

OPUS2

Manchester Arena Inquiry

Day 81

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Opus 2 - Official Court Reporters

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1 A. Correct.
 2 Q. At that stage had you qualified as an emergency
 3 technician?
 4 A. Correct.
 5 Q. But did you then qualify in the more senior role as
 6 paramedic in 2000?
 7 A. That's right.
 8 Q. Is it the position that in May 2017, you were not
 9 a member of the Hazardous Area Response Team?
 10 A. That's correct.
 11 Q. Had you ever been a member of HART?
 12 A. Never.
 13 Q. We know from materials available to the inquiry that you
 14 had been trained as a paramedic and the training that
 15 you had most recently received, and indeed have most
 16 recently received, is set out in a document, for which
 17 I'll give the INQ reference but will not display on
 18 screen: {INQ040258/1}.
 19 We don't need to go through that, but I will ask you
 20 this important question: as of 22 May 2017, did you
 21 consider that you were adequately trained as
 22 a paramedic?
 23 A. Yes.
 24 Q. Did you consider that you were adequately trained for
 25 the challenges that confronted you on the night of the

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1 arena attack?
 2 A. Yes.
 3 Q. As of that date, were you aware of the principles in
 4 what we know is called JESIP?
 5 A. Of course.
 6 Q. At that stage, what did you understand JESIP meant?
 7 A. Joint emergency services interoperability plan.
 8 Q. What did that require of an emergency service such as
 9 yours?
 10 A. That we liaise with other services in a major incident
 11 plan to be the most effective emergency response in any
 12 major incident.
 13 Q. On the night of the attack, in your view and based upon,
 14 of course, the experiences that you had, did JESIP work?
 15 A. No.
 16 Q. Why not?
 17 A. Because there didn't seem to be any official
 18 communication with Greater Manchester Fire and Rescue
 19 Service.
 20 Q. And that's an issue I'll come back to.
 21 On the night of the attack, were you aware of the
 22 concept of a marauding terrorist firearms attack,
 23 an MTFA?
 24 A. Yes.
 25 Q. Had you received training in how to respond to such an

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1 incident?
 2 A. The basic training for my level as a paramedic is "See,
 3 tell, act", but I had received training in the March of
 4 that year, I think.
 5 Q. You say it was "See, tell, act"? Could you explain in
 6 a few sentences what that meant, please?
 7 A. You see it's a marauding terrorist attack, you report
 8 it's a marauding terrorist attack, and then they act
 9 upon that information with the specialist teams. So
 10 I would not be dealing with that incident because I'm
 11 a part-time paramedic. That would be for specialist
 12 teams within Greater Manchester Fire and Rescue Service
 13 and the Ambulance Intervention Teams within the
 14 Ambulance Service as well as armed police.
 15 Q. I'm going to ask you a little bit more about that in one
 16 moment, but first, had you trained with other emergency
 17 services in how the response to an MTFA ought to take
 18 place?
 19 A. No.
 20 Q. In May 2017, did you know what Operation Plato was?
 21 A. No.
 22 Q. Were you aware at any stage on the night of the attack
 23 that Operation Plato had been declared?
 24 A. Never.
 25 Q. Am I right from what you have said to us so far that had

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1 anyone said that to you, in any event you wouldn't have
 2 known what it meant?
 3 A. I would have told them to use plain English so it would
 4 be clearer to me what that meant.
 5 Q. In May 2017, did you understand the concept of major
 6 incident plan zoning?
 7 A. I did, yes.
 8 Q. In notes that you made very shortly after the event, you
 9 referred to a red zone; what did you mean by that?
 10 A. Sorry, that was my own personal notes, that was the
 11 morning after the attack. I made those notes that
 12 morning and it was just for my own personal notes.
 13 I was referring to the casualty clearing station, which
 14 in official terms I should have referred to as a warm
 15 zone. So apologies for that misunderstanding.
 16 Q. I'm sure you don't need to apologise.
 17 Can I say to Mr Dunlay, we've got a very irritating
 18 repeat of my voice within this room. Irritating for me
 19 at any rate. I don't know if anything can be done about
 20 that.
 21 Are you getting the same thing, Mrs Mottram, at your
 22 end?
 23 A. No.
 24 Q. So the red zone was the area of the station concourse?
 25 A. The casualty --

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1 Q. (Overspeaking). I'm certain that you don't need to
 2 apologise for using that terms. Did other colleagues
 3 sometimes use that term, red zone, or was that something
 4 personal to you?
 5 A. Sorry, that was just my own notes. I'd had a horrific
 6 evening and my notes probably didn't -- it probably
 7 wasn't as ... The terminology probably wasn't on my mind
 8 at that stage.
 9 Q. So what we'll do is we'll stick for the time being, at
 10 any rate, with the terms that you were familiar with,
 11 deriving from the NWAS major incident plan, so cold,
 12 warm and hot zones.
 13 What zones were you trained and equipped to work in?
 14 A. Well, officially, probably cold zone or ... Probably...
 15 Definitely not a hot zone. I'm not a Hazardous Area
 16 Response Team, I've not got that training, nor that
 17 level of PPE to work within that area, unfortunately.
 18 Q. I'm keen to understand what your understanding was on
 19 the night of the attack. Did you understand that you
 20 were trained and equipped to work in a warm zone or
 21 didn't you know?
 22 A. Officially, the HART team would be working within that
 23 area and the specialist teams would be working within
 24 a hot zone as well, with the specialist teams and the
 25 HART in ballistic suits. But I was doing my own zoning

1 on that night for my own personal safety, so
 2 I recognised that the blast area was a hot zone,
 3 therefore I would not be allowed to enter that area.
 4 Q. I'm very keen to be clear about your understanding on
 5 the night. Let's break the geography of the arena and
 6 the station down into three areas. We've got the
 7 City Room, where the explosion had taken place. To your
 8 mind on that night, what was that zone?
 9 A. A hot zone.
 10 Q. We then have the overbridge that leads from the
 11 City Room down, via a staircase, to the station
 12 concourse. The overbridge, to your mind, what was that
 13 zone?
 14 A. A warm zone.
 15 Q. And then we have the station concourse area, which is,
 16 as we are going to discover, where you worked that
 17 night. How would you describe that zone?
 18 A. I personally would refer to it as a warm zone.
 19 Q. I appreciate it may not have worked out like this, but
 20 on the night did you consider that you were trained to
 21 work in a warm zone?
 22 A. Sorry, can you repeat that question?
 23 Q. Yes, certainly. On the night did you consider that you
 24 had been trained to work in a warm zone?
 25 A. I was working within the casualty clearing station,

1 which I'd classed as a warm zone.
 2 Q. I understand where you were working. My question is
 3 a slightly different one: what we've understood from you
 4 and from other witnesses is that the paramedics who were
 5 trained to operate in a hot zone would be members of the
 6 Hazardous Area Response Team, of which you were not
 7 a member.
 8 A. Yes.
 9 Q. You ended up working that night, not in a hot zone, but
 10 in a zone that you regarded as being a warm zone. My
 11 question is: on that night, did you consider that you
 12 had been trained to work in a warm zone or,
 13 alternatively, were you working in an area that you had
 14 not been trained to work in?
 15 A. I had no official zoning told to me by anyone at any
 16 point. That was just the zoning I'd done in my own
 17 head, out of my own dynamic risk assessment I made on
 18 that night. That's just where we ended up working
 19 within that casualty clearing station, which I'd
 20 personally classed as a warm zone.
 21 Q. I'll just ask one more question about it -- this isn't
 22 your fault -- and then we'll move on. In the training
 23 that you had received, am I right that someone had said
 24 to you, "You are not to enter a hot zone"?
 25 A. Yes.

1 Q. Had you been told during the course of that training,
 2 "You can, however, enter and work within a warm zone"?
 3 A. I'm not entirely sure.
 4 Q. Well, if you're not sure, that's the right answer.
 5 I will move on.
 6 You can perhaps agree that -- Mr Dunlay, we still do
 7 have in this room a noise which is highly distracting.
 8 (Pause)
 9 MR GREANEY: Sir, thank you very much indeed. I'm sorry for
 10 that disruption. I'm now going to ask that we link back
 11 to the witness.
 12 You've obviously changed your position within the
 13 room, Ms Mottram. Can I make clear that my irritation
 14 was most certainly not directed at you, but instead was
 15 directed at the system. Are you able to see me and hear
 16 me now?
 17 A. Yes.
 18 Q. Let's just recap where we were. You had explained to me
 19 that you considered that night that you were working in
 20 a warm zone and you were unsure whether your training
 21 entitled you, let me put it that way, to work in such an
 22 area. May I ask you, do you agree that it would have
 23 been rather better if your training had made clear to
 24 you the areas that you could and could not work in?
 25 A. Yes.

1 Q. Let's move to 22 May.
 2 A. Sorry, can I just come back to that point?
 3 Q. Of course you can, yes.
 4 A. About the zoning, did you mean it would have been
 5 clearer to me if I was aware of the official zoning?
 6 Q. Well, I've no doubt it would have been better if you had
 7 been clear about the official zoning, if indeed there
 8 was any official zoning, but in fact I was asking you to
 9 deal with a different point, which was this: as I'd
 10 understood your evidence, you were saying that your
 11 training had not informed you, at least so far as you
 12 understood it, about whether you should or should not
 13 have been working in a warm zone. And I was inviting
 14 you to agree, if you do agree, that that doesn't seem
 15 like a very satisfactory state of affairs.
 16 A. No, sorry, the point I'm wanting to get across is
 17 I would not normally work in a warm zone, that would be
 18 for Hazardous Area Response Teams, but the thing I'm
 19 tripping myself up on is I've zoned it in my own head,
 20 I don't know of the official zoning which was done on
 21 that night. That's just my version of how I've zoned it
 22 as a warm zone. I don't know if it was officially zoned
 23 as a warm zone, if that makes sense.
 24 Q. I think so, yes. So really, the question then becomes
 25 a simple one: did you think that night that you were

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1 working in a zone that it was appropriate for you to
 2 work in or not appropriate for you to work in?
 3 A. I'd classed it as a warm zone with it being a terrorist
 4 attack, being so close to the hot zone, where an
 5 explosion had taken place in regards to a terrorist
 6 attack.
 7 SIR JOHN SAUNDERS: I think we'll move on.
 8 MR GREANEY: Let's move on to 22 May. On that night, were
 9 you working a night shift from 7 pm until 7 am?
 10 A. Yes.
 11 Q. Were you based at the ambulance station in Stockport?
 12 A. Yes.
 13 Q. But were you instructed to deploy to Sharston Ambulance
 14 Station?
 15 A. That's correct.
 16 Q. Is that ambulance station in Wythenshawe?
 17 A. Yes.
 18 Q. And is it therefore about 7.5 miles to the south of
 19 Victoria Railway Station?
 20 A. Yes.
 21 Q. Were you crewed with Kerry Brown?
 22 A. Correct.
 23 Q. Was she someone that you knew?
 24 A. No.
 25 Q. But did you know that she was by rank, if that's the

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1 right way of putting it, a qualified emergency medical
 2 technician?
 3 A. Yes.
 4 Q. Or an EMT?
 5 A. Correct.
 6 Q. And did you become aware that she had joined the
 7 Ambulance Service in Christmas of 2016?
 8 A. That's correct.
 9 Q. One of the things that appears from the evidence that
 10 you may or may not be able to help with is that there
 11 appear to be different grades of emergency medical
 12 technician. Were you aware of that?
 13 A. Yes.
 14 Q. What are those different grades?
 15 A. EMT1 and EMT2.
 16 Q. In very simple terms, are you able to help us with what
 17 an EMT2 can do that a 1 can't do and what a paramedic
 18 can do that an EMT2 can't do, if that makes sense?
 19 A. EMT1s are your lower grade technician, emergency medical
 20 technician. The EMT2 is able to give additional drugs
 21 such as salbutamol, aspirin and GTN and they are more
 22 experienced staff. The paramedic has additional skills
 23 of giving advanced drugs and additional skills of
 24 intubation and cannulation and obviously they're more
 25 experienced with their training.

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1 Q. Would all members of the Ambulance Service, whether
 2 EMT1, EMT2, paramedic or advanced paramedic, would all
 3 of those people be expected to know how, for example, to
 4 apply a tourniquet?
 5 A. I'm not sure, to be honest. I would have thought so.
 6 Q. On that night, 22 May, what role were you performing?
 7 A. Paramedic.
 8 Q. Were you assigned to a particular ambulance?
 9 A. Yes (overspeaking).
 10 Q. I was going to say, was the call sign A436?
 11 A. Correct.
 12 Q. That night, did you become aware of an incident at the
 13 arena at a time that you believe to have been
 14 22.36 hours?
 15 A. Around about that time, yes.
 16 Q. Where were you when you became aware of the incident?
 17 A. Wythenshawe Hospital.
 18 Q. In what way had you become aware of the incident?
 19 A. It had come to our MDT screen in the ambulance, making
 20 us aware of a bomb gone off, I think it was on the
 21 screen, at the Manchester Evening News Arena.
 22 Q. At that stage, were you formally deployed from
 23 Wythenshawe Hospital to the arena?
 24 A. Correct.
 25 Q. Did you therefore immediately leave Wythenshawe Hospital

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1 and start to make your way to the arena?
 2 A. Correct.
 3 Q. The movements of your ambulance, as you'll be aware, are
 4 recorded in an NNAS document, and again we don't need it
 5 on the screen, I'll just give the reference for the
 6 transcript. It's {INQ040368/1}.
 7 That document records that you were recorded as
 8 clear at 22.37.07. Does that mean that you were clear
 9 of the incident that you had been attending at
 10 Wythenshawe Hospital?
 11 A. Correct.
 12 Q. Fifty seconds later, at 22.37.57, you were recorded as
 13 allocated to the arena incident and therefore expected
 14 to deploy there?
 15 A. Correct.
 16 Q. And you are recorded as mobile at 22.38.11. Does that
 17 mean that you were on your way to the arena at that
 18 stage?
 19 A. Correct.
 20 Q. On the way, did you and Kerry discuss what you were
 21 going to or might be going to?
 22 A. Correct.
 23 Q. Can you recall what was said between the two of you?
 24 A. Kerry was quite anxious that she'd never been to an
 25 explosion before. I was concerned about our safety.

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1 I was reassuring Kerry, saying hopefully we won't be on
 2 scene first, but I knew myself that could quite
 3 possibly — we could be because we're a very busy
 4 Ambulance Service, we have a lot of operational demands
 5 on the service. Mondays are always typically busy for
 6 us. I'd asked Kerry to Google what was on at the arena.
 7 She actually told me it was Take That, so I was
 8 expecting middle-aged women as an audience.
 9 I was concerned about secondary devices and I was
 10 just telling her what we were going to think about,
 11 safety, and we'd be given an RVP. I was expecting
 12 an RVP to come through quite quickly.
 13 Q. Let's deal with that. So the two of you were discussing
 14 how to deal with that, you were seeking to ease her
 15 anxiety, and finding out some information about what was
 16 occurring at the arena that night, albeit, as it turned
 17 out, you were misinformed.
 18 On the way to the arena, did you pass a message to
 19 control?
 20 A. Correct.
 21 Q. We know from the records that that was timed at
 22 22.48.46. Am I correct that you have recently listened
 23 to that message?
 24 A. That's correct.
 25 Q. We won't play the message, but what I'm going to ask

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1 is that we put the transcript on the screen. We'll read
 2 through it together. Some of the words are recorded as
 3 inaudible, but I think you'll be able to fill in the
 4 blanks.
 5 Mr Lopez, on the screen, please, {INQ039227/1}.
 6 This is your call. 436:
 7 "Alpha 436. Any other details, please?"
 8 And so was this you seeking further information
 9 about what you were going to at the arena?
 10 A. Yes.
 11 Q. Control:
 12 "436 go ahead."
 13 And you then asked:
 14 "Yeah, have you got any more details on this job,
 15 please?"
 16 And control reply:
 17 "Yeah, apologies 436. Basically we're thinking this
 18 is a nail bomb. If you can hang fire at Miller Street,
 19 don't block the fire station, we'll try and update you
 20 further, but we're thinking up to now, 60-plus
 21 casualties, British Transport Police on scene there. No
 22 active shooter as far as we're aware, but yeah, we're —
 23 we've got quite a few ambulances obviously going to be
 24 standing by where you are. We've got AP as well
 25 allocated to this ... "

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1 AP being?
 2 A. Advanced paramedic.
 3 Q. "... and obviously HART as well."
 4 And you replied:
 5 "That's great, thank you."
 6 Control:
 7 "Thanks very much. By all means just don't go to
 8 the arena. Go straight to ..."
 9 And there's an inaudible and the call cuts off.
 10 Were you able to hear what was said?
 11 A. No, not at that stage.
 12 Q. "Just await obviously further instructions, thank you."
 13 You're then recorded as saying:
 14 "Where is Miller Street in regards to
 15 Thompson Street Fire?"
 16 A. Yes.
 17 Q. Was it your understanding by that stage, from perhaps
 18 something that isn't audible, that the RVP was the
 19 Thompson Street fire station?
 20 A. I'm not sure at that stage, but when she said
 21 Miller Street, I knew there was no fire station on
 22 Miller Street because my husband has worked at
 23 Thompson Street Fire Station before and it's known as
 24 Manchester Central or Thompson Street Fire Station. So
 25 I wondered what she was referring to with Miller Street

20

1 and a fire station.
 2 Q. And control then replies:
 3 "Yeah, I think it's junction of -- it's just
 4 basically, it's just ... If you go to Thompson Street
 5 and then you'll see all the crews there, but obviously
 6 just stay away from that centre. Stay as far away as
 7 you can from it."
 8 What did you understand from that?
 9 A. I think she meant stay away from where Manchester
 10 Evening News Arena -- because obviously the satnav was
 11 taking me straight to the arena, whereas it should have
 12 been updated to the RVP, so no crews were putting
 13 themselves in danger until we had armed police on scene.
 14 Q. So it looks as if, one way or another, you knew that you
 15 were to deploy to the RVP at Thompson Street
 16 Fire Station as opposed to going directly to the arena?
 17 A. Yes, I was unsure if it was -- initially I was unsure if
 18 it was Miller Street and I was thinking Miller Street
 19 was the junction of -- I think it's with
 20 Corporation Street. So that's quite far down, that was
 21 near the Co-op Bank. So I was going to Thompson Street
 22 Fire.
 23 Q. And you are then recorded as replying, and I think
 24 you'll be able to help us with this. It reads:
 25 "It's quite an RV -- it's quite a close RVP, though,

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1 isn't it, to the arena there?"
 2 So what is it that you believe you in fact said at
 3 that point in the conversation?
 4 A. That is correct, that's what I said, but I was referring
 5 to Miller Street because I'd worked out where
 6 Miller Street was in my head then. But I was happy with
 7 Thompson Street Fire Station, so that's where I went to.
 8 Q. So I understand, did you -- and Mr Suter, we've still
 9 got feedback here in the hearing room, but I dare say
 10 there's nothing to be done about it.
 11 Is the point you were making in the call that you
 12 thought you were being deployed to an RVP that was
 13 rather closer to Thompson Street Fire Station?
 14 A. Yes, I thought, when she said Miller Street, I thought
 15 she was telling me Miller Street, you know, she said
 16 Miller Street and Thompson Street. I didn't think the
 17 two were near each other when she said about the
 18 fire station. So it was Thompson Street Fire Station
 19 that I understood I was then to go to.
 20 Q. And you'd thought that Miller Street was too close
 21 an RVP, too close to the arena, but that Thompson Street
 22 Fire Station was appropriate?
 23 A. Yes.
 24 Q. And control then say:
 25 "That's where they've told us to RVP, so yeah,

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1 I mean, that's all I can pass, I'm afraid, sorry."
 2 And you say:
 3 "No, that's great, thank you."
 4 And Mr Lopez, we can take that from the screen,
 5 please.
 6 So in the result, the rendezvous point was
 7 Thompson Street, which, as we know, is just under a mile
 8 away from Victoria Railway Station and to the east of
 9 the station. And did you then go to Thompson Street
 10 Fire Station?
 11 A. Yes, I did.
 12 Q. We know from the same records to which I have already
 13 referred that you arrived at the rendezvous point at
 14 22.53.43. When you arrived at the fire station, what
 15 were you confronted with?
 16 A. There were two vehicles already present, if I remember
 17 correctly. We were the third vehicle in attendance. At
 18 that point, we got out of the vehicles and I asked the
 19 person I now know to be called Garry, who was the
 20 attendant in the first vehicle, to start creating a log
 21 of ambulance call signs and skill mix at that stage.
 22 Q. Did you suggest to the other ambulance crews who were
 23 there that they should equip themselves with anything?
 24 A. Yes, I told them to stock up on tourniquets, gloves and
 25 bandages, with it being an explosion. I told them the

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1 information I had received from control at that point,
 2 making them aware, and I wanted us to swap (inaudible)
 3 numbers, which is like a point to point on the handheld
 4 radios if we were to be separated as a crew and I also
 5 asked about the SMART triage packs, that we make sure we
 6 get them and we collect them together, which the crews
 7 were doing at that point.
 8 Q. So you were the third crew to arrive there?
 9 A. Yes.
 10 Q. Does it follow from that that by the time you arrived,
 11 there were six members of ambulance staff at
 12 Thompson Street Fire Station?
 13 A. I'm not sure if there were some students on board
 14 people's vehicles, but yes, six qualified personnel.
 15 Q. So six qualified and maybe some additional students as
 16 well?
 17 A. Possibly.
 18 Q. Whilst you were there, and I'll come back to what you
 19 said to people there in a moment, did other vehicles
 20 arrive at the RVP?
 21 A. They did.
 22 Q. Are you able to remember how many other vehicles
 23 arrived?
 24 A. I think there was just two more, I think. There was
 25 five of us, five crews.

24

1 Q. So are we talking about ten qualified people plus,
 2 in addition, potentially some students as well?
 3 A. Correct.
 4 Q. So am I right that we have for a period of time, at any
 5 rate, a number of paramedics and other members of
 6 ambulance staff, numbering ten or more, who were at
 7 Thompson Street and did not deploy immediately to the
 8 arena?
 9 A. We were waiting for further information from control.
 10 Q. I believe what you were saying to us is that even at
 11 that stage, you were aware that this might well be
 12 a mass casualty incident?
 13 A. Yes.
 14 Q. That you might well be confronted with patients who had
 15 suffered shrapnel-type injuries?
 16 A. Yes.
 17 Q. And that as a result, it was important that everyone
 18 should stuff their pockets with gloves, bandages and
 19 tourniquets?
 20 A. Yes.
 21 Q. Of the other members of staff who arrived at the RVP
 22 after you, was one of them someone that you recognised
 23 and knew to be Jo Hedges?
 24 A. Yes. I didn't know Jo but I knew of Jo from being at
 25 hospitals.

