SHERIFFDOM OF GLASGOW AND STRATHKELVIN AT GLASGOW

[2017] FAI 29

B2882/16

DETERMINATION

BY

SHERIFF LINDSAY WOOD

UNDER THE FATAL ACCIDENTS AND SUDDEN DEATHS INQUIRIES (SCOTLAND) ACT 1976

into the death of

PAUL RAYMOND BECKLEY

GLASGOW, 7 November 2017

PART 1

Productions and Legal Framework

[1] This is an Inquiry under the Fatal Accidents and Sudden Deaths Inquiry (Scotland) Act 1976 into the circumstances of the death of Paul Raymond Beckley who died at the Royal Infirmary, Glasgow on 7 November 2014. Ms Eileen Beadsworth, procurator fiscal depute, represented the public interest, Ms Rhona Stannage, solicitor, and then Ms Carla Fraser, solicitor advocate, represented Police Scotland, Ms Laura Reilly, advocate, represented the Beckley family, Mr Duncan Hamilton, advocate, represented the Scottish Ambulance Service, Miss Lois Madden and then Mr Michael Briggs, solicitors, represented PCSO Thomas Digan, Mr Peter Watson, solicitor advocate,

and then Ross Cameron, solicitor, represented PC Ted Zokas and Mr Robert Vaughan, solicitor advocate, represented PC Niall Gibson.

[2] The Inquiry heard evidence over the course of eight days between 6 March and 31 May 2017. There was a hearing on submissions on 21 June 2017. The Crown led evidence from the following 16 witnesses:

1. PC Niall Gibson
2. PC Ted Zokas
3. PCSO Thomas Digan
4. PCSO Alan Steel
5. PS David Messer
6. PCSO Stuart Johnstone
7. PCSO Ronald Luke Fraser
8. PCSO Tracey Reddy
9. Lynne Ann MacDonald
10. Philip Briggs
11. Stewart Simpson
12. Dr Caitriona Considine
13. Dr John Williams
14. Dr Michael Johnstone
15. Colin Crookston
16. PI Karen Taylor

Two joint minutes of agreement on certain uncontroversial evidence were entered into by parties and received by the Inquiry. The family lodged an affidavit taken from

Mr Beckley's sister, Frances Dooley giving some background to Mr Beckley and his family relationships.

No other evidence was led.

Legal Framework

[3] Section 6 of the said 1976 Act requires the presiding sheriff to make determinations in the following matters: (a) where and when the death and any accident resulting in the death took place; (b) the cause of such death and any accident resulting in the death; (c) the reasonable precautions, if any, whereby the death and any accident resulting in the death might have been avoided; (d) the defects, if any, in any system of working which contributed to the death or any accident resulting in the death; and (e) any other facts which are relevant to the circumstances of the death.

[4] The court proceeds on the basis of the evidence placed before it and although described as an Inquiry, the sheriff's powers do not go beyond making a determination in relation to the circumstances established to his satisfaction by evidence following upon investigation by the procurator fiscal and any other party if so advised. The sheriff has no power under the said 1976 Act to make a finding as to fault or to apportion blame between any persons who may have contributed to the accident even although his findings on the matters upon which he must make his determinations may implicitly disclose fault.

PART II

Determination as to the Circumstances of the Death

[5] The sheriff having considered all the evidence, finds and determines:

(i) That in terms of section 6(1)(a), Paul Raymond Beckley, born 30 September 1971, died at 1516 on 7 November 2014 at the Royal Infirmary, Glasgow. This followed an accident at Glasgow City Centre Police Office at 2141 on 5 November 2014.

(ii) That in terms of section 6(1)(b), the cause of death was:

1(a) Hypoxic brain injury

(b) Cardiac arrest

(c) Airway occlusion caused by Mr Beckley attempting to swallow a foreign body, being a package the size of a golf ball containing diamorphine. The foreign body blocked the oxygen flow to the lungs which in turn decreased the level of oxygen in the blood. This led to the heart stopping beating and then irreversible brain damage and death.

