a glass bottle at you from a yard away, you're not about to, sort of say, "Can you open your hands up?" and ask them to calm down, the intent's pretty clear. Again, every instant is different and you may or may not get the chance to put in place the lower level interventions and tactics that you want to because actually the individual concerned doesn't allow it to happen. It's just not feasible in the circumstances.
103. I have now been asked whether it would be a possibility for responding officers to observe a subject in possession, or possible possession, of a knife from a distance in a scenario where an ARV is expected to arrive. In theory yes that is possible, but of course it depends on the circumstances. For example, if the offender is engaging violently with members of the public it would be expected that officers would try and intervene to diffuse the situation.
104. I have now been asked whether observing a subject in possession, or in possible possession, of a knife should be considered when awaiting an ARV, particularly in terms of training officers receive in de-escalation, tactical

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positioning and dynamic risk assessment. I think it is a relevant tactical option, amongst many others.

Post-Incident Procedures: Death/Serious Injury Following Police Custody

'Post-Deployment Procedures Guidance' (Doc ID PS12682)

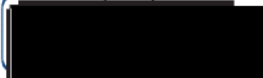
105. I have been shown the document being a Memorandum, published on 1 October 2018, and titled "Post Deployment Procedures Guidance (PS12682). I can see the words "Memorandum from Mark Williams, Assistant Chief Constable, Operational and Specialist Support to Divisional Commanders' Heads of Department".

106. I have been shown the passage that states

Police Scotland's Post Deployment Procedures (PDP SOP) provides guidance to officers on post incident procedures and supports the Police Scotland death or serious injury following police contact in (DSI, FPC) policy. PDP have long been in place for firearms incidents, but the principles of these procedures can be applied across a wide variety of other non-firearms related incidents, including death or serious injury.

107. I am asked if I recognise this memo. Yes, I do. I don't remember it intimately, but I do recognise it's certainly my name at the top. I do recall this being discussed and me being asked to put this out, which was drafted on my behalf and then circulated.

108. I don't recall how it came about. I suppose, in truth, it's some time ago now. I do, and can, remember just since then, and in recent years, talking about, with colleagues at an Executive level, the opportunities that there are in deploying Post Deployment Procedures, and putting them in place and the support it can

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give as a result. This is because we've had a couple of occasions, for example, in roads policing, where we felt it would have been appropriate to deploy Post Deployment Procedures, but perhaps it hasn't happened. That's where we've said, "That would have been a really good example of where we might have expected X to happen in terms of support for officers after an incident."

109. Particularly for the firearms officers, we bring out trained Post Incident Managers to support them, and offer them advice, and to make sure that they are aware their position. That is not necessarily unique to firearms officers. Therefore, the sort of procedures that can be employed, and the support that can be provided, and the fact that we have on-call Post Incident Procedure Managers across the force now, that can be utilised in other scenarios, was seen as good practice. What I'm not familiar with, despite having put this memo out, is how often that has been really utilised, other than it was something I remember supporting very much at the time because it was a sensible thing to do and the right thing to do. That's probably the best kind of insight I can give, given it was five years ago now. But it is still a thing, it's still something to consider and still subject to some discussions about when, and when not, it could be applied.

110. It does sound to me like Probationers and SIOs are trained, and are getting trained, in Post Deployment Procedures, and that won't have stopped. Those that are dealing with critical incidents, particularly SIOs, should know and should have access to these Procedures. My only observation with hindsight, looking back, is whether or not we reviewed whether it could be more widely rolled out because you won't necessarily have an SIO available in every instance. Generally in any issue to do with death or serious injury that might lead to death, there will be some sort of SIO oversight.

111. I am asked if I recall any benefits reported following from the training referred to in the memo. Not that I can recall.

