

# OPUS2

Manchester Arena Inquiry

Day 91

April 21, 2021

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Phone: +44 (0)20 3008 5900

Email: [transcripts@opus2.com](mailto:transcripts@opus2.com)

Website: <https://www.opus2.com>

Wednesday, 21 April 2021

(9.30 am)

(Delay in proceedings)

(9.37 am)

SIR JOHN SAUNDERS: Mr Greaney.

MR GREANEY: Sir, good morning. First today we are going to hear from Ryan Billington, who is currently a paramedic with NWAS, but at the time of the attack worked for ETUK.

MR RYAN BILLINGTON (sworn)

Questions from MR GREANEY

MR GREANEY: Could you begin, please, by telling us your full name?

A. My name is Ryan James Billington.

Q. Do you currently work as a paramedic for the North West Ambulance Service?

A. Yes, sir.

Q. Are you based at the Royal Bolton Hospital?

A. At the Ambulance Service there, yes.

Q. In May 2017 were you in training to become a qualified paramedic?

A. That's right, sir, yes.

Q. And to that end, were you in the second year of full-time study at the University of Central Lancashire?

A. Yes.

1

Q. What I haven't understood myself is whether at that stage you were already employed by NWAS.  
 A. At that stage, I wasn't employed by NWAS, I was with the University of Central Lancashire. All of my placements were with North West Ambulance Service, so I was a part of NWAS but not under direct employment with them.  
 Q. So you had decided that you wanted to be a paramedic?  
 A. That's right.  
 Q. Had obtained a place on a course at university?  
 A. Yes, sir.  
 Q. You had a strong association with NWAS during that period?  
 A. Yes.  
 Q. And did you have an expectation that you would, in due course, join NWAS as a paramedic?  
 A. Yes, I'd already been offered a job at that point to join as a paramedic.  
 Q. So you were in the second year and was it a three-year course?  
 A. I did the diploma, so it's a two-year course.  
 Q. When was it that you had actually started your course?  
 A. I would have started in September, early September 2015.  
 Q. At about that time, or perhaps just shortly afterwards, did you become aware of an organisation known as Emergency Training UK?

2

A. Yes, sir.

Q. Was that in about October 2015?

A. That's about right, yes.

Q. In what way did you become aware of that organisation?

A. I was originally with the St John's Ambulance, providing event cover to people visiting events. Some members of the organisation work for various other companies doing events around the country, so it was by word of mouth, really. I'd already known about the organisation, but also I'd seen an article on a Facebook group where various event medics kind of congregate, so it was through that I found out about Emergency Training.

Q. Let me make sure I understand. By October 2015 you're in your second year, therefore you have some skills in medical treatment; is that correct?

A. I was already an advanced first aider, I'd already independently completed a course, which was the IHCD first person on scene intermediate course, which would allow me to operate as a first aider. So that was where my training --

Q. I'm going to ask you to pause there. It's my fault because we've jumped ahead slightly. It is important that we should understand whether you did have qualifications in first aid before you started to work for ETUK, as we shall hear that you did.

3

A. Yes.  
 Q. I think from what you have just said to us, before you started to work for that organisation, you did have qualifications in first aid and medical treatment?  
 A. Yes, sir.  
 Q. Just to detail what those qualifications were, had you attended a course that lasted for 2 weeks?  
 A. It was a one-week course with a company called Manone Medical Services and that was the IHCD first person on scene intermediate.  
 Q. You were, as we know, a second-year student paramedic and obviously had had some training in the course of your studies.  
 A. Yes.  
 Q. You have told us that you had worked for St John's Ambulance; is that correct?  
 A. I volunteered briefly for St John's Ambulance, yes.  
 Q. Had you received any training through that work?  
 A. Yes, St John train all of their staff in basic first aid and that's what I'd done with them.  
 Q. Had you also trained in advanced first aid with the Greater Manchester Army Cadet Force?  
 A. Yes, sir, that's correct.  
 Q. So as of October 2015, when you first encountered ETUK, how would you describe yourself in terms of

4

1 qualification and experience?  
 2 A. When I first joined, I'd describe myself as quite  
 3 competent in first aid. I had advanced first aid as  
 4 well. Although quite inexperienced at that time, I'd  
 5 had a fair bit of training and I'd say that I was quite  
 6 able to deal with most situations that I was presented  
 7 with, with an awareness of when I'd need to escalate to  
 8 a senior clinician.  
 9 Q. So we're still in October 2015 --  
 10 A. Yes.  
 11 Q. -- and you have that level of expertise. Had you also  
 12 attended through St John's Ambulance, or in other ways,  
 13 events and provided care there?  
 14 A. Yes, that's correct.  
 15 Q. All of the training that we've just described,  
 16 am I right, was not provided by ETUK?  
 17 A. That's correct.  
 18 Q. In October of 2015, what did you learn about ETUK?  
 19 A. I learned prior to joining them that they were a CQC  
 20 registered ambulance service, they do a lot of first aid  
 21 at various events, mainly around Manchester but  
 22 ultimately all around the country, and that was  
 23 something that I wanted to get involved in. It seemed  
 24 to have good reviews by the staff that worked there and  
 25 the way that people spoke about the organisation, they

5

1 seemed to have quite good morals and the fact that the  
 2 organisation offered training was always a bonus to me.  
 3 Q. I am going to come on in a moment to ask you for your  
 4 general views of ETUK whilst you worked for them. We  
 5 should perhaps understand, you learned about them in  
 6 October 2015.  
 7 A. Yes.  
 8 Q. Did you start to work for them at that time or shortly  
 9 afterwards?  
 10 A. I believe it was shortly afterwards, yes.  
 11 Q. And, as we're going to hear, you were still working for  
 12 them in May 2017?  
 13 A. That's correct.  
 14 Q. When did you cease working for ETUK?  
 15 A. Officially, it would have been when the company  
 16 dissolved and ceased trading. It was quite a while  
 17 before then when they had their last event. I can't  
 18 remember what the last event I attended was. It would  
 19 have been at Manchester Arena. But it was shortly  
 20 before they closed down as a company.  
 21 Q. And this was an issue that arose yesterday: can you give  
 22 us an idea of how long after the arena attack it was  
 23 that ETUK effectively ceased to operate?  
 24 A. I'm unsure of the exact date.  
 25 Q. That we'll understand, but just give us an idea if

6

1 you're able to.  
 2 A. I'd say several months, 6 or 7 months perhaps.  
 3 Q. Would it be reasonable to say that by the end of 2017,  
 4 ETUK was finished or thereabouts?  
 5 A. Yes, sir.  
 6 Q. Over the time that you worked for them, it sounds like  
 7 it was about 2 years, how many events do you think you  
 8 attended?  
 9 A. Generally I'd try and attend one event a week, sometimes  
 10 slightly more, sometimes slightly less. It would depend  
 11 on my rota.  
 12 Q. It sounds as though you probably attended round about  
 13 100 events?  
 14 A. Yes, maybe more -- actually, I remember my invoices per  
 15 event, I was in the 130s at one point.  
 16 Q. That's very helpful to know. Were those events all at  
 17 the arena or might they have been elsewhere?  
 18 A. No, we had events all around the country.  
 19 Manchester Arena was one venue. We had the O2 Ritz  
 20 at the time in Manchester, that was another venue. We'd  
 21 go to various country fairs and fêtes doing different  
 22 things. We had the Warehouse Project on one point at  
 23 Store Street in Manchester, which is a live music event,  
 24 and we also had Victoria Warehouse as well, and there  
 25 were various other things but they were the main ones

7

1 I attended to.  
 2 Q. As a percentage of the total events which you attended,  
 3 which were above 130, how many of those events were  
 4 events at the arena?  
 5 A. I'd say the majority of them, over 50%.  
 6 Q. So was the arena therefore a venue that you were very  
 7 familiar with?  
 8 A. Yes.  
 9 Q. I'm going to come back to that. I was dealing with your  
 10 training and we'd learned the training that you had  
 11 received before you joined ETUK.  
 12 A. Yes.  
 13 Q. Having joined ETUK, did you receive any further  
 14 training?  
 15 A. I don't believe I did, certainly not medically.  
 16 Q. Obviously, on the night of the attack, you were required  
 17 to treat injuries that had been caused by a bomb  
 18 explosion. Had you at any stage received training  
 19 in the treatment of such injuries?  
 20 A. Prior to joining ETUK, sir, yes I had, but not with  
 21 ETUK.  
 22 Q. I think there must therefore be an error in your  
 23 statement, which I'm certain won't be your fault, but  
 24 where had you received training in the treatment of bomb  
 25 injuries?

8

1 A. So as part of my course, both at my IHCD course and  
 2 at the University of Central Lancashire, we both did  
 3 modules on treatment of blast and impalement injuries.  
 4 Specifically with ETUK, I didn't cover any treatment as  
 5 such with them.  
 6 Q. I was at paragraph 14 of your statement and we need to  
 7 bear in mind the qualification you have just given us.  
 8 A. Yes, sir .  
 9 Q. During the course of that training, did you receive  
 10 instruction on the various dressings that could be used  
 11 for bomb injuries?  
 12 A. That's correct, yes. So at that level, I'd completed my  
 13 trauma module, so I was really familiar with the  
 14 dressings used by the Ambulance Service and wider  
 15 organisations for dealing with bomb injuries.  
 16 Q. Did you receive instruction during that training on the  
 17 use of tourniquets?  
 18 A. Yes, sir . That was part of our modules.  
 19 Q. Without going into any detail about what you did on the  
 20 night of the attack, did that training that you had  
 21 received help?  
 22 A. Greatly so, sir , yes. Yes, it actually got me through  
 23 the night, the training that I'd been given.  
 24 Q. Before the attack, were you aware of the concept of  
 25 a marauding terrorist firearms attack?

1 A. Of the concept, yes. It was obviously a very real  
 2 threat at the time at such a large music venue.  
 3 Q. How had you been made aware of the concept of such an  
 4 attack?  
 5 A. So both through my time with North West Ambulance  
 6 Service and my university, we'd done various major  
 7 incident events, similar to the night of the arena, in  
 8 preparation where we'd been made aware of what's  
 9 required from us at that kind of incident, albeit very  
 10 slightly different, so I'm working at the arena and the  
 11 training is in regards to an Ambulance Service response.  
 12 I was aware of the potential of what could happen and  
 13 how to deal with it.  
 14 Q. I'm just going to ask you to divide out what you learnt  
 15 at university from what you learnt at ETUK. As of  
 16 May 2017, were you aware of what the threat level was,  
 17 by which I mean the threat of a terrorist attack?  
 18 A. I wasn't aware of the specific level at that time,  
 19 whether it was moderate or severe. I understood about  
 20 the different levels that it could be, but I don't  
 21 recall the specific level it was at the time.  
 22 Q. So it would seem to follow that neither Mr Parry nor  
 23 anyone else had ETUK had said to you, "This is the level  
 24 of threat that we are presented with at an event at the  
 25 arena"?

1 A. That wasn't made apparent to us, sir.  
 2 Q. But you were aware of the risk of a terrorist attack?  
 3 A. Yes, it's always in the back of your mind at a large  
 4 venue like that in the current climate.  
 5 Q. You say current climate. I'm interested in what your  
 6 thoughts were — obviously you will always think about  
 7 such an event given the experience you had. What I'm  
 8 interested in is what you state of mind was on 22 May  
 9 when, as we are going to hear, you went to work? Did  
 10 you have within your mind when you went to work that  
 11 night at the arena the possibility of a terrorist  
 12 attack?  
 13 A. It wasn't in my mind that night, it wasn't something  
 14 that I was greatly worried it might happen. It was an  
 15 event which has got a lot of children at it and we cover  
 16 various events at the arena, we covered various events.  
 17 Some of them you'd expect a lot of trouble, a lot of  
 18 violence with various factions and different supporters  
 19 from groups coming together, so we expected a lot of  
 20 trouble from them. But I think the general feeling on  
 21 the night was that it's a children's concert, we're  
 22 going to be dealing with a lot of children feeling  
 23 unwell, maybe parents having a little bit too much to  
 24 drink, but it certainly wasn't expected, what was going  
 25 to happen.

1 Q. I don't know to what extent you have been following our  
 2 proceedings. I know you watched the evidence yesterday.  
 3 A. I watched a small amount yesterday, but apart from that,  
 4 I haven't looked at anything that's gone on.  
 5 Q. No one should criticise you for that, nor should they  
 6 criticise you for your awareness of the risk on the  
 7 night. The chairman has been interested in the course  
 8 of the proceedings in the idea that it's one thing for  
 9 a threat level, and the threat level was in fact severe  
 10 at the time of the arena attack.  
 11 A. Yes.  
 12 Q. It's another thing for people to be briefed about the  
 13 existence of the threat, and it's another thing still  
 14 for people to say to themselves, "This threat exists and  
 15 it could really happen to me tonight".  
 16 A. Yes, sir .  
 17 Q. It seems from what you're saying that you never even  
 18 reached stage 2, no one even briefed you that night that  
 19 this could happen, let alone you saying to yourself,  
 20 "This is something I need to think about"?  
 21 A. I don't believe we got briefed about the threat level at  
 22 that time. At the start of every event we do have an  
 23 event brief. However, due to time constraints — I was  
 24 always there quite early to sort my own kit out and to  
 25 help other people, but due to time constraints the

1 briefing was very brief on most event nights.  
 2 SIR JOHN SAUNDERS: When you say time constraints, is that  
 3 because of people coming from other jobs and coming  
 4 late? What was causing the time constraints?  
 5 A. Sometimes it's a mixture. They may open the doors  
 6 early, which we'd be unaware of until the last minute,  
 7 then it becomes a rush to get upstairs, sir. Sometimes  
 8 we had 14 members of staff there, so a lot of them would  
 9 get into trouble with traffic and public transport and  
 10 they would be late. And sometimes the arena run  
 11 a briefing for the Medic 1, which would be Mr Parry, and  
 12 sometimes Medic 2 would attend as well and they'd  
 13 sometimes come back quite late from their briefing as  
 14 well. So it was sometimes a bit of a rush to get our  
 15 briefing out of the way.  
 16 SIR JOHN SAUNDERS: Thank you.  
 17 MR GREANEY: I'm just going to show on the screen, out of  
 18 what I hope is fairness to ETUK, a document that I think  
 19 you will recognise, which deals with MTFAs, as we call  
 20 them.  
 21 Mr Lopez, this is {INQ024429/1}.  
 22 I'm not going to read through this with you, I'm  
 23 just going to ask you to confirm if you had seen it.  
 24 We can see that this is an ETUK document, "Staff  
 25 guidance for times of emergency", and if we were to read

