

# OPUS2

Manchester Arena Inquiry

Day 77

March 18, 2021

Opus 2 - Official Court Reporters

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Thursday, 18 March 2021

(10.00 am)

MR SIMON BESWICK (continued)

Questions from MR DE LA POER (continued)

MR DE LA POER: Sir, good morning. We're going to continue with the evidence of Mr Beswick, the Hazardous Area Response Team leader on the night of 22 May, and we're going to turn to the events of 22 May 2017.

Before we do, can I just ask you one final general question, please, about the Hazardous Area Response Team: does your team get allocated to general incidents or is it only when there is a hazardous area requirement that your team will be deployed?

A. Yes, you're correct, we do get allocated to lower level incidents, if you will.

Q. So you are available, when on duty, for the ordinary course of events, but plainly if having been deployed to one event a more significant one occurs, you might be diverted?

A. Yes, that's correct.

Q. I think that's what we're going to see in fact happened on 22 May?

A. Yes, sir.

SIR JOHN SAUNDERS: Is actually most of your time spent doing routine, if that's the appropriate word,

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call-outs?

A. Yes, sir.

MR DE LA POER: So you will in fact spend more time at incidents that don't require your particular skills than at incidents which do require your particular skills? Is that what we should understand?

A. No, I believe the HART team context, if you will, it supports the trust in complex and other challenging situations where the extra crew resources or extrication from certain -- for example, difficult access and egress, the middle of a forest, for example, we could support the trust in that -- or our colleagues. Does that make sense?

SIR JOHN SAUNDERS: Yes. That'll do. We don't need to explore it. Thank you.

MR DE LA POER: We're going to bring up a document created by NWAS, which will help us through at various points this incident.

{INQ040616/1}. This is a document with which you're familiar, aren't you? This is the NWAS timeline for the Hazardous Area Response Team.

A. Yes, sir.

Q. We can start on page 1, which should have a map. We can move through the early part of the evening fairly quickly. We can see that there was an event which was

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notified to the emergency operations centre at 21.48.57 and which led to the journey that we can see tracked on that map. That journey, as I understand it, marks the route of your vehicle and, I think, is it Ms Vaughan's vehicle, to that incident?

A. Yes, that's correct.

Q. If we go over the page, please. {INQ040616/2}.

We can see that your team were allocated at 21.53.38, that first line. Your vehicle is mobilised, followed by Ms Vaughan's vehicle, and the two other members of your team, Mr Priest and Mr English, they are deployed but it says here the vehicle hasn't been electronically allocated to the incident.

A. That's correct, sir.

Q. Were they at the incident whilst you were there?

A. Yes, sir.

Q. What about the sixth member of your team that night, Mr Devine? Did you see him at that incident?

A. I don't recall seeing him at the incident, no. He was supporting the trust on another incident.

Q. So it wasn't the case, as you understood it, that he was somehow being held back, it was just that there was another job that he had to deal with?

A. Yes, I believe he was on another incident.

Q. We can see you arrive at that incident at 22.18.

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Ms Vaughan arrives a few minutes later.

A. Yes.

Q. When you were at that incident, were the Fire and Rescue Service also present at it?

A. Yes, sir.

Q. And did you begin to deploy to that incident before you were aware of the explosion at the arena?

A. Yes, sir.

Q. So were you involved in it in an active way at the point at which you became aware of that explosion?

A. Yes, sir. We were on scene and I believe I was liaising with the fire incident commander.

Q. How did you first become aware of the explosion at the arena?

A. My colleague, Christopher Hargreaves, told me that the emergency control centre was trying to get hold of me and there'd been an incident at the Manchester Arena and I was to contact them immediately.

Q. About what time do you think that was?

A. 22.40, 22.42.

Q. Did you have any discussion with the Fire and Rescue Service on-scene commander about your knowledge of that event?

A. I can't recall specifics of the conversation, but I may have said there's an incident at the Manchester Arena.

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1 Q. Was it a specialist fire and rescue team that you were  
 2 dealing with or was it the standard operators?  
 3 A. I'm not sure. I believe it was the standard Fire  
 4 Service.  
 5 Q. Did you tell the Fire and Rescue Service personnel there  
 6 that you were leaving to go to the Manchester Arena  
 7 incident?  
 8 A. I believe so, yes.  
 9 Q. And at the time that you left, as we understand it, the  
 10 rendezvous point at that time was Thompson Street. Did  
 11 you know that when you got in your vehicles to leave the  
 12 scene?  
 13 A. No, sir, I did not know that.  
 14 Q. So were you deploying in the direction of the  
 15 Manchester Arena at that time?  
 16 A. Yes, sir.  
 17 Q. Also in your vehicle was Mr Hargreaves, who was driving?  
 18 A. Yes, sir.  
 19 Q. And did Ms Vaughan also break off from her attendance at  
 20 that scene in order to travel in convoy with you?  
 21 A. Yes, that's correct.  
 22 Q. The two other Hazardous Area Response Team members,  
 23 Mr English and Mr Priest, did you instruct them to  
 24 return to your base to collect a different vehicle?  
 25 A. Yes, that's correct.

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1 Q. Why did you do that?  
 2 A. I felt with the limited information I had heading  
 3 towards the Manchester Arena that the extra vehicle  
 4 could have been useful and increased our scope of  
 5 treatment and resources on scene. At that moment in  
 6 time, my decision-making was influenced by the  
 7 information which was just an explosion. We didn't know  
 8 whether this was a chemical explosion, a domestic  
 9 explosion or in fact a terrorist explosion. So I felt  
 10 it added in an extra capability to our resources and  
 11 would be beneficial.  
 12 Q. I don't want to go into the details of what those  
 13 additional resources might be, but specific to what  
 14 might be needed at the Manchester Arena, would it have  
 15 led to an uplift in the number of stretchers that you  
 16 had available, for example?  
 17 A. I believe so, yes.  
 18 Q. And the quantity of medical equipment, would that have  
 19 been increased by this alternative vehicle?  
 20 A. Slightly, yes.  
 21 Q. But were there other capabilities about that vehicle  
 22 that, given the limited information that you had at that  
 23 time, may have been relevant?  
 24 A. Yes.  
 25 Q. There is mention in your statement of a different type

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1 of vehicle to the one that the Hazardous Area Response  
 2 Team uses. It's shortened to NCMCV. Can you help us  
 3 with what that stands for?  
 4 A. Yes: national capabilities major incident (sic) vehicle.  
 5 Q. Was that a vehicle that you had the authority to deploy?  
 6 A. No, sir.  
 7 Q. Why team does that vehicle sit within?  
 8 A. That team sits under the operation of the tactical  
 9 commander in the emergency control centre and is run by  
 10 the special operations team.  
 11 Q. So that team we heard mention of yesterday, SORT?  
 12 A. Yes, sir, the uplift staff.  
 13 Q. And did you raise with control that consideration might  
 14 be given to mobilising that team given that you were  
 15 already yourself considering the need for additional  
 16 resources within your own?  
 17 A. No, sir.  
 18 Q. Was it any part of your remit to pass that sort of  
 19 thinking back to control so they could have it in mind?  
 20 A. Possibly, but at that moment in time I was focused on  
 21 getting to the incident site myself.  
 22 Q. And in fact, did control have rather more information so  
 23 far as you were concerned than you did at that time?  
 24 A. I would agree with that, sir, yes.  
 25 Q. The vehicle that we have just mentioned wasn't in fact

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1 ever deployed to Manchester Arena, was it, so far as  
 2 you are aware?  
 3 A. No, sir.  
 4 Q. Having considered what is said in the debrief that we  
 5 mentioned yesterday, where that vehicle is mentioned, is  
 6 it your view that it may have been helpful to the  
 7 emergency response had that vehicle been deployed?  
 8 A. Potentially, yes, sir.  
 9 Q. What was it about that vehicle that might have added to  
 10 the emergency response effort, do you think?  
 11 A. It carried a large variation of kit, bandages,  
 12 et cetera, and stuff that could have been useful on the  
 13 evening. Stretchers and other equipment.  
 14 Q. At any point in the evening, and we've covered the  
 15 period when you're travelling to the scene, did you  
 16 request that vehicle?  
 17 A. No, sir.  
 18 Q. Or discuss it with Dan Smith, the operational commander?  
 19 A. No, sir.  
 20 Q. We know from the audio records that within  
 21 a conversation that was taking place involving control  
 22 and another remote unit, that a major incident was  
 23 declared formally by NAWAS at 22.46. Did you become  
 24 aware in the course of your journey that you were  
 25 travelling to something which had been declared a major

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1 incident?  
 2 A. Not to my knowledge, no.  
 3 SIR JOHN SAUNDERS: So we understand this, this is before  
 4 Mr Ennis declared it --  
 5 MR DE LA POER: Yes.  
 6 SIR JOHN SAUNDERS: -- the major incident?  
 7 MR DE LA POER: You and others may recall that during  
 8 Inspector Russell's evidence, we played a piece of audio  
 9 which involved one control centre speaking to another.  
 10 The woman in question was called Julie Olmez and there  
 11 was a conversation internally at which she can be heard  
 12 to question:  
 13 "Shall we declare it a major incident?"  
 14 And she says:  
 15 "We're declaring it a major incident."  
 16 SIR JOHN SAUNDERS: Just remind me, the time at which  
 17 Mr Ennis had declared a standby major emergency?  
 18 MR DE LA POER: I wouldn't want to answer that off the top  
 19 of my head. I think I know the answer, but I don't want  
 20 to confuse things by getting it wrong.  
 21 SIR JOHN SAUNDERS: We will check. I am just trying to  
 22 relate these things together because we spent a lot of  
 23 time yesterday discussing when Mr Ennis declared a major  
 24 incident and whether he should have done so earlier,  
 25 which does appear to be somewhat academic. I'm not

1 saying we shouldn't have looked at it.  
 2 MR DE LA POER: Clearly, as I am sure Mr Beswick will agree,  
 3 the formal declaration of a major incident is an  
 4 important part of the response, isn't it, because of the  
 5 consequences it has for unit mobilisation and what is  
 6 expected of people?  
 7 A. Yes, I totally agree.  
 8 Q. At any stage in the evening did you become aware that  
 9 NWAS had formally declared a major incident?  
 10 A. Yes, sir.  
 11 Q. When do you think you learned that?  
 12 A. I'm not sure. I believe it was my first meeting with  
 13 Mr Smith, the operational commander.  
 14 Q. We'll come to that in a moment.  
 15 Yesterday I raised with you major incident action  
 16 cards and, in particular, the Hazardous Area Response  
 17 Team leader's action card, and I'm very grateful indeed  
 18 to Ms Roberts Queen's Counsel who has given me some  
 19 assistance in terms of my understanding overnight.  
 20 Can we please bring up the major incident action  
 21 card, Mr Lopez, which is {INQ019194/1}. Then I will  
 22 help clarify things with you, Mr Beswick, as they've  
 23 been explained to me by Ms Roberts.  
 24 We can see these are NARU branded documents. The  
 25 date at the bottom is version 1.2, October 2015. They

1 are branded with the JESIP logo as well as the NHS logo  
 2 at the top.  
 3 If we go to {INQ019194/2}, please. If you can crop  
 4 in so we can read that more readily.  
 5 We can see at the top that it's labelled "team  
 6 leader". It's just out of picture now, but I'm sure  
 7 Mr Lopez will correct that. Certainly that's apparent  
 8 on that image and we can see the tabard that might be  
 9 expected to be worn.  
 10 As Ms Roberts has explained to me, although that  
 11 document is date stamped as 2015, in fact this action  
 12 card had not been adopted by NWAS at the time of the  
 13 incident in May 2017, which provides a complete  
 14 explanation, whether satisfactory or not isn't the  
 15 point, for why you wouldn't have trained using this  
 16 before the incident.  
 17 We're just going to have a look at some of the  
 18 initial actions identified on this action card. I am  
 19 absolutely aware that you had received no training in  
 20 this use and in fact, because NWAS hadn't adopted it,  
 21 you tell me, did you have this available to you on the  
 22 night?  
 23 A. No, sir.  
 24 Q. So let's look at what NARU had identified at a national  
 25 level for the HART team leader:

1 "Assume the role of HART sector commander and report  
 2 directly to the operational commander, ensuring that the  
 3 operational commander is fully aware of the capabilities  
 4 of the HART response."  
 5 It is the case, isn't it, Mr Beswick, that you did  
 6 report immediately to the operational commander when you  
 7 arrived on scene?  
 8 A. Yes, sir.  
 9 Q. And did you tell him what resources you had available?  
 10 A. Yes, sir.  
 11 Q. Help us with the phrase "HART sector commander".  
 12 Is that a phrase that you have an understanding of the  
 13 meaning of?  
 14 A. I believe it relates to how we manage the HART staff  
 15 under my control, if you will.  
 16 Q. So using perhaps the language of JESIP in terms of  
 17 sector, but team leader --  
 18 A. Yes.  
 19 Q. -- by a different name?  
 20 "2. Ensure the HART log is started."  
 21 You didn't keep a log that night, did you?  
 22 A. No, sir.  
 23 Q. And in fact, as part of your reflections on events,  
 24 which we'll come to right at the end, but we can  
 25 conveniently deal with now, you have reflected that it

1 would have been a good thing for you to have done?  
 2 A. Yes, sir.  
 3 Q. Of course you didn't have this prompt sheet, did you, to  
 4 remind you to do that?  
 5 A. No, sir.  
 6 Q. 3:  
 7 "Ensure an appropriate METHANE report is given to  
 8 the CCD as soon as possible after arrival."  
 9 Did you make a METHANE report?  
 10 A. No, sir.  
 11 Q. We do know that more than one METHANE report was made  
 12 within NWAS. Looking back on it, do you think it would  
 13 have been helpful to others, and indeed to your own  
 14 thinking, if you had made a METHANE report when you  
 15 arrived?  
 16 A. I believe it would have been helpful for my own  
 17 processing, but I don't think it would have supported  
 18 the incident. There was many METHANE reports going in,  
 19 I believe, already from...  
 20 Q. Certainly as you've identified, it is a structured way  
 21 of thinking about key elements of the event, isn't it?  
 22 A. Yes, sir.  
 23 Q. "Where appropriate, either on scene or via telephone,  
 24 liaise with the tactical adviser/NILO, providing them  
 25 with specialist information and guidance where necessary

1 around HART capabilities."  
 2 Did you at any point that night speak to the  
 3 tactical adviser or NILO?  
 4 A. No, sir.  
 5 Q. On reflection, do you think that that might have been  
 6 a helpful thing for you to have done or do you think it  
 7 wouldn't have made any difference in the circumstances?  
 8 A. Yes, it would have helped me to speak to a NILO.  
 9 Q. It would have helped you?  
 10 A. Yes.  
 11 Q. We're not going to look at all of these, and there are  
 12 some more over the page. A couple more:  
 13 "Request additional HART management support where  
 14 necessary."  
 15 Do you feel you needed additional HART management  
 16 support for your role on the night?  
 17 A. At that time, I didn't feel I needed it, but on  
 18 reflection the more specialist responders we had, the  
 19 better the response could have been.  
 20 Q. Had you had a prompt to remind you to think in those  
 21 terms, do you think that might have been helpful?  
 22 A. Yes, sir.  
 23 Q. The final one I would like to take your attention to:  
 24 "Ensure attendance at inter-agency liaison meetings  
 25 to support the operational incident commander in the

1 capabilities of HART."  
 2 Did you attend that night any inter-agency liaison  
 3 meeting?  
 4 A. I believe so, yes.  
 5 Q. When in the evening do you believe you attended an  
 6 inter-agency liaison meeting?  
 7 A. I can't recall the exact times, but I remember conveying  
 8 information to the operational commander in the presence  
 9 of police officers and other people, other responders.  
 10 Q. Considering the personnel who were there and the  
 11 language that was being used, did that event have the  
 12 necessary formality to amount to an inter-agency liaison  
 13 meeting or was it less formal than that? Help us just  
 14 to understand that.  
 15 A. I believe it was in a structured fashion with a shared  
 16 language.  
 17 Q. Were there people of sufficient seniority from other  
 18 emergency services there to give it the status of an  
 19 inter-agency liaison meeting as opposed to a discussion  
 20 between people who were on site?  
 21 A. I can't recall the rank and grade of the other agencies,  
 22 sorry.  
 23 SIR JOHN SAUNDERS: Before you move on, and I'm really sorry  
 24 to interrupt the narrative, which I am doing, but I have  
 25 now looked at the schedule that we had of messages and

1 you may be getting the answers at the moment, but the  
 2 record we have of what Mr Ennis said is at 22.46, which  
 3 is the time, as I understand it, the control room  
 4 declared a major incident.  
 5 MR DE LA POER: Yes.  
 6 SIR JOHN SAUNDERS: The record is of Mr Ennis saying:  
 7 "Yeah, it's a major incident so stand by."  
 8 And you will recall Mr Ennis' evidence was that he  
 9 didn't say "so stand by", he said, "It's a major  
 10 incident standby".  
 11 It may be that the declaration therefore followed on  
 12 someone mishearing what was being said as well.  
 13 MR DE LA POER: As I understand, and we can have a look  
 14 at the transcript if you'd like either now or another  
 15 time. The declaration that I was speaking about, which  
 16 Ms Olmez participated in, was a conversation between two  
 17 control room sites and appeared to occur without input  
 18 from Mr Ennis. So it is a conversation involving  
 19 a question, "Is this a major incident?" Ms Olmez relays  
 20 that to somebody who's in the room and can be heard  
 21 speaking to them and then asserts, "Yes, it's a major  
 22 incident".  
 23 SIR JOHN SAUNDERS: But from then on, all the necessary  
 24 measures are put in place as if it were an actual major  
 25 incident rather than a major incident standby?

1 MR DE LA POER: Yes. That is precisely concurrent with  
 2 Mr Ennis' major incident standby message. Both occur at  
 3 22.46 but appear to be independent, as I understand it  
 4 at the moment, of each other.  
 5 SIR JOHN SAUNDERS: Okay. I'm sorry to interrupt the  
 6 narrative.  
 7 MR DE LA POER: Not at all.  
 8 We'll look at, I think it's two more, over the page  
 9 {INQ019194/3}. In fact, it's just one:  
 10 "7. Ensure the HART operatives are briefed and  
 11 aware of any risks before being deployed forward into  
 12 a hazardous environment."  
 13 I think by what you say in your witness statement,  
 14 that is what you did in relation to Mr Hargreaves and  
 15 Ms Vaughan.  
 16 A. Yes, sir.  
 17 Q. And they, as we know, were the -- certainly before  
 18 23.30, the only two members of your team who went into  
 19 the hazardous environment.  
 20 A. Yes, sir.  
 21 Q. Thank you very much indeed, Mr Lopez. You can take that  
 22 down.  
 23 You are travelling to the scene, if we return to our  
 24 chronology, you don't know that a major incident has  
 25 been declared, you don't have that card to give you the

1 prompts of various key activities, whether when you're  
 2 travelling or upon arrival.  
 3 Do you agree or disagree that at an incident like  
 4 this, every minute counts?  
 5 A. Yes, sir, totally.  
 6 Q. And not to put too fine a point on it, depending on the  
 7 facts and circumstances, it can be capable of making the  
 8 difference between life and death, can't it?  
 9 A. Yes, sir.  
 10 Q. In the course of your journey, you were informed that  
 11 the rendezvous point was Thompson Street Fire Station;  
 12 do you recall that?  
 13 A. Yes, sir.  
 14 Q. You were subsequently informed that it was Hunts Bank,  
 15 much closer?  
 16 A. Yes, sir.  
 17 Q. Does that accord with your recollection?  
 18 A. Yes, sir.  
 19 Q. Clearly, it was beneficial for you to learn in the  
 20 course of your journey that the rendezvous point was  
 21 much closer than you had otherwise been notified?  
 22 A. Yes.  
 23 Q. That was helpful to you because it meant that you got to  
 24 the scene faster than if you'd gone to Thompson Street  
 25 first?

1 A. Yes, sir.  
 2 Q. Mr Lopez, if we can bring up {INQ040616/4}, please.  
 3 We'll see the route that you took. You can just  
 4 help us with that prompt in front of you. Whether or  
 5 not the fact that you didn't know Hunts Bank was the  
 6 rendezvous point from the start of your journey, whether  
 7 that caused you any delay or whether in fact it meant  
 8 that you didn't in fact have to make a substantial  
 9 adjustment to your route. Do you recall whether the  
 10 change in rendezvous point made any difference to the  
 11 time at which you actually arrived at the arena?  
 12 A. I'm sorry, I don't remember specifics about the journey,  
 13 but I don't think, looking at the locations of the  
 14 second rendezvous point, I don't think it would have  
 15 altered our direction.  
 16 SIR JOHN SAUNDERS: The only indirect bit, no doubt it was  
 17 direct, could be the loop at the right-hand end of it.  
 18 That's where you're coming from, so it's the beginning  
 19 of the journey rather than the end of the journey where  
 20 it might have made any difference between  
 21 Thompson Street and Hunts Bank?  
 22 A. Yes, sir.  
 23 MR DE LA POER: That's certainly how it appears from the  
 24 map, but I wanted to see whether the witness had any  
 25 recollection of that, given the importance of rendezvous

1 points more generally.  
 2 So far as your colleague Ian Devine was concerned,  
 3 as you've told us, he was at a different incident. Did  
 4 you have any involvement in directing him to the arena?  
 5 A. Not that I recall, no.  
 6 Q. We know that he did go to the arena and he arrived at  
 7 about the same time as Mr Priest and Mr English, didn't  
 8 he?  
 9 A. Yes, sir.  
 10 Q. But how he got there and who told him to go was outside  
 11 of what you did that night?  
 12 A. Yes, sir.  
 13 Q. Finally in relation to your journey, before we turn to  
 14 your arrival at the scene, you say in your witness  
 15 statement that in the course of your journey you were  
 16 checking social media.  
 17 A. Yes, that's correct.  
 18 Q. Why were you doing that, please?  
 19 A. I was trying to find out more information about the  
 20 incident we were going to. The intelligence coming from  
 21 the control centre was limited and social media, rightly  
 22 or wrongly, is a very useful source of information on  
 23 live incidents.  
 24 Q. Is that something that you had been trained to do or  
 25 just something that you did of your own initiative?

1 A. Something of my own initiative, sir .  
 2 Q. And do you consider that checking social media helped  
 3 you understand the incident that you were to arrive at  
 4 better?  
 5 A. It gave me some more information on the incident. So  
 6 yes, I would agree with that statement, yes, sir .  
 7 Q. Do you think that there was a risk at least that there  
 8 could have been inaccurate information which affected  
 9 your decision—making? I'm not suggesting that did  
 10 happen, but speaking about the approach that you were  
 11 taking, do you think that was a risk?  
 12 A. It is a risk, yes, sir .  
 13 Q. Did you have that risk in mind as you were doing it?  
 14 A. No, sir, I believe I rated what I saw and the evidence  
 15 I was gathering at that time.  
 16 Q. In fact I think you're agreeing with me that you did  
 17 have the risk in mind because you were rating the  
 18 information.  
 19 A. Yes, sir . Sorry, sir .  
 20 Q. No, not at all .  
 21 SIR JOHN SAUNDERS: If you got different information from  
 22 social media than you were getting from control, which  
 23 would result perhaps in you going to a different  
 24 location, no doubt you would check that with control  
 25 before you went somewhere different from where they were

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1 sending you?  
 2 A. Yes, sir . I would always operate under the information  
 3 given from the emergency control centre, but I would use  
 4 the information I'd gathered from elsewhere to maybe  
 5 suggest somewhere else.  
 6 SIR JOHN SAUNDERS: I understand that.  
 7 MR DE LA POER: We do know that on social media there were  
 8 early suggestions that this was a firearms incident.  
 9 Plainly if you had seen those messages, that might have  
 10 affected how cautious you were in terms of your  
 11 approach, might it?  
 12 A. Potentially, yes.  
 13 Q. But at all events, and I'm not suggesting it did in fact  
 14 make any difference, I just wanted to explore with you  
 15 what you were doing. You made your way, didn't you, to  
 16 Trinity Way?  
 17 A. Yes, sir .  
 18 Q. We know from the information that the inquiry has  
 19 gathered that you arrived on Trinity Way at  
 20 approximately 23.00 hours. When you arrived there, you  
 21 report in your statement that you had an interaction  
 22 with at least one paramedic who was on Trinity Way.  
 23 A. That's correct, yes.  
 24 SIR JOHN SAUNDERS: You spoke to someone on Trinity Way?  
 25 A. Yes. It was a colleague I recognised.

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1 MR DE LA POER: Martin Nealon, I think his name is.  
 2 A. Yes.  
 3 Q. Did you end up giving Mr Nealon, you or Ms Vaughan,  
 4 a lift ?  
 5 A. That's correct, yes.  
 6 Q. We know that you don't arrive on Hunts Bank until  
 7 23.07.26. Do you think that stopping to speak to and  
 8 transport Mr Nealon delayed you in any way?  
 9 A. Slightly, yes.  
 10 Q. Was there any benefit to your response to the emergency  
 11 by reason of that delay?  
 12 A. No, sir. I gained some extra intelligence. Martin told  
 13 me that Dan Smith was on scene acting as operational  
 14 commander and that there had been an explosion in the  
 15 arena.  
 16 Q. I think we know that you know that at 23.03.15 from  
 17 a message that you sent. That message is contained  
 18 within the timeline, we don't need to bring it up, but  
 19 do you agree with the commentary that appears in that  
 20 timeline that at the time that you broadcast that  
 21 message, you must by then have at least spoken to  
 22 Mr Nealon?  
 23 A. Yes, sir .  
 24 Q. And in fact it takes a further 4 minutes from that  
 25 broadcast to get to Hunts Bank, despite the distance.

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1 Was that, because as you report in your statement, the  
 2 area was congested?  
 3 A. Yes, that's correct.  
 4 Q. So we need to bear in mind that any delay in speaking to  
 5 Mr Nealon may have caused was in the context that you in  
 6 any event suffered because of the number of vehicles  
 7 that were in that area?  
 8 A. Yes, sir .  
 9 Q. We're going to bring up some images now. They are of  
 10 the area of Station Approach. So that you know what to  
 11 expect, Mr Beswick, they are taken from the sequence of  
 12 events which I understand you have seen prepared  
 13 in relation to you.  
 14 A. Yes.  
 15 Q. They're just going to timestamp your arrival on scene.  
 16 Mr Lopez, {INQ040647/1}, and it is absolutely essential  
 17 that you navigate to {INQ040647/2} and don't put up  
 18 anything on screen until you have that page.  
 19 (Pause)  
 20 Mr Lopez, can I just enquire whether there's any  
 21 difficulty with that INQ reference?  
 22 EPE OPERATOR: Yes, unfortunately I haven't got that  
 23 document.  
 24 MR DE LA POER: Thank you for letting us know. We'll do it  
 25 in another way.

24

1 Mr Beswick, you have seen that sequence of events,  
 2 haven't you, relatively recently?  
 3 A. Yes, on Monday.  
 4 Q. So perhaps you can accept these timings from me and  
 5 Ms Roberts will correct me later if I am wrong.  
 6 You are identified on Station Approach at 23.10.51  
 7 in the company of Derek Poland?  
 8 A. Yes.  
 9 Q. And 7 seconds later, Mr Smith is also identified as  
 10 being in your vicinity?  
 11 A. Yes, sir.  
 12 Q. So that gives us a moment in time when you are out of  
 13 your vehicle and ready to play your part in the  
 14 incident?  
 15 A. Yes, sir.  
 16 Q. You say in your statement that you tasked Mr Hargreaves  
 17 and Ms Vaughan with preparing their equipment?  
 18 A. Yes.  
 19 Q. What did that involve?  
 20 A. Carrying some personal protective equipment, getting  
 21 some medical equipment together, and then they were to  
 22 move to the muster point with myself and Mr Smith.  
 23 Q. Thank you, Mr Suter. I think what we'll do -- Mr Suter  
 24 has given me a reference, but I think it may not be  
 25 necessary given that there's only one more slide that

25

1 I wanted to talk to you about from that sequence of  
 2 events.  
 3 At 23.11.06, can you confirm that you are captured  
 4 on that footage as being joined by Lea Vaughan and  
 5 Christopher Hargreaves?  
 6 A. Yes, that's correct.  
 7 Q. 23.11.06?  
 8 A. Yes, sir.  
 9 Q. So does it follow that at that time, if they've joined  
 10 you, they must have followed your instruction to get  
 11 themselves ready and were at that point ready to go?  
 12 A. Yes, sir.  
 13 Q. And you will appreciate, Mr Beswick, that although I'm  
 14 taking a little bit of time over this, given that  
 15 you have agreed that every minute counts at this stage,  
 16 we just need to work through this in a little bit of  
 17 detail.  
 18 A. Certainly, sir.  
 19 Q. Plainly, Ms Vaughan and Mr Hargreaves can't go in  
 20 without being briefed, can they?  
 21 A. Correct.  
 22 Q. We know that from those action cards, if nothing else?  
 23 A. Yes, sir.  
 24 Q. Did you have a conversation with Mr Smith at about this  
 25 time about the incident?

