IN THE MANCHESTER ARENA INQUIRY

OPENING STATEMENT ON BEHALF OF THE NHS COMMISSIONING BOARD ("NHS ENGLAND")

Introduction

1. The devastating events that unfolded on 22 May 2017 caused unimaginable suffering to the bereaved families and friends of those who tragically died in the bombing, as well as the survivors. NHS England would like to express its deep and profound sorrow to all of those affected by these events. The appalling consequences rippled outwards from the time of the bombing and continue to be felt today.

2. NHS England understands that the bereaved, the survivors and others affected from within and outside the local community must be provided with the clearest understanding of what happened on the night of 22 May 2017, both as to the background to the bombing, how it happened, and what lessons have been and can be learned to reduce the risk of such tragedy being repeated.

3. This statement is made in response to the Chairman's request of 20 January 2020.

4. In accordance with that request, this statement is aimed at the informed reader and is composed of plain and direct language. It addresses each applicable "Term of Reference".

5. What follows is an explanation of the organisation that is NHS England in an effort to assist all Core Participants to understand the framework within which it functions and its connection to other relevant agencies.

The Role and Responsibilities of NHS England

6. NHS England oversees the budgeting, planning, delivery and day-to-day operation of the commissioning side of the National Health Service in England, as set out in the Health and Social Care Act 2012. Funding is allocated by NHS England to Clinical Commissioning Groups, who, in turn, distribute funding to NHS Trusts and Foundation Trusts (as well as

community healthcare and primary healthcare providers) for the provision of healthcare services specific to their local area.

7. In addition to commissioning responsibilities, NHS England is a Category One Responder under the Civil Contingencies Act 2004 ("**the Civil Contingencies Act**") and has accountability under the NHS Act 2006 (as amended) ("**the NHS Act**") to the Secretary of State for Health and Social Care.

8. The NHS Act requires NHS England to ensure that each Clinical Commissioning Group and each service provider is properly prepared for dealing with a relevant emergency; i.e. an emergency which may affect either organisation. The generic Emergency Preparedness, Resilience and Response ("**EPRR**") role and responsibilities of NHS England include leading the planning for, responding to and recovery of the NHS in the event of an emergency. NHS England developed the EPRR Framework 2015 ("**the EPRR Framework**") to provide a structure within which all NHS funded organisations could meet the requirements of the Civil Contingencies Act and the NHS Act, as well as the NHS Standard Contract. This also includes organisations which are not designated under the Civil Contingencies Act, such as mental health trusts. The EPRR Framework sets out strategic national guidance to be followed by, amongst others, NHS Trusts and Foundation Trusts, as well as providers of NHS funded services.

9. It should also be noted that as from 1 April 2019, NHS England and NHS Improvement have been working together as a single organisation to better support the NHS to deliver improved care for patients. Whilst the two organisations are still separate statutory bodies, they now have a single executive leadership team and a single operating model, enabling a whole system approach to implementing the Long Term Plan.

10. NHS England is represented on each Local Health Resilience Partnership and Local Resilience Forum to ensure integration of plans across the regions, which deliver a unified NHS response. Under the Greater Manchester Accountability Agreement, NHS England's functions in relation to EPRR in Greater Manchester are discharged through the Greater Manchester Health and Social Care Partnership ("**the Partnership**"). Joint planning for health incidents takes place through the Local Health Resilience Partnership, which supports the health sector's contribution to multi-agency planning through the Local Resilience Forum.

11. The Greater Manchester Resilience Forum sits at the heart of civil protection arrangements in Greater Manchester. A number of Core Participants to this Inquiry are also members of

the Greater Manchester Resilience Forum. These include the North West Ambulance Service ("**NWAS**"), Greater Manchester Police ("**GMP**") and the British Transport Police.

Duty of Candour

12. The duty of candour is a statutory duty to be open and honest with patients or their families when an unexpected incident within an NHS organisation appears to have led to, or could have led to, serious harm. This duty applies to all NHS bodies under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which came into force (in relation to NHS organisations) in November 2014.

13. NHS England has a legal obligation to be transparent and seek improvement wherever lessons can and ought to be learned. It is in this spirit that NHS England applied for Core Participant status and has sought to engage positively with the Inquiry team throughout. NHS England has complied fully with all disclosure requests made of it, and will continue to support the Inquiry.

Planning and Preparation for responding to terrorist and mass casualty incidents (5(i))

14. Through the Greater Manchester Resilience Forum, the various agencies share information, coordinate and collaborate to develop multi-agency plans. The Partnership leads on the development of the Mass Casualties Plan which sets out that, in the event of a mass casualty incident, NHS England will exercise its overall strategic and tactical command of NHS resources in Greater Manchester through the Partnership. The Partnership will access regional and national health assistance, as required.

15. The Mass Casualties Plan sets out arrangements for training and exercise. Greater Manchester Resilience Forum partners come together to form the Training and Exercise Coordinating Group, which reviews the priorities for training and exercising set by the Forum and leads in their development.