(iii) That in terms of section 6(1)(c), there were no reasonable precautions whereby the death and any accident resulting in the death might have been avoided.

(iv) That in terms of section 6(1)(d), there were no defects in any system of working which contributed to the death or any accident resulting in the death.

(v) That in terms of section 6(1)(e), there were no other facts which were relevant to the circumstances of the death.

PART III

[6] After hearing and considering all of the evidence and submissions I made the following findings:

(1) On 5 November 2014 at around 1915, Paul Beckley and a female accomplice carried out a robbery at a newsagents in Renfrew Street, Glasgow. Mr Beckley punched the owner and tried to inject him with a needle. He and his accomplice left the scene. The matter was reported to the police and through their Airwave Talk Group, information as to the brief circumstances and description of the two suspects was relayed. At about 1930 hours that day, PC Niall Gibson and PC David Dinnen saw the two suspects at Buchanan Street Bus Station. They were detained in terms of section 14 of the Criminal Procedure (Scotland) Act 1995 and taken to Glasgow City Centre Police Office to be processed. They were taken there by PC Niall Gibson and PC Ted Zokas. The journey in a police car took less than five minutes and they arrived at 2000. Mr Beckley was taken into the holding area and remained there for just under 1½ hours whilst he waited in a queue to be received at the charge bar. During the time in the holding area, Mr Beckley was "vocal" and as a consequence, he had to be restrained by PCs Gibson and Zokas. Mr Beckley was taken through to the charge bar at 2126 and was processed by PS David Messer and PCSO Ronald Fraser. PCs Gibson and Zokas remained throughout. Due to Mr Beckley telling officers that he had used controlled drugs, PS Messer instructed that Mr Beckley be fully searched. PCs Gibson and Zokas were instructed to do that. PS Messer did not feel the need to involve more than two officers. PC Gibson asked if PCSO Johnstone was available to assist but he was

unavailable as he was attending to other prisoners in custody. PC Zokas had not conducted a full search before. He had finished his police training three weeks previously and had been taught how to conduct a full search.

(2) At 21.36.41, Mr Beckley was taken into the search room by PCs Gibson and Zokas. Mr Beckley was asked to remove his clothing which was then to be searched. After his jeans were removed, a small wrap of cannabis fell to the ground. Mr Beckley denied that it was his, claiming that the officers had planted it on him. At that, Mr Beckley put his hand to his mouth and it was immediately apparent to the officers that he had swallowed something, probably drugs. The officers immediately took hold of him and tried to pinch his cheeks to prevent him from swallowing. They also shouted for assistance. They would have used a panic button to seek assistance if one had been in the room. The first shout for assistance was made at 21.41.57 and at 21.42.38, PCSO Thomas Digan and PCSO Alan Steel entered the search room. PCSOs Digan and Steel then left the search room at 21.45.18. Mr Beckley collapsed shortly after and at 21.45.46, PC Gibson shouted for help and PCSO Digan went back into the room. At 21.46.39, PC Gibson asked that an ambulance be called. At 21.47, an ambulance was called and at 21.57, Paramedic Lynne MacDonald and another paramedic entered the search room. Ms MacDonald estimated it took 12 minutes to remove the item from Mr Beckley's airway and ventilate him. At 22.11, Mr Beckley was taken out of the search room and at 22.20, he was taken by ambulance to the A & E Department of Glasgow Royal Infirmary.

(3) The interior of the search room was not covered by CCTV due to the door having a self-closing mechanism. A limited amount of audio was recorded by the CCTV camera located outside the search room. There was no panic button within the search room. One was installed on 3 April 2017.