26

1 A. Yes, sir.  
 2 Q. Did he ask you what resources you had available?  
 3 A. Yes, sir.  
 4 Q. Did he explain to you the incident that you were dealing  
 5 with --  
 6 A. I believe so, yes.  
 7 Q. -- as he understood it at that time?  
 8 A. Yes.  
 9 Q. Did you gather from him whether he himself had been up  
 10 to the site of the explosion?  
 11 A. No, I didn't get that information from Mr Smith.  
 12 Q. It was my very poor question, it's entirely my fault.  
 13 When you spoke to Mr Smith, did you know whether or  
 14 not he had been into the City Room?  
 15 A. No, sir.  
 16 Q. You didn't?  
 17 A. No.  
 18 Q. So he might have, he might not have, you just --  
 19 A. I can't recall. Sorry, sir.  
 20 Q. You can't recall.  
 21 We know that he didn't, but I wanted to know whether  
 22 you knew that at the time, and it would appear that  
 23 you're not able to help with that.  
 24 Did you understand from Mr Smith and all of the  
 25 other information that there had been an explosion

27

1 in the City Room?  
 2 A. Yes, sir.  
 3 Q. Did you understand at that time, so 23.11, that this had  
 4 been a terrorist attack or at least was suspected to be  
 5 such?  
 6 A. Suspected, I believe.  
 7 Q. Did Mr Smith say anything about Mr Ennis?  
 8 A. He told me that Mr Ennis was embedded in the scene and  
 9 that the scene hadn't been declared safe.  
 10 Q. Hadn't been declared safe?  
 11 A. Hadn't been declared safe.  
 12 Q. Does that mean this was an NAWAS major incident hot zone  
 13 or inner cordon?  
 14 A. If you will, yes, sir, inner cordon.  
 15 Q. Did that thinking in that structured way cross your mind  
 16 on the night?  
 17 A. Yes, sir.  
 18 Q. So you had in mind those major incident zones in your  
 19 mind when making your decisions?  
 20 A. Yes, sir.  
 21 Q. So it is an area in which, subject to a risk assessment,  
 22 your operatives, your team members, could operate?  
 23 A. Yes.  
 24 Q. And indeed, you learned that somebody who was not  
 25 a member of the Hazardous Area Response Team was also

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1 operating in that area?  
 2 A. Yes.  
 3 Q. And did you know who Mr Ennis was?  
 4 A. Yes.  
 5 Q. So you knew that he was an advanced paramedic, but not  
 6 a member of your team or, as we understand it, any other  
 7 specialist team?  
 8 A. That's correct, sir. I've known Mr Ennis several years  
 9 now.  
 10 Q. At this point in time, as you come to make or  
 11 participate in a decision about who goes where,  
 12 Mr Priest and Mr English are a short distance away,  
 13 aren't they?  
 14 A. Yes.  
 15 Q. You knew that because you knew where they had to go to  
 16 and that they would be coming straight after you as soon  
 17 as they could?  
 18 A. Yes.  
 19 Q. Did you know where Mr Devine was at that time?  
 20 A. No, sir.  
 21 Q. And you were there and Ms Vaughan and Mr Hargreaves were  
 22 there?  
 23 A. Yes.  
 24 Q. Although you were the team leader, you were also trained  
 25 in working in hazardous areas yourself, weren't you?

29

1 A. That's correct, yes.  
 2 Q. So would you agree that you were a resource that could  
 3 have been deployed to the City Room?  
 4 A. Yes, sir.  
 5 Q. What you say in your statement about what Mr Smith told  
 6 you was:  
 7 "My understanding of this was that HART personnel  
 8 were required to move forward into the City Room to  
 9 assist Paddy with primary triage and treatment."  
 10 Does that accurately summarise what you understood  
 11 Mr Smith wanted from you?  
 12 A. Yes.  
 13 Q. The decision to deploy Mr Hargreaves and Ms Vaughan, was  
 14 that your decision, Mr Smith's decision or a joint  
 15 decision?  
 16 A. I believe it was a joint decision.  
 17 Q. So Mr Smith knew that those two people would be going  
 18 into the City Room?  
 19 A. Yes, sir.  
 20 Q. Did you tell Mr Smith what you were going to do?  
 21 A. I was tasked by Mr Smith to establish a CCP and support  
 22 him in his response.  
 23 Q. That is a casualty collection point?  
 24 A. Yes, sir.  
 25 Q. Did it come as a surprise to you that you, who

30

1 represented one-third at that time of the Hazardous Area  
 2 Response Team that was available to go into the  
 3 City Room, were being told to wait in the cold zone?  
 4 A. Not at that moment, sir. The scene was very chaotic,  
 5 with limited command and control being established. It  
 6 seemed like dozens of critically ill patients were being  
 7 managed and the amount of patients was overwhelming  
 8 given the amount of resources we had. It was my  
 9 understanding to establish the command and control  
 10 aspects of the major incident response and therefore try  
 11 and coordinate and organise, if you will.  
 12 Q. You knew that assisting Mr Smith in that area was  
 13 Derek Poland, who's a very senior and experienced  
 14 paramedic; is that right?  
 15 A. Yes.  
 16 Q. In fact a member of the management team?  
 17 A. Yes.  
 18 Q. So Mr Smith wasn't alone in the assets that he had for  
 19 that area?  
 20 A. No, sir.  
 21 Q. Equally, did it cross your mind that the people that you  
 22 could see and who needed that treatment, many of whom,  
 23 I accept, had been seriously injured, were likely not as  
 24 badly injured as those who had not managed to leave the  
 25 City Room at that point?

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1 A. Yes, I accept that.  
 2 Q. Did that cross your mind?  
 3 A. It became part of my decision—making process, but I was  
 4 aware that the patients who were coming out were  
 5 critically injured and there was nowhere to support  
 6 their treatment and progress that treatment on.  
 7 Q. I understand that then presents a difficult decision,  
 8 doesn't it?  
 9 A. Yes, sir.  
 10 Q. Do you deal with that issue or do you deal with  
 11 a different issue?  
 12 A. Yes.  
 13 Q. And you can only be in one place at any one time?  
 14 A. Yes, sir.  
 15 Q. Did you at any point discuss with Mr Smith his  
 16 instruction to you to stay where you were to set up that  
 17 major incident response?  
 18 A. I relayed information to and from Mr Smith regarding  
 19 what I believed was an intention, like a location, a bit  
 20 of an action plan, if you will.  
 21 SIR JOHN SAUNDERS: I'm not sure that was the question.  
 22 MR DE LA POER: It wasn't. I was going to just reframe it.  
 23 Mr Smith gave you an instruction: stay here,  
 24 establish the casualty collection point. My question to  
 25 you is: when he gave you that instruction, did you, in

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1 a constructive way, challenge it in any way or point out  
 2 that you were a resource who could go into the City Room  
 3 and effectively increase the number of people there by  
 4 25%?  
 5 A. No, sir.  
 6 Q. Please do understand that I'm not intending to imply  
 7 criticism by these questions. We're trying to  
 8 understand the decision-making process and I hope I've  
 9 acknowledged that this is a very difficult situation  
 10 that you're in.  
 11 A. Yes.  
 12 Q. In any of the training exercises that you had done, had  
 13 the team leader for the Hazardous Area Response Team  
 14 been held back out of the hazardous area in order to  
 15 establish the wider aspects of a major incident  
 16 response?  
 17 A. No, sir.  
 18 Q. So what Mr Smith was asking you to do wasn't what you  
 19 had been trained to do?  
 20 A. I'd been trained to set up a CCP and I'd been trained to  
 21 manage the logistics of a major incident, but actually,  
 22 yes, I believe the answer to the question is yes,  
 23 I maybe should have gone forward.  
 24 SIR JOHN SAUNDERS: Within your normal training, what you  
 25 would have expected would have happened would have been

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1 for you to go through into the hazardous area?  
 2 A. That's correct, sir. In a training scenario, it's very  
 3 structured.  
 4 SIR JOHN SAUNDERS: But that doesn't mean you couldn't set  
 5 up a CCP if required to do so?  
 6 A. Yes, sir.  
 7 MR DE LA POER: I think what you have said in your witness  
 8 statement, and I think it is important that we draw this  
 9 out, is that part of your thinking was influenced by the  
 10 fact that you identified that your team had particular  
 11 training in how to set up the structures around a major  
 12 incident.  
 13 A. That's correct.  
 14 Q. And your sense at the time, and I hope I'm not  
 15 mischaracterising it, was that standard ambulance  
 16 technicians and paramedics wouldn't necessarily have had  
 17 that training that you'd had?  
 18 A. Yes, sir.  
 19 Q. So part of your decision-making process in accepting  
 20 that instruction from Mr Smith without any follow-up  
 21 dialogue was recognising that that was a skill set that  
 22 you had that you didn't think others would necessarily  
 23 have?  
 24 A. That's correct, sir.  
 25 Q. This is a difficult question and it may be you can't

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1 answer it, but had you had more confidence that other  
 2 paramedics who were not trained in operating in the  
 3 hazardous area would have been able to manage that wider  
 4 major incident response, do you think it's possible, at  
 5 least, that you might have engaged with Mr Smith more on  
 6 that instruction?  
 7 A. I couldn't comment on that, sir, sorry.  
 8 Q. That's entirely fair enough. I do acknowledge it's  
 9 a difficult question to extract from all of the things  
 10 that you were dealing with.  
 11 At all events, Ms Vaughan and Mr Hargreaves, as part  
 12 of that joint deployment, leave you and enter the  
 13 Victoria Station complex at 23.14, don't they?  
 14 A. Correct.  
 15 Q. And they make their way then up to the City Room. You,  
 16 as you tell us in your second witness statement, started  
 17 to create what you describe as a sterile area?  
 18 A. That's correct.  
 19 Q. It's important to just come back to some of the  
 20 terminology that we've used before because the  
 21 instruction from Mr Smith, as you've explained it to us,  
 22 was to set up a casualty collection point --  
 23 A. Yes.  
 24 Q. -- or CCP. As we have seen from the major incident  
 25 plan, which sets out that line drawing of how a major

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1 might be structured, a casualty collection point, if one  
 2 is to be established, sits between the incident and the  
 3 casualty clearing station?  
 4 A. That's correct.  
 5 Q. Which in turn sits before an ambulance loading point?  
 6 A. That's correct, sir.  
 7 Q. But the area you were standing in was effectively the  
 8 ambulance loading point, wasn't it?  
 9 A. It evolved into that, yes. My initial thought process,  
 10 because the scene safety hadn't been declared, was -- in  
 11 discussion, we attempted to get everyone away from the  
 12 concourse through the Victoria Station doors, if  
 13 you will, to try and give us a barrier, a buffer, if  
 14 you will, a safety zone. So I was trying to get all our  
 15 clinicians and patients away from that exit because the  
 16 structure lent itself well to that.  
 17 Q. I think you describe your perception was that the  
 18 doorway area provided some cover.  
 19 A. Yes.  
 20 Q. I'd just like to think about it, and it may only be  
 21 a small point and it's only a letter in the acronym, the  
 22 difference between CCP and CCS. But in fact, the area  
 23 that you were working in, did it not lend itself better  
 24 to a casualty clearing station?  
 25 A. That's correct. During the course of the incident, it

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1 did progress to a casualty clearing station.  
 2 Q. That is what it became?  
 3 A. Yes.  
 4 Q. Do you think that if the instruction had been "set up  
 5 a casualty clearing station", that might have prompted  
 6 a thought in your mind, "Do we need a casualty  
 7 collection point nearer the scene"?  
 8 A. I don't think, no, sir. I think even though the  
 9 rhetoric had been confused and even in my witness  
 10 statements it's been confused a little bit, the initial  
 11 actions were to try and get a casualty collection point  
 12 and get the patients away from the danger site.  
 13 Q. At the point that you began to action the command that  
 14 you'd been given by Mr Smith, did you have in mind that  
 15 staircase down from the bridge?  
 16 A. I was aware of the staircase and I was unaware of how  
 17 far away the actual incident site was.  
 18 Q. Had you been told that it was the foyer or City Room?  
 19 A. I was told it was the City Room, yes.  
 20 Q. Did you know where that was when you were told that?  
 21 A. Not initially, no.  
 22 Q. Did you say that you didn't know where that was?  
 23 A. No, I believe I had a brief conversation and they told  
 24 me where it was and gave me a rough estimation of where  
 25 it was.

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1 Q. Do you think it would have helped your decision-making  
 2 if you had had a better understanding of the geography  
 3 at the point at which you were given that instruction?  
 4 A. Yes, sir.  
 5 Q. Would it have been open to you to say to Mr Smith, "I'd  
 6 like to go in and find the best place for a casualty  
 7 collection point"?  
 8 A. Yes, sir.  
 9 Q. Had you done that, based upon the training you had until  
 10 that point, do you think you would have recognised the  
 11 challenge that that staircase presented to people who  
 12 were rendered immobile by their injuries?  
 13 A. Yes, it definitely would have been a consideration.  
 14 Q. And would your training have led you to identify, do you  
 15 think, or at least consider putting that casualty  
 16 collection point on the bridge?  
 17 A. If we had information to say that that area was safe  
 18 then we could have maybe moved the casualty collection  
 19 point closer.  
 20 Q. Had anyone told you that that bridge was not safe?  
 21 A. Mr Smith told me the actual area itself hadn't been  
 22 declared safe.  
 23 Q. What did you understand him to mean by "the area"?  
 24 A. The actual site of the explosion in the City Room and  
 25 the concourse of the station.

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1 Q. So he told you, as you understood what he was saying,  
 2 that anywhere beyond the doors of the station was not  
 3 safe?  
 4 A. My understanding was the entire scene, including  
 5 outside, hadn't been declared safe. I was acutely aware  
 6 of any secondary or tertiary devices or any risks to  
 7 patients and our colleagues.  
 8 Q. In fact, the Station Approach where you were standing at  
 9 that time, was that safe in your understanding?  
 10 A. Not completely, no.  
 11 Q. Just reflecting upon this issue of geography and the  
 12 need to have a clear understanding of the layout, do you  
 13 think you had sufficient training to be able to ensure  
 14 that you were asking the right questions as the team  
 15 leader of the Hazardous Area Response Team in that  
 16 initial set-up?  
 17 A. On reflection, no. I believe extra training would have  
 18 been beneficial on the evening.  
 19 Q. Because when identifying where the major incident zones  
 20 are, it's very important to understand where one is and  
 21 the next is, isn't it?  
 22 A. Yes, and the zones may change as well as the risk  
 23 changes.  
 24 Q. Yes. Certainly you could see from where you were that  
 25 there were a number of police officers around?

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1 A. Yes.  
 2 Q. And that on Station Approach there were armed police  
 3 officers?  
 4 A. Yes.  
 5 Q. Did you go into the station concourse itself as you were  
 6 setting up this sterile area?  
 7 A. I believe I went in for a little recce, a bit of  
 8 intelligence to find out what was going on inside there.  
 9 Q. What was your focus there in terms of what you were  
 10 looking at?  
 11 A. The amount of casualties, the amount of resources we  
 12 had, and the logistics in moving these patients into  
 13 a more safe environment.  
 14 Q. So from the sound of that, your focus was not looking at  
 15 the scene and thinking, "Right, where is safe, where is  
 16 not, where might we put the casualty collection point"?  
 17 A. Sorry, sir?  
 18 Q. Were you thinking in terms of the layout of the major  
 19 incident when you did that or was your focus, as you've  
 20 just described, on the patients and getting them out  
 21 from where they were?  
 22 A. Yes, in part it was and in part I was also looking for  
 23 other areas of concern, if you will, like secondary  
 24 devices and the area itself.  
 25 Q. Did you consciously notice the staircase when you went

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1 inside?  
 2 A. Yes.  
 3 Q. Did that prompt any thinking in your mind about the  
 4 stretcher capability that you had brought to the scene?  
 5 A. Not at that moment, no, sir.  
 6 Q. Because I know that you make a point strongly in your  
 7 witness statement, don't you, that at least some of the  
 8 stretchers that you brought to the scene require  
 9 specialist training --  
 10 A. That's correct.  
 11 Q. -- in order to be able to use them safely?  
 12 A. Yes.  
 13 Q. You in fact risk injuring the person being carried if  
 14 you don't know what you're doing?  
 15 A. Yes.  
 16 Q. And if that person is very severely injured, no doubt  
 17 that could have very serious consequences indeed?  
 18 A. Yes.  
 19 Q. But of course, one solution to that would be to put more  
 20 trained people in the area with stretchers?  
 21 A. Yes.  
 22 Q. And was that a thought that crossed your mind?  
 23 A. At that moment, no. I had limited information on the  
 24 numbers of casualties that were going to be extricated  
 25 from the City Room.

1 Q. Did you have any sense of quite how many people were, as  
 2 we now know, in fact injured?  
 3 A. At that moment, no, sir.  
 4 Q. We know from the sequence of events, and we don't need  
 5 to bring it up, that was prepared by Operation Manteline  
 6 and which you saw recently, that between 23.18 and  
 7 23.21, in that area of Station Approach, you help three  
 8 casualties walk across the road. Do you recall seeing  
 9 that?  
 10 A. I've seen the image, yes, sir.  
 11 Q. You may not recall doing it, but that's what the footage  
 12 shows. We're less than an hour since the explosion.  
 13 You have specialist skills, do you agree?  
 14 A. Yes, sir.  
 15 Q. And I'm not for a moment diminishing, no doubt, the  
 16 help, comfort and assistance that you gave to those  
 17 three people, who clearly needed the assistance of  
 18 someone. But do you think on reflection that that was  
 19 a good use of your skill set at the scene as opposed to  
 20 something that somebody who was perhaps less  
 21 well-qualified could have been doing?  
 22 A. On reflection, and with the benefit of hindsight,  
 23 I agree with your statement, sir. I could have been  
 24 more effective moving forward.  
 25 Q. We know from the chronology that's been prepared that at

1 23.14, so just before those three incidents I have  
 2 described, Mr Devine arrives at the scene and he puts on  
 3 his ballistic kit. At that time he's out of your view  
 4 but he is stopped and preparing himself. We know from  
 5 the NWSA chronology, and I can bring it up if you wish  
 6 to see it, that at 23.21.55, so just after you've helped  
 7 those three people, there is a meeting on Station  
 8 Approach between you, Mr Priest, Mr English and  
 9 Mr Devine. Okay?  
 10 A. Yes, sir.  
 11 Q. So that is two-thirds, isn't it, of the Hazardous Area  
 12 Response Team --  
 13 A. Yes, sir.  
 14 Q. -- on site, ready to go to work?  
 15 A. Yes, sir.  
 16 Q. And do you agree therefore, and we know this isn't what  
 17 happened, but what was a possibility at that moment,  
 18 that before 23.25 there could have been four more  
 19 Hazardous Area Response Team members in the City Room?  
 20 A. Yes, sir, I agree.  
 21 Q. Again, I stress that I am recognising, I hope, in my  
 22 questions that this is a difficult decision that you've  
 23 got to make about your limited resources. Did you speak  
 24 to Mr Smith about what you were going to do with  
 25 yourself and your team members at that time?

1 A. I believe so. I don't recollect the extent of the  
 2 conversation, but I've seen images of myself having  
 3 a conversation with Mr Smith.  
 4 Q. He's there in the huddle, if you like, isn't he?  
 5 A. Yes.  
 6 Q. Whose decision was it as to where each of those other  
 7 three team members should go?  
 8 A. Ultimately, that is a command decision and then  
 9 I support it at that moment in time.  
 10 SIR JOHN SAUNDERS: Mr Smith's decision?  
 11 A. I believe so, yes, sir.  
 12 MR DE LA POER: You are accepting that you participate  
 13 in that decision-making process and that you supported  
 14 it?  
 15 A. Yes, sir.  
 16 Q. The decision in relation to all four of you was that you  
 17 would remain in the cold zone; is that right?  
 18 A. In black and white terms, yes.  
 19 Q. And that was to assist in the setting-up of the casualty  
 20 collection point or, as it was evolving to be, the  
 21 casualty clearing station?  
 22 A. Yes, sir.  
 23 Q. Again, we've already covered this. As part of your  
 24 decision-making process did you have in mind the  
 25 particular experience and training that those three

1 people had had, as you had, in setting up and  
 2 participating in those major incident training  
 3 exercises?  
 4 A. Yes, sir.  
 5 Q. Again, and you tell me if this is an incorrect way of  
 6 framing it, your decision—making was informed by your  
 7 sense that others present at the scene would not be as  
 8 adept at doing that as you and your team?  
 9 A. Yes, sir.  
 10 SIR JOHN SAUNDERS: What does it actually involve what  
 11 you're doing?  
 12 A. The dynamic of a CCP or CCS, as it evolved into, is  
 13 difficult, really. You are faced with clinical  
 14 interventions and you need some strong characters in  
 15 there because patients are coming down after the initial  
 16 triage, priority 1, but then you have to reassess and  
 17 re-triage them again to find out what level of severity  
 18 they are before they've been distributed and loaded into  
 19 ambulances.  
 20 SIR JOHN SAUNDERS: So that is actually working at the  
 21 casualty clearing station or casualty collection point,  
 22 but the process of setting it up, does that involve  
 23 something in particular?  
 24 A. Familiarity with the equipment really that we carry on  
 25 the HART vehicles. Because we were using the public

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1 support vehicle rather than Zulu 302, the equipment was  
 2 not as easy to access.  
 3 SIR JOHN SAUNDERS: Can you tell me what it was or...  
 4 MR DE LA POER: Because it's equipment directly relevant to  
 5 this. It's covered in your witness statement.  
 6 A. A variety of bandages and dressings. There will be  
 7 analgesia in there. A lot of the equipment we actually  
 8 got from the other vehicles that were already on scene  
 9 and we made our own sort of pods, if you will.  
 10 SIR JOHN SAUNDERS: So other ambulances which were on the  
 11 scene?  
 12 A. Yes, sir.  
 13 SIR JOHN SAUNDERS: That's something everybody could do, the  
 14 paramedics and you?  
 15 A. Yes.  
 16 SIR JOHN SAUNDERS: What is it particularly that — I'm not  
 17 saying it ... I just want some idea of what your  
 18 particular skill set enabled you to do which other  
 19 paramedics couldn't do.  
 20 A. The aim was to set up mini or little pods, if you will,  
 21 of clinical treatment, so the patients could come in, be  
 22 reassessed, appropriate clinicians be directed to them  
 23 and then moved on to a place of definitive care. So it  
 24 was about making little pods, if you will, of clinical  
 25 equipment and getting — what we have is a mass casualty

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1 cube, which is a big plethora of equipment that can be  
 2 put in the middle of the CCP, opened up, and then  
 3 everyone can — a central store if you will.  
 4 SIR JOHN SAUNDERS: That's something you have and paramedics  
 5 don't have?  
 6 A. That's correct.  
 7 SIR JOHN SAUNDERS: And they wouldn't have experience of  
 8 doing that?  
 9 A. No, sir, not to my knowledge.  
 10 SIR JOHN SAUNDERS: Thank you.  
 11 MR DE LA POER: So clearly, specialist equipment, as you  
 12 understood it, which was a resource held by your team?  
 13 A. Yes, sir.  
 14 Q. Upon reflection, do you think it would or wouldn't have  
 15 been possible for one member of your team to coordinate  
 16 standard operating paramedics into making those  
 17 arrangements?  
 18 A. Yes, sir, a possibility.  
 19 Q. Because if that was a possibility, that would free up  
 20 half of the Hazardous Area Response Team to go up into  
 21 the City Room, wouldn't it?  
 22 A. Yes, sir.  
 23 Q. I really don't mean this in a critical way, I just want  
 24 to try and understand the thinking process. Do you  
 25 think there was any element of dealing with the very

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1 real and overwhelming problem that was right in front of  
 2 you as opposed to taking a step back and thinking more  
 3 tactically?  
 4 A. I believe there was some elements of that, yes. We were  
 5 faced with what seemed like dozens of critically ill  
 6 patients who needed definitive care there and then.  
 7 Also, I was aware that there was other security  
 8 incidents going on around the area, so I was aware that  
 9 I didn't want to overcommit all my resources and then  
 10 have another site pop up around the corner, like  
 11 Piccadilly Gardens.  
 12 SIR JOHN SAUNDERS: Who would be making that sort of  
 13 decision? You or Mr Smith?  
 14 A. Ultimately it's Mr Smith, he's the operational  
 15 commander, but I would influence that decision.  
 16 SIR JOHN SAUNDERS: So were you saying to him, "Shouldn't we  
 17 hold some back"?  
 18 A. Possibly, sir. I can't remember the exact conversations  
 19 we had. I only saw the images of myself on Monday and  
 20 I didn't realise I'd spoken to Mr Smith that many times.  
 21 SIR JOHN SAUNDERS: And that wouldn't be a decision for  
 22 control or someone central to say, "You've got there,  
 23 but don't commit, there could be something worse"?  
 24 A. That would be a tactical decision influenced by the  
 25 tactical advisers or tactical commander.

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1 SIR JOHN SAUNDERS: But nobody ever said that to you?  
 2 A. No, sir.  
 3 MR DE LA POER: Were you aware at this point in the  
 4 evening — and I am just going to focus on that moment  
 5 in time, 23.21.55, where all four of you are there,  
 6 available on Station Approach. Were you aware of your  
 7 colleagues in a different area — in the Hazardous Area  
 8 Response Team for that area deploying?  
 9 A. No, sir.  
 10 Q. Do you think that that was information that would have  
 11 been helpful to you in your decision—making process?  
 12 A. Yes.  
 13 Q. Because we know that that other team deployed, they went  
 14 to Thompson Street, as I understand it, for a period of  
 15 time, and in fact arrived on scene at 00.15, didn't  
 16 they?  
 17 A. Yes, sir.  
 18 Q. So whilst they were not there immediately, they were  
 19 there within a relatively short period of time, do you  
 20 agree with that?  
 21 A. I would agree that they arrived on scene. I wouldn't  
 22 describe it as a relatively short period of time.  
 23 Q. I'm sure that's right and I'm sure you're right about  
 24 that. But a relevant consideration for whether you're  
 25 going to hold back people at the scene will be what

1 other resources are where and when they might be ready  
 2 to deploy?  
 3 A. Yes.  
 4 SIR JOHN SAUNDERS: I just wonder whether looking at that  
 5 overall picture is really something for — you've been  
 6 sent there, you've been sent for this incident, that's  
 7 what you're going to. Wouldn't you expect that to be  
 8 something control thought, "Don't let's commit all these  
 9 people there, we may need some back, so we'll keep  
 10 someone elsewhere", rather than you having to say, "We  
 11 have been sent to this incident to help with it, but  
 12 there might be something else which is needed, therefore  
 13 we shouldn't go and help with this incident"?  
 14 A. Yes, I totally agree, a tactical decision.  
 15 SIR JOHN SAUNDERS: So it shouldn't be concerning you when  
 16 you're actually there, should it?  
 17 A. No, sir. I'll be honest it didn't cross my mind until  
 18 the incident was actually established.  
 19 SIR JOHN SAUNDERS: Okay.  
 20 MR DE LA POER: One of the points that you make that was  
 21 a factor on the night was the fact that at no point did  
 22 you understand Ms Vaughan and Mr Hargreaves, who had  
 23 entered the station at 23.15, were requesting additional  
 24 resources.  
 25 A. That's correct, sir.

1 Q. We'll come on to radios in a moment. How important  
 2 a factor in your decision—making process was that? Let  
 3 me just help you answer that question. Had you,  
 4 for example, told them, "You need to tell me if more  
 5 resources are needed"? Had that formed part of your  
 6 briefing to them?  
 7 A. It hadn't formed a particular part of the briefing, but  
 8 I'm aware of my colleagues' traits and I know if they'd  
 9 needed extra assistance they'd have contacted us.  
 10 SIR JOHN SAUNDERS: Were they aware when they went in that  
 11 they were the only one who were going to go in?  
 12 A. At that moment in time, sir, yes.  
 13 SIR JOHN SAUNDERS: They did know that?  
 14 A. Yes.  
 15 SIR JOHN SAUNDERS: But did you say, "The rest of us won't  
 16 be coming in"?  
 17 A. Sorry, we were the only three on scene. They knew  
 18 they'd have to go in on their own together —  
 19 SIR JOHN SAUNDERS: But they knew others were there or  
 20 coming.  
 21 A. They knew other people were coming.  
 22 SIR JOHN SAUNDERS: And they might have an expectation that,  
 23 well, when they are there and ready, then they'll be  
 24 here?  
 25 A. Yes.

1 MR DE LA POER: Do you agree that you have to be careful  
 2 upon relying on people to call for more resources on the  
 3 basis that they themselves may just be so overwhelmed by  
 4 what they're having to deal with?  
 5 A. Yes.  
 6 Q. And neither was deployed to the City Room in a command  
 7 role, were they?  
 8 A. No, sir.  
 9 Q. So they didn't have a team leader, so to speak, with  
 10 them who was going to come in and take a step back, make  
 11 a report?  
 12 A. No, that was the understanding of Mr Ennis. He would  
 13 act in that sort of forward operating role.  
 14 Q. Who told you that Mr Ennis was acting in that role?  
 15 A. I know Mr Ennis' rank and role within the trust at that  
 16 time and therefore it's an expectation of mine that he  
 17 would have assumed that command position.  
 18 Q. Do you think, having had this experience, that that is  
 19 a safe assumption to rely upon or do you think there  
 20 needs to be some sort of safety net so that in case, for  
 21 example, Mr Ennis himself is overwhelmed by the enormity  
 22 of what he has to do?  
 23 A. Yes, I agree with what you have just said. On  
 24 reflection, I should have made direct contact with  
 25 Mr Ennis and established the parameters of his response.