25

1 Q. Did she therefore become the most senior member of staff
 2 present at the RVP?
 3 A. She did.
 4 Q. In short, did she take charge?
 5 A. To be honest, Jo had only been there a few minutes, and
 6 we were working together, we were all collecting the
 7 triage cards. It was myself who said to the crews,
 8 [REDACTED]
 9 [REDACTED]
 10 [REDACTED]
 11 A. No, when we get to scene. Sorry, I'm not sure if that's
 12 sensitive information, that.
 13 SIR JOHN SAUNDERS: Well, we've heard it already actually
 14 from another witness. [REDACTED]
 15 [REDACTED].
 16 A. Okay.
 17 MR GREANEY: While you were at Thompson Street Fire Station,
 18 did you speak by telephone to your husband?
 19 A. Yes, I did.
 20 Q. And the inquiry has heard from him, Nicholas Mottram,
 21 who, as we know, is a crew manager with the Fire and
 22 Rescue Service. How soon after your arrival at
 23 Thompson Street did you speak to him?
 24 A. Obviously, I was briefing the crews first and then
 25 I thought it was important to get back in touch with my

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1 husband. This was the second phone call I'd made to
 2 him. But I just wanted to make him aware of the
 3 information I had and my main concern was that both of
 4 us were working that evening during a terrorist attack,
 5 young children at home in bed being looked after by
 6 a grandparent, so I wanted to make Nick and his
 7 colleagues fully aware of the situation. I was thinking
 8 of previous attacks in Europe at that stage.
 9 Q. What your husband recalled, is as you plainly recall,
 10 two calls. One really shortly after you arrived at the
 11 rendezvous point and one just as you were departing the
 12 rendezvous point. Does that accord with your
 13 recollection?
 14 A. No, sir, one was from Wythenshawe Hospital, I've dialled
 15 my husband up straightaway on speed dial, had him on
 16 speakerphone, relaying, asking him if he knew about
 17 a bomb going off at the arena and he had been deployed
 18 to Gorton that night, so I was expecting him to be
 19 deploying to the arena with it being an explosion at
 20 that stage. And again, a second call at the rendezvous
 21 point when I was at Thompson Street Fire Station.
 22 Q. What your husband recalled in relation to that second
 23 call -- this is Day 70, page 12 {Day70/12:1} -- was that
 24 you told him that it had been confirmed that there was
 25 some form of nail bomb, that there were several

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1 fatalities, and at least 60 casualties. Does that
 2 accord with your recollection of that call?
 3 A. It does, yes.
 4 Q. In due course, were you deployed from the rendezvous
 5 point to the arena?
 6 A. We were, yes.
 7 Q. From records, we know that you left at 23.06.16. So it
 8 follows that you were at the rendezvous point for about
 9 12.5 minutes.
 10 A. Yes.
 11 Q. Where were you told to go to in relation to the arena?
 12 A. I think the radio message said Hunts Bank.
 13 Q. Is that where you went?
 14 A. I followed the convoy. I'd asked for Jo to go at the
 15 front of the convoy with her being most senior, but
 16 I just followed the convoy to where we ended up, which
 17 was outside Victoria Station. Sorry, I can't think of
 18 the road.
 19 Q. Station Approach, probably. We know that you arrived at
 20 23.09.12, so it took you just under 3 minutes to travel
 21 from the rendezvous point to the station. Does that
 22 seem about right?
 23 A. That's right.
 24 Q. When you arrived at the station, and before you entered,
 25 what was the situation that you were confronted with?

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1 A. When we were pulling up, I'd already seen that we had
 2 two rapid-response vehicles there. I was aware of
 3 Derek Poland's car because I used to work at Sharston
 4 and Derek Poland was my ops manager, so I know what car
 5 he drives. Derek was there in the road and we all got
 6 out of the vehicles and did a huddle around Derek, but
 7 it was one of chaos and confusion, lots of injured
 8 patients on the pavement at that stage.
 9 Q. Let's just break that down. When you arrive, there are
 10 two other ambulances already present. You see
 11 Derek Poland's vehicle.
 12 A. Response cars.
 13 Q. Response cars. And you were able to see other people,
 14 obviously concertgoers, in the street; is that correct?
 15 A. Yes.
 16 Q. And were some of them clearly suffering with injuries?
 17 A. They were.
 18 Q. I think you said that you huddled around Derek Poland?
 19 A. Derek Poland, yes.
 20 Q. Was he the NWAS operations manager?
 21 A. He was.
 22 Q. What was said in that initial huddle?
 23 A. Derek gave a really clear briefing, but to be honest,
 24 there was a lot of information there. At this moment in
 25 time, the only thing I've documented in my notes was

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1 that the scene couldn't be guaranteed safe and he needed
 2 volunteers.
 3 Q. Just so that I can understand, I think what you're
 4 saying to us is that Derek Poland gave a comprehensive
 5 briefing?
 6 A. Yes.
 7 Q. But that what you noted in the notes you made the next
 8 morning, and have transferred into your witness
 9 statement, is him saying to those who were present
 10 something along the lines of, "I don't know if it's safe
 11 inside"?
 12 A. Correct.
 13 Q. Did he also tell you that there were, however,
 14 casualties?
 15 A. Yes.
 16 Q. And you recalled that he had said that he needed
 17 volunteers?
 18 A. Correct.
 19 Q. On him saying, "We need volunteers", what did you do?
 20 A. I put my hand straight up.
 21 Q. At that stage, did you know what you were volunteering
 22 for?
 23 A. I did not -- to help, to help.
 24 Q. But on volunteering, did Derek Poland tell you that you
 25 were to have a particular role?

30

1 A. He did. He pointed at me with my hand being up and
 2 said, "Triage officer". Derek would know I'm an
 3 experienced paramedic because he used to be my ops
 4 manager at Sharston Ambulance Station when I worked
 5 there, so he (inaudible: distorted).
 6 Q. I am sorry, Mrs Mottram. Did you want to add something?
 7 A. No, no.
 8 Q. At that stage, when you were allocated to the role of
 9 triage officer, what did you anticipate was going to be
 10 expected of you?
 11 A. To triage patients.
 12 Q. To your mind, what was that going to involve you doing?
 13 A. Well, I knew the patients on the pavement were not my
 14 immediate priority because they were -- most of them
 15 were walking wounded, P3s, so I knew I needed to enter
 16 Victoria Station.
 17 Q. So was it your understanding that the role you'd been
 18 given was one that was going to involve you entering the
 19 station?
 20 A. Correct.
 21 Q. And carrying out an initial triage of casualties in
 22 order to determine the seriousness of their condition?
 23 A. Correct.
 24 Q. And doing that based upon the scale that we've heard
 25 about of P1, P2 and P3?

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1 A. Correct.
 2 Q. Did you ask for any piece of equipment or clothing that
 3 was going to make your job easier?
 4 A. Yes, I asked for a bib, that was my reply to Derek on
 5 receiving the triage officer post, but there was no bib
 6 available at that stage.
 7 Q. So were you asking for a fluorescent bib, which would
 8 have made you more readily identifiable inside as the
 9 triage officer?
 10 A. Yes.
 11 Q. But there wasn't one available?
 12 A. No.
 13 Q. Did you therefore gather together the triage cards and
 14 a pack of patient referral forms?
 15 A. Correct.
 16 Q. And did you tell Kerry, who you were with, to go and get
 17 dressings and bandages?
 18 A. Correct.
 19 Q. While all of that was going on, did you speak to any of
 20 the casualties who were outside?
 21 A. Yes, I did, yes.
 22 Q. What was it that you said to them?
 23 A. Obviously, the patients on the pavement were injured and
 24 they were asking for help and showing me some of their
 25 injuries. I was asking those that could walk --

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1 I wanted them in a holding area, away from the doors of
 2 Victoria Station, just to make our access and egress
 3 a bit more easy. So I wanted them across the road in
 4 a P3 area, if they could walk, and I was asking them to
 5 help those around them and Kerry was handing out the
 6 bandages to them.
 7 Q. We know that you entered the station at 23.17.44. I'll
 8 ask that two of the relevant pages from the sequence of
 9 events -- Mr Lopez, this is {INQ035612/268}.
 10 It's very heavily redacted, but the narrative helps
 11 us. 23.17.44:
 12 "Three off-duty doctors re-enter Victoria Station
 13 from Station Approach. They appear to be led by
 14 Paramedic Helen Mottram."
 15 Do you remember that occurring?
 16 A. I'm sorry, I don't.
 17 Q. What we do know, and we won't put this on the screen,
 18 is that at that time you were having a conversation with
 19 people who were present. I don't expect you to recall
 20 it, but it's captured on body-worn footage. One of the
 21 doctors who was there approached you and said, "Hi, all
 22 three of us are doctors. Are we able to go in and
 23 help?" and you replied, "Well, we don't know if the
 24 scene is safe. We've been told not to enter just yet,
 25 okay?"

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1 And then they treat some people who are just
 2 outside, but very shortly afterwards, you did enter the
 3 station.
 4 A. Correct.
 5 Q. We don't need to go into a lot of detail, but in simple
 6 terms were you, when you entered the station, presented
 7 with a scene of dreadful injury?
 8 A. Correct.
 9 Q. At that moment, as you entered and saw that scene, what
 10 did you understand the command structure to be so far as
 11 the Ambulance Service was concerned?
 12 A. At that point Derek Poland, in my view, was Bronze
 13 officer until I saw Dan Smith, who was the Bronze
 14 officer wearing the Bronze officer bib. So I would have
 15 thought Derek Poland was the second Bronze at that
 16 stage.
 17 Q. Did you think that because you'd been told it or was it
 18 merely an assumption that you made?
 19 A. It was an assumption, but obviously Dan Smith was in
 20 a bib. I know Dan Smith is -- I think he was our
 21 consultant paramedic at the time, and I know
 22 Derek Poland is an operational manager, so those were
 23 our most senior members of staff on scene at that time,
 24 so they would be taking some form of responsibility for
 25 command structure.

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1 Q. Having entered, did you start to triage patients?
 2 A. Yes.
 3 Q. Did you count at that stage ten P1s and 15 P2s?
 4 A. Correct.
 5 Q. Having done that count, did you speak to Derek Poland?
 6 A. Correct.
 7 Q. What did you say to him?
 8 A. Basically, I gave Derek my casualty numbers, so that was
 9 the reason why I took the patient report forms in,
 10 I needed something to write on. My idea was it'd make
 11 me a bit more identifiable seeing as there was no bib,
 12 I thought if I was looking a bit official, people might
 13 come to me as though kind of I'm in charge. So I gave
 14 Derek my casualty numbers to update him.
 15 Q. And did you tell him you needed ambulance crews in order
 16 to tend to the patients that you had counted?
 17 A. Yes.
 18 Q. At that stage, having entered at 23.17, were there
 19 sufficient members of ambulance staff to deal with the
 20 patients who were there?
 21 A. No.
 22 Q. I just referred to the patients who were there, so can
 23 we be clear about where "there" was. Where were you
 24 counting these patients?
 25 A. In Victoria, which -- I'd got a clear impression that

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1 the patients were being evacuated from the City Room,
 2 which I'd referred -- to which I'd zoned myself as a hot
 3 zone, down to the casualty clearing station, which was
 4 Victoria Station.
 5 Q. Were you familiar with the geography of the station and
 6 the arena at that time?
 7 A. I was.
 8 Q. So the area in which you were working and about which
 9 you have told us is an area at the bottom of the
 10 staircase that leads to the overbridge, which in turn
 11 leads to the City Room; is that correct?
 12 A. I was working on Victoria concourse, yes.
 13 Q. Yes, we're describing the same area.
 14 We've heard already about the concepts of, and you
 15 just referred to one of them, the casualty collection
 16 point, the CCP, and the casualty clearing station, the
 17 CCS.
 18 SIR JOHN SAUNDERS: Which is what she referred to I think.
 19 MR GREANEY: Indeed, sir, yes and which I am just about to
 20 ask about.
 21 Did you have on the night of the attack a clear
 22 understanding of what those terms meant?
 23 A. Yes.
 24 Q. What were you operating within in the area you have just
 25 described? In your mind was it a casualty collection

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1 point or a casualty clearing station?
 2 A. It was a casualty clearing station, but the casualty
 3 collection point appeared to be on the pavement outside
 4 Victoria, where some of the HART team were operating.
 5 So I was kind of — I was working within the CCS, but
 6 I also went out and overviewed and then I realised that
 7 was the CCP, which had been set up by the HART, in my
 8 opinion.
 9 Q. Did anyone ever tell you where these particular points
 10 and stations were, or was this just something that you
 11 concluded based upon your observation?
 12 A. Observation.
 13 Q. It's always entirely possible that I've misunderstood
 14 this, but would you not generally expect the casualty
 15 collection point to be nearer to the event that has
 16 caused injury than the casualty clearing station?
 17 A. Of course.
 18 Q. But I think you've just told us that at this scene, the
 19 casualty collection point was further away than the
 20 casualty clearing station. Have I misunderstood you?
 21 A. No. That's how I viewed it, the casualty clearing point
 22 appeared to be on the front of Victoria, where the HART
 23 team were operating. Like you say, in normal standard
 24 practice, I would expect the casualty collection point
 25 to be closer to the incident.

1 Q. Did you have any view or did anyone tell you why
 2 something quite anomalous was occurring?
 3 A. To be honest, I don't work for the Hazardous Area
 4 Response Team. They have the additional training, they
 5 would know where to set up, so I presumed they'd had
 6 some professional conversation and that was where they
 7 decided was most appropriate, but I don't work within
 8 those teams so I'm not overly sure of the reasoning as
 9 to why that decision was made.
 10 Q. And you can only speak to what you know or were told.
 11 But obviously, that night, in that situation, you had
 12 been given an important role, had you not, as triage
 13 officer?
 14 A. I had.
 15 Q. Would you not expect that a person in your position
 16 should have been told by someone in authority, "That is
 17 where the CCP is and this is where the CCS is"?
 18 A. Yes, but fortunately I kind of got a quick understanding
 19 of where the casualty clearing station was, patients
 20 were being evacuated down in a swift manner, and they
 21 were arriving at the CCS.
 22 Q. Well, I think we've heard evidence that the area at the
 23 bottom of the steps was, certainly at one stage,
 24 regarded as the CCP, but certainly at all times are you
 25 saying that you regarded it as being the CCS?

1 SIR JOHN SAUNDERS: Okay, I'm not actually sure that's
 2 necessarily accurate.
 3 The HART team have certainly told us that they set
 4 up a CCP, as they understood it, and it turns out that
 5 was further away from the City Room than where you were
 6 working, which you regarded as the CCS. And I had
 7 understood that the whole point of CCP and CCS is you
 8 arrive at the CCP first, then you're moved on to the CCS
 9 as the last stage before you actually get on the
 10 ambulances. That's how it would normally appear to be,
 11 presumably.
 12 A. Yes.
 13 SIR JOHN SAUNDERS: Presumably, as casualties came down the
 14 stairs, when you were actually there, they stopped where
 15 you were?
 16 A. To be honest, I was —
 17 SIR JOHN SAUNDERS: The people coming down the stairs from
 18 the City Room, the casualties?
 19 A. Yes.
 20 SIR JOHN SAUNDERS: Were you aware of them coming down?
 21 A. I was aware of them coming down. I was going from
 22 patient to patient to patient to patient to patient.
 23 SIR JOHN SAUNDERS: Okay.
 24 A. I did see Jo Hedges at the bottom of the staircase,
 25 I was playing catch—up, triaging, because the patients

1 were being evacuated in such a swift manner, we were
 2 inundated with patients.
 3 SIR JOHN SAUNDERS: It may be I'm asking you unrealistic
 4 questions and I'm sorry for that. I'm sure it was
 5 a scene of considerable confusion at the time.
 6 MR GREANEY: We'll take a break in a moment. But is the
 7 observation the chairman has just made a fair one? Was
 8 it a scene, obviously a very difficult scene, but was it
 9 also one of confusion?
 10 A. Of course, yes, it really was.
 11 Q. And indeed, would it be fair to go so far as to say that
 12 there was an element of chaos to what was happening in
 13 the area within which you were working?
 14 A. Of course. There'd just been a terrorist attack,
 15 we were dealing with the aftermath of a terrorist
 16 attack, so there was obviously chaos and confusion
 17 everywhere, yes.
 18 Q. I think what you're saying to us is that you made your
 19 informed assumptions about where the CCP was and where
 20 the CCS was, but no one in authority ever said to you at
 21 that point, "And this is that station"?
 22 A. No.
 23 Q. And did anyone ever explain to you why the CCP and CCS
 24 were in the places that they seemed to you to be in?
 25 A. No one explained, but like I said, I don't work for the

1 Hazardous Area Response Team, so I don't know their
 2 decision—making and why those decisions were made on
 3 that night, sorry.
 4 Q. It may be that the answer you've just given will also
 5 answer this question. Did you give any thought to why
 6 the casualty collection point was not, for example, on
 7 the overbridge?
 8 A. I'm not sure. I was a triage officer, I wasn't part of
 9 the set-up of the HART team, I'm sorry.
 10 MR GREANEY: I'm sure you don't need to be sorry.
 11 Sir, I'm told that this would be a convenient,
 12 indeed necessary, time for a break.
 13 SIR JOHN SAUNDERS: Okay. Is quarter of an hour long enough
 14 for you, or would you like a longer break than that?
 15 A. No, that's fine.
 16 SIR JOHN SAUNDERS: Okay. Thank you. 11.45.
 17 (11.30 am)
 18 (A short break)
 19 (11.50 am)
 20 MR GREANEY: Thank you, sir. I'll ask that we're rejoined
 21 by Mrs Mottram, please.
 22 I just want to ask you a few more questions about
 23 the casualty collection point and the casualty clearing
 24 station. Really, what I'm concerned to understand is
 25 whose responsibility it was to designate particular

1 areas as particular places. I think what you've been
 2 saying to us is that the decision as to the designation
 3 of the casualty collection point would not have been
 4 yours, but would have been that of the HART team;
 5 is that correct?
 6 A. Either the HART team or the Bronze commander on scene.
 7 Not my decision.
 8 Q. Not your decision. As to the designation of where the
 9 casualty clearing station would be, whose responsibility
 10 would you have expected that to be?
 11 A. The Bronze commander on scene.
 12 Q. You said to me in answer to a specific question that was
 13 focused upon the situation once you arrived that there
 14 were insufficient ambulance personnel to deal with the
 15 number of patients that there were. During the period
 16 that you remained working at the area at the bottom of
 17 the steps, did it continue to be the position that there
 18 were not enough members of ambulance staff there?
 19 A. We were getting a good flow of ambulance staff coming
 20 in, but to be honest, I couldn't tell you how many crews
 21 we had at each stage. I was so patient—focused, I was
 22 making sure I wasn't missing any patients.
 23 Q. Just so that I understand, you were the triage officer.
 24 Did it ever seem to you, whilst you were doing that job
 25 that night, that you had sufficient staff to deal with

1 the number of patients that you had?
 2 A. Obviously the number of the patients initially
 3 outweighed the clinical staff, but we were quickly
 4 joined by a steady flow of more personnel throughout the
 5 incident. I couldn't tell you numbers, I'm sorry.
 6 I was so focused on my role.
 7 Q. I think I've probably pressed you as far as it's
 8 appropriate to do.
 9 You've mentioned already that patients were coming
 10 down the staircase.
 11 A. Yes.
 12 Q. Did you notice how they were being extracted, what was
 13 being used?
 14 A. Yes. There were metal railings, there were billboards
 15 and signage. Makeshift stretchers, I'd refer to them
 16 as.
 17 Q. Were you surprised at the time that what was being used
 18 were makeshift stretchers as opposed to actual
 19 stretchers?
 20 A. Yes.
 21 Q. Were you told or did you know for any other reason why
 22 actual stretchers were not being used?
 23 A. No. My main concern was receiving the patients. I was
 24 extremely grateful for how resourceful these police were
 25 in fetching the patients in such a timely manner. I'm

1 sorry, I ...
 2 Q. Don't worry. I think you've already, at least
 3 partially, answered this. Did you notice at the time
 4 who it was that was extracting the patients in that way?
 5 You mentioned the police.
 6 A. It was the police. To be honest, I was so focused on
 7 the patients and not missing patients, I was just
 8 receiving them quickly.
 9 Q. Would you have expected members of the Fire and Rescue
 10 Service to have been extracting patients from the scene?
 11 A. Of course.
 12 Q. And do you remember whether you noticed at the time that
 13 that was not happening?
 14 A. That was definitely not what was happening.
 15 Q. Did you realise that at the time?
 16 A. I think from me arriving on scene in the casualty
 17 clearing station, all patients were down within about
 18 25 minutes. It was such a quick cascade of patients and
 19 I was so focused on the patients and not missing anyone.
 20 But yes, I would have thought Greater Manchester Fire
 21 and Rescue Service would have been very much part of
 22 that operation. They work within watches, it is
 23 a rescue service, they're not just a Fire Brigade. They
 24 needed to be there with us that night, and I'm so sorry,
 25 and I apologise ...

1 Q. Don't worry. I'm going to move quickly through my final
 2 questions because the last thing I want to do is to
 3 cause you distress.
 4 In due course did you take a patient that we won't
 5 name to Salford Royal Hospital?
 6 A. Correct.
 7 Q. The records, which have been amended slightly, reveal
 8 that you departed the scene of the railway station at
 9 01.32, did you not?
 10 A. Correct.
 11 Q. And arrived at the hospital, I think, about 10 minutes
 12 later?
 13 A. Correct.
 14 Q. Were you told then to return to the rendezvous point at
 15 Thompson Street?
 16 A. Not at that stage, no.
 17 Q. So at that stage, having left Salford Royal Hospital,
 18 where were you told to go to?
 19 A. Oh, sorry, yes, I was initially told to -- I radioed up
 20 to control and said we were willing to be deployed back
 21 to scene. They told us no other vehicles were required,
 22 they were going to do meal breaks at that stage, and --
 23 yes, sorry, I was told at that stage to return for
 24 a debrief. But then we received a job shortly
 25 afterwards.

1 Q. I think, having been told to return to the RVP, on the
 2 way you were sent to deal with a suicidal person at
 3 Radcliffe?
 4 A. Correct.
 5 Q. But in the result, for reasons we don't need to go into,
 6 you didn't deal with that situation and in the end went,
 7 I think, to the Central Ambulance Station?
 8 A. Correct, after making my way to nearly that area, yes,
 9 I did.
 10 Q. Did you attend a debrief there?
 11 A. So when I'd arrived at Thompson Street Fire Station, all
 12 the ambulances were then leaving to go to Central
 13 Ambulance Station and I'd only just got a cup of coffee
 14 with my colleague then, so we were having our coffee
 15 before leaving to Central.
 16 Q. We know that there was some form of debrief. Was that
 17 a debrief that you attended, do you recall?
 18 A. I was stood there while the debrief was taking place on
 19 the forecourt of the fire station. It was done outside
 20 whilst I was stood there with my husband.
 21 Q. We can deal with this very swiftly, I have no doubt.
 22 Did you benefit to any significant extent from that
 23 debrief?
 24 A. Did I what, sorry?
 25 Q. Did you benefit from that debrief to any extent?