13

1 through it, we would see that it deals with what we call  
 2 an MTFa.  
 3 As of May 2017, had you seen this document?  
 4 A. I believe I had seen it, yes.  
 5 Q. Had you received any training in it?  
 6 A. No, sir.  
 7 Q. So it sounds from what you've told us as if you had  
 8 general awareness of terrorist risk?  
 9 A. Yes.  
 10 Q. You knew that there had been terrorist attacks in  
 11 various parts of the world?  
 12 A. Yes.  
 13 Q. But no one had said to you, "This is something that can  
 14 really happen to you tonight"; is that correct?  
 15 A. That's correct, yes.  
 16 Q. And it didn't really cross your mind as you went to work  
 17 on 22 May that you might be confronted with what in fact  
 18 you were confronted with?  
 19 A. I had no idea, sir.  
 20 SIR JOHN SAUNDERS: Just explain to me how in relation to  
 21 a terrorist attack you were saying, "Well, this was  
 22 a children's concert". This may be completely obvious.  
 23 It's a children's concert, this is not the sort of  
 24 concert where we really need to be as alert as we might  
 25 at other concerts where we're more likely to expect

14

1 trouble. How do those blend in together?  
 2 A. I think at every event, we were always quite alert of  
 3 what might happen, sir. I think it is more of expecting  
 4 trouble. A lot of events are completely sold out and  
 5 there is rival factions and --  
 6 SIR JOHN SAUNDERS: Yes, I well understand that. It's  
 7 really about how the terrorist threat is rather separate  
 8 from that. Why would you think a terrorist wouldn't  
 9 attack that sort of concert?  
 10 A. Yes, retrospectively now, it does seem like quite a --  
 11 I don't want to say an easy option, but an option for  
 12 them to go for whereas I think --  
 13 SIR JOHN SAUNDERS: It may be you just (overspeaking) be  
 14 that callous, but, you know...  
 15 A. Maybe I was a bit naive and didn't consider that option  
 16 at the time, quite wrongly of me.  
 17 SIR JOHN SAUNDERS: No, no, I'm really not criticising you,  
 18 I'm just trying to find out.  
 19 MR GREANEY: I think everyone will be keen that you  
 20 understand that you are not here to be criticised --  
 21 A. Yes, sir.  
 22 Q. -- and people are not criticising you. Everyone in this  
 23 room will know what you did that night.  
 24 It sounds from what you're saying that when you went  
 25 to work at these events at the arena, what you were

15

1 thinking about was a risk to the crowd of a child having  
 2 too many sweets and being sick, a parent having too much  
 3 to drink, or some people who'd gone to watch the darts  
 4 having a scrap?  
 5 A. Yes.  
 6 Q. But what you weren't thinking about is an external  
 7 threat doing something to the crowd?  
 8 A. I wasn't thinking about that at the time, no.  
 9 Q. And no one had told you to think about that?  
 10 A. I don't believe so.  
 11 Q. Had you also received some information about what in  
 12 your statement you describe as a medical emergency? Let  
 13 me tell you what I mean. I'm going to ask that we put  
 14 on the screen a further document and again I'll ask you  
 15 if you recognise it.  
 16 It's {INQ024430/1}. Can we see the top of the page,  
 17 please, Mr Lopez?  
 18 Again we can see this is an Emergency Training UK  
 19 Limited document. It's headed:  
 20 "Emergency and contingency plans: treatment of  
 21 medical emergencies."  
 22 Do you recognise the document?  
 23 A. Yes, I recognise the document.  
 24 Q. Had you seen it before May 2017?  
 25 A. I believe it may have been located on a wall in the

16

1 first aid room. However, nobody had directed me to read  
 2 this document thoroughly.  
 3 Q. So you've answered my next question, which was going to  
 4 be whether you'd received any training in it, to which  
 5 the answer is obviously no.  
 6 A. No, sir.  
 7 Q. This document, if we were to go through it, which I'm  
 8 not going to do now with the time constraints of the  
 9 day, in particular, we'd see that it provides a plan for  
 10 how people in your position ought to respond to an  
 11 emergency. Have you read it since 22 May?  
 12 A. Yes, I have seen it. The police provided me with a copy  
 13 to view.  
 14 Q. Is that how it worked on the night?  
 15 A. I'll just familiarise myself with it again.  
 16 (Pause)  
 17 Yes.  
 18 Q. This sets out a structured response to an emergency, and  
 19 on the night did you think there was a very structured  
 20 response to that emergency?  
 21 A. I wouldn't say there was a structure at all to the  
 22 emergency, sir.  
 23 SIR JOHN SAUNDERS: Do you have a hard copy of the document?  
 24 MR GREANEY: I don't think so.  
 25 A. There's a booklet here which may have a copy in.

17

1 (Pause)  
 2 I don't believe it's in there.  
 3 Q. I'm not going to ask the witness to go through this  
 4 document.  
 5 SIR JOHN SAUNDERS: I understand that. It's just a glance  
 6 at it would actually indicate -- I think we'll get  
 7 a hard copy some time. You can glance at it, not go  
 8 into detail. I think you could look at this quite  
 9 quickly and see whether that sort of structured response  
 10 occurred.  
 11 MR GREANEY: You can. Mr Suter is going to see whether  
 12 we can get a hard copy.  
 13 You'll understand the point I was just seeking to  
 14 establish, which was here on paper we've got what is  
 15 intended to occur in the event of an emergency. I think  
 16 what you're saying to us is that --  
 17 A. That didn't happen.  
 18 Q. That just did not happen on the night, did it?  
 19 A. That's correct.  
 20 Q. By the date of the attack in May 2017, had you received  
 21 any training in the concept of triage?  
 22 A. From North West Ambulance Service, yes. From Emergency  
 23 Training, then no.  
 24 Q. But you were aware of the concept and how triage ought  
 25 to happen; is that correct?

18

1 A. Yes, sir.  
 2 Q. From your perspective, how did triage happen that night?  
 3 A. Triage on the evening was greatly myself trying to tell  
 4 first aiders that weren't versed in triage and didn't  
 5 have any idea of the concept of it.  
 6 Q. Are you talking about triaging in the City Room itself?  
 7 A. Yes, sir.  
 8 Q. I'm sorry, I interrupted you, and this is important. It  
 9 was largely, I think you said, you giving instructions  
 10 to first aiders --  
 11 A. Yes, sir.  
 12 Q. -- who weren't familiar with the concept of triage?  
 13 A. That's correct. So myself, I've got a background  
 14 obviously. My course with the IHCD is slightly more  
 15 advanced than the other first aiders that may have done  
 16 a First Aid at Work qualification, and my background  
 17 with North West Ambulance Service, I've got a high level  
 18 of knowledge as to what triage is and how it's done,  
 19 whereas a lot of our team are just people with normal  
 20 jobs that aren't medical at all and they come in to help  
 21 people and watch the shows. So I'd expect that time  
 22 in the evening was the first time they'd had any  
 23 experience of triage before. That would be the first  
 24 time they'd ever had to do it in real life.  
 25 Q. So it sounds as if what you're describing is a situation

19

1 in which the ETUK people who were there, save you and  
 2 perhaps a couple of others, had no experience of triage?  
 3 You're nodding your head.  
 4 A. Yes, sir.  
 5 Q. They had no training in triage?  
 6 A. That's correct.  
 7 Q. And here they were in the midst of responding to  
 8 a terrorist attack?  
 9 A. Yes, sir.  
 10 Q. Having to learn it for the first time?  
 11 A. From my instructions over a radio. That was the  
 12 situation that they were put in.  
 13 Q. That doesn't sound like a very satisfactory state of  
 14 affairs.  
 15 A. Absolutely not, sir.  
 16 SIR JOHN SAUNDERS: Just let me understand for a moment.  
 17 I don't want to go into a lot of detail about what you  
 18 were attempting to do by way of triage. Would the  
 19 principles be, first, concentrate on people who can  
 20 actually be helped?  
 21 MR GREANEY: We are going to get to this a little later.  
 22 SIR JOHN SAUNDERS: That's absolutely fine, you carry on.  
 23 MR GREANEY: I don't want to interrupt your line of thought,  
 24 sir, but we are going to ask about what the instructions  
 25 were on the night. I know I'm jumping slightly ahead.

20

1 SIR JOHN SAUNDERS: You do that. We'll do it your way.  
 2 MR GREANEY: In terms of triage, the way in which you put it  
 3 in your statement was:  
 4 "On the night of the bomb attack it went to rubbish  
 5 due to the overwhelming nature of the incident."  
 6 A. Yes, that's correct.  
 7 Q. Again, I'm very keen you should understand that that  
 8 should not be understood as a criticism of you.  
 9 A. No, no, I understand.  
 10 Q. Obviously, you're going to judge this with the benefit  
 11 of the experience you had on the night and therefore  
 12 with the benefit of hindsight and we are going to hear  
 13 evidence from others about this.  
 14 A. Yes.  
 15 Q. But you said to us that the qualification of many of  
 16 those who were there from ETUK that night was the -- did  
 17 you describe it as the First Aid at Work qualification?  
 18 A. I believe so, yes.  
 19 Q. Is it reasonable to suggest that that was far from being  
 20 an adequate level of training and qualification for what  
 21 people were confronted with that night?  
 22 A. Yes, sir. I believe that any first aider at an event  
 23 should have at least had the qualification which I had  
 24 to be at that event.  
 25 Q. And the simple fact is that most of them didn't?

21

1 A. That's correct.  
 2 (Document handed up)  
 3 SIR JOHN SAUNDERS: I'm not going to ask anyone to read  
 4 through this, it's just really a glance at it.  
 5 MR GREANEY: This just takes us back to what we were looking  
 6 at a moment ago. We'll have it on the screen.  
 7 {INQ024430/4}.  
 8 There we have a very impressive looking major  
 9 incident flow chart. Nothing like that happened on the  
 10 night, did it?  
 11 A. That's correct.  
 12 Q. You, given the training that you had, even at that stage  
 13 in May of 2017, will have known how to apply  
 14 a tourniquet and indeed you have told me that you did.  
 15 In the context of an event such as that which confronted  
 16 you, and without going into any details, what is or may  
 17 be the importance of a tourniquet?  
 18 A. A tourniquet is in place to stop a catastrophic bleed.  
 19 Q. You've probably answered this question already, but it's  
 20 important I should pose it nonetheless: did you, and  
 21 a couple of others apart of the ETUK staff, have  
 22 sufficient training in the application of a tourniquet?  
 23 A. I had sufficient training in tourniquet application.  
 24 However, in regards to the other members of staff  
 25 I don't know if they'd been trained to use one, sir.

22

1 Q. What you say in your witness statement is -- I'm at  
 2 paragraph 13 of your third statement, you needn't turn  
 3 it up -- and you're dealing with the application of  
 4 tourniquets:  
 5 "We never had enough training in this at the arena  
 6 and I continually reinforced that message. Changes were  
 7 made but not nearly enough in response to my  
 8 suggestions. The first aid staff were enthusiastic and  
 9 wanted to learn, but some longer-serving staff were  
 10 a bit old school, saying, 'We've always done it this  
 11 way', and were reluctant to change."  
 12 A. Yes, sir, that's correct.  
 13 Q. Could you explain what you mean by that, please?  
 14 A. Yes. So we had a lot of staff which were in the 40s,  
 15 50s, 60s, a lot of parents and quite experienced staff  
 16 there. Although they've only had the First Aid at Work  
 17 training, which is a two-day course, and I think that  
 18 a lot of them found it quite patronising, me to come in  
 19 as an 18 to 20-year-old and try and give them new ideas  
 20 and new concepts. And a lot of them just weren't  
 21 interested in the idea. Some of them were, some of them  
 22 were really inviting, learning new things and doing new  
 23 training, but ultimately what I wanted to do is get all  
 24 staff proficient and qualified by a registered training  
 25 course in the application of trauma dressings and

23

1 tourniquets for events where I wasn't there. I didn't  
 2 want patient care to drop just because I wasn't at an  
 3 event.  
 4 Q. By 22 May 2017, had that aspiration of yours been  
 5 achieved within ETUK?  
 6 A. Not fully, no. Mr Parry had bought additional trauma  
 7 equipment for in the cupboard. However, it is in  
 8 a cupboard, which is a 10-minute walk from the  
 9 concourse, where we are, so that equipment is really  
 10 hard to get hold of. And as well, anybody that wasn't  
 11 trained to use it, if they took a slight interest in it,  
 12 there's situations where they'd be shot down by the  
 13 older staff, being told, "You're not trained to use that  
 14 equipment, don't look in that cupboard", and that was  
 15 the kind of environment that we were in at times.  
 16 Q. Let me just finally, before we move on to look at the  
 17 structure of a shift at ETUK, ask you some general  
 18 questions. First, how would you describe the training  
 19 that you personally received at ETUK, if you received  
 20 any?  
 21 A. I would describe it as non-existent, sir. I haven't  
 22 received any training at Emergency Training UK from any  
 23 more senior clinicians than me.  
 24 Q. Do you have a view about the training that ETUK provided  
 25 generally to those who worked for it?

24

1 A. Emergency Training UK, I believe, is a company that  
 2 provides First Aid at Work courses and things like that,  
 3 but for the actual staff working at their events there's  
 4 very little training in place, unless it was for  
 5 somebody like myself to put on a session with people  
 6 that was interested. But there was nothing official  
 7 provided, no continuous professional development,  
 8 nothing like that in place. So it was quite easy for  
 9 knowledge, skills and equipment to become outdated.

10 SIR JOHN SAUNDERS: What sort of turnover of staff did you  
 11 have? Sometimes that can make training and continuous  
 12 professional development difficult.

13 A. Some nights, sir, we had the same staff that had been  
 14 there a long time and enjoyed the concerts, but we had  
 15 a lot of staff come and go. As people would qualify,  
 16 they would leave because they can get paid better  
 17 elsewhere. So there was always a few new staff every  
 18 shift or staff with faces we don't recognise.

19 MR GREANEY: I know from a conversation we had before you  
 20 went into the witness box that you're keen that it  
 21 shouldn't be understood that you're saying that ETUK was  
 22 all bad, so I need to ask you about that. Could you  
 23 tell us about your impressions about Mr Ian Parry,  
 24 please?

25 A. Mr Parry, while I was a student, he was always very

25

1 helpful to me. He seemed quite approachable and he was  
 2 always open to new ideas. If I had a suggestion, he  
 3 would try and implement it to an extent, but with myself  
 4 he was always very helpful. I know if it wasn't for  
 5 Mr Parry, I wouldn't be a registered paramedic today.  
 6 He has helped me as much as he possibly could to  
 7 facilitate me with shifts, because I'm from a family  
 8 where I had to fund my own training, a single-parent  
 9 family, so I was going to university through the day and  
 10 then the money I was earning from events I was using to  
 11 pay for my car to get to and from uni, and he  
 12 facilitated me as much as possible to be able to do  
 13 that.

14 Q. It's only right that, against the negative things that  
 15 you say about the organisation, you should say those  
 16 positive things about him.

17 A. Yes, absolutely.

18 Q. Let's turn to deal with how ETUK operated on the ground  
 19 on the occasion of an event. I think from what you have  
 20 said already that you would generally try to work at  
 21 least one shift a week?

22 A. Yes, if possible. Maybe slightly more.

23 Q. And commonly, would that be on a Friday or a Saturday?

24 A. Yes. Event nights, Friday and Saturday.

25 Q. Just leaving 22 May to one side for a moment, on an

26

1 ordinary shift what would the work tend to involve?