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Delivery of Death Message Training

112. I am asked if I recall any input in relation to this training on Post-Deployment Procedures regarded delivery of death messages. I don't and I'm not sure whether that would be in a post deployment procedure SOP, which is usually more focused on supporting police officers in terms of the impact on them, and the need to potentially gather evidence from them as significant witnesses. I think that would more likely be in any sort of guidance and policy guidance around death and dealing with death, which is probably going to be owned somewhere in the crime directorate.
113. There will also be training for police officers through probationary training and beyond in relation to dealing with incidents involving death and then death messages, including liaison with the Crown, undertakers, bodies, how they're managed, dealt with.
114. The Post Deployment Procedures, I don't think we'd cover that specifically and it's more likely to be where officers are involved in a shooting incident from a firearms perspective. Or where you're driving a police vehicle and tragically somebody dies as a result of an accident, then maybe how you are supported thereafter.
115. I am asked to clarify for the avoidance of doubt, whether it is my understanding that the Post-Deployment Procedures were focused on the procedures that constables and SIOs should follow in the context where a death or serious injury has following police contact. Yes. That's the thing, it's just following police contact, so it's where a police officer's been involved in an incident where somebody has ultimately died. So, again, every incident will be different.
116. The PIRC will get referrals from PSD where, for example, we've been called to a flat, let's say, hypothetically, for concern for somebody. We go and nobody's in, so we knock the door and walk away. We go back the next morning, and

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knock the door, and walk away. We go back the next morning and walk away. Then four, three days later, actually, tragically somebody's found dead in the flat. "Well, why didn't you kick the door in? There's been police contact, there's been police involvement, did you follow through and do everything you should have done, was that appropriate, was it proportionate?" That sort of referral was to PIRC or to our PSD regularly.

117. If we shoot and kill somebody, post incident deployment, post incident managers come out and take the officers to one side. They'll look after how their guns are stored and where they're stored. They'll provide them with a safe room. The anonymity of them will be protected. They will liaise with and become a liaison officer for, say, the PIRC and its inquiry and the SIO, and so it's quite a defined role as a post incident manager to support police officers in those scenarios. This memo is to try and articulate that there may be other sad scenarios that are not just firearms related where a member of the public dies, and police officers have been directly involved, and calling out a post incident manager is good practice in those circumstances for a whole host of reasons. The memo is to remind that there is an obligation to provide a liaison between them and the Crown and PIRC to provide whatever it may be, and I think that's what the relevant SOP will outline. Whether it would go into detail of passing death messages, I am not so sure.

Stop and Search Mental Health Crisis and Suicide Intervention Training (Doc ID PS12572)

118. I have been shown Doc ID PS12572 titled 'Stop and Search' and 'Mental Health Crisis and Suicide Intervention Training'. I see the words 'Last updated 29 August 2016', and the words '*FAO of Divisional Commanders and their Senior Management Teams*'.

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119. I have been shown the section under 'Overview' where it says

Two national training programmes are to be rolled out in relation to 1) a code of practice on the use of stop and search and 2) mental health crisis and suicide intervention. Both programmes are required to be completed by all officers up to and including the rank of inspector. The programmes involve a mix of e-learning via the online training platform, Moodle, and face-to-face classroom training. To minimise officer abstraction and reduce cost, the half-day training session for the stop and search will be combined with a half-day mental health crisis and suicide intervention course to become a full day of classroom training. The first of the e-learning courses will be available in early September and the classroom training will take place in divisions between late September and February. All Moodle training should be completed ahead of the classroom training. An article will be published on the intranet on Monday, 29 August to raise awareness about the forthcoming training. This article will be supported by a video message from ACC Mark Williams.

120. I am asked if I recognise this document. Yes, I do recall that time very well, actually. I do remember that. I can't quite remember the video message itself. This was a really important time. This was when I was ACC for local policing in the West of Scotland, and when I took up post one of the responsibilities I took on was overall responsibility for tackling "violence". This was back in the time of early stages of Police Scotland, and I also took responsibility for Stop and Search and the Stop and Search Unit because it was part of that overall Violence Department.

121. To clarify, I only had oversight of the Stop and Search half of the day. At that same time our Safer Communities Department were working on Mental Health Crisis and Suicide Intervention. That wasn't something that was part of my

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remit. What was discussed at the time was to make the training as efficient as we could. It made sense to actually put these training packages together. They came from a different place, but actually there was a natural benefit in having them together, both in terms of the subject matter, because Stop and Search was about intervention, communication and dealing with people, often intense situations: Mental health crisis, suicide intervention and engagement, communication and dealing with people, often in difficult situations, were not 100 miles apart. So there wasn't just a philosophical link between them.