1 A. No, because the person who was leading the debrief had
 2 no answers.
 3 Q. To this day, do you consider that you have had an
 4 adequate debrief in relation to the events of that
 5 night?
 6 A. Sorry, I'm talking about the debrief at the
 7 fire station.
 8 Q. I know you are and I've understood your answer
 9 in relation to that. I'm now asking a more general
 10 question, which is: to this day, in the period that has
 11 followed the attack at the arena, do you consider that
 12 you have been given an adequate debrief by the
 13 Ambulance Service?
 14 A. So I wasn't part in any Ambulance Service debrief.
 15 I was told I would get invited to the debriefs which
 16 were going to take place, but unfortunately I think it
 17 was a lack of communication. I was never informed when
 18 that would take place, so I haven't had a debrief.
 19 Q. And notwithstanding the absence of a debrief, I have no
 20 doubt you have thought deeply about the events of that
 21 night. Are there any things that it strikes you that
 22 went wrong that we should bear in mind and that the
 23 chairman should bear in mind in any recommendations he
 24 makes for the future?
 25 A. I think since things have been implemented by the

1 Ambulance Service to improve procedures for the future,
 2 moving forward, such as bibs, et cetera.
 3 MR GREANEY: Mrs Mottram, those are my questions. I'm going
 4 to -- I have been told that North West Fire Control have
 5 no questions. I'm going to ask whether there are any
 6 questions on behalf of Greater Manchester Fire and
 7 Rescue Service.
 8 MS JOHNSON: Nothing, thank you.
 9 MR GREANEY: Thank you very much indeed, Ms Johnson.
 10 I'll turn now to Mr Atkinson to pose his questions
 11 on behalf of the families.
 12 MR SUTER: Mr Greaney, I wonder if we could have a short
 13 break, please.
 14 MR GREANEY: Of course, Mr Suter, I'm certain we can.
 15 SIR JOHN SAUNDERS: I'll rise and you tell me when we're
 16 ready to go again.
 17 (12.01 pm)
 18 (A short break)
 19 (12.07 pm)
 20 MR GREANEY: Sir, thank you. The witness is ready, as is
 21 Mr Atkinson.
 22 SIR JOHN SAUNDERS: Thank you.
 23 Mr Atkinson.
 24 Questions from MR ATKINSON
 25 MR ATKINSON: Mrs Mottram, can you hear me all right?

1 A. Yes.
 2 Q. As you understand, I have a few questions for you on
 3 behalf of the bereaved families, but this will not take
 4 long. All right?
 5 A. Okay.
 6 Q. Really, it's three topics: a little about your training,
 7 a little about equipment, and a little about the triage
 8 process. All right?
 9 A. Okay.
 10 Q. In relation to training, you were trying to help us
 11 earlier about what you understood as to where you as
 12 a paramedic could and could not work at a scene. Just
 13 to see if this helps you, and you will tell me, please,
 14 Mrs Mottram, if it doesn't, I wonder if we could have
 15 {INQ013775/4}.
 16 If we could enlarge the preface section. This is
 17 a National Ambulance Resilience Unit document, which
 18 deals, as you can see from the beginning of this
 19 section, with marauding terrorist firearms attacks. Is
 20 this right, Mrs Mottram, you had had training as to that
 21 kind of incident?
 22 A. Brief training at my level.
 23 Q. And you're absolutely right to qualify it in that way
 24 because the reality was that paramedics of your level
 25 had very limited involvement in such incidents; is that

1 right?
 2 A. Yes. So the MTFA had a specialist team, the Ambulance
 3 Intervention Team and the Special Response Team within
 4 the Fire Service. They do the multi-agency working
 5 together on specialist incidents such as MTFA. I'm not
 6 part of that training exercise. I've never been invited
 7 to anything like that, so I just know they exist and
 8 they work within those areas.
 9 Q. If you look at the second paragraph, which I hope you
 10 can see on the screen in front of you, it there says
 11 very much what you have just said, although you said it
 12 rather better:
 13 "Clinical care at an MTFA incident will be delivered
 14 by specially trained and equipped ambulance personnel
 15 (Ambulance Intervention Teams) within the warm zone,
 16 supported by trained and equipped Fire and Rescue
 17 personnel. Additional ambulance personnel will receive
 18 casualties in the cold zone where standard major
 19 incident management principles apply."
 20 So your role, is this right, Mrs Mottram, in an MTFA
 21 incident would be in the additional ambulance personnel
 22 category of what I have just read out?
 23 A. Yes.
 24 Q. Thank you. That can come down, Mr Lopez.
 25 It's right that on this occasion, on 22 May, no one

1 at any point told you that this was an MTFA incident,
 2 did they?
 3 A. No.
 4 Q. Therefore that didn't apply, as you understood it?
 5 A. Yes.
 6 Q. But this was clearly a major incident?
 7 A. Yes.
 8 Q. And therefore major incident principles applied. Did
 9 that still mean that there was a limit to what personnel
 10 could work in a warm zone?
 11 A. Sorry, can you just run that by me again, sorry?
 12 Q. Of course. The document we've just looked at
 13 in relation to an MTFA was very clear as to the limited
 14 specially trained personnel who could work in a warm
 15 zone.
 16 A. Yes.
 17 Q. Was it your understanding that in a major incident, that
 18 was still the case, that there were limits on who should
 19 be there?
 20 A. With regards to a major incident?
 21 Q. Yes.
 22 A. Well, it was deemed fit that we could work in that area,
 23 that that area was safe to work in. That's -- when I've
 24 looked through there, that's why I've gone in and
 25 started working immediately in that area, I have deemed

1 it's safe for me.
 2 Q. By reference to your training first and then we'll look
 3 at what you actually had to do on the night in just
 4 a moment, but in relation to your training, did your
 5 training tell you that warm zones were not somewhere
 6 that a paramedic of your level should be ordinarily?
 7 A. Ordinarily, yes.
 8 Q. But on this occasion, you were told by Mr Poland when
 9 you arrived that he was asking for volunteers to go into
 10 the station, on to the concourse?
 11 A. To be honest, I'm not sure Mr Poland was actually
 12 referring me to go into the station. I have took that
 13 upon myself to enter and go under the police tape within
 14 that area. He was asking me to triage. Yes, there were
 15 patients on the pavement, which he may have been
 16 implying for me to triage, but I have taken it upon
 17 myself to prioritise the patients within Victoria as the
 18 casualty clearing station. They were my priority and
 19 I took it upon myself to enter that area.
 20 Q. Absolutely understood. (Overspeaking). What you have
 21 told us and indeed what the notes you made record
 22 is that Mr Poland said that it hadn't been confirmed
 23 that the station area was safe but he was looking for
 24 volunteers and you put your hand up.
 25 A. I'm not sure if Derek Poland was referring to the actual

1 station itself. I think he was referring maybe to the
 2 overall scene not being safe because, obviously, it was
 3 a terrorist attack, the fact that we were there, he
 4 needed volunteers. You'd have to ask Derek.
 5 Q. That's a very fair point. Certainly as you understood
 6 it in your mind as you were -- in terms of what you then
 7 did, you were entering an area that was not confirmed to
 8 be safe and which you saw as being a warm zone?
 9 A. I've done my own dynamic risk assessment and I've deemed
 10 it safe. There was patients and I was going in and
 11 triaging those patients.
 12 Q. In relation to the role that you were doing in that
 13 location, did you understand yourself to be a primary
 14 triage officer?
 15 A. I was unsure if I was primary or secondary because I'd
 16 seen cars on the pavement, two response cars, so I knew
 17 we had personnel up there because obviously we were in
 18 a huddle with the initial crews. So I knew we had two
 19 personnel up there at least, I couldn't see them when
 20 I went in on the concourse, and the fact that patients
 21 were being evacuated I knew some members of our staff
 22 were coordinating. I didn't know it was Paddy at the
 23 time, but I knew someone was coordinating it up there
 24 and I knew the Hazardous Area were en route and
 25 I expected the Fire Service specialist response teams to


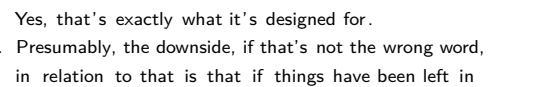
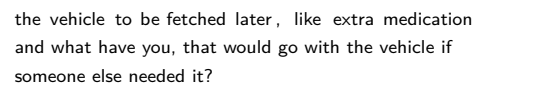
1 arrive.
 2 Q. By "up there", you're referring to the City Room and the
 3 area immediately outside; is that right?
 4 A. Yes.
 5 Q. So your role was either to be the primary triage or
 6 certainly to be the secondary triage to effectively
 7 re-triage people as they were being extricated from the
 8 City Room?
 9 A. Yes. So it turned out, I was kind of being a bit of
 10 both. Some were triaged, some were not triaged. It was
 11 kind of a coordinated in-between response, really.
 12 Q. Would it be fair to say that you didn't have any contact
 13 with those who were doing any primary triage, radio
 14 contact or the like?
 15 A. To be honest, radio contact would not have worked
 16 in that environment. There was an evacuation tannoy
 17 going off, a police officer had left his sirens on.
 18 Obviously we were dealing with patients. It was a very
 19 noisy working environment at that stage. Radio contact
 20 would not have worked unless we had the earpieces, which
 21 we now have in place.
 22 Q. But didn't then?
 23 A. But didn't then, no.
 24 Q. Whether you were a primary or a secondary triage, is
 25 this right, that the first thing that should have

1 happened is that you'd be provided with a bib so that
 2 everybody else knew who you were?
 3 A. Of course. I really needed that bib that night. My job
 4 was important.
 5 Q. And how would that have helped, do you think? If it's
 6 easier to answer it this way: how is it designed to
 7 help?
 8 A. Obviously, we're all wearing the same uniform, I'm not
 9 sure how it was working outside, if they were just
 10 saying, "Look for Helen Mottram, she's got blonde curly
 11 hair". I'm not sure how it was working other than me
 12 carrying paperwork, trying to look official. I didn't
 13 know how I could make myself more recognisable, but if
 14 I had a bib people would have known to come to me and
 15 the communication would have worked a lot better.
 16 It would have flowed as a team if I knew who everyone
 17 was and they knew who I was.
 18 Q. And particularly, I suppose, in the noisy environment
 19 you've described where it would be easier for people to
 20 see from your bib who you were than have to come up and
 21 ask you?
 22 A. Yes, yes. Also, for the patients. The patients see
 23 a paramedic, the patients are expecting you to treat
 24 them. I was constantly (inaudible: distorted) and
 25 couldn't really get involved with the treatment side at

1 that stage.
 2 Q. Because one of the things you noted at the time was that
 3 as you had been given one of the triage officer jobs,
 4 you understood that you had to be very focused on just
 5 doing -- I say "just", it's very far from just -- on
 6 doing that job rather than moving on to treat people?
 7 A. Yes. I felt extremely focused. I was moving from
 8 patient to patient. No one was missed.
 9 Q. In terms of the equipment that you had, in your notes
 10 you refer to something called CAT tourniquets. Can you
 11 help us a little more as to what kind of item that is,
 12 please?
 13 A. That's a combat application tourniquet. We carry them
 14 to stem catastrophic haemorrhage. I had CAT tourniquets
 15 in my pocket -- I'd put CAT tourniquets in my pocket
 16 at the RVP point in preparation and I advised my crews
 17 who were there to do the same.
 18 Q. Just so it's clear, it was a part of your triage role,
 19 is this right, to apply tourniquets where they needed to
 20 be in relation to catastrophic haemorrhage?
 21 A. Correct.
 22 Q. You also in your notes refer to something called TXA.
 23 Is that tranexamic acid?
 24 A. It is.
 25 Q. Is that also something that can be administered to deal

1 with catastrophic bleeding?
 2 A. It can, yes.
 3 Q. Is that something that all paramedics and EMTs would
 4 carry or just paramedics, can you help us?
 5 A. They're on all the vehicles, so it's a paramedic drug,
 6 so it's only for the paramedics to give.
 7 Q. Is that something that is administered at a triage stage
 8 or at a post-triage treatment stage or does it vary?
 9 A. Yes, I wouldn't be getting involved with any giving of
 10 the TXA, it was mostly -- I'd acquired a box off the
 11 floor later ... Sorry, I'd acquired a box off the floor
 12 later on and I was going round making sure my crews had
 13 TXA. I personally wasn't administering it, but people
 14 were being told to administer it by the doctors. We had
 15 lots of doctors on scene.
 16 Q. Does the same apply in relation to the administration of
 17 painkillers, pain-related substances? Is that something
 18 that others would be responsible for administering after
 19 your triage process rather than for you to do during it?
 20 A. Yes. I didn't actually give any morphine, I was
 21 instructing crews to give morphine. Unfortunately, my
 22 morphine had gone with my vehicle. There was just one
 23 incidence on the night where I had a professional
 24 discussion with a colleague and was instructing to give
 25 the morphine. We were trying to get patients pain

1 relief, but I wasn't personally giving it. It was an
 2 instruction and our crews were providing excellent care
 3 to the patients.
 4 Q. Is that in part why it's so important that the triage
 5 officer is followed on by other paramedics (inaudible:
 6 distorted) and who needs treatment?
 7 A. Yes.
 8 Q. Final bit of kit and I'm almost there. The cards that
 9 you had, the triage cards. I think it's right that when
 10 you were given the role, you actually collected as many
 11 sets of triage cards as you and your colleagues had so
 12 that you had as many as you could?
 13 A. Yes. Obviously, I'd had that radio communication,
 14 I knew I was expecting over 60 casualties. I had a busy
 15 job ahead of me.
 16 Q. When you then started that job, were any of those that
 17 you triaged people who had already been triaged? Did
 18 they already have a card on them, for example?
 19 A. Some had cards, some didn't. Lots didn't. I was kind
 20 of infilling the gaps of where people didn't have cards
 21 and I was triaging, obviously, from the hot zone. Paddy
 22 and his colleagues were doing their best as well up
 23 there. It was a combined effort. Everyone was working
 24 really hard that night.
 25 Q. One other thing I think you've noted in your notes that

1 you had suggested to your colleagues as you were all
 2 
 3 
 4 
 5 A. Yes, that's exactly what it's designed for.
 6 Q. Presumably, the downside, if that's not the wrong word,
 7 in relation to that is that if things have been left in
 8 the vehicle to be fetched later, like extra medication
 9 and what have you, that would go with the vehicle if
 10 someone else needed it?
 11 A. Yes, I suppose that could have been happening. I'm not
 12 overly sure on that side of things, but I know myself,
 13 I didn't think to get my own morphine off the vehicle,
 14 I was just so focused on triaging the patients and the
 15 patients were my main focus.
 16 Q. One of the suggestions in the guidance in relation to
 17 the triage role is that you should do it as a pair. You
 18 were doing this on your own, weren't you?
 19 A. So obviously triaging in a pair is best practice. That
 20 would be the preferred, in an ideal situation. I wasn't
 21 aware of anyone else being assigned as a triage officer
 22 at the point of me volunteering, therefore I didn't
 23 think I could take anyone else in to help. So I was
 24 quickly triaging and I was quickly documenting myself
 25 and -- yes.

1 Q. Is that why two would be better than one, that you could
 2 do your assessment, someone else could then do the
 3 documentation for that one while you're moving on to the
 4 next one?
 5 A. Yes, yes.
 6 Q. Is the process then that once you've carried out your
 7 triage, you report on your numbers, and do you then
 8 re-triage or is that your job done?
 9 A. If patients had crews with them, I was going round
 10 asking the crews to update their own triage cards
 11 because they've got all the patients' observations.
 12 That would obviously make it quicker for me to then
 13 re-triage patients which needed re-triaging.
 14 MR ATKINSON: That is all I think I need to ask you other
 15 than finally, on behalf of the families, to thank you
 16 for all that you did that night.
 17 Thank you, sir, that's all I need to ask.
 18 SIR JOHN SAUNDERS: Thank you very much.
 19 MR GREANEY: Sir, Ms Roberts does have questions on behalf
 20 of NAWAS, but two things. We do need to (inaudible:
 21 distorted).
 22 MR SUTER: Mr Greaney, we're only hearing every other word
 23 you're saying, I'm afraid, so you'll have to say that
 24 again.
 25 MR GREANEY: I was just indicating that we need to pause the

1 YouTube feed, but that that should not interrupt the
 2 flow of the evidence in the sense that it should not
 3 necessitate a break. If I've got that wrong, Mr Suter,
 4 you'll tell me, if you've been able to hear me, that is.
 5 MR SUTER: Yes, Mr Greaney, that's absolutely fine and
 6 understood. Thank you.
 7 MR GREANEY: Thank you very much. I was indicating that
 8 Ms Roberts does have questions on behalf of NWSA. It
 9 was her intention to ask her questions from a room
 10 separate from the room where the witness is. For good
 11 reason, that's not going to be possible. As a result
 12 I'm going to ask that we go to the holding screen for
 13 a moment. Ms Roberts will then go into the same room as
 14 the witness and she will tell us when she's ready to
 15 pose her questions.
 16 (Pause)
 17 Whilst that's being done, can I apologise to you and
 18 to people who are viewing that the technology has not
 19 today, through probably no one's fault, run as smoothly
 20 as it has on other occasions.
 21 SIR JOHN SAUNDERS: I'll say something about that when
 22 we have finished with this witness, if that's all right.
 23 MR GREANEY: Yes, of course.
 24 (Pause)
 25

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1 Questions from MS ROBERTS
 2 MS ROBERTS: Mr Greaney, can I just explain that I'm sitting
 3 at a slight angle to Mrs Mottram, so if she appears to
 4 be looking to one side it is because she is politely
 5 looking towards me. If it's helpful, I can ask her to
 6 focus on the screen if that would assist those within
 7 the inquiry room.
 8 SIR JOHN SAUNDERS: I think it's absolutely fine for her to
 9 look at you. You'll understand, Ms Roberts, we can't
 10 actually see you and I hope you'll forgive us for that.
 11 It's important we see the witness.
 12 MS ROBERTS: Absolutely, and because of the technical issues
 13 that we've had this morning, we felt it appropriate —
 14 it doesn't matter if nobody can see me but it's
 15 important that everybody can see and hear Mrs Mottram.
 16 Just three or four points, first of all, if I can,
 17 please. You were asked about improvements and you were
 18 telling us that things have been implemented by NWSA to
 19 improve things moving forward. One of the things you
 20 told us about was bibs.
 21 A. Yes.
 22 Q. Are those the kind of bibs that you have been asked
 23 about that you didn't have on the evening and might have
 24 helped you and potentially others on the evening?
 25 A. Yes. Those bibs are on every single ambulance.

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1 Q. Thank you very much.
 2 Secondly, you were asked about the CCP and the CCS
 3 and whether "anyone in authority ever said to you which
 4 was which". The question I have for you is this: did it
 5 make any difference in anything that you did that
 6 evening, the fact that nobody in authority pointed out
 7 to you where the CCS or the CCP was?
 8 A. No, it made no difference at all to my role. I was so
 9 patient-focused.
 10 Q. Thank you.
 11 Mr Lopez, could we have, please, on the screen
 12 {INQ040366/1}, which is the casualty clearing station
 13 map and key.
 14 We know, Mrs Mottram, from what you told us that at
 15 some point in the evening you went to Salford Royal.
 16 A. Yes.
 17 Q. And you arrived at Salford Royal Hospital at 01.42 with
 18 a P1 patient.
 19 A. Correct.
 20 Q. We're not going to name that individual, but what I'm
 21 going to ask you to do — and sir, this is a correction
 22 for this particular document to assist all, I hope.
 23 Towards the right-hand side of that document, where
 24 the letters DPA are printed, we can see that there is an
 25 ambulance reference A331 arriving at 01.42. Is A331 the

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1 ambulance that you were on at the point at which you
 2 took that individual to Salford Royal?
 3 A. Yes.
 4 Q. According to the document that is on the screen, it
 5 shows that that ambulance left the station at
 6 01.00 hours. That's not right, is it?
 7 A. No, that's not right.
 8 Q. Is it the situation that in fact, the ambulance left at
 9 01.32, and arrived only 10 minutes later at
 10 Salford Royal?
 11 A. Yes.
 12 MS ROBERTS: Sir, if it's helpful, because there is one
 13 other error within this document that we've spotted, and
 14 I can explain and have explained to CTI how that error
 15 has crept in, we're very happy to submit a corrected
 16 document. I think it might assist, sir, if down the
 17 left-hand side of the document we also place numbers,
 18 should that at some point become relevant, so we will do
 19 that, sir.
 20 Just dealing with that particular document, you told
 21 us, Mrs Mottram, that patients, your phrase, there was
 22 a cascade of patients.
 23 A. Yes.
 24 Q. And that your recollection is that by 25 minutes or so
 25 after you began working in that area, all patients were

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1 down?
 2 A. Yes.
 3 Q. I think you told Mr Greaney that you began working in
 4 that area at around about 23.17.
 5 A. Yes.
 6 Q. So shortly after 11.15 that night.
 7 Again, just looking at that document, we can see,
 8 for example, that from 23.17 to 23.22, that's a period
 9 of 5 minutes, six patients arrived within the area in
 10 which you were working, three P1s and three P2s?
 11 A. Yes.
 12 Q. And we can see that, from 23.17, by 23.42 the last of
 13 those patients had been brought down to the area and
 14 they are in fact 38 patients.
 15 A. There is 38, yes.
 16 Q. P1 and P2?
 17 A. Yes, 19 and then 18, if my numbers are right. Is that
 18 38?
 19 Q. Almost.
 20 A. Around that.
 21 Q. So 38 patients in total. And within that 25-minute
 22 period that you were working in that area, 28 patients
 23 came into the casualty clearing station?
 24 A. Yes.
 25 Q. Is that why you told the inquiry that you were going

1 from patient to patient to patient to patient?
 2 A. Yes. Nobody was missed. Nobody was missed. We had
 3 senior paramedics with the most critically ill patients
 4 straightaway.
 5 Q. And of course there were a number of P3s as well,
 6 weren't there?
 7 A. To be honest, I didn't -- I only instructed P3s,
 8 I didn't deal with any P3s.
 9 MS ROBERTS: I understand that. Thank you very much.
 10 Sir, I have no further questions. Thank you.
 11 SIR JOHN SAUNDERS: Thank you very much. I just want to --
 12 I hope you can hear me, can you?
 13 A. Yes.
 14 SIR JOHN SAUNDERS: Thank you. I just want to ask a bit
 15 more about the triage because clearly this wasn't
 16 perhaps a normal triage situation. As I understand it,
 17 in the normal situation, there would be two of you who
 18 go round together and also, if someone is bleeding
 19 catastrophically or has really serious injuries, you
 20 would treat them as well as triage them. Is that right?
 21 A. Yes.
 22 SIR JOHN SAUNDERS: But in this situation, you had other
 23 paramedics coming along behind you, or you could summon,
 24 who presumably could do any treatment which was
 25 required?

