

OPUS2

Manchester Arena Inquiry

Day 79

March 22, 2021

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Phone: +44 (0)20 3008 5900

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1 do that throughout the hearing.
 2 MR GREANEY: Sir, indeed. May we please go to the holding
 3 screen.
 4 (Pause)
 5 MS LEA VAUGHAN (affirmed)
 6 Questions from MR GREANEY
 7 MR GREANEY: Would you begin, please, by telling us your
 8 full name?
 9 A. It's Lea Jane Vaughan.
 10 Q. In May 2017, were you a paramedic with the North West
 11 Ambulance Service?
 12 A. That's correct.
 13 Q. And indeed, were you a member of the Hazardous Area
 14 Response Team?
 15 A. Yes, I was.
 16 Q. Those watching may have observed that, unlike other
 17 officers with NWAS who have given evidence, you have not
 18 come into the courtroom wearing a uniform; is that
 19 because you no longer work for NWAS?
 20 A. No, my contract — it was terminated in December 2020.
 21 Q. I'm going to express this in very simple terms that
 22 neither I nor anyone else goes into but is it the
 23 position that you were medically retired as a direct
 24 result of your experiences on the night of 22 May 2017?
 25 A. That's correct.

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1 Q. On a number of occasions, both in your witness statement
 2 and indeed in an interview that you gave for the
 3 purposes of a documentary, you have explained the
 4 purpose of the HART team and I'll summarise it in one
 5 sentence. Was HART established after the 7/7 London
 6 attack, or attacks, to ensure that there existed a team
 7 that was adequately trained and equipped to deal with
 8 such situations?
 9 A. Yes, that is correct. It's only part of it, really,
 10 from the 7/7 London attacks. It was learning points
 11 from the inquiry into that that they decided that HART
 12 would be a good idea.
 13 Q. When was it that you first joined NWAS?
 14 A. In 2009.
 15 Q. In what capacity did you first join?
 16 A. I joined as a trainee technician/student paramedic.
 17 Q. Did there come a point at which you were promoted to the
 18 post of paramedic?
 19 A. Yes, after a top-up university course.
 20 Q. When did that occur?
 21 A. That was in 2013, I believe.
 22 Q. When was it that you became a member of HART?
 23 A. In 2016.
 24 Q. When you became a member of that team, did you receive
 25 training in your role?

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1 A. I did, very extensive training to become a HART
 2 paramedic.
 3 Q. I think you're aware of the evidence that we received
 4 from Simon Beswick and Christopher Hargreaves.
 5 A. Yes.
 6 Q. So we don't need to go through what that training is,
 7 but for the purposes of the transcript, the HART
 8 training summary document is at {INQ040671/1} and it was
 9 dealt with in detail by Simon Beswick on Day 76 of the
 10 oral evidence hearings at page 106 {Day76/106:1} for the
 11 transcript of that day.
 12 As you'll understand, I'm not going to go into the
 13 detail of your training, we know what it was.
 14 As of 22 May 2017, did you consider that you were
 15 adequately trained for your general work as a paramedic?
 16 A. Absolutely.
 17 Q. Did you consider that you were adequately trained to be
 18 a member of HART?
 19 A. Absolutely.
 20 Q. Perhaps more precisely to the point, did you consider
 21 that you were adequately trained for what you had to
 22 deal with on the night of 22 May?
 23 A. For the role that I completed on 22 May, yes, without
 24 a doubt. The aftermath, not so much.
 25 Q. As you'll appreciate, I just need to ask you to develop

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1 what you mean by that. Do you mean that, first of all,
 2 for the actual actions that you took in the City Room,
 3 which obviously we're not getting into in detail at any
 4 rate, and for the treatment that you gave, decisions
 5 that you took, you consider that you were adequately
 6 trained?
 7 A. Absolutely.
 8 Q. But you added that for the aftermath, did you say not so
 9 much?
 10 A. Not so much, no. We do get some sort of training. We
 11 touch on how to cope with news reports, et cetera, but
 12 the extent and having been in the City Room with the
 13 patients, I don't think any sort of training can prepare
 14 you for that, so that's where I struggled.
 15 Q. I would like to ask you about whether you were aware
 16 through your training, or otherwise, about particular
 17 matters. As of 22 May, were you aware of JESIP?
 18 A. Absolutely.
 19 Q. Had you received training in JESIP?
 20 A. Yes.
 21 Q. What did you understand JESIP to mean as a matter of
 22 practical application?
 23 A. It's the joint emergency services operating procedures.
 24 It's when major incidents of any type that require all
 25 emergency services to respond to, it's a command

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1 structure that's set up and working together to come up
 2 with a plan of how you respond to the emergency, the
 3 major incident.
 4 Q. From your perspective as a paramedic and HART member who
 5 arrived at the arena and went then into the City Room,
 6 from that perspective did JESIP work that night?
 7 A. No.
 8 Q. Why not?
 9 A. Because one third of the JESIP command was not there.
 10 Q. That would seem obviously to be a reference to the Fire
 11 and Rescue Service; am I correct?
 12 A. That's correct, sir.
 13 Q. Before the night of the attack, were you aware of the
 14 capabilities of the Fire and Rescue Service?
 15 A. Yes.
 16 Q. And specifically were you aware of what we have been
 17 told was called the SRT?
 18 A. Yes.
 19 Q. As you were doing your work in the City Room, did it
 20 strike you, talking about at the time, that no member of
 21 the Fire and Rescue Service was present?
 22 A. Not initially. I'd say around two or three patients
 23 into my treatments, I then do remember turning round to
 24 my colleague Christopher Hargreaves and saying, "We need
 25 to get these patients out. How are we going to do

1 that?" and then I realised that there was no FRS, but
 2 literally as I said that, I saw the makeshift
 3 stretchers.
 4 Q. As you'll appreciate, when you return to give your
 5 evidence, assuming you do, we do need to deal with some
 6 of these issues in general terms and we'll ask you more
 7 about that. What you seem to be describing to us
 8 is that there comes a point, probably fairly early on in
 9 your involvement within the City Room, so shortly after
 10 23.15, when you become aware that there is no member of
 11 the Fire and Rescue Service present.
 12 A. Yes, sir.
 13 Q. This seems to be in the context of a concern about how
 14 you are going to move patients from the City Room to
 15 some other place?
 16 A. Yes, sir.
 17 Q. And the other place you had in mind, was that a casualty
 18 clearing point or a casualty treatment station? I may
 19 have got the terms incorrect.
 20 A. You don't necessarily have to have both, casualty
 21 collection, and I honestly thought -- when I was on my
 22 way up to the City Room, I was trying to map out where
 23 would be the best place for the CCP or CCS and it was
 24 rather difficult to locate the perfect place because at
 25 that point we'd only known that there was an explosion,

1 we didn't know what type of explosion. And because of
 2 the bridge going over the station concourse, we were
 3 unaware if that was going to be safe because of the
 4 explosion, we didn't know if it was going to be
 5 structurally sound. So when I was instructing the
 6 police officers to remove the patients towards my
 7 colleagues, I did actually say, "If you go outside, it
 8 will probably be in the station".
 9 SIR JOHN SAUNDERS: I'm really sorry, but I missed a word
 10 you said, which is quite critical to the rest of it.
 11 Did you say is necessary or not necessary to have both
 12 the CCS and CCP?
 13 A. It's not always necessary.
 14 SIR JOHN SAUNDERS: Thank you very much.
 15 MR GREANEY: That's certainly what I understood you to say.
 16 I diverted from you the issue I was dealing with.
 17 A. Sorry.
 18 Q. It's my fault, not yours, and we'll come back to the
 19 issue of where the relevant point needed to be.
 20 SIR JOHN SAUNDERS: You'll get to know the fault is always
 21 with the questioner, all right? The customer's always
 22 right.
 23 MR GREANEY: Thank you very much for that support, sir,
 24 first thing on a Monday morning!
 25 I was asking you about the Fire and Rescue Service

1 and the point I was asking you address before I became
 2 diverted was this: that you seemed, from what you said,
 3 to become aware of the absence of anyone from the Fire
 4 and Rescue Service at an early stage and at a point at
 5 which you were concerned with the removal of casualties
 6 from the City Room. So that leads to this question:
 7 what, if any, would have been the value of having
 8 members of the Fire and Rescue Service, and perhaps
 9 specifically members of SRT, present in the City Room?
 10 A. Quick extrication.
 11 Q. At the time that you were thinking about this, did you
 12 have it in mind that members of the Fire and Rescue
 13 Service would have a role just in moving patients or
 14 that they might additionally be involved in treating
 15 patients?
 16 A. They can make certain interventions and treatments with
 17 patients, but as there was myself, my colleague
 18 Christopher, and Paddy, so we wouldn't have utilised
 19 them to treat patients. We were more concerned of
 20 removing them from the dangerous area and to a place
 21 where they could receive further treatment from my
 22 ambulance colleagues.
 23 Q. So to your mind, that would have been the role of
 24 members of the Fire and Rescue Service if ever they had
 25 reached the City Room?

1 A. Yes.
 2 Q. We were dealing, as you'll recall, with whether you were
 3 familiar with particular matters. So the next is this:
 4 in May 2017, were you aware of the concept of
 5 a marauding terrorist firearms attack?
 6 A. Yes, sir.
 7 Q. Had you received training in dealing with such an
 8 incident?
 9 A. Yes, sir.
 10 Q. Did you know before you entered the City Room what
 11 Operation Plato was?
 12 A. Yes, sir.
 13 Q. At any stage that night, and if so when, did you know
 14 that Operation Plato had been declared?
 15 A. I didn't know at all that night.
 16 Q. On 22 May, did you understand that Operation Plato
 17 involved the idea of giving particular areas different
 18 designations, so zoning?
 19 A. Yes, sir.
 20 Q. I believe we can probably deal with this next issue
 21 swiftly. Simon Beswick, on Day 76 of the hearings,
 22 page 164 {Day76/164:1} of the transcript, explained that
 23 in his view, there was a danger of confusion between, on
 24 the one hand, Operation Plato zoning, and on the other
 25 hand, NWAS major incident plan zoning.

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1 A. Not between HART operatives, I don't believe, because
 2 we have so much training in Plato exercise response and
 3 in major incident response, a lot does cross over, it's
 4 just the dynamic that would change with a Plato
 5 operation. There wouldn't be any confusion between
 6 HART, I don't believe so.
 7 SIR JOHN SAUNDERS: I think the confusion he was talking
 8 about was different meanings of red zones. So it meant
 9 one thing as far as whether you could work if you were
 10 on a major incident, but a different thing whether you
 11 could work there in Operation Plato. I hope that
 12 reflects what he said.
 13 A. Yes, sir. Yes, if an Operation Plato had been declared,
 14 we wouldn't have entered into the hot zone without...
 15 well, unless we inadvertently found ourselves in there.
 16 We'd never be deployed into a hot zone with an
 17 Operation Plato.
 18 MR GREANEY: The question that Mr de la Poer posed, with
 19 which Mr Beswick agreed, was something like this: if
 20 someone at the scene uses the term hot zone, because
 21 that has different meanings, it might generate
 22 confusion. And Mr Beswick agreed and do you agree too?
 23 A. Yes, putting it in those terms, sir, yes, I would agree.
 24 Q. But I believe, to be fair to you and NWAS, the more
 25 general point that you're making is that, as a member of

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1 the HART team, you and your colleagues did have an
 2 awareness of what those differences were and of what the
 3 zones were?
 4 A. Yes, Operation Plato is not a term we would throw around
 5 because it can lead to confusion.
 6 Q. You can see how, if on that night there had been a clear
 7 designation of the City Room as a hot zone and someone
 8 had said, "Don't go into the hot zone", that might have
 9 created confusion?
 10 A. I agree, sir.
 11 Q. Did it cause confusion in fact on the night?
 12 A. Not that I was aware, sir.
 13 Q. What Plato zone were you trained and equipped to work
 14 in?
 15 A. Warm.
 16 Q. What zone do you consider you worked in that night?
 17 A. Hot.
 18 Q. Did anyone at any stage tell you the zone that you were
 19 working in or did you just make an assumption?
 20 A. I made an assumption based on the fact that it was the
 21 point of where the incident occurred, it wasn't a safe
 22 area, and a hot zone generally and crudely put into
 23 terms, is an area which could cause further harm to
 24 patients or responders, and I believe that's the type of
 25 area I was working in that night.

15

1 Q. When you say that was your belief, do you mean that
 2 at the time that night?
 3 A. At the time that night.
 4 Q. You thought you were going into a hot zone?
 5 A. Yes, sir.
 6 Q. So there's absolutely no doubt about it, when I use the
 7 term hot zone and when you use it, you are talking about
 8 a Plato hot zone, and that's what you thought you were
 9 going into?
 10 A. No, I didn't think I was going into a Plato hot zone
 11 because it had never been declared at any point to us.
 12 SIR JOHN SAUNDERS: You went into a major incident hot zone.
 13 A. Yes, sir.
 14 SIR JOHN SAUNDERS: Which you were permitted to do?
 15 A. Yes, sir.
 16 MR GREANEY: I wasn't clear, but now I am.
 17 SIR JOHN SAUNDERS: It shows where the confusion can arise,
 18 perhaps.
 19 MR GREANEY: It perhaps does.
 20 I am going to ask that we just look on this point,
 21 before we move next to 22 May, at a PowerPoint
 22 presentation that you prepared. You're smiling because
 23 I think you're aware that it's been referred to
 24 extensively in evidence and you probably think, do you,
 25 that it has been given too much attention?

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1 A. Yes, sir .
 2 Q. The INQ reference, and don't put it on the screen just
 3 yet, Mr Lopez, is {INQ022850/6}.
 4 First of all , the PowerPoint presentation, did you
 5 prepare it?
 6 A. Yes, I did, sir .
 7 Q. When did you prepare it?
 8 A. A few months following the incident. It was something
 9 that I prepared over several months.
 10 Q. For what purpose did you prepare it?
 11 A. At the time, my HART colleagues were very curious to
 12 learn from our experience and I wasn't asked to do the
 13 PowerPoint, I took it upon my own back to complete it as
 14 I was leaving HART in the August and I wanted to leave
 15 something behind to refer to. At no point have I ever
 16 officially presented it. As far as I'm aware, it hasn't
 17 been presented.
 18 Q. So you prepared it but you have certainly never provided
 19 a presentation on the basis of it?
 20 A. No, sir .
 21 Q. And you're not aware of anyone else having done so?
 22 A. No, sir .
 23 Q. Just before we put it on the screen, I think there is
 24 a qualification to this. Are we seeing the full
 25 PowerPoint presentation you prepared or were there some

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1 notes that accompanied it that haven't been retrieved?
 2 A. No, I don't believe there are any notes on your copy.
 3 Q. There aren't, no.
 4 A. The presentation that I left with the HART team does
 5 have notes because there are inaccuracies because
 6 obviously I did not have access to certain information,
 7 so there will be a note at the bottom to say, "This may
 8 not correspond with the actual incident", in reference
 9 to casualty numbers and the amount of P1 casualties, P2
 10 casualties , P3 casualties .
 11 Q. So we need to bear in mind that even at the time you
 12 prepared this, there were certain qualifications to it
 13 that don't feature in the particular version of the
 14 document that we have?
 15 A. Yes.
 16 Q. Finally, Mr Lopez, can we have on the screen, please,
 17 {INQ022850/6}.
 18 This is a page from the PowerPoint presentation and
 19 it 's indicating the hot zone, warm zone, and cold zone.
 20 Are those terms being used by reference to Plato or by
 21 reference to the major incident plan?
 22 A. They're being used with reference to the major incident
 23 plan, the plan that we put into motion on 22 May.
 24 Q. Have I understood correctly that what you were
 25 identifying was your view that the City Room, or foyer

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1 as you've marked it, was the hot zone?
 2 A. Yes, sir .
 3 Q. That the more general area of the railway station was
 4 a warm zone?
 5 A. Yes, sir .
 6 Q. And the area outside was the cold zone?
 7 A. Yes, sir .
 8 Q. Could we go to {INQ022850/9}, please. A further
 9 demonstration from the same point, but from a different
 10 angle. Here we can see that the station concourse is
 11 marked as a warm zone?
 12 A. Yes.
 13 Q. And we can see the area of the entry on to the
 14 platforms. We can see the overbridge. Is your marking
 15 intended to indicate that the hot zone was just the
 16 City Room itself or also the overbridge?
 17 A. No, just the City Room itself, and the arrows represent
 18 myself and Christopher Hargreaves' direction into the
 19 City Room.
 20 Q. That's all that I wanted to ask you about -- we can take
 21 from that the screen -- about your background, training
 22 and particular concepts that you were aware of.
 23 I'm going to turn next to 22 May itself. On that
 24 night were you stationed at the HART base within
 25 Manchester?

19

1 A. Yes, sir .
 2 Q. And working a night shift from 7 pm until 7 am?
 3 A. That's correct, sir .
 4 Q. Were you working on a vehicle designed specifically for
 5 MTFA incidents?
 6 A. Yes, sir .
 7 Q. And Mr de la Poer showed us some photographs of that
 8 vehicle last week.
 9 Did that vehicle have on board equipment designed to
 10 address an MTFA?
 11 A. Yes, sir .
 12 Q. Was its call sign Z305?
 13 A. Correct, sir .
 14 Q. We have, as you will know from the evidence last week,
 15 a timeline of the movements of you and your colleagues,
 16 and I'm going to use that together with your witness
 17 statement as a basis for my questions. So could we have
 18 on the screen next, please, Mr Lopez, {INQ040616/2}.
 19 In the third entry down, we see that at 22.02.37,
 20 your vehicle was mobilised from the HART base. A few
 21 lines further down, 22.26.08, your vehicle arrived at
 22 scene, as it 's put.
 23 A. Yes, sir .
 24 Q. And the scene that is there being dealt with is the
 25 Stockport mill fire ?