1 Q. Just on the point, we can deal with it conveniently  
 2 now — at a certain point in the incident you change  
 3 channel on your radio, didn't you?  
 4 A. Yes, sir.  
 5 Q. So you could be on the major incident channel; is that  
 6 right?  
 7 A. That's correct.  
 8 Q. But that had the effect of cutting your radio off from  
 9 direct contact from Mr Hargreaves and Ms Vaughan?  
 10 A. Yes, sir.  
 11 Q. So given that you'll have known at the time that that  
 12 would be a consequence of what you were doing, how much  
 13 do you think it was in your mind that they were going to  
 14 give you a situation report if they thought one was  
 15 necessary?  
 16 A. I knew that the rest of the team had contact with Chris  
 17 and Lea, who were forward, and I knew I was getting  
 18 updates from Mr Ennis, who was also on the major  
 19 incident channel. So I was getting the flow of  
 20 information and I knew that n they had arrived on scene  
 21 and what actions were being undertaken, so I knew there  
 22 was some contact available but I didn't — I felt  
 23 uncomfortable because I didn't have direct contact with  
 24 the two members of my team.  
 25 Q. I think one of the pieces of learning that you have

1 identified for yourself and which you have fed back to  
 2 the trust is that you now carry two radios so you can  
 3 have one on the major incident channel and one in direct  
 4 contact with your team?  
 5 A. That was learning from the event, yes.  
 6 Q. Mr Priest was one of those who was present at that  
 7 discussion at 23.21.55. Do you recall having any  
 8 conversation with him about moving the casualty  
 9 collection point closer to the scene?  
 10 A. Not completely, no, sir.  
 11 Q. If a member of your team had said that to you, how much  
 12 attention would you have given it at the time?  
 13 A. It would have been a discussion and I'd have relayed  
 14 that information to the operational commander and had  
 15 a discussion about that.  
 16 Q. In your second statement, we can have a look at it, you  
 17 make a general comment, and I think it's probably  
 18 important that we just turn to it now. Paragraph 26.  
 19 In asking you this question, just as you turn it up,  
 20 I entirely accept this captures your thinking at that  
 21 particular moment in time, which I think was July 2020.  
 22 What you say in your statement is having given your  
 23 reasons, which all precede it:  
 24 "I did not consider sending any of the three  
 25 additional HART staff into the City Room to assist Lea,

1 Chris and Paddy, and even with the benefit of hindsight  
 2 I do not believe that I would change my decision in that  
 3 regard."  
 4 Can I just ask you to, having had this discussion,  
 5 reflect upon what your position is today in terms of  
 6 that deployment decision?  
 7 A. On reflection, and with the benefit of hindsight, yes,  
 8 I believe I was incorrect in my decision—making there.  
 9 We could have moved forward, but on the evening, with  
 10 the challenges we faced, I believe I'm robust in my  
 11 decision—making not to overcommit members of my team and  
 12 to allocate the other members of the team to treat  
 13 critically ill patients at that point. So it's caused  
 14 me a great deal of disquiet and concern, really.  
 15 Q. Just looking forward to how in the future the Hazardous  
 16 Area Response Team might react, bearing in mind that, as  
 17 you experienced yourself, there was this immediate  
 18 challenge about the particular skill set that you had  
 19 available to you which was both in relation to major  
 20 incidents generally but very specifically in relation to  
 21 working in hazardous areas, how can that decision—making  
 22 process be made more straightforward or easier? What  
 23 are your reflections on confronting that challenge for  
 24 the future?  
 25 A. I'm not sure where to begin, really. Obviously the

1 action cards would help, help give parameters to the  
 2 response. I've been more aware of allocating more  
 3 specialist responders into potential inner cordons and  
 4 allow the logistics to be established by somebody else.  
 5 Q. Do you think having a high degree of confidence that the  
 6 standard operating paramedics can play their part with  
 7 real knowledge about a major incident response would  
 8 help that decision—making process?  
 9 A. I believe so, yes.  
 10 Q. It seems to have formed quite an important part, and  
 11 it's only one part, of your decision—making process that  
 12 you weren't confident that they could do what was a very  
 13 important task.  
 14 A. I don't know where to begin with that. I don't want to  
 15 pass judgement on other operational paramedics. They're  
 16 all extremely competent individuals. I just believe  
 17 this posed several challenges and as a HART team we were  
 18 able to respond to those challenges.  
 19 Q. We can deal with the remainder of events in less detail  
 20 perhaps than we have done so far.  
 21 SIR JOHN SAUNDERS: We're going to have a break at some  
 22 time. Is this a good moment?  
 23 MR DE LA POER: I believe that I will be able to finish by  
 24 11.30.  
 25 SIR JOHN SAUNDERS: What about you? That's been a tough

1 part of the questions, as I understand it. Do you want  
 2 a break or would you like to get through to the end of  
 3 this and then have a break?  
 4 A. Whatever's best for you gentlemen. We're here to help.  
 5 SIR JOHN SAUNDERS: We're here to give you the option if you  
 6 want it. You're the witness. We'll carry on for  
 7 a quarter of an hour then.  
 8 MR DE LA POER: What you say in your first witness statement  
 9 is it took about 20 minutes to set up the casualty  
 10 collection point, which I've understood to be  
 11 a reference to your arrival time as opposed to your  
 12 colleagues' arrival time. Would I be right in that?  
 13 A. Yes, sir.  
 14 Q. It is your best estimate, I appreciate.  
 15 A. My best estimate, yes, sir.  
 16 Q. And it was in your first statement and you hadn't seen  
 17 any images, but what we're really trying to look at  
 18 is that, by about 11.30, did you feel that that area  
 19 that you had started to prepare following the  
 20 instruction from Mr Smith was adequately functional?  
 21 A. It was functioning, yes, sir.  
 22 Q. In your first statement, I think you've already alluded  
 23 to this, you don't in fact mention the term casualty  
 24 clearing station at all, you talk about casualty  
 25 collection points, don't you?

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1 A. Yes.  
 2 Q. At any point in the evening was the discussion around  
 3 the nature and function of the area that you were  
 4 setting up discussed with Mr Smith?  
 5 A. I believe so.  
 6 Q. Because the sort of intervention that takes place at  
 7 a casualty collection point, as we've seen, may be less  
 8 than the intervention that takes place at a casualty  
 9 clearing station?  
 10 A. Agreed.  
 11 Q. So it isn't just a single letter in an acronym, it has  
 12 real-world meaning, doesn't it?  
 13 A. Yes, sir.  
 14 Q. But are you satisfied, knowing what both terms mean,  
 15 that there came a point that the area that you were  
 16 setting up on Station Approach and, as it became, within  
 17 the concourse by the war memorial, became a casualty  
 18 clearing station within the meaning of that term?  
 19 A. Yes, sir.  
 20 Q. And from that, we should understand that the level of  
 21 medical intervention that would be expected of  
 22 a casualty clearing station was, so far as you could  
 23 tell, being given?  
 24 A. Yes, sir.  
 25 Q. You continued to work in the area just outside the

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1 station; is that right?  
 2 A. Yes, sir.  
 3 Q. What you say in your statement is that it was your  
 4 belief at the time, and you weren't auditing everything  
 5 that everybody was doing, but from an overview  
 6 perspective that the casualty clearing station, once  
 7 established, worked well?  
 8 A. Yes, sir.  
 9 Q. At one point, and I'll give you the time, 23.40,  
 10 Mr Devine was dispatched to the City Room, wasn't he?  
 11 A. Yes.  
 12 Q. Can I just give a warning here. It's important that we  
 13 understand why Mr Devine went there, but this is  
 14 a particularly difficult thing to say out loud, isn't  
 15 it?  
 16 A. Yes.  
 17 Q. And it will be particularly difficult for some people to  
 18 hear, so it's important that anybody who wishes to steps  
 19 away for 60 seconds or so.  
 20 (Pause)  
 21 Mr Devine was dispatched to the City Room after all  
 22 of those who were still alive at that point had been  
 23 removed; is that correct?  
 24 A. That's my understanding, yes, sir.  
 25 Q. And he went up there to provide some cards to

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1 Lea Vaughan and Christopher Hargreaves?  
 2 A. Yes, sir.  
 3 Q. Those cards were to assist in accordance with the major  
 4 incident response plan with the management of those who  
 5 had died?  
 6 A. Yes, sir.  
 7 Q. That's all I'm going to say about that. It's important  
 8 that people understand why one other member of your team  
 9 went up there.  
 10 You remained at the scene until all of the  
 11 casualties who were being transported to hospital for  
 12 treatment had left. You were, as you told us yesterday,  
 13 never aware whilst you were on scene that GMP had  
 14 declared Operation Plato.  
 15 A. That's correct.  
 16 Q. One of your reflections, as I understand it, in the  
 17 debrief, and it may be that we can simply refer back to  
 18 the evidence you've already given, is that -- what it  
 19 says in the debrief is:  
 20 "No parking officer on scene so HART TL had to do  
 21 this."  
 22 A. I don't recall --  
 23 Q. You don't recall saying that. Did you at any point  
 24 consider that you played the role of a parking officer?  
 25 A. Yes, I agree with that, yes.

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1 Q. And obviously that wasn't your specific and highly  
 2 specialist training, was it?  
 3 A. No, sir.  
 4 SIR JOHN SAUNDERS: Are you talking about you personally or  
 5 one of the team?  
 6 A. Me personally.  
 7 SIR JOHN SAUNDERS: Thank you.  
 8 MR DE LA POER: Just one more topic, very short, and then  
 9 I'll ask for your general reflections if I can,  
 10 Mr Beswick, and then we'll have a break.  
 11 The Fire and Rescue Service. At any point in the  
 12 incident did it strike you, particularly before  
 13 midnight, that the Fire and Rescue Service had not  
 14 attended?  
 15 A. I was aware that, obviously, that they were not on  
 16 scene, but at that moment in time we were quite busy  
 17 managing patients and the actual response.  
 18 Q. So you said you were aware. Would it be fair to say  
 19 that it wasn't consciously at the forefront of your mind  
 20 that they weren't there?  
 21 A. That's correct, yes.  
 22 Q. Because when you're making that very difficult decision  
 23 about holding back some of your resources, of course  
 24 they were a resource that you trained alongside, weren't  
 25 they, who were well-equipped, as far as you were aware,

1 to assist Ms Vaughan and Mr Hargreaves in the work that  
 2 they were doing?  
 3 A. Yes.  
 4 Q. They would, as far as you were aware, be expected to  
 5 have the training to participate in any immediate  
 6 interventions that might be required at the injury site?  
 7 A. Yes, sir.  
 8 Q. They had the training and experience to remove people  
 9 safely and efficiently?  
 10 A. Yes, sir.  
 11 Q. So bearing in mind that you knew of all that capability  
 12 and had trained alongside it, do you agree that had it  
 13 come consciously to the forefront of your mind, it might  
 14 have been something that you took steps or invited  
 15 others to take steps to find out why they weren't there?  
 16 A. Yes, I'll accept that.  
 17 Q. Did you, for example, have a direct contact with your  
 18 equivalent team member within the Fire and Rescue  
 19 Service?  
 20 A. I did not, no, sir, but the either tactical or NILO may  
 21 have had conversations or communication lines.  
 22 Q. How do you think, for the future, keeping that sort of  
 23 thing at the forefront of people's minds to make sure  
 24 it is a true multi-agency response can be improved?  
 25 A. Action cards, visual prompts. I think they'd be

1 beneficial, especially in stressful situations with  
 2 a lot of challenges.  
 3 SIR JOHN SAUNDERS: So the idea is to have something whereby  
 4 you can ring them up and say, "We could really do with  
 5 your help"?  
 6 A. I don't think it is as straightforward as that, sir, but  
 7 I think it would be along the lines of tactical advisers  
 8 would contact each other and say, "Right, we have  
 9 a situation, we would need your specialist resources at  
 10 this event".  
 11 SIR JOHN SAUNDERS: So you've trained with them, so you know  
 12 how they operate in this sort of major incident?  
 13 A. Mm—hm.  
 14 SIR JOHN SAUNDERS: And we know from what you have said, so  
 15 far as an NWAS major incident is concerned, a hot zone  
 16 is somewhere where people with your training and your  
 17 equipment, subject to a risk assessment, can operate.  
 18 As far as you know, do GMFRS work on the same basis for  
 19 major incidents?  
 20 A. I would imagine they've got shared —  
 21 SIR JOHN SAUNDERS: You'd imagine? Don't you know if you  
 22 have trained with them?  
 23 A. I have trained with them, but only in Operation Plato  
 24 scenarios. So therefore that is a jointly understood  
 25 terminology on zoning. In regards to Greater Manchester

1 Fire and Rescue Service and their inner cordon working,  
 2 I couldn't comment, sir.  
 3 SIR JOHN SAUNDERS: Okay.  
 4 A. That's specific to the Fire Service and I wouldn't like  
 5 to comment on that.  
 6 MR DE LA POER: Did you understand that there was any area,  
 7 forget zones, that your team would be prepared to go to  
 8 that your equivalent team in the Fire and Rescue Service  
 9 wouldn't?  
 10 A. No, sir.  
 11 Q. So was it your understanding that where the Hazardous  
 12 Area Response Team from NWAS could go, so could the SRT  
 13 from the Fire and Rescue Service?  
 14 A. Yes, sir.  
 15 Q. In your reflections in your witness statement, you  
 16 identify three particular issues. Firstly, tabards,  
 17 which I think was on your mind at one point in the  
 18 evening, but in fact you never ended up wearing a tabard  
 19 and your reflection is that would help others identify  
 20 who you were at what was a very busy and overwhelming  
 21 scene.  
 22 You also identified, as we've already covered, the  
 23 radio difficulty and the record of your decision-making.  
 24 A. Yes, sir.  
 25 Q. Do you think that, particularly given what you said

1 yesterday and what you've said today, that there are  
 2 perhaps bigger issues around training and preparedness  
 3 for somebody in your position?  
 4 A. I would suggest that the extra training would be  
 5 beneficial. This was an extreme incident and I hadn't  
 6 had that much experience as a team leader, so maybe  
 7 a support structure would be beneficial in future.  
 8 Q. The particular feature about how you came to be a team  
 9 leader, which we covered yesterday, but I would like to  
 10 conclude with, if I may. As I have understood what you  
 11 said yesterday, there's no particular training for being  
 12 a team leader beyond the general training that everyone  
 13 in that team gets?  
 14 A. That's correct, sir.  
 15 Q. And whilst you may have experience at certain training  
 16 exercises of playing that role, it doesn't sit with one  
 17 person as an understood role at every incident that that  
 18 person might go to?  
 19 A. Sorry, sir, you lost me on that one.  
 20 Q. You were only acting team leader for the second time  
 21 that night?  
 22 A. Yes, sir.  
 23 Q. Conventionally within a hierarchy, a person might  
 24 achieve a promotion to a particular role and everybody  
 25 then becomes very experienced with the fact that that

1 person is in command?  
 2 A. Yes, sir.  
 3 Q. But that doesn't seem to be precisely how it worked  
 4 within the Hazardous Area Response Team.  
 5 A. There was second-in-command on each of the teams.  
 6 Unfortunately, in this case, the second-in-command was  
 7 also off, so then I made development towards team  
 8 leader, personal development, so therefore it was  
 9 suggested that I was the suitable candidate for the  
 10 evening.  
 11 Q. Do you think that there might be a particular focus on  
 12 training the Hazardous Area Response Team leader to  
 13 ensure that they perhaps have help with their  
 14 decision-making that you didn't feel you had?  
 15 A. Yes, I feel that would be beneficial.  
 16 SIR JOHN SAUNDERS: It looks like anyone could actually act  
 17 as team leader, depending on who else is off, so it'd be  
 18 rather helpful if you all had it.  
 19 A. Yes, sir, agreed.  
 20 MR DE LA POER: Thank you very much indeed. Those are all  
 21 the questions that I wished to ask, but I wonder if that  
 22 might be a convenient moment for a break.  
 23 SIR JOHN SAUNDERS: Okay. Quarter of an hour. Is that long  
 24 enough for you?  
 25 A. Perfect, sir.

1 SIR JOHN SAUNDERS: Thank you.  
 2 (11.31 am)  
 3 (A short break)  
 4 (11.46 am)  
 5 MR DE LA POER: Sir, can I begin, please, by turning to  
 6 Mr Warnock Queen's Counsel on behalf of  
 7 Greater Manchester Combined Authority.  
 8 Questions from MR WARNOCK  
 9 MR WARNOCK: Mr Beswick, good morning. As you've just  
 10 heard, I act for the Greater Manchester Fire and Rescue  
 11 Service and I just have a few questions for you.  
 12 Firstly, Mr Beswick, you have told us that you  
 13 trained with the Specialist Response Team of the Fire  
 14 and Rescue Service. Could I just confirm that, because  
 15 there are a number of them in the region, that that  
 16 training was with the Greater Manchester Fire and Rescue  
 17 Service?  
 18 A. That's correct, yes, sir. I believe the last one was  
 19 16 April.  
 20 Q. Thank you. And you had trained with the  
 21 Greater Manchester Fire and Rescue Service before the  
 22 arena bombing?  
 23 A. Yes, sir.  
 24 SIR JOHN SAUNDERS: When you said, "The last one was  
 25 16 April", do you mean 2017?

1 A. Yes.  
 2 SIR JOHN SAUNDERS: So just before these events? Thank you.  
 3 MR WARNOCK: Thank you.  
 4 In your experience of the training, did the HART and  
 5 SRT work well together?  
 6 A. In my personal experience, yes. There was some  
 7 constructive discussions between the different teams  
 8 because obviously the Ambulance Service works  
 9 differently to the Fire Service, but in relation to my  
 10 personal experience, we worked well together.  
 11 Q. And did you have confidence in their capability?  
 12 A. Yes, sir.  
 13 SIR JOHN SAUNDERS: Mr Warnock, let me check. The phrase  
 14 "constructive discussion", does that mean constructive  
 15 discussion or is it a metaphor for something else?  
 16 A. No, sir, it means a constructive discussion. One  
 17 example, if you'll allow me to elaborate on, during  
 18 training scenarios would be treat and leave, for  
 19 example, which has been brought up in this inquiry.  
 20 Some of the Fire Service struggled with that concept  
 21 initially because it's different to how they train, so  
 22 that needed reinforcing, the need to move on to the next  
 23 casualty. I didn't mean anything sinister by that.  
 24 SIR JOHN SAUNDERS: No, that's helpful, thank you.  
 25 MR WARNOCK: What you meant was some of the personnel, and

1 perhaps a rather human reaction, would want to stay and  
 2 help the particular individual they were with rather  
 3 than move on to the next casualty; is that right?  
 4 A. Yes, that's correct, sir.  
 5 Q. But certainly as far as you were concerned, the SRT was  
 6 a resource that you knew you could rely on for help if  
 7 you needed them; is that fair?  
 8 A. Yes, I totally agree.  
 9 Q. You told us yesterday that as a result of that training,  
 10 they were a team that you would be particularly looking  
 11 out for at an incident, and this morning you told us the  
 12 fact that they weren't there at Victoria Station when  
 13 you got there was not something that was consciously at  
 14 the forefront of your mind. Did you in fact think about  
 15 whether they were present or not when you were at  
 16 Victoria Station when you got there?  
 17 A. Initially, I didn't because I was focused on providing  
 18 clinical care and trying to establish the response plan.  
 19 Towards the sort of middle of the incident, that's when  
 20 it came to the forefront of my mind that we maybe needed  
 21 some specialist responders.  
 22 Q. It having come to the forefront of your mind, are you  
 23 able to give some idea of how long you'd been there  
 24 before it came to the forefront of your mind?  
 25 A. I'm sorry, my memory of the evening is patchy, to say

1 the least, sir.  
 2 Q. But did you go to anyone or do anything to find out  
 3 about how you might get them there? Did you suggest to  
 4 anyone that you should get them there?  
 5 A. I can't recall whether that was part of my discussions  
 6 with the operational commander.  
 7 Q. Right. You mentioned earlier that if you had wanted to  
 8 get them there, one way of doing it would have been to  
 9 contact the NILO. Can I just clarify, by the NILO do  
 10 you mean the ambulance NILO?  
 11 A. Yes, sir. I wouldn't have direct contact to the Fire  
 12 Service NILO.  
 13 Q. In relation to the ambulance NILO, is that someone who  
 14 you would have known who was performing that role at the  
 15 time?  
 16 A. That information would be obtained through the emergency  
 17 control centre or through the operational commander.  
 18 Q. I see. If the SRT had attended or if somebody had got  
 19 them there, would you have expected them to work  
 20 independently or would you have expected them to support  
 21 the HART team?  
 22 A. I would expect them to support the HART team. I believe  
 23 the Ambulance Service takes primacy over the casualty  
 24 management in conjunction with the Fire Service  
 25 providing extrication services.

1 Q. So they would take their lead from you, essentially, as  
 2 to what tasks they would perform; is that right?  
 3 A. I believe so, yes.  
 4 Q. Looking back at it, do you think at the time that it  
 5 occurred to you that it would be helpful to have them  
 6 there?  
 7 A. On reflection, yes, sir, more specialist responders  
 8 would have enhanced the response on the evening.  
 9 Q. On reflection, that's looking back now. At the time,  
 10 did it actually occur to you?  
 11 A. At that moment in time, the initial start of the  
 12 incident, no, sir.  
 13 Q. At any point during the incident did it occur to you?  
 14 A. Towards the middle, towards the end of the incident.  
 15 That's when it became -- I became aware of their  
 16 absence.  
 17 Q. Right. But you can't recollect if you did anything  
 18 about getting them there?  
 19 A. No, sir, sorry.  
 20 SIR JOHN SAUNDERS: Mr Warnock --  
 21 MR WARNOCK: I'm not intending to be critical, Mr Beswick,  
 22 I'm just -- one understands it was an extremely  
 23 difficult situation to be in that none of us would want  
 24 to find ourselves in.  
 25 SIR JOHN SAUNDERS: Do you mind if I follow up on that?

1 It came to you in the middle of the incident, "The  
 2 Fire Service aren't here, it would be good to have the  
 3 SRT team here"? In what sort of context were you  
 4 thinking that?  
 5 A. I can't recall, sir. I was just thinking that there was  
 6 police there, there was ambulance there, and the absence  
 7 became more aware to me then. I'm trying to verbalise  
 8 it.  
 9 SIR JOHN SAUNDERS: Don't worry. I don't want to ask you to  
 10 guess or make it up. If they had been there, what jobs  
 11 do you think they could have helped you with?  
 12 A. The specialist responders from the Fire Service,  
 13 it would be the casualty extrication and movement from  
 14 the CCP to CCS and the equipment and stuff.  
 15 SIR JOHN SAUNDERS: Thank you.  
 16 MR WARNOCK: Later on in the evening, fire personnel did  
 17 arrive at Victoria Station; isn't that right?  
 18 A. Yes, sir.  
 19 Q. But they were the regular firefighters and not the SRT;  
 20 do you recall that?  
 21 A. I don't know what grade they were, but they were in  
 22 standard firefighting uniform.  
 23 Q. In your view, were they of any help when they got there?  
 24 A. Yes, sir.  
 25 Q. How would you describe their contribution?

1 A. They supported the efforts towards the end of the  
2 incident. They were diligent. They were respectful and  
3 they were supportive of not only patients but the police  
4 service and the Ambulance Service. They were — yes, it  
5 was reassuring to see them there, sir.  
6 Q. I just have one other area of questioning for you,  
7 Mr Beswick, and that's this: you have told us about the  
8 stretchers that were available on the vehicles that you  
9 had with you, and your vehicle was the Land Rover  
10 Discovery, and I think you told us it would have had two  
11 multi-integrated body splint stretchers; is that right?  
12 A. Yes.  
13 Q. Was it two?  
14 A. I believe it was two on that vehicle. There was  
15 a larger one and an average-sized one.  
16 Q. Right. You said that Ms Vaughan's vehicle, the Nissan  
17 Navara, would have had a scoop stretcher?  
18 A. That's correct.  
19 Q. Would there have been any other stretchers on those  
20 vehicles, for instance Skeds?  
21 A. Not to my knowledge, no, sir. I believe the Skeds were  
22 kept on Zulu 303, which came to scene, but we didn't use  
23 most of the material — if you are talking about the  
24 initial response from Zulu 304 and Zulu 305, the Skeds  
25 were not available on that vehicle.

1 Q. Right. The other vehicle, Zulu 303, I think you said it  
2 was, that's the — is that the vehicle that Mr English  
3 was in or ... Who was in that vehicle?  
4 A. Either Mr English...  
5 Q. Sorry?  
6 A. I'm not sure which one. Either Mr English or Mr Priest.  
7 I'm not sure who drove what vehicle on the evening.  
8 Q. Right. Can you just help us with this? What are Skeds  
9 used for? How are they used?  
10 A. Skeds are semi-rigid plastic boards in effect, with  
11 handles, that can be used to extricate patients along  
12 a flat surface. Basically, you put the patient in,  
13 packaged, and you drag the patient on their back, using  
14 these bits of equipment.  
15 Q. Could they also be carried?  
16 A. That's correct, yes.  
17 Q. If you were using them to carry a patient, how many  
18 people would that require? How many responders?  
19 A. Without knowing the size of the patient — possibly  
20 a minimum of four, maybe six.  
21 MR WARNOCK: Thank you very much, Mr Beswick. Those are the  
22 only questions I have for you.  
23 SIR JOHN SAUNDERS: Thank you very much, Mr Warnock.  
24 Before we move on, there's one thing I would like to  
25 raise. You talked about CCPs and CCSs, which we

1 understand the difference between. Would you always  
2 have both?  
3 A. Not necessarily, sir. It depends on the magnitude of  
4 the incident.  
5 SIR JOHN SAUNDERS: Right. If you have a CCP and a CCS, the  
6 patient would have to be moved twice?  
7 A. It's very difficult because the textbook answer is yes,  
8 you would go from a CCP to a CCS and then on to an  
9 ambulance loading point and then off to hospital. In  
10 reality, that patient brought into the casualty  
11 collection point may have higher priority than some that  
12 are in CCS, therefore you could liaise with the  
13 different responders and say, "No, that is my priority 1  
14 who is going into the ambulance next", if the  
15 communication was good and if the understanding was  
16 there.  
17 SIR JOHN SAUNDERS: Where you were setting up the station,  
18 whatever we call it, because of where it was located,  
19 would it inevitably be the last stopping point before  
20 getting to an ambulance? Do you understand what I mean?  
21 A. Yes.  
22 SIR JOHN SAUNDERS: It really wouldn't be an intermediate  
23 point like a CCP?  
24 A. In my mind, it was going to be that sort of thing  
25 because the layout lent itself well — there was a road

1 structure, a decent area what I felt was safe-ish, and  
2 the idea was to bring patients there, into there, and  
3 then load them on to ambulances, but I wanted it to be  
4 flexible, if you will.  
5 SIR JOHN SAUNDERS: At that stage were you not really  
6 considering having a CCP separate to the CCS?  
7 A. At that stage, no, sir. But I was unaware of how many  
8 patients would be needed, so as the patients grew, the  
9 CCP grew with it, if you will.  
10 SIR JOHN SAUNDERS: I can understand the desirability of  
11 having a CCP where it's essential you get people out of  
12 an at-risk area as soon as possible.  
13 A. Yes, sir.  
14 SIR JOHN SAUNDERS: But if they're not actually at risk  
15 where they are in the area where the incident occurred,  
16 what's the advantage of having a CCP rather than taking  
17 them directly to the CCS? Maybe you're not the right  
18 person to ask for that.  
19 A. I think it's beyond my level, that, sir.  
20 SIR JOHN SAUNDERS: It's for the textbook writer?  
21 A. Yes, sir. Sorry.  
22 SIR JOHN SAUNDERS: No, no, that's all right. Thank you.  
23 MR DE LA POER: If it assists, and we'll get to this,  
24 I think our experts do confront that, as I'm sure you  
25 know, sir.

1 Can I turn next, please, to Mr Gozem Queen's Counsel  
2 who's taking the lead on behalf of the bereaved  
3 families.

4 Questions from MR GOZEM

5 MR GOZEM: Thank you. Good afternoon, Mr Beswick.

6 Mr Beswick, I'm going to ask you questions on behalf  
7 of the families now. A lot of areas have been covered,  
8 but I do need just to go back to the beginning to,  
9 I hope, get a slightly better understanding of the  
10 position of HART and its use.

11 Can I ask you this: would you agree with me that  
12 HART is probably the primary resource for NWAS in the  
13 event of a terrorist attack?

14 A. I wouldn't say primary resource. I'd say it's one of  
15 the main resources. There's other resources as well,  
16 but it is a main resource.

17 Q. Fine. In May 2017, were you as a team, as an  
18 individual, reminded of the threat level and the  
19 likelihood of a terrorist attack?

20 A. Although I can't remember specifics, but the level of  
21 threat currently engaged in by the country was  
22 reinforced.

23 Q. Right. As a team based in Manchester, was there any  
24 preparation done by HART in relation to possible sites  
25 of attack, terrorist attack that's to say?

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1 A. Not at my level, sir. That would be the resilience  
2 department.

3 Q. Were you ever aware of it?

4 A. Not that I would like to confidently discuss.

5 Q. All right. On the 22nd we know that it appears that the  
6 whole of your team had been deployed to Stockport, or  
7 a beyond perhaps beyond Stockport, to a fire at a mill  
8 where there were, I think, five fire engines; is that  
9 right?

10 A. Yes, sir.

11 Q. Were you needed when you got there?

12 A. No, sir.

13 Q. Did you have to get there to discover that you weren't  
14 needed or were you told on the way or was there any  
15 information passed to you on the way?

16 A. That information was only conveyed once I was at scene  
17 by the fire incident commander.

18 Q. Was that a disappointment to you? Could he have  
19 contacted you while you were en route and stood you  
20 down?

21 A. I don't remember feeling disappointed, sir.

22 Q. All right. Let me withdraw disappointed. Was there  
23 a more efficient way that you could have been told,  
24 rather than driving all the way to Stockport? Could  
25 you have been told through your operations centre?

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1 A. Yes, sir. I agree.

2 Q. Do you know of any reason why you weren't?

3 A. No, sir.

4 Q. Was there anyone at risk or who needed treatment once  
5 you got there?

6 A. Other than the operational firefighters who were  
7 actively fighting the fire, no, sir.

8 Q. Do you know why it was necessary for the whole of the  
9 HART team to be deployed there?

10 A. I think that was just standard operating procedure: if  
11 we're requested by another agency, we would respond  
12 accordingly with either a full team or, if we couldn't,  
13 as many as possible. So on that incident, I believe Ian  
14 was on another incident, another emergency, as a solo  
15 responder, so the rest of us then deployed to the site  
16 of the Stockport fire.

17 Q. Yes, I follow, but it's inevitable, isn't it, that  
18 because you were out there at Stockport, your deployment  
19 to the arena took a lot longer than it would have done  
20 had you been at your base when the report of the  
21 explosion came in?

22 A. Yes, sir, I agree.

23 Q. Have you reflected on the issue of why you and your team  
24 weren't told, either by the Fire Service or your  
25 operations centre, that you weren't needed?

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1 A. I personally haven't reflected on that, but I believe  
2 that there's an operational discussion that is beyond my  
3 level, I'm afraid, sir.

4 Q. Okay. How many of the call-outs that the HART team  
5 receives end in that or a similar way, with all turning  
6 up, blue lights flashing, only to find that in the event  
7 you're not needed? What percentage in your experience?

8 A. I wouldn't like to quantify it, but it's a high  
9 percentage, fortunately.

10 Q. It's fortunate in the sense that there's nobody injured  
11 when you get there, but by high percentage do you mean  
12 roughly half, more than half or less than half?

13 A. From my experience, probably 50/50, 50%.

14 Q. Right. Is it your experience that when you're deployed,  
15 you are sometimes told when you're en route, "Stand  
16 down, it turns out you're not needed", or do you have to  
17 get there to get that information?

18 A. You are correct, sometimes we receive a stand-down  
19 message from our emergency control centre whilst  
20 en route.