2 A. In terms of patient injuries, generally, there wasn't  
 3 a lot to do. We'd deal with a few burns from the  
 4 kitchen. There might be a person that's fainted due to  
 5 overheating.

6 Q. Overheating or overeating?

7 A. Overheating with the temperature. It's very warm in  
 8 there. But that was it. A few cuts, bruises,  
 9 intoxicated people whose welfare we were looking at. In  
 10 terms of medical emergencies, there wasn't a lot.

11 Q. This might illustrate, do you agree, that you go to  
 12 work, even more so perhaps your colleagues go to work,  
 13 expecting you might have to deal with someone who's had  
 14 a bit too much to drink or who's got too hot? No one  
 15 has any expectation that they're going to have to deal  
 16 with the kind of situation you had to deal with that  
 17 night?

18 A. That's correct.

19 Q. And nor were you briefed on any occasion that you might  
 20 have to deal with that kind of situation?

21 A. There has been occasions where it may have been  
 22 mentioned in briefing about -- we have a certain code  
 23 word for certain things, so there is a code word for  
 24 suspect package, lost child, fire. But apart from  
 25 glancing over them code words on the odd briefing -- and

27

1 it certainly wasn't every briefing -- we wasn't made  
 2 aware of any specific threat.

3 Q. No, and was there any counter-terrorism briefing at all  
 4 on the night of the 22nd that you remember?

5 A. No, sir.

6 Q. I believe what you're saying to us is there might from  
 7 time to time be occasions when you'd be reminded, "This  
 8 is the code word for if you find something suspicious or  
 9 if there is a child who is missing", but in no way was  
 10 it drilled into you as ETUK staff, "Tonight this might  
 11 happen, be prepared"?

12 A. No, sir.

13 Q. On a shift, what was the structure of the ETUK team?  
 14 You have referred to Medic 1. Could you tell us how it  
 15 operated, please?

16 A. Medic 1 would be the overall person in charge.  
 17 Normally, it would be Mr Parry, but not every night. It  
 18 could vary. Medic 2 was sometimes an EMT and they  
 19 generally allocate people's positions and places and  
 20 they deal with staff welfare, like rest breaks,  
 21 et cetera. And then it'd go all the way down to however  
 22 many medics we have, up to 13 and 14, who would work in  
 23 pairs. There's normally another EMT somewhere within  
 24 the pairs. Normally, at the end, there's Medic 13 or  
 25 Medic 14, and the rest would generally be first aiders,

28

1 albeit they may be student technicians, student  
 2 paramedics, student doctors. They would be there as  
 3 first aiders.  
 4 Q. When an event was starting and then underway, and then  
 5 once people were leaving, where would you be positioned  
 6 around the arena when you were working there?  
 7 A. Prior to people coming in, each response team, so  
 8 Medic 3 and Medic 4, Medic 5 and Medic 6, et cetera,  
 9 would be allocated an entrance and an exit. So they may  
 10 say, for example, "Medic 3 and Medic 4, you're at  
 11 City Rooms to begin with", and they'd place everybody on  
 12 each entrance and exit, and I think the main reason for  
 13 that was because the arena has a zero tolerance on food  
 14 and drink coming in, so we were allowed as medics to  
 15 make exceptions to some people bringing that in. It was  
 16 just generally to facilitate a safe entry and egress.  
 17 That's why we were placed there.  
 18 Q. Next, please, I would like your help with the medical  
 19 equipment you were provided with by ETUK. What did they  
 20 give to you and others in your position?  
 21 A. First aiders were all given a first aid response bag  
 22 between the pairs. It was optional whether you used  
 23 your own bag and put their equipment in it or whether  
 24 you used their first aid bag. It was just a standard  
 25 kind of bag that said "first aid" on it. It was quite

29

1 outdated. Within that bag there would be things like  
 2 bandages, slings, some people might take a vomit bowl,  
 3 but very, very basic first aid equipment.  
 4 Q. Did the bag that was provided by ETUK contain  
 5 a tourniquet?  
 6 A. No, sir.  
 7 Q. When you worked for ETUK, including on the night of the  
 8 22nd, did you use that bag or something else?  
 9 A. I never used their first aid bag, sir. They was very  
 10 basic and, I believe, not sufficient. So I had my own  
 11 response bag, which Ian Parry had an agreement, any  
 12 staff could bring in their own bag with their own kit  
 13 laid out as they prefer it. If we use any kit from  
 14 there, we either invoice him or take it from the  
 15 first aid room.  
 16 Q. And in your bag did you have a tourniquet or  
 17 tourniquets?  
 18 A. Yes, sir, I carried two.  
 19 Q. What medical equipment was available at the arena?  
 20 A. In the response bags, very basic first aid equipment.  
 21 We'd have an AED or two AEDs available to us.  
 22 Q. Tell us what an AED is?  
 23 A. An automatic external defibrillator, so if a patient's  
 24 heart goes into a funny rhythm, ventricular fibrillation  
 25 or ventricular tachycardia, a first aider or any

30

1 layperson would be able to use it to deliver a shock to  
 2 return the heart to a normal rhythm.  
 3 SIR JOHN SAUNDERS: How many were there, did you say?  
 4 A. I believe there were two.  
 5 MR GREANEY: They were provided by the arena as opposed to  
 6 by ETUK; is that correct?  
 7 A. As far as I'm aware, one was provided by ETUK and one  
 8 was the arena's bag with the arena's defibrillator in  
 9 it.  
 10 Q. Was there any other medical equipment, so far as you  
 11 knew as of 22 May, provided by or available at the  
 12 arena?  
 13 A. We had medical oxygen for staff that was trained to use  
 14 it. There was Entonox, some very basic medications. We  
 15 had various stretchers, trolleys, moving and handling  
 16 equipment, but it was all very basic.  
 17 Q. Did you know where the stretchers were?  
 18 A. I was aware, yes.  
 19 Q. Did you know how many there were?  
 20 A. At the time, I can only say that I recall one for  
 21 certain.  
 22 Q. It sounds as if, by 22 May, you were well familiar with  
 23 the arena.  
 24 A. Yes, sir.  
 25 Q. Was that just through working there or had you also

31

1 attended as a visitor or had you been formally shown  
 2 around it or all three?  
 3 A. On my first shift there ever, I was given quite an  
 4 in-depth guided tour by Medic 2 on the night. I was  
 5 there as an observer, I believe. However, there was  
 6 a medical emergency that night and, even though I was  
 7 observing, I was more superiorly qualified than anybody  
 8 else, so I ended up taking responsibility for a medical  
 9 emergency and therefore they said, actually, "You should  
 10 be paid for this shift", but that was my observation  
 11 shift.  
 12 Q. What did you understand as of the night of the attack to  
 13 be the area for which ETUK was responsible? By that  
 14 I mean, obviously we have the arena, then we have the  
 15 areas just outside the arena, so the City Room ---  
 16 A. Yes.  
 17 Q. --- the Trinity Way tunnel, and then beyond that we have  
 18 the railway station and beyond that, of course, Central  
 19 Manchester.  
 20 A. Yes.  
 21 Q. What did you understand was the area within which you  
 22 were expected to operate?  
 23 A. Emergency Training had quite a strict policy that we  
 24 stay inside the arena: anything beyond the doors isn't  
 25 our issue. However, I have a duty of care, so anybody

32

1 requiring medical intervention, and on several occasions  
 2 I did, I would leave the arena to treat the patient.  
 3 Q. I just need to understand what you mean by "arena".  
 4 A. Yes.  
 5 Q. Do you mean, when you use the word "arena", the  
 6 auditorium or the arena bowl?  
 7 A. I mean the arena bowl. Prior to the night, anything  
 8 outside the doors of the City Room, so into the station,  
 9 that wasn't, as far as we was told, our jurisdiction .  
 10 Q. Let me just focus the question in: the City Room, did  
 11 you understand that that was an area that was or was not  
 12 your responsibility ?  
 13 A. That wasn't our responsibility .  
 14 Q. So that was your understanding?  
 15 A. Yes, sir .  
 16 Q. From where had you derived that understanding?  
 17 A. It was often said to us on the radio: do not leave them  
 18 fire doors, why are you out there, I've got medics on  
 19 CCTV out there, you shouldn't be in there, come back  
 20 inside . Anybody that went beyond the fire doors, you'd  
 21 need a very good reason to do so.  
 22 Q. Obviously, on the night you did have a good reason for  
 23 doing so?  
 24 A. Absolutely, sir .  
 25 Q. Of course you did. We know, and explored in a lot of

33

1 detail during an earlier stage of our proceedings, that  
 2 stewarding services, to use a neutral phrase, were  
 3 provided by an organisation called ShowSec. What  
 4 liaison was there between you when working for ETUK and  
 5 ShowSec on the occasion of an event?  
 6 A. ShowSec would quite often come to us if they had queries  
 7 with anything medical, so a patient wishing to bring  
 8 medication in. Of course they can bring medication in,  
 9 but they'd always come to ask us. Anybody that was  
 10 appearing intoxicated, they'd want our opinion before  
 11 ejecting them from the venue. It was quite a good  
 12 working relationship on my level, which isn't  
 13 a management level, between us and people at ShowSec.  
 14 Q. I'm sure you can only speak about your level, but it  
 15 sounds as if at your level the relationship between you,  
 16 people at your level, and the ShowSec people worked  
 17 well?  
 18 A. Yes. We're all there to help the public.  
 19 Q. Was there ever a liaison between you, by which I mean  
 20 your level within ETUK, and BTP that you remember?  
 21 British Transport Police.  
 22 A. We seen them around the venue at various events, events  
 23 where there was likely to be trouble, like the darts and  
 24 things, they would patrol the venue, we'd smile and say  
 25 hello, but that was really it in terms of our

34

1 relationship. We didn't have any meetings with them or  
 2 any real awareness of their role and I don't think they  
 3 had much awareness of us either.  
 4 Q. It sounds as if there wasn't much formality to it, you'd  
 5 see them around and you'd say hello, and that was about  
 6 it?  
 7 A. That's right. They may get involved in an incident, if  
 8 somebody's kicking off or causing trouble, they may come  
 9 and assist us there, but that was really the extent of  
 10 our relationship .  
 11 SIR JOHN SAUNDERS: This is again within the arena bowl  
 12 itself rather than the City Room or something?  
 13 A. Yes, sir, they did patrol the entire arena bowl  
 14 sometimes --  
 15 SIR JOHN SAUNDERS: Yes, I think we've heard about that.  
 16 A. -- and provide a presence.  
 17 MR GREANEY: Next I'm going to ask you about radios. Within  
 18 ETUK did staff have and use radios?  
 19 A. Yes, sir. Each response team had a radio between two,  
 20 generally.  
 21 Q. A response team would be?  
 22 A. Two people.  
 23 Q. And there'd be one radio?  
 24 A. One between two, yes.  
 25 Q. Was this a radio that could be used only with other

35

1 members of ETUK or could you also communicate with  
 2 ShowSec, SMG and/or others?  
 3 A. It was just for the first aid team.  
 4 Q. In terms of clothing did you wear anything which  
 5 indicated that you were a medic?  
 6 A. We had a green polo shirt, some people's was light  
 7 green, some people's was slightly darker. It would say  
 8 "medical team" on the back. And we had a crest on the  
 9 front that said -- I think it was "event medical team".  
 10 We wore green trousers, we'd have our lanyard with our  
 11 ID on display somewhere, and that was the extent of our  
 12 uniform.  
 13 Q. That's all that I wanted to ask you about general  
 14 matters about the training, equipment and so on.  
 15 I'm going to move on next to the events of the night  
 16 of the 22nd, sir, unless you have any further questions  
 17 on background matters.  
 18 When we deal with the events of the night, I am not  
 19 going to be asking you about any particular individual  
 20 that you dealt with, let alone am I going to be asking  
 21 you to name any individual that you dealt with. I am  
 22 not going to be showing on the screen any image of the  
 23 City Room or elsewhere. But nonetheless, you are going  
 24 to be dealing with some of your actions during the  
 25 course of that night. You know, and I'm sure others

36

1 know, that is capable of being distressing —  
 2 A. Yes.  
 3 Q. — for you and I'm sure for others. So I'm just going  
 4 to give that warning so that anyone who doesn't wish to  
 5 listen to what you have to say is able to avoid it.  
 6 On the night of 22 May, did you start your shift at  
 7 about 5.30 in the afternoon?  
 8 A. That's correct.  
 9 Q. Were you given the call sign, the radio call sign of  
 10 Medic 13?  
 11 A. Yes, sir, I believe so.  
 12 Q. Were you assigned to work in a two with somebody else?  
 13 A. That's correct.  
 14 Q. Who were you assigned to work with?  
 15 A. I believe it was Elizabeth Woodcock.  
 16 Q. Was she Medic 2?  
 17 A. Yes, sir.  
 18 Q. What was your particular task that night?  
 19 A. I was a first aider, working as part of the response  
 20 team.  
 21 Q. Were you in a particular fixed position or were you  
 22 roving around the environment?  
 23 A. Once people are actually in the venue, then we generally  
 24 patrol round the concourse and go down for breaks. So  
 25 especially working with Medic 2, who's more of

37

1 a managerial figure, we were quite free-flowing  
 2 throughout the arena.  
 3 Q. On that night before you started your shift, were you  
 4 given a briefing?  
 5 A. Yes, sir.  
 6 Q. Was that briefing given by Ian Parry?  
 7 A. Yes, sir.  
 8 Q. Was he Medic 1?  
 9 A. Yes, sir.  
 10 Q. Was anything at all out of the ordinary highlighted  
 11 during the course of that briefing?  
 12 A. No, sir.  
 13 Q. Essentially, during the course of your shift until the  
 14 terrible events you're going to tell us about, did  
 15 anything surprising, different or unusual happen?  
 16 A. No.  
 17 Q. Was a colleague of yours called Jade Duxbury based in  
 18 Whiskey Control?  
 19 A. Yes.  
 20 Q. What was her role there?  
 21 A. She would generally pass medical emergencies to us by  
 22 liaison with ShowSec. A lot of the time it was ShowSec  
 23 which would become aware of these emergencies first.  
 24 They'd radio it in to their control room, who then would  
 25 pass it to Jade, who would delegate it to us. She'd

38

1 also make us aware of when the show was starting, when  
 2 it was ending, and anything that would crop up during  
 3 the night, she'd let us know over the radio. Any  
 4 information from Whiskey Control was all passed through  
 5 Jade.  
 6 Q. Indeed, that night, did Jade Duxbury pass a message over  
 7 the radio that the Ariana Grande concert either had  
 8 finished or was drawing to a conclusion?  
 9 A. Yes, sir.  
 10 Q. Very shortly indeed after that message was passed, did  
 11 you hear an explosion?  
 12 A. Yes, sir.  
 13 Q. Followed straightaway by people running, crying,  
 14 screaming and panicking?  
 15 A. Yes, sir.  
 16 Q. Where were you at that stage?  
 17 A. I was with Liz at the time. I'm unsure of my exact  
 18 position, but I believe I was either one or two fire  
 19 doors down around the corner in the arena bowl.  
 20 Q. So it seems as if you weren't very far from the  
 21 City Room?  
 22 A. That's right, sir.  
 23 Q. Normally, would you have been able to get to the  
 24 City Room very quickly indeed?  
 25 A. In a number of minutes, yes. Less than 2 minutes.