20

1 A. That's correct.
 2 Q. In one of the sets of notes that you prepared, I think
 3 in the aftermath of the arena attack, you describe that
 4 you were there at the mill fire , as you put it, on the
 5 off—chance. They're your words, actually.
 6 A. I don't recall why I would say that. I think that was
 7 just me referencing we were in Stockport. We weren't
 8 there on the off—chance, we were definitely deployed
 9 there by ambulance control.
 10 Q. I'm sure you were, that's apparent. Let me read out
 11 what you said because I may have given you the wrong
 12 impression by reading those few words. The reference is
 13 {INQ022892/2}. And you say:
 14 "At approximately 10 pm the team was dispatched to
 15 a disused factory fire near to Stockport. We were there
 16 on the off—chance that the Fire and Rescue Service
 17 required any medical assistance."
 18 So the off—chance wasn't a reference to you being
 19 there?
 20 A. Yes.
 21 Q. It was a reference to whether there would be casualties
 22 who needed treatment?
 23 A. Yes, thank you, sir , that puts it into better context.
 24 Yes, at the scene Simon had already sent back
 25 Nicholas Priest and Stephen. I was going to be left at

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1 scene, just in case the Fire Service did come into any
 2 problems and needed medical treatment or indeed they
 3 would find somebody else that was in there that needed
 4 some medical treatment. So I was going to be left there
 5 on the off—chance, just in case —
 6 Q. I see.
 7 A. — anything was to happen.
 8 Q. As is apparent from what you've said, and as I quoted
 9 earlier , we're not going to spend too much time over the
 10 mill fire . Other members of the HART team attended that
 11 fire , including Simon Beswick and Christopher
 12 Hargreaves?
 13 A. Yes.
 14 Q. Were you attending just as paramedics or as members of
 15 the HART team?
 16 A. As members of HART.
 17 Q. But in the result none of you were needed?
 18 A. No, sir .
 19 Q. Just to return to the timeline , we can see a little bit
 20 further down that page, at 22.40.13:
 21 "Control informed 304 [Mr Hargreaves] of the ongoing
 22 incident at the arena and control stated that they had
 23 just tried the team leader."
 24 And that would, of course, be Simon Beswick?
 25 A. Yes, sir .

22

1 Q. And do you remember those events occurring?
 2 A. Yes, sir .
 3 Q. Could you describe to us in your own words how you and
 4 your team first became aware that there was an incident
 5 occurring at the arena, please?
 6 A. Z304 is actually the vehicle call sign of which the team
 7 leader and Chris Hargreaves were using that night. It's
 8 connected to Chris' radio, so it came through on a
 9 point—to—point system, so that radio would ring, so when
 10 he was talking I could listen in as well .
 11 Q. So what did you hear so far as you recall?
 12 A. I recall reports that there had been an explosion at the
 13 arena, "We're going to be standing you down and
 14 redeploying you to the incident".
 15 Q. Standing you down from the mill fire?
 16 A. From the mill fire .
 17 Q. And redeploying you to the events at the arena. So
 18 at the time that you heard that, were you in a vehicle
 19 or outside a vehicle?
 20 A. No, me and Chris were both stood outside our vehicles.
 21 Q. And where in relation to the two of you was Mr Beswick,
 22 with you or somewhere else?
 23 A. No, he was somewhere else, he was out of our eyeshot and
 24 liaising with fire command who were on the scene.
 25 Q. Having heard what was said, did Christopher Hargreaves

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1 then go and speak to Simon Beswick and tell him what
 2 he'd heard?
 3 A. Yes, straightaway.
 4 Q. If we could go to page 3, please, of the document
 5 you have on the screen {INQ040616/3}.
 6 From this, we get the timings of what then happened.
 7 At 22.44 hours, Z304, that's Mr Beswick and
 8 Mr Hargreaves, clears from the fire incident . At 22.45,
 9 Z304 was formally allocated to the arena incident , and
 10 we can see the next minute, 22.46, you cleared the fire
 11 incident and you two are allocated to the arena?
 12 A. Yes.
 13 Q. So you were in a different vehicle from Mr Hargreaves
 14 and Mr Beswick?
 15 A. That's correct .
 16 Q. Did the two vehicles, Z304 and Z305, travel in convoy to
 17 the arena?
 18 A. We did, the entire route.
 19 Q. On the way there, did you receive any further
 20 information about what was occurring at the arena?
 21 A. I personally didn't in my vehicle and I didn't ask the
 22 team leader for any information either. I think due to
 23 the nature of the incident, I didn't want to swamp Simon
 24 because I knew he'd be getting information as and when
 25 needed.

24

1 Q. Was anything coming over your radio, assuming you had
 2 one?
 3 A. I did have a radio. It would come through both to my
 4 personal radio and to the vehicle radio at the same
 5 time. The only communications I could hear was my
 6 colleagues, Nick and Steve, talking to, I believe it was
 7 Simon, to return and get another vehicle.
 8 Q. As you have made clear, at that stage you knew what
 9 you'd heard over the radio of Mr Hargreaves, as you
 10 recall an explosion, but on the journey to the arena you
 11 weren't discovering anything else about what had
 12 happened?
 13 A. No, sir, no new information came through to me.
 14 Q. So during that stage of events, before you reached the
 15 arena, what were your thoughts about what was going to
 16 confront you when you arrived?
 17 A. I think when you work for HART, you work very
 18 systematically, so you're always planning for the
 19 worst-case scenario. So I was formulating a plan in my
 20 head of what I would do when I reached this area, what
 21 equipment would you need to then treat blast-type
 22 injuries.
 23 Q. Did you have any thoughts at that stage about what the
 24 cause of the explosion, if indeed that had been
 25 accurately recorded, was likely to be?

1 A. We had no idea what type of explosion it was, no, sir --
 2 well, speaking for myself there.
 3 Q. You travel in convoy, your vehicle is behind the vehicle
 4 of Mr Hargreaves and Mr Beswick?
 5 A. Yes.
 6 Q. Z304. You travelled, I presume, on emergency sirens?
 7 A. Yes, sir.
 8 Q. And how long did it take you, do you think, to travel
 9 from the Stockport mill fire to the arena?
 10 A. To the rendezvous point, sir?
 11 Q. Yes, forgive me, the rendezvous point.
 12 A. I think it was approximately just over 20 minutes, if
 13 I remember. I didn't know at the time how long it took,
 14 but it's now, looking back, I have the information.
 15 Q. And in fact we will be able to identify the precise
 16 time. We'll do that in a moment.
 17 As you neared the rendezvous point, which ended up
 18 being Hunts Bank, is that correct?
 19 A. Yes, sir.
 20 Q. Did anything in particular happen? First of all, I've
 21 got in mind not a discussion you had but what you saw.
 22 A. On approach into the city centre, we were just
 23 surrounded by blue lights and people leaving the arena
 24 area. As we were getting closer and closer to the
 25 actual arena, there was several police cordons blocking

1 the road and traffic coming the other way was piling up.
 2 So we had to cross several cordons to get to the
 3 rendezvous point.
 4 SIR JOHN SAUNDERS: Can I just stop you for one moment?
 5 This is entirely my recollection and it may be entirely
 6 wrong, so please forgive me if it is. Were you told
 7 a rendezvous point personally on your radio or were you
 8 just following the fire engine in front and going to
 9 stop where they stopped?
 10 A. To be honest, sir, I don't know what was on my screen.
 11 It might have had Hunts Bank as the rendezvous point,
 12 but I was concentrating on following the team leader.
 13 SIR JOHN SAUNDERS: Okay. I'm just saying that because my
 14 recollection is that there was no rendezvous point was
 15 ever actually given. But no doubt that can be checked.
 16 MR GREANEY: It can be checked. My recollection of the
 17 evidence of Mr Beswick, is, first of all, he was told
 18 Thompson Street but en route he was told it's now
 19 Hunts Bank.
 20 SIR JOHN SAUNDERS: Maybe I've got that entirely wrong.
 21 I do remember Thompson Street being said. Sorry,
 22 a diversion.
 23 MR GREANEY: I did read Mr Beswick's evidence again
 24 yesterday and that's my recollection. I'm sure
 25 Mr de la Poer will be on it.

1 SIR JOHN SAUNDERS: Anyway, you have no recollection of
 2 particularly getting it yourself?
 3 A. No, sir. I have no recollection.
 4 MR GREANEY: As we're going to see, you do end up at
 5 Hunts Bank, which was the rendezvous point. So you told
 6 us about seeing lots of blue lights, going through
 7 cordons. Do you remember seeing people as you neared
 8 the rendezvous point?
 9 A. Yes. There were crowds of people travelling away from
 10 the arena. I think at that point it was starting to
 11 really set in that something serious had happened
 12 because of the reaction on the concertgoers' faces.
 13 Q. That's really what I want to understand because
 14 obviously at the end of a concert people would be
 15 leaving the arena. What were you able to detect about
 16 the demeanour of the people within those crowds?
 17 A. An awful lot of distress, and the speed with which they
 18 were moving as well, and if I can remember rightly,
 19 there was... I could see some people with blood on them
 20 that were walking away.
 21 Q. In your statement you gave a graphic description of
 22 this, and this is your statement of 12 June 2019,
 23 although it was based upon an earlier statement.
 24 {INQ024591/4}:
 25 "There were blue lights flashing in all directions

1 behind me, in front of me, in the distance. The closer
 2 we got to the city centre, the more people we saw that
 3 appeared to be leaving the area. All I could see were
 4 swarms of people, mainly young girls, that appeared
 5 upset, some hysterical and comforting each other, some
 6 I could see were covered in blood. They were walking
 7 in the opposite direction in which we were heading.”
 8 And does that summarise what you were confronted
 9 with as you approached the arena?
 10 A. Yes, sir.
 11 Q. And as a result was it becoming apparent to you that you
 12 were going towards an incident that was very significant
 13 indeed?
 14 A. That’s fair to say, sir.
 15 Q. We’re going to deal with the timing of your arrival on
 16 Hunts Bank in a moment, but let’s just get one thing out
 17 of the way. We’ll deal with it swiftly because I’m
 18 certain it’s capable of distressing you.
 19 On arrival, did a person knock on the window of your
 20 vehicle?
 21 A. Yes, sir, that’s correct.
 22 Q. And tell you about an injured young girl who was nearby
 23 in a hotel?
 24 A. Yes, sir.
 25 Q. And she wanted you to see that young girl?

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1 A. That’s correct, sir.
 2 Q. Indeed, begged you to do so?
 3 A. Yes.
 4 Q. But did you explain to her that you couldn’t because you
 5 were on your way to the incident itself?
 6 A. In the kindest possible way, I tried to get across that
 7 we were required to go into the incident and in the end
 8 I ended up directing her towards a police officer that
 9 was on one of the cordons.
 10 Q. So this may, underlining the word may, be difficult for
 11 members of the public to understand. You’re
 12 a paramedic, you’re being told about an injured patient
 13 and, moreover, a child, and yet you don’t treat that
 14 person, but carry on to the incident.
 15 A. That’s correct, sir. It goes against absolutely every
 16 human emotion you can think of, but if I was to go that
 17 way, I would be leaving an essential role. It’s
 18 something that I’ve struggled with personally, and I’m
 19 sure that the lady in question struggles with it also,
 20 but I had a role to play that night and that’s what
 21 I had to get in there and do and get to the seriously
 22 injured patients.
 23 Q. I don’t know, is this a fair way of looking at it,
 24 you’ll tell me if it isn’t. We know that in the result,
 25 only three paramedics ever made their way into the

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1 City Room.
 2 A. Yes, sir.
 3 Q. I shouldn’t have used the word “only” but you understand
 4 why I do. If you had been diverted to the Radisson
 5 hotel, is the point that there would then have been only
 6 two or maybe only two within the City Room?
 7 A. Yes, sir.
 8 SIR JOHN SAUNDERS: The point presumably is that actually
 9 you have to carry out what are your instructions, which
 10 are designed to have the best result overall for
 11 casualties?
 12 A. That’s correct, sir.
 13 SIR JOHN SAUNDERS: So you have standing orders. It wasn’t
 14 your choice, you were told you had to do it?
 15 A. Yes, sir, that’s correct. If I’d have done that,
 16 I would have been ignoring a direct order.
 17 SIR JOHN SAUNDERS: Thank you.
 18 MR GREANEY: Is the point furthermore that in that
 19 situation, when you are responding to such an incident,
 20 you don’t split up the team?
 21 A. No, sir, if you don’t need to in that incident, it would
 22 not be something that you would do.
 23 Q. I said a couple of times that we’d identify the timing
 24 of your arrival. We can see it on the screen on the
 25 timeline. 23.00.47, Z305 auto—arrives at the location,

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1 Manchester Arena. We discovered from the narrative that
 2 auto—arrival occurs when the vehicle is proximate to the
 3 location, but will occur before actual arrival, so
 4 that isn’t the exact time that you arrive.
 5 Over the page to page 4, please {INQ040616/4}. From
 6 the top entry on that page, we discover, 23.06.51:
 7 “GIS replay confirms Lea Vaughan and her vehicle
 8 Z305 arriving at scene, parking on Hunts Bank.”
 9 Which means that the journey time was 23 to
 10 24 minutes.
 11 So now, you are at the arena or very nearby. Over
 12 the page, please {INQ040616/5}. Top entry on that page.
 13 By 23.13.42 there is the first sighting on the
 14 emergency response sequence of events of you and
 15 Mr Hargreaves on Hunts Bank with Simon Beswick liaising
 16 with Dan Smith. I’m going to come to that conversation
 17 in a moment.
 18 First of all, what we’ve understood from the
 19 evidence so far is that, as a member of HART, you have
 20 particular personal protective equipment available to
 21 you?
 22 A. That’s correct, sir.
 23 Q. What did you decide in relation to that equipment as you
 24 left your vehicle?
 25 A. I knew we were going into an explosion, so technically

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1 it would be correct for us to put ballistics gear on, in
 2 a mindset of expecting the worst. But we already had
 3 our ground kit on, which is a uniform that's quite
 4 similar to the Fire Service, because we'd already just
 5 responded to a fire, so that's what we would do before
 6 we left the base to get to the fire. I can't speak for
 7 Chris, but I did consider putting ballistics gear on,
 8 but with time being an issue, that would have probably
 9 taken 4 minutes for me to take my ground kit off and
 10 then to put my ballistics gear on, so I chose to go in
 11 as I was already dressed.

12 Q. I'll just be clear about this. I believe what you're
 13 saying to us is that you did at the time consider
 14 putting on your ballistic protection?

15 A. Yes, sir.

16 Q. But you made a conscious decision not to do so in order
 17 to save time?

18 A. Yes, sir.

19 Q. What did you take from your vehicle?

20 A. I remember driving on to Hunts Bank and the vehicle
 21 doors are all locked, so you have to unlock them
 22 manually with a key. I remember being aware of opening
 23 up all the doors to allow access for colleagues, members
 24 of the public, to come and help themselves to any kit
 25 that they would need. I just thought it'd be easier if

1 they could see it. But myself and Chris, we both took
 2 two pre-filled MTFA rucksacks and SMART triage pack with
 3 us up to the City Room.

4 Q. So two MTFAs packs?

5 A. Yes.

6 Q. And there was another pack you said you took with you;
 7 what was that?

8 A. It's called SMART triage. It's got the P1, P2, P3 cards
 9 inside.

10 Q. Why was it you took two MTFA bags?

11 A. I didn't know at that point the numbers of casualties.

12 Q. Exactly.

13 A. But I believe Chris was aware that something like 20 to
 14 30 had been said at some point and he was the one that
 15 said, "We'll take two".

16 Q. Let me just ensure I understand the position. You
 17 pulled up on Hunts Bank. Did you pull up near to the
 18 vehicle Z304?

19 A. Yes, sir, directly behind.

20 Q. So before you took the bags with you, had you had
 21 a conversation with Christopher Hargreaves?

22 A. No, because on what I can remember, I was already
 23 outside the vehicle and then opening up and I'm not sure
 24 where he was at that time. This information he must
 25 have got from a control room at some point.

1 Q. It sounds from what you've said as if he must have
 2 communicated in some way to you that you ought to take
 3 two bags?

4 A. Yes, sir.

5 Q. Within those bags, and I don't want to go into exactly
 6 what was in them, for reasons you'll appreciate, did
 7 you have a tourniquet or tourniquets?

8 A. Yes, sir.

9 Q. Did you have pain relief with you?

10 A. No, sir.

11 Q. Did that generate a problem that night?

12 A. It's not something that we would take into that type of
 13 incident because you need to monitor a patient when
 14 you're giving them the type of pain relief that we carry
 15 on the ambulance vehicles and we wouldn't be taking that
 16 monitoring equipment in with us. So to take in pain
 17 relief, it's not something that we would do in that
 18 instance.

19 Q. I think I'm remembering correctly that in a debrief
 20 document that you prepared, you mention pain relief and
 21 you spoke about the possibility of having preloaded
 22 syringes. Do you remember that?

23 A. Yes, sir, that was a conversation that came from one of
 24 the debriefs, somebody mentioned that it would be a good
 25 idea and I think it was being looked into, the last

1 I heard. I have no idea where it's up to now. It was
 2 pre-filled syringes for IM injection.

3 Q. This perhaps something we had better get to when you
 4 return, or if not you, when your colleagues do. But in
 5 simple terms, there were people within the City Room in
 6 pain?

7 A. Yes, sir.

8 Q. And you did not have pain relief with you?

9 A. No, sir.

10 Q. And in a debrief, am I right, that emerged as an issue
 11 that needed consideration?

12 A. Absolutely. It's consideration for patient comfort,
 13 yes.

14 SIR JOHN SAUNDERS: The reason, as I understand it, you say
 15 it didn't happen as a matter of course was because you
 16 may not be able to give the degree of supervision that
 17 might be necessary for giving that sort of pain relief
 18 to people in an incident?

19 A. Yes, sir. Any pain relief that we carry, especially IV
 20 pain relief, a paramedic would have to stay with that
 21 patient to monitor.