1 A. Yes.
 2 SIR JOHN SAUNDERS: So did you actually treat any of these
 3 casualties?
 4 A. No, I did not.
 5 SIR JOHN SAUNDERS: You were going from person to person,
 6 but that system, in this particular situation,
 7 presumably worked well and was the best system to
 8 operate?
 9 A. Yes.
 10 SIR JOHN SAUNDERS: Thank you very much.
 11 Mr Greaney, have you anything else?
 12 MR GREANEY: I have no questions, thank you.
 13 SIR JOHN SAUNDERS: I'm very grateful to you. I know it has
 14 been a very traumatic experience going through this and
 15 helping me, but your evidence has helped me enormously.
 16 I'm also sorry that it hasn't been as easy as it
 17 might be in relation to the technology but thank you
 18 very much for giving your evidence.
 19 Can I just say -- we can cut the feed -- but as you
 20 were aware, I was trying to intervene when Mr Atkinson
 21 was asking some questions. It really didn't matter and
 22 I'm sure Mr Atkinson wasn't deliberately not allowing
 23 himself to be interrupted, but it is important that I am
 24 able to stop anyone or control the hearing if required.
 25 MR GREANEY: Sir, I quite understand, and if I may say so,

1 agree. I also agree that it's certain that Mr Atkinson
 2 was not doing it on purpose. He's not at all that kind
 3 of person.
 4 SIR JOHN SAUNDERS: Is that right, Mr Atkinson? You weren't
 5 just carrying on regardless?
 6 MR ATKINSON: I wasn't aware of any intervention by you,
 7 sir, I'm terribly sorry.
 8 SIR JOHN SAUNDERS: Don't worry. We could have cut the plug
 9 if necessary, taken the plug out and stopped you
 10 completely, but we didn't decide it was that necessary
 11 to do that. But obviously it is important that --
 12 MR ATKINSON: I always hang on your every word, sir,
 13 I promise.
 14 SIR JOHN SAUNDERS: You're now going too far, Mr Atkinson!
 15 Okay, it's obviously important that I can control of the
 16 hearing. I'm not blaming anyone. It's been not as good
 17 as it has always been in the past and that no doubt made
 18 it more difficult for the witness, for whom we were
 19 trying to make it easier.
 20 MR GREANEY: It did. I have no doubt about that at all,
 21 sir. We will look into why it was that Mr Atkinson
 22 couldn't hear what you saying, because that must not
 23 happen again.
 24 SIR JOHN SAUNDERS: I think more important is we work out
 25 why the connection didn't work as well as it normally

1 has done with the witness.
 2 MR GREANEY: Fortunately, the next witness is appearing in
 3 person. It's Mr McMullen. Mr de la Poer will be
 4 calling that witness. So we need to just maintain the
 5 holding screen for the time being whilst the necessary
 6 arrangements are made to ensure the desk is cleaned and
 7 so on.
 8 SIR JOHN SAUNDERS: Right.
 9 (Pause)
 10 MR GARRY MCMULLEN (affirmed)
 11 Questions from MR DE LA POER
 12 MR DE LA POER: Please can you state your full name?
 13 A. Garry Lee McMullen.
 14 Q. Mr McMullen, in May of 2017 did you work for NNAS?
 15 A. That's correct.
 16 Q. And was your job title at that time emergency
 17 technician 1?
 18 A. Emergency medical technician 1.
 19 Q. Thank you, EMT1.
 20 A. That's correct.
 21 Q. Did you join NNAS around 2013?
 22 A. 20 May 2013.
 23 Q. And in what role did you join?
 24 A. I was taken on as an emergency medical technician.
 25 Q. And help us with the 1 at the end of EMT1. We know that

1 EMT2 is also a potential role. What is an EMT 1?
 2 A. Initially, when NNAS started, the EMT2 role had specific
 3 job descriptions and they introduced the EMT1 role which
 4 was not a substantial role, they had less
 5 responsibilities than an EMT2. An EMT2 is halfway -- is
 6 just below a paramedic and doesn't administer specific
 7 drugs.
 8 Q. So in terms of the knowledge, training and experience
 9 levels: EMT1, then EMT2, then paramedic?
 10 A. That's correct.
 11 Q. You've touched on this already. What can an EMT1 do in
 12 terms of their training?
 13 A. My role has a scope of practice which can be obtained
 14 from North West Ambulance Service. But my role is
 15 specifically to assist the paramedic with their duties.
 16 This varies depending on the specific incident that we
 17 attend. If a patient requires paramedic intervention,
 18 then the paramedic would deal with the incident or the
 19 patient. If I'm capable within my scope of practice to
 20 deal with the patient then I would in my role attend
 21 a patient.
 22 Q. Does your scope of practice qualify you to apply
 23 tourniquets where necessary?
 24 A. At the time, to the best of my knowledge -- I'm not
 25 quite sure regarding at the time of the incident.

1 Q. In May of 2017, would you have felt that you had the
 2 adequate training to be able safely to apply
 3 a tourniquet?
 4 A. We were shown on basic training about tourniquets, but
 5 I think that would be a paramedic -- at the time,
 6 a paramedic practice, probably. I wouldn't be able to
 7 remember specifically.
 8 Q. So do I understand from that last answer that you
 9 wouldn't have felt adequately qualified to apply
 10 a tourniquet in May of 2017?
 11 A. Me personally, no.
 12 Q. Were you permitted as an EMT1 to administer any drugs?
 13 A. That role is specifically for a paramedic to administer
 14 drugs. EMT2s are allowed to administer specific drugs
 15 but as far I believe it's only IM and not IV. IM means
 16 intramuscular, IV means intravenously via a cannula. So
 17 I would not have been allowed to administer any drugs at
 18 that time. I am, however, allowed to prepare that drug
 19 with paramedic supervision and, prior to administering,
 20 ensure all the correct checks are carried out.
 21 Q. Taking a step back from the detail, do you consider that
 22 your training was or was not adequate as at May 2017 for
 23 the tasks that you were required to undertake?
 24 A. I feel that my training up to that date was adequate to
 25 deal with the majority of patients under my care.

1 However, this situation was extremely difficult. But
 2 yes, dealing with any particular individual, treatment
 3 would be -- at the time, yes, I was adequately trained.
 4 Q. As you say, it was undoubtedly an extreme situation on
 5 any view.
 6 A. Yes.
 7 Q. I'm going to turn now to the events of 22 May. Were you
 8 allocated to drive an ambulance as part of your shift
 9 that night?
 10 A. On the night in question, we signed on at Stretford
 11 station and normally we are crewed up two in a team. On
 12 this particular evening, we had a student paramedic with
 13 us, Ms Kerry Jones, so on that occasion Andrew Rayneau,
 14 the paramedic in question, decided that he would be
 15 attending, supervising any patients that we would deal
 16 with, and Kerry, as regards her scope of practice, would
 17 deal with any particular patient on the night in
 18 question. So we did sign on. I was a designated driver
 19 for that evening.
 20 Q. You were the driver, Mr Rayneau was the paramedic, and
 21 Ms Jones was a student paramedic who was also in your
 22 vehicle?
 23 A. That's correct.
 24 Q. We know from records that I know that you have seen that
 25 your ambulance was allocated to respond to what had

1 occurred at 22.31 at 22.37.57.
 2 A. That's correct.
 3 Q. We know from the records that at that time, the vehicle
 4 was 7.91 miles from the arena.
 5 A. That's correct.
 6 Q. What were you doing at the point at which your ambulance
 7 was allocated to the arena?
 8 A. As part of our role, just in general, we had just
 9 recently taken a patient to Tameside General Hospital.
 10 That's where we were waiting outside. We'd handed over
 11 the patient at a specific time, and once we'd completed
 12 what we call the job and cleared on what's called our
 13 HAS screen, which is in the hospital, so we'd let
 14 control know we had finished and went to our vehicle and
 15 informed via the mobile data terminal, which is called
 16 the MDT, that we'd cleared some time after 10.20 or
 17 something like that, which made us then available to be
 18 allocated by control for whatever the next job was going
 19 to be on that particular evening.
 20 Q. So you were available for deployment immediately at the
 21 point that your vehicle was allocated?
 22 A. That's correct.
 23 Q. We can see that from the data because your vehicle was
 24 mobile 14 seconds later, at 22.38.11?
 25 A. That's correct.

1 Q. In your witness statement, which you provided on
 2 24 May 2018, you indicated that you initially were
 3 directed to travel to Hunts Bank.
 4 A. That's correct.
 5 Q. We know that there came a point when that was changed.
 6 A. The initial allocation, as far as I remember, on the
 7 MDT, remained Hunts Bank. However, we were informed by
 8 radio to an RVP, rendezvous point, at Thompson Street
 9 Fire Station.
 10 Q. We're going to have a look at that now.
 11 {INQ015035T/1}, please, Mr Lopez.
 12 We can just zoom in a little bit more, please.
 13 We can see that this is a transcript timed, in the box
 14 below where it says "Transcription of NWS call", at
 15 22.41. Do you see that?
 16 A. Yes.
 17 Q. So this is approximately 3 minutes after you are mobile?
 18 A. That's correct.
 19 Q. What we can see it says there is:
 20 "A381..."
 21 That was your ambulance's call sign?
 22 A. That's correct.
 23 Q. "... you're going to have to line up on the street at
 24 Miller Street. Obviously not obstructing the
 25 fire station. Multiple casualty situation."

1 They go on, when you ask the question:
 2 "Are others responding?"
 3 They say:
 4 "Yeah, you've got the world and his wife responding
 5 and yeah, at the moment, can't really go into further
 6 details."
 7 A. That's just the conversation, I believe, from the
 8 recording.
 9 Q. Yes.
 10 A. However, that was the conversation -- was between the
 11 paramedic Andy Rayneau and control.
 12 Q. Was that conversation taking place in your presence
 13 here?
 14 A. It was, yes. We have a radio system that allows,
 15 depending on where the call comes through, to either
 16 come to our direct mobile radios or through the system,
 17 and it would be in the cab en route.
 18 Q. So you could hear what the other side of the
 19 conversation was?
 20 A. Yes, that's correct.
 21 Q. It's a minor detail, but just to clear this up, and the
 22 previous witness touched on this, although I don't know
 23 whether you saw that, but Miller Street is where that
 24 dispatcher told you to go?
 25 A. Yes.

1 Q. But they also mentioned the fire station?
 2 A. Yes.
 3 Q. I'm going to bring up a map now just so we can clear
 4 this up. I think this will be the most efficient way of
 5 dealing with it.
 6 {INQ033902/1}. This is a map that we have seen
 7 before in the inquiry, which shows rendezvous points.
 8 The only reason I'm doing this, Mr McMullen, is we in
 9 the inquiry are all familiar with the fact that the
 10 fire station is on Thompson Street, not Miller Street.
 11 A. Yes.
 12 Q. Mr Lopez, can you crop in as close as you can to the
 13 left-hand side?
 14 We can see, assuming that that is as close as it can
 15 go, that Thompson Street Fire Station is marked there.
 16 Do you see that?
 17 A. Yes.
 18 Q. To help everybody with where Miller Street is, if you
 19 see the words "Hunts Bank", where the K of Hunts Bank
 20 is, that is labelled "Miller Street".
 21 A. Right, okay.
 22 Q. All right?
 23 A. Yes.
 24 Q. I'm sure that we'll receive a flurry of emails if I'm
 25 wrong about that, but I did have the benefit of looking

1 at it in a way that allowed me to decipher it more
 2 clearly than perhaps it can be deciphered there.
 3 At all events, did you understand that you needed to
 4 go to the Thompson Street Fire Station?
 5 A. We was informed that it would be Thompson Street
 6 Fire Station.
 7 Q. Subsequently? So not in that call, but --
 8 A. We were. I may have heard that one, but we definitely
 9 was told it was changed to Thompson Street Fire Station
 10 later on.
 11 Q. Thank you. We can take that down and it may be that
 12 people will need to look at that in other circumstances.
 13 A. The reason we got to Thompson Street was because my
 14 colleague, using Google Maps, put us on directly to
 15 Thompson Street.
 16 Q. You understood you needed to go to a fire station?
 17 A. A fire station, Thompson Street, yes.
 18 SIR JOHN SAUNDERS: You went on to Google Maps?
 19 A. I believe because at the time the MDT was at Hunts Bank
 20 and it was still routing us back to Hunts Bank itself.
 21 MR DE LA POER: That goes back to what you were saying
 22 earlier, that on your computer terminal the rendezvous
 23 point remained as Hunts Bank and therefore the route
 24 mapping software is derived from that. Whereas you had
 25 been told in that radio message that you should not go

1 to Hunts Bank, rather you should be going to the
 2 fire station?
 3 A. The fire station. In a subsequent call, we was told to
 4 go to the fire station, and we used that direction to
 5 get to --
 6 SIR JOHN SAUNDERS: So a subsequent call told you it was
 7 Thompson Street Fire Station, did it?
 8 A. Yes, it was Thompson Street.
 9 SIR JOHN SAUNDERS: You weren't looking on Google Maps for
 10 the closest fire station to Miller Street?
 11 A. No, no, we were told direct to go to Thompson Street
 12 Fire Station.
 13 MR DE LA POER: We know from the information that the GPS
 14 tracking in the vehicle reveals that you arrived at
 15 Thompson Street Fire Station at 22.49.49.
 16 A. Yes. Unfortunately, if the MDT system stays on
 17 a particular area, it will do a near incident, so
 18 obviously the -- if we was mapped on the GPS system,
 19 that would be correct.
 20 Q. Yes. We have no reason to doubt the data that we've
 21 been given by NWS and it's specifically indicated to be
 22 the rendezvous point rather than the scene.
 23 A. Yes.
 24 Q. Bearing in mind that Thompson Street is very close to
 25 the arena complex, isn't it?

1 A. It's reasonably close. I'm not sure of the exact
 2 distance.
 3 Q. I think it's 0.9 of a mile and we'll see in a moment
 4 that you were able to travel that distance in about
 5 2 minutes when it came to be the case that you were
 6 leaving the rendezvous point.
 7 A. Okay.
 8 Q. At all events, would you agree that had you, instead of
 9 going to Thompson Street, gone directly to the arena,
 10 it would have been possible for you to have been at the
 11 arena some time around 22.50?
 12 A. It would have been around whatever time the MDT/mobile
 13 system told us we would have arrived, that would have
 14 been correct.
 15 Q. When you arrived at the rendezvous point at
 16 Thompson Street, you report in your witness statement
 17 that there was already an ambulance there.
 18 A. That's correct.
 19 Q. And that was staffed by somebody you recognised,
 20 Paul Harvey?
 21 A. That's correct.
 22 Q. Did it also have a person by the name of
 23 Michael Walczak?
 24 A. To my knowledge, I could not remember who was actually
 25 with Paul, I only found out later that it was Mike.

1 Q. So what I'm going to do now with you, Mr McMullen,
 2 because I understand that you have seen the data that
 3 has been pulled together, which allows you to know your
 4 own movements, just so everybody can understand from
 5 that data what is revealed to have been going on, I'm
 6 going to run through some times. I hope I do so in
 7 a way you can keep track of.
 8 The data reveals, exactly in accordance with your
 9 memory, that Mr Harvey's ambulance arrived before yours.
 10 It arrived at 22.49.37, so that is about 12 seconds
 11 before you did.
 12 It reveals that the witness we have just heard from
 13 arrived a couple of minutes after you, 22.53.43. And so
 14 it means that before 22.55, there was you, your
 15 paramedic and the student paramedic in your vehicle.
 16 A. That's correct.
 17 Q. Two paramedics in Mr Harvey's vehicle, including him?
 18 A. That's correct.
 19 Q. And a paramedic and an EMT1 in Ms Mottram's vehicle, the
 20 witness that we've just heard from?
 21 A. Okay.
 22 Q. We then know from that data that at 22.56.50, another
 23 paramedic and EMT1, Mr Buchanan arrived. Do you know
 24 John Buchanan?
 25 A. I would only know names of people I closely work with.

1 Faces I would let on to, but I wouldn't necessarily know
 2 that particular paramedic in question without putting
 3 a name to a face, really .
 4 Q. Certainly do you recall that once you had arrived, more
 5 ambulances arrived?
 6 A. Yes, I definitely recall and we started to line up
 7 vehicles two by two behind each other. I'm not sure if
 8 you have the layout of Thompson Street Fire Station.
 9 Q. I'm not sure that we're going to need that level of
 10 detail, Mr McMullen, although I'm sure others will ask
 11 you about it if they think it's important.
 12 Certainly what is important is the fact that the
 13 moment that you had arrived, steps began to be taken so
 14 that the ambulances which were there were ready to
 15 deploy in an orderly fashion and quickly; is that
 16 correct?
 17 A. That's correct, and ensuring that we -- the reason
 18 I asked if you knew the layout was we was on the
 19 left-hand side of the station, so that we weren't
 20 blocking any vehicles coming in or out of the
 21 fire station.
 22 Q. Do you remember speaking to Helen Mottram?
 23 A. At the time I didn't particularly know the paramedic in
 24 question. I have been introduced and I do know who
 25 Helen is.

1 Q. Certainly she's told us that she asked somebody called
 2 Garry to start, and I'm paraphrasing here, keeping
 3 a record of who was arriving.
 4 A. Yes. I remember starting a list of vehicles arriving
 5 and particular roles that were on, and strangely enough,
 6 the number of paramedics and techs that were together
 7 with over 12 months' experience was quite astonishing.
 8 My recollection, I don't know the number, but there were
 9 approximately eight vehicles. I can't guarantee
 10 exactly.
 11 Q. We're going to complete the picture and you're not far
 12 wrong at all. So we've covered up to 22.56. At
 13 22.59.22, a witness that the inquiry heard from
 14 yesterday, Joanne Hedges, her vehicle, containing
 15 a paramedic, an EMT1 and a student, arrived. The final
 16 vehicle to arrive had a woman by the name of
 17 Clare Higgins in at 23.02.06 and there was a paramedic
 18 and an EMT1 in that vehicle.
 19 So broadly in accordance with your recollection of
 20 what you heard.
 21 A. Yes.
 22 Q. There came a point at which you and others at
 23 Thompson Street were directed to go to Hunts Bank;
 24 is that right?
 25 A. That's correct.

1 Q. Did that instruction come over the radio?
 2 A. To my recollection, I cannot recall where that specific
 3 information came from. I would presume it would come
 4 via radio, but I don't think anything came on the MDT.
 5 Q. If a message had come over the radio, would you have
 6 been in a position to hear it?
 7 A. Yes. Each individual staff member -- like I said
 8 before, we have two vehicle radios, one in the front,
 9 one in the back, and we also have our own personal
 10 vehicles which can send what we call a group call, which
 11 can go out over the network to any particular or all
 12 particular vehicles.
 13 Q. I'm going to ask for a very small transcript to come up
 14 on screen and we'll see if that helps your recollection .
 15 {INQ015093T/1}.
 16 For everybody's record, this is timed at around
 17 23.00 hours.
 18 We can see there the context, which is, as it's
 19 given at the top, start time 23.00 hours, although the
 20 audio is over a period of 1 minute and 19 seconds, so it
 21 may be slightly after that.
 22 "Golf Mike to all crews on the major incident.
 23 Can you make your way across the Hunts Bank at the
 24 railway station, please, at the back of the arena.
 25 That's Hunts Bank approach for Victoria Railway Station,

1 back of the arena."
 2 A. That's correct.
 3 Q. You help us with this. Golf Mike, is that a call sign
 4 of a person broadcasting?
 5 A. It's usually the person that says -- in other words, "go
 6 microphone" -- in other words, we say -- when we
 7 initiate a call, we will press our radio, and then when
 8 they speak, they answer, we say "Golf Mike", and then we
 9 will usually say something afterwards. That's just so
 10 that they can hear us or anything of that nature.
 11 Q. Doing the best you can, does a message of that nature
 12 fit in with your recollection of the fact that you were
 13 dispatched to Hunts Bank?
 14 A. Yes.
 15 Q. We can take that down, please.
 16 I appreciate you're doing the best you can after
 17 a lengthy period of time, but we know from the vehicle
 18 data that your vehicle, which was the first to leave, is
 19 recorded as leaving the rendezvous point at 23.06.28.
 20 A. That's correct. There was a discussion prior to -- once
 21 we'd received the call, there was a discussion amongst
 22 everybody present that they couldn't quite remember how
 23 they would approach the incident itself. And for some
 24 reason I volunteered that I knew the route into the
 25 incident.

1 Q. Certainly by the time your vehicle leaves in front, that
 2 was because you had been volunteered to everyone to show
 3 the way?
 4 A. That's correct.
 5 Q. The difference in time between that broadcast and when
 6 your vehicle left is somewhere in the region of
 7 5.5 minutes or so. Does it accord with your
 8 recollection that there was a delay of that length
 9 between being told to go and your vehicle pulling out?
 10 A. At the time, I honestly cannot say. Time recollection
 11 is extremely difficult. At the time, things either seem
 12 to speed up or slow down, so I cannot give you an exact
 13 timing in relation to that. If the vehicle said we
 14 moved at that moment, then that basically is the time
 15 that we moved forward.
 16 Q. The inquiry heard yesterday from Joanne Hedges, and one
 17 of the matters that Ms Cartwright Queen's Counsel
 18 explored with her when asking her questions was about
 19 a radio conversation that she had at 23.03.04. So just
 20 so you've got the chronology in your mind, we know that
 21 at about 23.00 there's that broadcast saying go to
 22 Hunts Bank. Your departure is about 6 minutes and
 23 30 seconds or so past 11.
 24 A. Mm—hm.
 25 Q. Right in the middle of that, there was a message from

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1 Jo Hedges to control, querying whether or not it was
 2 safe to go.
 3 A. If that was direct via that particular paramedic that
 4 may have not been done present to — I might not have
 5 been present at that conversation. To my recollection,
 6 I can't remember that conversation.
 7 Q. That's all I wanted to know. You don't have
 8 a recollection of that message being sent by Ms Hedges?
 9 A. No.
 10 Q. Do you recall whether the discussion which you've told
 11 us about, at least in part, about how to get there,
 12 whether that included any discussion about whether it
 13 was safe to go?
 14 A. To my recollection, I can't recall discussions around
 15 the safety of it. Obviously, we was following orders
 16 and presumed — well, possibly presuming it was safe or
 17 not. But at the end of the day we was there to protect
 18 the public and to do our job.
 19 Q. So if I summarise what you have just said and you tell
 20 me if I've got this right: as far as you were concerned,
 21 there was no personal safety concern in your mind that
 22 caused any delay to you travelling?
 23 A. Personally, no, but it goes back to the conversation
 24 that was in the vehicle on the way down to the job,
 25 prior to the incident. Would you like my recollection

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1 of that?
 2 Q. Well, certainly what my question wasn't — I wasn't
 3 meaning to suggest for a moment that you weren't
 4 concerned for your safety. I was trying to focus on
 5 whether or not that concern led to any conversation or
 6 that in turn led to any delay in you going.
 7 A. My concern was that I was informed that it was a younger
 8 audience and that there could be younger patients there.
 9 So my concern was more particularly for the patients as
 10 opposed to my own safety.
 11 Q. I think what you told us in your witness statement was
 12 that that concern motivated you to travel faster, not
 13 slower?
 14 A. As part of the Ambulance Service, we attend incidents as
 15 quickly as possible, as safely as possible, within our
 16 job description and using audible warning and visual
 17 warning signs. However, as a parent, in the back of
 18 your mind, when you hear that there's younger people or
 19 children involved, the impetus is to get there quicker.
 20 We do get to all jobs safely, but quickly. But on
 21 a personal note, it was in my mind that there was
 22 younger people there.
 23 Q. I'm sure we all well understand what you mean,
 24 Mr McMullen.
 25 The final question I have before I am going to

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1 invite the chairman to consider taking a break for lunch
 2 is this: the data from the vehicle you were driving
 3 records you as arriving at 23.08.48, meaning that it
 4 took 2 minutes and 20 seconds for the departure from
 5 Thompson Street and the arrival at Hunts Bank?
 6 A. That's correct.
 7 MR DE LA POER: Sir, if it would be convenient, I will
 8 resume with Mr McMullen and I wouldn't expect that
 9 I would be very much longer with him after lunch.
 10 SIR JOHN SAUNDERS: Okay. 2.10. Thank you very much.
 11 (1.13 pm)
 12 (The lunch adjournment)
 13 (2.12 pm)
 14 MR DE LA POER: Sir, before I resume my questioning, can
 15 I apologise that we were a minute or so late. That was
 16 entirely my fault.
 17 Mr McMullen, we'd got to the point that you arrived
 18 at the scene and your vehicle pulled up outside the
 19 entrance to the railway station on Station Approach.
 20 A. That's correct.
 21 Q. The paramedic in your vehicle went to find out what was
 22 going on; is that correct?
 23 A. That is correct, yes.
 24 Q. And you and the student paramedic began preparing
 25 equipment?