39

1 Q. I think because of people who were understandably  
 2 leaving the arena at speed, you were pushed against  
 3 a wall and it made it difficult for you to get to where  
 4 you wanted to?  
 5 A. Yes, that's right.  
 6 Q. It also made it difficult for you to hear what was being  
 7 said over the radio?  
 8 A. Yes, sir.  
 9 Q. Did you know at that stage where the explosion you'd  
 10 heard had come from?  
 11 A. I heard it from a general direction, but I didn't know  
 12 exactly where it was.  
 13 Q. So did you know in general terms it had come from the  
 14 area of the City Room?  
 15 A. Yes, sir.  
 16 Q. Did you have a sense at that stage, so in the minutes  
 17 after 22.31, of what had happened?  
 18 A. I had no idea. At that kind of venue there's lots of  
 19 stuff that makes loud noises, we have pyrotechnics,  
 20 loudspeakers, lots of rigging equipment, and until I was  
 21 in amongst the patients it was only at that time it  
 22 occurred to me what had actually gone on.  
 23 Q. At that stage, as you're a couple of minutes from the  
 24 City Room and pressed up against the wall, were you  
 25 asked by ShowSec staff to help and reassure people who

40

1 were obviously shocked and panicking?  
 2 A. Yes, that's correct.  
 3 Q. And did you spend a period of time doing that?  
 4 A. Yes, I spent a couple of minutes -- it probably wasn't  
 5 a couple of minutes, it was more like a few seconds, it  
 6 seemed like a couple of minutes -- trying to assist  
 7 these people out of the venue. But it soon became  
 8 apparent that I needed to get to City Rooms and I could  
 9 no longer spend time, as I normally would, looking after  
 10 the customers.  
 11 Q. Although I think on your way to the City Room, and we'll  
 12 deal with this at a very high level, you did take steps  
 13 to assist a casualty who was badly injured?  
 14 A. Yes, sir.  
 15 Q. And then you went into the City Room?  
 16 A. Yes, sir.  
 17 Q. As I am sure you will appreciate, we have footage from  
 18 within the City Room, both CCTV and once emergency  
 19 services arrived, from their body-worn cameras.  
 20 I assure you, we are not going to look at any of that.  
 21 But I can give some timings for the benefit of the  
 22 chairman as much as for you.  
 23 The first image we have of you in the City Room is  
 24 at 22.42.42, so 11 minutes after the explosion,  
 25 accounted for by the reassurance you were giving and

41

1 then the treatment of the casualty.  
 2 At 22.57 you are seen speaking to Paddy Ennis, who  
 3 is an advanced paramedic, as I think you probably know.  
 4 A. Yes, sir.  
 5 Q. That's in fact a little earlier than you remembered in  
 6 your witness statement.  
 7 SIR JOHN SAUNDERS: Give me the time again.  
 8 MR GREANEY: The exact time, sir -- the first image we have  
 9 of Mr Billington is 22.42.42. The first image we have  
 10 of Mr Billington speaking to Mr Ennis is 22.57.59.  
 11 We see you with Mr Ennis and Mr Parry at 23.09.43  
 12 and with Mr Ennis again at 23.11.44.  
 13 SIR JOHN SAUNDERS: Can I just... You heard this loud  
 14 noise, which was -- could have been anything.  
 15 A. Yes, sir.  
 16 SIR JOHN SAUNDERS: There are people rushing away and then  
 17 you find a casualty. Was that the first realisation you  
 18 had that someone had been injured or did you realise  
 19 that there had been injuries before you found the  
 20 casualty?  
 21 A. It was a good clue that I may find more injuries, but  
 22 I think I was still in shock at that time and I hadn't  
 23 realised the gravity of the situation even then.  
 24 SIR JOHN SAUNDERS: The person who was injured, and I don't  
 25 want to go into details, had she or he actually been

42

1 injured inside the arena bowl or had they come back into  
 2 from the City Room? Do you happen to know?  
 3 A. I believe, from where they was, that they may have back  
 4 in from the City Room.  
 5 MR GREANEY: It must be the case that they'd come back in  
 6 from the City Room, sir, or been taken into that area  
 7 from the City Room.  
 8 Once you got into the City Room -- I really don't  
 9 want to know what you saw --  
 10 A. Yes, sir.  
 11 Q. -- sadly, we can probably imagine it, some experienced  
 12 it -- but was it obvious to you that there had been  
 13 a bomb?  
 14 A. It should have been. However, it wasn't until  
 15 I specifically saw nuts and bolts, that was the point,  
 16 sir.  
 17 Q. I see. You were, I think, able to see what I will  
 18 describe as a scene of devastation?  
 19 A. Yes, sir.  
 20 Q. Did you very quickly after getting into the City Room  
 21 broadcast a radio message to your colleagues of ETUK,  
 22 asking them to have all trauma equipment brought to the  
 23 area?  
 24 A. Yes, sir.  
 25 Q. At that stage, did you summon your colleagues to the

43

1 City Room?  
 2 A. I don't believe I asked for my colleagues, I asked for  
 3 the trauma equipment to be brought up. I can't remember  
 4 specifically asking my colleagues to come up.  
 5 Q. In your witness statement, and I'm talking again about  
 6 your third and very detailed witness statement of  
 7 4 March of last year, you said:  
 8 "I didn't tell the medics to come to the City Room  
 9 specifically as in the back of my mind, I was  
 10 considering the potential for secondary devices."  
 11 Does that accurately record what you were thinking  
 12 at the time?  
 13 A. Yes, sir.  
 14 Q. From where do you think your understanding of the  
 15 possibility of such a secondary device had come?  
 16 A. From where might it come?  
 17 Q. Yes. One might not naturally on the occasion of a bomb  
 18 going off think that there might be secondary devices,  
 19 unless one knew about other occasions around the world  
 20 where such a thing had happened or had been given  
 21 instruction that this was a possible tactic of  
 22 a terrorist. From where had you derived your  
 23 understanding that such a possibility existed?  
 24 A. That would have been from my JESIP-related training with  
 25 North West Ambulance Service.

44

1 Q. The JESIP training that you'd received by that point as  
 2 a result of the work that you were doing to qualify as  
 3 a paramedic?  
 4 A. Yes, sir.  
 5 Q. This is going to be difficult for people to hear what  
 6 we're next going to deal with, but it's important that  
 7 you should explain why you said what you did, because  
 8 there is a good explanation for it.  
 9 Did you put a call out over the radio to say, "This  
 10 is a major incident"?  
 11 A. Yes, sir.  
 12 Q. Did you say, "Follow major incident protocol"?  
 13 A. Yes, sir.  
 14 Q. And to say, "If people have no pulse, we can't help;  
 15 treat catastrophic bleeding?"  
 16 A. That's correct.  
 17 Q. Some might think that when you're in that kind of  
 18 situation, you go to the first person you see and see if  
 19 you can help, whatever the nature of their injuries and  
 20 whatever their condition and yet you were saying: there  
 21 are some people that might be beyond help, treat  
 22 catastrophic bleeding?  
 23 A. Yes, sir.  
 24 Q. Why were you saying that?  
 25 A. As part of our major incident training with North West

1 Ambulance Service, and the JESIP principles, patients  
 2 would be coming in a different order of priority.  
 3 Obviously, I didn't want to start passing a full METHANE  
 4 report over a radio to people that wouldn't understand  
 5 it, and I didn't want to start explaining to them the  
 6 different order of priorities, so I just wanted to give  
 7 them simple instructions, and the major incident triage  
 8 process says that patients that are in cardiac arrest  
 9 with no pulse and no open airway are there to be  
 10 pronounced as dead at the time of a major incident.  
 11 Q. So essentially, were you following your instructions?  
 12 A. Yes, sir.  
 13 Q. Did you then begin to triage people who were within that  
 14 room?  
 15 A. Yes, sir.  
 16 Q. And also, and we're not going to go into any detail of  
 17 this, to provide treatment yourself?  
 18 A. Yes. I appreciate that we should be triaging first  
 19 without providing any treatment but I couldn't just  
 20 stand there and not treat people.  
 21 Q. There came a time, I think, when you became aware that  
 22 Paddy Ennis, the advanced paramedic of NWAS, had entered  
 23 the room?  
 24 A. Yes, sir.  
 25 Q. What did you understand his role to be?

1 A. I wasn't sure exactly what NWAS's response would be or  
 2 who would turn up. But he turned up in his high-vis  
 3 jacket that made him obvious. I assumed he was incident  
 4 commander at that time and that he would be taking on  
 5 initial triage in the City Room on behalf of NWAS.  
 6 Q. Did you give him an initial handover?  
 7 A. Yes, sir.  
 8 Q. Telling him that there were many people dead and many  
 9 seriously injured?  
 10 A. Yes.  
 11 Q. Did he clarify that you were to do essentially, as you  
 12 had instructed others to do, not to administer CPR to  
 13 patients in cardiac arrest?  
 14 A. That's correct.  
 15 Q. And did you relay a message to that effect over the  
 16 radio?  
 17 A. I continued to enforce that message, sir, yes. I just  
 18 thought I would check with him, just in case I was  
 19 wrong, but he was very much of the same understanding  
 20 that I had already been, that we should carry on as  
 21 we are.  
 22 Q. And you then yourself carried on with the work that you  
 23 were doing within the City Room?  
 24 A. Yes.  
 25 Q. In your witness statement -- I'm at paragraph 36 -- you

1 record your belief that members of the Fire and Rescue  
 2 Service turned up in the City Room at about that time  
 3 whilst you were treating patients, but I suspect you're  
 4 now aware that that recollection is mistaken.  
 5 A. Yes. I remember a service coming in with a huge  
 6 response bag, full of bandages, I thought that was the  
 7 Fire Service. However, looking back at it, it may have  
 8 easily been the HART team or another organisation. It  
 9 could have even been the police.  
 10 Q. That's a very sensible concession to make. As we know,  
 11 it most certainly was not any member of the Fire and  
 12 Rescue Service.  
 13 A. Yes, sir.  
 14 Q. During the course of the lengthy period you spent  
 15 in that room, did you become aware that you had run out  
 16 of stretchers?  
 17 A. Yes.  
 18 Q. Did you instruct ETUK staff to use really whatever they  
 19 could find to make makeshift stretchers?  
 20 A. Yes, sir, I instructed everybody, families, police,  
 21 anybody there that was able to carry a person to use  
 22 whatever they could to start getting patients to  
 23 ambulances if possible.  
 24 Q. I think also you had stuffed your pockets with bandages  
 25 and airways?

1 A. Yes, sir .  
 2 Q. And you were handing those things out to people as and  
 3 when they were needed?  
 4 A. Yes. If patients were able to put them on themselves or  
 5 was with family that was able to administer the  
 6 treatment for them, it just meant that I could get round  
 7 patients faster with more bandages rather than me  
 8 delaying to put a bandage on. Unless I saw an injury  
 9 that was that catastrophic that I needed to deal with it  
 10 personally, I tried to get other people to treat  
 11 patients.  
 12 Q. Putting it in very simple terms, you stayed in that room  
 13 for a long time?  
 14 A. As long as I could, sir, yes: until, I believe, all the  
 15 patients, all the majority of the patients that were  
 16 still alive were downstairs, near the casualty clearing  
 17 area.  
 18 Q. In the result, it wasn't until 4 o'clock in the morning  
 19 that, having spoken to Ian Parry and Liz Woodcock, your  
 20 colleagues, and had a cup of tea, that you went home?  
 21 A. That's correct, sir, yes.  
 22 Q. What you say in your witness statement is, paragraph 47:  
 23 "I believe that the personal training that I had  
 24 from university and Ambulance Service placements before  
 25 the incident provided me with adequate skills to cope

49

1 with the situation."  
 2 Do you still feel that way?  
 3 A. Yes, sir. I feel that I was able to deal with the  
 4 situation as an individual first aider or medic or  
 5 whatever term you wish to use. However, I don't feel  
 6 I was trained enough to be clinical lead in that  
 7 situation. A paramedic should have been clinical lead  
 8 for that event or a doctor.  
 9 Q. Were there enough people in that City Room helping who  
 10 were trained to help?  
 11 A. In terms of first aid staff, there were several. The  
 12 more people there, the better, obviously. But I don't  
 13 feel like there was enough staff there to help or  
 14 equipment.  
 15 SIR JOHN SAUNDERS: Is it to do with training or is it to do  
 16 with numbers of people or a combination of the two  
 17 maybe?  
 18 A. I think it's a combination of the two. Obviously if  
 19 we've got two doctors or two paramedics in that room,  
 20 we can definitely offer patients more advanced  
 21 interventions than I could offer and more members of  
 22 staff to more patients would ultimately result in  
 23 hopefully better outcomes.  
 24 SIR JOHN SAUNDERS: I just want to ask a couple more  
 25 questions. I obviously don't want to cause any more

50

1 distress than is absolutely necessary and no doubt —  
 2 have you finished dealing with what actually happened?  
 3 MR GREANEY: I have nearly finished, sir. There's one other  
 4 topic I was going to deal with, which is connected.  
 5 It's to remind you of something else you said in  
 6 your statement. You went on to say:  
 7 "Other ETUK staff didn't have sufficient training to  
 8 cope."  
 9 Does that remain your view?  
 10 A. Yes, sir. I don't believe a First Aid at Work course,  
 11 which is geared to help me treat my colleague that's cut  
 12 their finger at their desk, was anywhere near as much  
 13 training as somebody should receive who is going to go  
 14 on to deal with a major incident.  
 15 MR GREANEY: Those are my questions, sir.  
 16 SIR JOHN SAUNDERS: The triage process includes doing what  
 17 you can in the order of severity, as it were, for those  
 18 people —  
 19 A. Yes, sir.  
 20 SIR JOHN SAUNDERS: — where you can do something? Also,  
 21 the triage process indicates which people need to be got  
 22 out and got to an ambulance and a hospital as quickly as  
 23 possible, so in which order?  
 24 A. Yes, sir.  
 25 SIR JOHN SAUNDERS: And we've heard how the triage system

51

1 works and worked when people were down at the casualty  
 2 clearing centre downstairs, so they were actually given  
 3 labels, numbers. Were you able to do anything like  
 4 that? Presumably not.  
 5 A. No, sir, we didn't have any major incident packs with  
 6 numbers available to us.  
 7 SIR JOHN SAUNDERS: Were you able to indicate to anybody,  
 8 these are the people who need to be got out first, these  
 9 are the priorities?  
 10 A. Yes, initially anybody that was able to walk I asked to  
 11 leave themselves, by shouting, asking them to go  
 12 downstairs. Anybody that people was able to assist to  
 13 leave that was great and I asked them to go downstairs  
 14 as well. Then it was — the patients which were  
 15 priority 1 patients with the more substantial injuries  
 16 would be prioritised for a stretcher where possible.  
 17 SIR JOHN SAUNDERS: And you were saying, this is  
 18 (overspeaking) you may not have used the words  
 19 priority 1, but you were saying these are the ones that  
 20 need to be got out first?  
 21 A. Yes, this person needs to go now, yes, sir.  
 22 SIR JOHN SAUNDERS: The trauma bags which you sent for, did  
 23 they arrive?  
 24 A. Yes, sir. My personal bag arrived, which was brought up  
 25 quite early, soon after I'd met my initial patient on