22 SIR JOHN SAUNDERS: So if you're moving from patient to
 23 patient --

24 A. It'd be very difficult, sir.

25 SIR JOHN SAUNDERS: Thank you.

1 MR GREANEY: In the equipment you took from your vehicle,
 2 did you have a defibrillator ?
 3 A. No, sir .
 4 Q. I'm next going to ask that we put on the screen what
 5 I hope will be an image of you at the scene, not an
 6 image at the City Room, an image before you reached
 7 there.
 8 I am going to ask that we have on the screen
 9 INQ035612, but not on the screen at the moment,
 10 Mr Lopez. Once you have found page 252, display that,
 11 please {INQ035612/252}.
 12 This is 23.13.54, 12 seconds after the timed entry
 13 on the timeline:
 14 "NWS HART paramedics Chris Hargreaves and
 15 Lea Vaughan enter Victoria Railway Station from Station
 16 Approach. They have both come from the direction of
 17 Hunts Bank."
 18 At that moment, or around that moment, did you have
 19 a discussion with either Simon Beswick or Dan Smith?
 20 A. Yes, I believe that is after our short briefing with
 21 Simon Beswick.
 22 Q. Just before we get to that briefing , who did you
 23 understand from an NWS point of view was in command
 24 at the scene?
 25 A. I knew --

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1 Q. On your arrival, who did you understand was in command?
 2 A. I was only aware of Simon at that point, sir .
 3 Q. It's probably most convenient therefore to deal with the
 4 briefing that you received from Simon Beswick. Where
 5 did he give you that briefing ?
 6 A. It was just outside of the entrance, the memorial hall
 7 entrance.
 8 Q. What did he say to you?
 9 A. He pretty much told us what we'd already gathered by
 10 that point. He did mention that there was approximately
 11 20 to 30 casualties . There had been an explosion.
 12 I believe he mentioned that some of the patients had not
 13 survived. Advanced Paramedic Patrick Ennis was also in
 14 the City Room. When we get in there, we were to liaise
 15 with Paddy and I believe he asked us if we'd got
 16 everything that we needed, and he wished us luck --
 17 sorry, he did mention that the scene hasn't been
 18 declared as safe and there's unconfirmed reports of an
 19 active shooter.
 20 Q. In the PowerPoint presentation that you prepared, you
 21 sought to address that briefing , but thank you for your
 22 narrative recollection . I'm going to put on the screen
 23 what I think is your description at that stage, a couple
 24 of months after the attack, of the team leader briefing .
 25 Mr Lopez, again, not on the screen until you have

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1 the exact page, please, {INQ022850/8}.
 2 SIR JOHN SAUNDERS: While that's being found, were you aware
 3 or had you realised that Simon Beswick had spoken to
 4 someone else, ie Dan Smith?
 5 A. I knew he had spoken to somebody else, I knew there was
 6 some sort of command structure.
 7 SIR JOHN SAUNDERS: Right. So there was somebody in command
 8 at the doors to the station?
 9 A. Yes, sir . That's what I gathered. I didn't know who
 10 was there and I can't remember on the night speaking to
 11 them myself. So I was solely looking for Simon and his
 12 information.
 13 SIR JOHN SAUNDERS: Thank you.
 14 MR GREANEY: So at that early stage, you knew that there was
 15 a command structure of some type in place?
 16 A. Yes.
 17 Q. Because you knew that Simon Beswick had spoken to
 18 someone else?
 19 A. He had got information from somewhere and I knew that
 20 Simon would be looking for a commander.
 21 Q. But you hadn't seen Dan Smith at that stage?
 22 A. Not that I can recall , sir .
 23 Q. I have just put on the screen the page from your
 24 PowerPoint presentation, which is entitled "Team leader
 25 briefing : forward triage". Is this a page that

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1 describes the briefing that you received at that very
 2 early stage?
 3 A. Yes.
 4 Q. "There's been an explosion in the box office foyer .
 5 There are multiple fatalities and mass casualties. The
 6 numbers are unknown at this point. The casualties have
 7 blast-type injuries. It is unknown if there are any
 8 secondary devices."
 9 I think in the narrative account you gave me
 10 a moment ago, you had a recollection of being told that
 11 there may be a gunman?
 12 A. Yes, there had been reports of shootings, unconfirmed
 13 reports of shootings.
 14 SIR JOHN SAUNDERS: You said unconfirmed reports of an
 15 active shooter?
 16 A. Yes, sir .
 17 MR GREANEY: "It is unknown if the building is safe."
 18 What were you being told in that regard?
 19 A. Because an explosion had happened, we didn't know
 20 whether the area was structurally sound.
 21 Q. "Have you got what you need?"
 22 Is that a reference to equipment?
 23 A. Yes, sir .
 24 Q. "Are you happy to deploy?"
 25 What did that question posed by Mr Beswick mean to

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1 your mind at that stage?
 2 A. Because we knew the area that we were going into had not
 3 been declared safe, we would always be given an option
 4 whether or not to deploy. I don't think any paramedic
 5 of whatever grade is going to be asked to put themselves
 6 in danger, but being a HART paramedic you go that one
 7 step further and I think if you don't put yourself
 8 in that situation, it's the wrong job for you.
 9 Q. You're expressing a view very similar to the view
 10 expressed by Mr Hargreaves, which is -- the clue really
 11 is in the description, Hazardous Area Response Team.
 12 A. Yes.
 13 Q. And if you're not prepared to go into that kind of
 14 situation, you're in the wrong job?
 15 A. Yes, sir.
 16 Q. Is that how you felt as well at the time?
 17 A. Yes. We would always... I personally didn't think
 18 twice about it. I can't speak for Chris, but I didn't
 19 question whether or not we should go in.
 20 SIR JOHN SAUNDERS: Can I just -- first of all, do you want
 21 a break?
 22 A. No, I'm quite happy at the moment.
 23 SIR JOHN SAUNDERS: We'll have to have one in a few minutes
 24 for other people anyway. I just want to explore the
 25 difference between this being a major incident scene and

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1 it being an Operation Plato--type scene.
 2 From the information you were being given, you knew
 3 there'd been an explosion of some sort, which would
 4 indicate to you a bomb presumably of some sort. You
 5 knew that there had been unconfirmed reports of an
 6 active shooter. The only difference to me that it looks
 7 like between that and an Operation Plato scenario
 8 is that no one's actually told you it's a terrorist.
 9 A. We do put a lot of faith in the police service to
 10 quickly identify whether or not it's a Plato, and the
 11 reason that we'd not heard the words Plato... Simon
 12 gave us all the information that he had on him at the
 13 time for us to make our assessment whether or not we
 14 should be able to go in, we were willing to go in. If
 15 he had said Plato, it would be a completely different
 16 outcome. We wouldn't be going into the area of --
 17 SIR JOHN SAUNDERS: So the fact that you're not told Plato
 18 indicates to you, not that there wasn't a level of
 19 danger, I well understand there was a level of danger,
 20 I'm not minimising it, but it was not being said that
 21 it is, as it were, so unsafe because it's an
 22 Operation Plato operation that the necessary checks had
 23 not been done to make sure that you could go in?
 24 Is that right?
 25 A. Yes, that sounds fair, sir. It's not a term we would

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1 start using in and around other services because it
 2 changes the entire dynamic of the incident. So
 3 we wouldn't be actively saying it, and because we've not
 4 heard it, it hasn't been declared, because we would
 5 always think that it would especially come straight
 6 through to us because we're very aware of
 7 Operation Plato and have had extensive training.
 8 SIR JOHN SAUNDERS: So if it had been declared, as far as
 9 you're concerned, you'd have been told?
 10 A. Yes, sir.
 11 MR GREANEY: We will take a break in about 2 minutes,
 12 although I'm not very far from the end of my questions,
 13 but I think you said along the way of that answer that
 14 if you had been told it was Operation Plato it would
 15 have been different. Can I just understand that? If
 16 you had been informed at that stage that Operation Plato
 17 had been declared and that the City Room was a hot zone,
 18 what would have been your position?
 19 A. We wouldn't have gone into the hot zone under an
 20 Operation Plato.
 21 SIR JOHN SAUNDERS: Because they were just your
 22 instructions?
 23 A. It's the way the plan is written. It would always be
 24 that we would wait for further instruction, especially
 25 because in an Operation Plato incident, hot zones can

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1 move as the marauding terrorist can move. So we would
 2 stay back into a cold zone until it had been cleared for
 3 us to move up.
 4 SIR JOHN SAUNDERS: Thank you.
 5 MR GREANEY: Mr Lopez, take that document from the screen,
 6 please.
 7 So we're at the point at which you're getting
 8 a briefing from the team leader, Simon Beswick. I'm
 9 just going to ask you to confirm something you've
 10 previously said and then we will take a break.
 11 In a note that you made on 28 May 2017, a note
 12 I think you made for your own purposes, you described
 13 that briefing, {INQ022870/2}, and you said this:
 14 "We replied yes to the question of whether you were
 15 okay to go into the City Room without any hesitation."
 16 Then you added:
 17 "Simon gave us both a handshake and said, 'Good luck
 18 and take care of each other.'"
 19 A. Yes, sir.
 20 Q. And you remember that, do you?
 21 A. Yes, sir.
 22 MR GREANEY: Sir, could we take a break now and then, in
 23 about 10 minutes, when we return, I'll deal with the
 24 witness's movements up the staircase and to the
 25 City Room.

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1 SIR JOHN SAUNDERS: We normally have quarter of an hour.
 2 Is that sufficient for you?
 3 A. Yes, that's absolutely fine, sir.
 4 SIR JOHN SAUNDERS: So 20 to.
 5 (11.26 am)
 6 (A short break)
 7 (11.45 am)
 8 MR GREANEY: Just before I return to the chronology, can
 9 I clear up an issue that you raised earlier, sir, so
 10 there is no doubt in your mind about it. My
 11 recollection of the evidence of Simon Beswick was
 12 generally accurate. In any event, the timeline supplies
 13 us with the necessary information.
 14 Mr Lopez, would you put on the screen, please,
 15 {INQ040616/3}.
 16 At 22.49.35, control informs Simon Beswick the RVP
 17 is Thompson Street Fire Station, and then at 22.54,
 18 control inform him of the change in RVP to Hunts Bank.
 19 They then arrive, as we identified earlier, a short
 20 time --
 21 SIR JOHN SAUNDERS: Okay, I did accept I had misremembered.
 22 MR GREANEY: Sir, I wasn't trying to make a point. Others
 23 behind me thought that it was a good idea to ensure
 24 there was clarity.
 25 We had reached the point at which you had your

1 briefing, you know that there is a potential for danger,
 2 but you and Mr Hargreaves decide to go into the
 3 City Room. We're going to show on the screen some
 4 images of the time at which that occurred.
 5 Mr Lopez, take the document that's on the screen
 6 from the screen, please, and then display, once you've
 7 found the relevant page, the following reference:
 8 {INQ035612/254}. It's the emergency response sequence
 9 of events.
 10 23.14.07.
 11 "HART paramedics Chris Hargreaves and Lea Vaughan
 12 climb the stairs up to the footbridge that leads to the
 13 City Room."
 14 So this is 7.5 minutes after you've parked up on
 15 Hunts Bank.
 16 Next, please, Mr Lopez, once you have the page,
 17 {INQ035612/257}. A few seconds have passed. 23.14.56.
 18 You and Mr Hargreaves walk along the footbridge towards
 19 the City Room.
 20 The next image I think is going to show the
 21 City Room itself, just before or just after you enter,
 22 I don't recall. So people will need to bear in mind
 23 that is going to be on the screen, but it's redacted
 24 in the way we're all now familiar with.
 25 {INQ035612/258}. You've just entered. 23.15.10,

1 you and Mr Hargreaves are entering the City Room.
 2 Take that from the screen, please.
 3 What was your situational awareness, as you entered
 4 the City Room?
 5 A. We were first focusing on finding our colleague,
 6 Patrick Ennis, and to obtain a briefing from him as to
 7 where we were at with the incident.
 8 Q. That briefing we'll come to when you return later in
 9 chapter 10.
 10 I'm going to ask you a very blunt question. The
 11 answer might not be straightforward, I don't know. Did
 12 you think, as you entered the City Room, that you were
 13 going to be followed in there by other paramedics?
 14 A. There was a possibility that further HART paramedics
 15 would follow us in, but I was not aware at what point
 16 and what time they were due to arrive on scene.
 17 I didn't think at any point that operational paramedics
 18 would be following us in.
 19 Q. You have drawn an understandable distinction between
 20 operational paramedics and members of the Hazardous Area
 21 Response Team.
 22 A. That's correct, sir.
 23 Q. You didn't think that operational paramedics were going
 24 into that room?
 25 A. Not at all.

1 Q. Because they lacked the training that you had as
 2 a member of HART?
 3 A. Absolutely, sir.
 4 Q. I think it follows from the answer you have given that
 5 you knew that other members of HART were on their way.
 6 A. Yes. I was aware that the rest of the Manchester HART
 7 that was on duty that night would have been deployed
 8 also.
 9 Q. You didn't know when they were going to attend?
 10 A. No, sir.
 11 Q. But given what you saw when you entered that room, there
 12 wasn't any more important place for them to be that
 13 night, was there?
 14 A. It's very difficult to answer that. I wasn't aware of
 15 what was going on outside at that point and we still
 16 didn't know for sure that there wasn't active shooters
 17 or secondary devices. I only knew that there was this
 18 scene. There could have been several.
 19 Q. I understand.
 20 SIR JOHN SAUNDERS: Can you help me about this: a major
 21 incident hot zone, you're able to go into?
 22 A. Yes, sir.
 23 SIR JOHN SAUNDERS: Is there any actual prohibition -- I'm
 24 not sure there should have been -- laid down against
 25 other paramedics, operational paramedics, going in?

1 A. Into a major incident hot zone?
 2 SIR JOHN SAUNDERS: Yes.
 3 A. I'm unsure.
 4 SIR JOHN SAUNDERS: Fine. We'll find that out.
 5 A. I only know it from a HART perspective. But
 6 I personally would not expect operational paramedics to
 7 go into a hot zone.
 8 MR GREANEY: Was Paddy Ennis an operational paramedic?
 9 A. He was, sir.
 10 Q. And yet he was there, wasn't he?
 11 A. Yes, sir.
 12 Q. Let me just return to what I was asking you about.
 13 I quite understand for all you knew there might have
 14 been another incident taking place somewhere within
 15 Manchester. Subject to that, would you have had an
 16 expectation that the balance of the HART would have
 17 attended at the arena?
 18 A. Yes, sir.
 19 Q. Was it your expectation, as you saw that scene of horror
 20 in the City Room, that on the arrival of the other
 21 members of the team, when they arrived, they would
 22 follow you into that room?
 23 A. Yes, sir.
 24 Q. Were you expecting that Simon Beswick would follow you
 25 into that room?

1 A. No, sir.
 2 Q. Why not?
 3 A. I've never personally seen a team leader enter into
 4 a hot zone in any simulation exercise and at any serious
 5 incident they would always be used as the command
 6 structure for HART.
 7 HART paramedics aren't party to the major incident
 8 channel when they're working together because we remain
 9 in communications within our own unit. So Simon would
 10 need to liaise between the command and if there was
 11 further HART paramedics on scene, if they were in a CCP,
 12 he'd then be relaying any information between them and
 13 for us to be relaying information back to him.
 14 I don't believe that -- I mean, I could be wrong,
 15 but I've never seen it in practice that a team leader
 16 would enter a hot zone.
 17 Q. I'm at least clear now.
 18 SIR JOHN SAUNDERS: Are you leaving that?
 19 MR GREANEY: No, but if you have a question.
 20 SIR JOHN SAUNDERS: I'm quite happy for you to finish your
 21 questioning.
 22 MR GREANEY: What I've understood is that you did not have
 23 an expectation that Simon Beswick would enter the
 24 City Room behind you?
 25 A. Yes.

1 Q. But you did have an expectation that if other members of
 2 HART attended, they would do so?
 3 A. Correct, sir.
 4 Q. We know that in the result, only two members of HART
 5 ever got into that room.
 6 A. Yes, sir.
 7 Q. At the critical time at any rate, and that alongside
 8 them, you and Mr Hargreaves, was just one additional
 9 paramedic, so three?
 10 A. Yes.
 11 Q. Was it good enough that only three paramedics were
 12 in that room treating those who needed treatment?
 13 A. I can only answer for the time that I had entered into
 14 the City Room. I can't really comment on before we got
 15 there. But by the time we had got in, myself, Chris and
 16 Paddy had a really efficient system working and I don't
 17 believe that further paramedics would have been of any
 18 help at that point.
 19 Q. As I have no doubt you'll appreciate, that's an answer
 20 that we will need to return to when you return.
 21 Sir, I'm moving on to a connected but different
 22 topic.
 23 SIR JOHN SAUNDERS: It's simply this, really -- and
 24 obviously this is now within the context of your last
 25 answer. You knew there was someone in charge, it was in

1 fact Dan Smith, but you knew that there was someone in
 2 charge. Why does it need to have someone in charge of
 3 the paramedics and then someone separate in charge of
 4 the HART team and being kept out of the action in order
 5 to command it? Why shouldn't Dan Smith simply have
 6 directed everyone and said, "HART people up there,
 7 ordinary paramedics down here to do this"?
 8 A. Operational command may not be aware of the skill set of
 9 the HART paramedics that are actually in the scene or
 10 the equipment that HART paramedics are able to use. So
 11 there would always be a crossover of -- a possibility
 12 that operational command would not know what we could
 13 and could not do.
 14 SIR JOHN SAUNDERS: Thank you.
 15 MR GREANEY: I just want to ask you about one issue finally
 16 and then I'll be faithful to my promise of 10 minutes.
 17 You were, as I indicated earlier, interviewed for
 18 the purposes of an IT V documentary called "100 Days
 19 After the Ariana Grande Manchester Bombing".
 20 A. Yes, sir.
 21 Q. I know that you followed the evidence of Patrick Ennis
 22 last week, didn't you?
 23 A. Yes, sir.
 24 Q. And he explained to the chairman that he had been
 25 encouraged by NWSA to give media interviews. May I ask,

1 were you also encouraged by NWAS to give an interview or
 2 interviews?
 3 A. I was encouraged, yes, but I believe I could have said
 4 no at any point.
 5 Q. Have I understood that there was encouragement but not
 6 pressure?
 7 A. Yes, sir.
 8 Q. I just want to ask you again what will be a blunt
 9 question about whether you know why you were encouraged.
 10 You'll appreciate that there is public concern about the
 11 fact that only three paramedics entered the City Room
 12 and that only one was present during the first
 13 44 minutes. So may I ask, did you detect a desire on
 14 the part of NWAS in encouraging you to give a media
 15 interview to place a focus on what did happen rather
 16 than what did not?
 17 A. I think any pressure behind that was probably from
 18 myself because I was aware that there was a lot of
 19 questions about only three paramedics ending up into the
 20 scene, and I maybe naively thought that I could get that
 21 across in an interview, sir.
 22 Q. So that's from your perspective?
 23 A. Yes, sir.
 24 Q. And I understand. What I'm concerned to know is
 25 what was behind the encouragement that your then

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1 employer gave you?
 2 A. I wouldn't be able to answer that, sir. I don't know if
 3 there was any ulterior motive for them.
 4 Q. Thank you very much indeed?
 5 SIR JOHN SAUNDERS: You told me right at the beginning of
 6 your evidence that you weren't trained for the
 7 aftermath.
 8 A. Yes, sir.
 9 SIR JOHN SAUNDERS: And that included news reports. Does
 10 that include the interview you did, that you didn't
 11 really necessarily understand the effect it could have
 12 on you? Just explain that to me more.
 13 A. I did not have anyone representing NWAS with me for that
 14 interview. It's very difficult to know what you can and
 15 cannot say. So I did remain very guarded with the
 16 interviews. You do really touch on media within your
 17 HART training because it's literally an hour-long
 18 session and doesn't prepare you for having to deal with
 19 that afterwards.
 20 SIR JOHN SAUNDERS: So you could have done with more
 21 preparation for it, really?
 22 A. Yes, sir.
 23 SIR JOHN SAUNDERS: Thank you.
 24 MR GREANEY: Did you give just that one interview or were
 25 there more?