21 Q. So was this experience at Stockport out of the ordinary  
22 that you didn't receive a stand-down message?

23 A. No, sir.

24 Q. All right. I am going to move on from that topic and  
25 I want to ask you about your particular HART team that

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1 you were working with that night. On the evening,  
 2 looking at your statement, and I'm not going to take you  
 3 to the details, I think you can accept, that the usual  
 4 HART team leader wasn't available; correct?  
 5 A. Correct.  
 6 Q. The second-in-command HART team leader wasn't available;  
 7 correct?  
 8 A. Correct.  
 9 Q. And two other members of your team weren't available and  
 10 they were replaced by two from Liverpool?  
 11 A. Correct.  
 12 Q. I just want us to understand: was there any issue in May  
 13 of human resources, of understaffing, or was this just  
 14 normal for this sort of thing to occur?  
 15 A. Although it wasn't a normal occurrence it was familiar  
 16 to have other members from different teams filling in,  
 17 if you will. That doesn't make sense, I'm sorry. It  
 18 wasn't unusual, sir.  
 19 Q. Right. So rotas mean you get substitutes from time to  
 20 time?  
 21 A. But we're all trained to the same standard, so it's  
 22 a very modular approach.  
 23 Q. All right. I just want to understand that because I'm  
 24 sure it's me and that I haven't understood it properly.  
 25 But could we just look at {INQ021481/8}, please,

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1 Mr Lopez.  
 2 You were shown this yesterday, which seems to  
 3 indicate that there is a team leader's ambulance  
 4 Bronze commander's course. You see it's just above the  
 5 picture on the left there. Is that a course that  
 6 someone who is acting as a HART team leader would have  
 7 been expected to have completed?  
 8 A. No, sir. It's my understanding that it's for  
 9 substantive team leaders and it's historical courses  
 10 that are no longer run, I believe.  
 11 Q. Was that the position in May 2017?  
 12 A. I believe so, yes.  
 13 Q. It had already gone by then, had it?  
 14 A. Yes, sir.  
 15 Q. All right. So there is no -- is this what you're  
 16 telling me, there is no training to become a HART  
 17 team -- thank you, Mr Lopez, that can go now.  
 18 There's no training to become a HART team leader?  
 19 A. Not specific to the National Ambulance Resilience Unit  
 20 in my knowledge, sir.  
 21 Q. Please don't take this question personally because it's  
 22 capable of sounding rude, but it's not meant to be: who  
 23 was it who decided that you would be the HART team  
 24 leader on the night?  
 25 A. Ultimately, it was myself. I put myself forward.

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1 Q. Right. So does that mean that the decision was capable  
 2 of a democratic vote between all of the people in the  
 3 HART team or what? You put yourself forward to whom?  
 4 To the rest of the team, to someone in authority over  
 5 you?  
 6 A. I can't recall the specifics, but the way we operate, if  
 7 any members of the team that night had any concerns,  
 8 they could have challenged that decision and acted up  
 9 themselves. I wasn't precious about the role, I was  
 10 just trying to (1) develop and (2) develop my role.  
 11 Q. Understood, Mr Beswick, and I'm not trying to denigrate  
 12 you taking the role at all. I just do need to ask you  
 13 this question though: was there anyone in your team who,  
 14 as far as you know, was either better qualified or more  
 15 qualified than you or, for instance, had been on that  
 16 now defunct course that we just looked at?  
 17 A. On the evening of the 22nd, not to my knowledge. No one  
 18 had completed any substantial training in regards to  
 19 team leader.  
 20 Q. Right. Was there anyone who was more experienced at  
 21 acting up as team leader than you?  
 22 A. I believe that the two other operatives had more time in  
 23 HART than myself and therefore could be considered more  
 24 experienced.  
 25 Q. Who were they?

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1 A. Ian Devine and Nick Priest.  
 2 Q. Right.  
 3 A. And Steve English, he's been in longer.  
 4 Q. Right. Can I just ask you this then: was there any  
 5 discussion between you and those three other officers  
 6 before you put yourself forward or did you do it and  
 7 they said, yes, that's okay?  
 8 A. I can't recall, sir, whether there was an open  
 9 discussion or... I'm sorry.  
 10 Q. No, it's all right.  
 11 SIR JOHN SAUNDERS: Can you tell me the name of the third  
 12 one? I got Devine and Priest, but you were talking  
 13 across each other.  
 14 A. Steve English. Sorry.  
 15 SIR JOHN SAUNDERS: Not at all.  
 16 MR GOZEM: Could we look again at {INQ019194/2}, please,  
 17 Mr Lopez.  
 18 You'll recognise that. You were asked about it  
 19 yesterday and again this morning. You told us, I think,  
 20 and let me see if I can summarise and tell me if I get  
 21 any of this wrong, please, you did have training on the  
 22 use of action cards; is that right?  
 23 A. Yes, sir.  
 24 Q. You were aware of this action card; is that right?  
 25 A. Yes, sir.

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1 Q. In what circumstances had you become aware of it?  
 2 Because we've been told today it hadn't been adopted by  
 3 NWAS.  
 4 A. I'd been made aware of this on my NARU courses, initial  
 5 courses that were done at the education centre -- or  
 6 a card similar to this.  
 7 Q. Can I just ask you then please to cast your mind back:  
 8 when you volunteered and accepted the role of HART team  
 9 leader, were you able to recall any of this card, some  
 10 of this card?  
 11 A. No, sir.  
 12 Q. Plainly, you hadn't been given a copy of it to have with  
 13 you?  
 14 A. That's correct, sir, no.  
 15 Q. All right. Forgive me, because Mr de la Poer went  
 16 through much of that with you and I'm not therefore  
 17 going to go over it again. So I wonder if we could look  
 18 at another document that Mr de la Poer took you to.  
 19 It's {INQ008372/22}, please.  
 20 I think we looked at four pages of this yesterday,  
 21 Mr Beswick, and I'm loath, and I'm sure everyone else  
 22 wouldn't want me to, to go through all of it all over  
 23 again. But is this right, the principal concern of the  
 24 HART team on arriving at any incident, but in particular  
 25 one like this, that involved numerous casualties, would

1 be casualty management? Is that fair?  
 2 A. Yes, sir.  
 3 Q. So again, feel free to agree, disagree or qualify your  
 4 answer. Are these pages that Mr de la Poer took you  
 5 through yesterday central to your performance of your  
 6 roles? Is the material in here material that you're  
 7 very familiar with?  
 8 SIR JOHN SAUNDERS: Do you know what document you're looking  
 9 at?  
 10 A. Yes, sir, it's JESIP principles for marauding  
 11 terrorists.  
 12 MR DE LA POER: This is the JOPs that were in force,  
 13 relevant specifically within their own terms to  
 14 Operation Plato.  
 15 SIR JOHN SAUNDERS: Okay. And you're familiar with them?  
 16 A. Yes, sir.  
 17 SIR JOHN SAUNDERS: Right.  
 18 MR GOZEM: It sets out, doesn't it, the approach and the  
 19 reasons for that approach to managing casualties in the  
 20 sort of situation that you faced at the arena? Can you  
 21 agree with that?  
 22 A. Yes, sir.  
 23 SIR JOHN SAUNDERS: Just stop for a minute, please, I just  
 24 want to clarify that. You have just told me that they  
 25 are what to do during an Operation Plato.

1 A. Yes, sir.  
 2 SIR JOHN SAUNDERS: You didn't know this was an  
 3 Operation Plato?  
 4 A. No, sir.  
 5 SIR JOHN SAUNDERS: But did you think similar principles  
 6 would apply?  
 7 A. There's overlaps, isn't there, between the two response  
 8 plans? And a lot of shared terminology.  
 9 MR DE LA POER: If it helps, I took Mr Beswick through this  
 10 yesterday and, as I understood his answer, for each of  
 11 the ones I put to him, he agreed they were equally  
 12 applicable to this incident. That's my recollection of  
 13 his answers yesterday.  
 14 SIR JOHN SAUNDERS: Thank you. Sorry, Mr Gozem, do carry  
 15 on.  
 16 MR GOZEM: Not at all, sir, it's better it's clarified.  
 17 I didn't want to repeat the exercise that was done  
 18 yesterday.  
 19 Perhaps I can invite you to consider the third  
 20 paragraph:  
 21 "The tactical options selected should form the basis  
 22 of the casualty management plan."  
 23 Do you see that?  
 24 A. Yes, sir.  
 25 Q. The document, and we can go through it if it's

1 necessary, really is designed, I suggest, to assist you  
 2 or someone in your position in setting up a casualty  
 3 management plan. Is that something you can agree with?  
 4 A. Yes, sir.  
 5 Q. It goes on to say that:  
 6 "The casualty management plan should become a formal  
 7 document, approved by the tactical commander."  
 8 Do you see that? It's part of that third paragraph.  
 9 A. Yes, sir.  
 10 Q. Thank you. And that this plan should include the  
 11 tactical options to be conducted, and then there are two  
 12 examples given, treat and leave or treat and extricate.  
 13 It goes on. Again, I don't need to read it all. But  
 14 are those things that happened? Was there a casualty  
 15 management plan devised by you and Mr Smith?  
 16 A. We believed there was a management plan, but the wording  
 17 in this document is tactical, that's a Silver level,  
 18 isn't it, operational command level? Where I was  
 19 operating underneath the operational commander or  
 20 underneath the Bronze commander. So the casualty  
 21 management plan, the format of it, would be above my  
 22 level at that moment, sir.  
 23 Q. All right. I don't want to have a discussion about the  
 24 distinctions to be drawn there, but the decisions that  
 25 needed to be taken could only be taken by people at

1 operational level to begin with, couldn't they, because  
 2 only those people had the situational awareness?  
 3 A. I agree.  
 4 Q. And my suggestion is that this document really is  
 5 designed to assist in the formulation of a casualty  
 6 management plan at that level, which is later to be  
 7 delivered to the tactical commander.  
 8 A. Yes, sir.  
 9 Q. It says in the second sentence of the third paragraph:  
 10 "The casualty management plan must be discussed with  
 11 partner agencies ensuring that all on-scene commanders  
 12 are aware of the contents."  
 13 And then we go on to the tactical options, treat and  
 14 leave or treat and extricate. That didn't happen, did  
 15 it? In other words, there wasn't a plan that was  
 16 discussed with other on-scene commanders or that they  
 17 were made aware of the contents of the plan?  
 18 SIR JOHN SAUNDERS: Sorry, let's just stop for a moment if  
 19 you don't mind. This is all referring to the  
 20 Ambulance Service on-scene commander. Did you ever  
 21 consider yourself to be that?  
 22 A. No, sir.  
 23 SIR JOHN SAUNDERS: But you were talking to Mr Smith, so you  
 24 were discussing what would happen?  
 25 A. Yes, sir.

1 SIR JOHN SAUNDERS: Would it be your responsibility to be  
 2 discussing it with people from other agencies?  
 3 A. Potentially, but ultimately it would be the operational  
 4 commander who would have that discussion.  
 5 SIR JOHN SAUNDERS: Right. I just wanted to establish,  
 6 Mr Gozem, exactly what his responsibilities were under  
 7 this plan.  
 8 MR GOZEM: Yes, I'm sorry, sir, I was going to leave that  
 9 until a little bit later, but it's quite right that it  
 10 should be brought up now.  
 11 Let me be clear, Mr Beswick. I'm not saying that it  
 12 was your responsibility. What I'm trying to follow,  
 13 understand, explore is the extent to which you  
 14 understood what should happen and were able to have an  
 15 informed discussion with Dan Smith, who was the  
 16 operational commander. Do you see what I'm saying? Did  
 17 you bring any of this stuff to his attention to help him  
 18 make his decisions?  
 19 A. I can't recall specifics of the conversation, sir, I'm  
 20 sorry.  
 21 Q. Who would decide on the issues of treat and leave or  
 22 treat and extricate? You or him?  
 23 A. Ultimately, that would be the operational commander's  
 24 decision based on the information, intelligence coming  
 25 from above and below. I would offer information and

1 maybe a bit of guidance as to what skill sets we had,  
 2 but ultimately I believe that is an operational  
 3 commander's decision.  
 4 Q. Was there a decision made about whether to treat and  
 5 leave or treat and extricate that was shared with you?  
 6 A. Not that I can recall, sir.  
 7 SIR JOHN SAUNDERS: Just help me about this: the decision  
 8 with an individual patient at the scene, whether to  
 9 treat and leave or treat and extricate, is that  
 10 something that the on-scene commander can do from right  
 11 downstairs or does it have to be the person who's  
 12 actually there, saying, "In this particular case, he or  
 13 she should be extricated as soon as possible"?  
 14 A. A bit of both, sir. If in the event the number of  
 15 casualties outnumbers the number of resources, it may be  
 16 a treat and leave scenario, but then as the resources  
 17 grow to manage the patients, it might be, "Right, we can  
 18 start extricating now". Ultimately, we need somewhere  
 19 to extricate the patients to.  
 20 SIR JOHN SAUNDERS: The direction would be -- when you got  
 21 the information about number of casualties it would be,  
 22 well, you'll need at the moment to treat and leave,  
 23 we're not ready for them?  
 24 A. Yes, sir.  
 25 SIR JOHN SAUNDERS: Now we can treat and extricate?

1 A. Yes, sir.  
 2 SIR JOHN SAUNDERS: Thank you. Thank you, Mr Gozem,  
 3 I understand.  
 4 MR GOZEM: Thank you, sir.  
 5 Was there an agreement between you and Mr Smith  
 6 about what should happen in relation to those issues  
 7 that you have just explained?  
 8 A. Again, I'm sorry, my mind is blank in regards to certain  
 9 conversations I had with Mr Smith. I was only made  
 10 aware of the images on Monday, so I don't recall  
 11 specifics.  
 12 Q. All right. We know this, and perhaps this will help,  
 13 perhaps not, but let's see. There came a time when you  
 14 invited Lea Vaughan and Mr Hargreaves to consider going  
 15 into the City Room. Do you remember that?  
 16 A. Yes, sir.  
 17 Q. Did you discuss the question of the extrication of  
 18 patients with them?  
 19 A. I believe it was triage and not to extricate at that  
 20 moment in time, as we had nowhere to receive. The goal  
 21 was intelligence, how many patients there were and  
 22 what was actually going on, because at that point we  
 23 still hadn't had confirmation of what had actually  
 24 happened.  
 25 Q. All right. I'm just going to allow myself to be



1 diverted by asking you one question. One of the ways in  
 2 which that information could have been obtained most  
 3 simply was by you going and having a look, wasn't it?  
 4 A. That's correct, yes.  
 5 Q. Given that you wanted to wait until you knew how many  
 6 people were in there, because it was germane, important,  
 7 to your decisions, did it not occur to you to go and  
 8 have a look?  
 9 A. Yes, sir, it did, but I felt I was required outside to  
 10 establish the command and control elements of the  
 11 response, try and organise it, if you will.  
 12 Q. You've explained to us very clearly what happened  
 13 in relation to the establishment of the casualty  
 14 collection point, casualty clearing station and so on.  
 15 But I just want to understand this: it did occur to you,  
 16 you said, to go upstairs and have a look? Was there  
 17 anything to stop you saying to Mr Smith, "I'm just going  
 18 to go and make a visual assessment of the City Room  
 19 before deciding on how to deploy my staff"? You could  
 20 have done that?  
 21 A. Potentially, yes, sir.  
 22 Q. Did it occur to you to say that to him?  
 23 A. Not that I recall, no, sir.  
 24 Q. But it had occurred to you that it's something that  
 25 would be useful to do, to go upstairs and have a look?

1 A. I was confident in the abilities of the team going  
 2 forward and the knowledge that Mr Ennis was already  
 3 embedded in there and that my need at that moment in  
 4 time was to help manage the patients that were being  
 5 presented to me in that fashion.  
 6 Q. All right. Just in general terms, is this fair, you had  
 7 no idea in numerical terms how many people there were  
 8 in the City Room that might have benefited from  
 9 immediate treatment from a HART medic? Is that right?  
 10 A. Correct, sir.  
 11 Q. You may have had every confidence in the two you were  
 12 sending in and the one man that was in there, but  
 13 without that information, it was impossible to assess  
 14 whether more was needed, wasn't it?  
 15 A. From my viewpoint, yes, sir.  
 16 Q. You couldn't assess whether you needed to send more  
 17 people in there because you didn't know how many people  
 18 were in need of immediate treatment? That's right, yes?  
 19 A. Yes, sir.  
 20 Q. I've asked you why you didn't go upstairs, you've said  
 21 you were confident in the abilities of the others. Did  
 22 you say to them, that's Lea Vaughan or Mr Hargreaves,  
 23 "Please when you get there, begin by making an  
 24 assessment and give me an immediate report of how many  
 25 people appear to need urgent assistance"?

1 A. Not in so many words, sir.  
 2 Q. What did you say to them?  
 3 A. "There's been an explosion. Multiple fatalities. We  
 4 still don't know whether the scene is clear. We're not  
 5 sure if it's safe. We've no intelligence." Words to  
 6 that effect. "Can we have some intelligence?" By that  
 7 I meant patient numbers. It was a very, very brief  
 8 brief.  
 9 Q. Yes.  
 10 A. Sorry.  
 11 Q. That's all right, Mr Beswick, and please understand,  
 12 I know this will inevitably be difficult for you, but  
 13 everybody's aim is to help, should something like this  
 14 happen in the future, so it will be of value if you can  
 15 tell us whether it occurred to you to invite them to  
 16 give you a report on how many injured were in the  
 17 City Room. Did it occur to you to say that to them,  
 18 because it appears you didn't say it?  
 19 A. I would expect information to come back and that would  
 20 be in the format that I think you're suggesting should  
 21 have taken place. But I didn't specifically say,  
 22 "Can you call me as soon as you get there", or words to  
 23 that effect.  
 24 Q. So it was, in other words, just something you expected?  
 25 A. Yes, sir.

1 Q. All right. Do you think that perhaps some training or  
 2 learning by you, by them, because it never came from  
 3 them either, did it, the information about how many  
 4 people were up there and needed help?  
 5 A. In my understanding, the information had been passed  
 6 from Mr Ennis, so Chris and Lea were filtering  
 7 information to Mr Ennis, Mr Ennis then passed that  
 8 information to the operational commander, Mr Smith, and  
 9 I was privy to that information from being on the same  
 10 channel as the commanders.  
 11 SIR JOHN SAUNDERS: You heard that information coming back  
 12 from Mr Ennis?  
 13 A. Yes. I can't recall specifics, but I can recall they  
 14 were passing information so I knew that my team had got  
 15 there and they were being effective in that zone. In  
 16 regards to -- I believe Mr Gozem's question was about  
 17 learning and, yes, I've reflected massively on this  
 18 and -- yes.  
 19 SIR JOHN SAUNDERS: So far as you were concerned, you were  
 20 getting information back from the scene via Mr Ennis and  
 21 you were not getting requests at that stage to send more  
 22 people up?  
 23 A. That's correct, sir.  
 24 MR GOZEM: You would understand, I think, that Ms Vaughan  
 25 and Mr Hargreaves were treating patients and moving on

1 to the next patient. That much I think we will hear  
 2 from them. Did you think about how those patients were  
 3 going to be extricated, how they were going to be moved  
 4 from the City Room, out to the casualty collection  
 5 point?  
 6 A. No, sir. The movement of patients was already occurring  
 7 spontaneously, if you will, with responders who were  
 8 already on scene. It was already happening, I think.  
 9 Q. And who was managing that?  
 10 A. I am not sure.  
 11 Q. Were you satisfied that the right people were being  
 12 moved? Do you understand what I mean by that?  
 13 A. The right priority of patients?  
 14 Q. Yes.  
 15 A. I had no influence on that. They were all very, very  
 16 poorly, injured, sir. They were all priority 1  
 17 patients.  
 18 Q. But wasn't it important that any sort of plan should  
 19 prioritise the most urgent cases?  
 20 A. Yes, sir. And that was to be undertaken at the casualty  
 21 collection point.  
 22 Q. Sorry?  
 23 A. Ideally, that would be undertaken at the casualty  
 24 collection points.  
 25 Q. But they've got to get from the City Room to the

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1 casualty collection point. That's really what I'm  
 2 asking you about. Do you know, can you know, whether  
 3 the people who were being brought to the casualty  
 4 collection point were the ones who'd been identified by  
 5 the HART operatives and the paramedic?  
 6 SIR JOHN SAUNDERS: Let's just stop there. Would you expect  
 7 triage to take place at the scene, ie in the City Room?  
 8 A. Yes.  
 9 SIR JOHN SAUNDERS: So an initial triage done there and then  
 10 another triage at the casualty collection point?  
 11 A. Yes, sir.  
 12 SIR JOHN SAUNDERS: And then again at the casualty station?  
 13 A. More definitive treatment at the casualty collection  
 14 station.  
 15 SIR JOHN SAUNDERS: Quicker done at the scene, more time  
 16 perhaps at the CCP, and then a final and more intensive  
 17 one done at the CCS?  
 18 A. Yes, which would have other clinicians in like doctors  
 19 and advanced paramedics and people like that.  
 20 SIR JOHN SAUNDERS: Thank you, Mr Gozem.  
 21 MR GOZEM: Not at all.  
 22 It would have been possible, wouldn't it, to have  
 23 organised a system whereby stretchers were being used  
 24 rather than those railings and pieces of cardboard?  
 25 A. Yes.

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1 Q. Why didn't that happen?  
 2 A. I felt that the movement of patients from the City Room  
 3 to the area below, although it wasn't ideal, it was  
 4 effective, it was very effective, sir.  
 5 Q. It wasn't necessarily safe, though, was it?  
 6 A. No, sir. I'm aware what you're probably alluding to.  
 7 But unfortunately, the equipment we had at that point,  
 8 that could have posed dangers to the responders and the  
 9 patients also. Spinal boards, for example, are very  
 10 narrow, the scoop stretchers are very narrow, and  
 11 you have to be secured in with Velcro straps and stuff.  
 12 It could have been very challenging for the responders.  
 13 So even though not ideal, it was effective, sir.  
 14 Q. Yes. You had -- I'm just trying to get a picture of  
 15 what's happening here. You had, was it, police officers  
 16 and others coming down with patients on a piece of  
 17 railing with a piece of board over the top of it and  
 18 perhaps seven or eight of them carrying that piece of  
 19 railing and the patient? Is that the picture?  
 20 A. I can't remember the specifics of it. I don't know how  
 21 many responders were carrying and...  
 22 SIR JOHN SAUNDERS: Let's forget the number. A number of  
 23 people would have been carrying the railing, cardboard  
 24 and a patient?  
 25 A. Yes.

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1 MR GOZEM: Were those people, were a number of them police  
 2 officers?  
 3 A. I think so, yes, sir.  
 4 Q. You used the phrase responders. So they weren't  
 5 paramedics, presumably?  
 6 A. I don't think so, sir, no.  
 7 Q. Well, if you'd got the stretchers out of the ambulances,  
 8 do you think it would have taken very long to explain to  
 9 a police officer, "Take this back with you, this is how  
 10 you use it"?  
 11 A. No, sir.  
 12 Q. Did it occur to you that you could do that? "You've  
 13 come down with a railing, officer, take this back, use  
 14 this in future, it'll be safer, this is how you use it,  
 15 put the patient here and strap them in"?  
 16 A. No, sir, because as I said before, even though it wasn't  
 17 ideal, it was effective, and therefore to introduce more  
 18 equipment in may not have been -- may have been less  
 19 effective.  
 20 Q. Why would a stretcher -- well, all right, I understand  
 21 your answer.  
 22 Was there a clear reason in your mind for not  
 23 deploying the other three HART operatives who arrived  
 24 into the City Room once they had arrived? What was the  
 25 reasoning?

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1 A. Initially , my thought process — we were concerned about  
 2 secondary and tertiary devices and scene safety and then  
 3 actually the logistics of the major incident plan, so we  
 4 had many, many critically injured patients that were in  
 5 danger of overwhelming the area and overwhelming the  
 6 resources. So it was my intention to try and establish  
 7 the logistics of the major incident, if you will, the  
 8 flow of patients from the explosion site to actually get  
 9 them to hospital. Either the need — rightly or  
 10 wrongly, my concern was not to overcommit resources into  
 11 that area for fear of a secondary device. Also there  
 12 was a lot of other factors, such as the suspect package  
 13 at Piccadilly Gardens, I believe there was an incident  
 14 at one of the hospitals, so my concern at that point was  
 15 to make sure we had resilience to then move on to  
 16 another scene if this develops into a marauding  
 17 terrorist incident, a multi-sited attack.

18 Q. Is that something that you thought or discussed with  
 19 Mr Dan Smith?

20 A. I'm not sure about the specifics, whether I did or I did  
 21 not, sir. I know that was part of my own thought  
 22 process. I don't know whether that was shared at that  
 23 moment.

24 Q. All right. Do you feel you were sufficiently familiar  
 25 with the tactical plan?

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1 A. On reflection, no. But on the evening, we adapted as  
 2 best we could.

3 SIR JOHN SAUNDERS: Can I know what we're talking about? By  
 4 tactical plan, are we talking about the plan which  
 5 Mr Smith — is that when you say (overspeaking) or are  
 6 you talking about something somewhere else?

7 A. I'm assuming so, sir.

8 SIR JOHN SAUNDERS: So you're talking about Mr Smith's plan?

9 A. Yes.

10 SIR JOHN SAUNDERS: Right. Are you all right?

11 A. Yes, sir.

12 SIR JOHN SAUNDERS: Okay. I'm sure Mr Gozem will limit the  
 13 questions as much as he can. So looking back, the  
 14 communication between you and Mr Smith may not have been  
 15 as good as it might have been, which may be entirely  
 16 understandable.

17 MR GOZEM: Mr Beswick, can I ask you this question, please,  
 18 and reassure you that I'm very close to finishing my  
 19 questions. Was Mr Smith receptive to any of your ideas  
 20 or did he appear to have a clear plan that he wanted to  
 21 implement?

22 A. I believe Mr Smith was receptive to —

23 SIR JOHN SAUNDERS: I'm not sure they're necessarily  
 24 complete alternatives. But he was receptive to your  
 25 ideas anyway?

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1 A. Yes.

2 MR GOZEM: Can I ask you what it was that you suggested to  
 3 him that he accepted?

4 A. I'm sorry, Mr Gozem, I don't recall specifics of the  
 5 conversations. I was only made aware of the stills —  
 6 I didn't realise I'd spoken that many times to Mr Smith  
 7 in the course of the evening.

8 MR GOZEM: Mr Beswick, thank you very much. I'm sure (a)  
 9 that you did your very best on that evening, for which  
 10 people will be grateful, and (b) I'm sure you've done  
 11 your very best to help us today so I, for one,  
 12 thank you.

13 I have no more questions.

14 Further questions from MR DE LA POER

15 MR DE LA POER: I understand that Mr Atkinson may have  
 16 a very short period of question, but before I turn to  
 17 him I have been asked to raise a question and I hope  
 18 I do it justice.

19 Mr Beswick, before you're asked any more questions  
 20 by anyone else, can I ask you this: did you ever  
 21 consider taking casualties out via Trinity Way?

22 A. No, sir, I did not consider that.

23 Q. One potential advantage of that, I've been asked to draw  
 24 to your attention, is that that may have involved fewer  
 25 steps. Did you know the Victoria Station complex well

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1 enough at the time that you were involved to have that  
 2 sort of information in your mind?

3 A. No, sir, sorry.

4 MR DE LA POER: Right. I hope I've done it justice. It may  
 5 be that others can be asked that as well.

6 Can I turn now, please, to Mr Atkinson.

7 Questions from MR ATKINSON

8 MR ATKINSON: Good afternoon, Mr Beswick. I hope you can  
 9 hear me all right.

10 A. Yes, sir.

11 Q. Two very short topics and I won't take long. All right?  
 12 The first topic is deployment. In answer to Mr Gozem  
 13 a little earlier, you explained that it would be  
 14 standard operating procedure for your whole team, or as  
 15 much of your team as was available, to answer a call.

16 A. Yes, sir.

17 Q. Was there ever a suggestion that it might be better to  
 18 hold part of the team back so that if a second incident  
 19 arose, you would be able to attend that second incident  
 20 more quickly?

21 A. That's not something I could comment on in my experience  
 22 in the role, sorry, sir.

23 Q. So you're not aware of that being a suggestion made to  
 24 you?

25 A. No, sir.

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1 Q. In relation to your deployment on this occasion, going  
2 from Stockport to the arena, you've explained to us that  
3 Mr Priest and Mr English had to go to fetch an extra  
4 vehicle, which I think had the effect of sending them  
5 off in the opposite direction to the arena; is that  
6 right?

7 A. My geography is lost a little bit, but they'd be  
8 travelling from past Stockport towards our base where  
9 they would then collect the other vehicle, which is, if  
10 I am right, on the way to the arena, isn't it?

11 SIR JOHN SAUNDERS: I think you're probably likely to know  
12 better than Mr Atkinson. It's your evidence.

13 A. Just off the motorway.

14 SIR JOHN SAUNDERS: We can look at that.

15 MR ATKINSON: Did you envisage that it would delay their  
16 arrival at the arena?

17 A. I envisaged a slight delay, yes, sir.

18 Q. Just on that, were there resources available that could  
19 have brought the vehicle to join you rather than you  
20 having to reduce the number of your specialist team in  
21 order to fetch it?

22 A. In hindsight, yes, there were off-duty HART members who  
23 volunteered and there were other SORT, Special  
24 Operations Response Team, members who could have  
25 collected that vehicle.

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1 Q. Clearly, you expected Mr Priest and Mr English to join  
2 you at the arena when they could. Had you made a plan  
3 as to what they would do when they arrived before  
4 Ms Vaughan and Mr Hargreaves were sent into the  
5 City Room?

6 A. No, sir, not at that time.

7 Q. Or created any expectation on the part of Ms Vaughan and  
8 Mr Hargreaves that they would be getting help?

9 A. I don't think I'd set a plan for the other operatives at  
10 that moment in time, sir.

11 Q. The second topic, and this is to go back to something  
12 you were asked about yesterday by Mr de la Poer and  
13 that's in relation to the triage process. You were  
14 asked about whether it was right that the triage process  
15 would involve potentially a degree of treatment and you  
16 indicated that it would. And lest anyone think that  
17 that was an error on your part, I wonder if we could,  
18 Mr Lopez, very briefly look at {INQ019227/1}.

19 This is a National Ambulance Resilience Unit  
20 document. If we go to the second page, please, Mr Lopez  
21 {INQ019227/2}, we can see it deals with the role of  
22 a primary triage officer. And we can see in red  
23 underneath the tabard illustration:

24 "Best practice is to carry out triage sieve in  
25 pairs."

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1 And was that certainly your understanding,  
2 Mr Beswick, that it would be better to have two people  
3 as a team doing triage?