52

1 the way to City Rooms. And it was a really good job  
 2 I had that bag with me because I didn't see the other  
 3 bag for the rest of the evening.  
 4 SIR JOHN SAUNDERS: So this is the bag with the tourniquets  
 5 in it, is it?  
 6 A. Yes, sir.  
 7 SIR JOHN SAUNDERS: You weren't carrying it at the time you  
 8 went there originally?  
 9 A. No, it's too much of a big bag to carry round the arena  
 10 and within the company there was quite a lot of  
 11 hostility about people carrying too much medical  
 12 equipment. It didn't —  
 13 SIR JOHN SAUNDERS: We don't perhaps need to look into that  
 14 issue. You managed to get it fairly quickly to you,  
 15 someone brought it to you?  
 16 A. Within minutes, yes.  
 17 SIR JOHN SAUNDERS: And you used both the tourniquets you  
 18 had?  
 19 A. I believe so, sir, yes.  
 20 SIR JOHN SAUNDERS: Did you use other things which you made  
 21 into tourniquets, as it were?  
 22 A. We were instructing the police to use their belts where  
 23 possible. Whatever we could find, we were using.  
 24 SIR JOHN SAUNDERS: Okay. And the trauma bags, did they  
 25 contain tourniquets? You said to bring all the trauma

53

1 bags.  
 2 A. So we had — I was aware that there was two tourniquets  
 3 in the cupboard in the first aid room, which the staff  
 4 down there may have used, but I wasn't aware that there  
 5 was any in the trauma bags.  
 6 SIR JOHN SAUNDERS: So actually in the building are your two  
 7 personal ones?  
 8 A. Yes.  
 9 SIR JOHN SAUNDERS: And two others that you think were  
 10 there, but may not have been used?  
 11 A. That's correct.  
 12 SIR JOHN SAUNDERS: And otherwise, people were using  
 13 improvised tourniquets under your direction?  
 14 A. Yes, sir.  
 15 SIR JOHN SAUNDERS: And you obviously appear to have taken  
 16 complete control of the situation when there was really  
 17 no one else who was capable of doing that?  
 18 A. Yes, sir.  
 19 SIR JOHN SAUNDERS: Okay, thank you.  
 20 MR GREANEY: How old were you on 22 May?  
 21 A. Oh gosh... I would have been 20.  
 22 MR GREANEY: Sir, this would be a convenient moment for  
 23 a break.  
 24 SIR JOHN SAUNDERS: Okay.  
 25 MR GREANEY: Perhaps we could return at around five past.

54

1 SIR JOHN SAUNDERS: Is that enough for you?  
 2 A. Yes, sir.  
 3 SIR JOHN SAUNDERS: We'll have a quarter of an hour break.  
 4 (10.52 am)  
 5 (A short break)  
 6 (11.10 am)  
 7 MR GREANEY: Mr Billington, just before I invite others to  
 8 ask their questions, there's one thing we need to  
 9 correct. You have thought a little bit more about it  
 10 and you have realised you were 19 at the time; is that  
 11 correct?  
 12 A. I think I was actually 20, sir. My...  
 13 Q. So there was nothing to correct?  
 14 A. Yes, that's correct.  
 15 MR GREANEY: North West Fire Control indicated that they  
 16 might have questions, but that was just to deal with  
 17 a timing issue which I think has been put right. Unless  
 18 Mr Smith appears on the screen, I'll presume that his  
 19 issue has been dealt with.  
 20 In the same way, Ms Roberts indicated that she might  
 21 have — there is Mr Smith.  
 22 MR SMITH: I'm afraid I jumped the queue, Mr Greaney, and  
 23 I was going to say, no, we have no questions, thank you  
 24 very much.  
 25 MR GREANEY: Thank you very much, Mr Smith.

55

1 It may be the same position so far as Ms Roberts on  
 2 behalf of NWAS is concerned. There were some timing  
 3 issues that she was understandably keen to establish.  
 4 I hope I have dealt with those.  
 5 MS ROBERTS: You have. Thank you very much and I have no  
 6 questions.  
 7 SIR JOHN SAUNDERS: Thank you very much.  
 8 MR GREANEY: Therefore I'll turn to invite Mr Atkinson to  
 9 ask his questions on behalf of the families.  
 10 Questions from MR ATKINSON  
 11 MR ATKINSON: Mr Billington, can I reassure you at once that  
 12 I won't be very long and that nothing I'm going to ask  
 13 you is either intended to distress you, because that  
 14 which would distress you would, as you understand,  
 15 distress the families, or in any way to criticise you.  
 16 Quite the contrary.  
 17 A. Yes, sir.  
 18 Q. To understand the training position, just a little bit  
 19 more, would it be fair to say that amongst your  
 20 colleagues, insofar as you were aware of their training,  
 21 the First Aid at Work qualification was the most common  
 22 among them?  
 23 A. Yes, sir, that's correct.  
 24 Q. Is that a qualification you yourself have ever  
 25 undertaken?

56

1 A. I've had no requirement to undertake that qualification,  
 2 sir .  
 3 Q. And at the time when you worked for the St John's  
 4 Ambulance, what qualification or training had you had  
 5 then?  
 6 A. Their training course is slightly different . It's all  
 7 very internal . It's probably similar to the First Aid  
 8 at Work qualification, but it's over different periods  
 9 of time and different members of staff have got  
 10 different qualifications . But all theirs is internal .  
 11 I don't think they have any nationally recognised  
 12 certificates .  
 13 Q. Right. You, at the time that you were then working for  
 14 ETUK, were in the process of qualifying as  
 15 a paramedic --  
 16 A. Yes.  
 17 Q. -- and going through that qualification process? Also  
 18 the IHCD --  
 19 A. Yes.  
 20 Q. -- is that separate from your paramedic --  
 21 A. Yes, sir , completely. I'd done the IHCD course prior to  
 22 joining my paramedic course.  
 23 Q. Was that training you did with Manone Medical?  
 24 A. Yes.  
 25 Q. So that was a week-long course?

57

1 A. Yes, sir .  
 2 Q. And was that a requirement of working for Manone Medical  
 3 that you had to do that?  
 4 A. I never worked for that company. They were just  
 5 offering training courses. They offered different  
 6 things from First Aid at Work to the slightly more  
 7 advanced qualification that I had, and I certainly  
 8 wanted a more in-depth, intense course to then go on to  
 9 events. I don't feel the First Aid at Work course,  
 10 although I did look at the syllabus, was anywhere near  
 11 enough what I'd need for what I'd be doing.  
 12 Q. When your attention was directed by others to ETUK as  
 13 a potential company to work for, did they provide you  
 14 with any job specification as to what training they  
 15 expected their employees to have?  
 16 A. I believe there would have been, although I can't  
 17 remember it specifically . But as far as I'm aware, most  
 18 first aiders for them were the First Aid at Work level.  
 19 I believe there was two separate first aid courses to my  
 20 knowledge: there's Emergency First Aid at Work, which is  
 21 a one-day, then a full First Aid at Work, which  
 22 I believe might be 2 days. But I believe that the  
 23 first aiders there were either Emergency First Aid at  
 24 Work or the normal First Aid at Work course.  
 25 Q. And neither of those courses were as in-depth or as

58

1 comprehensive as an IHCD, were they?  
 2 A. No, sir . They're designed for if you cut your finger  
 3 in the workplace, so your colleague can come and assist  
 4 you with a plaster . That's as in-depth as that course  
 5 gets really . It's about assisting colleagues.  
 6 Q. Just in relation to skills that someone in your position  
 7 should have, I wonder if we could have on screen,  
 8 please, {INQ011405/6}, Mr Lopez. It's the bottom half  
 9 of that page, headed "First aider".  
 10 SIR JOHN SAUNDERS: Just remind us what the document is.  
 11 MR ATKINSON: To explain to you, Mr Billington, this is part  
 12 of a tender document sent out by the operators of the  
 13 arena in relation to what they wanted their medical team  
 14 to have.  
 15 A. Yes.  
 16 Q. And it's just -- I'm not saying it's a document you  
 17 would have been given at any point, but just to see,  
 18 using this as almost a tick list , which of these you  
 19 would or would not have had. And, more particularly,  
 20 which of these someone who'd done the First Aid at Work  
 21 course, from your understanding of it, would or would  
 22 not have had. Do you understand?  
 23 A. Yes.  
 24 Q. Clearly, "Being a first point of contact with  
 25 a casualty" would apply to anyone who'd done any

59

1 first aid at all ?  
 2 A. Yes.  
 3 Q. " Initial management of airway, breathing, circulation  
 4 and the control of bleeding."  
 5 If we split those up, perhaps.  
 6 A. Yes.  
 7 Q. Managing airways and breathing, is that something that a  
 8 First Aid at Work course would cover?  
 9 A. In a sense it would. I believe they'd be taught how to  
 10 open an airway via head tilt/chin lift and then maybe  
 11 assist breathing using the face mask ventilator at the  
 12 time and then circulation, do CPR, they're aware of  
 13 that, and control of bleeding, yes, a normal First Aid  
 14 at Work would cover that.  
 15 Q. And certainly your IHCD would have done?  
 16 A. Yes.  
 17 Q. Basic life support. Again, would that be covered by  
 18 a First Aid at Work course?  
 19 A. In my view, basic life support involves defibrillation ,  
 20 CPR and using a bag-valve-mask ventilator. I am trained  
 21 to do that. However, I do not believe first aiders  
 22 would be able to use a BVM ventilation device.  
 23 Q. Just based on your experience of working with people at  
 24 places like the arena for ETUK, with no criticism of  
 25 them, was that the kind of thing that you understood

60

1 them to know about sufficiently to do it or not?  
 2 A. I wouldn't have expected them to be able to provide  
 3 basic life support beyond AED and CPR and mouth-to-mouth  
 4 ventilations .  
 5 Q. "Basic diagnosis of conditions and treatment."  
 6 Was the diagnosing of people's conditions something  
 7 that a first aider would do or would that be something  
 8 they would pass on to somebody else?  
 9 A. Diagnosis is a broad word --  
 10 Q. It is .  
 11 A. -- and potentially incorrect in this sense. I believe  
 12 that first aiders, even paramedics, are technically not  
 13 meant to diagnose as such, you're meant to have an  
 14 impression of what's going on, so I believe first aiders  
 15 would be able to get an impression of what's going on to  
 16 a certain level, but as you increase your knowledge from  
 17 first aid to paramedic to doctor, the higher up you go,  
 18 the better your diagnosis would be.  
 19 Q. The next one deals with stabilising someone and  
 20 transporting them and providing care whilst someone else  
 21 is also involved. We can see the next one talks about  
 22 assisting an EMT or a paramedic. But if I could have  
 23 your help one bullet up from the bottom:  
 24 "Assisting the duty major incident medical manager  
 25 in triage, treatment and the rapid mobilisation of the

61

1 medical emergency plan."  
 2 Do we understand from what you've already said that  
 3 you would not expect someone who had the First Aid at  
 4 Work qualification to have been trained in triage?  
 5 A. That's correct.  
 6 Q. And that would involve both understanding how the triage  
 7 process works?  
 8 A. Yes.  
 9 Q. If you're triaging, what you do and do not do  
 10 in relation to individuals?  
 11 A. Yes.  
 12 Q. And also, to the extent that you are doing it in  
 13 relation to airways and catastrophic bleeding, how you  
 14 do that?  
 15 A. That's correct.  
 16 Q. For them to be able to assist in relation to a major  
 17 incident through triage, they would need to understand  
 18 how to do it, wouldn't they?  
 19 A. They did need to have an awareness and I believed that  
 20 they hadn't been given any formal training at that point  
 21 and they wouldn't have an awareness of what to do. On  
 22 the night, individuals were amazing in being able to do  
 23 actions that I asked them to do. The team work was  
 24 brilliant in supporting myself and listening to my  
 25 actions, but autonomously, if I wasn't there or Mr Parry

62

1 wasn't there, then there would be no way they'd be able  
 2 to assist a structure that's alien to them.  
 3 Q. Whilst this talks about them being able to assist the  
 4 duty major incident medical manager in that task, which  
 5 presupposes that there will be someone there to give  
 6 them instruction --  
 7 A. Yes.  
 8 Q. -- for it to work properly, they need to have a basic  
 9 level of knowledge of the triage process so they can put  
 10 that into -- so someone can say to them, "This is what  
 11 we need to do", and they know what they're talking about  
 12 rather than at that critical moment having a tuition  
 13 session in how to do it?  
 14 A. That's correct, yes.  
 15 Q. In relation to this bullet as well, in terms of the  
 16 rapid mobilisation of the medical emergency plan, they  
 17 would need to know what that plan was, wouldn't they --  
 18 A. Yes.  
 19 Q. -- before they could hope to mobilise?  
 20 A. Yes.  
 21 Q. And the document that you have actually now been handed  
 22 in hard copy you think was on the wall of the first aid  
 23 room?  
 24 A. Yes.  
 25 Q. But not something you were given?

63

1 A. I definitely was not given the document.  
 2 Q. Not something you were talked through?  
 3 A. That's correct.  
 4 Q. And not something you were exercised in?  
 5 A. That's correct.  
 6 Q. No doubt as part of your paramedic training, you have  
 7 had role-playing exercises to test things?  
 8 A. Yes.  
 9 Q. Working with other people and doing it?  
 10 A. Yes.  
 11 Q. As near to the real as it can be, and we understand that  
 12 particularly in relation to a major incident it can only  
 13 be a test?  
 14 A. Yes, sir .  
 15 Q. But that is a lot more in terms of getting it into your  
 16 head so you know what to do when it happens than it  
 17 being on a wall?  
 18 A. That's correct.  
 19 Q. Thank you. That can come down, Mr Lopez.  
 20 Do we understand that one of the things that  
 21 attracted you to ETUK was your understanding that  
 22 it would provide you with further training?  
 23 A. Yes, sir. I believed that there would be training  
 24 opportunities for me within the company.  
 25 Q. But that didn't materialise?