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1 A. There was a brief interview for — it's the same one
 2 that Paddy did.
 3 Q. For the Daily Mail?
 4 A. No.
 5 Q. We'll find out. I don't want to put you on the spot.
 6 Again, did you do that for —
 7 A. Pride of Britain, sorry to interrupt there.
 8 Q. Again, was that something you were encouraged to do by
 9 NWAS?
 10 A. The same again, really. It was encouragement to do it
 11 but not pressure.
 12 MR GREANEY: Sir, those are my questions, subject to any
 13 further questions you have at this stage. Can
 14 I indicate that Mr Warnock who represents the
 15 Greater Manchester Fire and Rescue Service indicated
 16 a short time ago that he had no questions. I'll just
 17 pause for 10 seconds. If he doesn't appear on the
 18 screen we'll assume that remains the position.
 19 Next is Mr Atkinson on behalf of the bereaved
 20 families.
 21 Questions from MR ATKINSON
 22 MR ATKINSON: Ms Vaughan, in that ITV interview, what you
 23 said of the HART team — and for your note, sir, this is
 24 INQ023551T. I'm not asking for it to be put up on the
 25 screen. {INQ023551T/2}.

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1 What you said, Ms Vaughan, was:
 2 "The HART team was established after the 7/7 London
 3 bombing. It was identified during that time that
 4 we would benefit from a specialist team of ambulance
 5 responders who would be provided with adequate training
 6 to deal with that type of incident and also be provided
 7 with equipment and personal protective equipment to deal
 8 with these incidents, not just for the patients but also
 9 for the responders."
 10 So going back to Mr Greaney's question about this
 11 where you made the point that HART was not just to deal
 12 with a 7/7-type incident, is this right, your team were
 13 intended to be trained and equipped to deal with the
 14 most hazardous incidents that paramedics could be sent
 15 to?
 16 A. That's correct, sir.
 17 Q. Including but not limited to a potential terrorist
 18 incident?
 19 A. Correct, sir.
 20 Q. With an expectation that you would be equipped and
 21 trained to deal with challenges that other ambulance
 22 personnel, with the best will in the world, wouldn't
 23 necessarily be?
 24 A. That's correct, sir.
 25 Q. In terms of your training, in that interview, the ITV

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1 interview, you made the point on a number of occasions
 2 of the very large amount of training that a HART team
 3 member has.
 4 A. Yes, sir.
 5 Q. And that goes well beyond, does it not, the training
 6 that a non-HART paramedic would get?
 7 A. Yes, sir.
 8 Q. In terms of what that means, clearly you'd be trained in
 9 the medical skills and techniques that you would need to
 10 have and how to use the equipment that you were given,
 11 but would it also involve training in different
 12 scenarios, effectively role playing through those
 13 scenarios?
 14 A. Yes, sir.
 15 Q. Was there a good deal more of that kind of role play
 16 training when you joined the HART team than you had had
 17 before when you were a paramedic?
 18 A. Yes, sir.
 19 Q. Was the benefit of that that you had repeated training
 20 in different scenarios and so you could deal with it
 21 almost without thinking when you were confronted by one?
 22 A. Yes, I'd say that was correct, sir.
 23 Q. So the benefits, so far as your training was concerned,
 24 were in the fact that it was real time role playing
 25 rather than, for example, e-learning, and repeated?

1 A. Yes, sir.
 2 Q. In relation to an MTFA-type situation, a marauding
 3 terrorist firearms incident, did you have training just
 4 within the HART team in relation to that or did you have
 5 multi-agency training in relation to that?
 6 A. I had both, sir.
 7 Q. In terms of how much of each, how much multi-agency
 8 training do you recall having had?
 9 A. It does vary from HART team to HART team, but I do
 10 remember having several training exercises with
 11 multi-agencies and also just HART and FRS.
 12 SIR JOHN SAUNDERS: So more with the Fire Service than with
 13 the fire and the police?
 14 A. Yes, sir.
 15 SIR JOHN SAUNDERS: Thank you.
 16 MR ATKINSON: In terms of the training with the Fire
 17 Service, was the intention, as you understood it, of
 18 that that it would often be the case that the HART team
 19 and the Fire Service would be dealing with the same kind
 20 of major incidents and you would need to work well
 21 together?
 22 A. Yes, sir.
 23 Q. Particularly, and disagree with me if I'm wrong,
 24 Ms Vaughan, would that particularly be in terms of
 25 dealing with situations where there was a need to triage

1 and then extricate speedily?
 2 A. Yes, that would be part of it, but as we can respond
 3 together to things like motorway accidents, we would
 4 work together in that sort of way, so that would be
 5 a totally different exercise. It's not solely just an
 6 extrication of mass casualties.
 7 Q. But that would be one of them?
 8 A. Yes, sir, yes.
 9 Q. And an important one?
 10 A. Yes, sir.
 11 Q. In relation to that kind of joint training, did you and
 12 the Fire Service train in relation to MTFA incidents
 13 together?
 14 A. Yes, I remember being part of a joint operation, that's
 15 with both the Fire Service and the police force, in
 16 a simulation exercise that was carried out for an MTFA
 17 exercise/Plato operation in a nightclub setting.
 18 Q. Very briefly in relation to Plato, because you've been
 19 asked a lot about that already, was the message that you
 20 got from your training in relation to a Plato situation
 21 that it would be the police that would identify that it
 22 was an Operation Plato and only they could say so?
 23 A. Yes. We could flag up that we thought it would be
 24 a Plato if we saw any information that we believed it to
 25 be, but it is only the police that can actually declare.

1 Q. And that's because they then have particular
 2 responsibilities for managing that incident and ensuring
 3 that the other emergency services are only involved when
 4 and to the extent that it is safe for them?
 5 A. Yes, sir, it'd be a police-run exercise.
 6 SIR JOHN SAUNDERS: Sorry, Mr Atkinson. When you finish
 7 Plato, I just want to go back to something about the
 8 training. You finish what you want to ask about Plato.
 9 MR ATKINSON: Thank you, sir.
 10 On this occasion, on 22 May, that is why, although
 11 you had heard references to a possibility of an active
 12 shooter, this was not a Plato situation as far as you
 13 were concerned because only the police could have told
 14 you that?
 15 A. That's correct, sir.
 16 Q. Or alerted NWS to that, who would have then told you?
 17 A. Yes, that's correct.
 18 Q. But unless and until that happened, you could go into
 19 places in a non-Plato situation that you couldn't if
 20 Plato had been declared?
 21 A. That's correct, sir.
 22 Q. With the result here that if you had been told that this
 23 was an Operation Plato, you would not have gone into the
 24 City Room?
 25 A. Yes, sir, if that was declared as the hot zone, we would

1 not enter into that, sir .
 2 Q. And as part of that training and the multi-agency aspect
 3 of it, is this also right, that insofar as the treatment
 4 of casualties is concerned, in a Plato incident and
 5 indeed in a non-Plato major incident, your
 6 responsibility is to direct the treatment of casualties
 7 which can involve you enlisting the other emergency
 8 services to help you?
 9 A. Yes, sir . That would be fair to say. I believe
 10 it would be the police that would declare
 11 Operation Plato and solely the police's responsibility
 12 to do so, but if we were then sent in, it would be the
 13 Ambulance Service that would control that scene where
 14 casualties were because it's always the service that has
 15 the patients. Does that make sense, sir?
 16 Q. That is no doubt another reason why there was a good
 17 deal of training between your team and the Fire Service
 18 because there'd be many situations where you'd be
 19 treating casualties and they would be helping you, under
 20 your direction, to do that?
 21 A. Yes, sir .
 22 Q. So the more often that relationship was practised, the
 23 more efficient it would be?
 24 A. Yes, sir .
 25 Q. And equally, in a situation where there were police

1 present as well, the more practice there was of the
 2 three services operating together, the more people would
 3 understand who was in charge of what aspect of
 4 a situation?
 5 A. Yes, sir .
 6 SIR JOHN SAUNDERS: Mr Atkinson, this has raised the topic
 7 that I wanted to, so if I don't mind, I will just
 8 intervene at this stage.
 9 MR ATKINSON: Please do, sir.
 10 SIR JOHN SAUNDERS: I understand how you have a very good
 11 relationship with SRT and you work a lot together and
 12 they know exactly how to function with you, that you're
 13 doing the diagnosis, as it were, and they are getting
 14 people out or acting under your direction. If you're
 15 having a tri-service exercise, presumably the police
 16 that you'd be dealing with in an Operation Plato context
 17 would be firearms police officers?
 18 A. Yes, sir . Part of the teams would also include normal
 19 constables. The firearms officers would be going
 20 forward and looking after us, so to speak, and trying to
 21 engage with the marauding terrorist, but within those
 22 teams we can have normal constables, sergeants to help
 23 us.
 24 SIR JOHN SAUNDERS: Right. That's the normal police, if
 25 they're not being insulted by me calling them normal.

1 That's what I wanted to ask you about because
 2 realistically the chances of any police officer who's at
 3 this scene who's not a firearms officer having trained
 4 with you on this sort of occasion would be extremely
 5 limited.
 6 A. Yes, sir .
 7 SIR JOHN SAUNDERS: And I don't know how much effort is made
 8 to try and get them to train with you. Would it have
 9 helped on this particular night if the officers who were
 10 there had had some training with you in this sort of
 11 incident?
 12 A. Absolutely, without a doubt, sir .
 13 SIR JOHN SAUNDERS: Right. You were told by Mr Greaney that
 14 when you come back, you may be asked whether you could
 15 have done with more HART paramedics at the scene.
 16 I don't know if you had a chance to listen to
 17 Sergeant Hare's evidence.
 18 A. Some, sir .
 19 SIR JOHN SAUNDERS: It would be useful for you to look at
 20 that, or at least see what was said by him, because as
 21 you will be aware, he was crying out for more paramedics
 22 to be there.
 23 A. Absolutely. HART does an awful lot of work with FRS, so
 24 there was absolutely no reason that the police could not
 25 be involved in that too.

1 SIR JOHN SAUNDERS: Right. So more involvement with the
 2 police would be a help?
 3 A. Yes, sir .
 4 SIR JOHN SAUNDERS: Mr Atkinson, I'm sorry to have taken
 5 over that bit. Please carry on.
 6 MR ATKINSON: Thank you, sir.
 7 Related to that area of training and indeed of your
 8 work, Ms Vaughan, is the question of triage. That was
 9 the main purpose, is this right, for you and
 10 Mr Hargreaves going into the City Room, was to help
 11 Mr Ennis to do that, to do the triage process?
 12 A. Yes, sir .
 13 Q. And there is perhaps a misconception on people who
 14 haven't had the training as to what your primary role is
 15 in that respect, would you agree ---
 16 A. Yes, sir .
 17 Q. --- in that people expect you to go in and start treating
 18 people?
 19 A. Yes, sir .
 20 Q. And that is not what triage is about?
 21 A. Not at the point of a primary triage, forward triage
 22 role. That would be later on.
 23 Q. If we can look at one document in relation to this
 24 topic. Mr Lopez, it's {INQ019227/1}.
 25 This is the document, Ms Vaughan, that is prepared

1 by the National Ambulance Resilience Unit that addresses
 2 the role of a primary triage officer .
 3 A. Yes, sir .
 4 Q. If we go to {INQ019227/2}.
 5 We can see that heading. Is this the role in which
 6 you saw yourself once you were in the City Room?
 7 A. No, sir . That's the role that I would say Paddy would
 8 take over instead, because he was the one that had
 9 communications and he was on the major incident channel.
 10 And at the time, we thought, well, it 's best that myself
 11 and Chris work together and we report back to Paddy, who
 12 can then report on to the major incident channel to the
 13 relevant people required.
 14 Q. One aspect of this which I know you will agree with,
 15 because you have said it a number of times before, which
 16 is the best practice is to carry out triage sieve in
 17 pairs. It was your view and Mr Hargreaves' that it was
 18 best for the two of you to work together in your triage
 19 role, wasn't it?
 20 A. Yes.
 21 Q. So clearly it would have benefited Mr Ennis if he'd had
 22 someone with him when he was doing his role in that
 23 regard?
 24 A. Not necessarily, sir , because the role of a primary
 25 triage officer , you sometimes don't even engage with

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1 patient treatment.
 2 Q. If we go on to the next page of this document, please,
 3 {INQ019227/3}. We see at the top of the page, and it's
 4 the box in red:
 5 "Stay focused on your role. Do not attempt rescue
 6 or treatment of casualties with the exception of opening
 7 an airway (with adjunct) or stemming catastrophic
 8 haemorrhage."
 9 Is this right, Ms Vaughan, that the clear message
 10 from your training and experience is that your role was
 11 to carry out the triage process on all those by whom you
 12 were confronted in the room rather than stopping at the
 13 first one and treating them?
 14 A. Yes. So it's a process we call treat and leave, it 's
 15 very much a military style of triage. It 's brutal
 16 because it goes against anything you've ever done
 17 before. At most incidents we will have one patient and
 18 we'll stay with them and see them through all their
 19 treatment until they're on to the ambulance. But in
 20 this instance because it's a treat—and—leave scenario,
 21 we would do quick interventions that would stem any
 22 catastrophic bleeding or any airway obstructions and
 23 move on to the next patient. It can be as quick as
 24 40 seconds with each patient.
 25 Q. Thank you, Mr Lopez, that can come down.

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1 Just following that through, Ms Vaughan, you
 2 commented earlier that you had the kit that you needed
 3 for the job that you were doing. The kit that you
 4 particularly had, and identified, for example, in your
 5 interview with ITV as having had, were the things that
 6 you needed to stem catastrophic bleeding in particular,
 7 were they not?
 8 A. Yes, sir .
 9 Q. Tourniquets, Celox, blast dressings?
 10 A. Yes, sir .
 11 Q. So that you could do that very quickly and then move on?
 12 A. Yes, sir .
 13 Q. Which is equally why it was not, is this right,
 14 a priority for you to have painkiller resources because
 15 that would have needed you to stay with someone to
 16 monitor them?
 17 A. Yes, sir .
 18 Q. Presumably, the process would work best if there was
 19 someone else behind you, a team behind you, that could
 20 immediately move on to those that you had identified as
 21 the highest priority in terms of needing treatment?
 22 A. Yes, sir .
 23 Q. Either to treat them where they were or to get them to
 24 where they could be treated?
 25 A. That's correct.

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1 Q. And that clearly needed there to be more people with the
 2 necessary training than just the two of you?
 3 A. The only other clinicians that would be coming into that
 4 area on 22 May would be fellow HART paramedics and on
 5 duty that night there were six in Manchester, so even
 6 with six of us treating patients on the scene there,
 7 we wouldn't be able to leave them and then to extricate
 8 them because that would take away between four and six
 9 of us with one patient.
 10 Q. Two points following from that. I entirely understand
 11 what you've just said. In the debriefs that you
 12 participated in, I think there were two kinds of
 13 debrief. There was some questionnaire—type forms that
 14 you filled out?
 15 A. Yes.
 16 Q. And also a structured debrief, I think at
 17 Warrington Hospital, that you took part in?
 18 A. There were two. There was a command and control debrief
 19 that took place at Manchester City football ground and
 20 there was a HART debrief that took place in Manchester
 21 base.
 22 Q. And a point that was made in the structured debrief and
 23 that you made in your handwritten answers on
 24 questionnaires was that on this night your team was
 25 split ?

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1 A. Yes, sir .
 2 Q. Not in any way criticising anyone involved in that fact,
 3 but the reality was that, is this right, Mr English and
 4 Mr Priest were separated from you before you had left
 5 Stockport and Mr Devine never was at Stockport?
 6 A. No, Mr Devine was on what we would call the operational
 7 vehicle, the rapid response vehicle, that night. We all
 8 rotate around and he was actually responding to an
 9 operational category 1 call, I believe. And
 10 Stephen English and Nick Priest were already stood down
 11 from the fire incident and making their way back to
 12 base.
 13 Q. So the result of that was that rather than a team of six
 14 arriving together at the arena, a team of three arrived
 15 together at the arena, with others to follow?
 16 A. That's correct, sir .
 17 Q. And it was something you flagged up in your debriefs,
 18 again not in any way being critical, but it would have
 19 been better, would it not, if you'd all been there from
 20 the start?
 21 A. Of course, yes. That would be much better. I think on
 22 the debriefs themselves, I was referring to bigger HART
 23 teams as a whole, so more than you would usually have on
 24 duty each night.
 25 SIR JOHN SAUNDERS: You were advocating having more people?