4 A. Yes, sir.

5 Q. And that is what you envisaged Ms Vaughan and  
6 Mr Hargreaves doing, wasn't it?

7 A. Yes, sir.

8 Q. If we go to the next page, Mr Lopez, if you would.  
9 {INQ019227/3}. The very top box, the one in red,  
10 please. The instruction:

11 "Stay focused on your role. Do not attempt rescue  
12 or treatment of casualties with the exception of opening  
13 an airway or stemming catastrophic haemorrhage."

14 Thank you, that can come down again, please.

15 So it would inevitably be a part of the role of  
16 a triage team, such as Ms Vaughan and Mr Hargreaves,  
17 that they would, where necessary, as part of that triage  
18 process, be providing treatment?

19 A. Yes, sir, in a limited way.

20 Q. In the sense that in any case of catastrophic bleeding,  
21 you would expect them to take steps to treat that  
22 immediately before they moved on to the next person?

23 A. Yes, sir.

24 Q. And if someone was in an inappropriate position so far  
25 as their breathing was concerned, you'd expect them to

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1 do something about that as well?

2 A. Yes, sir.

3 Q. In relation to dealing with catastrophic bleeding, were  
4 you and your colleagues equipped with tourniquets?

5 A. Yes, sir.

6 Q. And I think we'll hear evidence of something called  
7 Celox; is that right?

8 A. Yes, sir, Celox.

9 Q. Is that a fabric-based tourniquet?

10 A. No, it's a packing agent.

11 SIR JOHN SAUNDERS: So it's not a tourniquet?

12 A. No, sir.

13 MR ATKINSON: But is it a necessary part of a tourniquet  
14 depending on the nature of the bleed?

15 A. It would be done after the primary triage, so the  
16 primary triage would be to arrest any catastrophic  
17 haemorrhage and, if there's time and resources  
18 available, you might start doing a bit of wound  
19 management, such as the Celox or the complicated blast  
20 bandages.

21 Q. So stage 1, essentially apply a tourniquet. Stage 2 is  
22 follow that up with further bandaging, including maybe  
23 Celox?

24 A. I believe so, yes, sir.

25 Q. But they would have been equipped with the tourniquets

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1 for stage 1?  
 2 A. Yes, sir.  
 3 Q. And is that something that any of your team would have  
 4 had as part of their kit?  
 5 A. Yes, sir.  
 6 Q. And so more of you equals more tourniquets available?  
 7 A. Yes, sir.  
 8 Q. And more of you equals more people able to apply them?  
 9 A. Yes, sir.  
 10 Q. And the rationale for doing that immediately as part of  
 11 the first triage process is because catastrophic bleeds  
 12 need to be treated as quickly as possible because it can  
 13 make a real difference?  
 14 A. Yes, sir, within minutes.  
 15 MR ATKINSON: Thank you very much, Mr Beswick, that's all  
 16 I need to ask you.  
 17 Thank you very much, sir.  
 18 MR DE LA POER: Sir, I note the time, but it may well be  
 19 that Mr Beswick is content to answer Ms Roberts'  
 20 questions, which I understand will not take us  
 21 substantially into the lunch break.  
 22 SIR JOHN SAUNDERS: Okay. I give you the option. You must  
 23 understand that although it may not take very long, you  
 24 obviously need to be able to concentrate properly on the  
 25 questions in order to answer them. If you think you can

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1 only do that with a break, we'll break. If you're happy  
 2 and want to carry on and get it over with, I'm happy to  
 3 do that to.  
 4 A. Happy to proceed, sir.  
 5 SIR JOHN SAUNDERS: Okay. Ms Roberts.  
 6 Questions from MS ROBERTS  
 7 MS ROBERTS: Thank you very much, sir.  
 8 Mr Beswick, I have some questions for you and I'm  
 9 going to ask, please, Mr Lopez, if we can have  
 10 {INQ040616/1} on the screen. This is the HART timeline.  
 11 Just looking at that timeline, at 21.48, so this is  
 12 three-quarters of an hour before the explosion, the  
 13 emergency operations centre received a report of a fire  
 14 with unknown casualties. Just breaking that down,  
 15 at the point at which you were deployed to this  
 16 incident, the information that you had, as I read it  
 17 from this document, was that there may be casualties and  
 18 that they were unknown at that stage.  
 19 A. That's correct, ma'am, yes.  
 20 Q. Thank you. Did you know at that stage whether those  
 21 casualties were people who were injured or people who  
 22 were dead or both?  
 23 A. We had no information, we just had unknown casualties,  
 24 ma'am.  
 25 Q. All right. To those of us who have a better local

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1 knowledge than others, the route that you took from  
 2 where you are based took you round the M60, that's the  
 3 route that we can see on the map, isn't it?  
 4 A. Yes.  
 5 Q. And we know from a reference over the page -- we don't  
 6 need to turn to it at the moment -- that the journey  
 7 time took you and your colleagues about 23 or  
 8 24 minutes. It's a journey, I can tell you, sir -- this  
 9 is for the chairman -- of about 15.5 miles.  
 10 So off you went to that incident and, again, looking  
 11 at that first page of this document, the incident itself  
 12 took you some distance beyond Stockport and the other  
 13 side of a place called Woodley. On arriving at the  
 14 scene, as we know that you did -- could we have page 2,  
 15 please, Mr Lopez? {INQ040616/2}.  
 16 I think you were in vehicle Z304; that's right,  
 17 isn't it?  
 18 A. Yes, ma'am.  
 19 Q. You were in that vehicle with your colleague,  
 20 Mr Hargreaves, and Lea Vaughan was in a separate  
 21 vehicle, and Mr Priest and Mr English were in a public  
 22 support unit. So that's five of you attending the fire  
 23 with unknown casualties. Am I right?  
 24 A. Yes, ma'am.  
 25 Q. It's been suggested to you, Mr Beswick, that that was

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1 the entirety of the HART team. That's not in fact  
 2 right, is it?  
 3 A. No, ma'am.  
 4 Q. Because Mr Devine had been deployed elsewhere to  
 5 a separate incident, hadn't he?  
 6 A. Yes, that is correct.  
 7 Q. Okay. So there you were at the scene and arriving, as  
 8 we know, (inaudible: distorted) hours. I'm going to ask  
 9 you, please, Mr Beswick, just to look at the time, which  
 10 is at 22.38.41, so within about 7 minutes or so of the  
 11 explosion at the arena occurring.  
 12 At that stage, EOC had phoned the tactical  
 13 commander, sometimes referred to as Silver, and that was  
 14 Annemarie Rooney; correct?  
 15 A. Yes, ma'am.  
 16 Q. At about 1 minute and 20 seconds into that call, so this  
 17 is at 22.40, Annemarie Rooney, tactical Silver commander  
 18 that night, says as follows:  
 19 "We need to get HART."  
 20 We can see, can't we, Mr Beswick, that 12 seconds  
 21 later, at 22.40.13, EOC informed 304. Was that your  
 22 colleague, Mr Hargreaves?  
 23 A. I believe that was the vehicle call sign.  
 24 Q. Vehicle call sign, thank you.  
 25 A. I was going to say, the main set radio, so in the

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1 vehicle there will be a main set radio, which I'm not  
 2 sure, but that may have been the call sign it's alluding  
 3 to.  
 4 Q. All right. So only 12 seconds after Silver had said,  
 5 "We need to get HART", EOC has informed HART that they  
 6 are needed. You were informed, you are call sign 301;  
 7 is that right?  
 8 A. Yes, that's correct.  
 9 Q. And you were informed a few seconds later of the ongoing  
 10 incident at the arena and you thereafter needed to speak  
 11 to the fire commander at the scene, presumably?  
 12 A. Yes, ma'am.  
 13 Q. Was it only upon arriving at this fire that you learnt  
 14 that in fact there weren't any casualties? You didn't  
 15 know that before you attended?  
 16 A. That's correct.  
 17 Q. And we can see that a minute or so later, so you got the  
 18 information that you needed, you had spoken to the fire  
 19 commander, and a minute or so later you told EOC that  
 20 you were ready to clear from that fire; is that right?  
 21 A. That's correct.  
 22 Q. You told us that your colleagues, Mr Priest and  
 23 Mr English, had also attended in the PSU and they were  
 24 already starting to make their way back to base to where  
 25 the HART team is based; correct?

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1 A. Yes, ma'am.  
 2 Q. Over the page, please, Mr Lopez {INQ040616/3}. We can  
 3 see the top entry, 22.44.35:  
 4 "Z304, you cleared from the fire incident."  
 5 Is that right?  
 6 A. That's correct, yes.  
 7 Q. So you cleared at 22.44. If we go over the page,  
 8 please, {INQ040416/4}, we can see both the route that  
 9 you took, and this particular route, again blessed with  
 10 local knowledge, that's the A57, so you're not going  
 11 round a motorway at this point, you're going through  
 12 an A road that takes you through Denton, Gorton, and  
 13 Belle Vue. It's a journey of about 10 miles and it's  
 14 a journey having you arriving at Hunts Bank at 23.07.  
 15 So 23 minutes after you set off from the other side of  
 16 Woodley.  
 17 Mr Beswick, I'm now going to ask you about events at  
 18 the arena itself. You've been asked about a number  
 19 of --  
 20 SIR JOHN SAUNDERS: Sorry, do we need the map or shall we  
 21 remove that?  
 22 MS ROBERTS: Remove that, please. Thank you very much.  
 23 Mr Beswick, you've been asked a number of questions  
 24 about why, as team leader, you stayed where you did and  
 25 why you didn't deploy alongside your colleagues

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1 Lea Vaughan and Chris Hargreaves into the City Room. Is  
 2 it right that as team leader you might be expected to  
 3 stay and to meet and direct other members of your team  
 4 upon their arrival at the arena?  
 5 A. That is correct, ma'am, yes.  
 6 SIR JOHN SAUNDERS: Okay, just stopping for a moment,  
 7 forgive me, Ms Roberts, for interrupting you.  
 8 That's not an explanation you have given so far.  
 9 I am not saying it is not a correct explanation, but was  
 10 that going through your mind when you decided not to go  
 11 in yourself, that you needed to wait for other people to  
 12 come?  
 13 A. It was part of my decision-making process, sir.  
 14 SIR JOHN SAUNDERS: Thank you.  
 15 MS ROBERTS: And we know of course that having arrived at  
 16 the arena and Lea Vaughan and Christopher Hargreaves  
 17 having deployed into the City Room at about 23.14  
 18 there's then a period of about 7 minutes or so before  
 19 you are captured on the footage talking to your  
 20 colleagues Mr Priest and Mr English.  
 21 Sir, this is a reference for you. It doesn't need  
 22 to go on to the screen. I'm going to invite you, sir,  
 23 in due course to consider, please, {INQ035306/50} and  
 24 it's the addendum ambulance report at paragraph 254,  
 25 which touches on that particular point.

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1 Mr Beswick, you have been asked a number of  
 2 questions about what was going on upon your arrival and  
 3 upon your busying yourself, as you have told us you did,  
 4 within the area around about the war memorial, so the  
 5 CCS or the CCP, as that area has been referred to.  
 6 If we can have -- Mr Lopez, please do not put this  
 7 on the screen. This is a reference, sir, for you and  
 8 the lawyers in the room only, not to go on the screen.  
 9 It's the CCS map. It sets out, as you will see, sir,  
 10 and will understand why it's not going on the screen,  
 11 the arrival time in the CCS of a number of individuals.  
 12 SIR JOHN SAUNDERS: I'm not sure you've given us the  
 13 reference for it at the moment.  
 14 MS ROBERTS: Forgive me, sir. It's {INQ040366/1}.  
 15 SIR JOHN SAUNDERS: Thank you very much.  
 16 MS ROBERTS: At the point at which Lea Vaughan and  
 17 Christopher Hargreaves went into the City Room, and  
 18 we've seen the image of them going up the stairs at  
 19 about 23.14, at that particular time, there were  
 20 already, Mr Beswick, nine people within that general  
 21 area which became the CCS, and of those nine people we  
 22 know that five were priority 1 and four were priority 2.  
 23 At the point at which your colleagues, perhaps  
 24 Mr English and Mr Priest (inaudible: distorted) this  
 25 event, that's around about 23.21 or 23.22, 16 people

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1 were in that area. Of those 16 people, seven were  
 2 priority 1 and nine were priority 2.  
 3 Sir, this is a reference for you, not to go on the  
 4 screen, but it is the reference to the HART timeline,  
 5 {INQ040616/5}, not on the screen, please, Mr Lopez,  
 6 page 5. It's the final entry on that page at 23.22.49.  
 7 I'm not going to read that out, but I draw that to your  
 8 attention, sir.  
 9 SIR JOHN SAUNDERS: Thank you.  
 10 MS ROBERTS: Finally, this is I hope of assistance to you,  
 11 sir, so far as Mr Devine is concerned. There's been  
 12 questions in relation to his deployment into the  
 13 City Room and as to what he did within the City Room and  
 14 we've heard evidence of that. The time of that is at  
 15 23.38.  
 16 Mr Beswick, those are my questions. Thank you very  
 17 much.  
 18 SIR JOHN SAUNDERS: Thank you. There weren't too many  
 19 questions there to answer anyway, but that's very  
 20 helpful information, thank you, Ms Roberts.  
 21 Further questions from MR DE LA POER (continued)  
 22 MR DE LA POER: Sir, one very brief follow-up, if I may,  
 23 about the briefing of your colleagues and that forming  
 24 part of your thought process.  
 25 A. Yes, sir.

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1 Q. How significant was that in your thinking, your need to  
 2 be there to meet your colleagues when they arrived?  
 3 A. Yes, it was very significant, it was -- yes, sir.  
 4 Q. Was it a briefing that could have been delivered by  
 5 anyone other than you?  
 6 A. At that moment in time, I don't believe so, no, sir.  
 7 Q. For example, could you have asked Mr Smith or Mr Poland,  
 8 "When my team arrives, can you tell X number of them to  
 9 help here and deploy the others here?" I'm just trying  
 10 to understand how essential it was for you to -- we know  
 11 that your briefing was, "I would like you to help set up  
 12 the CCP". How essential was it that you, as opposed to  
 13 somebody else in authority, gave that briefing?  
 14 A. Yes, on reflection, somebody else may have given that  
 15 briefing.  
 16 MR DE LA POER: Thank you very much, Mr Beswick.  
 17 I have no further questions for you, and sir, unless  
 18 you do.  
 19 SIR JOHN SAUNDERS: No. Thank you very much. I'm very  
 20 grateful, thank you very much.  
 21 You've had a long time in the witness box, and  
 22 I know you've found doing it, giving evidence, fairly  
 23 difficult.  
 24 Right. 2.10.  
 25 (1.13 pm)

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1 (The lunch adjournment)  
 2 (2.10 pm)  
 3 MS CARTWRIGHT: Good afternoon, sir.  
 4 SIR JOHN SAUNDERS: I think this may be the first time  
 5 you've been addressed as a Queen's Counsel, so  
 6 congratulations.  
 7 MS CARTWRIGHT: Thank you, sir.  
 8 The gentleman in the witness box is  
 9 Christopher Hargreaves.  
 10 MR CHRISTOPHER HARGREAVES (affirmed)  
 11 Questions from MS CARTWRIGHT  
 12 MS CARTWRIGHT: Would you begin, please, by telling us your  
 13 name?  
 14 A. It is Christopher Andrew Hargreaves.  
 15 Q. Thank you. Mr Hargreaves, just to assist you, and so  
 16 it's clear for everyone else today, I'm going to deal  
 17 today with your background and experience. We're going  
 18 to deal with events up to and until your first entry  
 19 that night into the City Room but we will not be dealing  
 20 with the events in the City Room itself and I think you  
 21 understand that position.  
 22 A. That's correct, yes.  
 23 Q. Instead you will return later in this chapter,  
 24 chapter 10, to give your general evidence about those  
 25 events as you understand, and again in chapter 12 to

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1 deal with particular people that you dealt with.  
 2 A. Yes.  
 3 Q. May I make clear, both to the witness and to anyone  
 4 else, that no one should today ask Mr Hargreaves about  
 5 the events in the City Room and no one should ask  
 6 Mr Hargreaves about any particular deceased person, and  
 7 also notwithstanding the limits that I have just  
 8 indicated, we well understand the importance of your  
 9 role on the night and we also appreciate that that means  
 10 your evidence is capable of being distressing and  
 11 we would invite everyone to bear that in mind.  
 12 A. Thank you.  
 13 Q. Mr Hargreaves, you've provided a single witness  
 14 statement in respect of your involvement on the night  
 15 and that witness statement is dated 6 February 2018.  
 16 A. Yes.  
 17 Q. And you have a copy of that statement?  
 18 A. Yes.  
 19 Q. Is that true to the best of your knowledge and belief?  
 20 A. It is, yes.  
 21 Q. I think it's right also that, much earlier in time, you  
 22 had made an account that you've also provided that you  
 23 did on your home computer.  
 24 A. Yes. Approximately a few weeks or a month after the  
 25 event.

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1 Q. Thank you. You also, I think, indicate that in  
 2 providing that account, you'd also had access to  
 3 a PowerPoint that your colleague, and the colleague you  
 4 were with on the night, Lea Vaughan had created?  
 5 A. That's correct.  
 6 Q. Are you able to help us as to when Lea Vaughan prepared  
 7 that PowerPoint that you had reference to?  
 8 A. I would suspect it was 1 or 2 months after she made me  
 9 aware she was doing that and she then eventually sent me  
 10 a copy. I'm not too sure of the date of that.  
 11 Q. If we can deal with your training history and career  
 12 qualifications. You tell us in your witness statement  
 13 that at that time, in February of 2018, you had been  
 14 a HART paramedic for 3 years and 4 months.  
 15 A. Yes, it was 2014, around October time, if that works out  
 16 right.  
 17 Q. So at the time of the incident, you'd been a member of  
 18 the HART team for 2 years and 8 months; is that correct?  
 19 A. Yes.  
 20 Q. But you had been within NWS itself for some 16 years?  
 21 A. Yes, at the time, yes. 2001.  
 22 Q. Perhaps in your own words if you could give us an  
 23 overview of your experience up to the point of becoming  
 24 a member of the HART team, please, with NWS?  
 25 A. In 2001 I joined what was Greater Manchester

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1 Ambulance Service as student paramedic at the time.  
 2 Once you've done the initial training, you become an  
 3 ambulance technician. I did that for a couple of years,  
 4 got the experience, and then moved on and became an  
 5 ambulance paramedic in 2003. I worked in relation to  
 6 sort of major incidents -- I joined the Special  
 7 Operations Response Team, so in the late 2000s, did that  
 8 and got an understanding of what HART was, and then  
 9 joined in 2014.  
 10 Q. So you have just mentioned in giving that answer the  
 11 Special Operations Response Team. Could you again  
 12 explain a little what the SORT team was, please?  
 13 A. Yes. It's a team that you'd join as part of your  
 14 general role as a paramedic. So you'd be doing  
 15 two-yearly refresher courses, daily sort of courses.  
 16 The purpose of SORT is to be able to provide  
 17 a decontamination facility, so you'll be trained in a  
 18 thing called PRPS, another acronym, powered respirator  
 19 protective suit. So if you needed to go to a CBRN  
 20 event, that gives you that capability. It'd be on an  
 21 on-call basis, so if you were signed on during a normal  
 22 shift as a paramedic, and something came in, you'd then  
 23 get asked to respond from that.  
 24 It also provides sort of extra capabilities in --  
 25 like at a major incident, you could provide the lighting

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1 that you'd be trained in, tents, decontamination tents,  
 2 setting up casualty clearing stations.  
 3 Q. Thank you. So can I ask, and we'll look at your records  
 4 briefly about training, the HART training you started to  
 5 receive from October 2014, do you then cease to be  
 6 a member of the SORT or do they run in tandem?  
 7 A. You're no longer a SORT -- a Special Operations Response  
 8 Team member, you become part of HART and HART has the  
 9 capability of the decontamination as well, so that kind  
 10 of covers that side of things. It's a separate role, if  
 11 you will.  
 12 Q. Thank you. Can I ask you also -- we can see in your  
 13 training and, we'll look at this in a moment, that you  
 14 did undertake some training for the AIT team.  
 15 A. Yes, that's correct.  
 16 Q. Can you first of all explain what the AIT team is and  
 17 then whether or not you ever were a member of AIT?  
 18 A. The Ambulance Intervention Team. I wasn't a member of  
 19 it whilst I was a standard paramedic. It's a course  
 20 that I did, probably I think 9 or 10 months after  
 21 I joined HART. It has changed now. I think you do that  
 22 automatically as part of your HART course. But at the  
 23 time I did it about 10 months later. So that's in  
 24 response to an MTFA incident. So you'd have the  
 25 capability, the PPE, the ballistic vest, helmets, and

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1 you'd be trained in triage and different sorts of  
 2 bandages, tourniquets, et cetera, and different modes of  
 3 transporting patients.  
 4 Q. So we'll look at that training in a minute. Can you  
 5 help us understand, whilst you're a member of the  
 6 HART team, and then having undertaken that further  
 7 training as to the AIT, were you also then considered  
 8 a member of the AIT team as well?  
 9 A. No, they would have been separate then. So you'd have  
 10 had the uplift staff, similar to the Special Operations  
 11 Response Team, but a regular -- I think it was just  
 12 paramedics at the time. You'd become an AIT member  
 13 also, so you'd -- same sort of thing. If an incident  
 14 happened like an MTFA, control would have a list of who  
 15 was MTFA trained and could be able to call upon them  
 16 at the time if there was an incident.  
 17 Q. Thank you. Then could you perhaps just update us,  
 18 before we deal with the detail of your training for  
 19 HART, as to, subsequent to the provision of your  
 20 statement in February 2018 to present day, are you still  
 21 a member of the HART team?  
 22 A. I am, yes.  
 23 Q. So because we know that your role on 22 May 2017 was as  
 24 a member of that HART team, and before I take you into  
 25 the training, can I just establish with you, I think,

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1 some well-known principles in respect of the Hazardous  
 2 Area Response Team.  
 3 In terms of HART as an initiative, is it correct  
 4 that the basis of the creation of HART was  
 5 a consideration that it was unacceptable for patients to  
 6 be left without the benefit of advanced professional  
 7 clinical care within the inner cordon of an incident?  
 8 A. That's correct, ma'am, yes.  
 9 Q. And that early clinical interventions in such incidents  
 10 have the ability to save life and improve clinical  
 11 outcomes?  
 12 A. That's correct also.  
 13 Q. Is it correct also that the role of HART in particular  
 14 specifically included responding in the aftermath of  
 15 a terrorist attack?  
 16 A. That's correct.  
 17 Q. And working at the point of injury in order to triage,  
 18 assess, treat and manage extrication?  
 19 A. Yes, that's correct.  
 20 Q. Is it correct also that HART teams have been  
 21 specifically trained to operate in the warm zone of  
 22 MTFAs?  
 23 A. Yes.  
 24 Q. And that as part of that, because of that being one of  
 25 the roles of HART, they had been provided with

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1 particular expertise in training?  
 2 A. Yes.  
 3 Q. Provision of personal protective equipment?  
 4 A. Yes.  
 5 Q. Also had the additional support that goes with such  
 6 a challenging role by way of psychological support and  
 7 the like?  
 8 A. Yes, there's an element of that. You get yearly sort of  
 9 questionnaires that you have to fill in, it gives you  
 10 feedback to NARU, the resilience unit. Yes, so there is  
 11 some support there.  
 12 Q. Thank you. Finally, that HART were trained, equipped  
 13 and operationally ready to provide an operational  
 14 response to a marauding terrorist firearms attack  
 15 incident, as it was in 2017, on a 24-hour, 7-day-a-week  
 16 basis?  
 17 A. That's correct.  
 18 Q. Thank you. So having identified that specialist  
 19 training for HART, can we just work through your  
 20 training, but in doing so, to give a proper context,  
 21 I think it's correct to identify that in the debriefs  
 22 that you provided at the event that took place in  
 23 June 2017, both by way of preparedness but also your  
 24 involvement on the night, I think you identified no  
 25 issue in respect of your training?

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1 A. Yes, that's correct.  
 2 Q. And that you had identified that both the HART and the  
 3 NARU, so the training, had been very helpful?  
 4 A. Yes.  
 5 Q. And that the NARU training — and perhaps if you confirm  
 6 to the chair what the NARU is.  
 7 A. The National Ambulance Resilience Unit.  
 8 Q. And I think NARU particularly have a key role in  
 9 training HART.  
 10 A. Yes. They're government funded in response to,  
 11 obviously, 7/7 and a few other incidents where they were  
 12 trying to get paramedics and medics into sort of hot  
 13 zones or inner cordons. They provide a lot of the  
 14 training, so the initial training that we do, which is  
 15 usually 5 or 6 weeks is based at the NARU Centre, which  
 16 is down south, and they cover all of the training for  
 17 all of the country.  
 18 Q. Could we then, first of all, deal with your mandatory  
 19 training and I'm going to ask Mr Lopez if we can display  
 20 {INQ040241/1}, please.  
 21 If you could please expand the bottom section of the  
 22 page, please, so we can see the bottom entry. Because  
 23 it's only going to be the first eight or so entries that  
 24 we need to look at — sorry, the last eight or so  
 25 entries.

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1 We can see recorded on your records, Mr Hargreaves,  
 2 your mandatory training from May 2013, which I think  
 3 went over a number of days, including days at  
 4 a fire station. Could you just assist the chairman in  
 5 terms of what aspect of that mandatory training involved  
 6 JESIP training, please, or understanding of JESIP?  
 7 A. At the time, it's sort of — your yearly mandatory  
 8 training is a two-day course and JESIP comes under the  
 9 resilience side of it. Because you cover so many  
 10 subjects throughout the 2 days or 1 day, you'd only  
 11 probably get maybe half an hour, say, or an hour,  
 12 possibly, on major incidents and things like that. And  
 13 that will cover things like JESIP and there might be  
 14 a video of JESIP within that.  
 15 Q. Then we can see that as part of that mandatory training  
 16 in 2013, in the entry for the — over the number of days  
 17 that we see, 24 October 2013 to 25 October, that  
 18 training took place at a fire station, and I don't want  
 19 you to name the fire station, but can you assist as to  
 20 why part of the training you received was taking place  
 21 there, please?  
 22 A. I don't really recollect it too much. I would presume  
 23 that we did it at a few different places. To be honest,  
 24 sometimes it was because we didn't have the facilities  
 25 on NWAS sites that we'd go somewhere else. I wouldn't

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1 say we did any training on the fire station because it  
 2 was joint working or anything like that.  
 3 Q. Thank you. In terms of then the information that's been  
 4 provided, would it fit with your recollection that,  
 5 certainly from 2015, JESIP and resilience training had  
 6 been included within the mandatory training classroom?  
 7 A. Yes.  
 8 Q. We can then see that there doesn't appear to be  
 9 reference to your mandatory annual training for 2016.  
 10 Can you assist as to whether there was ever a lapse of  
 11 you receiving your mandatory annual training?  
 12 A. I'm not sure whether it's just an IT sort of glitch or  
 13 anything to do with the system. Your mandatory training  
 14 was taken on board by the team leaders once I was on  
 15 HART, so that would all be profiled in. There wouldn't  
 16 be a reason why it wouldn't have been done that year, it  
 17 just doesn't look like it's logged.  
 18 Q. Thank you. We can see, I think, on this record there's  
 19 only the one entry relating to the HART MT07, but it's  
 20 right, isn't it, that this does not record the HART  
 21 training that you had received, which we will turn to in  
 22 a minute?  
 23 A. That's right yes.  
 24 Q. Can I ask you then for completeness, because you may be  
 25 asked -- we can see an entry for 31 July 2017 for JESIP

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1 awareness training.  
 2 A. Yes.  
 3 Q. And in terms of then receiving JESIP awareness in  
 4 June 2017, was there any particular reason or was it  
 5 linked to the arena attack as to why you were receiving  
 6 JESIP awareness?  
 7 A. I think JESIP, once it came in, it became more prominent  
 8 in the major incident training and resilience training  
 9 on the mandatory training. I know in HART we covered it  
 10 a lot more. Obviously because of, I think, the arena,  
 11 it was made more so, and probably developed more into  
 12 the training.  
 13 Q. We're going to move now, please, to another document,  
 14 perhaps to assist us with the specialist training you'd  
 15 received to be a HART paramedic.  
 16 Mr Lopez, please could we display {INQ040672/4}.  
 17 If you could please expand the top of the page.  
 18 We can see, Mr Hargreaves, the various courses that  
 19 you had undergone as part of the training to be a member  
 20 of the HART team there with the various dates recorded  
 21 against them. The chairman will be able to see for  
 22 himself and I don't want to delay by giving information  
 23 which I think is not contentious about that training.  
 24 But I think one aspect where it would assist for you to  
 25 give an understanding as to what the training involved,

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1 please, is the training that you received by reference  
 2 to the HART incident response unit, which you underwent  
 3 on 12 December 2014. Could you just explain what was  
 4 involved in that training, please?  
 5 A. Yes, sure. The HART incident response unit training was  
 6 your initial course for when you joined HART. So the  
 7 course just before that was a breathing apparatus  
 8 course, that's a 2-week course. So once you completed  
 9 that, you move on to the incident response unit course  
 10 because you had to have the breathing apparatus course  
 11 to be able to do the other one. We have certain  
 12 competencies like gas-tight suits and things that  
 13 you have to be able to wear breathing apparatus in, and  
 14 that's why that was before it.  
 15 The incident response unit was basically covering as  
 16 many different topics, competencies, as you can that  
 17 HART performed at that time. Like I say, the MTFA side  
 18 of things, I didn't particularly do on that course, but  
 19 we cover other competencies. There was quite a lot of  
 20 classroom PowerPoint teaching as well as practical  
 21 skills as well.  
 22 It was a 3-week course, so the second 2 weeks were  
 23 quite heavy practical work, doing exercises on that.  
 24 Q. Thank you. Just by way of the incident response unit  
 25 training, and again there's a document that gives detail