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1 A. That's correct, yes.
 2 Q. I don't want to go into a lot of detail here, but just
 3 help us to understand what sort of equipment did you
 4 need to gather?
 5 A. So the standard equipment for a category 1 incident,
 6 which is what we were presently attending, is usually
 7 what we class as a basic life support bag, which is
 8 a large bag containing dressings and other equipment,
 9 emergency equipment, a defibrillator, what we call
 10 a Lifepak 15, which allows you to monitor patients, use
 11 ECGs, equipment of that nature, oxygen, what we call an
 12 ALS or advanced life support bag, which is a blue
 13 elongated bag. This contains equipment that a paramedic
 14 would necessarily need to intervene further in advance
 15 of basic life support. And also a green medicine bag,
 16 which contains cardiac drugs and other therapeutic drugs
 17 that we would necessarily need.
 18 We also took with us, if I remember correctly, pain
 19 relief, Entonox, which is in a blue bag.
 20 Q. Thank you very much indeed. Did you have a stretcher of
 21 any sort in your vehicle?
 22 A. There are three types of carrying stretcher, classed as
 23 stretcher equivalent -- one's a roll stretcher --
 24 Q. Can I just ask: in your vehicle --
 25 A. In our vehicle in Alpha 381 there would have been

1 a stretcher, a scoop, and also what we call the long
 2 board.
 3 Q. Did you, the student you were working with, or the
 4 paramedic that you were teamed up with, at any stage
 5 remove any of those stretchers from your vehicle?
 6 A. At that moment in time, no. The stretcher remained on
 7 the vehicle.
 8 Q. At any point in the whole incident, did you remove
 9 a stretcher from an ambulance to be used?
 10 A. To my knowledge, I don't remember moving any particular
 11 stretchers off any of the vehicles that I was on.
 12 Q. At any point did anybody give you an instruction to go
 13 and get a stretcher?
 14 A. To my knowledge, no.
 15 Q. I am not going to go into any detail as to precisely
 16 what you did during that first period that you were
 17 at the scene. What I hope you will feel you're able to
 18 agree with is that there was a particular patient that
 19 you were allocated to.
 20 A. Our first patient, yes, that's correct.
 21 Q. Again, I'm not going into detail here. As you dealt
 22 with that patient, did you have a facility available to
 23 you or to any paramedic or any other person you were
 24 working with to record what medication was being
 25 administered? Can I stress, I don't want to know what

1 medication was administered, if any; I just want to know
 2 about the facility to record it.
 3 A. On the Lifepak 15, there is an option that allows you at
 4 any particular time during the incident, once the
 5 Lifepak is turned on, that allows you to press a button
 6 and you can either identify specific medication and/or
 7 just put an option which would allow you then to
 8 administer a generic -- what's classed as a generic
 9 medication. So that would be allowed to be an option to
 10 do that on the defibrillator.
 11 Q. Let's just understand this. The Lifepak, what is that
 12 item?
 13 A. The Lifepak 15 is what's classed as a defibrillator.
 14 It's got multi-functions. It allows you to take blood
 15 pressure, it allows you to take capnography, which is
 16 for breathing so you can attach -- see the oxygen levels
 17 or O2 levels. It allows you also to connect to an ECG
 18 so we can take electrical currents across, and it allows
 19 if necessary to attach via the paddles, what we call
 20 paddles, if somebody is in cardiac arrest. So it's
 21 basically what we call a defibrillator as well.
 22 Q. So it has multi-function. What I'm looking to focus
 23 upon is what you have just told us, which is that there
 24 is a facility to make a record on it; is that right?
 25 A. There is a possibility of during an incident to identify

1 the administration of a drug.
 2 Q. And can you enter that record against a person's name or
 3 any other identifying feature of a person?
 4 A. If -- the only way it would be identified would be the
 5 moment that the defibrillator is switched on, it would
 6 have a specific timing. To enter specific name or
 7 details would have taken a little bit longer than time
 8 would have allowed at that moment in time.
 9 Q. And of course, this is an item that might have
 10 a life-saving function for somebody else at any point?
 11 A. There would be a possibility to recall other incidences
 12 on the specific equipment.
 13 Q. Sorry, it was my bad question. The device that you are
 14 talking about that has this facility that you've
 15 described, plainly you can have that with you when, in
 16 a theoretical example, you are treating a patient?
 17 A. Yes.
 18 Q. But of course if that life-saving facility is needed for
 19 another patient, that device may have to be moved away
 20 from the patient that you are dealing with.
 21 A. That particular machine would have, if needed, been
 22 taken to another patient. But as the crews arrived,
 23 each vehicle will have had its own defibrillator.
 24 Q. I understand. I'm just trying to understand the
 25 reliability or otherwise of using that device to record

1 what medication an individual has had, and I'm sure you
 2 can see the point I'm making, that if you did use it
 3 in that way to record for patient X that they'd received
 4 a certain drug there was a risk at least that that
 5 device would be taken away from that patient to be used
 6 for another purpose and that record would no longer be
 7 with that patient; do you see?
 8 A. Yes, that would be theoretically correct, it could be
 9 taken somewhere else, but then obviously the timing
 10 would have to be allocated to the particular patient at
 11 that time.
 12 Q. Was there any other facility apart from that device to
 13 make a record that could be held with a patient of what
 14 medication they had received?
 15 A. To my recollection, I can't recall at the time.
 16 However, post there are cards, what we call incident
 17 cards, where there is a record manually of putting down
 18 information via this card on to a particular patient,
 19 but to my knowledge I can't remember there ever being
 20 one.
 21 Q. At the time?
 22 A. With our particular patient to my recollection.
 23 Q. Similarly, does it follow that you hadn't received
 24 training that that was something you might need to do at
 25 an event of this size?

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1 A. The triage, emergency triage pack, is on the training
 2 throughout and NWAS staff are aware of it.
 3 Q. So let me see if I can just bring some clarity to this
 4 issue before we leave it.
 5 In May of 2017, had you received training in making
 6 a physical record to be held with a patient of what
 7 medication they had received for an incident such as
 8 this?
 9 A. I wouldn't be able to answer that question as I can't
 10 recollect whether the training would have been post or
 11 pre that one. Prior to that there would have been what
 12 we call a patient report form.
 13 Q. Thank you very much indeed. It may be we can ask
 14 others. I'm grateful that where there was uncertainty
 15 in your mind that you indicated it. It is important
 16 that you do so.
 17 Returning to the events of 22 May, did there come
 18 a point at which it was decided that your ambulance
 19 would be used to transport a casualty to hospital?
 20 A. That is correct.
 21 Q. You can take it from me that there is an audio broadcast
 22 from your vehicle at 00.15 hours, providing details of
 23 the casualty that you were transporting.
 24 A. That is correct.
 25 Q. The data on your ambulance in terms of its movement

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1 reveals that your ambulance left the scene at
 2 00.18 hours, all right, so shortly after you made that
 3 broadcast?
 4 A. Yes.
 5 Q. What you say, and we don't need to linger on the
 6 details, what you say is that initially, the plan was to
 7 go to the Manchester Royal Infirmary, but you were
 8 advised instead to go to the Manchester Children's
 9 Hospital.
 10 A. That is correct.
 11 Q. And you arrived at that location at 00.25.22, according
 12 to the data, so a journey of some 7 minutes or so.
 13 A. That is correct.
 14 Q. Again we're dealing with this very much in a summary
 15 form so we can gather your experience from the night.
 16 Once there, were you met by a doctor and subsequently
 17 a team took over the care of that casualty?
 18 A. That is correct.
 19 Q. Your vehicle is marked as clear at 01.16 hours.
 20 A. Yes.
 21 Q. Does that accord with your recollection of having looked
 22 at that data?
 23 A. Rough recollection, yes, that's correct.
 24 Q. Obviously that's a period of 50 or so minutes. I do not
 25 want to go into any detail in relation to that person

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1 that you transported, but is it usual for a period as
 2 long as 50 minutes to elapse between arrival at hospital
 3 and marking yourself clear, ready for redeployment?
 4 A. When we arrive generally at most hospitals, we have
 5 what's called a hospital arrival screen or HAS screen.
 6 When we arrive at the hospital we automatically arrive
 7 on the MDT, that then allocates us the time. There's
 8 a specific time, which is agreed with the NHS of the
 9 length of time to remain with the patient, a handover
 10 period. Then there's the period, once we've handed over
 11 to the hospital, to clear the hospital and to prepare
 12 the vehicle for the next job.
 13 Obviously, the timings with that one, my colleague
 14 dealt with the patient and did specific handover with
 15 regards to injuries to the team. Whilst that was
 16 happening, I was preparing the stretcher which required
 17 a little bit -- a lot more --
 18 Q. I don't think we need to go any further.
 19 A. Hence the time we needed to prepare it.
 20 Q. That is more than adequate for my purpose, thank you
 21 very much indeed, Mr McMullen.
 22 We know that at 01.25 hours, your vehicle returned
 23 to the scene and you were in it; is that right?
 24 A. That's correct.
 25 Q. What you say in your witness statement was that there

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1 was a decision made to go back to the scene.
 2 A. Obviously, our vehicle at that time was -- some of the
 3 equipment had been taken off, bandages, as I state in my
 4 statement.
 5 Q. It's important not to go into any detail. Thank you.
 6 A. So we decided and asked control would it be possible for
 7 us to return back to the vehicle, to the incident, upon
 8 which they agreed that we would return.
 9 Q. So your request to control, they agreed?
 10 A. Yes.
 11 Q. And by 25 past, you were back at the scene, ready to
 12 help again?
 13 A. That's correct.
 14 Q. Once you arrived, again dealing with this in a very
 15 summary form, were you allocated another casualty?
 16 A. That is correct, yes.
 17 Q. You took that person to Salford Royal Hospital?
 18 A. That is correct.
 19 Q. What you say in your statement is that you were told to
 20 go to that hospital by the casualty clearing officer?
 21 A. Yes, that's correct.
 22 Q. You were now travelling in a different vehicle --
 23 A. Yes.
 24 Q. -- to the one that you'd been using earlier in the
 25 evening. I've already raised this with you and I've

1 raised it with those representing NWAS, just before you
 2 gave evidence. I'm sure they will correct me if my
 3 information is wrong, but it appears that you left the
 4 scene at 02.06 and arrived at Salford Royal at 02.16.
 5 A. That's correct.
 6 Q. Your statement records that after that second visit to
 7 that different hospital, you asked to go back to the
 8 scene?
 9 A. That is correct.
 10 Q. But at that stage, you were advised that instead you
 11 were to go Central Ambulance Station?
 12 A. Yes.
 13 Q. Did you attend the Central Ambulance Station?
 14 A. We took the vehicle back to the Central Station, yes,
 15 that's correct.
 16 Q. And you were present at a debrief, as you describe it in
 17 your statement, delivered by Derek Cartwright; is that
 18 right?
 19 A. Yes, it was a preliminary thank--you and obviously
 20 stating -- obviously thanking all the crews that had
 21 turned up and helped on the evening.
 22 Q. There was one part of your statement right at the end
 23 which you chose to include when providing it. I'm just
 24 going to read it out and see whether you agree with this
 25 or not because I know you have indicated it was

1 important to you. You say:
 2 "It felt like everyone was so professional and
 3 worked as a family, friends and colleagues."
 4 Was that your impression?
 5 A. From the evening, that is correct. Whilst in the
 6 incident, a few of the teams were committed from
 7 Salford, from our group, and when I was looking around
 8 I could see my colleagues dealing professionally with
 9 their particular patients and it felt strangely
 10 comforting that there was regular faces that that I did
 11 know.
 12 Q. I'm sure that whilst that was your sense about it, that
 13 was simply your perspective, I'm sure you would agree.
 14 A. That is my own personal perspective, yes.
 15 Q. And you're not commenting one way or the another about
 16 whether things could or could not have been done better?
 17 A. Not at all. That is just my personal perspective.
 18 MR DE LA POER: Thank you very much indeed, Mr McMullen.
 19 Those are the questions I have for you.
 20 Can I therefore turn first, under the Rule 10
 21 procedure, to invite questions, if any, on behalf of the
 22 Fire and Rescue Service under the banner of the combined
 23 authority. I think it will be Ms Either Johnson or
 24 Mr Warnock.
 25

1 Questions from MS JOHNSON
 2 MS JOHNSON: Mr McMullen, I just have questions on one issue
 3 and I want to take you back to your arrival at the RVP
 4 at Thompson Street. I don't need to take you to your
 5 statement, I'm just going to read out something you say
 6 in it. You say that when you arrived at
 7 Thompson Street:
 8 "We were the second vehicle there, which was manned
 9 by Paul Harvey. He had arrived a couple of minutes
 10 previously and was talking to fire crews who didn't know
 11 that anything had happened. We started to turn the
 12 vehicles around and line them up two by two ready for
 13 deployment."
 14 A. That's correct.
 15 Q. In terms of that conversation that you saw, your
 16 statement reads as though you saw it whilst you were
 17 still in your vehicle; is that right?
 18 A. That is correct.
 19 Q. So does it follow from that that you didn't hear
 20 what was being said?
 21 A. I was not privy to that particular conversation at that
 22 moment in time.
 23 Q. Could you help with where Mr Harvey and the fire crews
 24 you saw were standing when you saw them having the
 25 conversation?

1 A. They were on the forecourt of the station itself .
 2 Q. Did you know any of the people that Mr Harvey was
 3 speaking to?
 4 A. I did not know any of the fire officers present.
 5 Q. I don't need to put this on the screen, but for the
 6 transcript the reference is {INQ004284/1}. We know from
 7 the North West Fire Control log that the two
 8 Manchester Central fire appliances are recorded as
 9 mobilising and leaving Thompson Street at 22.50.06 and
 10 22.51.46, so very soon after you arrived at 22.49.49.
 11 Did you see the appliances -- sorry, Mr McMullen.
 12 A. Carry on.
 13 Q. It's the delay, don't worry.
 14 Did you see the appliances leave Manchester Central?
 15 A. Once I parked up the vehicle, there was an audible alarm
 16 at Thompson Street and the officers then went into the
 17 building and then quite shortly afterwards they did
 18 deploy. I'm not sure where they were deploying to.
 19 Q. So do I take it from that that so far as you are aware
 20 the officers you saw on the forecourt left on those two
 21 appliances?
 22 A. All officers left -- well, all officers went into the
 23 building and wherever they went to after that, obviously
 24 I cannot ascertain.
 25 Q. But you didn't see them after that?

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1 A. No, the two vehicles left quite quickly afterwards and
 2 disappeared. I'm not sure in which direction they went.
 3 MS JOHNSON: Thank you very much, Mr McMullen. Those are my
 4 questions.
 5 MR DE LA POER: Thank you very much. May I turn next to
 6 Mr Gozem Queen's Counsel who's taking the lead to see
 7 whether he has any questions.
 8 MR GOZEM: No. Can I just say thank you to Mr McMullen and
 9 indicate that I don't have any questions. Thank you
 10 very much.
 11 MR DE LA POER: Thank you very much indeed, Mr Gozem.
 12 Finally, then, can I please turn to Ms Roberts
 13 Queen's Counsel to see if she has any questions on
 14 behalf of NWSA.
 15 MS ROBERTS: No, thank you very much, I have no questions.
 16 MR DE LA POER: Thank you very much indeed. Sir, unless
 17 you have any questions.
 18 SIR JOHN SAUNDERS: No.
 19 Thank you very much. You, along with many others,
 20 did everything you could on that night and I'm sure
 21 everyone is grateful to you for your assistance.
 22 A. Thank you very much.
 23 MR DE LA POER: Sir, originally we had scheduled only two
 24 witnesses for today. As Mr Greaney has indicated,
 25 a third has been prepared to make himself available.

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1 We're very grateful for that. In fact we had thought
 2 that we might not get to him for a few minutes yet, but
 3 when we saw how the afternoon was shaping up, we asked
 4 him to come over straightaway. If I could have a few
 5 moments, it may be that's all I need.
 6 SIR JOHN SAUNDERS: If you could tell me when you're ready.
 7 (2.32 pm)
 8 (A short break)
 9 (2.50 pm)
 10 MR DE LA POER: The next witness is Mr Schanck. May he
 11 please be sworn.
 12 MR RONALD SCHANCK (sworn)
 13 Questions from MR DE LA POER
 14 MR DE LA POER: Please can you state your full name?
 15 A. Ronald J Schanck.
 16 Q. Mr Schanck, in May of 2017 you were a qualified
 17 paramedic, is that right?
 18 A. Yes, sir.
 19 Q. When did you qualify as a paramedic?
 20 A. I qualified as a paramedic in 2003. I had been
 21 a technician from 2002, so I was a technician for 1 year
 22 and then a paramedic.
 23 Q. Did you complete that training within Merseyside?
 24 A. Yes.
 25 Q. Were you employed by that same Merseyside trust in May

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1 of 2017?
 2 A. Yes, sir.
 3 Q. When did you join the Hazardous Area Response Team?
 4 A. My recollection is round about 2009, I believe.
 5 Q. Your statement records that you held a team leader
 6 position.
 7 A. That's right, sir.
 8 Q. When were you appointed team leader?
 9 A. Again, my recollection ... Maybe 2010. That's just
 10 a rough guess. I was a HART operative for approximately
 11 2 years and then I was promoted to a team leader after
 12 that.
 13 Q. Can we just understand how Merseyside operated the team
 14 leader system. Was that a permanent position?
 15 A. It was.
 16 Q. So in other words, when you were allocated to a team,
 17 you would be the leader of it?
 18 A. Yes, sir.
 19 Q. Did you have to undertake any particular additional
 20 qualifications in order to become a team leader?
 21 A. At the start, no.
 22 Q. So was it something that you simply applied for at the
 23 start and were appointed to?
 24 A. Yes, sir.
 25 Q. Having been appointed, did you undertake any additional

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1 training?
 2 A. There were some small courses that NWS had offered
 3 other team leaders. Specifically, there were command
 4 courses that were for substantive command roles that
 5 we were allowed to attend a day. So if it was
 6 a four-day commander's Bronze course, for instance,
 7 I would attend one day as an over -- a generalisation of
 8 a Bronze commander role, but was never put on a full
 9 course.
 10 Q. Did you ever complete the Bronze commander training?
 11 A. I had some Bronze commander training, but I was never
 12 given the full -- I believe it was a four-day
 13 Bronze commander's course and, again, it was the odd
 14 day.
 15 Q. As part of the training exercises that you undertook,
 16 and we've heard already and we don't need to go into
 17 detail that there are training exercises by the
 18 Hazardous Area Response Team, did you ever receive any
 19 experience of using a major incident HART team leader
 20 card, the action card?
 21 A. Looking back, I believe in 2015 there was one produced
 22 by the National Ambulance Resilience Unit for a team
 23 leader role.
 24 Q. Yes.
 25 A. I took that action card for myself, laminated it, and

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1 kept it on my person, because I thought it was a very
 2 good aide-memoire to give you some idea of where you
 3 need to go in a major incident, so what your role would
 4 be in a major incident, although it wasn't rolled out
 5 across the North West Ambulance Service at that time.
 6 Q. So it was a document that you were familiar with but you
 7 had not had any formal training in?
 8 A. Yes, sir.
 9 Q. Is that the summary?
 10 We're going to have a look at an NWS document,
 11 which specifies the role of team leader. There's just
 12 one or two points that I'd like to pick out to see
 13 whether or not that accorded with your understanding of
 14 your role as a team leader.
 15 Mr Lopez, {INQ020658/1}, please. We are not going
 16 to look at every line of this, but we're going to start
 17 at {INQ020658/2}, please, towards the bottom.
 18 What just flashed up there for a moment, and I'm
 19 sure you can confirm because this is a document I think
 20 you've seen, is that -- it's headed "Job description".
 21 A. Yes, sir.
 22 Q. What we can see is that under the heading of "Main tasks
 23 and responsibilities", we have a sub-heading of
 24 "Operational". The first one perhaps speaking for
 25 itself :

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1 "To attend and respond to operational and
 2 potentially protracted incidents, including ..."
 3 And then a list is given.
 4 We don't need to look at the subsequent bullet
 5 points, again they speak for themselves. What I'd like
 6 to do is look over the page and just focus on one.
 7 {INQ020658/3}. The third bullet point:
 8 "Supervise, direct, coordinate and deliver
 9 life-saving clinical care for patients within the inner
 10 cordon, including triage (where appropriate, toxic
 11 triage), diagnosis, appropriate treatment prior to and
 12 during decontamination (if decontamination present) and
 13 in situations of difficult access in USAR incidents."
 14 What is USAR?
 15 A. Urban search and rescue environment.
 16 Q. "At times being the only clinician in situ and deliver
 17 casualties into mainstream healthcare."
 18 Again, I'm sure that that speaks for itself for many
 19 people reading it, but it indicates the fact that, as
 20 part of the role of team leader, do you agree, your role
 21 included providing care within the inner cordon?
 22 A. Yes, sir.
 23 Q. Is that sometimes referred to as the hot zone?
 24 A. Yes, sir.
 25 Q. And we're clear here, that's not an Operation Plato hot

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1 zone, we're talking about a major incident hot zone?
 2 A. That's correct, sir.
 3 Q. We'll use inner cordon to avoid any confusion in
 4 language.
 5 So was it your understanding that in appropriate
 6 circumstances, you as team leader would go forward into
 7 the inner cordon?
 8 A. Yes, sir.
 9 Q. And that once there, as the situation required, you may
 10 direct and supervise members of your team?
 11 A. Yes, sir.
 12 Q. And you may yourself provide treatment?
 13 A. Yes, sir.
 14 Q. Thank you very much indeed, we'll take that down.
 15 SIR JOHN SAUNDERS: Can we go back to page 1 to see the
 16 heading of the document {INQ20658/1}?
 17 Thank you.
 18 MR DE LA POER: Does that help, sir?
 19 SIR JOHN SAUNDERS: Yes, thank you.
 20 MR DE LA POER: That can be taken down.
 21 Does that description, and we've only focused on one
 22 part of the role, accord with your understanding of your
 23 function as a team leader?
 24 A. It does. That is our main function, but there are
 25 sometimes instances and situations where that may not

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1 necessarily happen, the team leader, depending on how
 2 quickly you get to an incident, so I may not necessarily
 3 supervise my team within that zone, I could become
 4 a command support role. So as the commanders and other
 5 people arrive on scene and set up at an incident, I may
 6 be asked to provide a bit of support to that, and at
 7 a later stage be tasked to go in with my team.

8 Q. You can help us with our understanding of that,
 9 Mr Schanck, bearing in mind in particular the length of
 10 service you had and the length of experience that you
 11 had as a team leader. So just help identify for us,
 12 please, the factors in the decision-making process that
 13 you would regard as important when deciding whether or
 14 not as team leader you will go forward into the inner
 15 cordon.