(4) Not surprisingly given events were so fast moving and unexpected, there are some inconsistencies in the varying accounts (both Police and PCSO statements and evidence in court) from the various officers of what happened in the search room after Mr Beckley swallowed what turned out to be diamorphine which is more commonly known as heroin. The heroin was within two plastic bags which packed together were the size of a golf ball and contained approximately 3.5 grams of diamorphine. These could have realised 46 "tenner bags" which would have a street value of approximately £460. Sometime after putting the package in his mouth, Mr Beckley began to have difficulties in swallowing it. He was hitting out at the officers which can be indicative of someone under physical pressure and in a state of panic. PCSO Digan and PCSO Steel entered the search room in response to the cry for assistance and saw a physical conflict in terms of Mr Beckley hitting out and the officers trying to keep him under control. Mr Beckley was handcuffed to the rear by PCSO Digan in an effort to stop him hitting out. He was placed on a bench. Up until that stage, the officers did not think that Mr Beckley was in trouble. He had been acting in a defiant fashion by opening his mouth to show that nothing was there. He did not speak at all and did not answer when asked if he had swallowed something and nor did he agree to spit anything out. When asked, he denied he was choking by both sticking out his tongue and shaking his head

as an indication that there was nothing there. However, it then became apparent very quickly that Mr Beckley was struggling to swallow, was choking and his health quickly deteriorated. The colour drained from his face, his fingers turned blue and he slumped forward. He was quickly manoeuvred to the floor and the handcuffs were removed. PC Zokas had given Mr Beckley back slaps before he collapsed but it was not feasible to administer abdominal thrusts given his positioning at that particular time.

(5) After collapsing, PCSO Digan checked for a pulse but could not find one. Mr Beckley was not breathing. He gave him around 30 chest compressions and also gave him at least five back slaps in an attempt to dislodge whatever was stuck in his airway. Various PCSOs gave mouth to mouth and CPR continued until the paramedics arrived.

(6) Paramedic Lynne MacDonald attended the search room with a colleague at 2157. She had 11 years' experience with the Scottish Ambulance Service (SAS) and was fully trained in her role. She found that Mr Beckley was not breathing and she was unable to detect a pulse. His pupils were fixed and dilated. She was told that he had swallowed something, likely drugs, and had collapsed. On a visual inspection of his airway, she could see nothing. She then used a laryngoscope blade which allowed her to sweep the tongue over to see as far as the vocal chords and she could see a small piece of plastic at the hypopharynx behind the tongue. She did not know whether this was occluding the airway. She used McGill's forceps to get hold of the piece of plastic and gently and carefully managed to remove the package. Following its removal, Mr Beckley remained in a pulseless electrical activity and was unable to breathe on his own. In order to

ventilate Mr Beckley, Ms MacDonald first tried using a bag, valve and mask but did not achieve good air entry or good rise and fall of the chest. She then escalated to a laryngeal mask but did not feel that that was successful. She then escalated further to intubating Mr Beckley with an endotracheal tube (ET tube) which passes through the vocal chords into the trachea. In inserting the ET tube, she had a Grade 2 view and was confident it was correctly placed having seen it go through the vocal chords into the trachea and thereafter she listened to the lung fields. It took her approximately 12 minutes to complete this process from entering the search room to intubating Mr Beckley. After intubation, he remained in a pulseless electrical activity. Ms MacDonald was unable to attach the end tidal CO2 capnography line to the MRx defibrillator in order to secure additional confirmation that the tube was properly in place. Adrenaline was not administered to Mr Beckley who was conveyed to hospital and admitted at the Glasgow Royal Infirmary at 2220, where he was treated immediately by senior A & E doctors including Dr Caitriona Considine who has been a Consultant in Emergency Medicine at Glasgow Royal Infirmary since 2016. In November 2014 she was on duty as a Registrar.