64

1 A. That wasn't true.  
 2 Q. And indeed, do we understand from what you said that  
 3 a degree of the training that you had within an ETUK  
 4 context while you were working for them was actually  
 5 training that you had organised yourself for your  
 6 colleagues?  
 7 A. Training that I'd delivered on -- more like interest  
 8 lessons to make them aware what different things were  
 9 and how to assist people that were trained to use it,  
 10 but that was really it.  
 11 Q. Did you actually know what training your colleagues had  
 12 had?  
 13 A. Only through working with them and having conversations  
 14 with them. We all wear green, we all wear the same  
 15 uniform. Unlike the Ambulance Service we don't have  
 16 epaulettes on our shoulders with each individual's  
 17 specific rank. It certainly wasn't on lanyards so  
 18 sometimes there was definitely a confusion about who is  
 19 in charge here, who is the most medically trained.  
 20 There certainly wasn't, in my view, a good clinical  
 21 governance structure, and if I had a problem, I didn't  
 22 have anybody to escalate to, apart from the  
 23 Ambulance Service. So in regards to their training, it  
 24 was all what I'd been told by them, which was mainly  
 25 First Aid at Work.

65

1 Q. Again, if you're in a situation where you're needing to  
 2 work as a team, it's important that you know that the  
 3 people you're working with know what they're doing?  
 4 A. Absolutely.  
 5 Q. Rather than it having to be you instructing them  
 6 constantly as to what to do?  
 7 A. Yes, that's correct.  
 8 Q. If you've all had training together, if you've all  
 9 rehearsed scenarios together, then you would have that  
 10 confidence that they knew what you knew?  
 11 A. Yes, that would be ideal, yes.  
 12 Q. But that hadn't happened?  
 13 A. No, sir.  
 14 SIR JOHN SAUNDERS: On the particular night, you were teamed  
 15 with Medic 2, who you'd worked with before?  
 16 A. Yes, Liz Woodcock.  
 17 SIR JOHN SAUNDERS: Did you know the level of training she'd  
 18 had?  
 19 A. I believe she was a first aider, I'm unsure as to what  
 20 courses she'd done. I just believed that she was  
 21 a first aider.  
 22 SIR JOHN SAUNDERS: Thank you.  
 23 MR ATKINSON: I think, sir, for your information, we'll hear  
 24 that she had trained in First Aid at Work 4 years before  
 25 the incident.

66

1 SIR JOHN SAUNDERS: Thank you.  
 2 MR ATKINSON: In terms of the particular scenarios that  
 3 Mr Greaney asked you about, a marauding terrorist  
 4 firearms attack, do we understand that you had received  
 5 training in relation to that as part of your paramedic  
 6 training?  
 7 A. Yes, sir.  
 8 Q. But not from ETUK?  
 9 A. That's correct.  
 10 Q. Although it seemed to you that a venue like the  
 11 Manchester Arena was, sadly, the kind of venue where  
 12 something like that could happen?  
 13 A. Yes, sir.  
 14 Q. Had the arena itself provided any training for you and  
 15 your colleagues in relation to that kind of incident?  
 16 A. I don't recall any training as such.  
 17 Q. The document that was put up on screen -- and if  
 18 it would help you to see it, you must say so,  
 19 Mr Billington -- the document that was produced by ETUK  
 20 for staff guidance for times of emergency in relation to  
 21 a marauding attack -- sir, for your note, that is  
 22 {INQ024429/1}.  
 23 The basic thrust of that was to tell people in your  
 24 position to get out of the way and hide, wasn't it?  
 25 A. I believe so, to go to a place of safety and hide.

67

1 Q. If you could, go to a room and lock yourself in?  
 2 A. Yes.  
 3 Q. On the night, 22 May, no one at any point told you that  
 4 this was that kind of incident, did they?  
 5 A. No.  
 6 Q. Or that you should go and lock yourself in a room?  
 7 A. We received a message, I believe over the radio, however  
 8 I was busy with other things, so I may have not recalled  
 9 the full message, asking us to leave the City Room  
 10 shortly after the bomb went off or stay away from that  
 11 area. But there was nothing as such to say, "You need  
 12 to go to a place of safety".  
 13 Q. Do you recall whether that was a radio message from  
 14 someone at ETUK or from someone at the arena?  
 15 A. I believe it may have been from Jade, our controller,  
 16 but I can't be 100% sure.  
 17 Q. Because again, under the ETUK major incident plan, the  
 18 one that was on the wall, the guidance there following  
 19 an explosion was that you shouldn't go into the area  
 20 where the explosion had happened --  
 21 A. That's correct.  
 22 Q. -- until it had been declared safe by the Fire Brigade?  
 23 A. That's correct.  
 24 Q. Did you know that at the time?  
 25 A. I was aware that the policy was to go to a place of

68

1 safety and wait for it to be declared safe. But how  
 2 long are we going to wait for that declaration and who's  
 3 going to make it? We don't have that kind of time.  
 4 Q. Did anyone tell you that it was safe for you to go in?  
 5 A. No, sir.  
 6 Q. Again, I'm not going any more than anyone else has to go  
 7 through the major emergency plan with you, but were you  
 8 told of a rendezvous point where you should all go?  
 9 A. We weren't specifically told on the night. I have it in  
 10 my mind that the emergency point of safety is the  
 11 first aid room downstairs, if able to get to it. But on  
 12 the night, we weren't given a specific point to go to.  
 13 Q. Under the medical incident plan there's Medic 2 who's  
 14 meant to congregate all the medical team together.  
 15 A. Sure.  
 16 Q. And then presumably to direct where they go and what  
 17 they do thereafter?  
 18 A. Yes.  
 19 Q. Did anything like that happen?  
 20 A. Medic 2 was too involved with treatment of patients to  
 21 be able to facilitate anything like that.  
 22 Q. Medic 1 is required under the plan to set up a command  
 23 and control point, so somewhere to direct the operation  
 24 from. Were you aware of there being a point of command?  
 25 A. No, sir.

1 Q. Also to liaise with the Ambulance Service. Were you  
 2 aware of a formal contact between those of you who were  
 3 at the arena and the Ambulance Service before Mr Ennis  
 4 arrived?  
 5 A. I wasn't aware that we had any contact with the  
 6 Ambulance Service prior to Mr Ennis.  
 7 SIR JOHN SAUNDERS: I think Mr Ennis was the first one to  
 8 arrive, so quite difficult to have contact except over  
 9 a radio, I suppose. Is that what you're talking about?  
 10 MR ATKINSON: Yes. Certainly the plan envisages contact  
 11 with the emergency services from the start.  
 12 SIR JOHN SAUNDERS: Contact handover. We'll look at the  
 13 details of it, but it may not matter. We all know that  
 14 this emergency plan was not put into operation on the  
 15 night.  
 16 MR ATKINSON: Mr Parry --- in that period after the bomb went  
 17 off, where was he?  
 18 A. I am unsure. I believe he came to the City Room at some  
 19 point. At what point it was, I'm not sure exactly.  
 20 Q. To what extent did you get direction from him?  
 21 A. I didn't receive any direction from Mr Parry. I gave  
 22 out any direction, clinically, for that night.  
 23 Q. Just while I'm on him, we know that he had a MIMMS  
 24 qualification, which qualified him for dealing with  
 25 emergency incidents, didn't it?

1 A. As far as I am aware.  
 2 Q. Were you aware of anyone else at ETUK having that  
 3 qualification?  
 4 A. No.  
 5 Q. You mentioned earlier that there were times, events at  
 6 the arena, when he would not be there.  
 7 A. That's correct.  
 8 Q. Who would be in charge when he wasn't there, can you  
 9 remember, or did it vary?  
 10 A. It varied. Generally, next in command was Liz Woodcock,  
 11 she was quite managerial, so she may take over as  
 12 Medic 1. Then somebody else would step up to be  
 13 Medic 2.  
 14 Q. But she didn't have a MIMMS qualification, did she?  
 15 A. I'm not aware that she did.  
 16 Q. How often was he not there at events? Was it every  
 17 other one or... Help us.  
 18 A. Prior to the incident, he was there a lot of the time.  
 19 There was a lot going on personally, which meant that he  
 20 couldn't be there on some occasions, but prior to the  
 21 incident, I'd say the majority of the time he was there.  
 22 After the incident, I think Mr Parry, for his own  
 23 reasons, kept away from the arena.  
 24 Q. We don't need to go into that. That's helpful,  
 25 thank you. But there were events when he was not

1 there ---  
 2 A. Yes.  
 3 Q. --- before this?  
 4 A. Yes, sir.  
 5 Q. Finally I think, just very briefly in relation to the  
 6 triage process, and so that we understand the  
 7 instruction that you communicated to your colleagues  
 8 over the radio. First, you gave those instructions  
 9 first in relation to fetching the trauma equipment and  
 10 then as to the process they should adopt in relation to  
 11 people because no one else had?  
 12 A. Yes, sir.  
 13 Q. And it was important that they knew in relation to what  
 14 they should do?  
 15 A. Yes, sir.  
 16 Q. So effectively, over the radio, you were training your  
 17 colleagues in triage?  
 18 A. Yes. Some face to face, some would approach me briefly  
 19 and I'd reiterate my instructions, but a lot of it was  
 20 over the radio. I do remember passing the same message  
 21 several times.  
 22 Q. You've already been asked about, and I anticipate will  
 23 be asked a little more, about the instruction, if  
 24 someone is not breathing, to move on ---  
 25 A. Yes.

1 Q. -- to the next person. Do we understand that's part of  
 2 the training you'd received in relation to triage,  
 3 you have to focus on the people who can be helped?  
 4 A. Yes, sir.  
 5 Q. And where their airway is obstructed, where there's  
 6 catastrophic bleeding, deal with those and then you move  
 7 on to the next person?  
 8 A. Yes, sir.  
 9 Q. In relation to that category of people who were not  
 10 breathing, would it be fair to say that you would check  
 11 each person?  
 12 A. Individually.  
 13 Q. Even if they were covered over?  
 14 A. Yes, that's correct.  
 15 Q. Because one can understand that others, with the best of  
 16 intentions, could have covered somebody, but you would  
 17 check?  
 18 A. That's correct, sir.  
 19 Q. Mr Billington, I started by saying that I was not  
 20 seeking to criticise you in any way. Can I go further  
 21 than that, and on behalf of the families, can  
 22 I thank you for remarkable things when you were 19 or  
 23 20. Thank you very much.  
 24 SIR JOHN SAUNDERS: I think we'll take his word that he's  
 25 20, shall we? He knows best.

73

1 MR GREANEY: Mr Cooper has some questions.  
 2 Questions from MR COOPER  
 3 MR COOPER: Just a few questions on behalf of some of the  
 4 families, if I can.  
 5 The uniforms that you were wearing, was there any  
 6 concern that they may look very similar to the NWS  
 7 uniforms and there would perhaps be confusion between  
 8 who was who?  
 9 A. No, sir. NWS is a very darker green with their logo,  
 10 NHS, and their badges. Ours are quite less formal,  
 11 lighter green, polo shirts.  
 12 Q. Thank you. The first aid room in the arena, you were  
 13 familiar with it, were you?  
 14 A. Yes, sir.  
 15 Q. And we have seen pictures of it and we've heard evidence  
 16 about it. It was a relatively small room, wasn't it,  
 17 for what it served?  
 18 A. Yes, sir.  
 19 Q. Would you agree -- and I emphasise as well as all have  
 20 done, this is not a criticism of you, far from it. But  
 21 would you agree that perhaps for this sort of facility  
 22 it was supposed to serve, it was too small?  
 23 A. It was inadequate, sir, yes.  
 24 Q. And in what way would you say it was inadequate?  
 25 A. It wasn't big enough. Some nights, apart from this one,

74

1 we'd have a lot of patients, especially intoxicated, and  
 2 we don't have enough room to treat them all. It's not  
 3 ethical to treat them on the corridor, it's not private,  
 4 it's not confidential. So a lot of it was down to  
 5 space. Equally, we only had two beds in that room, so  
 6 if we had more than two patients that required to be on  
 7 a stretcher, we had nowhere to put them, and like I say,  
 8 I'm really hesitant about allowing staff to put patients  
 9 in a corridor.  
 10 Q. Were there a number, it seems from your answer there  
 11 were, a number of occasions when there were too many  
 12 patients to be treated at one time in that room?  
 13 A. Yes, sir.  
 14 Q. When that happened, were they, what, put in the  
 15 corridor, dealt with in the corridor?  
 16 A. Within the company, if you were taking a patient to the  
 17 first aid room, you almost had to ask permission at  
 18 times and you'd get questioned and doubly questioned.  
 19 But at the end of the day, I am the clinician, it is my  
 20 patient, and if I need somewhere confidential and quiet  
 21 to go, I will take them to the first aid room. But  
 22 there was a lot of challenge surrounding that and  
 23 I believe it was because it was too small.  
 24 SIR JOHN SAUNDERS: From whom did the challenge come?  
 25 A. Medic 1 or Medic 2.

75

1 SIR JOHN SAUNDERS: So ETUK?  
 2 A. Yes, that's correct.  
 3 MR COOPER: And Medic 1 would often have been Mr Parry?  
 4 A. Yes, sir.  
 5 Q. And the challenge would have been on the basis that the  
 6 first aid room simply couldn't take the strain?  
 7 A. Potentially. The other side of it is he might want them  
 8 treating on the concourse and then putting into a taxi  
 9 and sent home, which I'm not a fan of. I prefer to do  
 10 a more thorough in-depth patient assessment with a full  
 11 set of observations. Even if a patient just has a cut  
 12 or a graze, I'm not a fan of bandaging them up and  
 13 sending them home. I have a lot of paperwork to do and  
 14 a lot of justification and you need to make sure these  
 15 patients are treated properly and thoroughly. So a lot  
 16 of the time I would insist to go to the first aid room  
 17 to do that.  
 18 Q. And in terms of the provision in the first aid room, we  
 19 have spoken about space, what about in terms of the  
 20 provision in the first aid room of equipment or bandages  
 21 or medication? Was that adequate or not adequate?  
 22 A. For the level of skill that was there, which was  
 23 first aiders, I'd say there was enough first aid  
 24 equipment for a first aid room as such. But for  
 25 a medical room where clinicians might be working,

76

1 paramedics, doctors, et cetera, there wasn't enough  
 2 adequate equipment for a paramedic or a doctor at that  
 3 event.  
 4 Q. Thank you. Were you aware that Mr Parry drove around in  
 5 a car ambulance?  
 6 A. Yes, sir, that's his company car.  
 7 Q. And do you know, and please don't speculate if you don't  
 8 know, what sort of provisions were provided in that  
 9 vehicle, medical provisions?  
 10 A. As I am aware, it was to his scope of practice as an  
 11 EMT, so maybe slightly more advanced equipment than what  
 12 was in the first aid room. He would often bring that  
 13 car and park it outside. There was some equipment in  
 14 there, but I and other staff that don't drive that  
 15 vehicle are definitely not familiar with what was in the  
 16 boot or how to access it if we needed it.  
 17 Q. I understand. Was that car effectively Mr Parry's  
 18 private car for private use?  
 19 A. I know he used it for all of his events and he used it  
 20 to attend the arena. I'm not sure as to what he did in  
 21 his personal time with the vehicle.  
 22 Q. Another matter that you have touched on in your evidence  
 23 concerning the City Room, and again not a criticism of  
 24 you, again quite the contrary, but you indicated that it  
 25 was not considered or you were told it wasn't your

77

1 responsibility in relation to providing emergency  
 2 medical treatment. Let me be clear, if I can, on this:  
 3 who was it that was giving their directive, where did  
 4 that directive come from?  
 5 A. It would have come greatly from Mr Parry.  
 6 Q. Did he tell you why it was considered by ETUK that the  
 7 City Room was not ETUK's responsibility?  
 8 A. As far as I'm aware, it was an agreement on behalf of  
 9 Manchester Arena. I'm unsure as to -- there was  
 10 questions surrounding insurance outside the venue and  
 11 there was questions surrounding is it the jurisdiction  
 12 of the railway staff, their first aiders, to deal with  
 13 people. But as far as I was concerned, a patient is  
 14 a patient, regardless of what side of the door  
 15 somebody's on, and we've got a duty of care, whether  
 16 you're a first aider, a technician, a paramedic, to go  
 17 out and treat them people.  
 18 SIR JOHN SAUNDERS: Obviously your view is the right one.  
 19 Do you remember who you got this information from?  
 20 A. I believe it was from Mr Parry.  
 21 SIR JOHN SAUNDERS: Okay. From what we've heard -- forgive  
 22 me, Mr Cooper -- you really didn't deal with anyone from  
 23 SMG or people who were running the arena, you just  
 24 really were your own little unit and you got your  
 25 instructions from Mr Parry?