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1 of this training -- and, sir, for your records, I'm not  
 2 going to be asking for it to be displayed, but that's at  
 3 {INQ040671/1}.  
 4 Is it correct that you've already identified that  
 5 part of the HART role is to respond to terrorist  
 6 incidents, but also included in the type of incidents  
 7 that you would need to respond to include chemical,  
 8 biological, radiological and nuclear events?  
 9 A. That's correct.  
 10 Q. And that that course involved being able to carry out  
 11 dynamic risk assessments and then deployments into  
 12 a scene as well as the ability to carry out a clinical  
 13 role whilst wearing the full personal protective  
 14 equipment?  
 15 A. That's correct.  
 16 Q. And that that course culminates in a final exercise  
 17 which involved mass casualties and various role players  
 18 with significant injuries, and in the original iteration  
 19 of the HART course, that was a bomb blast scenario  
 20 involving a chemical release?  
 21 A. That's correct, yes.  
 22 Q. I am not going to go through the other aspects of the  
 23 HART training that led to you becoming a member of the  
 24 team, but just to identify that training we touched on  
 25 earlier about the ambulance intervention training, it's

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1 right, is it, we can see that as entry 5 on  
 2 12 August 2015?  
 3 A. Yes, that's correct.  
 4 Q. So that's further evidence for training for a terrorist  
 5 team?  
 6 A. Yes.  
 7 Q. Could I ask you then, we can see -- and I'm not going to  
 8 highlight each occasion -- thereafter in the records  
 9 that follow for you at {INQ040672/5}, further evidence  
 10 of the training you'd had in respect of marauding  
 11 terrorist firearms attacks in advance of the arena  
 12 attack?  
 13 A. Yes. We've covered -- we're quite fortunate on HART  
 14 that we have one full week of training every 7 weeks, so  
 15 on the Monday to Thursday we can give a full day's  
 16 training to, it could be MTFA or it could be another one  
 17 of our competencies. During that year, certainly in the  
 18 year or two before 2017, and the threat level was quite  
 19 high, I'd say we were doing it quite frequently. It was  
 20 one of the most frequent sort of training aspects we'd  
 21 do, MTFA.  
 22 Q. Mr Lopez, if we could just, please, display  
 23 {INQ040672/5}.  
 24 On 11 April of 2017, so that's entry 83, it's right,  
 25 in fact even a month before the incident on

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1 11 April 2017, you had had multi-agency training in  
 2 respect of marauding firearms attacks?  
 3 A. Yes, that's correct.  
 4 Q. Can you give us a summary as to which other -- who  
 5 else -- were the Fire and Rescue Service and police  
 6 present for that training?  
 7 A. I'm not 100% sure on whether it was this one, but  
 8 certainly one or two before that date, they were either  
 9 at our station, our HART base, where ourselves and the  
 10 Greater Manchester SRT, the Specialist Response Team,  
 11 came down to join in that training. So it was  
 12 a multi-agency training. I don't think the police --  
 13 they might have had one person, like a commander sort of  
 14 role there, but from the actual treatment and things  
 15 like that, the exercise itself, the Fire Service were  
 16 there as well.  
 17 If it was a full day, it would start off where the  
 18 morning -- it would be again classroom-based to give an  
 19 insight into what we were doing for the day.  
 20 Later in the morning it might be a case of  
 21 ourselves, HART paramedics, showing some of the SRT  
 22 tourniquets, the blast bandages and things like that,  
 23 about how to correctly apply them. And likewise, let  
 24 them give us some knowledge of their expertise as well.  
 25 Then in the afternoon it'd be an exercise that we'd

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1 do on station with mannequins, et cetera, doing it from  
 2 a full sort of scenario.  
 3 Q. Thank you. I know you've mentioned it wasn't your  
 4 recollection that GMP were involved and it may be they  
 5 weren't on the day you did, but the information we've  
 6 been provided with, there was a training exercise  
 7 involving a nightclub scenario, which was run 10 times  
 8 with the Fire and Rescue Service and Greater Manchester  
 9 Police.  
 10 A. Yes, I know what you mean now. Yes, that was a definite  
 11 multi-agency, the nightclub scenario. So we had HART  
 12 there, we had Greater Manchester SRT there, and it was  
 13 the firearms section of the police there as well. They  
 14 ran it as a full sort of scenario, so it was a marauding  
 15 terrorist, so the police firearms would go in first and  
 16 then HART and Manchester SRT would follow in behind,  
 17 depending on your limit of exploitation and your zoning.  
 18 Q. Thank you. You mentioned in giving that answer the SRT  
 19 and you'd referenced them earlier. But in terms of your  
 20 understanding of how -- when there were MTFAs or major  
 21 incidents as to how HART would work with the SRT team of  
 22 the Fire and Rescue Service, could you just explain from  
 23 your perspective -- we've heard some evidence about the  
 24 SRT -- as to how HART worked with SRT, please?  
 25 A. As far as my understanding was at the time, and still

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1 is, Manchester SRT, the Specialist Response Team, it's  
 2 when a Plato is declared and an MTFA scenario would be  
 3 unfolding. The police would declare the Plato and then  
 4 the SRT would work in conjunction with ourselves.  
 5 Commanders would set up the scene, so there'd be  
 6 different zones, you'd have your hot zone, warm zone,  
 7 et cetera. The police would just respond -- the  
 8 firearms police would respond into the hot zone, where  
 9 the active threat would be. The warm zone is where  
 10 ourselves and the SRT will be able to work together.  
 11 Usually it could mean splitting up into a team of, say,  
 12 one HART member of staff with three other members of the  
 13 SRT, and you go in as a team together.  
 14 You triage patients and it will be up to the HART  
 15 clinician to decide, do the triage, but you'd have the  
 16 SRT there to be able to put on tourniquets, bandages,  
 17 and, depending on what the scenario is, whether we'd  
 18 extricate those patients as well.  
 19 Q. So from what you're describing there as to what had  
 20 taken place by way of training and exercising, would you  
 21 agree also, was a scenario where in major incidents,  
 22 particularly Operation Plato, the HART team would work  
 23 hand-in-hand with SRT?  
 24 A. Yes.  
 25 Q. And I think you yourself have identified that a key role

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1 that the SRT team or the Fire and Rescue Service can  
 2 contribute is in continuing the patient care that's been  
 3 identified by the HART paramedic?  
 4 A. Yes.  
 5 Q. But also significantly the ability to extricate the  
 6 patient?  
 7 A. Yes, correct.  
 8 Q. And again, in terms of the JESIP and the JOPs that was  
 9 in place at the time, it's been looked at this morning,  
 10 I don't think you'll have followed that evidence -- or  
 11 maybe you did.  
 12 A. Little bits.  
 13 Q. Mr Beswick was taken to the aspect of JOPs that dealt  
 14 with the treat and leave principle or the treat and  
 15 extricate.  
 16 A. Yes.  
 17 Q. But again, would it be your understanding that JOPs and  
 18 how that would work in practice would involve HART and  
 19 SRT working to extricate patients promptly?  
 20 A. Yes. Depending on numbers, if you were able to  
 21 extricate, you'd get the patients out as quickly as  
 22 possible. It just depends on numbers. If the numbers  
 23 were significantly higher, it might well be that  
 24 a tactical commander would make that decision, it might  
 25 be that they have to treat and leave and move on to the

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1 next patient but ultimately with the expectation that  
 2 you're going to extricate at some point, just depending  
 3 on numbers.  
 4 Q. Can I ask you more broadly, we've also heard about the  
 5 TRU as a specialist team within the Fire and Rescue  
 6 Service. Would HART have experience of also working  
 7 with Fire and Rescue Service personnel that were members  
 8 of the TRU team?  
 9 A. I'm not too sure. What's the TRU team?  
 10 Q. It is the technical response --  
 11 A. Sorry, technical rescue, yes.  
 12 Q. Sorry, my mistake, TRU.  
 13 A. Yes, technical rescue. We experience... Whenever,  
 14 I suppose as it sounds, where there's a technical need  
 15 for a rescue, they've got advanced skills and we as HART  
 16 can link in with those and be able to use each other's  
 17 systems to be able to get to a patient and then to be  
 18 able to treat the patient. And depending on what the  
 19 scenario is, you'd then be able to extricate them.  
 20 Q. In terms of the HART teams themselves, I think they  
 21 specifically had had a role for training the Fire and  
 22 Rescue Service, I think the SRT team; is that correct?  
 23 A. Yes, definitely, in some respects. When they come down  
 24 to our station, and we've... That's kind of what the  
 25 day is about, really. The morning is giving an insight

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1 into what roles we'll all have at an incident, but then  
 2 it's that wound management and things like that and the  
 3 extrication that kind of gets underpinned in the morning  
 4 and then exercised in the afternoon.  
 5 Q. I'm going to move away from training now and take us to  
 6 the events of 22 May, unless there's anything further  
 7 you'd like to tell the chairman about training. If need  
 8 be, Ms Roberts can address any other aspects of training  
 9 she wishes to identify.  
 10 A. I don't think so, at the moment.  
 11 Q. In terms of your involvement on the night of  
 12 22 May 2017, is it correct that when you provided your  
 13 statement of 6 February 2018 you had not had access to  
 14 all of the transcripts of calls that are now available?  
 15 A. That's correct.  
 16 Q. Would it be correct to say that they actually help us  
 17 piece together in terms of what was said on the various  
 18 radio calls as you made your way to the arena?  
 19 A. Yes, that's correct. It's only pretty much in the last  
 20 week or two, really, that I'm getting a sort of full  
 21 timeline where it's all coming together now.  
 22 Q. To that extent -- you've referenced a timeline. Have  
 23 you, in preparing for today, reviewed the HART timeline  
 24 that's been created?  
 25 A. I have.

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1 Q. In terms of moving forward, we'll be using that document  
 2 to assist in what occurred that night. I think it's  
 3 correct that on that night you were working from  
 4 7 o'clock in the evening until 7 am?  
 5 A. Yes.  
 6 Q. And you were working in a team that night -- I don't  
 7 want to know the size of the team now -- but on that  
 8 night you were working in a team that consisted of the  
 9 team leader, Mr Beswick, who we heard from yesterday and  
 10 today?  
 11 A. Yes, correct.  
 12 Q. There was also Lea Vaughan?  
 13 A. Yes.  
 14 Q. Nick Priest?  
 15 A. Correct.  
 16 Q. Steve English?  
 17 A. Yes.  
 18 Q. Ian Devine?  
 19 A. Yes, that's correct.  
 20 Q. And I think that then made up the team.  
 21 A. Yes.  
 22 Q. In terms of then if we could just assist, is it right  
 23 that two of the team would not usually be part of your  
 24 HART, they were from the Liverpool HART team?  
 25 A. Yes, that's correct also.

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1 Q. In terms of those individuals, is that right, that was  
 2 Ian Devine?  
 3 A. Yes.  
 4 Q. And Stephen English?  
 5 A. That's correct.  
 6 Q. Is it also correct that another member of the team that  
 7 night, Nick Priest, ordinarily wouldn't work within your  
 8 team?  
 9 A. Nick Priest and Lea Vaughan are both on a separate team  
 10 but within the Manchester team.  
 11 Q. Had you ever worked a shift with a mix of individuals  
 12 like that before?  
 13 A. Yes, quite regularly, yes.  
 14 Q. We have heard evidence that you had attended that  
 15 evening a fire in the Stockport area, SK6?  
 16 A. Yes.  
 17 Q. And I think it's right that you were partnered with  
 18 Mr Beswick that night. You were in vehicle 304?  
 19 A. Correct.  
 20 Q. And I think, and we can look and track the calls  
 21 together, that the 304, would that link to the vehicle  
 22 that you were in?  
 23 A. Yes, that was the call sign for Zulu 304, yes.  
 24 Q. But it's right, isn't it, that Mr Beswick also had  
 25 access to a separate radio with a different --

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1 A. Yes, sorry to interrupt. Yes, he has a separate call  
 2 sign and usually he can be on a different channel, sort  
 3 of the manager's channel, so if there's anything that  
 4 might be needed to listen to, he's got that access. But  
 5 control would speak to him like on a point-to-point  
 6 radio system.  
 7 Q. Thank you. We've heard evidence about those that  
 8 attended the fire and I think worked with the Fire  
 9 Service at that incident. Is it right that actually  
 10 there was no need for HART services to be called upon at  
 11 that fire?  
 12 A. Only after we'd actually got to the incident --  
 13 SIR JOHN SAUNDERS: It may have been necessary for you to be  
 14 called to it, but actually when it came to it and you  
 15 got there, you weren't needed?  
 16 A. That's correct, yes.  
 17 MS CARTWRIGHT: The one member of the team that night that  
 18 wasn't present was Ian Devine?  
 19 A. Yes, that's correct, he was on a category 1 call.  
 20 Q. And present at that call, as well as the other vehicles,  
 21 was a PSU vehicle?  
 22 A. Yes. I think due to a vehicle breakdown it wasn't the  
 23 normal vehicle they were using, so it was the public  
 24 support unit vehicle that was on that night.  
 25 Q. Can you just explain, please, how a public support unit

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1 would usually be used and deployed?  
 2 A. Public support unit -- I think we have several  
 3 throughout the region. They are there if a mass  
 4 casualty sort of incident occurs. On the back of them,  
 5 normally you'd have... They're a vehicle that's meant  
 6 to be brought to scene, so the public can actually --  
 7 they've got really quite large cubes on, you can take  
 8 them off, and then you've got access to things like  
 9 blankets, wipes, and things like that, as well as a few  
 10 other sort of things like -- I think there's some fabric  
 11 stretchers on and things like that.  
 12 Q. In terms of the equipment on HART vehicles, all of the  
 13 HART vehicles, including the PSUs, is it right that each  
 14 of the HART vehicles carry additional patient movement  
 15 equipment, including multi-integrated body splints?  
 16 A. Yes.  
 17 Q. Rapid-extraction stretchers used for MTFAs incidents?  
 18 A. Yes. Skeds stretchers, yes.  
 19 Q. And are they different to the scoops?  
 20 A. Yes. The Sked stretchers are the plastic -- they roll  
 21 up and then fold out. They're the same stretchers as  
 22 the Manchester SRT have got. The scoop stretchers are  
 23 what the standard ambulances have as well.  
 24 Q. And we've seen images of the Skeds so I'm not going to  
 25 display those.

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1 In terms of then if we perhaps -- it's right, isn't  
 2 it, that the first call that came from control was  
 3 a call that you received because at that time Mr Beswick  
 4 wasn't in the vehicle when the call came in?  
 5 A. That's right. The call came through to myself. It was  
 6 actually on my personal radio but I was right next to my  
 7 vehicle, stood with Lea Vaughan. Simon was around the  
 8 corner -- it was a bit of a complicated scene, really.  
 9 The disused warehouse was --  
 10 SIR JOHN SAUNDERS: Okay, I'm not sure we need it. He just  
 11 wasn't there (overspeaking).  
 12 A. He wasn't in the line of sight, yes.  
 13 SIR JOHN SAUNDERS: Okay, thank you.  
 14 A. Usually control, if they need to speak to the team  
 15 leader, they'd go straight through to his radio. So it  
 16 was a little bit unusual for it to come through to  
 17 myself at that time.  
 18 MS CARTWRIGHT: Perhaps then if we display the HART timeline  
 19 now and use that with the points in the timeline just to  
 20 work through because I think it'll assist in getting  
 21 more quickly through your evidence.  
 22 {INQ040616/2}. Perhaps if I indicate for those  
 23 listening, I am going to give a summary of the  
 24 information that's imparted in those calls. Some may  
 25 find that upsetting because it does reference the

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1 incident and the number of patients, so those who don't  
 2 want to hear a summary of what's in those calls,  
 3 I invite them to turn off now.  
 4 {INQ040616/2}. If we track together, Mr Hargreaves,  
 5 the call, please. We can see at 22.40.13, you, I think,  
 6 take that call, and it was confirmed that they couldn't  
 7 get hold of the team leader. I think you describe it in  
 8 your witness statement as something that was unusual.  
 9 A. Yes. The team leader would also have -- traffic coming  
 10 through to the team would come through the team leader's  
 11 radio, so it was definitely out of the ordinary.  
 12 Probably because I think Simon might have been in a sort  
 13 of dead spot for signal, so they had to contact myself.  
 14 Q. Thank you. We can see reference to the actual  
 15 transcript of that call, the reference is {INQ015082/1}.  
 16 I'm just going to give you a summary of that. Have you  
 17 had an opportunity, though, to review that before today?  
 18 A. Yes, I've got that here.  
 19 Q. Is it correct that during that call control communicated  
 20 to you that there was a large-scale incident in the city  
 21 centre?  
 22 A. That's correct, yes.  
 23 Q. They were asking for your vehicle and the HART to  
 24 redirect?  
 25 A. Yes, correct.

1 Q. And they indicated in that call that they were getting  
 2 reports of an ongoing either shooting or bombing at the  
 3 arena?  
 4 A. Yes.  
 5 Q. With 30 patients reported up to now?  
 6 A. That's correct, ma'am.  
 7 Q. Thank you.  
 8 Then we can see thereafter, at 22.41.04, the EOC,  
 9 the emergency operations centre, then do contact  
 10 Mr Beswick, and again is it correct that he would have  
 11 been with you at that point in the car?  
 12 A. Yes, I think Lea stood outside the car. I'd have found  
 13 Mr Beswick and I think whether he... I'm not sure if  
 14 he's then voiced control and spoken to them.  
 15 Q. Again, in terms of the transcript of that call, we can  
 16 see the INQ reference for that is {INQ015039T/1}. Is it  
 17 correct that during that call, again there was  
 18 the request for you to redeploy?  
 19 A. Yes, that's correct.  
 20 Q. And again, it was repeated that they were getting  
 21 reports of a large-scale ongoing incident at the arena.  
 22 A. Yes.  
 23 Q. It's either an ongoing bombing or shooting. And again  
 24 it was repeated, "We're getting reports of 30 patients  
 25 at the moment"?

1 A. Correct.  
 2 Q. If we just track shortly thereafter, at 22.42.54, we can  
 3 see Mr Beswick indicates that he's cleared and was  
 4 asking, is that correct, "Where are we rendezvousing  
 5 at?", and control confirmed they would come back to you?  
 6 A. That's correct, yes.  
 7 Q. And again, at 22.54, just {INQ015041/1}, I think it was  
 8 confirmed that the rendezvous point, even though it  
 9 originally had been Thompson Street Fire Station, was  
 10 changed to Hunts Bank?  
 11 A. Yes, that's right.  
 12 Q. So we can see there the information as to what had  
 13 occurred, so can you assist us and the inquiry to  
 14 understand when then you were leaving Stockport to head,  
 15 I think directly, to the rendezvous point that we know  
 16 changed, the discussions and the thought process that  
 17 you were having with Mr Beswick at that time?  
 18 A. I know it seemed a little bit chaotic, trying to get in  
 19 touch with -- get some more information from control  
 20 once we'd set off. We'd only got, I think, what you've  
 21 already discussed there, that sort of information on the  
 22 screen in our terminal in the vehicle. So there was no  
 23 extra information coming through at that time. I think  
 24 Simon went on some social media just to get some sort of  
 25 grasp on what was going on with the scene until control

1 got back to him with more information.  
 2 From where we were, we weren't too sure of -- sorry,  
 3 I was driving, so I was following satnav, so I was kind  
 4 of concentrating on that side of things. I was  
 5 communicating with Simon, but obviously concentrating on  
 6 getting there as soon as.  
 7 Q. Pausing you there for a moment, can I ask in terms of  
 8 something -- I'm not asking for it to be displayed, but  
 9 you reference in your witness statement Lea Vaughan's  
 10 PowerPoint. There's something that's recorded in  
 11 Lea Vaughan's PowerPoint that references that Z304,  
 12 which is --  
 13 A. Ourselves, yes.  
 14 Q. "... was struggling to receive any updates from EMDC, so  
 15 resorted to Twitter to gather incident scene  
 16 information."  
 17 For your reference, it's {INQ022850/5}, sir, where  
 18 that's recorded.  
 19 So is what's recorded in Lea Vaughan's PowerPoint  
 20 about struggling to receive updates from EMDC a correct  
 21 summary?  
 22 A. Pretty much. I'm presuming she means the control.  
 23 Q. That's what I was going to ask you. So where she refers  
 24 to EMDC do you know what EMDC stands for?  
 25 A. I'm not too sure to be honest. I'm pretty sure it's in

1 reference to control.  
 2 Q. Can you just articulate what the issue was then in terms  
 3 of getting information from control?  
 4 A. They'd sent us those initial sort of audio calls and  
 5 we'd had the job come through to our screen. Normally  
 6 you can voice control and they'll get back to you,  
 7 they're usually pretty quick. I think just we were  
 8 aware of them being flooded with calls and very busy in  
 9 there. Even at the best of times control are extremely  
 10 busy. So I'm presuming they were just trying to get  
 11 extra information and possibly put plans into place for  
 12 whatever was going on.  
 13 Q. Can I ask you then, where we can see that control have  
 14 relayed that there had been an explosion and shooting,  
 15 did you have it in your mind at that time that this  
 16 could be an Operation Plato.  
 17 A. There was that possibility of it, yes.  
 18 Q. So can I ask you, in a scenario where the HART team are  
 19 the specialist team to deploy to such incidents, would  
 20 it not ordinarily be that you would be given lots of  
 21 information from control because you were most likely to  
 22 be the team that would be being deployed at the scene?  
 23 A. I would have thought so, yes. Whether they had it in  
 24 mind that we were quite a distance away still, so they  
 25 had a bit of time to be able to gain as much information

1 as possible ... That's a possibility. I think if Plato  
 2 was declared and we were aware of that, that'd have come  
 3 through to us, I'd have thought, pretty soon.  
 4 Q. And just perhaps to expand on what's recorded in the  
 5 PowerPoint from Lea Vaughan, again I'm not asking for it  
 6 to be displayed, but if we look at the information you  
 7 fed back as part of the debrief specifically to the  
 8 question of the incident response, under  
 9 "Communication", you had recorded -- and again, sir, for  
 10 your reference it's {INQ040654/27}:  
 11 "No direct comms to TL [team leader]."  
 12 A. Yes. I think that was in reference to the original  
 13 call, so there was -- albeit a delay of less than  
 14 a minute, by the time I got Simon and he'd contacted  
 15 control, I think it was in reference to that.  
 16 Q. And I think also under "Communication" -- if it'd assist  
 17 you, we can display it.  
 18 A. It should be okay, I seem to remember.  
 19 Q. The other matter you refer to by way of potential  
 20 issues, and I want to seek your clarification at this  
 21 point:  
 22 "Information given slowly via MDT/comms."  
 23 A. Yes, that's mobile data terminal. That's the little  
 24 screen we have in the ambulance that gives us our job  
 25 location and details and job numbers and things like

1 that. Yes, we didn't really get anything else through  
 2 apart from the location of the incident. I'm not 100%  
 3 where the rendezvous point came through, whether that  
 4 was through a voice to control -- whether Simon spoke to  
 5 them and got that or whether it was on the mobile data  
 6 terminal. It was just -- everything was quite slow  
 7 coming through and we didn't have much information other  
 8 than to go to Hunts Bank eventually.  
 9 Q. Thank you.  
 10 Can I ask you then, in terms of discussions that you  
 11 were having as to what Mr Beswick was able to ascertain  
 12 from Twitter, as part of what Lea Vaughan's described as  
 13 trying to get information, can you assist us as to what  
 14 conversations you were having as to what he had  
 15 ascertained from Twitter?  
 16 A. I think we got quite a few different messages there and  
 17 I think Simon had probably taken that quite cautiously  
 18 because some were saying that it was potential bomb,  
 19 some potential shooting, some potential speakers blown.  
 20 So it can be beneficial in some ways, but it could be  
 21 a hindrance. You've got to take it with a pinch of  
 22 salt, I think.  
 23 Q. So would it be fair to say that it would be far more  
 24 helpful to get the most accurate situational awareness  
 25 from your control?

1 A. Absolutely.  
 2 Q. Could I ask you, please, about a further call and  
 3 a discussion that we can see as you, with Mr Beswick,  
 4 were making your way to the rendezvous point. Again,  
 5 if we please could display that HART timeline at  
 6 {INQ040616/2}.  
 7 Mr Hargreaves, we see for the 22.42.54 entry:  
 8 "Mr Beswick informed the EOC he was ready to clear  
 9 from the first incident. He asked to be put on the  
 10 arena job. He then asked for your vehicle and  
 11 Lea Vaughan to be allocated and also informed the  
 12 communications centre that he would be getting in touch  
 13 with PSU and would send a crew back to HART base to get  
 14 the Z303 vehicle because it's a mass casualty."  
 15 A. Yes, that's correct.  
 16 Q. In terms of that call itself, could I ask was there any  
 17 discussion at that point? The 303 vehicle, which was  
 18 being -- could you explain what the 303 vehicle is,  
 19 please? We've heard something about it from Mr Beswick  
 20 this morning.  
 21 A. The 303 vehicle is one of the bigger vehicles. It's  
 22 a heavy equipment vehicle, so it's got cages on the back  
 23 with a bit of everything, really. It's got  
 24 decontamination equipment, if there was any sort of  
 25 chemical or anything like that. It did have a cage on

1 with numerous boxes of extra bandages, tourniquets,  
 2 there might have been another stretcher or two, one  
 3 called a NATO stretcher, like an army stretcher, and  
 4 then I think there was — one of the cages had Skeds  
 5 on — I'm not sure of the number, but four or five Skeds  
 6 on that.  
 7 Q. At that time then, because as well as that 303 vehicle,  
 8 there's also a resource called the national capability  
 9 mass casualty vehicle.  
 10 A. Yes, that's right.  
 11 Q. Was there any discussion or thought about asking for the  
 12 national capability mass casualty vehicle to be deployed  
 13 bearing in mind in that very call it had been identified  
 14 by Mr Beswick, "because it's a mass casualty"?  
 15 A. No, I don't think we'd, either of us — I can't speak on  
 16 behalf of Simon, but certainly from my perspective it's  
 17 not something that we'd initially think about. It's  
 18 something that's, I believe, in the major incident plan  
 19 in control. So once you get the card in control, it  
 20 goes down as a stepwise approach and under that it  
 21 should say: activate this vehicle. That will be the job  
 22 of the Special Operations Response Team, a member of  
 23 that.  
 24 Q. You have told us that you had been a member of the  
 25 Specialist Operations Response Team, so you'd have

1 knowledge of that capability and resource?  
 2 A. Yes, I'm aware of it, but I think I probably had my mind  
 3 on driving on the incident, I probably had my mind on  
 4 what I might end up doing at the incident. There was  
 5 probably so much bandwidth at that point, I think.  
 6 Q. Certainly, I appreciate and hear what you say about  
 7 action cards and I have no doubt it'd be covered with  
 8 others, but there'd be nothing to stop your vehicle,  
 9 either you or Mr Beswick at that point, asking control  
 10 to deploy that mass casualty vehicle, would there?  
 11 A. There wouldn't be any reason why we couldn't do. It  
 12 could well be certainly a point raised, yes. I could  
 13 agree with that.  
 14 Q. Thank you.  
 15 Just so we can complete in terms of the vehicles  
 16 that deployed, in essence Mr English and Mr Priest had  
 17 been on the public support unit at the incident in  
 18 Stockport?  
 19 A. Yes.  
 20 Q. They returned to base?  
 21 A. Yes, they got stood down. We were in the process of  
 22 being stood down when Simon spoke to the fire  
 23 incident commander at the fire, so we were going to be  
 24 leaving. And Nick and Stephen had already left scene,  
 25 so they were somewhere, I think, on the motorway going

1 back towards the motorway.  
 2 Q. I'm not going to go into the full detail, but in reality  
 3 in terms of their path of travel, they returned back to  
 4 base, they collect the second vehicle, and essentially  
 5 I think Mr Priest then drives the 303 vehicle to the  
 6 scene and Mr English is driving the PSU to the  
 7 rendezvous point and to the arena?  
 8 A. So I believe, yes.  
 9 Q. Thank you. And Lea Vaughan is essentially deploying  
 10 with you and Mr Beswick to the rendezvous point in  
 11 tandem?  
 12 A. Yes.  
 13 Q. Thank you. Again, in terms of that journey, and it's  
 14 been clarified this morning by Ms Roberts and we have  
 15 that information also in the timeline of a journey of 23  
 16 to 24 minutes from Stockport to arrival at, I think,  
 17 23.07, is in fact when you're on scene?  
 18 A. On Hunts Bank, that's correct, yes.  
 19 Q. And so again, just to try and understand, again if you  
 20 can help us as to what the discussions were that you  
 21 were having with Mr Beswick at that point and anything  
 22 you were able to do as to formulation of a plan once you  
 23 got to the rendezvous point and to scene, please.  
 24 A. I don't remember exact specifics of what we were saying,  
 25 but I think we'd have had conversations about once we

1 got to scene, Simon was going to liaise with whoever the  
 2 incident commander was, find out exactly what was going  
 3 on, what information was being brought back to us.  
 4 I think en route we had a discussion possibly about once  
 5 we get to scene, where we were going to be leaving the  
 6 vehicle, not specifically where, but when we left the  
 7 vehicle we'd be doing what we call a kit dump, which  
 8 basically means taking off a lot of the kit — whilst  
 9 Simon would be getting a situation report from the  
 10 incident commander, we'd be getting our kit off the  
 11 vehicle and ready to deploy.  
 12 Q. Thank you.  
 13 SIR JOHN SAUNDERS: I can imagine that as you're going to  
 14 a real — you've obviously gone through exercises but  
 15 now you are going to a real and what could be a very  
 16 serious incident and maybe you talk through what  
 17 you have learned before, what the procedure is you have  
 18 to do, to have it in the forefront of your mind.  
 19 Is that the sort of thing that's happening, but not  
 20 really?  
 21 A. I wouldn't have said so, sir, no, at that time.  
 22 SIR JOHN SAUNDERS: Right.  
 23 MS CARTWRIGHT: Thank you. Can I go back into the timeline  
 24 just to perhaps move us forward to Hunts Bank, please.  
 25 Mr Lopez, can we display {INQ040616/3}, please.