16. One such exercise was Exercise Socrates (also referred to as Operation Socrates) held on 29 March 2017. This was a Major Incident Exercise jointly designed, developed and facilitated by Public Health England and the Partnership EPRR team. It was one of a series of exercises funded by the Department of Health and Social Care. The aim was to test the Greater Manchester Trauma Network plan in response to a mass casualty incident involving traumatic injuries in the Greater Manchester Health System in collaboration with partner agencies.

17. The scenario in this exercise was a simultaneous suicide bombing and marauding terrorist firearm attack. The objectives were as follows:

    a. To test the management and coordination of services at the incident scene;

    b. To explore the operational capabilities of the Greater Manchester health system to manage a mass casualty incident using the Greater Manchester Mass Casualties Framework;

    c. To promote an understanding of engagement between the NHS and their multi-agency partners of the wider implications of mass casualty events;

    d. To explore the implications for mutual aid within the region and the wider health systems;

    e. To test the Greater Manchester health system Command, Control, Communication and Coordination procedures in conjunction with the Regional Command, Control, Communication and Coordination procedures in response to a Mass Casualty Incident;

    f. To test decision making and recording; and

    g. To identify any learning for future development and improvements to inform the production of a Network Mass Casualty distribution plan.

18. Participants in the exercise were, amongst others, NHS England/the Partnership, NWAS, Clinical Commissioning Groups and various Hospital Trusts.

19. Exercise Socrates was evaluated in two ways; by observers whilst the scenario was played out, and during subsequent debriefs. An exercise report was drafted, as a result of which it was the responsibility of EPRR leads to produce an action plan through which agreed recommendations could be implemented and/or developed.

20. The setting up and carrying out of this exercise was timely. Several witnesses who have given written evidence to the Inquiry speak to its importance in providing them with a framework upon which they were able to draw as matters unfolded on 22 May 2017. To that extent, this exercise was a success and served its purpose in increasing the knowledge and confidence of those involved during the aftermath of the bombing. This was not a unique exercise - other similar exercises had taken place in 2015 and 2016.

21. In preparation for this Inquiry, and following the service of the experts' reports, Core Participants were given the opportunity to provide questions based upon the contents of those reports. One such question, asked of the ambulance experts by the families, focused upon Socrates. They asked, "*Is there positive learning from the benefits of Operation Socrates particularly in terms of the desired frequency of training exercises of this kind?*"

22. In response to this question the ambulance experts agreed that this positive learning should be encouraged and stated that *"it would be beneficial to the NHS to consider the benefits from ensuring that such exercises are completed regularly with the appropriate frequency"*.

23. This is being done. Exercise Socrates 2 took place on 18 September 2018. The scenario was a marauding terrorist attack, similar to that of the original exercise. The overall purpose was to support the further development of response plans spanning the Greater Manchester Trauma Network and the ability of constituent organisations to cope with a mass casualty incident. Through testing casualty dispersal, reporting and communication tools, command structures and coordination of the response, lessons were identified to further improve the response to a mass casualty incident.

24. Socrates 2 was also an opportunity to add to the national learning from the other major trauma network exercises, and further explore outcomes from the previous Socrates exercise and the Arena attack. The planning group sought to include additional aspects such as resources (including specialist equipment and blood), the role of Hospital Ambulance Liaison Officers ("**HALO**"), and increasing hospital capacity.

25. The Concept of Operations for the management of Mass Casualties was introduced by NHS England in 2017.

26. This states that *"During a major incident (as defined in the NHS England EPRR Framework) which results in mass casualties, organisations will be expected to deliver emergency care to those affected. In addition, it may be necessary for services to consider enhanced care or the expansion of these functions beyond normal service provision to deal with the surge in patients. All organisations are expected to ensure that they maintain appropriate safeguarding measures at all times, especially for incidents involving children or persons of interest."*

27. An additional aim of Socrates 2 was to orientate staff to the recently published NHS England Concept of Operations for the management of Mass Casualties. The exercise was evaluated in the same ways as previously done and was well received.

28. Exercise Socrates 3 was held on 27th March 2019 to explore the practicalities of the ongoing acute hospital care phase and provision of psychosocial support following a mass casualty incident. The exercise participants were presented with a similar scenario involving a marauding terrorist attack ("**MTA**"). The objectives focused on learning from the previous exercises and recommendations from the Kerslake review, published following the Manchester Arena attack. The planning group also wanted to include aspects such as accelerated discharge procedures for acute hospitals and identify areas for improvement relating to self-presenters and psychological support for casualties. The opportunity to include these aspects had not arisen during the previous two exercises.

29. Socrates 3 was well received by participants who engaged fully with the scenario and subsequent discussions. The participants noted that this was a useful exercise to allow discussions and promote further learning around the ongoing response to a mass casualty incident.

30. Going forwards, these exercises will be arranged regularly with appropriate frequency.

The immediate and operational response to the detonation of the explosive device (3iii) (5iii) and the inter-agency liaison, communication and decision making (5iv)

31. On-call personnel are available at every moment of the day and night to ensure that NHS England can effectively discharge its duties as a Category One Responder under the Civil Contingencies Act.