78

1 A. Yes, sir, that's correct.  
 2 SIR JOHN SAUNDERS: And that's who you answered to?  
 3 A. Yes.  
 4 MR COOPER: This may or may not be for you, but I'll ask it.  
 5 From what you know of your work with ETUK, for people  
 6 like yourselves to have covered the City Room, would  
 7 that have cost more money, would that have been more  
 8 money perhaps that SMG would have had to pay ETUK for  
 9 that provision?  
 10 SIR JOHN SAUNDERS: Hang on. I just want to make sure --  
 11 obviously a lot of us can use common sense and we can do  
 12 that for ourselves. Do you have any knowledge, apart  
 13 from common sense, about the financial implications of  
 14 you also covering the City Room?  
 15 A. No, sir.  
 16 SIR JOHN SAUNDERS: We'll just use our own common sense.  
 17 MR COOPER: Forgive me if I'm going too far, but...  
 18 SIR JOHN SAUNDERS: No, no.  
 19 MR COOPER: I just want to go on to perhaps a more sensitive  
 20 question and then that's it. Mr Atkinson touched upon  
 21 it when it comes to -- I have spoken to the families  
 22 about this, they know I'm asking these questions -- when  
 23 it comes to deciding whether a person has sadly passed  
 24 away --  
 25 A. Yes.

79

1 Q. -- and it's time for urgently needed medical provision  
 2 to be provided to others.  
 3 A. Yes, sir.  
 4 Q. I'm not talking, obviously, about those very sadly that  
 5 have catastrophic injuries. I'm asking you questions  
 6 about those that may not appear so, but their pulse has  
 7 stopped. Who takes the pulse? Who makes that decision?  
 8 A. It is the person either triaging or assessing the  
 9 casualty at the time.  
 10 Q. And that would depend upon, purely by chance, as to  
 11 their experience and qualifications under pressure, for  
 12 want of a better expression?  
 13 A. I believe everybody is trained, even first aiders, to  
 14 identify a cardiac arrest. It's a simple case of  
 15 a patient isn't breathing. So they in that situation  
 16 would be able to identify that the patient has stopped  
 17 breathing.  
 18 Q. Are you aware, and I ask from a perspective of one of my  
 19 own clients, are you aware that the risk was, and it did  
 20 happen, that people were considered dead, actually  
 21 covered up, who were actually alive at the time?  
 22 A. I believe that's the case, sir, yes. However, I'm  
 23 unsure as to who would have covered them up because  
 24 I gave no instruction for anybody to be covered up.  
 25 Q. The inquiry, if they don't recall it now, it will be

80

1 clarified later as to which particular family I'm asking  
 2 you about. I won't mention it now. Would that have  
 3 been a mistake then if an individual was prematurely  
 4 considered deceased and covered up?  
 5 A. Absolutely, sir.  
 6 Q. That shouldn't have happened, should it?  
 7 A. No. No, sir.  
 8 Q. So there's a risk if that did happen that -- and let me  
 9 emphasise, sadly the individual did die in the end --  
 10 but there's a risk if that happened that mistakes could  
 11 have been made in terms of considering whether the pulse  
 12 was there or not and then depriving them of treatment?  
 13 A. Yes, sir.  
 14 Q. Is there perhaps, from your experience, a better way  
 15 perhaps to decide, in extremis, I understand, as to  
 16 whether someone has died to avoid that mistake?  
 17 SIR JOHN SAUNDERS: I'm just going to -- obviously that's  
 18 a matter of expertise and I'm not denying your  
 19 expertise. Do you feel competent to give that sort of  
 20 evidence?  
 21 A. I can give it you to my knowledge.  
 22 SIR JOHN SAUNDERS: Yes, do that. We'll understand the  
 23 restriction on that.  
 24 A. So North West Ambulance Service's general joint  
 25 emergency services, the JESIP plans, say that if

81

1 a patient has got a catastrophic bleed they are  
 2 a priority 1 patient. If a patient is in cardiac arrest  
 3 with no pulse and not breathing, they are deceased. So  
 4 the best way is probably to look at the breathing and  
 5 see if the patient is breathing, and if they are not  
 6 breathing then they are deceased.  
 7 MR COOPER: I'll follow that up with a question that  
 8 I know -- I can hear it now in the words of my own  
 9 clients -- they'll want me to ask you. What if -- for  
 10 instance, is there any way of learning what if that  
 11 person simply stopped breathing minutes or seconds  
 12 earlier and was capable perhaps of resuscitation? How  
 13 can that be ruled out in that scenario?  
 14 A. If seconds earlier the patient was breathing, they would  
 15 be a priority 1 patient. If the patient then stops  
 16 breathing and then as part of the major incident  
 17 protocols on the triage sieve a patient that is not  
 18 breathing is then dead.  
 19 Q. What if someone, either like yourself performing heroic  
 20 duties, as others were, came upon such a person for the  
 21 first time and they're not breathing? Is there not  
 22 a risk that person could have stopped breathing a minute  
 23 or even 30 seconds beforehand and you and your  
 24 colleagues not know it and simply they be pronounced  
 25 dead?

82

1 A. Yes, sir. However, the triage sieve says that if they  
 2 are not breathing and they are in a major incident, they  
 3 are dead.  
 4 SIR JOHN SAUNDERS: Mr Cooper, stop for a moment. They're  
 5 perfectly valid and good questions. I'm not sure the  
 6 witness can go beyond what the NAWAS guidance is.  
 7 Certainly you should have the opportunity of asking  
 8 those questions of someone who has more authoritative  
 9 answers --  
 10 MR COOPER: Thank you, sir. Mr Greaney will know, I spoke  
 11 to him at the short adjournment, and told him in was  
 12 intending to deal with this because I am trying to be as  
 13 sensitive as possible.  
 14 SIR JOHN SAUNDERS: Thank you for doing that and I hope I'm  
 15 not giving you contradictory advice.  
 16 MR COOPER: You're not, sir. It may well be subject to any  
 17 submissions -- submissions and recommendations -- we may  
 18 make as to the process, which is a matter for you,  
 19 of course.  
 20 SIR JOHN SAUNDERS: And there will be people with the  
 21 necessary expertise for you to ask and your families to  
 22 get the answers to those questions.  
 23 MR COOPER: Thank you. It just remains then for me to say  
 24 to you on behalf of the families, who have particularly  
 25 asked me to say this, that they are grateful for the

83

1 work you did, the heroic work you did, and you should be  
 2 very proud of yourself.  
 3 A. Yes, sir, thank you.  
 4 MR GREANEY: Sir, we would echo those remarks.  
 5 SIR JOHN SAUNDERS: Let me say something too, it's totally  
 6 appropriate that I do: first of all, your university and  
 7 NAWAS are to be congratulated, it seems to me, on the  
 8 training they gave you, which enabled you to deal with  
 9 what happened that night so competently and well, but  
 10 you are also obviously to be congratulated on having the  
 11 coolness to put that training -- coolness may be the  
 12 wrong word -- the ability to put that training into  
 13 practice and not only do it yourself but also to direct  
 14 others who didn't have the training, to direct them on  
 15 what they should be doing in those circumstances.  
 16 There were a number of heroes on that night, but  
 17 I think you certainly qualify to be one of them. So  
 18 thank you very much for what you did.  
 19 MR GREANEY: Sir, would you rise literally for 90 seconds?  
 20 SIR JOHN SAUNDERS: When you say literally, do you actually  
 21 mean literally?  
 22 MR GREANEY: I do, yes.  
 23 SIR JOHN SAUNDERS: Okay. 90 seconds. Thank you.  
 24 (Pause)  
 25 SIR JOHN SAUNDERS: Mr Greaney, that was not literally

84

1 90 seconds, it was actually 30!  
 2 MR GREANEY: Sir, I'm glad that I've done even better than  
 3 I thought I would.  
 4 SIR JOHN SAUNDERS: No, you were inaccurate. Anyway,  
 5 thank you.  
 6 MR GREANEY: That's another way of looking at it.  
 7 We are going to return to the evidence of Mr Giladi  
 8 at, or very shortly after, midday. As you will recall,  
 9 he gave evidence answering the questions of counsel to  
 10 the inquiry on 30 March. And to give a very brief  
 11 recap -- and this is my summary, no one else's --  
 12 he was, until his retirement on 31 December 2017, the  
 13 superintendent with responsibility for the specialist  
 14 operations branch of GMP and he had responsibility  
 15 in that role for the Operation Plato policy of his  
 16 force.  
 17 During the course of his evidence, he agreed with  
 18 evidence that had been given by Inspector Lear about the  
 19 damaging impact of cuts within the firearms department.  
 20 He agreed too that it would have been better if there  
 21 had been consistency of GMP personnel at the  
 22 Greater Manchester Resilience Forum and also if there  
 23 had been attendance at a higher level.  
 24 He had, he explained, had no involvement in Exercise  
 25 Winchester Accord, but he was involved, however, in the

1 JESIP user group that emerged out of that exercise. He  
 2 had been tasked by Assistant Chief Constable Hankinson  
 3 with preparing SOP 47, version 5, for the purpose of the  
 4 visit of HMICFRS, in other words the Inspectorate, and  
 5 he accepted that during the course of preparing that  
 6 policy, which, as we'll all recall, dealt with  
 7 Operation Plato, he did not consider the issue of the  
 8 overloading of the FDO, the force duty officer.  
 9 He was tasked, he explained, with generating what  
 10 became the Whittle plan, as we have described it, so  
 11 a further plan on Operation Plato. He had been given  
 12 that task on 28 March 2017. He was chased, my word, on  
 13 29 April 2017 by even more senior officers, and he  
 14 delegated the task of preparing what became the Whittle  
 15 plan to Inspector Lear.  
 16 It was his view that the Whittle plan, that's to say  
 17 the plan of 4 May 2017, which was provided to FDOs and  
 18 others on, I think, 12 May of that year, he did not  
 19 consider that that plan was the approved GMP  
 20 Operation Plato policy as of 22 May 2017, but he  
 21 accepted that the situation was capable of being  
 22 confusing for FDOs.  
 23 As I have indicated, that's my summary, which I hope  
 24 will be helpful to people.  
 25 Finally, before we take that short break, Mr Mansell

1 has asked me to deal with one issue before the questions  
 2 of the core participants and, in fact, I should say that  
 3 Mr Horwell had raised it with me previously, indeed  
 4 before 30 March. Could we have on the screen, please,  
 5 Mr Giladi's second statement? It's {INQ040922/1}.  
 6 Mr Lopez, don't put it on the screen until you have the  
 7 page.  
 8 {INQ040922/22}. We need to look at paragraph 99,  
 9 please.  
 10 As we can all read for ourselves:  
 11 "I cannot now recall what further steps were taken  
 12 with the document."  
 13 He's talking about the Whittle plan:  
 14 "I retired on New Year's Eve 2017 and was on leave  
 15 for a substantial period running up to that date due to  
 16 the amount of rest days I was owed. I would have been  
 17 present at any further FPG [that's firearms policy  
 18 group] meetings."  
 19 Sir, there is a typo in that paragraph. It's  
 20 missing a word. It should read:  
 21 "I would not have been present at any further FPG  
 22 meetings."  
 23 And Mr Horwell and Mr Mansell, for perfectly  
 24 understandable and good reason, were concerned that the  
 25 questions of core participants not be advanced on

1 a false basis. So I hope that's now clear.  
 2 SIR JOHN SAUNDERS: Thank you.  
 3 MR GREANEY: Could we have a break of 10 or 15 minutes and  
 4 then we will have the questions of core participants of  
 5 Mr Giladi?  
 6 SIR JOHN SAUNDERS: Is 10 minutes all right?  
 7 MR GREANEY: 10 minutes is fine.  
 8 SIR JOHN SAUNDERS: Five past then, thank you very much.  
 9 (11.55 am)  
 10 (A short break)  
 11 (12.15 pm)  
 12 MR LEOR GILADI (continued)  
 13 MR GREANEY: Sir, thank you. I have no further questions  
 14 for Mr Giladi.  
 15 I have told him that we've made the correction to  
 16 his second witness statement. A number of core  
 17 participants have indicated via the Rule 10 process that  
 18 they wish to ask questions. I don't know whether they  
 19 will all wish to do so now.  
 20 Mr Davies who represents Mr Dexter and Mr Sexton had  
 21 indicated that he didn't. I would give him a few  
 22 seconds to make sure that remains the position. He  
 23 doesn't need to appear if he doesn't have questions.  
 24 It's Mr Wood. Good afternoon, Mr Wood.  
 25 MR WOOD: Thank you for the courtesy. We don't have any

1 questions, thank you.  
 2 MR GREANEY: Thank you very much indeed, that is very  
 3 helpful.  
 4 Next I will call upon Mr Warnock on behalf of GMCA  
 5 and ask him or his team whether they have questions.  
 6 Ms Johnson, I'm very sorry, I hadn't known it was you.  
 7 Do you have questions?  
 8 Questions from MS JOHNSON  
 9 MS JOHNSON: I do, just one issue.  
 10 Mr Giladi, the one issue I wanted to ask you about  
 11 is the planning and preparation for the JOPs commander  
 12 training that took place in January and February 2017.  
 13 We know that Mr Fletcher emailed you on 13 May 2016,  
 14 following Winchester Accord, suggesting that you meet  
 15 with him and Joe Barrett of NWAS to discuss a one-day  
 16 commander training course. We looked in some detail at  
 17 the email last time you attended and the reference for  
 18 it is {INQ004520/1}, but we don't need to put it up.  
 19 The three of you met about 6 weeks later on  
 20 29 June 2016 and I think you accept that the reason for  
 21 that passage of time was your work commitments.  
 22 A. That's correct, yes. I think originally, we were down  
 23 to meet on 3 June and I had two firearms incidents I was  
 24 commanding that morning, so we had to delay it.  
 25 Q. And you rescheduled it. We know that a blue light forum