1 We can see at 22.54.04 that the rendezvous point,  
 2 having earlier been given as Thompson Street at  
 3 22.45.07, had changed to Hunts Bank bridge.  
 4 A. Yes, that's correct.  
 5 Q. Again, it perhaps is impossible, but do you have any  
 6 rough idea where you would have been at 22.54 when the  
 7 rendezvous point was changed to Hunts Bank bridge?  
 8 A. No, I'd be guessing there. If we were still over  
 9 10 minutes away, it's ... No, I'm not too familiar with  
 10 that side of Manchester, so I'd have been following the  
 11 satnav for that.  
 12 Q. Then if we look a little bit further down that page  
 13 we can see at 23.01.23, control informed Mr Beswick of  
 14 the rendezvous point again at Hunts Bank and he informed  
 15 control that they're currently blocked in traffic. And  
 16 again we can see the reference for the full transcript  
 17 of that call at {INQ034282/1}.  
 18 In terms of that wider transcript, have you had an  
 19 opportunity to review that transcript before today?  
 20 A. Yes, I have.  
 21 Q. I'm not going to ask for it to be displayed but I want  
 22 you to help us piece together the encounter you had with  
 23 three other NWSA personnel as to where all of this  
 24 happened. I don't know whether this call will help  
 25 because I'm going to ask you in a minute if you can

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1 assist us with the involvement that you and Mr Beswick  
 2 had with Martin Nealon, Callum Gill and Leigh—Sa Smith.  
 3 So we can see at 23.01.23, control asked:  
 4 "Confirmed, it's Hunts Bank that you need to go to.  
 5 Hunts Bank."  
 6 And that Mr Beswick responded:  
 7 "It's absolute chaos, we can't get through,  
 8 traffic's blocked, we're currently just outside. I  
 9 don't know the road. Can you plot it on the map?"  
 10 What'd then control asks:  
 11 "What are you asking me to do?"  
 12 And Mr Beswick confirms:  
 13 "I cannot get to the rendezvous point because the  
 14 traffic is completely blocked."  
 15 And control says:  
 16 "Yeah, I'll try and find — just like you say, it's  
 17 chaos. Bear with us."  
 18 And then we know, and I gave 23.07 a moment ago, but  
 19 from the interrogation of the system as to being on  
 20 scene, it's 23.07.26 that your vehicle is recorded as  
 21 being on the scene.  
 22 A. Can you say that time again, please?  
 23 Q. 23.07.26.  
 24 A. Yes, that's correct.  
 25 Q. So can you help us, at the time of this call and it

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1 describing the traffic being blocked, and I think the  
 2 map has been — can you assist us as to your  
 3 recollection of where you were and what you were  
 4 encountering at that time?  
 5 A. All around that time, just after 11 o'clock, we were  
 6 getting round the top end of the arena and coming down  
 7 on to Trinity Way. That's when we started  
 8 experiencing — I think before then as well we started  
 9 seeing people coming out of the arena.  
 10 As we turned the corner down going Trinity Way, just  
 11 towards the traffic lights, which is a good 100 yards  
 12 down, we saw the three ambulance personnel that you  
 13 mentioned as well as another one or two people injured  
 14 there.  
 15 Ahead of us was a roadblock from the police, so  
 16 I think there were two or three police cars directly  
 17 across the whole — our side of the road.  
 18 I'm not sure — at the time I found it a little  
 19 strange, I didn't properly think about it, but I didn't  
 20 see an ambulance there, where the other three were from.  
 21 I had a very quick discussion, basically saying, "We've  
 22 got an RVP of Hunts Bank". I can't remember the full  
 23 conversation, but it was a case of, "We'll take you  
 24 round". It was a pretty, I'd say, minimal delay, less  
 25 than a minute or two, if that. I think someone shouted

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1 some advice to a member of the public for the person  
 2 that was on the floor, a bit of first aid advice. We  
 3 got one of the colleagues from the Ambulance Service,  
 4 put them in our vehicle, and then proceeded down the  
 5 road across the central part of the road, over the kerb,  
 6 around the police, and then made our way round to  
 7 Hunts Bank.  
 8 SIR JOHN SAUNDERS: So the traffic blockage was caused by  
 9 other emergency vehicles?  
 10 A. As well as some traffic as well, yes. But specifically  
 11 at the bottom of Trinity Way, before you turn left,  
 12 going around that side of the arena, there was, I can't  
 13 remember, two or three, but they were directly opposite,  
 14 blocking all the traffic.  
 15 MS CARTWRIGHT: If we could go back a page to {INQ040616/3},  
 16 please. Just in terms of you identifying the  
 17 conversation with those others, we can see for 23.03.44,  
 18 the summary of that call that the EOC responded to  
 19 Mr Beswick's question about the rendezvous point and  
 20 said that Derek Poland and Matt Calderbank and Jim  
 21 Birchenough are en route and Mr Beswick informed the  
 22 control that Dan Smith is inside the arena actioning  
 23 clinical aid.  
 24 We can see, Mr Lopez, if we just expand the bottom  
 25 right of that column, please, we can see it says that:

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1 "Simon Beswick must now be in company with  
 2 Martin Nealon/Leigh—Sa Smith given the knowledge he  
 3 possessed about Dan Smith."  
 4 So can you help us a little more in terms of —  
 5 you've described seeing other NWSA personnel and is it  
 6 correct that it was those three individuals  
 7 I identified?  
 8 A. I remember seeing — I remember seeing — I know we put  
 9 one of them in the back of our vehicle to take them  
 10 round. I didn't know any of them personally, but  
 11 I believe that's those who were present.  
 12 Q. Their witness statements suggest that I think  
 13 Mr Callum Gill walked, didn't get into the vehicle, he  
 14 walked back round? Does that fit with your  
 15 recollection?  
 16 A. It probably does because of the nature of our vehicles,  
 17 you can only — yes, I can only fit one person in ours  
 18 and one person in Lea's vehicle as well.  
 19 Q. Can I ask, what was the purpose then of putting these  
 20 NWSA personnel within your vehicles?  
 21 A. Just to take them back round to the rendezvous point.  
 22 SIR JOHN SAUNDERS: Were you taking them round or were they  
 23 saying they would guide you round?  
 24 A. No, I knew where I was going to Hunts Bank  
 25 (overspeaking) I know most of the arena there. It was

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1 a case of our, NWSA's, RVP was at Hunts Bank, so we want  
 2 all the personnel, as much as we can, to get round  
 3 there.  
 4 MS CARTWRIGHT: We can see that there's reference to  
 5 Dan Smith. Certainly I'm not going to take you to it,  
 6 but on the wider arrival sequence of events that we've  
 7 seen, we see before this time Leigh—Sa Smith,  
 8 Martin Nealon and Callum Gill enter the railway station  
 9 and approaching Mr Smith at 23.00 hours. So can you  
 10 assist you as to what information they gave to you at  
 11 that time about anything that they had got by way of  
 12 situational awareness by the fact that they had been, it  
 13 seems, to the station already and it appears that they'd  
 14 had some sort of contact with Mr Smith?  
 15 A. I'll be honest, I didn't recall any conversation with —  
 16 other than getting into the vehicle, I'm not sure  
 17 whether Simon had any conversation with the person who  
 18 was in the back of our vehicle. I don't remember.  
 19 I think I recall something about Dan Smith being on  
 20 scene, but the nature of what the conversation was that  
 21 this crew had already had with Dan, I'm not too sure.  
 22 SIR JOHN SAUNDERS: It'd be fairly vital information to try  
 23 and get, who was the commander on the scene and where is  
 24 he?  
 25 A. Yes, absolutely. I knew of Dan Smith, so I knew — and

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1 that was the only name I had heard at the time, so  
 2 I presumed he was the commander.  
 3 SIR JOHN SAUNDERS: Thank you.  
 4 MS CARTWRIGHT: Can I ask, when you were asking them to get  
 5 in the vehicles, was there any part of them saying,  
 6 look, there's no need, it's right round the corner,  
 7 we'll be quicker on foot? I'm just trying to understand  
 8 that getting into your vehicle.  
 9 A. I didn't know the state of affairs inside the arena.  
 10 I didn't actually know at the time they'd come through  
 11 the arena. I just presumed — in fact, I'm not even  
 12 sure which way they'd come.  
 13 Q. I'm not suggesting that they'd been through the arena.  
 14 Certainly what the sequence of events captures is them  
 15 entering Victoria Station and having contact with  
 16 Mr Smith on the station concourse. I'm not clear on how  
 17 they get from there to the position on Trinity Way, but  
 18 certainly it seems that they've had an encounter before  
 19 meeting you with Mr Smith in the station concourse.  
 20 A. Right. Yes, I wasn't aware. We just wanted to take  
 21 them back to where our — we knew that the confirmed  
 22 rendezvous point was Hunts Bank, so it was a case  
 23 of: take any extra personnel as soon as we could.  
 24 Q. Thank you. So we can see reference to Dan Smith, but  
 25 using your best recollection, was there any other

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1 situational awareness or relevant information that those  
 2 NWSA personnel provided to you at that time?  
 3 A. Nothing that I recall.  
 4 Q. Can I ask, in terms of the difficulties that you were  
 5 having with traffic, was there any consideration given  
 6 at any point to — because I think you've described you  
 7 knew the area.  
 8 A. Yes.  
 9 Q. Did you know where Hunts Bank was?  
 10 A. Yes, that's correct.  
 11 Q. And at the time when you're near Trinity Way, you're  
 12 very proximate to that rendezvous point. Did there ever  
 13 come a point when you thought about leaving your vehicle  
 14 there and making your way on foot to speed up  
 15 deployment?  
 16 A. No, I don't think I'd ever given it any consideration.  
 17 I think there's only so much ambulance equipment you'll  
 18 be able to carry from the ambulance to the scene and  
 19 I think to leave it that far away would have been  
 20 detrimental.  
 21 Q. Thank you. Can I ask you, at that time, were you aware  
 22 that a major incident standby had been declared?  
 23 A. Not at that time, no.  
 24 SIR JOHN SAUNDERS: I think by that time a major incident,  
 25 not just a standby, a major incident had been declared

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1 by the control room, I think.  
 2 A. Yes, I wasn't aware to my recollection.  
 3 MS CARTWRIGHT: We've heard some evidence from Mr Ennis  
 4 about the approach that was made by the police when he  
 5 arrived at the scene and the request for needing "all  
 6 NWAS at the box office". Had that information been  
 7 provided to you at any point?  
 8 A. No. Nothing I can recall, no.  
 9 Q. Could I ask you then to deal with what happened after  
 10 you arrived at scene and, as I say, the recording as to  
 11 when you are on scene is 23.07.26. If you could just  
 12 take us slowly through what happened when you, and  
 13 I think just shortly before you, moments before,  
 14 Lea Vaughan has already arrived at Hunts Bank also.  
 15 A. So after we got past the police cars, we followed round,  
 16 got through a bit more traffic, and then at the bottom  
 17 end of Hunts Bank there was a large number of vehicles,  
 18 a police presence. Obviously, we wanted to get as close  
 19 as we could within reason to the scene. We were talking  
 20 about Simon going to get a situation report from  
 21 Dan Smith, to find out what was going on.  
 22 So at some point near the steps on Hunts Bank,  
 23 I seem to remember Simon getting out and said, "I'm  
 24 going to go and speak to Dan". I think we managed to  
 25 get a little further up, we didn't want to go too close,

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1 but we were only 100 yards or so away from the railway  
 2 station there. That's when myself, Lea and the other  
 3 two ambulance personnel who came with us in the  
 4 vehicles, they helped get the ambulance equipment off  
 5 the vehicles and did that kit dump that I talked about  
 6 earlier.  
 7 Q. Thank you. Can I ask then, as you were gathering  
 8 together your kit and equipment, what thought you gave  
 9 to putting on your ballistic personal protective  
 10 equipment?  
 11 A. It's one for reflection. Without knowing the full  
 12 details of the scene, maybe it would have been a good  
 13 idea to put some on. But we just went with the --  
 14 we have -- it's called a ground kit, it's similar to a  
 15 fireman's tunic, so it's not ballistic in any way, but  
 16 it offers you protection, knee pads, et cetera, and we  
 17 had our helmet on. So from a personal point of view  
 18 I had enough PPE that at the time that I was happy with.  
 19 I think if it had come back that it had been a Plato  
 20 or an MTFA, obviously then we'd have retreated to the  
 21 vehicles and changed again. Yeah, I think I was...  
 22 I think I was happy in what I was wearing at the time,  
 23 PPE-wise.  
 24 MS CARTWRIGHT: We've been going for an hour and 15 minutes.  
 25 I need to deal with the conversation and the deployment,

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1 so I want to take care in dealing with that. There's  
 2 not much more to go, but I wonder whether now would be  
 3 an appropriate time to take a break before the final  
 4 section of my questioning is dealt with and then  
 5 questioning of the core participants.  
 6 SIR JOHN SAUNDERS: Okay. So 10 minutes. I think it's  
 7 quite important, not only for your benefit,  
 8 Mr Hargreaves, but I think for the progress that we do  
 9 finish this witness this afternoon.  
 10 MS CARTWRIGHT: Sir, certainly in terms of how much longer  
 11 I think I will be, it's not very long. I think I've got  
 12 10 to 15 minutes left of mine and then certainly in  
 13 terms of the indications through the Rule 10 process,  
 14 the family questions, they've asked for half an hour,  
 15 Ms Roberts has asked for about 15 minutes, and there has  
 16 been a request from Mr Cooper, so even taking a break  
 17 now, I'm confident that in the next section we'll  
 18 conclude Mr Hargreaves' evidence today, so we can start  
 19 with Mr Hare tomorrow.  
 20 SIR JOHN SAUNDERS: I'm sure they will, but can everyone try  
 21 and observe the allotment of time they've been given and  
 22 make sure we don't expand too much?  
 23 MS CARTWRIGHT: Thank you, sir.  
 24 SIR JOHN SAUNDERS: Thank you. Ten minutes.  
 25 (3.26 pm)

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1 (A short break)  
 2 (3.36 pm)  
 3 MS CARTWRIGHT: Mr Hargreaves, can I ask, when you arrived  
 4 with Mr Beswick at Hunts Bank and Lea Vaughan was also  
 5 then present with you -- and just for completeness, her  
 6 arrival on scene being recorded at 23.06.51, so seconds  
 7 before your arrival -- had there been any  
 8 ascertaining(?) from Mr Beswick before he left the  
 9 vehicle and went to speak to Dan Smith where the rest of  
 10 the team were up to in terms of their estimated time of  
 11 arrival?  
 12 A. As far as I was aware, I didn't know of any sort of  
 13 conversation that indicated where the team were up to,  
 14 that sort of thing. I think myself and Lea were  
 15 concentrating on doing the kit dump at the time.  
 16 Q. We know that Ian Devine was on scene at 23.14.52.  
 17 Nick Priest is recorded as being on scene at 23.18.10.  
 18 And Mr English's arrival isn't timed because I think his  
 19 vehicle, the PSU, had not been allocated. But certainly  
 20 in terms of the timeline he's recorded as walking up  
 21 Hunts Bank with Mr Priest. So the rest of the team in  
 22 reality were not far behind the arrival of you,  
 23 Mr Beswick and Ms Vaughan. I just want to understand if  
 24 at any point when you were at the scene before you then  
 25 were deployed into the City Room, any update was given

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1 about where the rest of the team were?  
 2 A. I didn't receive anything from any -- Simon, Lea or  
 3 Dan Smith or anybody else that was there. I didn't hear  
 4 anything about where the team was up to.  
 5 Q. In the feedback that you provided by reference to  
 6 resources from the debrief -- and again I'm not going to  
 7 ask for it to be displayed but it was the feedback you  
 8 gave in respect to the incident response rather than  
 9 preparedness. Sir, for your reference it is  
 10 {INQ040654/28}.  
 11 You comment that:  
 12 "The HART split when mobilised. Not full team, no  
 13 national vehicle, query SORT."  
 14 So by referencing the splitting of the team and not  
 15 the full team what were you intending to indicate by  
 16 that information in the debrief?  
 17 A. I think a lot of our competencies that we do, it works  
 18 around the safe system of work of having six HART  
 19 members all arriving within a certain time and sometimes  
 20 if -- such as Ian who was on a different call, if he's  
 21 stuck on a job, then he can kind of delay. You ideally  
 22 want to hit a scene together and you can formulate your  
 23 plan from that. When it gets fragmented like it did, it  
 24 can be a lot harder to put plans into motion, I would  
 25 say.

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1 Q. I appreciate you weren't team leader, but being someone  
 2 present in that early arrival, would it be fair to say  
 3 that it should have been important to identify where the  
 4 rest of the team on duty that night were up to when you  
 5 arrived at the scene?  
 6 A. It would have been helpful to myself, probably, yes,  
 7 I think so. I knew they were coming and en route, but  
 8 I didn't know obviously what estimated time of arrival,  
 9 their actual time of arrival.  
 10 Q. And again in terms of referencing the team that night  
 11 had been fragmented, is it correct that in the ordinary  
 12 course of events the HART team should then be deployed  
 13 as a team?  
 14 A. Ideally, yes.  
 15 Q. And if you don't have the assistance of Fire and Rescue  
 16 Service to act as another member of the team, the HART  
 17 team ordinarily would work in pairs when entering into  
 18 an incident zone?  
 19 A. Yes, that's correct.  
 20 SIR JOHN SAUNDERS: Just so that's not misunderstood,  
 21 operating as a team doesn't necessarily presumably mean  
 22 all of you doing the same job?  
 23 A. No, no.  
 24 SIR JOHN SAUNDERS: You can have different functions?  
 25 A. Absolutely.

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1 SIR JOHN SAUNDERS: Thank you.  
 2 MS CARTWRIGHT: Could we please, Mr Lopez, display that HART  
 3 timeline, {INQ040616/5}.  
 4 The HART timeline records the first sighting on the  
 5 sequence of events of yourself and Lea Vaughan stood on  
 6 Hunts Bank with Mr Beswick liaising with Dan Smith,  
 7 minutes after your arrival at 23.14.42.  
 8 A. That's correct, yes.  
 9 Q. We can see, perhaps if we -- very shortly after that,  
 10 and I think the timing given here is that you then are  
 11 seen walking into Victoria Station at 23.14.00, and  
 12 I think it's seconds before when we look at the images  
 13 in a minute. So in terms of that sighting of the  
 14 discussion, could you just deal with what was said  
 15 in that discussion, please, with Mr Smith and  
 16 Mr Beswick?  
 17 A. So myself and Lea walked up towards and to join the  
 18 other two there. There was also a few other ambulances,  
 19 ambulance staff there. We kind of all got together,  
 20 Dan Smith gave quite a short brief, just to say what had  
 21 happened, there'd been a bomb/explosion up in the foyer.  
 22 As far as he was aware, there wasn't any active shooter  
 23 going on to his knowledge. He had Paddy Ennis located  
 24 in the City Room and he was doing initial, I think --  
 25 I can't remember whether he said a triage or a recce,

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1 you know, a look at what was going on up there.  
 2 Then that was Dan Smith's sort of statement and then  
 3 Simon Beswick gave a short to the point discussion about  
 4 what he needed from myself and Lea. Because obviously  
 5 we were the only two there at that point, so he said  
 6 that he needed two people to go up and assist Paddy,  
 7 start triaging and treating, and then reassess,  
 8 basically, from there.  
 9 We'd already got some of our kit ready. Myself and  
 10 Lea had got two of the MTFA -- I think they're called  
 11 MTFA bags, basically rucksacks with a lot of medical  
 12 equipment in, but it's the immediate stuff that's ready  
 13 for sort of triage. So you have tourniquets,  
 14 haemostatic dressings, two different sorts of dressing,  
 15 blast dressings and one called an Olaes dressing and  
 16 possibly some chest seals in there as well. So we had  
 17 two bags each and we proceeded to go up towards the  
 18 foyer.  
 19 SIR JOHN SAUNDERS: Would that be normally, taking two bags  
 20 each, or is it because of the circumstances?  
 21 A. I think because of the brief he'd given us, when he told  
 22 us there was so many deceased and numerous casualties up  
 23 there.  
 24 SIR JOHN SAUNDERS: So it was as a result of the need as you  
 25 all saw it?

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1 A. Yes. Each bag has probably, I'd ---  
 2 SIR JOHN SAUNDERS: I don't think I need to know, thank you.  
 3 I just needed to know why you took two rather than one  
 4 bag.  
 5 Just this as well: clearly they were saying they  
 6 have no information that there was an active shooter and  
 7 Paddy Ennis was up there at the time, but no one can be  
 8 certain. Were you in a position of being given an  
 9 option, I'm sure you didn't think of taking the option  
 10 if it was there, but in that situation do you have the  
 11 option of whether you go in or not? As I say, I am not  
 12 suggesting either of you would have taken it.  
 13 A. I suppose you always have your own dynamic risk  
 14 assessment, and just because a team leader's telling you  
 15 to do something, doesn't automatically mean you do it.  
 16 SIR JOHN SAUNDERS: Right.  
 17 A. I was quite happy to proceed at the time with the  
 18 information. They said that there was possibilities of  
 19 secondary devices and I think part of being part of the  
 20 Hazardous Area Response Team, if you can't go to that,  
 21 you're in the wrong job.  
 22 SIR JOHN SAUNDERS: It's a very brave decision when you're  
 23 seeing it in real life, I'm sure.  
 24 MS CARTWRIGHT: Can I ask, when Mr Beswick was saying what  
 25 he did to you, you'd been partnered with him that night

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1 and obviously he was part of the team and the team  
 2 leader. Did either you or Lea Vaughan or Mr Smith say  
 3 why he, as a third member of the team that night, was  
 4 not going as part of the Hazardous Area Response Team  
 5 into the City Room?  
 6 A. Do you mean Mr Beswick ---  
 7 Q. Mr Beswick himself as part of the team who'd received  
 8 the specialist training and had the specialist equipment  
 9 to operate in that type of area.  
 10 A. I would have always said on exercises that we'd done  
 11 before, a HART team leader doesn't always go straight  
 12 into the risk zone or the inner cordon straightaway. He  
 13 might send the pair in to start with and get more  
 14 information and pass that back. The team leader  
 15 wouldn't always go further forward because ultimately  
 16 he's in charge of the health and safety of the rest of  
 17 his team as well. So if he's going into a scene, he  
 18 wouldn't then be in charge of obviously the other three  
 19 that turned up as well.  
 20 Q. But just pausing there, there was already Mr Ennis, who  
 21 had been now twice --- he'd already been in once to the  
 22 City Room and come out and then gone back. Was that not  
 23 the sort of the situational awareness that should have  
 24 been ready to be updated to you and the HART team at  
 25 that time?

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1 A. I think there was probably only a certain amount of  
 2 information that had come back from Paddy and I think  
 3 the information that had come back from him, that more  
 4 sort of thorough triage needed to be done and  
 5 treatment ---  
 6 SIR JOHN SAUNDERS: I think I'll get the best impression if  
 7 you just tell me: at the time did it pass your mind,  
 8 "Why aren't you coming too?"  
 9 A. No, not at all.  
 10 MS CARTWRIGHT: In terms of just one pair going into the  
 11 room, what information had you been given at that  
 12 briefing about the number of casualties still in the  
 13 City Room at that time?  
 14 A. I'm not sure whether it was at the briefing or not,  
 15 whether we'd got told there was... whether that was up  
 16 on the screen earlier, about 20 to 30.  
 17 SIR JOHN SAUNDERS: But you were expecting a lot?  
 18 A. Yes.  
 19 SIR JOHN SAUNDERS: That's why you took two bags each?  
 20 A. Yes.  
 21 MS CARTWRIGHT: Again, knowing that there was that number of  
 22 casualties, did it not cross your mind at that time as  
 23 to actually what was needed was the maximum HART team  
 24 resource with you and Lea Vaughan going into the  
 25 City Room?

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1 A. At the time, I'll be honest, I didn't think about it.  
 2 We had a task to take and perform... I never thought,  
 3 "Where are my colleagues?" On training, we do incidents  
 4 where a second team might follow in, but it might be  
 5 20 minutes later, 10 minutes later, whatever. There  
 6 wasn't a point where I thought, "Why are we on our  
 7 own?", that sort of thing.  
 8 Q. Can I ask you, during that period you'd had with  
 9 Dan Smith, what was your understanding about the role he  
 10 was carrying out that night?  
 11 A. I think he was the incident commander because I think  
 12 he had the tabard on at the time.  
 13 Q. Can I ask you, did anyone tell you or did you ask who  
 14 the safety officer was in terms of the role they have  
 15 about the deployment of HART?  
 16 A. I didn't see anybody with any other tabard on, to my  
 17 recollection. I didn't know... I didn't get told if  
 18 there was a safety officer in place or anything like  
 19 that.  
 20 Q. Can I ask, in terms of your experience, would you want  
 21 to know what the view of the safety officer was before  
 22 deployment?  
 23 A. I think the safety officer seems... He's probably one  
 24 that, a role that's come in since the arena. I think  
 25 it's more prominent now than it probably was, even if

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1 there might have been an action card and things for it  
 2 I think a lot of the other roles have sometimes come  
 3 before it, rightfully or wrongly.  
 4 SIR JOHN SAUNDERS: If there wasn't a safety officer, you  
 5 couldn't get any information from him anyway.  
 6 A. No.  
 7 MS CARTWRIGHT: Can I ask you, when the discussion was  
 8 taking place with Dan Smith and Mr Beswick, was any  
 9 consideration given to actually radioing up to  
 10 Paddy Ennis to get live-time situational awareness from  
 11 him directly to you and your team at that time?  
 12 A. Was that before, sorry?  
 13 Q. So when there's the huddle and decision-makings are  
 14 being made about the deployment of you and Lea Vaughan,  
 15 was there any thought actually given to radioing  
 16 directly up to Paddy Ennis?  
 17 A. We weren't actually privy to that first conversation  
 18 with Dan and Simon together. So when Simon left, they  
 19 were having the conversation and it was only after we  
 20 came up with everybody else and did the bigger brief.  
 21 There was nothing mentioned there of any sort of thought  
 22 process, no.  
 23 Q. Can I ask you, during that discussion when you were  
 24 present, was there any discussion about whether the  
 25 further teams within NWAS, such as the SORT and the AIT

1 team, would be needed?  
 2 A. I don't think the AIT team crossed my mind. I think  
 3 because I probably had not thought of it as an MTFA  
 4 incident at the time, even though it was a terrorist  
 5 incident, it was... At the time, I think they've moved  
 6 away from it now, but it was specifically firearms and  
 7 it always seemed to be focused just on firearms at the  
 8 time. SORT -- no, I didn't, to be honest.  
 9 Q. Did anyone tell you in that discussion where the  
 10 casualty clearing point was or where the casualty  
 11 clearing station was or going to be?  
 12 A. No, I think -- I'd not been told it was in any  
 13 particular location. I think just from my knowledge of  
 14 where we were going, I had an idea roughly where it was  
 15 going to be set up.  
 16 Q. Was any information given to you about whether there'd  
 17 been any handover or update from the on-site medical  
 18 provider?  
 19 A. Nothing that I was aware of.  
 20 Q. Was there any consideration given when you were present  
 21 with Lea Vaughan with Mr Beswick and Mr Smith of  
 22 contacting the rest of the team at that point to see  
 23 where they were up to to inform the plan?  
 24 A. I presumed that they'd have been briefed when they  
 25 arrived. I think myself and Lea were already going

1 towards the City Room and I think we were just  
 2 concentrating on what task we were faced with.  
 3 Q. Can I ask, was there any discussion or any thought in  
 4 your mind about where the Fire and Rescue Service teams  
 5 or the specialist teams were, in particular the SRT or  
 6 the TRU?  
 7 A. No, I hadn't given it any thought at that time.  
 8 Q. In terms of the description that you've just given as to  
 9 what the plan was as to what you expected to do when you  
 10 got to the City Room, you've referenced the triage and  
 11 assessment, but in the PowerPoint that Lea Vaughan  
 12 provided -- and again if you need to go to the page,  
 13 we can, but sir, for your reference, it's  
 14 {INQ022850/12} -- she sets out within that document  
 15 that:  
 16 "The priority was to triage, stabilise and extricate  
 17 quickly."  
 18 A. Yes, I'd go with that, yes.  
 19 Q. Was that something then that was communicated as to what  
 20 you and Lea Vaughan needed to do once you got to the  
 21 City Room?  
 22 A. Yes, our task was to triage patients, and when I say  
 23 treat, it's part of the NASMeD triage, the flow chart.  
 24 Under that, all you'd be doing would be CAT tourniquets  
 25 and --

1 SIR JOHN SAUNDERS: Immediate life-threatening injuries  
 2 should be treated?  
 3 A. Yes. It's that or haemostatic dressing.  
 4 MS CARTWRIGHT: So as part of the discussion, in the  
 5 knowledge that there's only reference to Paddy Ennis  
 6 being in the room, what was Dan Smith/Mr Beswick saying  
 7 was the plan for how you would extricate the patients?  
 8 A. I think the only thing I'd been told at the time was  
 9 once we got there, it'd be a reassess, liaise with  
 10 Paddy, and then we'd probably discuss and communicate  
 11 what was going to happen after that.  
 12 Q. Was it discussed how you'd communicate once you had got  
 13 into the City Room, by what mechanism?  
 14 A. I know that Dan had said he was in direct contact with  
 15 Paddy, so I think we'd already thought we'd be going  
 16 ahead with communication through Paddy, but we've got  
 17 numbers which we could do a point-to-point with Simon or  
 18 the rest of the team if needed, if he wanted to do  
 19 direct communication, so I could speak to Simon directly  
 20 if I wanted to.  
 21 Q. I'm going to display now the three images that track  
 22 your and Lea Vaughan's entry into the City Room. Just  
 23 to highlight, these are images that were displayed when  
 24 Mr Russell gave his evidence, but I give the usual  
 25 warning that plainly they are screen shots from the

1 night itself and some may find these images distressing,  
2 although they've been redacted, hopefully to remove  
3 anything that would cause significant distress. But  
4 I do highlight that I am going to show those three  
5 images now, so if anyone wishes to turn off the screen,  
6 I anticipate we'll only be 5 minutes now dealing with  
7 these images.

8 (Pause)

9 Mr Lopez, I only want page 252, so please, before  
10 you display it on the screen, can you have ready  
11 page 252 {INQ035612/252}. Just so you're clear, that  
12 should be an image timed at 23.13.54.

13 Mr Hargreaves, having had the discussion you had  
14 with Mr Beswick and Dan Smith, we can see that at  
15 23.13.54, you and Lea Vaughan are captured entering  
16 Victoria Station?

17 A. That's correct.

18 Q. And we can see the two bags each of you are carrying,  
19 that I think you've described as the MTFA bags.

20 A. Yes, that's correct. Just to add, we had a triage pack  
21 each as well.

22 Q. Thank you. In terms of those triage packs, would it be  
23 correct that they have triage cards that are almost  
24 concertinaed?