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1 A. Yes, sir .
 2 SIR JOHN SAUNDERS: Thank you.
 3 MR ATKINSON: I think a point was made in the structured
 4 debrief, it may have been by you, that it might be
 5 better if HART teams were eight strong rather than six
 6 strong. Do you recall that being said?
 7 A. Yes.
 8 Q. And do you agree with that?
 9 A. Yes, sir .
 10 Q. Another point that you made in the debriefs was that the
 11 great virtue of the amount and type of training that
 12 HART teams have is that different HART teams from
 13 different places will have all had that same training,
 14 which means that you can all work together without
 15 needing to be told what to do.
 16 A. Yes, sir . All of our training is done by the National
 17 Ambulance Resilience Unit and it's all on a structured
 18 curriculum, so it doesn't matter at what point we did
 19 the training or where we did the training, we would all
 20 receive the same package.
 21 Q. Which would mean that, for example, a team from
 22 Liverpool could work side by side with a team from
 23 Manchester without any difficulty?
 24 A. Absolutely correct, sir .
 25 Q. Which would again, obviously, increase the numbers

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1 available?
 2 A. Yes, sir .
 3 Q. And that would increase the numbers available in
 4 a situation like this, not only to do the triage but to
 5 then start the treatment process for those most in need;
 6 is that right?
 7 A. That's correct.
 8 Q. And also to enlist the help of others who are there to
 9 extricate people to be treated elsewhere?
 10 A. It's still a/question mark over the extrication because
 11 there would still be a numbers problem. One clinician
 12 would still be treating because you would take away
 13 between four and six HART paramedics to carry one
 14 patient away from the scene.
 15 Q. Is that because the scene was a hot zone and therefore
 16 others couldn't be there?
 17 A. Operational paramedics, sir, yes.
 18 Q. And would that also apply to the Fire Service if they
 19 were available, the SRT?
 20 A. No, sir, it doesn't apply to SRT.
 21 Q. So if SRT had been there, they could have worked
 22 alongside the HART team, increasing the chances of
 23 extricating people?
 24 A. That's correct.
 25 Q. In a way that -- I don't want to call them ordinary

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1 paramedics because that seems rude, but you know who
 2 I mean -- in a way that they couldn't?
 3 A. Yes, sir, operational paramedics.
 4 Q. Clearly, once someone is extricated from a scene like
 5 that, they can then be treated by that wider pool of
 6 paramedics, who would have the training to help them?
 7 A. That's correct, sir, once they were in a place that's
 8 deemed safe for operatives and patients, anyone,
 9 including MERIT doctors and volunteers and off-duty
 10 nurses, can work on the patients there.
 11 Q. In fact, and I don't want to go, you understand, into
 12 the details of what happened once you were in the room,
 13 for reasons I know have been explained to you, but HART
 14 personnel didn't actually carry anyone out of the room
 15 in the time you were there, did they?
 16 A. Did you say HART?
 17 Q. Yes.
 18 A. No, we didn't extricate any patients personally.
 19 Q. Moving on again, another topic that you commented on in
 20 your debriefs, and therefore clearly things that were
 21 very much in your mind much nearer the time than now,
 22 were in relation to communication and the limits to the
 23 information that you had before you arrived at the arena
 24 as to what you were being called to deal with.
 25 A. Yes, sir .

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1 Q. I think you were aware that your colleague Mr Beswick
 2 was looking at social media to get more information
 3 himself.
 4 A. Yes, I was made aware after the fact. I didn't know
 5 that on the night.
 6 Q. In terms of the information that you then had in your
 7 briefing from Mr Beswick, you've already touched on
 8 that, is this right, you were not being asked by him to
 9 go in and assess the scene and then report back?
 10 A. That is something we would do as HART operatives anyway.
 11 We wouldn't need to be asked to go in there and assess
 12 a scene.
 13 Q. Did you do that? Did you report back to him what other
 14 resources were needed in the City Room?
 15 A. No, we didn't report back about what other resources we
 16 needed because I remember literally being a couple of
 17 patients in and turning to my colleague, Chris, and
 18 saying, "We need to get this one out now", and that was
 19 literally when I saw these makeshift stretchers.
 20 Knowing that time isn't on our side, I just wanted the
 21 patients removed from that unsafe area into a place of
 22 safety for them and for my colleagues to be able to do
 23 more advanced treatments on them.
 24 Q. Is this also right, that once you were in the room, your
 25 radio communications with your team leader came to an

1 end because he changed communication channel?
 2 A. I can't really comment on when that happened. I wasn't
 3 aware. I assume it wasn't long after we went in because
 4 then it was my colleague, Ian Devine, that was
 5 communicating with myself and Chris to ensure that
 6 we were safe. He was doing what we call a welfare
 7 check.
 8 Q. Where was he at that point, if he said?
 9 A. He didn't say, but I assumed that he would be in the
 10 area outside the cordon.
 11 Q. I just want to check, Ms Vaughan, that I have covered
 12 everything I need to at this stage. I apologise,
 13 because I know that the families would wish to me, that
 14 you are going to have to come back. You understand the
 15 reasons why and why it is important that you help with
 16 what happened next in the same way as you've already
 17 helped us with what led up to it.
 18 A. Absolutely, sir.
 19 MR ATKINSON: But can I on their behalf thank you for your
 20 evidence today and for what you did. Thank you, sir,
 21 that is all I need to ask.
 22 SIR JOHN SAUNDERS: Thank you very much, Mr Atkinson.
 23 MR GREANEY: We're very grateful to Mr Atkinson for being
 24 faithful to the time he was allocated, indeed within it.
 25 It just remains for Ms Roberts to ask any questions that

1 she has on behalf of NWAS.
 2 MS ROBERTS: Sir, I have no questions. Ms Vaughan has dealt
 3 with everything. Thank you very much.
 4 SIR JOHN SAUNDERS: Could you just stay there for a minute?
 5 I just want to ask something. It's really looking
 6 forward to your next bit of evidence. I want you just
 7 to think before you come back about all of the factors
 8 affecting whether it would have been a good idea to have
 9 more HART operatives up in the room.
 10 A. Okay.
 11 SIR JOHN SAUNDERS: Because we're looking at recommendations
 12 to be made here for the future. So on the one hand, you
 13 were saying at the time it would have been useful to
 14 have bigger teams.
 15 A. Yes, sir.
 16 SIR JOHN SAUNDERS: But on the other hand, you seemed to be
 17 saying it wouldn't have made any difference having more
 18 HART people in the room. It seems a bit contradictory
 19 to me and it's quite difficult at the moment to
 20 understand whether they could have taken people out or
 21 not, they could have been helping with the triage,
 22 making it quicker. You already had police officers in
 23 there who were prepared to take people and come back as
 24 well as, I think, members of the public who were helping
 25 and prepared to do that.

1 A. Yes, sir.
 2 SIR JOHN SAUNDERS: So you wouldn't have needed the HART
 3 team to do it perhaps and they could have been doing
 4 other things, which might have made it quicker.
 5 A. Absolutely, sir.
 6 SIR JOHN SAUNDERS: I don't want you to necessarily answer
 7 now because you'll be asked some questions about inside
 8 afterwards, but you might like to think about those
 9 factors and what you said.
 10 A. Yes, sir.
 11 SIR JOHN SAUNDERS: Thank you.
 12 Ms Roberts, I don't know whether you want to take
 13 anything up from that. As I said, for the future rather
 14 than today.
 15 MS ROBERTS: Thank you, sir, that's helpful. No questions.
 16 MR GREANEY: I'm going to ask that we go to the holding
 17 screen now and Mr de la Poer will be in a position to
 18 call the next witness, Mr Devine.
 19 SIR JOHN SAUNDERS: Can I say how grateful I am for your
 20 evidence and for coming. I know it's been difficult for
 21 you, so thank you.
 22 (Pause)
 23 MR DE LA POER: We can now take down the holding slide,
 24 please. Once that's done, may Mr Devine please be
 25 sworn.

1 MR IAN DEVINE (sworn)
 2 Questions from MR DE LA POER
 3 MR DE LA POER: Sir, for your benefit and that of Mr Devine,
 4 can I indicate that I'm proposing to deal with his
 5 evidence in three parts. What I hope we will be able to
 6 achieve before the break is approximately 30 minutes,
 7 which will take us up to the hour and a half point from
 8 when last we started after the previous break.
 9 The first part will be your background and
 10 experience, which we can deal with relatively briefly,
 11 we'll then look at the events of 22 May, and finally
 12 turn to your reflections on your experience.
 13 At the time that you made your witness statement,
 14 which was in 2018, you tell us that you were based as
 15 part of the Cheshire and Merseyside Hazardous Area
 16 Response Team?
 17 A. That's correct, sir.
 18 Q. I think you have since moved to a different role?
 19 A. I left the trust in 2018.
 20 Q. Do you still work in any form of paramedic capacity?
 21 A. As a consultant in the industry sector.
 22 Q. You joined the Ambulance Service in 2005; is that right?
 23 A. That's correct.
 24 Q. Was that Merseyside and Cheshire?
 25 A. That's correct, sir.

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1 Q. In about 2010, did you join the Hazardous Area Response
 2 Team?
 3 A. I did, yes.
 4 Q. So it follows, obviously, from that that at the time of
 5 the events we're going to turn to, you'd have 7 years or
 6 so experience in that team?
 7 A. Yes.
 8 Q. Do you know, did that make you the most experienced
 9 member of the team that was on duty that night?
 10 A. I would say there was a number of us had done our
 11 training at the same time, so there was a level of
 12 experience amongst us.
 13 Q. Who were those that had done the training at the same
 14 time?
 15 A. Stephen English and I think Nick Priest might have done
 16 a course before me.
 17 Q. So Mr English possibly the most senior, but the three of
 18 you had each about seven or so years of experience?
 19 A. That's correct, sir.
 20 Q. At the time were you aware of how much experience
 21 Mr Beswick, the team leader that night, had had?
 22 A. I knew he'd been with the team for several years,
 23 a couple of years, and he was known as being a very
 24 proactive member of HART.
 25 Q. We'll come back to the role of team leader in due

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1 course. As you told us, you were working for Cheshire
 2 and Merseyside at the time. How was it then that you
 3 came to be on duty in the Manchester area?
 4 A. I had volunteered for an overtime shift.
 5 Q. And in 2017 was it commonly the case that members of the
 6 Hazardous Area Response Team would go out of area as
 7 part of an overtime arrangement?
 8 A. It happened. It wasn't a regular occurrence, but it had
 9 happened.
 10 Q. Before May of 2017, about how frequently had you worked
 11 in the Manchester area, would you estimate?
 12 A. I would estimate probably three or four times.
 13 Q. In those times had you met and worked with Mr Beswick?
 14 A. I think I'd met Mr Beswick through some training that
 15 HART had done at that time. I don't believe I'd
 16 actually worked with him operationally before.
 17 Q. Had you yourself, before May 2017, ever acted in the
 18 role of team leader?
 19 A. I had, yes.
 20 Q. Was that confined to Cheshire and Merseyside or was that
 21 when you'd worked in the Manchester area?
 22 A. Just Cheshire and Merseyside.
 23 Q. Had you done any specialist training in order to qualify
 24 you for the role of team leader?
 25 A. No, sir.

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1 Q. What we understood from Mr Beswick was that the training
 2 would envisage all members of the team having an
 3 opportunity to act as team leader at various points; was
 4 that your experience?
 5 A. Yes, sir.
 6 Q. And in your area, did it operate on the basis that
 7 people could put themselves forward on a particular
 8 shift to be team leader?
 9 A. That's correct, sir.
 10 Q. As part of your experience of acting as a team leader in
 11 Cheshire and Merseyside, had you received any
 12 opportunity to work against the Hazardous Area Response
 13 Team leader action card?
 14 A. Not in my role, sir, no.
 15 Q. Was that a document that you had seen before the night
 16 of 22 May?
 17 A. I don't believe I had, sir, no.
 18 Q. Looking back, were you aware of the existence of such
 19 a card in May 2017?
 20 A. To be honest, sir, I struggle to remember that detail,
 21 so I couldn't give an answer whether I'd seen it or not.
 22 Q. We're going to come back to the role of team leader as
 23 you've described it to us when we look at your
 24 reflections. What I'm going to do now is move to the
 25 events of 22 May 2017. Can I just say, when we come to

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1 the reflections stage, we will return also to your
 2 training and its adequacy in your view.
 3 What you say in your witness statement of the events
 4 before you learned of the attack was that the task
 5 previous to that was that you were dealing with
 6 a patient who didn't need to go to hospital?
 7 A. That's correct, sir, yes.
 8 Q. At the time you were single—crewed; is that right?
 9 A. Yes.
 10 Q. Meaning that you were not with the other members of the
 11 Hazardous Area Response Team who'd been dispatched to
 12 the fire in Stockport?
 13 A. No, sir, I was on a trust rapid response vehicle that
 14 was being loaned to HART that night.
 15 Q. Just explain that, I'm sorry, I didn't understand,
 16 a trust vehicle?
 17 A. It was a spare vehicle from the trust.
 18 Q. Which trust?
 19 A. From NWAS, from the Manchester side, because the HART
 20 rapid response vehicle was in the garage, I believe.
 21 Q. Did that mean that it did not — that vehicle did not
 22 have all of the equipment that the vehicle you would
 23 otherwise have been driving would have in it?
 24 A. In some aspects, yes, that's correct.
 25 Q. In any aspect which is relevant to the response that you

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1 took part in?
 2 A. No, sir.
 3 Q. Had you finished dealing with that patient who didn't
 4 need to go to hospital by the time you became aware of
 5 the attack at the arena?
 6 A. I had finished dealing with that patient, sir, yes.
 7 Q. And approximately how far from the centre of Manchester
 8 were you when dealing with that patient?
 9 A. To be honest, I'm not entirely sure. I believe it was
 10 about 3 to 3.5 miles.
 11 Q. We're going to come and have a look at your vehicle's
 12 tracking data in a moment. It may be that that will
 13 give us some further help.
 14 So you're dealing with that patient. In your
 15 statement you say that you radioed control to tell them
 16 that you were returning to base for a break.
 17 A. That's correct, sir. I'd been out for a number of hours
 18 from when I logged on duty and by that point I needed to
 19 go to the toilet. So I contacted control and asked for
 20 permission to return to station to use the facilities.
 21 Q. And presumably you were told that you could?
 22 A. They said I could, yes.
 23 Q. Were you en route back to base at the time you became
 24 aware that an incident of some significance had
 25 occurred?

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1 A. I was, yes.
 2 Q. Would that journey back to the base have taken you
 3 in the direction of the centre of Manchester or away
 4 from it?
 5 A. I'm not entirely sure of the geography of that.
 6 Q. We'll come to your understanding of the geography of
 7 that in a moment, but I understand why you say that.
 8 What, so far as you can recall, was your first awareness
 9 that something significant had happened?
 10 A. It was a combination of seeing several emergency
 11 vehicles, the lights in the distance, heading into what
 12 seemed to be the centre of Manchester, and also
 13 I started to hear some radio traffic from the HART team
 14 leader.
 15 Q. Were those vehicles travelling in the same direction as
 16 you were or in the opposite direction?
 17 A. I would say at a 90-degree angle, sir.
 18 Q. So not precisely in the same direction. You became
 19 aware of those vehicles on the road, you became aware of
 20 information from control. Did you proactively try to
 21 find out more at that time?
 22 A. The control contacted me to tell me that there was
 23 potentially a significant incident taking place and
 24 asked me if I could possibly take my break in an
 25 ambulance station en route, which I said, yes, I would

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1 do that.
 2 Q. So did you divert from the course that you were taking
 3 so that you could —
 4 A. Yes, sir.
 5 Q. — follow those agreed instructions?
 6 A. Yes, sir.
 7 Q. What I would like to do, is try and get some timings
 8 here, is bring up a schedule of events which has been
 9 prepared by NWAS, which I think you've seen before;
 10 is that right?
 11 A. That's correct, sir.
 12 Q. So that is {INQ040616/3}.
 13 We can see right in the centre there, at 22.58.40:
 14 "[Your call sign or your vehicle's call sign],
 15 Ian Devine, is formally allocated to the arena
 16 incident."
 17 Do you see that?
 18 A. Yes, sir.
 19 Q. By 22.58, we know that your colleague Mr Beswick had
 20 already been allocated to the incident. That's what the
 21 timeline earlier reveals. Of course we know, given that
 22 the explosion took place at 22.31, that that is some
 23 27 minutes after it occurred. So far as you understand
 24 things, and you can't obviously speak for what was in
 25 others' minds, why do you think it was that it was not

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1 until 22.58 that you were allocated to the incident?
 2 A. I couldn't comment on that, sir, I don't know.
 3 Q. Were you aware of the fact that an incident had occurred
 4 prior to being formally allocated to it?
 5 A. I'd overheard radio traffic from the HART team leader,
 6 so I knew something had happened. I was expecting to
 7 get a call, to be put on that job, and obviously it did
 8 in the event happen.
 9 Q. In your experience, bearing in mind the size of the
 10 incident that you now know it was, is that 27 minutes an
 11 expected elapse of time between an incident occurring
 12 and someone in your position being allocated?
 13 A. Obviously I'm not privy to the information that those
 14 people were making that decision, what they had at that
 15 time, but I would have hoped that we would have been
 16 allocated to it sooner.
 17 Q. Obviously we will ask them and whatever explanation
 18 there may be they will have a fair opportunity to give.
 19 But certainly in your experience, do we infer from your
 20 answer that that was quite a long time in your
 21 experience for someone in your position to be allocated
 22 to an incident of this magnitude?
 23 A. Yes, sir.
 24 Q. Helpfully, in a different document, which I don't need
 25 to turn your attention to on the screen, because I think

1 you've seen it, we know from other data provided by NWS
 2 that at the time that you were allocated, you were
 3 3.35 miles away. Have you seen that?
 4 A. I believe I have, yes.
 5 Q. So just help us with where in the journey that you've
 6 described to us you were. You have told us that you
 7 were dealing with a patient. You then started to return
 8 to base. You were then diverted to another ambulance
 9 station so you could take your comfort break before
 10 going to events. Where in that timeline were you, do
 11 you think, at 3.35 miles?
 12 A. In terms of the distance, I probably hadn't covered that
 13 much of a distance because pretty quickly I made the
 14 decision that to save time, I'm not going to go to the
 15 nearest ambulance station, I'm going to have to go where
 16 I am, which was by the side of the road.
 17 Q. We know from your arrival time, and I'm jumping ahead
 18 slightly here because we'll need to deal with the
 19 balance of your journey, that you arrived about
 20 16 minutes after you were allocated. So I think it will
 21 follow from your previous answer that in that time you
 22 took the decision you have just described to save time.
 23 And then did you continue directly on your way to the
 24 arena?
 25 A. I continued my journey, without stepping ahead, and

1 I came across several groups of police — there was
 2 areas that were cordoned off and the satnav, which I was
 3 using, took me down a route that was untravellable.
 4 Q. It was to that that we can conveniently turn now. In
 5 your witness statement, you say that you don't know
 6 Manchester very well, perhaps unsurprisingly given that
 7 that wasn't your usual patch. Was that right at the
 8 time?
 9 A. Yes.
 10 Q. So what you say is that you relied upon the satellite
 11 navigation system in your vehicle to take you the most
 12 direct route?
 13 A. Yes, sir.
 14 Q. Looking back on it now, how important do you think it is
 15 that people in your position have good local knowledge?
 16 A. It's a benefit, obviously, but in these days, a lot of
 17 people use satellite navigation. I think the benefit
 18 was that shift needed to be covered and if I wasn't able
 19 to cover it, they might have had less staff available
 20 that night.
 21 SIR JOHN SAUNDERS: Can you help me about the satnav? Does
 22 the ambulance control put in the satnav where you've got
 23 to go or do you have to do that yourself manually?
 24 A. The satnav is already inputted in for us, sir, so we
 25 don't have to adjust the satnav at all.