122. I am now asked what Equality, Diversity and Inclusion training followed on, if any, from the 'Stop and Search' Training Memo (PS1257), from 2016 and onwards. Yes, well, all training that we devised was subjected to Equality and Human Rights Impact Assessment and properly assessed before it was ever approved as a training package in any way. That would have been done for this training. So there should have been, and there should be record of, the EHRIA that was undertaken for that work. What we also did was, as I recall, because we had a significant advisory structure around our changes in Stop and Search as an example, a great deal of this training was devised on the advice of and by young people. This is because they were often the subject of the most significant disproportionality of stop and search. We had real support and help, and we actually had a young persons' advisory group in itself to support us in drafting the code of practice and training.

Covid-19 & Issues in Police Scotland Training

123. I am now asked whether the pandemic caused issues for keeping police officers' training up-to-date from 2020. Yes. Lots of issues because the challenges that the pandemic brought around attendance, health and safety, presenteeism in that sense, training venues and illness and resources, so it became a lot more challenging to keep everybody up to speed across a whole host of areas of training. I think OST was equally affected at the time because it was very hard to brigade people and reliably have them in the office when, at

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the time, the lockdown restrictions and other such health sort of advice was so challenging to operate within. So, yes. It did have an impact. That's the truth of it in a simple answer.

124. I think the impacts are lessening. I'm not so familiar with OST and the numbers. Within Operational Safety Division, we probably still have a few areas where we're trying to catch ourselves back up. That specialist training is unique and takes time, and there are limited instructors that can deliver it. Once you do fall behind in training slightly, it becomes difficult and takes a number of years to catch up. It really was just the logistical challenges of people versus capacity versus the waiting lists that there were.

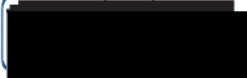
125. I would say the challenges in training were far more strategic at a force level and that was probably the greater issue for myself as the head of Operational Support Division. It was the implications of COVID, it was the implications of backlogs and ensuring that we prioritised based on risk, our training calendar and provision to ensure that we could maintain our level of training and competence across key specialist areas to deliver a policing service in support of local communities. Equally, just as it is a problem more widely in policing, the resourcing issues and the demands of meeting a specialist service and having a training department that was of sufficient size and capacity to deliver all the training we wanted to deliver in a shrinking budget and with a reducing number of police officers was really difficult. They were the big issues and they were executive-level strategic challenges that the organisation was wrestling, and continues to wrestle with.

126. The other thing, just to add, in recent years, is there's actually been quite a changeover and a rate of retirement in recent years as a result of pension changes. You see, you can often lose experience and many of them might be instructors, or others, and therefore the backfill is greater in terms of its requirement. Again it puts a further pressure on some of the existing challenges that COVID caused.

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Health and Safety Executive (“HSE”)

127. I am asked whether, in my capacity as Assistant Chief Constable, I have had any dealings with the HSE. No. We have a Health and Safety team in the Force who would be the predominant link in with the Health and Safety Executive and that was generally led through, again, the Deputy Chief Constable professionalism portfolio at the time. We had a very good Health and Safety Board for the Force, which I sat on, and we had our own internal Health and Safety Board for Operational Support Division, where you picked up issues that were of concern. In truth, if I was to summarise the most significant issues in recent years, it would be issues like rack concrete, flood risks at dog training centres and things like that. I can recall use of force coming up through the OST training, Health and Safety side. It does come up through the Health and Safety Board more widely for the organisation because on there, they record a lot of data around use of force, both in terms of police officer assaults, but also external use of force as well. There are mechanisms through the health and safety side for monitoring but, in the main, that’s about the chief constable’s responsibility to ensure the health and safety of his/her staff, and therefore rightly the health and safety of police officers, and police staff.

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Contact with Other Witnesses

128. I have been asked if I know, or have spoken with, any other witnesses to the Inquiry and/or have spoken with them about the case. No.

Media

129. Have you been following the Inquiry on the news and/or via social media. In passing, yes, but not sort of more than if it has appeared on the news.

Signature of Witness  Date **November 15, 2023 | 12:25 PM GMT**