32. The role of the "*first on-call*" is to establish the nature of the alert and ensure that the most appropriate and effective management is established as early as practicable. The role of the "*second on-call*" is to take effective action to manage a critical and/or major incident, either singularly, or in conjunction with the Clinical Commissioning Groups or multi-agency partners, as appropriate.

33. On 22 May 2017 the "*first on-call*" was Ben Squires, Head of Primary Care Operations, and the "*second on-call*" was Colin Kelsey, Head of Urgent and Emergency Care Transition and EPRR at that time.

34. Both had an extremely strong record of training and exercising prior to the Manchester Arena attack. The immediate focus, on the night, was to establish the context and situational awareness of the incident and ensure that the NHS responders had the necessary resources and support to operate safely and effectively. This was done in close collaboration with NWAS and multi-agency partners at the GMP Headquarters.

35. At 23.10, the Partnership team was alerted to an explosion at the Manchester Arena by NWAS and a major incident was declared at 23.13. Colin Kelsey assumed the Strategic Commander role and attended the NWAS Regional Operations Coordination Centre to liaise with their Strategic Command. On arrival, he confirmed the activation of all Greater Manchester Acute Hospitals Emergency Departments and agreed the use of the Greater Manchester Framework for Patient Dispersal in a Mass Casualty Event. He later attended the Greater Manchester Police Force HQ to represent the NHS in the multi-agency response.

36. The Partnership Command team worked closely with NWAS and the hospital emergency departments to coordinate the NHS response throughout the night which included liaison with other partners such as Transport for Greater Manchester, the Greater Manchester Fire and Rescue Service and the Royal Oldham Mortuary. Although a major incident stand-by was declared at 05.10 hours on 23 May 2017, Colin Kelsey remained at GMP HQ for several hours arranging for Greater Manchester providers to receive supportive calls and visits from VIPs.

Relevant policies, systems and practices (5ii) including inter-agency liaison (5iv) and the impact of any inadequacies (5v)

37. Command and control within the emergency services is exercised through a three-tier system, categorised as the "Gold, Silver, Bronze" hierarchy of command. This follows the Cabinet Office guidance "Concept of Operations", which refers to these tiers as Strategic (Gold), Tactical (Silver) and Operational (Bronze). A commander is said to have a span of control commensurate with their particular tier of command or functional role.

38. NHS England represents the NHS at the strategic level and attends the Strategic Coordinating Group, whose role it is to set strategic direction, coordinate responder agencies and prioritise resources. As a Category One responder, NWAS also attends such meetings.

39. It is the role of the Tactical Coordination Group to interpret strategic guidance, develop tactical plans and coordinate activities and assets. The Hospital Trusts, for example, as well as NWAS, occupy the Tactical tier.

40. Operational responders execute the tactical plan, command a single service response and coordinate actions. The clinicians within the Hospital Trusts and paramedics occupy the Operational Tier.

41. Prior to the Manchester Arena attack there were several multi-agency plans in place involving NHS England, acting through the Partnership. These covered all relevant policies, systems and practices relating to an attack of the kind that took place at the Manchester Arena. These included the identification of locations and procedures for establishing and operating a suitable environment for managing such mass casualty emergencies.

42. Following the Manchester Arena attack there were a series of debriefs. In addition to the single agency debriefs, there were several multi-agency debriefing sessions (in accordance with the Mass Casualties Plan) in order to encourage openness and promote learning.

43. NHS England also facilitated clinical reviews, the aim of which was to promote discussion between NHS colleagues about the clinical response to the attack and the management of patients in an open environment, to promote learning and development. Particular expertise was shared in relation to blood borne viruses and the treatment of blast injuries.

44. The final Greater Manchester multi-agency debrief report of December 2018 makes clear that responders felt that overall preparedness was good. Further, that the thorough risk assessments led by the Partnership had enabled the impacts to be fully understood, the correct capabilities to be put in place and the response of the combined agencies on the night and in the days which followed to be comprehensive and very effective.

Survivability including whether any inadequacies in the emergency response contributed to individual deaths and/or whether any of the deaths could have been prevented (7iii)

45. Of the deceased, three individuals were pronounced dead at hospital.

46. John Atkinson and Georgina Callander were both taken by ambulance to the Manchester Royal Infirmary. Saffie-Rose Roussos was taken by ambulance to the Royal Manchester Children's Hospital. This was in accordance with the arrangements which had been planned for within the Greater Manchester Framework for Patient Dispersal in a Mass Casualty Event.

47. We expect that the Inquiry will hear repeated praise of the dedication, commitment, determination and diligence shown by all of those involved in attempting to save the lives

of those who died. Within moments of the Arena attack happening, there was an inpouring of clinicians, nurses and care providers to these hospitals, all of whom stopped what they were doing and rushed to their place of work to see what they could do to help.

Conclusion

48. NHS England aims to commission a comprehensive health service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient needs. NHS England works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population. As an organisation, it is populated with those who seek to save, cure, nurse and protect.

49. Whilst many within the NHS have been affected by the events of 22 May 2017, it is those whose lives have been cut short and irrevocably damaged or altered that are rightly at the centre of this Public Inquiry.

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