(7) Dr Considine's impression was that Mr Beckley may not have been intubated correctly so she followed the principle of "if in doubt take it out". She re-intubated but she was still not content with air entry. A needle decompression was performed and Mr Beckley was also the subject of a second hospital intubation. Dr Considine was content that this intubation and/or the needle decompression had been successful as he was easier to ventilate by then and there was bilateral air entry when she listened

through the stethoscope. He returned to spontaneous circulation at 2235 but his pulse was adrenaline dependant. He was transferred to ICU and a CT scan of Mr Beckley's brain confirmed widespread hypoxic brain injury. On 7 November 2014, he was formally declared brain stem dead. Mr Beckley died at 1516 on that date at Glasgow Royal Infirmary.

(8) Consultant Forensic Pathologist, Dr John Williams conducted Mr Beckley's post mortem. Dr Williams became a Consultant in 2013. He found the cause of death to have been 1(a) hypoxic brain injury; (b) cardiac arrest (cause undetermined). His opinion was that the circumstances strongly suggested cardiac arrest as a result of airway occlusion and none of the post mortem findings are out of keeping with that scenario.

(9) Dr Michael Johnstone, a Consultant in Emergency Medicine for 23 years and based at Ninewells Hospital in Dundee, gave expert evidence. He has considerable experience in dealing with choking casualties. His opinion as to the cause of death was that a foreign body obstructed the airway causing blockage in the flow to the lungs causing a decrease in the level of oxygen in the blood thereby causing the heart to stop beating. His view was that there was no evidence to suggest another logical explanation for the cardiac arrest.

(10) Dr Williams stated that where there is an occluded airway, as with Mr Beckley, there are only a small number of minutes before the brain begins to be damaged. After 3 to 5 minutes, there will be irreversible brain damage. With choking, the heart can stop beating even earlier. Dr Williams confirmed that occlusion for 12 minutes (being the

period of time between collapse and paramedic attendance) was sufficient for irreversible brain damage to have occurred.

(11) Dr Johnstone advised that there can be a phase of partial occlusion before complete occlusion. There would have been a lead in to the period of oxygen deprivation to the heart muscle and brain. Outcomes following attempted resuscitation and cardiac arrest secondary to asphyxia/hypoxia are generally much less favourable than with a heart attack. Hypoxic brain injury would have been irreversible 3½ to 4 minutes after Mr Beckley's collapse and it was highly unlikely if not impossible that the paramedic could have saved him. Even if emergency services had been called at the time Mr Beckley first put the item in his mouth (assuming an eight minute response time as Mr Colin Crookston from SAS confirmed would have been allotted) and hypothetically the item could have been removed immediately and he had been intubated straight away, it would still have represented eight minutes of oxygen deprivation. It is highly unlikely that the paramedic could have saved Mr Beckley even in that hypothetical scenario. Indeed, time would also have to be allowed for removal and ventilation which would add on further valuable minutes. In Dr Johnstone's opinion, the opportunity to save Mr Beckley was just before or just after his collapse. This depended on the police staff fully recognising the signs of someone choking. Police training of five back slaps alternating with five abdominal thrusts (Heimlich manoeuvre) on a conscious casualty is appropriate assuming those present fully recognise that the victim is choking. In this scenario, the most effective way of removing the item from the airway would have been abdominal thrusts which are more likely than back slaps to be

successful in adults. Whilst abdominal thrusts are possible after the patient becomes unconscious, they are very difficult to administer. Dr Johnstone confirmed that abdominal thrusts would clearly be difficult to perform on a person who is hitting out. Dr Johnstone also stated that in terms of the various positions advanced in evidence as to what happened prior to Mr Beckley's collapse, showing distress, choking and losing consciousness are classic indicators of someone with a foreign body obstructing his airway. Dr Johnstone confirmed that agitation in the context of choking can manifest itself in lashing out and random movements. These are classic signs of panic. He advised that being unable to speak is significant as airway occlusion would have significantly affected Mr Beckley's ability to speak. He also said that Mr Beckley wanting to swallow but not being able to is significant. Wheezing is the likely noise of someone trying to force air into the upper airway past the blockage. Dr Johnstone stated that it was likely to have been obvious that Mr Beckley was choking prior to collapse and it is likely that there were signs of choking when the PCSOs were in the room.