16 A. As a team leader, speaking from my own experiences,
 17 I would need to have an understanding of any risks that
 18 might be present, first of all, in that environment,
 19 in the inner cordon and numbers of casualties that may
 20 be present in the inner cordon. So for me, it's an
 21 intelligence-gathering process for myself. I would have
 22 to assess that, that scene, initially, probably in some
 23 instances remotely, based on what information would be
 24 fed back to myself, and would make a decision whether or
 25 not I would go in with a team, with my full team, with

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1 medical equipment and start treating, and triaging
 2 perhaps, patients.

3 But that again would be -- that decision-making will
 4 be led by what support we had at that particular
 5 incident at the time. If we were there relatively
 6 early, what becomes a very important factor is how we
 7 mobilise resources to the scene and that's hugely
 8 important at the start of any type of mass casualty
 9 incident or any kind of large event, that you need to be
 10 able to organise a response to it. If you just land on
 11 a scene or arrive at an incident, gather some
 12 information and just go off with your team and manage
 13 that incident, the work that needs to be done to bring
 14 additional resources to the scene and the notifications
 15 to various command staff and command roles would be
 16 delayed and that would ultimately delay the response of
 17 specialist vehicles, specialist teams, ambulances,
 18 et cetera.

19 So we have a very varied role and those decisions
 20 need to be made in an event quite quickly, quite
 21 quickly.

22 Q. You may have touched on this, but let's bring it to the
 23 surface if it isn't already. Consideration about what
 24 Hazardous Area Response Team resources there are
 25 available. Is that a factor when making decisions about

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1 how a team will deploy?

2 A. Yes, sir.

3 Q. And does that include assessing not only who might be
 4 immediately or shortly available but what might be
 5 available in the medium-term?

6 A. Yes, sir.

7 Q. To your mind as an experienced team leader, would it be
 8 for you to have a clear knowledge of the Hazardous Area
 9 Response Team resource generally or does that sit at
 10 a different place in the command structure?

11 A. The team leader has the knowledge of the equipment that
 12 we carry, our vehicles, the equipment that we carry on
 13 our vehicles, and we should also have a firm knowledge
 14 of the support mechanisms that can help us at an
 15 incident, whether it be additional HART resources that
 16 are available within the area and certainly major
 17 incident vehicles that might be available to assist us
 18 at an incident.

19 Q. Would you expect a person who had completed the
 20 Bronze commander training also to have an awareness,
 21 detailed awareness if necessary, of the Hazardous Area
 22 Response Team capability?

23 A. They would do, sir, yes.

24 Q. So at a major incident when both you as team leader and
 25 a Bronze commander were present, that information

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1 wouldn't only be held by you?

2 A. No, sir, it would be expected that they would know as
 3 well.

4 Q. Would you expect, as you are making deployment
 5 decisions, to be trying to find out where other
 6 resources are, say from a neighbouring area, or would
 7 you expect the team leader, when on scene, simply to be
 8 looking at their own team?

9 A. Again, in my experience, the expectation would be that
 10 the team leader would be responsible for their own team
 11 and the equipment and resources at the scene at that
 12 time, but it wouldn't be wrong to say that you would
 13 need to have that knowledge in your own mind, what other
 14 resources could be available to support you early on in
 15 the incident.

16 Q. Because one of the decisions or one of the factors you
 17 may be bearing in mind, as we've heard from Mr Beswick,
 18 is the possibility of a second attack, if it's
 19 a terrorist incident, is that right?

20 A. Yes.

21 Q. A highly relevant consideration?

22 A. Yes.

23 Q. Or the possibility that a rescue will need to be
 24 effected of those team members who are in the inner
 25 cordon?

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1 A. Yes, sir.

2 SIR JOHN SAUNDERS: Is that decision for you or is it

3 a decision for the Bronze commander?

4 A. If the Bronze commander was on scene, that would be

5 a decision that they would have to consider. But again,

6 going back to the team leader, it is my responsibility,

7 ultimately my responsibility, on a day-to-day basis, to

8 look after my own team.

9 The Bronze commander will have the final say in

10 anything, but from my own role as a team leader I would

11 be hugely conscious of the safety of my team at an

12 incident.

13 SIR JOHN SAUNDERS: And therefore you make representations

14 to the Bronze commander --

15 A. Yes, sir.

16 SIR JOHN SAUNDERS: -- if you disagree with the decision?

17 A. Yes, sir.

18 SIR JOHN SAUNDERS: Thank you.

19 MR DE LA POER: I am just trying to understand the

20 practicalities of how this works. The wider resource,

21 you have agreed, is useful information to have. As you

22 understood it, was there a mechanism or a plan in place

23 for ensuring that that information about the wider

24 resource was made available to the team leader and the

25 Bronze commander in May of 2017?

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1 A. I have to say it would be difficult for me to answer

2 because those decisions and the thought process behind

3 that decision—making would have been made by the initial

4 HART team that arrived and the initial ambulance staff

5 that initially arrived. I wasn't there to make those

6 decisions.

7 Q. And I certainly wasn't trying to put you in that

8 position, I was asking more about structures that were

9 in place so that when a plan is made, where you as

10 a team leader know what structures will sit behind you,

11 what will come into effect in a certain situation, I'm

12 just trying to understand whether or not communicating

13 the wider resource to those on scene who are making the

14 decisions about who gets deployed, who gets held back,

15 whether that was something that you understood to be in

16 place in May 2017 or whether that wasn't in place in

17 2017?

18 A. Apologies if I go off track, and please put me back on

19 track if I do. Again, speaking from my own experience,

20 I think there was a mechanism in place for that. I feel

21 that the commanders on scene would rely heavily on

22 a team leader's knowledge and experience. We train for

23 this a lot and they may not necessarily have the

24 opportunity to do the level of training that we do in

25 HART. So I think there's a reasonable expectation that

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1 the team leader -- sorry, the Bronze commander would

2 have that discussion, and if the Bronze commander at the

3 scene or the operational commander at the scene was not

4 fully understanding, then the team leader would say,

5 "We have this available, we have this resource

6 available, we have this piece of equipment available",

7 because it does happen, you're overloaded.

8 In the early parts of these incidents, there's loads

9 that you have to take in, filter out and assess. Things

10 get forgotten, things do get missed, and it's good to

11 have that reassurance that there is someone else there

12 to say: consider this, consider that.

13 Q. Or an action card such as the one you identified?

14 A. Yes.

15 Q. We'll move on from that, although it may be that you

16 will be able to add as we go to what we have just been

17 speaking about.

18 I would like to turn now to 22 May 2017. You were

19 on duty that night; is that right?

20 A. Yes, sir.

21 Q. What area generally, I don't need the exact location?

22 A. I was based in Merseyside.

23 Q. At the time that you first became aware -- which I think

24 was via social media; is that right?

25 A. It was, yes.

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1 Q. Were you involved in an incident or were you available

2 to be deployed?

3 A. I was available to be deployed. We were on station.

4 Q. We know that you were allocated to the incident at the

5 arena at 23.14.35.

6 A. Yes, sir.

7 Q. Which is about 40 minutes after the explosion. About

8 how soon prior to that, approximately, did you first

9 become aware of the incident?

10 A. My recollection is my colleague Alan coming down -- my

11 estimate is probably about 5 to 11, so 22.55. I'd come

12 down to say that there was a report on Sky News and

13 somebody had mentioned social media, that there had been

14 an explosion at the arena.

15 Q. Did that attract your attention as something that you

16 needed to think about?

17 A. It did. I didn't have to think very long. What I had

18 done was immediately -- on our radio channel, which is

19 an open speech radio, so I can just squeeze it, talk and

20 everybody hears me, I asked everyone to the office and

21 as people were mustering to come down to the office, the

22 radio went from our control room and my rationale was to

23 get people straight to the vehicles, get ready to go

24 because I had a suspicion that we were going to be sent

25 to this, and then we got the phone call from our control

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1 at that stage.
 2 Q. And that was at 23.14, as we have said. Have we
 3 understood from what you've been saying that your team
 4 was all available to prepare themselves as you've
 5 described?
 6 A. We were pre-alerted. I don't know if you're aware of
 7 that. We were making ready at 22.55 before we even got
 8 called. Our EOC, our control from Merseyside, had
 9 contacted myself and had asked us to start making
 10 towards Manchester. So although the timing for our
 11 response -- I think it was 11.14, we were actually on
 12 the road already heading towards Manchester.
 13 Our EOC had a discussion with myself and had
 14 suggested we start to head that way, which is what we
 15 did. So the timings are actually out by about 7,8,
 16 9 minutes.
 17 Q. That's extremely helpful to know. From what you've
 18 described, that is because people within Merseyside had
 19 taken the initiative, anticipating that a request was
 20 going to be made?
 21 A. Yes, sir.
 22 Q. Even adjusting for those timings being out, we are
 23 looking at a period of approximately 30 minutes between
 24 the explosion and when you start to anticipate that
 25 you will be needed?

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1 A. Yes, sir.
 2 Q. We know from the information that has been provided
 3 in relation to the tracking for your vehicles that at
 4 the time you were based 29.45 miles away, so just under
 5 30 miles away?
 6 A. Yes.
 7 Q. A substantial distance that would take a period of time
 8 to cover?
 9 A. Yes, sir.
 10 Q. Was it your expectation before that night that your team
 11 would have been notified sooner than in fact they were?
 12 A. Yes, sir.
 13 Q. What was that expectation based on?
 14 A. The expectation was based on the initial call, the
 15 initial information that was received of an explosion in
 16 an arena. I was aware earlier in the evening that there
 17 was -- we have a register available that tells us where
 18 there are football matches on. So it's a register to
 19 tell us that there will be a concert and roughly how
 20 many people are going to be attending that. Now, I have
 21 to say I don't recall or recollect seeing an entry for
 22 the concert. I would assume there is because they don't
 23 normally miss any of that out. But I do regularly check
 24 the register of gatherings and it tells us roughly
 25 numbers of people. When I had come in, that was

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1 straight on my mind: there's a concert, there's going to
 2 be a lot of people there.
 3 So my expectation was based on that information
 4 alone and the calls that that message would have gone
 5 out quite quickly to everybody.
 6 Q. We'll just give ourselves another timing and then work
 7 back. The vehicle data records that you arrived at
 8 Thompson Street Fire Station at 23.43.33.
 9 A. Yes, sir.
 10 Q. So slightly less than half an hour after the formal
 11 indication, but as you've told us, you were already on
 12 the move at that point.
 13 A. Yes, sir.
 14 Q. So a journey of approximately 35 to 40 minutes?
 15 A. Yes, sir.
 16 Q. Does that accord with your recollection?
 17 A. Yes.
 18 SIR JOHN SAUNDERS: Give me the time again, would you?
 19 Sorry.
 20 MR DE LA POER: 23.43.33 for Mr Schanck's arrival --
 21 SIR JOHN SAUNDERS: Thank you.
 22 MR DE LA POER: -- at Thompson Street.
 23 So if we were to adjust the timings to fit what your
 24 expectation was about being notified, would you have
 25 expected to have been notified within 10 minutes of such

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1 an event or is that too quick bearing in mind that
 2 you are not the immediate Hazardous Area Response Team?
 3 A. I think that's a fair expectation, within 10 minutes,
 4 just at least a notification that something's happened.
 5 Q. So that you can start to pre-prepare?
 6 A. Correct.
 7 Q. Or even make your way to your vehicles?
 8 A. Yes.
 9 Q. So on that basis, bearing in mind that we know that the
 10 explosion was at 22.31, we would be looking at an
 11 adjusted potential arrival time of around 11.15, maybe
 12 a little after that, for you and your team at
 13 Thompson Street Fire Station --
 14 A. Yes, sir.
 15 Q. -- assuming the journey times were the same?
 16 A. Yes, sir.
 17 Q. We will just remind ourselves, although you may not have
 18 known it at the time, that that is about the time that
 19 Mr Beswick is deploying two members of his team up to
 20 the City Room.
 21 Were you aware as you travelled across to the
 22 Manchester area of the deployment of the local Hazardous
 23 Area Response Team?
 24 A. No, I wasn't aware.
 25 Q. So you weren't on a shared radio channel with them?

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1 A. No.
 2 Q. Nor did you have access to a computer terminal that told
 3 you that readily?
 4 A. No, sir, not in the vehicle. On station we would be
 5 able to have a look at jobs or incidents coming in and
 6 potentially see where their location was. But we also
 7 have radio communications so I could point—to—point call
 8 them.
 9 Q. Did you point to point —
 10 A. I did make an attempt because I was concerned as to the
 11 lack of information initially that we had, but as the
 12 Airwave radio system does happen, sometimes — it's very
 13 reliable but occasionally you get spots where the signal
 14 drops and it's difficult to get across to anybody.
 15 Q. To whom did you attempt a point—to—point communication?
 16 A. To the team leader.
 17 Q. To Mr Beswick, as we know. Was he somebody you knew
 18 before that night?
 19 A. Yes.
 20 Q. Was he somebody with whom you had trained before that
 21 night?
 22 A. Yes, we have had training together, yes.
 23 Q. So how many times did you seek to contact him, do you
 24 believe?
 25 A. My recollection is at least once on that night.

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1 Q. That having been unsuccessful, I think what you say in
 2 your witness statement is that you switched on to the
 3 Manchester channel. I don't want to go into any more
 4 detail than that quite vague description. Did that
 5 radio channel give you an increasing understanding of
 6 the situation?
 7 A. Again, my recollection was I had had to ask our own
 8 emergency operations centre back in Merseyside to give
 9 me the channel because, I have to say, I wasn't familiar
 10 with their channel because I don't work in Manchester.
 11 They gave me that, I advised them I was going to change
 12 to their radio channel, and I had what we call request
 13 speech, so I hit a button on my radio which says to them
 14 someone's trying to call you. My recollection of this
 15 was I didn't get anything back. But my understanding
 16 was that they were probably so overwhelmed and inundated
 17 in the control room that it just got lost along the way.
 18 Q. Were you able to hear any of the conversations on that
 19 channel or was it not a general broadcast channel of
 20 that type?
 21 A. My recollection is we switched over to the HART incident
 22 ground channel and there was chatter on there. So what
 23 it was, I couldn't specifically say, but there was loads
 24 of talk going on, requesting things. But there were
 25 also quite often periods of nothing. It would go 2, 3

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1 or 4 minutes with no sound at all because they were
 2 obviously busy.
 3 Q. At the point at which you arrived at Thompson Street,
 4 what was your understanding of the incident?
 5 A. If I can, sir, just backtrack a little bit.
 6 Q. Of course.
 7 A. In transit to Manchester, I did have several
 8 conversations with the Merseyside EOC, quite simply to
 9 get some intelligence and try and build a picture of
 10 what we were actually responding to. As I'm sure a lot
 11 of people have already said, there were varying stories
 12 of what had happened: a speaker had exploded, there was
 13 an explosion, our EOC alluded to a bomb that had gone
 14 off. So the information that was coming in was an
 15 explosion of some description in the arena, and I was
 16 just trying to understand casualty numbers, if they
 17 could give us a rough idea, so I could start planning in
 18 my own mind when we landed on scene what I was going to
 19 do.
 20 SIR JOHN SAUNDERS: Who told you to go to Thompson Street?
 21 A. I believe it came up on our MDT screen in the vehicle.
 22 Now, again, my recollection could be slightly out here.
 23 There's a possibility it might have come up as
 24 Hunts Bank initially, which is where I think a lot of
 25 the resources were initially being allocated to. And

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1 then they had changed the RVP to Thompson Street. Now,
 2 I did briefly work in Manchester, had a little bit of an
 3 idea where Thompson Street was, but I had asked because
 4 they changed the RVP twice, could they reallocate it to
 5 our vehicle so the satnav would fire up and flash up to
 6 us and we would know where we were going. They said
 7 they couldn't do that because everyone was running to
 8 Hunts Bank, so we had to resort to putting it on
 9 a mobile phone and inputting it into Google Maps to find
 10 out where Thompson Street was.
 11 MR DE LA POER: You're not the first witness to tell us
 12 that. That was the previous witness's experience also.
 13 It was explained to you that because Hunts Bank had been
 14 allocated as a rendezvous point on the system, it was
 15 for you to go to a different one, they couldn't change
 16 that navigation because that would presumably disrupt
 17 the rendezvous point for others?
 18 A. It became problematic for people that didn't have local
 19 knowledge.
 20 Q. I understand. Now, plainly, you didn't have the same
 21 information available to you as the commanders on scene.
 22 A. No, sir.
 23 Q. But bearing in mind your experience as a team leader,
 24 being deployed to a rendezvous point which is not the
 25 scene itself but a little way away, is that what you

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1 would expect given your experience at that point?
 2 A. I will say I was frustrated. I was frustrated because
 3 I know what our role is, I certainly knew my colleagues
 4 in HART, with the numbers that they have, they're going
 5 to be probably thinking, "Where are we?" because we are
 6 that extra support, that extra line of support to go
 7 forward with them. But it's not unreasonable for the
 8 command structure to be a bit cautious because in my
 9 mind, as a HART team leader, I was concerned that this
 10 could be something -- the start of something big, as in
 11 multiple attacks across the north-west or, for that
 12 matter, anywhere else in the country.
 13 Something in my mind was: could something happen in
 14 Merseyside where I have just come from? So I was very
 15 conscious of that, this is an incident that's huge, but
 16 is there anything else going to happen? So the
 17 commanders would have to consider that with a view to:
 18 we might have to deploy these guys somewhere else to
 19 support something else as well if that was the case.
 20 So it's not unreasonable to send us to an RVP until
 21 they get a little bit more intelligence and
 22 understanding of what's happening.
 23 Q. Would you agree that in order to engage in that sort of
 24 decision-making process, the commanders will need to
 25 have a very clear idea of where you are at any given

1 time?
 2 A. Yes, sir.
 3 Q. And whose responsibility was it to communicate where you
 4 and your team was to the commanders?
 5 A. It would be down to myself as the initial line of
 6 supervision for that HART team, as the HART team leader.
 7 Q. You told us you tried to do that. Is there any
 8 fail--safe for you not being able to get that information
 9 through?
 10 A. I resorted to contacting Merseyside because I know they
 11 did have a considerable amount of information, but
 12 ultimately, again with my experience, they will have set
 13 up a major incident channel, so the commanders very
 14 early on should be asking for that and establishing the
 15 major incident channel early on in the incident. And
 16 that's a request I put through my own EOC, was, "Have we
 17 established a major incident channel for this incident?"
 18 And they confirmed it was set up. I asked them for that
 19 channel and I went on to that channel and that's when
 20 I made my first contact with -- I believe it was
 21 Dan Smith.
 22 Q. About what time was that? Let me put it a different
 23 way. Was it before or after you arrived at the
 24 rendezvous?
 25 A. It was very early on in our arrival, so probably within

1 the first couple of minutes of arriving at the RVP.
 2 Q. We're going to have a look at a couple of your radio
 3 transmissions. You have already told us you were --
 4 your word was frustrated, I think that's one that you
 5 use in your witness statement and indeed in your
 6 debrief. Let's just see what you were saying at the
 7 time. Firstly, {INQ033208T/1}.
 8 This is a call to what's labelled Nwas Control. It
 9 is timed at 23.50, so we know it's just after you
 10 arrived at that Thompson Street rendezvous. It begins
 11 in the way these conversations often do, but let's look
 12 at the substance of what you say:
 13 "Yeah, no, there's a lot of activity on the major
 14 incident channel. Could you see if you could make
 15 contact with Manchester? We've got a HART team at the
 16 RVP now and we're looking at possibly backing our
 17 colleagues up from Manchester HART, closer to where the
 18 incident is. Just ask them if they want us to deploy
 19 forward because they did mention to me that several
 20 minutes ago. Over."
 21 We can see the response there:
 22 "Information on the job actually states unless
 23 actively dealing with a patient to withdraw to
 24 Thompson Street. That came out at 22.50. However, I'll
 25 just clarify if they want that to apply to yourselves as

1 well. Standby."
 2 Some things to unpack there. Firstly, trying to
 3 take it in chronological order, in the body of what you
 4 say you mention an earlier call. Is that the call that
 5 you had with Dan Smith or is that a different call?
 6 A. My recollection was that I had spoken to Dan Smith when
 7 we arrived at the RVP because he does confirm with me,
 8 and I recall it quite clearly, saying, "I believe that's
 9 Mersey HART arriving at the RVP", and he said something
 10 on the lines of, "I'm going to try and move you forward,
 11 I'm just going to try to clear some of the traffic or
 12 the congestion outside". And then my recollection was
 13 I hadn't heard anything for a few minutes and then
 14 I went on to contact our EOC to say there's loads of
 15 chatter, we were told potentially we might move forward
 16 and I haven't heard anything more.
 17 Q. Self-evidently, given your team's capability and the
 18 fact that you hadn't even made it to the scene, the
 19 order that those not treating a patient should withdraw
 20 wasn't really of direct application to what you were
 21 there to do; is that right?
 22 A. Yes, sir.
 23 Q. Next, please, {INQ033217T/1}.
 24 This is at 23.54. It picks up in the third row:
 25 "Sorry, I just missed a call from you. We're just

1 making notes of the ambulances coming in. There was an
 2 enquiry made about whether you want us to back our
 3 colleagues up on scene. That's all it was."
 4 Then the reply:
 5 "Right understood. Just standby and I'll see. It
 6 may have come from Manchester. Just standby. Over."
 7 And then NWAS Control, three rows up:
 8 "Right, at the moment, as far as we are aware, it's
 9 stay at the rendezvous point. We are just trying to get
 10 hold of Manchester but we can't get any reply from them
 11 at the moment. It's obviously chaos there. Over."
 12 And you reply:
 13 "Yeah, no worries. We'll just manage the staff
 14 coming in in the ambulances. No worries, thank you."
 15 And they said:
 16 "Understood."
 17 We'll come to the point where you do move forward.
 18 Dealing with that period from about quarter to when you
 19 arrive up to 11 o'clock we can see reference to you
 20 playing an organisational role at the rendezvous point.
 21 A. Yes.
 22 Q. Describe to us in summary terms what it was you were
 23 doing to organise things.
 24 A. When we arrived at the RVP, my recollection was maybe
 25 two ambulances there. It was quite quiet, I have to

1 say, at the rear of the fire station, a big car parking
 2 area. There was no ambulance officers that were more
 3 senior to myself. So I gave a very quick brief to my
 4 team, basically to say: we're going to stay here at the
 5 minute, we've been allocated an RVP, I'll see if I can
 6 get us moved forward as soon as I can, and make sure
 7 you've got your equipment and your PPE ready. We were
 8 already dressed in our PPE, the chosen PPE because of
 9 the information that we had information on the way.
 10 I started doing what I would class as the parking
 11 officer's role, the ambulance parking officer. There
 12 were vehicles coming in, so similar to -- I'm sure my
 13 other colleagues might have done the same: skill mixes,
 14 ambulance pulling coming in, ambulance number, are you
 15 AIT trained, yes or no. So I would know if that staff
 16 member was trained to work in a ballistics environment.
 17 Whether it was a double paramedic crew, double EMT crew
 18 or a mixed crew. And kind of sorting that out so when
 19 they called vehicles forward we could hopefully balance
 20 out every ambulance with a paramedic on it.
 21 If there was an ambulance that didn't have a
 22 paramedic on it, we could make that happen, we would
 23 just take two EMTs, split them up, because you would
 24 want a paramedic for the advanced skills on every
 25 ambulance, and I was logging vehicles pretty much.