1 MR DE LA POER: So will it immediately, once it has been
 2 allocated, start audibly broadcasting instructions to
 3 you as to which way to go?
 4 A. Yes, sir.
 5 Q. And clearly if you had local knowledge and it was taking
 6 you the wrong way, you could choose to ignore those
 7 instructions?
 8 A. That's correct.
 9 Q. As you didn't have that local knowledge, you followed
 10 them and found yourself going down a cul-de-sac,
 11 I think?
 12 A. Yes, sir.
 13 Q. Which then required you to manoeuvre your way back out
 14 and I think from previous answers you've also indicated
 15 that you encountered some police cordons. Did those
 16 delay your journey too?
 17 A. They did, sir, yes.
 18 Q. So we see that you arrived at 23.14.52, that's the time
 19 given from the vehicle data. Your witness statement
 20 indicates that you identified a parking space near
 21 Hunts Bank approach; is that right?
 22 A. That's correct, sir.
 23 Q. Just give us an idea of metres, if that's a convenient
 24 way, or walking time, whichever you would prefer, from
 25 where you parked your vehicle, about how far would it be

1 to the entrance to the station on Station Approach?
 2 A. I would say maybe 100 metres. I'm not entirely sure,
 3 sir .
 4 Q. But you didn't have a line of sight at the time you
 5 parked?
 6 A. No.
 7 Q. We'll come to that in a moment. So a distance that
 8 would take you about a minute to walk?
 9 A. A minute to 2 minutes, yes.
 10 Q. Once you had parked, did you have a conversation with
 11 somebody in railway uniform?
 12 A. Yes, sir .
 13 Q. And was that because you approached them or they
 14 approached you?
 15 A. To be honest, I can't remember exactly who asked the
 16 first question. But I tried to glean some information
 17 from him as to what had happened.
 18 Q. At that moment, doing the best that you can, how much
 19 do you think you knew about the incident? I'll try and
 20 break that down. At that moment you pulled up, did you
 21 know or at least believe that a bomb might have been
 22 detonated?
 23 A. Yes, sir .
 24 Q. Had you heard any mention at that time of the
 25 possibility of an active shooter?

1 A. No, sir .
 2 Q. Had you been told precisely where in the station complex
 3 the explosion had occurred?
 4 A. Not to my recollection, sir , no.
 5 Q. And if somebody had said it was in the foyer, being
 6 somebody ordinarily based in Merseyside, would that have
 7 meant very much to you?
 8 A. Not a great deal, sir , no.
 9 Q. Did you know that it was being reported that people had
 10 died?
 11 A. Yes, sir .
 12 Q. Did you know that it was being reported that
 13 a significant number of people had been seriously
 14 injured?
 15 A. I can't recall that, sir , but I kind of gathered from
 16 the information I received that there was a strong
 17 likelihood .
 18 Q. What information were you seeking to obtain from the
 19 person that you spoke to once you pulled up?
 20 A. Just a general overview, if he knew exactly what had
 21 happened.
 22 Q. And how long did that conversation take?
 23 A. Twenty to 30 seconds.
 24 Q. And do you think that you had any better situational
 25 awareness once that had finished?

1 A. I did, sir , yes.
 2 Q. What additional factors do you think you had learned
 3 from that person?
 4 A. Well, he said he'd heard at least one bang and that
 5 there were a number of people who were seriously
 6 injured.
 7 Q. So a first —hand account confirming what you had already
 8 been told in general terms?
 9 A. Yes.
 10 Q. That part of the information you'd heard was right on
 11 the face of it . The next thing that you record in your
 12 witness statement is putting on your, as you put it ,
 13 PPE, your personal protective equipment. The way you
 14 frame it is :
 15 "I decided I needed to put on the appropriate
 16 uniform."
 17 Just walk us through that decision—making process.
 18 A. Okay. So en route I am obviously aware of potentially
 19 what has happened, so part of my dynamic risk assessment
 20 is to look after myself and to enable me to carry on
 21 with my job, I decided to put on ballistic protection
 22 because I had my green ambulance uniform on, my green
 23 shirt , so I decided to remove my shirt, put on my body
 24 armour helmet, part of the kit that we had on HART for
 25 MTFA incidents, a vest —

1 Q. Can I stop you there? It's no disrespect at all
 2 intended towards you. It's quite important that we
 3 don't go into too much detail about the full extent of
 4 the capabilities of the equipment you had. I'm sure you
 5 understand why and it will have been my question that
 6 led you to that point.
 7 Are we right in understanding that in order to put
 8 on the necessary uniform, appropriate uniform, as you
 9 described it, it is the process of a couple of minutes
 10 at least?
 11 A. Yes, sir .
 12 Q. So it is an inevitable delay to your progress to the
 13 scene?
 14 A. That's correct.
 15 Q. So does your decision—making process weigh up that delay
 16 as against the importance to keep you safe, as you put
 17 it , so you can carry on with your job?
 18 A. I made a conscious decision that I wouldn't be able to
 19 return back to the vehicle so everything I believed
 20 I would need for the duration of the incident , I had to
 21 prepare and take with me.
 22 Q. In addition to changing your uniform, did you take
 23 anything else from the vehicle that might assist you in
 24 response to the incident?
 25 A. Yes, sir .

1 Q. What did you take, please?
 2 A. Tourniquets, blast dressings, haemostatic agents,
 3 morphine, and various medical equipment.
 4 Q. Did you need to assemble that yourself or was it in
 5 a single place that you could access?
 6 A. I had to assemble it myself.
 7 Q. Why did you have to do that? Why was it not in a single
 8 bag?
 9 A. It was in some bags, but as I'd decided to put the vest
 10 on, I loaded the vest with that equipment so I could
 11 carry other items of equipment down with me.
 12 Q. Had you been in the rapid response vehicle, would that
 13 equipment have been more or less conveniently arranged?
 14 A. In the normal HART vehicle?
 15 Q. Yes.
 16 A. It would probably be laid out in a more accessible area.
 17 A lot of the stuff was in bags on the rear seat of the
 18 vehicle I was in, so I had to move some bits and pieces
 19 to get to it.
 20 Q. Do you think that less convenient arrangement delayed
 21 you in any significant way?
 22 A. Maybe by 30 seconds.
 23 Q. Was there any form of stretcher in the vehicle that you
 24 were in?
 25 A. I think there was a MIBS stretcher in there.

1 Q. Tell us what that is, please.
 2 A. Basically, it's a rolled-up stretcher that is unpacked
 3 and can be carried to an incident, unrolled, and
 4 a casualty can be placed into it and they can be
 5 extricated.
 6 Q. Can it conveniently be carried in its rolled-up form
 7 by one person?
 8 A. If they're not carrying anything else.
 9 Q. Would you have been able to carry that stretcher with
 10 you if you had chosen to do so?
 11 A. Not with the amount of kit I was carrying at that time.
 12 Q. Did you consider taking that stretcher with you?
 13 A. I did consider it, but I thought that the other
 14 equipment I was taking with me would take precedence
 15 over that.
 16 Q. Did you know whether or not a stretcher would be
 17 required at that time?
 18 A. No, sir.
 19 Q. Did you have any thought about whether anyone else might
 20 have a stretcher readily available if it would be
 21 needed?
 22 A. No, sir.
 23 Q. Having put your equipment on and, as you've described
 24 it, filled the pockets that you had with the equipment
 25 you thought you'd need, did you proceed directly on foot

1 to Station Approach?
 2 A. Yes, sir.
 3 Q. Was it when you walked around the corner that you
 4 realised, as you put it, the magnitude of the incident?
 5 A. Yes, that's correct, sir.
 6 Q. I think that's my phrase, but I think that has taken the
 7 sentiment from your statement.
 8 A. Yes, sir.
 9 Q. I'm not looking for any sort of detail, but was it clear
 10 to you that there were a very large number of people
 11 involved?
 12 A. Absolutely, sir.
 13 Q. How easy was it for you to identify where Simon Beswick
 14 was?
 15 A. Because I know him, I spotted him pretty quickly.
 16 Q. So no delay caused there to you by reason of the fact
 17 that he wasn't wearing any sort of tabard?
 18 A. No, sir.
 19 Q. I think we'll just go this far and then I'll invite the
 20 chairman to take a break, given the importance of what
 21 comes next. What we can see on the timeline prepared on
 22 behalf of NAWAS -- Mr Lopez, that's INQ040616 as before
 23 and we're going to go to {INQ040616/5}.
 24 If we look at firstly 23.14.52:
 25 "The GIS [which I think is the data from your

1 vehicle] confirms Ian Devine's vehicle arriving at
 2 scene."
 3 Then there are in italics :
 4 "Ian Devine parked at the bottom of Hunts Bank and
 5 puts on ballistic kit before walking towards
 6 Victoria Station Approach. His next sighting is outside
 7 Victoria Station at 23.21.55."
 8 If we move to that entry, we can see there, about
 9 two-thirds of the way down:
 10 "Video footage captures Nick Priest and
 11 Stephen English walking over to meet with Simon Beswick
 12 and Ian Devine (stationary) on the road outside the war
 13 memorial entrance."
 14 And in italics on the right-hand column:
 15 "Ian Devine is seen in this footage, stood with
 16 Simon Beswick, having already arrived outside before
 17 this time."
 18 That's what is recorded in this document. We'll
 19 come to your recollection of that encounter after lunch,
 20 if the chairman agrees, but does it appear from this, if
 21 we're going to put a time marking on it, that at just
 22 before 23.22, you, Mr Beswick and two other members of
 23 your team are present outside the war memorial entrance?
 24 A. Yes, sir.
 25 MR DE LA POER: Sir, if it's convenient, I don't want to

1 rush the next bit.
 2 SIR JOHN SAUNDERS: No, no. 2.10. Thank you very much.
 3 (1.11 pm)
 4 (The lunch adjournment)
 5 (2.10 pm)
 6 MR DE LA POER: Mr Devine, we had reached a point in your
 7 narrative of the events of 22 May of 2017 at around
 8 23.21 hours, so 21 or so minutes past 11. At that
 9 point, we've seen from the sequence of events prepared
 10 by NWS that you were captured in the company of
 11 Mr Beswick.
 12 Do you have a clear recollection of the conversation
 13 that you had with Mr Beswick when you arrived?
 14 A. From what I can recall, sir, Simon Beswick asked me to
 15 start setting up a casualty collection point.
 16 Q. We can look at images from the CCTV if we need to, but
 17 I'm satisfied certainly that the NWS order of events is
 18 correct as summarised there.
 19 They indicate that you arrived or were positioned
 20 with Mr Beswick before your colleagues were. Is that
 21 how you remember it?
 22 A. I would imagine we arrived pretty much at the same time.
 23 Q. Do you recall whether Mr Beswick just briefed you or
 24 whether he briefed all three of you?
 25 A. I can't really remember, sir.

1 Q. The instruction to set up a casualty collection point,
 2 was that phrase or those words used precisely?
 3 A. From what I remember, it was to set up a CCP and he
 4 indicated the area where he'd been instructed to set it
 5 up.
 6 Q. When you had done training exercises, were you familiar
 7 with a scenario in which some colleagues went into the
 8 hazardous area and other members of the Hazardous Area
 9 Response Team set up a casualty collection point?
 10 A. It had happened on exercises, yes, sir.
 11 Q. At the time that Mr Beswick gave you that instruction,
 12 did you know that two of your colleagues were already in
 13 the City Room?
 14 A. I believe he told me that two were in, carrying out
 15 triage duties.
 16 Q. Did you know at that time that there was a third
 17 paramedic in the area of the explosion?
 18 A. I'm not sure if I was aware of that then, sir, no.
 19 Q. So might it have been the case that, so far as you were
 20 aware, only two paramedics were at the seat of the
 21 explosion?
 22 A. Possibly, sir, yes.
 23 Q. As that NWS timeline indicates, at the point that
 24 Mr Beswick is speaking, in fact to the three of you,
 25 because you're all in the vicinity, there were available

1 additional Hazardous Area Response Team paramedics to go
 2 up into the City Room. Do you agree with that?
 3 A. I do, yes.
 4 Q. We know from his evidence and from what is clear from
 5 the CCTV, none of you three were instructed to go up
 6 into the City Room at that point. Does that accord with
 7 your recollection?
 8 A. Yes, sir.
 9 Q. Did you raise with Mr Beswick whether or not more of the
 10 Hazardous Area Response Team should be going to the seat
 11 of the explosion or did you just carry out his
 12 instruction?
 13 A. I believe I carried out his instruction, sir.
 14 Q. You understand, do you, the difference between
 15 a casualty collection point and a casualty clearing
 16 station?
 17 A. Yes, sir.
 18 Q. And your recollection is that the instruction was to set
 19 up a casualty collection point?
 20 A. Yes, sir.
 21 Q. In practical terms, was there any difference? In other
 22 words if you'd been instructed to set up a casualty
 23 clearing station, were there different things to take
 24 into consideration?
 25 A. I think initially, there isn't a great deal of

1 difference between the two. I think as the incident
 2 progressed, that's when the differences became apparent.
 3 Q. What do you understand those differences to be?
 4 A. Obviously, as the incident progressed, and probably
 5 after I'd been in the area, around the City Room, my
 6 situation awareness then became apparent that where
 7 we were actually set up was not a casualty collection
 8 point but was a casualty clearing station.
 9 Q. Is that because of the distance between the inner cordon
 10 and where you were setting it up?
 11 A. Yes, sir.
 12 Q. Is that because a casualty collection point ordinarily
 13 would be closer to the seat of an explosion if one was
 14 to be used?
 15 A. Yes, sir, but not necessarily.
 16 SIR JOHN SAUNDERS: Just help me about this: the CCS or CCP,
 17 as it was actually set up, what distance would it have
 18 involved to take people from there to ambulances?
 19 A. Where the casualty clearing station was set up was on
 20 the pavement and then there was the road that come round
 21 the side, so that became like the loading point for the
 22 ambulances, I believe.
 23 SIR JOHN SAUNDERS: The road by the CCS?
 24 A. I believe that's where they came round.
 25 SIR JOHN SAUNDERS: You were setting up a CCP. Could you

1 have got any closer to if you were going to set up
 2 a CCS?
 3 A. I believe, sir, if I'd had a knowledge of the scene at
 4 that time that maybe, yes, the CCP could have been
 5 positioned closer. But when those instructions were
 6 given, I didn't have a real awareness of how the layout
 7 of the incident was.
 8 SIR JOHN SAUNDERS: It's my fault entirely, I'm not making
 9 myself clear. Where you set up what you believed to be
 10 a CCP was pretty close to where people would be loaded
 11 on to ambulances.
 12 A. As it eventually turned out, yes.
 13 SIR JOHN SAUNDERS: Would there have been room to set up
 14 a CCS between what you thought was a CCP and the
 15 ambulances?
 16 A. Not really, sir, no.
 17 SIR JOHN SAUNDERS: Thank you.
 18 MR DE LA POER: As we established before the break, you had
 19 approximately 7 years of experience in the Hazardous
 20 Area Response Team and you've just mentioned there the
 21 fact that, as you gained better situational awareness,
 22 it struck you that the casualty collection point might
 23 be put somewhere different. Have I understood you
 24 correctly?
 25 A. It could have been initially, sir, yes.