(12) Dr Johnstone had no criticism whatsoever of Ms MacDonald whom he said dealt with matters in a logical and completely competent manner. He stated that she should be commended for removing the foreign body and for her attempts to try to resolve the lack of oxygen situation. In terms of EU Resuscitation Guidelines, adrenaline should have been administered but it would have made no difference in this case and it may well have caused delay. Indeed, the timings are such that Mr Beckley would have been in hypoxic brain injury by the stage at which adrenaline would have been administered. The aforementioned Colin Crookston was a Senior Paramedic with the SAS. He was

involved in the SAS Significant Adverse Event Review. He stated in evidence that in terms of assessing the situation, the actings of Ms MacDonald in the removal of the item and the intubation were all appropriate.

(13) Philip Briggs is a civilian employed by Police Scotland and delivers first aid training to police officers and PCSOs. There are annual refreshers online and personal training every three years. In giving evidence, Mr Briggs advised that as far as choking is concerned, police officers and PCSOs have training to the same level. Symptoms which would fit with choking could be wheezy breathing, the patient being unable to speak, a crackling noise and signs of panic. If there are signs of mild airway obstruction, the patient should be encouraged to cough. If the patient is showing signs of severe airway obstruction, they should be given up to five back blows and then up to five abdominal thrusts in an ongoing sequence. Mr Briggs said that there are various and extensive guidelines in place but the training does not specifically address when to call 999. That is a matter of judgement. The training also does not address:

(1) Swallowing drugs as a specific scenario,

(2) When choking is suspected but denied, and

(3) What to do if the patient is apparently choking but lashing out.

Back slaps and abdominal thrusts are not taught to be administered on an unconscious casualty. Mr Briggs stated that many circumstances are covered in training but it cannot cover every eventuality.

(14) Stewart Simpson is the Training Manager of St Andrew's First Aid. He has held that role for 14 years. In giving evidence, he confirmed that his organisation also does not teach abdominal thrusts and back slaps on an unconscious casualty.

(15) Police Scotland Force Custody Inspector, PI Karen Taylor gave evidence based on her 28 years' experience particularly as a Custody Sergeant. She had reviewed the way in which the police dealt with the detention of Mr Beckley. She felt the actions taken were appropriate but thought that given the earlier struggle in the holding area, it may have made sense to have a third person involved in the search. She felt there should have been a panic button in the search room and that has since been remedied. She confirmed that it is very common for arrested persons to swallow drug packages in custody in order to avoid detection, prosecution and loss of the drugs.

(16) NHS Greater Glasgow & Clyde provide the Custody Healthcare Service to all police custody suites in the Greater Glasgow and Clyde area. The service is provided 24 hours, seven days a week by a cadre of nurses and forensic physicians and is provided on a peripatetic basis managed from a nurse hub based at Govan Police Office. As at 5 November 2014, the nurse hub was based at Cathcart Police Office. Police staff make referrals to the service for custodies requiring non-emergency healthcare by contacting a dedicated telephone number. An on-duty nurse based at the hub will record the referral on an NHS IT system, triage the call and determine the level of response. Duty healthcare professionals are not based at Glasgow City Centre Police Office but will attend there if required in response to a call. Should a custody present with what custody staff deem to be a medical emergency, the on-duty custody officer

will instruct that the custody should be taken direct to an Accident & Emergency Hospital either by ambulance or a police vehicle. At the time of the incident on the evening of 5 November 2014, there was no healthcare professional at Glasgow City Centre Police Office.