1 Q. Not what you were primarily trained for?
 2 A. No, sir.
 3 Q. Fire crews. You're at Thompson Street Fire Station.
 4 Did you have any interaction with any firefighters?
 5 A. Yes, sir.
 6 Q. Who initiated that?
 7 A. I was approached by a firefighter. Couldn't tell you
 8 what rank he was, but he was an officer. He met me in
 9 the car park and said, "You're the senior ambulance
 10 officer here at the RVP. We're going to have people
 11 calling a huddle, we're going to have a discussion".
 12 And he was dressed in what I thought was his MTA, so
 13 he had his overalls on, his ballistics, he may not have
 14 had the vest on, but he had the ballistics equipment
 15 already on. And as I walked round to the front of the
 16 fire station, there was a line of firefighters dressed
 17 in that same equipment on what we would call the front
 18 apron of the fire station.
 19 To my recollection, it might have been maybe seven
 20 or eight of them perhaps.
 21 Q. Did you understand which team they were a member of
 22 within the Fire and Rescue Service?
 23 A. Based on my HART training, and my joint training with
 24 the Fire and Rescue Service, I would think that they
 25 would be the SRT.

1 Q. In the course of your conversation with the officer, did
 2 you tell that person that, as you understood it, that
 3 your colleagues in HART and other paramedics were at the
 4 scene?
 5 A. My conversation with that fire officer lasted 1 minute
 6 because we got called forward. So my discussion with
 7 him was brief and I said I was coming over, introduced
 8 myself, he introduced himself. I don't know what his
 9 name was. Then the radio went and someone said, "We're
 10 going forward, they're moving us forward", and I looked
 11 and I said, "I'm sorry, guys, we're being deployed to
 12 scene now", and I have to say they all stood there with
 13 their mouths open and they went, "You're leaving us?"
 14 with shock on their faces, and I just walked away from
 15 them and they were just standing there outside the
 16 fire station in disbelief.
 17 Q. We know from the records that you were moving from the
 18 RVP at 00.13.48, so just before quarter past midnight.
 19 You had been at Thompson Street for about 30 minutes?
 20 A. Yes, sir.
 21 Q. So the conversation that you've just reported with the
 22 firefighters appearing to you as they did will have
 23 occurred at about that time?
 24 A. Roughly that time, yes.
 25 Q. It's important that you don't guess or speculate, but

1 was anything said or in any way communicated to you
 2 about whether or not they knew that you weren't the
 3 first group to be going forward?
 4 A. I don't know, sir. I don't know.
 5 Q. Certainly they appeared to you to have had a very strong
 6 reaction to the fact that you were going?
 7 A. Yes, they knew who we were and what our capabilities
 8 were because we had trained with them. They knew.
 9 Q. When you trained with them, where you go, they go; is
 10 that right?
 11 A. In an MTA scenario, yes. If I may, sir, just add one
 12 thing as well to this. Although we would work in unison
 13 in an MTA scenario or an MTA event, the absence of them
 14 or the absence of us as HART would not stop either unit
 15 from still going in and doing what we're trained to do.
 16 We don't have to have the teams together. It's an ideal
 17 situation to have because it's more efficient, but if
 18 they were to arrive before us, they would still have the
 19 ability to go in and work independently of us and us
 20 also independently of them.
 21 Q. What was perhaps striking, do you agree, about this
 22 situation is that you were both available to go forward
 23 at the same time?
 24 A. Yes, sir.
 25 Q. Having departed the rendezvous point, the vehicle data

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1 records that you were at scene at 00.19.59.
 2 A. Yes, sir.
 3 Q. You say that you got your equipment when you got out of
 4 your vehicles?
 5 A. Yes, sir.
 6 Q. In summary form, please, what sort of equipment were you
 7 picking up?
 8 A. We picked up our response bags, which are pretty much
 9 standard response bags. We have blast dressings and CAT
 10 tourniquets in those bags.
 11 Q. You've identified the two perhaps most relevant to right
 12 now, although I'm not suggesting there weren't other
 13 relevant items. The full capability we don't need to go
 14 into the detail of. I'm sure you understand why.
 15 A. Yes, sir.
 16 Q. You got yourself the equipment that you needed. And you
 17 say in your witness statement that you spotted or
 18 identified the NWAS commander because they were wearing
 19 a tabard?
 20 A. Yes.
 21 Q. Did you approach them?
 22 A. No. No, I didn't.
 23 Q. What did you do?
 24 A. When I reflected after, after the statement, because
 25 there were a few fair ambulance staff there, everyone

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1 had yellow jackets on, my recollection was that was the
 2 incident commander because there was a small huddle
 3 at the front door, but the person I immediately
 4 identified with was Si Beswick, who was in our HART
 5 equipment, so easy to pick out, so I immediately went up
 6 to him. I think there was a bit of confusion because
 7 I have to say I never had any discussions at any point
 8 with Dan Smith or any operational commanders at the
 9 incident scene at all.
 10 Q. So you are absolutely right that the incident commander
 11 did have a tabard but your recollection as you think
 12 about it is it was Mr Beswick who you went to speak to?
 13 A. Yes, sir.
 14 Q. And again in summary form what was the nature of the
 15 conversation that you had with Mr Beswick?
 16 A. I arrived with the team, went up to Si and I said, we're
 17 here, give us an idea what you want us to do, because
 18 he had been there, I knew, for some time because he
 19 would have been well briefed on what was going on. His
 20 reply to me was, "We just need you in there with the
 21 team", and that was --
 22 SIR JOHN SAUNDERS: Just say that again.
 23 A. I'm sorry, sir.
 24 SIR JOHN SAUNDERS: No, no, it's not your fault at all.
 25 A. I had asked what he --

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1 SIR JOHN SAUNDERS: What he wanted you to do?
 2 A. Because he had been there for a period of time and his
 3 answer to me was: I just need you in there with the
 4 team.
 5 SIR JOHN SAUNDERS: Thank you.
 6 MR DE LA POER: And where was "there" as he was --
 7 A. He pointed to the entrance to the station.
 8 Q. We're not going into anything approaching detail, but
 9 did you identify that there were a number of casualties
 10 there requiring assistance?
 11 A. Yes, sir.
 12 Q. And did you pair up with a colleague?
 13 A. I did. I instructed the team, as we were moving towards
 14 the door, to split into pairs, so we went into twos. We
 15 had the same equipment, spread out between all three
 16 teams, and I just said: when we go in, have a look, and
 17 anybody that is there injured that doesn't have anybody
 18 with them, ambulance staff with them or anybody there,
 19 we're just going to start going around one at a time and
 20 having a look at the clinical treatment that's already
 21 been done and potentially re-triage patients.
 22 Q. In summary form is that what you did for a period of
 23 time?
 24 A. Yes, sir.
 25 Q. You indicate in your statement identifying at one point

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1 in the incident a person you describe as the 2IC of
 2 Manchester HART, no doubt second-in-command? Who was
 3 that? Do you know?
 4 A. The 2IC would be Simon Beswick because the way it
 5 operated in HART is if a substantive team leader or team
 6 leader wasn't on shift at the time, someone would step
 7 up as the second-in-command and run the shift.
 8 Q. So is the 2IC a reference to the fact that he wasn't
 9 a permanent team leader like you?
 10 A. That's correct.
 11 Q. But rather was team leader when the permanent team
 12 leader wasn't available?
 13 A. That's correct, sir.
 14 Q. I think that you relieved him in what he was doing at
 15 that time, which was a casualty clearing role?
 16 A. I was a little bit confused as to what his role was,
 17 I have to say. The feeling I got -- he never said
 18 he was doing a casualty clearing officer's role, but
 19 where he was positioned, and he did introduce me to the
 20 loading officer and it would be the casualty clearing
 21 officer's role to liaise with the loading officer, so my
 22 assumption at the time was that was a casualty clearing
 23 officer's role. He did have a small casualty clearing
 24 set up where he was, which I believe was put there when
 25 he initially arrived and I needed to -- this was

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1 towards -- just so I can make this clear, sir, this is
 2 towards the latter part of the incident when the more
 3 serious patients had already been moved on.
 4 Q. Absolutely. We'll just remind ourselves that you didn't
 5 arrive until 20 past midnight.
 6 As you've told us, having spoken to Mr Beswick, you
 7 and a colleague went round to assist some casualties,
 8 and we've now got to the stage in the incident where you
 9 saw Mr Beswick and you relieved him from the role he was
 10 performing at that time?
 11 A. Yes, sir.
 12 Q. The data from your vehicle indicates that you left the
 13 scene at 03.26.
 14 A. Yes, sir.
 15 Q. And so after all of the living casualties had been
 16 removed, and I think after a period of time where you
 17 assisted with scene management?
 18 A. Yes, sir.
 19 Q. I think you heard some of a debrief offered by
 20 Derek Cartwright.
 21 A. Yes, sir.
 22 Q. Was that at the scene or was that at a different
 23 location?
 24 A. It was at the scene, initially, yes.
 25 MR DE LA POER: We haven't gone into any substantial detail,

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1 and I'm not proposing to, in relation to the scene.
 2 What I would like to do now is just move to the debrief
 3 process.
 4 Sir, I'm conscious that I've been going for a while
 5 now. It's likely that there will be some questions of
 6 Mr Schanck from other core participants, so although
 7 I think I have about 10 or 15 minutes left, it may be
 8 that a break now will allow us to go through until
 9 conclusion.
 10 SIR JOHN SAUNDERS: Right. We will break for 10 minutes.
 11 Is that all right for you?
 12 A. Yes, that's fine, sir.
 13 SIR JOHN SAUNDERS: Thank you.
 14 (3.44 pm)
 15 (A short break)
 16 (3.53 pm)
 17 MR DE LA POER: Mr Schanck, you completed three, as we
 18 understand it, debrief forms. Is that your
 19 recollection?
 20 A. Yes, sir.
 21 Q. We'll only need to look at two of them and of those, one
 22 of those only briefly, but let's look at the one that
 23 I wish to focus on. {INQ022376/7}.
 24 The top box contains your typed entry, 1 to 4, about
 25 the summary of your role that night. The third question

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1 is:
 2 "From your own role perspective, what aspects of the
 3 incident did not go well and need further development?
 4 Highlight the key areas that need improvement explaining
 5 what happened and what effect it had."
 6 If you could scroll down so we can see the whole of
 7 that box, Mr Lopez.
 8 You have covered some of these already, so we only
 9 need to check whether there's anything to add:
 10 "1. Communication from the RVP to scene difficult.
 11 Unaware of our role was not early stages. No clear
 12 communication to HART team resulting in poor briefing of
 13 HART team at RVP."
 14 A. Yes.
 15 Q. Anything to add to that and what you have told us
 16 already?
 17 A. No, sir, nothing else to add.
 18 Q. "2. Unknown what additional equipment was required at
 19 scene. Could not establish communications with
 20 Manchester HART or Bronze commander at scene."
 21 Anything to add to that?
 22 A. Nothing to add.
 23 Q. "3. Several phone calls and communications via
 24 Liverpool EOC to allow Liverpool HART to make to scene
 25 to support incident. Logging of resources available on

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1 scene RVP/staging area?"
 2 Is that a reference back to your journey across and
 3 the attempts that you made to get situational awareness
 4 via the Merseyside EOC?
 5 A. Yes.
 6 Q. "4. Liverpool HART remained at RVP for over 20 minutes
 7 before being tasked to scene."
 8 You've included that there. At the time that you
 9 wrote it, did you regard that as being too long a period
 10 for your team to be held back at a rendezvous point?
 11 A. Yes, sir, but again, I had to be conscious of the
 12 situational awareness the commanders had and the
 13 potential threat that we still potentially faced on that
 14 night, so they might have just held on, just to be a bit
 15 safe.
 16 Q. "5. Late mobilisation. Liverpool HART team were
 17 requested to head towards Manchester 40 minutes into the
 18 incident with a running time of approximately
 19 30/40 minutes. We could have provided support to
 20 Manchester HART in setting up casualty clearing and
 21 additional staff in what would have been the warm zone."
 22 I'm sure you have covered that in substantial
 23 detail. Anything to add?
 24 A. Nothing to add, sir.
 25 Q. "6. Ambulance incident commander was easy to identify

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1 as he was wearing a tabard, other key roles did not
 2 making it difficult to identify Bronze and support
 3 roles. Perhaps HART should carry these tabards for
 4 distribution at major incidents."
 5 So a recommendation for the future, because your
 6 team is likely to be allocated to a major incident,
 7 tabards could be held within your team so they'd be
 8 ready and available?
 9 A. Yes, sir.
 10 Q. "7. Many ambulance staff had no shoulder slides on
 11 uniforms, so again difficult to identify skill
 12 mix/qualifications."
 13 We can probably deal with what you say in
 14 a different debrief. You had a concern about triaging
 15 errors; is that right?
 16 A. It was raised within the HART team itself that there
 17 were certain priorities. There were discussions that
 18 had taken place at scene where patients were
 19 prioritised, say at 2, and I can only say I know of one
 20 or two instances where I was working in the foyer area
 21 of the station, where there was a discussion that took
 22 place, a brief one, "Why is the patient a casualty 2?"
 23 and then us having to explain that rationale as to why
 24 we were changing it to a 1. So there was some concern
 25 that some members of the Ambulance Service didn't fully

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1 understand the triage card system and how it operated.
 2 Q. Plainly, if you don't know their skill level
 3 immediately, that's going to add a layer of complexity
 4 to that interaction?
 5 A. Yes, sir.
 6 Q. We don't need to read out 8.
 7 We note at 9 that there were some drugs which were
 8 in short supply at the point that you were there.
 9 A. Yes.
 10 Q. 10:
 11 "Many ambulance staff unsure about triage and how
 12 the triage packs work. Disagreement [as you have said]
 13 as to P1, P2 and P3 patients and rationale."
 14 Have we covered that?
 15 A. Yes, sir.
 16 Q. "11. Committing of ambulance staff into hot/warm zone?
 17 Unknown secondary devices but accept NWAS had to balance
 18 this risk against doing something or nothing in the
 19 early stages."
 20 A. Yes, sir.
 21 Q. Does that circle back to what you mentioned at the
 22 beginning when you were talking about the
 23 decision-making process as to deployment?
 24 A. Yes, sir.
 25 Q. I think you're there recognising that others had more

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1 information and were in a different position to you?
 2 A. Yes.
 3 Q. Over the page, please, Mr Lopez {INQ022376/8}. If you
 4 could zoom in to 4, please. For balance and to help the
 5 chairman understand your perspective about things that
 6 went well, you thought, as we can see there in box 4,
 7 that the HART operatives worked well together and had
 8 clear lines of communication at the scene. You regarded
 9 the mass casualty equipment as adequate and plentiful?
 10 A. Yes, sir.
 11 Q. "The Liverpool HART committed team but left vehicles in
 12 clear sterile area in the event we had to be redeployed
 13 to other areas of the city."
 14 In other words, within your thought process when you
 15 parked the vehicles was if you had to withdraw from that
 16 scene very quickly to go to another one you had made
 17 those arrangements?
 18 A. Yes, sir. And I could also have brought additional
 19 equipment forward if they required it at the scene as
 20 well.
 21 Q. And we can see, and I don't propose to ask you about
 22 those, 4, 5 and 6 which speak for themselves.
 23 A. Yes.
 24 Q. 5:
 25 "The most important thing I have learned in my role

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1 has been: HART team leader embedded into command
 2 structure to provide technical support to command staff,
 3 advising on additional specialist equipment and
 4 resources that are available.”
 5 Can you please just explain to us what it is you
 6 mean by that entry?
 7 A. As I said earlier, sir, we do have a role in supervising
 8 our teams in certain environments, perhaps an MTA,
 9 ballistics, an unsafe environment. But there are other
 10 times when we don't need to be physically there managing
 11 our team. I have a radio with direct communications to
 12 my team. I also suggest we have a second radio, which
 13 would be a major incident channel. So if I'm with the
 14 command structure, embedded in the command structure, as
 15 I said earlier, they may in the early stages start to
 16 get -- because they're trying to focus on the incident
 17 in front of them, they may forget things that are
 18 available to support them whereas we might be able to
 19 give them that little bit of assistance to say, "We've
 20 got this vehicle, we've got this team available
 21 somewhere else", so we can prompt them but also it's
 22 having that situational awareness. We've got staff,
 23 teams, in the building or in that hot zone, I'm hearing
 24 the comms in real time, the commander that's with me,
 25 I can relay that information to him or he can hear it in

1 real time or she can hear it in real time. So it's
 2 happening and you're getting the intelligence in
 3 real time as it's happening so the commander is going to
 4 be in a position to make probably better decisions or
 5 quicker decisions based on that.
 6 So I think we should have a functional role in that
 7 support, that command structure, to support that command
 8 structure.
 9 Q. So that is one way, for instance, where your skills
 10 would best be placed as team leader?
 11 A. I believe so, yes.
 12 Q. Do you agree that that needs to be balanced against the
 13 possibility that with your particular training, your
 14 ability to operate in the hot zone, the inner cordon,
 15 you may in other situations be better deployed in that
 16 area helping patients?
 17 A. Yes, sir, I do.
 18 Q. Is it all down to the situation for that decision-making
 19 process as to where you as team leader go or are there
 20 some broad points that we can identify to help guide the
 21 future in terms of that critical decision?
 22 A. The strong point that I think I need to make, having
 23 a look back, I think it's important that the command
 24 staff within NNAS have a full understanding and a full
 25 appreciation for all levels and knowledge. We don't

1 know it all, but we train for this type of event as
 2 a team. We have the time to educate ourselves and to
 3 make sure that we're at the top of our game with all of
 4 this. And because we don't get called out as often as
 5 an ambulance crew does, we do have a lot of knowledge
 6 and we do have the opportunity to gain that knowledge
 7 and I think it's valuable to be able to pass that on at
 8 an incident to a commander and perhaps it'll give them
 9 that little bit of security, knowing that these guys do
 10 this, we're trained and this is what we do. So I think
 11 it's --
 12 SIR JOHN SAUNDERS: You don't think that knowledge is there
 13 at the moment?
 14 A. Most of the command staff know what we do. There are
 15 occasions when, whether it be a new commander or
 16 occasions when that's forgotten or we're not necessarily
 17 at the top with regard to assets, and we have had the
 18 odd occasion where a commander stopped us at a cordon
 19 and wasn't fully aware what our capabilities are. It
 20 doesn't happen often.
 21 MR DE LA POER: If you had a higher degree of confidence
 22 that the detail of your team's capability was absolutely
 23 embedded in anyone who might be a commander or taking
 24 a command role, do you think that that might tip the
 25 balance in favour of the team leader actually going in

1 to the inner cordon?
 2 A. I would say so, yes.
 3 Q. The final page to look at, please, is the next one.
 4 {INQ022376/9}.
 5 If we can crop in and in fact we might need to look
 6 at the top of the page, Mr Lopez. I think this is under
 7 the heading of recommendations and I am sure I will be
 8 corrected if I am wrong:
 9 "Early deployment of specialist resource. HART
 10 AP..."
 11 AP?
 12 A. Advanced paramedics.
 13 Q. "... will make a difference to patient outcomes at
 14 incidents such as this. Established clear lines of
 15 communication at scene with HART team leader embedded
 16 in the command structure alongside incident commander
 17 would be of benefit due to direct communication with
 18 HART using a separate radio channel to provide advice to
 19 commander. Consideration of mobilisation of nationally
 20 held major incident vehicles that carry bulk drugs,
 21 dressings, et cetera. Who makes this decision? Local
 22 or nationally?"
 23 We've already covered and expanded upon the first
 24 part. Just help us with that final part of the
 25 recommendation. When you are saying, who makes this

1 decision, are you asking is that the incident commander,
 2 is that the tactical commander, is that --
 3 A. We are aware that there are other vehicles and equipment
 4 available to support the incident that we attended on
 5 that night and those vehicles weren't there. The
 6 mobilisation of those support vehicles would initially
 7 be allocated by the duty control manager, so they would
 8 have the authority, as far as I'm aware, and I stand
 9 corrected if I've got that wrong, to authorise the
 10 mobilisation of those vehicles. They're not vehicles
 11 that HART will drive because we have our own response,
 12 but any ambulance emergency driver can drive those
 13 vehicles.
 14 SIR JOHN SAUNDERS: Tell me what those sort of vehicles are
 15 so we can identify them properly.
 16 A. I don't think it's going to be operationally sensitive
 17 what I'm going to say, okay? It's a mass casualty
 18 vehicle that would carry bulk equipment for the type of
 19 event we attended on the night.
 20 SIR JOHN SAUNDERS: I think we have heard that.
 21 MR DE LA POER: We heard it from Mr Beswick and in fact that
 22 was part of his feedback as a result, that he felt that
 23 that vehicle could have been deployed, although it
 24 wasn't within his gift to deploy it, he told us.
 25 A. Correct.

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1 Q. I think that's your experience as well?
 2 A. Correct.
 3 Q. Making it something that the HART team leader might have
 4 an input into, would that be an improvement, do you
 5 think?
 6 A. Yes. All the HART team leaders, we are aware those
 7 vehicles exist. There's no restriction on us requesting
 8 that through the operational commanders at scene.
 9 Again, as can happen, it's not something that's used, so
 10 it can be forgotten.
 11 Q. So there needs to be a system improvement perhaps to
 12 ensure that if a person at the scene is overwhelmed and
 13 doesn't think to ask for it that there is a net beneath
 14 that --
 15 A. Yes, sir.
 16 Q. -- to ensure that nonetheless, where appropriate, it's
 17 deployed?
 18 A. Yes, sir.
 19 Q. Thank you very much indeed, Mr Schanck. Those are all
 20 the questions I have for you. In fact, save one, and
 21 that's my mistake, I'm sorry to have said that when I've
 22 overlooked that note.
 23 Can I just ask this, and we don't need to go into
 24 a lot of detail. In your training as a member of the
 25 Hazardous Area Response Team, did you have experience of

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1 being used to set up casualty collection points?
 2 A. Yes, sir.
 3 Q. So that was a recognised part of the function of a HART
 4 operative at a scene?
 5 A. Yes, sir.
 6 Q. Again, does it come down to the team leader and
 7 ultimately the incident commander as to whether or not
 8 that's a good use of that specialist resource or whether
 9 they might go into the inner cordon?
 10 A. I would say it would be a joint discussion, but
 11 ultimately the incident commander would make that
 12 decision.
 13 MR DE LA POER: Thank you very much indeed, Mr Schanck.
 14 I really have finished my questions now.
 15 Can I please turn to core participants and begin,
 16 please, if there are questions from Mr Smith Queen's
 17 Counsel on behalf of North West Fire Control.
 18 Questions from MR SMITH
 19 MR SMITH: Mr Schanck, I would like to put to you for you to
 20 consider a sequence of events, just to see whether this
 21 meets with your recollection.
 22 A. Okay, sir.
 23 Q. We know from North West Ambulance Service records that
 24 you arrived at Thompson Street at 23.43.33.
 25 A. Yes, sir.