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1 Q. Did you become aware of the staircase that was between
 2 where your colleagues were and the area that you were
 3 setting up as a CCP?
 4 A. Only when I went in.
 5 Q. When you went into the scene and saw that staircase, did
 6 it strike you at that point that that staircase might
 7 present a potential obstacle for people coming down from
 8 what was the City Room?
 9 A. I think at that point, the majority of casualties had
 10 been extricated down those stairs when I obviously
 11 became aware of it.
 12 Q. So had the incident developed to a point where that kind
 13 of analysis on your part, the time for that had passed?
 14 A. Yes, sir.
 15 Q. Using the experience that you had, combined with the
 16 situational awareness that you gained, do you think that
 17 the casualty collection point might have been better
 18 placed closer to the City Room?
 19 A. I think by this point, it would have been very difficult
 20 to have moved or set up another station during that
 21 point.
 22 Q. I appreciate the point that you came to realise that,
 23 but just drawing upon your experience of the scene and
 24 how it all worked and the experience that you have as
 25 a member of the Hazardous Area Response Team, perhaps

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1 even with the benefit of hindsight, do you think that
 2 the casualty collection point could have been set up
 3 closer to the City Room?
 4 A. Initially, yes, sir.
 5 Q. And when you say initially, is that because it needs to
 6 be done at the start of the response, not at the end?
 7 A. Yes, sir.
 8 Q. Again bearing in mind that you had experience as a team
 9 leader yourself and so the decision in other
 10 circumstances might have fallen to you, would setting it
 11 up before the staircase have been an appropriate place
 12 to put it? In other words, on the raised footbridge or
 13 even in the City Room itself.
 14 A. I think that would have brought difficulties in itself,
 15 so not necessarily, sir, no.
 16 Q. What difficulties would it have brought?
 17 A. Probably the transporting of kit up there. It may have
 18 been defeating the object of removing casualties.
 19 I don't think personally from the training I've had
 20 whether I would actually set up in that area.
 21 Q. Would it have the advantage of meaning that there were
 22 paramedics available to give emergency intervention
 23 before any delay was caused by the need to go down the
 24 staircase?
 25 A. I'm not sure, sir, whether that would have made

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1 a difference.
 2 Q. So returning to what you did, did you follow the
 3 instruction given to you by Mr Beswick to start setting
 4 up the CCP, as you understood it to be?
 5 A. Yes, sir.
 6 Q. Did you hear any conversation between Mr Beswick and
 7 either of your colleagues about what their role was to
 8 be?
 9 A. To be honest, I can't really remember what the exact
 10 conversation was.
 11 Q. At what point did you realise, estimating as best you
 12 can from when you had that conversation, that stretchers
 13 were having to be improvised from items that were just
 14 lying around?
 15 A. I would say while we were initially setting up the CCP,
 16 casualties were being brought down instantaneously, some
 17 were on advertising hoardings, some were being
 18 manhandled down towards us. I remember there being
 19 a lot of patients dropped, basically, at our feet as
 20 soon as we got there.
 21 Q. Did it strike you at any point as you saw that that
 22 having specifically designed stretchers, so a proper
 23 medical stretcher of some sort, might assist in the
 24 rapid removal of people safely from the City Room?
 25 A. I think initially, I thought, fantastic, the

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1 improvisation of getting casualties down, and then when
 2 I've reflected on the incident, possibly more injuries
 3 might have occurred -- if untrained personnel had been
 4 using the stretchers, there was a likelihood of further
 5 injury.
 6 Q. So that would have been a disadvantage of simply
 7 bringing stretchers out and leaving them for untrained
 8 personnel to see what they could do with them?
 9 A. I believe so, yes.
 10 Q. In that reflection, have you reflected upon the
 11 possibility that trained personnel might have gone up
 12 with those stretchers and removed people from the
 13 City Room using them?
 14 A. If they were still up there, then yes, that would have
 15 been a benefit.
 16 Q. And of course we should remind ourselves, shouldn't we,
 17 Mr Devine, that in fact, as we'll come to, by the time
 18 you went into the City Room, just fewer than 20 minutes
 19 after you were given that instruction first to set up
 20 the CCP, in fact the last living casualty had been
 21 removed?
 22 A. I believe so, sir, yes.
 23 Q. Let's just deal with that very briefly now. Mr Beswick
 24 has already given evidence about why he sent you up into
 25 the City Room. I don't propose to repeat that. I know

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1 from your statement that that accords with your
 2 recollection and anybody who wants to see that can refer
 3 to the transcript of Day 76.
 4 I'd just like to time your arrival up there, please.
 5 Mr Lopez, {INQ035612/373}, which, as ever, could you
 6 navigate to, please, before you show anything on screen?
 7 SIR JOHN SAUNDERS: While we're doing that, were you the
 8 only HART operative who was wearing their full ballistic
 9 gear on that night?
 10 A. I believe I was, sir, yes.
 11 SIR JOHN SAUNDERS: Did that make it more difficult for you
 12 setting up the CCP, wearing that equipment?
 13 A. I don't believe it did, sir, no.
 14 SIR JOHN SAUNDERS: Thank you.
 15 MR DE LA POER: We are timed in the top slide, as we can
 16 see, at 23.40.11. That's you on the footbridge, about
 17 to enter the City Room.
 18 A. Yes, sir.
 19 Q. We can see from the slide below, although the details
 20 are rightly redacted, that at about that time,
 21 10 seconds later, the last living casualty was removed
 22 from the City Room.
 23 Thank you very much indeed, Mr Lopez.
 24 SIR JOHN SAUNDERS: On an advertising hoarding?
 25 MR DE LA POER: Sir, I don't know that off the top of my

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1 head, so I wouldn't want to say. It certainly was not
 2 on a stretcher.
 3 SIR JOHN SAUNDERS: Thank you.
 4 MR DE LA POER: Once in the City Room, did you speak to your
 5 colleagues, Ms Vaughan and Mr Hargreaves?
 6 A. Yes, sir.
 7 Q. I am not looking to elicit any overtly distressing
 8 details here, I make clear, Mr Devine, but how did they
 9 both seem to you at that point?
 10 A. Obviously it was a shocking event, but I thought they
 11 seemed calm and in control.
 12 Q. Similarly, did you also speak to a paramedic in there by
 13 the name of Patrick Ennis?
 14 A. I did, yes.
 15 Q. Did you know Mr Ennis at that time?
 16 A. Not before this event, no.
 17 Q. With the same caution that I'm not looking to elicit any
 18 overtly distressing material here, how did Mr Ennis seem
 19 to you?
 20 A. Again, calm and in control.
 21 Q. I am using deliberately vague language here. For
 22 a period of time, did you assist them with the
 23 administration of the scene?
 24 A. Yes, sir.
 25 Q. Mr Lopez, we're now going to time Mr Devine's exit from

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1 the City Room. {INQ035612/399}.
 2 We can see that you were in the City Room for
 3 a period of a little over 8 minutes. That's time
 4 stamped at 23.48.23. Did you go from the position that
 5 we can see you in there back down to the area of Station
 6 Approach?
 7 A. That's correct, yes.
 8 Q. Again, without meaning any disrespect at all to all of
 9 the people that you then went on to help, can we
 10 summarise it in this way, that you remained in that
 11 area, assisting with the treatment and management of
 12 casualties?
 13 A. Yes, sir, that's correct.
 14 Q. And the data that we have from NWAS is that you were
 15 marked as clear at 03.18.47. Does that time in the
 16 early hours equate approximately with your recollection?
 17 A. I believe that to be correct, yes.
 18 Q. Mr Devine, I'd like just to turn, insofar as we haven't
 19 dealt with them so far, to your reflection of your
 20 experience on the night in terms of how things may be
 21 improved for the future.
 22 My first question is this: do you think your
 23 training was adequate for the duties that you had to
 24 discharge?
 25 A. Yes, sir.

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1 Q. Do you think that the Hazardous Area Response Team,
 2 which you were a part of, was utilised to its best
 3 effect?
 4 A. Yes, sir.
 5 Q. We heard from Mr Beswick about one aspect of his
 6 training, namely the holding back of a certain part of
 7 the HART resource in case of either a second attack
 8 elsewhere or in the event that those people who are in
 9 the inner cordon need rescuing. Had you received that
 10 training when you were learning the role of team leader?
 11 A. It was part of the basic training. There wasn't any
 12 specific team leader training in my training.
 13 Q. At any point that night, did Mr Beswick mention to you
 14 that that thought process was in his mind?
 15 A. I'm not 100% sure, but I believe there was potentially
 16 a number of other incidents running concurrently --
 17 Q. Yes.
 18 A. -- and I believe that impacted on his thought process.
 19 Q. Is that an expectation on your part or do you have
 20 direct knowledge of that forming part of his thought
 21 process, by which I mean the fact that he told you that
 22 that's what he was doing?
 23 A. I can understand why he came to that decision.
 24 Q. So that is perhaps, to put it a different way, if you
 25 were in his position that might have been a thought

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1 process that you had adopted?
 2 A. Yes, sir.
 3 SIR JOHN SAUNDERS: Can you just tell me roughly and in
 4 brief terms what the basic training told you in relation
 5 to holding people back or all going to the scene where
 6 you can give the most help?
 7 A. I believe, sir, that if there was an incident where part
 8 of the team needed rescuing or assistance, then it was
 9 a kind of back-up plan, but also if there was another
 10 incident that we'd been expected to attend to at the
 11 same time, that would give some resilience and capacity
 12 to respond to that incident.
 13 SIR JOHN SAUNDERS: Right.
 14 MR DE LA POER: Sir, as ever, supported by very many people,
 15 I'm told, it has been confirmed in terms that it was
 16 a makeshift stretcher that was used.
 17 SIR JOHN SAUNDERS: I'm grateful. Thank you for that, such
 18 rapid information.
 19 MR DE LA POER: You gave a presentation after the incident;
 20 is that right?
 21 A. A very brief one, sir, yes.
 22 Q. I'd like to turn to the page within that where you have
 23 headed it "Things For Me". All right? We'll have
 24 a look at that.
 25 Mr Lopez, {INQ023453/13}.

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1 The heading might imply, but you tell us, that this,
 2 at that time, was a number of matters that you had
 3 reflected upon as a result of the incident.
 4 A. Yes, sir.
 5 Q. What were you indicating by "PPE"? We understand it's
 6 personal protective equipment. What were you conveying
 7 by that as being one of the things for you?
 8 A. For me, it was the fact that I was comfortable in the
 9 fact that I was wearing my ballistic protection and
 10 I think there should have been more people wearing it at
 11 that time.
 12 Q. Because it might have given you protection from
 13 a secondary blast, because of the risk of active
 14 shooter?
 15 A. Because of the potential risk that was involved in that
 16 incident, sir, yes.
 17 Q. "Drugs." I'm anxious not to go into any distressing
 18 details about treatment. Does this in summary relate to
 19 a lack of adequate drugs at the scene, the fact that you
 20 didn't have the opportunity? What --
 21 A. I made a note of that because one of the reasons,
 22 obviously, before I got on scene, I had to -- I emptied
 23 out my controlled drugs safe and put it on my kit. Then
 24 it became apparent whilst on scene, because a lot of
 25 people had left their ambulances some distance away,

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1 when there was a need for this type of pain relief,
 2 journeys were having to take place to go back to
 3 vehicles to remove drugs and I administered quite a bit
 4 of it while I was there.
 5 Q. Were you particularly aware of that issue because you
 6 were one of the few people who had ready access to it?
 7 A. This is when I became aware of it, yes.
 8 SIR JOHN SAUNDERS: And you'd be using them at the station
 9 down where you were going to load the patients into the
 10 ambulances?
 11 A. That's correct, yes.
 12 MR DE LA POER: "Med kit." What were you indicating there?
 13 A. That was that I was basically having to carry everything
 14 down to the scene with me.
 15 Q. And I think you've already given us sufficient evidence
 16 about the process by which you collected that from the
 17 vehicle you were in because of the configuration of that
 18 particular vehicle.
 19 A. Yes, sir.
 20 Q. "P1 sheet." As we understand P1, that is a reference to
 21 a level of casualty?
 22 A. A priority 1 casualty, yes.
 23 Q. What are you referring to by "P1 sheet"?
 24 A. Quite quickly it became very slippery on that sheet
 25 through body fluids.

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1 Q. Right. Is that the practicalities of using that
 2 particular sheet?
 3 A. Yes.
 4 Q. I certainly don't want to go into any more detail than
 5 that and I'm sure that the last one speaks for itself
 6 and I don't need to ask you about that.
 7 SIR JOHN SAUNDERS: Just before you move on, I want to come
 8 back to the fact that we know, as it happens, of six
 9 HART operatives who were on the scene, only two went
 10 into the hot zone -- I know you went in later, sorry,
 11 I'm not meaning to minimise that -- the explanation you
 12 have given of why you think it's not surprising is, you
 13 needed to have people to rescue the ones who have
 14 already gone in if anything further were to happen or go
 15 off to a different place if that were to arise. We have
 16 to bear in mind that the only medics, paramedics, who
 17 could actually work really in the hot zone appear to
 18 have been people who were members of the HART team.
 19 A. Yes, sir.
 20 SIR JOHN SAUNDERS: But it does mean that two thirds of
 21 those available to go into the hot zone, who are the
 22 only paramedics able to work there were kept back and
 23 didn't go there. On the face of it, it might seem quite
 24 surprising, that.
 25 A. Yes, sir, but I'd also say that if maybe more

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1 information was available and a greater knowledge of the
 2 scene, then that might have led to more commitment to
 3 the scene. I don't know, sir, because I wasn't party to
 4 the discussions.
 5 SIR JOHN SAUNDERS: But in any event, if there were more
 6 HART operatives there, so that provided some -- others
 7 could provide the back-up, would you have expected to
 8 commit as many HART operatives as you safely could into
 9 the hot zone?
 10 A. As more resilience arrives, sir, then yes.
 11 SIR JOHN SAUNDERS: So in general terms, the more you could
 12 get in there, the better?
 13 A. Yes, sir.
 14 MR DE LA POER: Just picking up on that, was the ratio of
 15 one third committed, two thirds held back, something
 16 that you had received any training on?
 17 A. In training and exercises I participated in in the past,
 18 things like that had happened and, conversely, I'd
 19 attended scenarios where there would be a mass committal
 20 to the scene as well. So we'd exercised in both
 21 attitudes.
 22 Q. So you had practised a scenario, or more than one
 23 scenario, of sending in one third of the capacity?
 24 A. Yes, sir.
 25 Q. You had also practised a scenario where more than one

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1 third went in?
 2 A. Depending on the numbers on scene, sir, yes.
 3 SIR JOHN SAUNDERS: It's not a percentage which is relevant,
 4 it's the numbers, isn't it?
 5 A. Yes, sir.
 6 MR DE LA POER: What were you trained to understand as being
 7 the critical factors in the decision-making as to how
 8 many went in?
 9 A. I think that would be scenario-dependent, sir, totally
 10 depending on what the incident was and the knowledge
 11 that you had prior to going in.
 12 Q. So does it follow from that that one important part of
 13 the training was that it was essential to have as much
 14 information as possible?
 15 A. Yes, sir.
 16 Q. Who did the training place the burden on in terms of
 17 taking responsibility for ensuring that the information
 18 was as much as possible?
 19 A. Ultimately, the team leader is responsible for the HART
 20 team, but he's directed by the incident commander,
 21 I believe, sir.
 22 Q. When you were deployed as one of those that goes into
 23 the hot zone, the major incident hot zone, did you
 24 understand whether or not you had a responsibility to
 25 make a report when you got into that area as to whether

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1 more were needed?
 2 A. I was briefed by the HART team leader, and my
 3 recollection is when I returned I obviously had a small
 4 debrief with them when I got back to the scene.
 5 Q. Sorry, it was my bad question, although that was
 6 a helpful answer just to understand that. In your
 7 training, did you understand whether or not there was an
 8 obligation on those going into the scene to make
 9 a report when they got there? Was that part of how you
 10 go into a hot zone?
 11 A. Not necessarily, sir. As I say, dependent on the
 12 incident you were going into and the brief you received
 13 prior to going in.
 14 MR DE LA POER: Thank you very much indeed, Mr Devine.
 15 Those are all the questions that I have for you.
 16 We have core participant questions indicated by an
 17 advocate on behalf of the bereaved families, who I'll
 18 turn to first, and then secondly on behalf of NWSA, if
 19 required.
 20 Mr Welch --
 21 SIR JOHN SAUNDERS: Just before Mr Welch starts, you've
 22 already said there's an incident commander there, an
 23 ambulance incident commander.
 24 A. Yes, sir.
 25 SIR JOHN SAUNDERS: Is it open to the ambulance

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1 incident commander to say to the person heading the HART
 2 team, "Get all your people in there now"?
 3 A. He could obviously direct that, sir.
 4 SIR JOHN SAUNDERS: And it would then happen?
 5 A. There may be a discussion, but ultimately, yes, if we're
 6 directed to go in, then we would go in.
 7 SIR JOHN SAUNDERS: Thank you.
 8 MR DE LA POER: Then Mr Welch, please.
 9 Questions from MR WELCH
 10 MR WELCH: Thank you, Mr de la Poer. Thank you, sir.
 11 Mr Devine, I have questions on behalf of some of the
 12 bereaved families. Can you hear me okay?
 13 A. Yes, sir.
 14 Q. Thank you. First, just some general propositions if
 15 I may. As a member of the HART team, you were trained
 16 specifically for an event such as the Manchester Arena
 17 attack, weren't you?
 18 A. Yes, sir.
 19 Q. You said in a statement provided to Greater Manchester
 20 Police that:
 21 "The HART team has specific equipment and training
 22 to be able to deal with the more complex situations."
 23 That's right, isn't it?
 24 A. Yes, sir.
 25 Q. I'm sure you'll agree with me as well that given those

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1 skills and your training and experience, it's important
 2 to get you and your colleagues in the HART team to the
 3 scene of an incident as quickly as possible, isn't it?
 4 A. Yes, sir.
 5 Q. The first matter I want to explore in relation to your
 6 allocation is what you were doing before. I'm not going
 7 to spend too much time on this, I just want to explore
 8 the issue of whether you were appropriately allocated
 9 before. You were attending an incident with a patient
 10 that didn't need to go to hospital. Was there anything
 11 about that incident that particularly required the
 12 skills and experience that you had as a HART paramedic?
 13 A. When I arrived on scene, and obviously dealt with the
 14 call, no, it wouldn't have needed my input.
 15 Q. Was that immediately obvious?
 16 A. During the investigation it became apparent.
 17 Q. So you being allocated to the arena incident at shortly
 18 before 11 o'clock, by what time had it become
 19 immediately obvious that this wasn't really a matter for
 20 the HART team?
 21 A. Not long after I'd arrived on scene. Obviously it
 22 became apparent that this patient would not need to be
 23 taken to hospital and then I had to go through the
 24 process of leaving that patient at home.
 25 Q. So what time are we roughly talking about?