(17) The manner in which the diamorphine swallowed by Mr Beckley was packaged, using plastic bags, is commonly used by drug dealers and addicts. The bags are knotted shut and part burned at the end. The burning of the knot has the purpose of preventing the knot from unravelling and also showing that the package has not been tampered with. Heroin dealers and users use numerous methods to avoid detection and prosecution including placing the packages between the cheeks of the bottom or placing or taping under the scrotum. It is feasible that a well-placed concealed package may not be found during a strip search. Some drug users are adept at the swallowing of and the regurgitation of packages of drugs. However, this usually involves very small packages weighing up to a few grams or just tablets. The swallowing of drug packages is also used as a way of avoiding the drugs being seized as part of a search thereby avoiding detection, prosecution and loss of value. The drugs are then passed through the body via the intestinal tract and out in the faeces. There are dangers involved in the swallowing of drugs including choking and the packages bursting and causing poisoning.

(18) Mr Beckley had a medical history of drug misuse and depression and had been diagnosed HIV positive on 6 August 2014. On 24 July 2014, he was prescribed fluoxetine as an anti-depressant and the only other prescribed medication at the time of his death

was methadone being a heroin substitute. In August 2014, Mr Beckley advised his Consultant Physician, Dr Sam Allen, that he was using 8 bags of heroin daily and smoking up to five joints of cannabis. He also told the doctor that he was also taking street diazepam. He stated that he never injected heroin. He had attended his GP in June 2014 with a problem with swallowing. His GP made an urgent referral to Inverclyde Hospital as he was concerned that he may have cancer. He failed to attend the hospital referral in respect of this matter.

Submissions

[7] The legal representatives of the various interested parties all made extensive submissions which I have taken time to consider fully before making statutory determinations, findings and conclusions. There is a degree of common ground on certain aspects and in the following chapter headed "Conclusions", I detail why I made the particular determinations and I also cover other relevant aspects which emerged at the inquiry and how I treated them. I confirm that in respect of matters which might have contributed to the death of Mr Beckley, I offer no criticism of any of the police officers or the police custody and support officers and I commend in particular the actings of Paramedic Lynne MacDonald and Dr Catriona Considine and her support staff who received and looked after Mr Beckley when he arrived at Glasgow Royal Infirmary. I do not uphold a number of the submissions made on behalf of the family in respect of their criticism of PCs Gibson and Zokas and the overall handling of the situation from the time Mr Beckley was taken into the search room until his collapse.

Conclusions

[8] To begin with, the court formally recognises how difficult it must have been for Mr Beckley's family to not only deal with his loss and the way it occurred but also in hearing certain anxious evidence during the inquiry.

[9] Paul Raymond Beckley should not have died in the manner he did in November 2014. Unfortunately, he was the author of his own demise when he reverted to type by trying to conceal drugs by swallowing them. He took a considerable risk in doing that and sadly, it did not work in his favour but led instead to his untimely death.

[10] Within the submissions from the various parties, there is little dispute in what should be contained within the Determinations under Sections 6(1)(a) and 6(1)(b). In effect, Mr Beckley died on 7 November 2014 at Glasgow Royal Infirmary having attempted to swallow a not inconsiderable package of heroin two days before when he was being searched at Glasgow City Centre Police Office. This led to airway occlusion and his oxygen flow being blocked and that in turn led to cardiac arrest and hypoxic brain injury. I have made no determinations in terms of Section 6(1)(c), 6(1)(d) and 6(1)(e) and that position has also been adopted by those acting on behalf of Police Scotland, the Scottish Ambulance Service, PC Niall Gibson, PC Ted Zokas and PCSO Thomas Digan. The Crown have made submissions in each of these three categories as have those representing the family.