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1 Q. Have you any recollection that at least 15 minutes or so
 2 after your arrival, a number of fire appliances and two
 3 SRT vehicles arrived at Thompson Street?
 4 A. No, sir, I don't recollect seeing any appliances
 5 arriving at the fire station when I was there.
 6 Q. So as far as the officer to whom you spoke is concerned
 7 who was wearing the ballistic PPE, are you able to say
 8 where he came from? Did he come from the fire station
 9 or from a crewed vehicle or anything of that nature?
 10 A. My recollection, sir, of the scene was there was an open
 11 entrance to the side of the front of the fire station,
 12 which goes into the car park in the rear. My
 13 recollection was he's walked through the gates that were
 14 open from the front of the station, from the apron part
 15 of the station where the vehicles would drive out, and
 16 he's walked around to the front of the fire station with
 17 me and there was several firefighters lined up in
 18 a line, standing there, waiting.
 19 Q. As far as the conversation is concerned that you had
 20 with that officer, in your statement you said that the
 21 officer had reported that they hadn't been given the
 22 okay to move forward to the scene. Do you remember
 23 that?
 24 A. My recollection of that was walking over and him stating
 25 to me that I was the senior ambulance officer there

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1 at the time. He knew I was HART and he said, "We'll
 2 need to have a briefing before we go forward", and at
 3 that stage when I arrived where the rest of the staff
 4 were lined up, I got called forward at that stage. So
 5 there was, as I said earlier, less than a minute's
 6 conversation. There was nothing, no details at all.
 7 Q. Do you have any recollection of any degree of
 8 frustration on the part of that fire officer that he and
 9 his crews were also being held back from deployment?
 10 A. Having looked at their faces, and I can only comment on
 11 my interpretation of how they looked to me, they
 12 appeared to me to be quite surprised that I actually was
 13 just going to walk away and go and do my response to the
 14 scene. They looked quite shocked that I was just
 15 walking away with no discussion taking place and just
 16 responding with the rest of the HART team. They looked
 17 hugely surprised, sir.
 18 MR SMITH: Thank you, Mr Schanck. That's all I wanted to
 19 ask you.
 20 MR DE LA POER: The next core participant with permission to
 21 ask questions on behalf of the Greater Manchester
 22 Combined Authority -- I'm not sure whether it's
 23 Ms Johnson or Mr Warnock.
 24 Questions from MS JOHNSON
 25 MS JOHNSON: Hello, Mr Schanck. I'm going to ask you just

1 a few questions on a similar topic to Mr Smith for
 2 North West Fire Control. You've clarified that the
 3 conversation that you remember with the fire officer
 4 happened shortly before you deployed at 00.13. When the
 5 officer approached you, do you remember talking to him
 6 about whether there was an NWSA NILO at the scene?
 7 A. No, ma'am, I don't remember having a conversation of
 8 that nature, no.
 9 Q. You've explained that you remember walking round the
 10 front of the station with him and you have talked about
 11 him mentioning a huddle to you. Was the reason why you
 12 walked round to the front of station with him that you
 13 were going to attend that huddle before you were called
 14 away?
 15 A. Yes, ma'am.
 16 Q. Would you recognise a Fire Service NILO uniform?
 17 A. If they were wearing the tabard, ma'am, I would
 18 recognise a Fire Service NILO, yes.
 19 Q. Do you remember whether any of the officers that you saw
 20 as you went round to the front of the station were
 21 wearing a NILO uniform?
 22 A. I couldn't recall, ma'am, sorry.
 23 Q. And do you have any recollection of there being any
 24 mention of you speaking to a NILO or a NILO being part
 25 of that huddle?

1 A. My recollection -- I couldn't say for sure, ma'am, no.
 2 Q. Finally, do you remember whether there was an ambulance
 3 NILO at the scene? Sorry, let me clarify that. Whether
 4 there was an ambulance NILO at the RVP.
 5 A. I don't recall speaking to an ambulance NILO at all when
 6 I arrived. In that 30-minute time span, I don't recall
 7 speaking to a NILO at all.
 8 MS JOHNSON: Thank you very much. Those are my questions.
 9 MR DE LA POER: Thank you. Next, can I turn to Mr Welch,
 10 who is taking the lead on behalf of the bereaved
 11 families.
 12 Questions from MR WELCH
 13 MR WELCH: Thank you, Mr Schanck. Can you hear me?
 14 A. Yes, sir, I can.
 15 Q. Mr Schanck, the inquiry now has heard about the HART
 16 team from Greater Manchester and heard about the HART
 17 team from Merseyside. Are there any other HART teams
 18 within NWSA?
 19 SIR JOHN SAUNDERS: Is that something we can ask or not?
 20 Sorry. We just need to hang on, Mr Welch, to see
 21 whether we're able to answer that or not.
 22 MR DE LA POER: Can I propose this way forward? Because
 23 I don't want to detain you. If you could please park
 24 that line of questioning for the time being. We'll see
 25 if we can get an answer as to whether or not Mr Schanck

1 can answer that question because it may be that you will
 2 have follow-up questions. I will communicate with you
 3 once I've heard. If I'm not able to do that, I'm sure
 4 we can find somebody else to ask that question of.
 5 MR WELCH: Thank you very much, Mr de la Poer. I am sure it
 6 can be dealt with via someone else.
 7 In terms of allocation, you have said that this
 8 is -- your team has training specifically for this type
 9 of event and that's the attack at the Manchester Arena.
 10 Indeed, it's precisely the type of event that HART was
 11 established for, isn't it?
 12 A. Yes, sir.
 13 Q. And you said, ideally, you would like to be able to be
 14 alerted within 10 minutes of the event. Given your
 15 skill set and your training and experience, I would like
 16 to explore how it might be possible to better alert the
 17 Merseyside team as well as the Greater Manchester team,
 18 if possible, at the same time when we have an event such
 19 as the attack at the Manchester Arena. Do you
 20 understand?
 21 A. I do, sir. I think it's certainly an option. The
 22 earlier notification the better it will be for all
 23 concerned.
 24 Q. Yes, absolutely. In relation to this particular event,
 25 it occurred, of course, at the arena, which is

1 a well-known public entertainment venue and there were
 2 reports very early on of a bomb or explosion. Do you
 3 agree that it should have been quite obvious, right
 4 at the outset, that it had the potential to be an
 5 incident that would call for the HART team or indeed the
 6 HART teams?
 7 A. Sir, I'd say based on the information they initially
 8 would receive, I would suggest that they would have
 9 multiple calls for something like that and I would agree
 10 if they had multiple calls that that's something that
 11 they would consider. A single call, as we all know,
 12 potentially could be a hoax call. But I would say in
 13 a situation like that, you would generate multiple
 14 calls, which would flag that this is of significance, so
 15 yes, I would say I agree with that.
 16 Q. I'm just trying to develop that slightly with one eye on
 17 recommendations as to how the system might be improved
 18 in the future. If you have multiple calls of an event
 19 like that, even if it's within Greater Manchester, do
 20 you think it would be appropriate to alert, at the very
 21 least, at the same time both the Merseyside team and the
 22 Greater Manchester team so you can both at least be
 23 getting ready straightaway?
 24 A. Sir, I would say that -- I would agree with that.
 25 I would say it's a reasonable thing for an event,

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1 whether it be a Merseyside or Manchester, for the
 2 control rooms to communicate quite quickly and alert the
 3 other HART team that there is a potential of something
 4 happening so we could prepare a bit earlier. Yes,
 5 that's reasonable.
 6 Q. Would it be sensible to try and take away some of the
 7 decision-making in this respect from the team leader and
 8 have it automated within the control centres, Merseyside
 9 and Manchester, and for better liaison between those two
 10 control centres?
 11 A. Yes, and to a great extent that does already happen
 12 anyway. The allocations of incidents of that type will
 13 come straight from our control centres rather than the
 14 team leader making that decision.
 15 Q. But taking it forward, straightaway, alerting both teams
 16 so that they can be ready is something that you'd
 17 approve of going forward?
 18 A. Yes, I would.
 19 Q. On a similar note from that, talking about control
 20 centres, I would like to just explore briefly the amount
 21 of communication that you had en route from Merseyside
 22 to Greater Manchester. Am I right in saying that most,
 23 if not pretty much all, of the communication you had was
 24 coming from the Merseyside control centre?
 25 A. Yes, that's correct.

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1 Q. Again, in the spirit of trying to identify what could
 2 have been done better on the night so that improvements
 3 can be made, what do you think should have happened in
 4 terms of who was communicating with you and what
 5 information would you have liked to have been provided
 6 with en route that you didn't have?
 7 A. From a control room perspective, and I'm not qualified
 8 to say a lot about how control operates within that
 9 environment because I don't work there, but what I would
 10 suggest is that the communications and information
 11 coming into Manchester control would have been
 12 considerable, so I think it was reasonable to have
 13 Mersey pick up the overflow communications, because we
 14 are a Mersey team, and feed what information they were
 15 gathering from Manchester EOC and pass that on to us, so
 16 it frees up some lines of communication. I think the
 17 way it worked for me with the information I received was
 18 good because I did have a firm communications line with
 19 Merseyside, but as far as the intelligence from scene is
 20 concerned, I think that was a very light -- we knew
 21 there was an explosion, we did get some information on
 22 casualty numbers, but I think when we got there, we were
 23 a bit surprised at the actual numbers themselves. But
 24 it would allow us to consider different equipment,
 25 different PPE, different equipment and medical stuff to

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1 bring in pretty much.
 2 Q. I explored it with, I think it was Mr Hargreaves. Is it
 3 twofold, really, in relation to the information
 4 you have? Firstly, it will enable you to prepare better
 5 mentally for what you're going to do and plan what
 6 you're going to do; is that right?
 7 A. Yes, sir.
 8 Q. And also, as you say, work out what equipment you are
 9 going to need. Those are two elements to the
 10 communication to you; is that correct?
 11 A. Yes, sir.
 12 Q. Did you have the METHANE report, for example, that had
 13 been given?
 14 A. No, sir, I didn't.
 15 Q. Would that be something that would have been of very
 16 obvious assistance to you?
 17 A. It would have. We worked on the premise that there was
 18 an explosion. We weren't even aware of Operation Plato,
 19 which was a significant issue for myself, because
 20 it would have dictated which PPE I was going to deploy
 21 my team with and also the equipment that we were going
 22 to take into the scene at the time.
 23 Q. Did you know beforehand who the team leader was from the
 24 Greater Manchester team?
 25 A. On that night, sir, I have to say, no, I didn't.

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1 Q. Did you know beforehand, before you got to the RVP, that
 2 two members of the team, for example, had been deployed
 3 into the City Room, Mr Hargreaves and Ms Vaughan?
 4 A. No, sir, I didn't know that.
 5 Q. In relation to the direction that you went to the
 6 Hunts Bank RVP -- sorry, the Thompson Street station
 7 RVP, you have said in evidence that you now consider
 8 that to be not unreasonable and the basis seemed to be
 9 because there could have been another device elsewhere,
 10 so it might have been appropriate to hold you back.
 11 Is that what your evidence was? Have I understood that
 12 correctly?
 13 A. Yes, sir. When I look at the time, the time delay from
 14 us being allocated into scene, my expectation would have
 15 been that the security of the scene would have been
 16 managed by then, hence my frustration and the team's
 17 frustration. But as a HART team leader, I still have to
 18 be conscious that there could be other things going on,
 19 potentially in the area, which -- we were made aware of
 20 one or two things that turned out to be nothing in the
 21 end. I still have to say from a command perspective,
 22 I fully understand the decisions those commanders have
 23 to take make with regards to resources, the limited
 24 resources that we provide as HART. So it's a typical
 25 decision for a commander to make, to hold something back

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1 or hold a resource back from the scene because of
 2 security concerns.
 3 Q. Were you told whilst you were en route to
 4 Thompson Street that the reason you were going there was
 5 because you were being held back in case there was
 6 another attack within Manchester?
 7 A. No, sir, I was just allocated an RVP to respond to
 8 initially.
 9 Q. Were you told that whilst you were at the RVP by anyone,
 10 that that's the reason you were at the RVP and remained
 11 there for about half an hour?
 12 A. No, sir, I wasn't told that at all.
 13 Q. Were you told that when you got to Victoria Station
 14 and --
 15 SIR JOHN SAUNDERS: I think he was never told it at all;
 16 is that right?
 17 A. I was never told at all.
 18 SIR JOHN SAUNDERS: I think we can cut the options,
 19 Mr Welch, in those circumstances.
 20 MR WELCH: Were you told later even? Were you told after
 21 the event that that's what the reason was?
 22 A. The only... The only discussion I had initially, which
 23 was a brief one, was with the operational commander,
 24 I think it was Dan Smith, who knew -- who was aware
 25 we were at the RVP and who said something along the

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1 lines of, "I'm going to move you forward but I have to
 2 clear some space for you outside Victoria Station".
 3 That was pretty much all we were given. We weren't
 4 passed any other information at all for the reasons why
 5 we were there.
 6 Q. Whilst you were there at Thompson Street, was your main
 7 communication with the Liverpool EOC?
 8 A. My main line of communication was with the EOC, although
 9 I had my other radio on the major incident channel,
 10 which was the on-scene communications.
 11 Q. Again in terms of the flow of information, what more do
 12 you think you could have been given whilst you were at
 13 the RVP that would have better prepared you, enabled you
 14 to better fulfil your role, before going to Victoria?
 15 A. Whether the teams required additional equipment or
 16 medical supplies or bringing forward, so to say we have
 17 committed HART operatives into a -- in that particular
 18 incident into, say, a warm zone, would give me an
 19 opportunity to say we've committed staff into
 20 potentially a ballistics unsafe or a ballistics
 21 environment and I would start making considerations as
 22 to do I use my ballistic equipment bags and ballistics
 23 body armour, and do they require -- and this is probably
 24 going to be operationally sensitive so I'm not going to
 25 say it -- but this additional equipment to deal with

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1 that type of incident that we potentially would support
 2 them with. Not having that information to hand,
 3 you have to do your best guesstimate of what you
 4 require.
 5 Q. Of course. When you got there to Victoria Station, you
 6 spoke with Mr Beswick. It was a very brief
 7 conversation, wasn't it? It seems to have only been
 8 a matter of seconds and he basically told you, "Go and
 9 do what you can"; is that fair?
 10 A. Yes, sir, it is.
 11 Q. I believe in some of the documents you describe there
 12 was a poor briefing. Was that what you were referring
 13 to, that discussion?
 14 A. I would say it was a poor briefing from the start, for
 15 my team and myself, because the information that we had,
 16 as we all know, was directly related to our EOC and the
 17 information that they had to hand. But otherwise
 18 I received no briefing from any sources at all during
 19 the whole incident pretty much.
 20 Q. I've been asked to ask you this question: was there any
 21 conversation when you arrived about whether your team
 22 should go into the City Room as the PIs were all
 23 downstairs by that stage?
 24 A. No, sir. I did -- as we walked into the area where the
 25 casualties were, I can't recall who I spoke to, but

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1 I had a very brief discussion to say, "Are all the
 2 casualties here or is this where everybody is?" and
 3 I was told yes, so we focused all our efforts at that
 4 stage with the patients that were presented to us.
 5 Q. The final topic I want to ask you about is in relation
 6 to the management of the casualty clearing station if
 7 I can, please. Did you ever speak with Mr Birchenough?
 8 A. No, sir, I didn't.
 9 Q. What about Mr Hynes?
 10 A. No, sir, I didn't.
 11 Q. Were you aware that the Bronze commander role had been
 12 transferred from Mr Smith to Mr Hynes?
 13 A. No, I only realised that at the end of the incident when
 14 the patients had all left scene and we had the debrief.
 15 At that stage I realised that there'd been a change of
 16 command.
 17 Q. Was there anyone actually giving you directions as the
 18 course of the treatment and management of the CCS went
 19 on or was it really just left for you to get on with it
 20 yourself?
 21 A. Sir, I tasked my team, the team that I was responsible
 22 for on that night, quite simply based on our own
 23 training that we receive as HART operatives and my own
 24 experience as a team leader, which on the night I felt
 25 was right and proper at that time based on the number of

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1 casualties that were presenting to us.
 2 Q. I said that was the last topic. Inevitably I have one
 3 more, but it's very brief, sir, so I hope you'll forgive
 4 me. It's simply in relation to the question of drugs
 5 that were available. In various questionnaires you do
 6 identify a shortage of IV fluids, TXA and ketamine. Do
 7 you know when that started to manifest itself during the
 8 course of the evening?
 9 A. From my recollection, sir, it was right towards the end.
 10 There were a few patients left to be evacuated and just
 11 to clarify that, that was a topic that popped up two or
 12 three things amongst ourselves during the evening. At
 13 no point during the response did we run out of any
 14 drugs, but there were times when someone would say,
 15 "Do you have any fluids left?", "No, we don't have any
 16 fluids left", and it might be a slight delay of a couple
 17 of minutes before one was produced for a clinician, but
 18 at no stage was I aware that there were any drugs that
 19 we didn't have a supply of. They were just running very
 20 low towards the end but that's expected at this type of
 21 event. So it wasn't surprising to me.
 22 MR WELCH: Mr Schanck, thank you very much for answering my
 23 questions and, on behalf of the families I represent,
 24 thank you very much to you and your team for what you
 25 did on the 22nd. Thank you.

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1 A. Thank you, sir.
 2 SIR JOHN SAUNDERS: Thank you.
 3 MR DE LA POER: Mr Welch, can I just acknowledge that I did
 4 stop you there and say that I would give you an
 5 opportunity — having reflected upon what can and can't
 6 be said, I just wonder whether, if you're content,
 7 we will deal with that in a different way and you'll
 8 have the answer to the question you want. Are you
 9 content to proceed in that way?
 10 MR WELCH: I am, Mr de la Poer, yes.
 11 MR DE LA POER: Thank you very much.
 12 Next then, we have had an application, which has
 13 been granted, for Mr Cooper to ask questions.
 14 Questions from MR COOPER
 15 MR COOPER: I'm very grateful. Thank you, sir. I can be
 16 short. It's a defined area.
 17 Can I just emphasise, officer, Mr Welch speaks on
 18 behalf of all the families when he thanks you and your
 19 colleagues for the work you did on the night. I just
 20 want you to understand it's all of us that hand out that
 21 gratitude for you.
 22 I want to take you, and this is the only series of
 23 questions I want to ask about, back then to just before
 24 you were deployed. You were at Thompson Street Central
 25 and we note from {INQ040368/1}, which is the ambulance

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1 history analysis, line 477, at {INQ040368/9}, that you
 2 in fact left Thompson Street at 00.13.
 3 So having timed it then, your brief 1-minute
 4 conversation would have taken place just before then,
 5 00.13. I want to ask you about your observations of the
 6 line of fire officers, who you describe were responding
 7 with shock on their faces, I think you said, when you
 8 indicated you were being deployed to the scene. Do you
 9 understand the area that I'm asking you about?
 10 A. Yes, sir, I do.
 11 Q. And I think these officers, these fire officers you
 12 describe — were these SRT officers as far as you're
 13 aware? Is that your estimate anyway as to who they
 14 were?
 15 A. Yes, sir, I believe they were SRT.
 16 Q. When you say they certainly showed shock on their faces,
 17 did they say anything that you heard, either to you or
 18 amongst themselves, when they were displaying that
 19 emotion?
 20 A. Sir, when I had walked over with the fire officer that
 21 was next to me, I never actually got close up to them
 22 all. I was probably halfway across the front apron of
 23 the fire station when I got told we were going to deploy
 24 so I never fully walked over. I stopped midway across
 25 and said to the fire officer that was with me, "We're

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1 being deployed", and he said, "You're going now", and
 2 something along the lines of "without us", something of
 3 that nature and I said, "I'm sorry", and I just looked
 4 at him and he had a kind of open-mouthed "wow" and
 5 I walked away and we just drove off. I didn't even look
 6 at them after that, sir.
 7 Q. I understand. You added -- I'm certainly not holding
 8 you to the precise words, these are very, very desperate
 9 moments in this tragedy, but you think he may have said,
 10 "Without us?", that sort of sentiment?
 11 A. Something along those lines, sir, yes.
 12 Q. Again, please, if this is a question that you're not
 13 comfortable to answer, please say so immediately and
 14 I won't press it further. Did you get the impression
 15 that it was shock that you were going in or the
 16 Ambulance Service were going in or was it shock that the
 17 Fire Service weren't joining them? Can you try and work
 18 it out? Do you understand what I'm trying to dig into
 19 here? Was it shock that they really wanted to join you
 20 or was it shock that they thought, wow, you're going in
 21 now, really? Can you help us with that?
 22 A. It's difficult for me to actually --
 23 MR DE LA POER: Sorry, I don't want to interrupt the line of
 24 questioning. Those in the room can hear that the air
 25 conditioning has kicked in, in quite a serious way,

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1 which is making it, particularly for those at the back,
 2 quite hard to hear. So if I could just -- and it may be
 3 Mr Schanck as well, so can I just ask Mr Schanck, when
 4 he gives this answer, to speak up as much as he can, and
 5 the same for you, Mr Cooper, if you don't mind me saying
 6 so. It'll just help everybody in the room hear your
 7 questions, which we want to --
 8 SIR JOHN SAUNDERS: I have never noticed that we can't hear
 9 Mr Cooper, so I think you're perfectly loud enough.
 10 MR COOPER: I am grateful, sir. I will allow Mr Schanck to
 11 answer if he wants to. You heard my question,
 12 Mr Schanck, I presume. I can repeat it but I won't
 13 unless you ask me to. Can you help us with an answer?
 14 SIR JOHN SAUNDERS: (Overspeaking) it was difficult for you
 15 to tell the difference, really?
 16 A. I would be speculating to say what they were thinking
 17 and the reasons why they were surprised. Just to add to
 18 that, we trained together with them, so I think perhaps
 19 it was the fact that we've trained in the past, we know
 20 what each other's capabilities are, and the fact that
 21 we were going in without them was a concern to them.
 22 That's all I can probably say about it, I don't know.
 23 MR COOPER: I understand. This is my last question and,
 24 again, I'm just trying to dig as appropriately deeply as
 25 I can on this issue. Concern that they weren't going

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1 with you because you trained together for what reason?
 2 A. For this type of event, sir.
 3 Q. Because they weren't there to support you or that they
 4 were surprised perhaps -- and this is my last
 5 question -- or surprised that you were going in at this
 6 stage, or am I pressing you too much on this?
 7 A. My overall feeling was that they just weren't going to
 8 be deployed to it at all.
 9 SIR JOHN SAUNDERS: Mr Cooper, I think from the evidence
 10 I've had generally from the fire officers, I have
 11 a fairly good idea which it was, as I expect we all do.
 12 We've heard the evidence.
 13 MR COOPER: Then I'll take your guidance, sir, and I have no
 14 further questions. Thank you.
 15 SIR JOHN SAUNDERS: Thank you very much, Mr Cooper.
 16 MR DE LA POER: Unless Ms Roberts switches on her microphone
 17 and appears on our screen, the latest indication I had
 18 from her was that there wasn't a need for her to ask any
 19 questions. I'll just pause for a moment.
 20 (Pause).
 21 No. I think then, sir, that those are all the
 22 questions for Mr Schanck unless you have any.
 23 SIR JOHN SAUNDERS: No, I don't.
 24 I'm very grateful for your evidence and, as you have
 25 heard, people here are very grateful for the efforts you

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1 made on the night.
 2 A. Thank you, sir.
 3 SIR JOHN SAUNDERS: And your team, I should say, as well.
 4 MR DE LA POER: Sir, turning then to tomorrow, we have one
 5 witness scheduled, thanks very much to Mr Schanck being
 6 able to move his arrangements round to join us today,
 7 and that will be Dr Edward Tunn.
 8 SIR JOHN SAUNDERS: Thank you.
 9 (4.40 pm)
 10 (The inquiry adjourned until 10.00 am
 11 on Thursday, 25 March 2021)
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