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1 A. I'm not sure, sir.
 2 Q. Was it communicated by you to anyone, "This isn't really
 3 a HART incident, it can be dealt with by someone else,
 4 other paramedics"?
 5 A. I believe I communicated back to control that the
 6 patient wouldn't be going to hospital and I was then
 7 filling out the relevant paperwork.
 8 Q. Okay. Next issue in relation to your allocation. In
 9 your witness statement, you said that in terms of how
 10 you were allocated, calls come into the team leader and
 11 then he decides what vehicles to send to an incident;
 12 is that right?
 13 A. For a HART emergency, yes.
 14 Q. You with your experience in HART and being a team
 15 leader, do you agree that that's asking quite a lot of
 16 a HART team leader when he or she themselves is racing
 17 towards an incident, as Mr Beswick was?
 18 A. Sorry, sir, that's not actually correct. I wasn't
 19 a HART team leader.
 20 Q. I do apologise. But do you agree with the general
 21 proposition that it's asking a lot of a team leader,
 22 when they're allocating themselves to an incident and
 23 have to get there, as Mr Beswick was, to think: "Where
 24 are the other resources, what do I need", even before
 25 they know the full extent of the incident?

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1 A. Yes, I believe it does.
 2 Q. It's going to be very much dependent, isn't it, in
 3 fairness to Mr Beswick in particular, for full and
 4 accurate information to be given to him as soon as
 5 possible so that he can determine what needs to be sent
 6 to a particular incident?
 7 A. That's correct, yes.
 8 Q. You were allocated at 22.58, and Mr de la Poer has been
 9 through the time in relation to the attack at the arena,
 10 just short of half an hour, but it was also 13 minutes
 11 after your colleagues in Stockport had been allocated to
 12 the arena attack. Can you assist with this: what
 13 communication, if any, did you have from Mr Beswick
 14 before allocation?
 15 A. To be honest, the only communication I had was what
 16 I overheard on the HART channel of the radio. He wasn't
 17 specifically contacting me.
 18 Q. Do you know how you were allocated and who determined
 19 it?
 20 A. I believe I was allocated the job by control in
 21 Manchester.
 22 Q. Was that because you phoned up control and said, "What's
 23 going on at the Manchester Arena"?
 24 A. To be honest, sir, I don't think I contacted them
 25 regarding the job. I believe, as I saw, obviously,

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1 emergency vehicles heading towards Manchester at the
 2 same time they then contacted me.
 3 Q. So this system as it existed really was reliant on you
 4 potentially making some efforts yourself and the EOC
 5 realising that you were separate from the rest of the
 6 HART team; is that right?
 7 A. I believe so, yes.
 8 Q. And as far as you were aware, and you can't speak for
 9 others, is that perhaps what led to the delay and you
 10 being allocated much later?
 11 A. I couldn't answer that question, sir, I don't know.
 12 Q. In terms of going forward then, do you think it would be
 13 better to have a system or arrangements whereby members
 14 of the HART team, if they are separated, as you were on
 15 the night, are independently contacted to let them know
 16 if there is a significant incident such as this?
 17 A. It was my belief that that system was already in place
 18 at that time.
 19 Q. And how did that work on the night then?
 20 A. Well, again, I don't know what the process was in
 21 control for that night; all I know is when I was
 22 allocated that job.
 23 Q. Perhaps we'll be able to explore that issue with someone
 24 else, Mr Devine.
 25 SIR JOHN SAUNDERS: I just want to go back because I'll

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1 forget otherwise. I'm concerned with perhaps
 2 a misconception creeping in. We've heard already that
 3 members of the HART team could be sent off on to a job
 4 which didn't require just -- I call it ordinary -- an
 5 ordinary emergency for an ambulance rather than
 6 something which required your special skills, because
 7 hopefully there aren't that many demands for your
 8 particular skills on a particular night.
 9 A. No, sir.
 10 SIR JOHN SAUNDERS: So you can be sent off -- is that what
 11 happened with the patient who you visited and decided
 12 didn't need to go to hospital? It was an ordinary job,
 13 if I can call it that?
 14 A. Yes, sir, at the time HART rapid response vehicles were
 15 utilised by NWS to carry out the standard emergency
 16 calls.
 17 SIR JOHN SAUNDERS: Right. So they got you to go, knowing
 18 that you were a HART team member?
 19 A. Yes, sir.
 20 SIR JOHN SAUNDERS: So they would have it on their schedule
 21 that you were separate from the team and they would need
 22 to contact you separately?
 23 A. Yes, sir.
 24 SIR JOHN SAUNDERS: Thank you, Mr Welch.
 25 MR WELCH: Thank you, sir.

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1 One issue in relation to that is that you,
 2 of course, were -- you are from Liverpool, aren't you,
 3 so you have said are not particularly familiar with
 4 Manchester?
 5 A. Yes, sir.
 6 Q. And that was part of the reason you ended up, with the
 7 satnav, why you went down a dead end, delaying your
 8 attendance at the Manchester Arena. Do you think that
 9 there would be any sense in, if you have a HART team
 10 member, such as yourself, who's from out of the area,
 11 when they are being sent, to team up with someone who is
 12 local if available?
 13 A. Could you repeat the question, please?
 14 SIR JOHN SAUNDERS: Double-manning you with someone local.
 15 A. But then that would tie up two people on one vehicle,
 16 sir, if it was a rapid response vehicle.
 17 SIR JOHN SAUNDERS: I don't think we're thinking of that.
 18 When the shift starts, you could have gone on the
 19 double-manned vehicle, which we know there was one,
 20 rather than going on the rapid response on your own.
 21 A. Yes, sir. As I said, obviously there's a satnav
 22 available on the vehicle which --
 23 SIR JOHN SAUNDERS: Which hopefully doesn't send you down
 24 a cul-de-sac.
 25 A. Hopefully it doesn't, sir.

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1 MR WELCH: Moving on to the next topic, if I can, Mr Devine,
 2 and that's communication. I don't know if you saw
 3 Christopher Hargreaves' evidence on Thursday, did you?
 4 A. I saw a portion of it.
 5 Q. He said he was struggling to get information from the
 6 control centre, he and Mr Beswick, whilst they were
 7 en route. Was that something that you also encountered?
 8 A. I'd agree with that statement, sir, yes.
 9 Q. You arrived at the scene at 11.14. I believe you said
 10 you were also delayed because you actually chose to
 11 speak to someone, a member of the public, to try and
 12 understand what had happened. Was that your evidence
 13 before?
 14 A. I wouldn't say it delayed me. I was speaking to this
 15 witness while I was getting my kit prepared.
 16 Q. What was your understanding, what information had you
 17 been provided with by the control centre by the time you
 18 got there at 23.14?
 19 A. The information I received was that there was an
 20 explosion of some sort, it could not be confirmed
 21 whether by accident or deliberate, there were numerous
 22 casualties and fatalities.
 23 Q. Did you receive any information as to what equipment
 24 might be needed by your colleagues who were already
 25 there?

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1 A. No, sir.
 2 Q. Or what kit would be of assistance and that you could
 3 take from your own vehicle?
 4 A. I don't recall seeing any message of that sort, sir.
 5 Q. Looking back now, and with the benefit of hindsight,
 6 what information do you think would have assisted you
 7 beforehand from the control centre?
 8 A. Numbers of casualties. Location of the incident. Then,
 9 as you say, if there was a shortfall of any equipment
 10 that was required on scene, that could be brought as
 11 well.
 12 Q. In relation to the equipment that you did put on, you
 13 did put ballistic protection on. Ms Vaughan this
 14 morning said it took her approximately 4 minutes to put
 15 on her equipment. Did you hear that earlier today?
 16 A. No, sir.
 17 Q. It would have taken her 4 minutes. If you had been
 18 given any further information as to what was happening
 19 or, more particularly, what you would be required to do
 20 when you entered Victoria Station, do you think that
 21 would have affected your decision in relation to putting
 22 on the ballistic equipment?
 23 A. No, sir, I'm comfortable in my decision to put that
 24 equipment on.
 25 Q. It's not being critical of you at all, Mr Devine; it's

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1 just whether it might have changed it one way or
 2 another.
 3 A. No, I believe that was the correct decision that I made.
 4 Q. When you went towards Victoria do you recall receiving
 5 any information from Dan Smith himself?
 6 A. No, sir, I don't recall receiving any information.
 7 Q. So, to the best of your recollection, it was Mr Beswick
 8 who was briefing you as to what to do? That's right, is
 9 it?
 10 A. That's correct, sir.
 11 Q. When you had set up the casualty collection point and
 12 when it was operating, who was in charge of it?
 13 A. I'm not sure exactly who was in charge of it, sir, at
 14 that time.
 15 Q. Do you know who was in charge of it throughout the
 16 night? Do you know who the casualty clearing officer
 17 was?
 18 A. No, sir.
 19 Q. It's not critical of you in any way, but would it be
 20 fair to say that there was a lack of identification via
 21 tabards by those in command positions within NWAS on the
 22 night?
 23 A. Yes, sir.
 24 Q. Who was directing you during your work in the CCP that
 25 became effectively the CCS? Who was directing you as to

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1 who you should treat?
 2 A. From recollection, casualties were brought down to the
 3 CCS or CCP, whatever you want to call it at that time,
 4 and you could say I was manning it with the assistance
 5 of other paramedics. So patients were brought to me as
 6 they were needed.
 7 Q. Just as they came down? Nobody was telling you that
 8 person needs more immediate attention than another?
 9 A. I think initially, the priority 1 casualties were being
 10 brought down, so as they came down, we were stabilising
 11 them and getting them ready for packaging and transport
 12 to hospital.
 13 Q. In that respect did you have any involvement in
 14 determining the priority by which people in the CCS were
 15 being put on to the ambulances?
 16 A. No, sir.
 17 Q. Did you know how it was determined which P1 casualties
 18 would be next in priority, because of course there were
 19 a number of P1s?
 20 A. I believe that triage was taking place further into the
 21 scene, so as they were coming to where I was working,
 22 they were then, as I say, stabilised, packaged and
 23 transported to hospital.
 24 Q. So you had no involvement in, you'll excuse the phrase,
 25 the loading of people, of casualties from the CCS on to

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1 the ambulances?
 2 A. I would say that if a patient's condition deteriorated
 3 while they were in the CCS with me, then through triage
 4 and priority they would — if they became more poorly,
 5 they would be obviously sent away first.
 6 Q. Were you receiving any further direction and instruction
 7 from Mr Beswick whilst you were engaging in the
 8 treatment in this area?
 9 A. From recollection, there was obviously communication
 10 backwards and forwards with the team leader. The actual
 11 specifics, I can't remember at this point, sir.
 12 Q. Can I just ask you — before we move on to your slides,
 13 I want to pick up one matter in relation to stretchers
 14 arising out of your answers earlier. You said that part
 15 of the difficulty with stretchers in your reflections
 16 is that it would take training, potentially, or
 17 instruction for someone to be able to operate them
 18 safely. That's correct in relation to spinal board
 19 stretchers, isn't it, but it's less of a consideration
 20 in relation to scoop stretchers, is it not?
 21 A. I think there still needs to be an element of securing
 22 with a scoop stretcher. Although obviously a casualty
 23 can sit in there and lay in them, there's still an
 24 element of them being unsecured unless a spine strap
 25 system is used. Again you'd need to know this.

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1 Q. It might be an obvious point, but someone who's on an
 2 advertising board is not going to be particularly secure
 3 there, are they?
 4 A. No, they are not, sir.
 5 Q. And when you saw the advertising boards being used, did
 6 it not strike you that part of the problem was that they
 7 were extremely labour intensive in that it took a number
 8 of police officers and members of the public to be able
 9 to carry someone out on one of the advertising boards?
 10 A. Yes, that's correct, sir, but also with the stretchers,
 11 to lift a casualty you'd be looking at between four and
 12 six staff as such to do that as well. So it is
 13 a labour-intensive evolution.
 14 Q. We might hear more about that later, but just one final
 15 point in relation to stretchers: weren't there canvas
 16 stretchers available in the public support unit?
 17 A. They are there, yes.
 18 Q. These canvas stretchers are deliberately designed,
 19 aren't they, to be extremely easy to use so that members
 20 of the public can use them?
 21 A. I believe they are, yes.
 22 Q. Thank you. Can I please ask, when we talk about
 23 reflection, that we have your slides up, which is
 24 {INQ023453/1}. I'd ask Mr Lopez, please, to start at
 25 {INQ023453/10}.

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1 There's no note for these slides at all, I'm not
 2 critical of that, but I just want to explore what you
 3 were communicating and what your thoughts were at the
 4 time.
 5 This slide says, "Back to the CCP", and that is
 6 after you had been up to the City Room to see
 7 Mr Hargreaves and Ms Vaughan.
 8 Can we now go on to the next slide, slide 2
 9 {INQ023453/11}?
 10 "More Scousers arrive." By this, are we to take it
 11 that what you're referring to here is the arrival of the
 12 Merseyside and Cheshire HART team?
 13 A. That's correct, yes.
 14 Q. Can we go to the next page, please? {INQ023453/12}.
 15 It's rather faint, but it seems that the bullet
 16 point there was:
 17 "Turn the tide."
 18 Is that right?
 19 A. That's correct, yes.
 20 Q. Just looking at this sequence of events that you were
 21 describing when giving this presentation, the Merseyside
 22 team, and this is not in any way critical of you, your
 23 colleagues or of the Merseyside team. Would it have
 24 been beneficial, do you think, to have the Merseyside
 25 team at Victoria Station before they actually attended?

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1 A. Sorry, you lost me with that question. Could you repeat
 2 that, please?
 3 Q. Looking back now, in your opinion, would it have been
 4 beneficial to you and your colleagues to have the
 5 Merseyside HART team in attendance at Victoria Station
 6 and the arena sooner than they did arrive?
 7 A. You broke up. Was that sooner than they arrived?
 8 Q. Yes.
 9 A. Yes, obviously when more members of HART turned up, it
 10 made the response a lot easier, particularly in what
 11 then had become the casualty clearing station, in the
 12 manning of that, and also officers were then going into
 13 the station and then bringing casualties to the casualty
 14 clearing station. It worked well, and as I say, that
 15 presentation -- they were just bullet points to help me
 16 obviously deliver a very brief presentation to
 17 colleagues. So yes, it felt that, as I said, we began
 18 to turn the tide of the incident.
 19 Q. And that was because you had more experienced HART
 20 members turn up; is that right?
 21 A. That's correct, yes.
 22 Q. Picking up on the point that the chairman was raising
 23 before, had the HART Merseyside team got to Victoria
 24 earlier, perhaps even earlier than you, they, even
 25 allowing for the allocation of resources so that not

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1 everyone is sent there, members of that team could
 2 potentially have gone to the City Room to assist,
 3 couldn't they?
 4 A. If they'd been allocated the job, then yes, they would
 5 have improved the response of HART.
 6 Q. Moving on to a separate topic, just again in relation to
 7 reflections, there was a debrief, wasn't there, that you
 8 attended, as the other HART team attended, and also
 9 advanced paramedics. Have you seen that document within
 10 the bundle?
 11 A. I have seen that document but I'm not entirely sure
 12 I actually attended that debrief.
 13 Q. Okay. I'll try and deal with it as briefly and as
 14 sensitively as possible to see if some of the themes
 15 that came out you can identify and assist us with.
 16 One of the matters that was raised -- and, sir, the
 17 document -- I'll just give the document reference, if
 18 I can, but not ask for it to be put up yet.
 19 {INQ020622/4}. There's an entry made by what
 20 appears to be a member of the Liverpool HART team
 21 saying:
 22 "People were over-triaged initially."
 23 Is that something that you recall happening?
 24 A. I don't really feel I'm in a position to comment on
 25 that, that particular comment, because I didn't see any

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1 over—triage. That's obviously an individual's opinion
 2 and it wasn't mine.
 3 Q. Well, that's your answer, thank you, Mr Devine. There's
 4 also a comment that there were some disagreements
 5 between advanced paramedics and HART on triage category
 6 because HART used NASMeD, whereas the APs used their
 7 clinical belief. Did you encounter any disagreements on
 8 triage categories?
 9 A. It may have happened, sir, but I was not aware of any.
 10 Q. Okay.
 11 SIR JOHN SAUNDERS: Do you use different criteria?
 12 A. I believe, sir, on the night we were using the SMART
 13 triage. I'm not sure what the advanced paramedics were
 14 using.
 15 SIR JOHN SAUNDERS: So you can't say? Yes, okay, thank you.
 16 MR WELCH: The final issue I want to address, very briefly,
 17 with you, and without referring to that debrief, is
 18 in relation to the drugs that were used on the night.
 19 Is it the case that there were any problems with the
 20 amount of TXA, for example, or morphine that was
 21 available? Did you encounter that?
 22 A. I'm not sure about TXA, but I know with regards to
 23 morphine there were a lot of requests for it, which
 24 I was lucky enough, I had plenty of supply with me,
 25 I was able to give them out. It may have been an issue

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1 that there wasn't enough morphine at the scene of the
 2 incident.
 3 Q. On that topic, there was one specific comment:
 4 "Needed NCMCV..."
 5 Which is the national mass casualties vehicle:
 6 "... as drugs such as ketamine/morphine needed at
 7 point of injury and within CCP."
 8 Do you think that there would have been a benefit
 9 in that regard if the mass casualty vehicle had been
 10 sent to the arena?
 11 A. I think there's always a benefit with the more kit
 12 you've got to assist in your response.
 13 SIR JOHN SAUNDERS: (Overspeaking), what are you going to
 14 use it for?
 15 A. Exactly, sir.
 16 MR WELCH: Mr Devine, thank you very much and, on behalf of
 17 the family members that I represent, thank you very much
 18 for your efforts on 22 May.
 19 Thank you, sir.
 20 SIR JOHN SAUNDERS: Thank you, Mr Welch.
 21 MR DE LA POER: I have had an indication from Ms Roberts
 22 that she has no questions for this witness and that
 23 being the case, that, so far as I am aware, concludes
 24 Mr Devine's evidence, unless you have any questions.
 25 SIR JOHN SAUNDERS: I don't, thank you very much. I'm very

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1 grateful for your evidence.
 2 MR DE LA POER: That also concludes the live evidence for
 3 today. So can I invite you, sir, please to adjourn
 4 until 10 o'clock tomorrow.
 5 SIR JOHN SAUNDERS: I personally am grateful for the fact
 6 that we're finishing a bit early because I know there
 7 are lots of things still to be done and it gives us the
 8 chance to get on with them in the meantime and I will
 9 see everybody else -- not you, Mr Devine -- here at
 10 10 o'clock tomorrow morning.

11 (3.09 pm)

(The inquiry adjourned until 10.00 am on Tuesday, 23 March 2021)

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