25 A. Yes.

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1 Q. That enable you to display whether the patient, once  
2 there'd been an initial triage, was a priority 1, 2, 3  
3 or deceased?

4 A. That's correct.

5 Q. In those packs, what number of triage cards would  
6 you have had?

7 A. Exactly I am not too sure. You automatically have them  
8 set up, you'd have maybe eight P1 cards, the red cards,  
9 and then you'd have another possibly eight yellow cards,  
10 the P2s, and then maybe not as many greens for the P3s.  
11 The dead cards, I know we didn't have enough. Probably  
12 had about four or five maybe in each one.

13 Q. But in terms of within those bags, is it correct that  
14 there was a combat tourniquet or tourniquets?

15 A. They were in the MTFA bag.

16 Q. And can you just assist us how many you and Lea Vaughan  
17 between you would have possessed at that time?

18 A. I would probably say 25 to 30 at least between the four  
19 bags.

20 Q. Thank you.

21 Mr Lopez, could I ask next, please, for page 254,  
22 which is an image at 23.14.07. {INQ035612/254}.

23 Mr Hargreaves, we see you and Lea Vaughan at that  
24 stage making your ascent up the stairs to the City Room.  
25 Can I ask you, as part of the discussions that you'd had

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1 outside the station, had there been any discussion about  
2 how patients would be extricated down the stairs?

3 A. No, I think on the way up, we were discussing the way  
4 we were going to triage, working it as a pair, working  
5 in a set pattern, just to make it sort of systematic so  
6 we know you're doing it in a process.

7 Q. Thank you. So can I ask you then, when you got to this  
8 point and identified the staircase, and trained as you  
9 were in the ability to do dynamic risk assessments, did  
10 you in any event have any thought at that time to how  
11 patients would be extricated?

12 A. I probably didn't, to be honest, no.

13 Q. Thank you.

14 Finally, please, Mr Lopez, {INQ035612/257}. That's  
15 a screenshot at 23.14.56.

16 Mr Hargreaves, we see there the timing very shortly,  
17 just seconds, before you actually enter the City Room.  
18 Just to confirm, that's 23.14.56.

19 A. That's correct, ma'am.

20 MS CARTWRIGHT: Thank you. Mr Hargreaves, those conclude my  
21 questions.

22 Sir, are there any questions you want to ask?

23 SIR JOHN SAUNDERS: No, thank you.

24 MS CARTWRIGHT: There are questions now from, I understand,  
25 three core participants. They will be over the video

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1 link. Could I turn first of all to Mr Welch on behalf  
2 of the families, please, to ask his questions.

3 Questions from MR WELCH

4 MR WELCH: Thank you, Ms Cartwright.

5 Mr Hargreaves, most of those issues that I wanted to  
6 ask you about have been covered in detail, so I'm not  
7 going to be very long at all with you.

8 The first issue I would like to ask you about is  
9 in relation to the communications with the EOC en route  
10 to the arena, please. In your statement you say you  
11 were getting limited information and so had to resort to  
12 Twitter. In the spirit of trying to identify what  
13 should be done in the future, what do you think you  
14 should have been given in terms of information and what  
15 would have assisted you in terms of information that  
16 could have been given before you got to the arena?

17 A. I think one of the main things that would have helped is  
18 getting a full picture of what exactly happened on  
19 scene. I think we didn't get there until five past, ten  
20 past 11, so there probably was enough time there to get  
21 an idea and get something communicated to ourselves.  
22 Whether that was a message that goes out to everybody on  
23 the screen who's attending, just as an update on, just  
24 risk, you know... rendezvous points, even people on  
25 scene. Messages about a METHANE that's been given

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1 possibly already. I don't know whether other vehicles  
 2 or crews did get that information, but that would be  
 3 helpful to get that through. Just anything to help  
 4 a risk assessment, certainly not just from my  
 5 perspective but from a team leader's perspective.  
 6 Q. Can I ask you this, and this is my final question on  
 7 this topic: is it the case that the more information  
 8 you have, the better you can be mentally prepared for  
 9 what's awaiting you and also the better that you can  
 10 formulate your own plan as to what you need to do and  
 11 what you're going to do?  
 12 A. Yes, absolutely. I'd 100% agree with that. The more  
 13 information you have at the time to make any sort of  
 14 dynamic risk assessment or risk assessment, the better  
 15 you can make those plans in advance. You could have  
 16 been 10 minutes away from scene and if you have got that  
 17 information, you're already formulating some sort of  
 18 a plan as you're going. So rather than having to think  
 19 on your feet as you get there, it's already in place.  
 20 Q. Final point — I said that was the final point, I'm  
 21 sorry, but of course you have alerted the inquiry, and  
 22 we're all very aware, that Twitter is just not going to  
 23 be suitable for this because you don't know what's right  
 24 and what's wrong, do you?  
 25 A. Absolutely, yes. I'd agree with that. I would probably

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1 say at the time it was our only option as we were trying  
 2 to get in contact with control and I don't think we had  
 3 any other access, direct access, to Dan Smith on scene  
 4 or any incident commander who would have been there.  
 5 Yes, I agree with that.  
 6 SIR JOHN SAUNDERS: While accepting that Twitter is not  
 7 ideal, you can get false information on Twitter, you  
 8 shouldn't be relying on it, and obviously the stuff you  
 9 rely on is things coming from your control. Would it  
 10 have stopped you listening to or reading Twitter?  
 11 A. If we'd got that information, I think so.  
 12 SIR JOHN SAUNDERS: You wouldn't turn it on at all?  
 13 A. I wouldn't have thought so because just in regard — as  
 14 Mr Welch said before, I think you would then be  
 15 formulating what you're going to be doing at the scene.  
 16 SIR JOHN SAUNDERS: And things like you might have decided  
 17 if you knew exactly what was it was to have got your  
 18 protective gear on before you got out?  
 19 A. Yes, absolutely.  
 20 MR WELCH: Mr Hargreaves, just to be clear, I wasn't being  
 21 critical of you checking Twitter. Of course, you deal  
 22 with what you can.  
 23 The second topic that I would like to ask you about,  
 24 please, is your arrival and arrival time. I don't know  
 25 if you saw any of Mr Beswick's evidence today, I think

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1 you saw some. Mr de la Poer Queen's Counsel suggested  
 2 to him that, at an incident like this, every minute  
 3 counts. Is that a sentiment you'd agree with?  
 4 A. Yes, absolutely.  
 5 Q. As a HART operative, in particular, it's important that  
 6 you get there as quickly as possible in terms of you  
 7 yourself bringing your skill set and also the equipment  
 8 that you have; is that right?  
 9 A. Yes, also correct, sir.  
 10 Q. And your vehicle is not going to be used, is it, to  
 11 transport a casualty to a hospital in ordinary  
 12 circumstances?  
 13 A. No. The majority of the HART fleet isn't able to  
 14 transport patients. It was just on that occasion,  
 15 literally jumping in the back on top of the equipment to  
 16 drive round.  
 17 Q. The information that you're getting is that the RVP is  
 18 Hunts Bank and I think that you said that you do have  
 19 some local knowledge of the area around the arena;  
 20 is that right?  
 21 A. I've been to the arena for concerts and, working around  
 22 that area, you occasionally get called just outside the  
 23 arena and stuff like that.  
 24 Q. You were reliant — you were using, I should say, your  
 25 satellite navigation system, weren't you?

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1 A. That's correct.  
 2 Q. We heard evidence earlier today from Mr de la Poer again  
 3 asking Mr Beswick that on information that the inquiry  
 4 has, you and he, who were of course in the same car, got  
 5 on to Trinity Way at round about 11 o'clock. Does that  
 6 sound about right?  
 7 A. Yes, I think it might have been a minute or two after  
 8 that. The ambulances have all got an auto-arrival on  
 9 some of the vehicles, so it kind of auto-plots you on  
 10 scene, if you will. You might be a quarter of a mile  
 11 away or 200 yards away, but it can plot you. So  
 12 sometimes the scene times are little bit out, but yes,  
 13 23.01 or 23.02.  
 14 Q. Can I briefly ask, please, Mr Lopez to bring up  
 15 {INQ040616/3}. It's the HART timeline.  
 16 Mr Hargreaves, you referred to the auto-arrival  
 17 time. If we look at this document, we can see Z305,  
 18 which was the vehicle that was being driven to the arena  
 19 by Lea Vaughan, and that arrived at 23.00.47 according  
 20 to her auto-arrival. I have not been able to find the  
 21 auto-arrival for your vehicle and perhaps someone else  
 22 might be able to find it, but Lea Vaughan's vehicle set  
 23 off from Stockport after yours, after you had cleared  
 24 the incident at 22.44.35.  
 25 Assuming she didn't overtake you for any reason,

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1 it's likely, isn't it, that you arrived before she did?  
 2 A. Yes. Some of the times, I know on the timeline, are not  
 3 quite accurate, because I know it says that myself and  
 4 Simon — and with 304 arriving at Hunts Bank at  
 5 a certain time and it says that Lea arrived before us,  
 6 45 seconds, I think it was, something like that.  
 7 We were actually ahead of Lea going up Hunts Bank and  
 8 we were ahead of Lea only —  
 9 SIR JOHN SAUNDERS: You were in convoy?  
 10 A. Yes. We worked together, so some of the times are  
 11 a little bit slightly off, but they're more or less  
 12 probably what Lea's times on there.  
 13 MR WELCH: I am not meaning to be difficult, it's just  
 14 trying to work out precisely when you arrived in the  
 15 area because there was traffic on Trinity Way. Do you  
 16 recall where the traffic was on Trinity Way?  
 17 A. I'm presuming it was at the top end of the arena.  
 18 I don't remember exactly, but I seem to remember that  
 19 most of Trinity Way, I'd probably say 100 yards down,  
 20 was clear from there until you got to the police cordon,  
 21 so to speak, the two or three cars that were parked  
 22 directly across the road, blocking us.  
 23 Q. I'm not being in any way critical of you here,  
 24 Mr Hargreaves, you can only go on the information which  
 25 you had, which was limited. But in the call, Mr Beswick

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1 informed the EOC that it was chaos and that you were  
 2 blocked by the traffic. Is that your memory?  
 3 A. I think that was further round. Is that 23.01?  
 4 Q. Yes.  
 5 A. I think that must have been at the top end of the arena,  
 6 Cheetham Hill Road, that end. I seem to think it was  
 7 reasonably clear until the police convoy and then it  
 8 congested again as we got round the bottom end towards  
 9 Hunts Bank. So there was two lots of traffic there.  
 10 Q. I'll just read you the section of the call:  
 11 "I cannot get to the RVP because the traffic is  
 12 completely blocked."  
 13 And he said:  
 14 "It's absolute chaos."  
 15 You, of course, didn't know that before you got  
 16 there, that there was this traffic, and the Trinity Way  
 17 is also where the entrance and exit to the car park for  
 18 the arena is, isn't it?  
 19 A. That's correct, sir.  
 20 Q. Again, drawing on your knowledge of the arena, it's  
 21 always at the end of any concert quite a busy  
 22 thoroughfare, isn't it?  
 23 A. Yes, it does get congested. I wouldn't just say it's  
 24 just congested on Trinity Way though, I'd say the whole  
 25 way around the arena is chaotic at the sort of time when

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1 a concert or event finishes.  
 2 Q. You'd not been given any information in relation to the  
 3 RVP of Hunts Bank as to the best approach for that, had  
 4 you?  
 5 A. No, we just got told it was Hunts Bank.  
 6 Q. You hadn't been told, of course, that there were traffic  
 7 problems on Trinity Way?  
 8 A. No, we had not been given any information — any  
 9 traffic — I think due to the nature of what had  
 10 happened, I think we were expecting traffic or  
 11 pedestrians, a lot of, all around. So I think we were  
 12 expecting that, but we didn't get given a route in, so  
 13 to speak.  
 14 Q. But to get to Trinity Way and find traffic on  
 15 Trinity Way, as you describe in your witness statement,  
 16 you had gone past the CIS building on the ring road.  
 17 Had you known that there was traffic on Trinity Way that  
 18 was going to block you, it would have been possible,  
 19 wouldn't it, to go left down Corporation Street and  
 20 towards the National Football Museum and enter towards  
 21 Hunts Bank that way, wouldn't it? I'm not being  
 22 critical of you, because you of course didn't know about  
 23 the traffic.  
 24 A. Yes, I mean, I don't know what the traffic situation was  
 25 on Corporation Street and towards the Football Museum.

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1 That could have been easily as bad if not worse. It  
 2 could have been better, I don't know. I'm not sure on  
 3 that.  
 4 Q. We're not going to speculate, but as a general  
 5 proposition would it have assisted you potentially to  
 6 know in advance of attending the RVP and on your way to  
 7 the RVP if there are any traffic problems or police  
 8 cordons that might hamper your access or at any rate  
 9 slow you down from getting to the RVP?  
 10 A. I think it is always of benefit. We do occasionally —  
 11 if we're going to incidents and there might be a road  
 12 closure, given all the information comes through on your  
 13 terminal, yes, absolutely.  
 14 Q. I want to deal very briefly, if I can, with the  
 15 briefing. I don't need to go into much detail with this  
 16 because Ms Cartwright Queen's Counsel has covered it in  
 17 a lot of detail. It's just in terms of some of the  
 18 things that you weren't really told.  
 19 The first point. How long did the briefings from  
 20 Mr Smith and Mr Beswick take, do you think?  
 21 A. Probably less than a minute. They were both quite  
 22 brief, to the point, concise. Yeah, each one — 20 to  
 23 30 seconds each, it wasn't long.  
 24 Q. During the course of the discussions even, if I can use  
 25 that term, was there anything mentioned about equipment

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1 that might be needed within the City Room and that  
 2 should be taken up?  
 3 A. I wouldn't say directly equipment, but that triage was  
 4 needed up there and that obviously with triage you need  
 5 equipment to be able to do that, regarding cruciform  
 6 cards and tourniquets, dressings, et cetera. So we knew  
 7 -- that was the only reference to any equipment up  
 8 there.  
 9 Q. From that can I take it there was no discussion about  
 10 analgesia that might be required up there?  
 11 A. No, there was no discussion about analgesia. It's  
 12 a long-standing topic about analgesia in hot zones,  
 13 which is far above my level. No, the main principle for  
 14 us is triage and it's that fast process.  
 15 SIR JOHN SAUNDERS: It may be well above your pay grade, but  
 16 what instructions, if any, are you given about taking  
 17 analgesia to a scene of doing a triage?  
 18 A. So far as the training that I've received so far as  
 19 a major incident goes, the triage would be done  
 20 initially and then pain relief might come later,  
 21 possibly at the CCP, CCS, depending on the size and  
 22 scale.  
 23 SIR JOHN SAUNDERS: So triage first, then --  
 24 A. That's always the primary --  
 25 SIR JOHN SAUNDERS: Thank you.

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1 MR WELCH: Just briefly to finish off this topic of the  
 2 briefing, in your statement, your GMP witness statement,  
 3 so that's {INQ005801/1}, I'll read it to you, you say:  
 4 "Our brief was to deploy straight into the arena to  
 5 assess and triage the casualties in the arena itself  
 6 because."  
 7 And then I think there's a misspelling, misprint  
 8 here. It says:  
 9 "By colleagues behind us at the entrance would be  
 10 able to help those people out."  
 11 Are we to take it that's "my colleagues",  
 12 Mr Hargreaves?  
 13 A. Yes, my colleagues, as in ambulance colleagues, not  
 14 specifically HART colleagues, but colleagues in the  
 15 Ambulance Service, the ones as we were walking through  
 16 the station.  
 17 Q. Yes, of course. So from that, are we to take it that  
 18 you were expecting ambulance colleagues to follow you up  
 19 into the City Room at some stage to extricate the  
 20 patients?  
 21 A. No, that was more in reference to the patients that were  
 22 in the actual -- on the concourse there, just through  
 23 the door, so into the train station part of it.  
 24 Q. So when you were proceeding towards the City Room, did  
 25 you have any thought or understanding as to how the

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1 people within the City Room who needed treatment were  
 2 going to be brought down, taken out of the City Room for  
 3 treatment?  
 4 A. At the time, no. No, it was our sole purpose just to do  
 5 the initial triage and then update the situation from  
 6 there once we'd spoken to Paddy.  
 7 Q. Did you expect, when yourself and Ms Vaughan went to the  
 8 City Room, that other members of the HART team, such as  
 9 Mr Devine, might follow you up there and join you and  
 10 assist in what you were doing within the City Room?  
 11 A. I was probably aware that there was a possibility that  
 12 we'd have seen more members come into the City Room.  
 13 I think because of the briefing and the discussion about  
 14 possible secondary devices, maybe I had in the back of  
 15 my mind that I didn't think -- maybe there was a chance  
 16 that it might just be me and Lea going up there.  
 17 I think once we went in there and we discussed with  
 18 Paddy, that was sort of... I'm probably getting a bit  
 19 ahead there.  
 20 Q. I don't need you to discuss that. I'm sorry if  
 21 I inadvertently led you into discussing matters there.  
 22 With the chair's permission, I'll just stop you there if  
 23 I can.  
 24 The final topic I have, please, Mr Hargreaves, is  
 25 in relation to the numbers within the HART team and over

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1 the course of the past 2 days we've heard a lot about  
 2 how there are six members of the team. There was  
 3 a debrief involving members of the HART team --  
 4 MS CARTWRIGHT: Sorry to interrupt you. We can identify  
 5 that there were six members of the HART team on that  
 6 night. So we need to identify the numbers that were  
 7 working on the night. Thank you. Sorry to interrupt  
 8 you. Just to clarify that before you proceed.  
 9 MR WELCH: Of course, thank you.  
 10 Could I ask for {INQ020622/1} to be brought up,  
 11 please.  
 12 This is a structured debrief report. You can see on  
 13 page 1 that the members of the Greater Manchester HART  
 14 team took part in this debrief on 30 May 2017. And  
 15 we can also see that you were one of the participants  
 16 there, the first name next to Greater Manchester.  
 17 Could I ask, please, Mr Lopez, to go to  
 18 {INQ020622/6}.  
 19 In "Areas for improvement (JESIP)", we can see  
 20 there's one:  
 21 "Like HART to be an eight-man team or have people on  
 22 an on-call system."  
 23 And that was raised by HART (M) which I have taken  
 24 to the HART, the Manchester team. Unfortunately, we  
 25 don't know which member of the HART Manchester team

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1 raised this, but do you recall during the debrief  
 2 a discussion about this and whether it would be  
 3 beneficial to have a bigger HART team or HART members  
 4 on call in the case of major incidents?  
 5 A. Am I okay answering this with our discussion before?  
 6 MS CARTWRIGHT: Sir, I think again just to make clear and to  
 7 make clear for the witness as well, I think we can  
 8 identify that there were six working on the night, but  
 9 as to the wider capabilities, there needs to be real  
 10 care because of the operational sensitivities. So  
 11 again, I'd perhaps highlight that in terms of the  
 12 questions, but also to assist Mr Hargreaves.  
 13 SIR JOHN SAUNDERS: Okay. Mr Hargreaves, that bit has been  
 14 read out. Was that either your idea or something you  
 15 agreed with and just say yes or no?  
 16 A. I remember, not just in this debrief, it has been  
 17 mentioned several times before, but it wasn't myself.  
 18 SIR JOHN SAUNDERS: Thank you.  
 19 A. I'm not too sure of the on-call system though.  
 20 SIR JOHN SAUNDERS: Okay, thank you. Is that all right,  
 21 Mr Welch?  
 22 MR WELCH: It is, sir. I don't think I'm able to take it up  
 23 with anyone else. It might be that Mr Atkinson might be  
 24 able to explore that with Ms Vaughan, I don't know. But  
 25 I have no further questions, thank you, sir, and

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1 thank you very much, Mr Hargreaves.  
 2 Further questions from MS CARTWRIGHT  
 3 MS CARTWRIGHT: Perhaps just to assist before Mr Cooper,  
 4 who's made a request to ask questions, can I clarify two  
 5 things? It may be these are areas that Mr Cooper wants  
 6 to deal with, so it may short circuit things.  
 7 In terms of the questions you've been asked around  
 8 the auto-arrival at 23.00.47, is it correct what's  
 9 endorsed on that document that you were taken to that  
 10 auto-arrival occurs when the vehicle is proximate to the  
 11 location, that's proximate to the Manchester Arena, and  
 12 as the vehicle circled round the north of the arena,  
 13 auto-arrival will occur before actual arrival at  
 14 Hunts Bank Victoria Station Approach?  
 15 A. Yes, that's all correct, that.  
 16 Q. Certainly the follow-on transcript that Mr Welch took  
 17 you to, the 23.01 transcript, it is clear from the  
 18 details of that that you were having real difficulty  
 19 getting to the rendezvous point at Hunts Bank because of  
 20 traffic; is that correct?  
 21 A. I think -- yes, I think it's going down past the CIS  
 22 building -- I'm not too sure of the road name there --  
 23 before you get to Trinity Way. That's where the traffic  
 24 was, yes.  
 25 Q. In answering another question, you indicated that the

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1 sole task you'd been given was to triage. Again, would  
 2 it be fair to say that part of your role as well was if  
 3 you came across individuals needing individual  
 4 life-saving treatment, such as the application of  
 5 a tourniquet, that fell within the role you were being  
 6 tasked to do in the City Room?  
 7 SIR JOHN SAUNDERS: I think you've already included --  
 8 that's part of triage, isn't it?  
 9 A. Yes.  
 10 MS CARTWRIGHT: Mr Cooper did not make a request under the  
 11 Rule 10 process, but we've had communication that he  
 12 would like to ask some questions. So perhaps if we  
 13 could turn to Mr Cooper now, please.  
 14 Questions from MR COOPER  
 15 MR COOPER: Yes, thank you. Just a few short questions for  
 16 you on one main topic really, and then a subsidiary  
 17 topic. I'm asking questions on behalf of the families  
 18 as well.  
 19 SRT. As we know, these are specialist MTFA  
 20 vehicles, aren't they? That's what we're talking about  
 21 here, aren't we, with the SRT vehicles?  
 22 A. That's correct, sir.  
 23 Q. We know, and I think you know by know, that they were  
 24 mobilised first to Philips Park and then to Central  
 25 Fire Station but never actually got to the arena. You

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1 obviously are aware of that as well, aren't you?  
 2 A. That's correct, yes.  
 3 Q. I want to ask you a little more about what you said  
 4 earlier on this morning (sic) about what help the SRT  
 5 provision could have provided you at the scene, you and  
 6 your colleagues, in doing your job in the arena. You  
 7 said, for instance, they would have put on the  
 8 tourniquets and bandaging; is that right?  
 9 A. That's correct, yes.  
 10 Q. So the responsibility for tourniquets, particularly  
 11 in the situation that you all tragically found yourself  
 12 in in the arena, would have been the responsibility of  
 13 those in SRT, in the SRT?  
 14 A. Not necessarily solely the SRT, but they would be -- if  
 15 one of the SRT staff was putting on a tourniquet, it'd  
 16 be under my direct or Lea's direct supervision, yes, or  
 17 I'd be putting it on myself. It just depends on the  
 18 numbers and the locations and things like that.  
 19 SIR JOHN SAUNDERS: Let's try and paraphrase it in this way:  
 20 it would be of assistance to you having more people to  
 21 assist with the tourniquets and the chances are that  
 22 would have speeded up the process?  
 23 A. Yes, absolutely. An extra pair of hands, yes.  
 24 SIR JOHN SAUNDERS: Will that do, Mr Cooper?  
 25 MR COOPER: Just a little step further, if I may.

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1 An extra pair of hands, as you put it, yes, but  
 2 perhaps a little more significant than that, would you  
 3 agree? These would have been critical pairs of hands  
 4 given the enormity of the job that you and your  
 5 colleagues had at the time?  
 6 A. It's always... Ultimately, it would have been a help to  
 7 have the extra members of staff, HART or SRT or any  
 8 ambulance in there, in an ideal scenario. Yes, I can't  
 9 say no to that, I agree.  
 10 Q. All right. You'll understand I'm not putting an ideal  
 11 scenario to you, I'm putting a scenario where SRT end up  
 12 on the scene of a catastrophe and could have  
 13 significantly helped you. I'm not putting an ideal  
 14 scenario to you, I'm putting a scenario where SRT were  
 15 needed for such a situation as occurred at the arena,  
 16 weren't they?  
 17 A. Yes, they would have been of benefit there, yes.  
 18 Q. All right. But you can see how I'm --- I hear your  
 19 answer and ---  
 20 SIR JOHN SAUNDERS: You answer the question in exactly the  
 21 way you want to, okay?  
 22 A. Okay.  
 23 SIR JOHN SAUNDERS: That's what we need. It's your answers  
 24 that count.  
 25 MR COOPER: Yes, sir, but if I may be permitted simply to

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1 probe those answers, so far as it assists the families'  
 2 understanding, obviously we'd appreciate it.  
 3 SIR JOHN SAUNDERS: I very much hope they have that  
 4 understanding now. So it would have been of assistance  
 5 had they been there in you carrying out your job at  
 6 a critical time.  
 7 A. Yes.  
 8 MR COOPER: "Wound management" was another expression that  
 9 you used during the course of your evidence concerning  
 10 the assistance that SRT might have provided. What did  
 11 you mean by wound management, please?  
 12 A. As part of the triage process, not only putting  
 13 tourniquets on, but we have, I think it was mentioned  
 14 earlier, the Celox or --- it's a haemostatic dressing,  
 15 it's like a wound packing. The dressings are  
 16 impregnated with a certain chemical that makes  
 17 clotting --- and obviously it stems bleeding quickly.  
 18 That's the other bit of equipment that we would use as  
 19 part of triage, just those two, really, and airway  
 20 manoeuvres.  
 21 Q. Is that the sort of equipment, again dealing with heavy  
 22 bleeding, that SRT would have provided?  
 23 A. Yes, that's correct, sir, yes.  
 24 Q. Thank you. And they would have helped, finally and  
 25 thirdly, with extricating people from the scene very

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1 quickly and efficiently; would that be right?  
 2 A. Yes, sir.  
 3 Q. As a result overall of them not being there, all that  
 4 work was an extra burden to those who were there, would  
 5 you agree?  
 6 A. Yes. Obviously if you're limited with numbers, it's  
 7 always going to be more of a challenge, so yes, an extra  
 8 burden, definitely.  
 9 Q. Thank you. One final topic I want to ask you about,  
 10 again which arose as a result of your evidence today.  
 11 I think you told us that you heard from the control room  
 12 that there were reports at one stage of about  
 13 30 casualties; is that right?  
 14 A. I think so, yes. I'd have to refer to my notes again,  
 15 but I think that was early on, possibly when I spoke to  
 16 control.  
 17 Q. So clearly, that information came to you from control,  
 18 that at that stage that there were 30 casualties. In  
 19 your experience, given that that was the estimate, and  
 20 control knew of it because they were giving you the  
 21 information, would you have expected other patrols or  
 22 resources to be automatically deployed given those  
 23 casualty numbers or would they have had to be requested?  
 24 A. In reference to what sort of...  
 25 SIR JOHN SAUNDERS: We're talking ambulances, aren't we?

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1 A. Do you mean just standard road ambulances or...  
 2 MR COOPER: Or any resources, but obviously what you can  
 3 speak of from your own knowledge. But given control was  
 4 certainly being given information at one stage that  
 5 there were about 30 casualties, would you have expected  
 6 therefore, given their state of knowledge, other patrols  
 7 and resources to have been automatically deployed with  
 8 that state of knowledge?  
 9 A. Yes, I think for an incident to have that many numbers  
 10 ultimately that... You're going straight down the major  
 11 incident sort of route, which puts in place resources,  
 12 yes.  
 13 Q. So automatically deployed, not necessarily having to be  
 14 requested, but given that there's a state of knowledge  
 15 that there are reports of 30 casualties, other patrols  
 16 and resources you would have expected to be  
 17 automatically deployed?  
 18 A. Yes, either automatically deployed or diverted from less  
 19 severe jobs.  
 20 MR COOPER: Thank you. I have no further questions.  
 21 SIR JOHN SAUNDERS: When we see you going there, there  
 22 appear to be a number of ambulances around. Is there or  
 23 not?  
 24 A. From what I remember, there was the ambulance crew that  
 25 we picked up and then --- the initial briefing, I think,

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1 possibly three crews, four crews, maybe. Ambulance  
 2 crews that was.  
 3 SIR JOHN SAUNDERS: Right.  
 4 MR COOPER: Three or four, did you say? Did I hear that  
 5 correctly?  
 6 A. About three or four that I remember seeing before we had  
 7 the brief that Dan Smith gave before we went into the  
 8 arena.  
 9 Q. And given the reports of 30 casualties, many more were  
 10 probably needed, weren't they?  
 11 SIR JOHN SAUNDERS: Mr Cooper, we will be able to find out,  
 12 I think, exactly the number of ambulances who went there  
 13 and at what time. I suspect they're all recorded by  
 14 NWS, so shall we get you the exact figures?  
 15 MR COOPER: If it assists, yes, sir. I have no further  
 16 questions.  
 17 SIR JOHN SAUNDERS: It would assist, thank you.  
 18 Thank you very much, Mr Cooper.  
 19 MS CARTWRIGHT: I think I can see Ms Roberts on the screen.  
 20 I'll allow her then to ask any questions she wishes.  
 21 MS ROBERTS: Thank you very much. It's just to say that  
 22 we have those figures, they've already been uploaded to  
 23 the system, so I can send through --  
 24 SIR JOHN SAUNDERS: (Inaudible).  
 25 MS ROBERTS: Forgive me, it's not a criticism at all, I'm

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1 just saying that we have those numbers and we can get  
 2 them to Mr Cooper. But they're already there, they've  
 3 been there for a little while.  
 4 SIR JOHN SAUNDERS: Thank you.  
 5 MS ROBERTS: Subject to that, I have no questions.  
 6 Thank you very much.  
 7 MS CARTWRIGHT: Then as I understand it, that concludes  
 8 those who have questions for this witness.  
 9 SIR JOHN SAUNDERS: I'm grateful to people for keeping to  
 10 their time slots. In fact, they may even have been  
 11 quicker. Thank you very much.  
 12 Thank you for your evidence. I'm very grateful for  
 13 the help you've given me and, as has already been said,  
 14 for what you did on the night.  
 15 Thank you. 10 o'clock tomorrow.  
 16 (4.37 pm)  
 17 (The inquiry adjourned until 10.00 am  
 18 on Friday, 19 March 2021)  
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