[11] Mr Beckley was arrested following a robbery in a newsagents in Glasgow. He was taken to the Glasgow City Centre Police Office and waited to be received in the charge bar. His behaviour during the waiting period of 90 minutes was far from perfect. The two police officers, Gibson and Zokas had to keep him in line. When he was processed at the charge bar, Sergeant Messer instructed that Mr Beckley be fully searched as he was told by the officers that he had used controlled drugs. PC Gibson had experience of strip searches. PC Zokas had not but he was trained to do so and PC Messer did not instruct a third person as he did not think it was necessary and he was mindful of preserving the prisoner's dignity in being strip searched. Not long into the search in a room which does not have CCTV, Mr Beckley swallowed what turned out to be a sizeable package of heroin which was similar in size to a golf ball. The officers immediately noticed that he had done that and asked him to spit it out. However, he refused to do so and did not co-operate but at the same time, he was having difficulty in swallowing the package. This led to him hitting out as the officers tried to get him to release the package. There was physical confrontation. At that stage, the officers did not think he was choking or in particular difficulties. Some five minutes after entering the room, the officers had to shout for assistance and 41 seconds later, PCSO Digan and PCSO Steele entered the search room and assisted the police officers in trying to deal with Mr Beckley who was being physical and as a result, he was handcuffed. It was not apparent at that stage that Mr Beckley was choking and in serious difficulties but it was decided that an ambulance be called to take Mr Beckley to hospital. PCSOs Digan and Steele left the search room after approximately

three minutes and some 28 seconds later, Mr Beckley collapsed and PC Gibson shouted for help. PCSO Digan went back into the room and following that, PC Gibson asked that an ambulance be called. An ambulance was called immediately and 10 minutes later, Lynne McDonald entered the search room with a colleague. It took her 12 minutes to remove the item from Mr Beckley's airway and ventilate him and shortly after that he was taken out of the search room and transferred by ambulance to the A & E Department of Glasgow Royal Infirmary. Whilst waiting for the paramedics to arrive, CPR had been administered constantly on Mr Beckley but he was neither breathing nor showing any signs of a pulse. His pupils were fixed and dilated. In difficult circumstances and in racing against the clock, Lynne McDonald did an exemplary job in trying to save Mr Beckley's life. She was able to remove the package by using McGill's forceps and she did so using great skill, acute care and unstinting dedication.

[12] A & E staff were waiting for Mr Beckley when he arrived at Glasgow Royal Infirmary and Dr Catriona Considine and her team did all they could to help him. He returned to spontaneous circulation at 22.35 but his pulse was adrenalin-dependent and he was transferred to ICU. A CT scan of Mr Beckley's brain confirmed widespread hypoxic brain injury. On 7th November 2014, Mr Beckley died at 15.16.

[13] The post mortem was carried out by Consultant Forensic Pathologist, Dr John Williams and Dr Michael Johnstone, an experienced consultant in emergency medicine took no issue with the findings. Both doctors agreed that in the particular circumstances, there was little time to save Mr Beckley after he collapsed due to an occluded airway. Dr Williams said only 3 to 5 minutes would have been available

otherwise there would be irreversible brain damage. Dr Johnstone's timings were similar at 3½ to 4 minutes. In the event, no matter the challenging but extremely professional work carried out by Lynne McDonald, it was too late for her to save Mr Beckley.

[14] The real nub in this enquiry is whether the Police Officers and Police Custody and Support Officers could have done more to prevent Mr Beckley's death. I am satisfied that they could not have. Mr Beckley was behaving in a way that probably disguised the full extent of his difficulties and so it was not clear to the officers that he was choking and needed immediate help. In contrast, he was not co-operating and was hitting out. PCs Gibson and Zokas called for help and when the PCSOs went into the search room, they saw the physical altercation and had to handcuff Mr Beckley. Given their suspicion that he had swallowed drugs, it was decided that he had to be taken to hospital but soon after that, he became seriously unwell with his fingers turning blue, the colour draining from his face and he collapsed. Dr Johnstone thought it might have been obvious that Mr Beckley was choking but it wouldn't have been so apparent to lay people no matter how well they were trained in first aid. In what was a rapidly developing and difficult situation, it was not feasible or appropriate for police officers to administer backslaps or abdominal thrusts. In effect, they were trying to restrain Mr Beckley but in reality and unbeknown to them, he was in serious trouble as he was not able to swallow the package of heroin. I am satisfied that the officers were doing their best and their judgement call and actings were not unreasonable.

[15] The Crown made submissions that in terms of Section 6(1)(c), reasonable precautions whereby the accident resulting in the death could have been avoided, would have been for the sequence of up to five back slaps and up to five abdominal thrusts being administered on a continued, alternating basis. This is rejected by the court given the particular prevailing circumstances and Mr Beckley's aggressive like behaviour after swallowing the package. In addition, there is a submission that the Police Scotland first aid training in relation to choking should include the following aspects:- Swallowing drugs as a specific scenario; the scenario whereby choking is suspected but denied; what to do if a patient is apparently choking but lashing out; and abdominal thrusts on an unconscious casualty. In response to that, Philip Briggs satisfied the court that the Police and PCSO first aid training was extensive and that it is difficult to cover every scenario as circumstances dictate what is feasible, practical and appropriate. In addition, the Crown made submissions under Section 6(1)(d) in respect of any defect in any system of working which contributed to any accident resulting in the death. These are similar to what is contained under the Section 6(1)(c) submissions and for the same reasons, are rejected by the court. The Crown also made submissions under Section 6(1)(e) in respect of any other facts which are relevant to the circumstances of the death. These stated that there should have been a panic alarm in the search room in Glasgow City Centre Police Office at the time of the incident. The court was not persuaded that a panic alarm would have made any difference as to how Mr Beckley was treated and, in addition, the search room was very close to the charge

bar area and assistance could be summoned fairly easily by straight forward calls for help.

[16] Submissions were also made under Section 6(1)(c) and 6(1)(e) on behalf of Mr Beckley's family. These suggest that Mr Beckley's death would have been avoided if an additional staff member was involved in the full search but this is rejected by the court as Mr Beckley would have behaved in the same manner no matter how many officers were present in the search room and an additional officer would not have prevented Mr Beckley from putting the package in his mouth. There is also a submission that certain first aid techniques should have been followed as it would have been obvious that Mr Beckley was choking. The court does not accept that it was so obvious and that in all the circumstances as matters quickly unfolded, it was neither practical nor possible for Mr Beckley to have been handled or cared for any better than he was. There is also a submission that the PCSOs should have been involved earlier but the court does not find favour in that as Police Officers and PCSOs are trained to the same level. There is a further submission that the ambulance should have been called earlier but, within that submission, there is a concession that Mr Beckley would have suffered irreversible brain injury anyway in a short period of time. Those attending to Mr Beckley were doing their best to help him and so it would be very unfair to attach criticism for not telephoning an ambulance earlier. In terms of Section 6(1)(e), the thrust of the submissions is that the communication amongst staff at the police station could have been better but the court is satisfied that there was cohesion in the communication and that it would be wrong to lose sight of the whole context of the situation whereby

Mr Beckley appeared to be unco-operative and it was not immediately clear that he was in danger. There were also submissions about the Police Scotland first aid training improving and being more specific in dealing with certain situations and I have already dealt with that in response to the Crown submissions. Indeed, Mr Briggs advised that the content of the first aid training delivered to Police Officers and PCSOs is defined by the Health and Safety Executive and Resuscitation Council and not by Police Scotland. Accordingly, it would not be reasonable or necessary for Police Scotland to review its training in light of this incident as their training follows approved national standards.

[17] Accordingly and sadly, the court confirms that Mr Beckley brought this tragedy upon himself by choosing to swallow the drug package and that those attending to him did what they could do in trying circumstances to try to save his life.

[18] Finally, I wish to thank all of the witnesses for their assistance with this inquiry and all counsel and solicitors for their valuable and professional contributions. I conclude by recording my condolences to Mr Beckley's family who sat in court throughout the inquiry. I commend them for the way they conducted themselves with dignity and humility throughout and for their unfailing dedication in supporting Mr Beckley's interest and position.