1 meeting took place one day before that meeting, so that  
 2 was on 28 June. The timing of that was coincidental,  
 3 wasn't it, the two events weren't connected?  
 4 A. That's correct, I think that was already a scheduled  
 5 meeting.  
 6 Q. At that blue light forum meeting on 28 June, it is  
 7 right, isn't it, that Mr Fletcher again raised his  
 8 concerns about the delay in attendance of NWAS and GMFRS  
 9 at Winchester Accord, didn't he?  
 10 A. I believe he raised some — if I can just refer to my  
 11 statement, I can't remember the specifics.  
 12 SIR JOHN SAUNDERS: Absolutely, you do whenever you need to.  
 13 MS JOHNSON: Of course. It's paragraph 44.  
 14 A. Yes, that's correct.  
 15 Q. Moving forward to the next day, to the meeting that you  
 16 had with Joe Barrett and Mr Fletcher on 29 June 2016,  
 17 it's right, isn't it, that the three of you were all in  
 18 agreement that the proposed JOPs joint commander  
 19 training was important?  
 20 A. That's correct.  
 21 Q. I wanted to ask you a few questions about the time it  
 22 took to go from that meeting on 29 June 2016 to the  
 23 training starting in early January 2017. So that was  
 24 a period of just over 6 months, and I don't need to put  
 25 it up, but if I could ask you to look at paragraph 49 of

1 your statement. You give some reasons in paragraph 49  
 2 as to why it took that amount of time and the two that  
 3 you identify was that a training package had to be  
 4 created from scratch. It's right, isn't it, there were  
 5 no pre-existing materials for training of this sort?  
 6 A. I don't recall anything pre-existing for this, no.  
 7 Q. And of course, you also identify that a suitable gap had  
 8 to be found in the training calendars of all three  
 9 services.  
 10 A. That's correct. There would have been substantial  
 11 training commitments for all of our services already.  
 12 Q. Again, I don't need to put it up, but can I ask you to  
 13 look on to paragraph 55 of your statement. You make  
 14 reference there to an email from Inspector Lear on  
 15 21 October 2016 and you quote an extract from it and I  
 16 am just going to read it out. It says:  
 17 "At the beginning of this year a new version of JOP  
 18 (attached) was created in which a number of key changes  
 19 were made to the JESIP doctrine. Since that time we've  
 20 been working hard behind the scenes to try and produce  
 21 some joint training package between ourselves, GMFRS and  
 22 NWAS."  
 23 A. That's correct.  
 24 Q. Did this reflect your understanding of what had been  
 25 happening since the meeting that you'd had?

1 A. Yes, it does.  
 2 Q. Sorry, Mr Giladi, I think it is the delay that is just  
 3 putting us a cross purposes. I think you're agreeing  
 4 that this reflected your understanding of what had been  
 5 happening between your meeting on 29 June and this email  
 6 on 21 October, that work was being done to prepare the  
 7 training package for the training?  
 8 A. Yes, that's correct.  
 9 Q. From your experience, would 6 months be a sort of usual  
 10 amount of time to go from a first planning meeting of  
 11 multi-agency training to that course taking place,  
 12 bearing in mind the need to prepare the materials and  
 13 also schedule that training for the three services?  
 14 A. It's difficult for me to say, really. It didn't raise  
 15 any concern at the time that it would take that amount  
 16 of time. It seemed like a normal period of time to me.  
 17 SIR JOHN SAUNDERS: Presumably it may depend on the extent  
 18 of the topic?  
 19 A. It's the extent of the topic, sir, also the  
 20 commitments — for example, if firearms officers were  
 21 going to be involved in the training, the commitments  
 22 they had, because they work on a very strict timetable  
 23 for their training schedule, and clearly GMFRS and NWAS  
 24 would have had their training schedules as well. So it  
 25 was a combination of a complex package to be written and

1 then finding the time in the diary to deliver it.  
 2 SIR JOHN SAUNDERS: Thank you.  
 3 MS JOHNSON: Thank you. Those are my questions.  
 4 SIR JOHN SAUNDERS: Thank you very much, Ms Johnson.  
 5 MR GREANEY: Thank you very much. Next, please, Mr Smith on  
 6 behalf of North West Fire Control.  
 7 Questions from MR SMITH  
 8 MR SMITH: Thank you.  
 9 Mr Giladi, Exercise Winchester Accord took place on  
 10 the night of 9 May of 2016. You have already given  
 11 evidence that you weren't involved in any of the  
 12 planning for the exercise --  
 13 A. That's correct.  
 14 Q. -- its execution or the debrief which followed; that's  
 15 correct, isn't it?  
 16 A. That is, yes.  
 17 Q. But in the days and weeks that followed that exercise,  
 18 did you become aware that the results of the exercise  
 19 showed that, had that been a real-life incident, in all  
 20 probability victims would have lost their lives due to  
 21 the delay in attendance of both the Ambulance Service  
 22 and the Fire and Rescue Service?  
 23 A. Certainly Mr Fletcher had raised some concerns to me,  
 24 yes.  
 25 Q. Did you become aware, therefore, that if this was

1 a real-life incident that would probably have been the  
 2 result?  
 3 A. Yes, that was a possibility, and I think that led to the  
 4 reasons that we had our meeting to discuss the training.  
 5 Q. That was a possibility which was brought home by  
 6 Mr Fletcher at that meeting, wasn't it?  
 7 A. Sorry, which meeting are you referring to? The one we  
 8 had on 29 June?  
 9 Q. Yes, the one you just referred to on 29 June.  
 10 A. I can't remember the specifics, but I assume he would  
 11 have mentioned something along those lines, which was  
 12 the reason he called the meeting.  
 13 Q. Well, could we go to your daybook, please, which is  
 14 {INQ040927/3}.  
 15 Could Mr Lopez put that on the screen, please?  
 16 If we focus on the upper part of the page, where we  
 17 see the asterisk and the word "co-location" and two  
 18 exclamation marks, it's followed by the words, "Same  
 19 mistake every time", isn't it?  
 20 A. That's correct, yes.  
 21 Q. I think Mr Lopez could take that down from the screen  
 22 now, thank you.  
 23 Was that a note setting out your belief or was it  
 24 something that was conveyed to you by Mr Fletcher?  
 25 A. I can't recall the specifics of the meeting now, but

1 having put that down with the two exclamation marks  
 2 after it, it's clearly something that was raised at the  
 3 meeting, that it wasn't the first time that that had  
 4 been an issue, and clearly that would have been  
 5 something that needed to be looked at when we developed  
 6 the training package.  
 7 Q. If we remind ourselves, please, that Mr Fletcher sent an  
 8 email on 13 May 2016 to you. He said in that email to  
 9 you:  
 10 "I realise this is a big ask, but think it would go  
 11 a long way [and this is the reference to the meeting for  
 12 training purposes] in stopping repetition of the same  
 13 learning outcomes from multiple exercises."  
 14 Do you remember that or would it assist you to see  
 15 the document again?  
 16 A. No -- I mean, you've jogged my memory, I recall seeing  
 17 the email, yes.  
 18 Q. Did you understand that, quite plainly, what Mr Fletcher  
 19 was pointing out to you was that the events of Exercise  
 20 Winchester Accord weren't the first time that errors or  
 21 inadequacies of this sort had occurred?  
 22 A. That was his intimation, correct, yes.  
 23 Q. In your statement at paragraph 49, can I remind you --  
 24 do you have it in front of you?  
 25 A. Yes.

1 Q. You said in your statement that:  
 2 "This was clearly of concern to me as I had put an  
 3 asterisk in front of the word 'co-location' and two  
 4 exclamation marks after it."  
 5 A. That's correct.  
 6 Q. So what was your concern?  
 7 A. Well, my memory from a meeting nearly 5 years ago isn't  
 8 great, but having put that down, I'm assuming that  
 9 Mr Fletcher or Mr Barrett and myself had discussed the  
 10 fact that that had been an issue in the past. It's  
 11 at the core of the JESIP principles to be co-located and  
 12 if that wasn't happening during training exercises, then  
 13 that clearly raised a concern.  
 14 Q. What was the concern?  
 15 A. That it would appear that co-location wasn't taking  
 16 place.  
 17 Q. What did you consider would be the consequence if  
 18 co-location wasn't taking place in terms of triaging and  
 19 rescuing victims in a real-life incident?  
 20 A. It could have had significant or catastrophic  
 21 consequences. As I said, it was a key principle of  
 22 JESIP that blue light services were co-located to  
 23 provide that appropriate command.  
 24 Q. So do you agree that any avoidable delay in co-locating  
 25 the emergency services could only add to the risk that

1 victims of this type of attack could unnecessarily die?  
 2 A. Potentially.  
 3 Q. And was that obvious to you at the time of these  
 4 discussions with Mr Fletcher?  
 5 A. The consequences of not co-locating? Yes, the  
 6 consequences were clear.  
 7 Q. So it comes to this, doesn't it, that in your capacity  
 8 on behalf of Greater Manchester Police, you were aware,  
 9 following this meeting with Mr Fletcher and the email,  
 10 that if the delay in triage, rescue and treatment of  
 11 casualties, which arose in the course of Exercise  
 12 Winchester Accord, was replicated in real life, it might  
 13 result in the deaths of people who might otherwise have  
 14 survived?  
 15 A. Potentially, and of course there was a full debrief  
 16 process for Winchester Accord where a lot of the issues  
 17 that you're discussing were actioned out.  
 18 Q. But you were aware of this then, weren't you, as  
 19 a result of these meetings?  
 20 A. That's correct.  
 21 Q. And do you agree therefore that it was important to  
 22 ensure that this risk was, insofar as reasonably  
 23 possible, to be addressed by taking steps to minimise or  
 24 avoid delay in co-locating?  
 25 A. Correct.

1 Q. On 7 July 2016, do you remember that you chaired GMP's  
 2 major incident public order and events group meeting, at  
 3 which Sergeant Henderson was present?  
 4 A. Yes.  
 5 Q. Do you accept that there was no reference at that  
 6 meeting to issues relating to co-location and the same  
 7 mistake every time?  
 8 A. I don't recall if that was specifically raised.  
 9 Q. Didn't this need to be tackled at that time  
 10 specifically?  
 11 A. I think it was being tackled, as we'd met the week  
 12 before to discuss it and things were in place to develop  
 13 that training package.  
 14 Q. Do you remember attending a meeting of the  
 15 Greater Manchester Resilience Forum on 21 July 2016, at  
 16 which Inspector June Roby also attended?  
 17 A. If I could just look to my statement as to where that  
 18 may be. Bear with me.  
 19 Q. I can ask Mr Lopez to put the document on the screen if  
 20 that would help. It is {INQ012416/1}.  
 21 You see that this was the agenda for the meeting?  
 22 A. Yes.  
 23 Q. On 21 July. If we turn to the second page  
 24 {INQ012416/2}, item 12 was presented by Inspector Roby  
 25 at 2 pm:

1 "Training and exercising coordination group. Terms  
 2 of reference. Structures and ways of working."  
 3 So I'm confident, Mr Giladi, that you don't have  
 4 a detailed recollection after this length of time of  
 5 that meeting, but do you remember that as part of the  
 6 documents that accompanied that meeting, the  
 7 Winchester Accord multi-agency debrief was attached at  
 8 page 130?  
 9 A. I have no recollection of it, but I'm aware that the  
 10 debrief notes were attached at one of the GMRF meetings,  
 11 yes.  
 12 Q. Mr Lopez, I think you could remove that then from the  
 13 screen, please.  
 14 Mr Giladi, do you consider that you were in  
 15 a position to add your influence at meetings with the  
 16 resilience forum with a view to investigating how these  
 17 concerns that Mr Fletcher had raised could be  
 18 effectively addressed, if only by way of advice from the  
 19 resilience forum?  
 20 A. Yes, that would have been a possibility, as Mr Fletcher  
 21 could have raised it or anyone from NWAS or anybody  
 22 else.  
 23 Q. Well, putting them aside for the moment, I'm focusing on  
 24 your position, you see. Did you consider that you could  
 25 have used your influence to try to address the problem

1 Mr Fletcher had raised?  
 2 A. I have no recollection of what I said at the meeting,  
 3 so, yes, I could have, I don't know if I did. But I was  
 4 satisfied that the concerns were being addressed.  
 5 Q. Well, the JOPs commander training was eventually  
 6 conducted, wasn't it, in January and February of 2017?  
 7 A. That's correct.  
 8 Q. Could you tell the inquiry, please, what did that  
 9 achieve, in your judgement, in terms of minimising or  
 10 reducing the risk to which I have referred, you have  
 11 agreed and Mr Fletcher made reference?  
 12 A. As I said at my first appearance, I was unable to attend  
 13 the training sessions, so I'm assuming that it would  
 14 have achieved the terms of reference that it set out  
 15 with regards to the JESIP principles. I wasn't aware  
 16 subsequently that any concerns had been raised that that  
 17 hadn't been achieved.  
 18 Q. In evidence to the inquiry on 30 March you were asked by  
 19 leading counsel to the inquiry, Mr Greaney, what message  
 20 you took from Mr Fletcher's email and I'd like to remind  
 21 you, if I may of your evidence. You said:  
 22 "Certainly that interoperability JESIP principles  
 23 probably weren't applied on the day and there was  
 24 certainly what appeared to be a lack of communication on  
 25 the ground to ensure that Fire and Rescue and

1 Ambulance Service resources were used to their best  
 2 ability ."

3 A. Is that Winchester Accord you're referring to?

4 Q. Yes.

5 A. That would be what my assumption would have been.

6 Q. The message was also, wasn't it, that this wasn't the  
 7 first time that this had happened?

8 A. From the meeting that I had with Mr Fletcher and  
 9 Mr Barrett, that is what appeared to be the note I made,  
 10 yes.

11 Q. When the attack occurred and the facts of the emergency  
 12 response by the various agencies became known to you,  
 13 did you appreciate that the concerns that Group Manager  
 14 John Fletcher had expressed a year earlier had now been  
 15 realised in real life?

16 A. I have not looked at any detail with regards to the  
 17 command on the night, so I'm not able to reach that  
 18 conclusion. I have not reached any conclusion about  
 19 that, I'm afraid.

20 Q. Well, finally, could you assist the inquiry by saying,  
 21 on reflection, looking back over the events of the year,  
 22 from Winchester Accord to the attack, what action was in  
 23 fact, to your knowledge, taken in the course of that  
 24 year to minimise or reduce the risk that people would  
 25 unnecessarily die as a result of a lack of multi-agency

1 communication?

2 A. My understanding is that a comprehensive training  
 3 package had been put in place to deal with the issues  
 4 that were discussed. Clearly, commanders would be  
 5 reminded of their JESIP responsibilities and  
 6 expectations.

7 Q. What was actually done to ensure that this couldn't  
 8 happen in a real-life incident?

9 A. As I said, all we can do is train for that and hope  
 10 that, should the worst happen, those principles were in  
 11 place due to that training.

12 Q. But the training had told you, hadn't it, on multiple  
 13 occasions that it wasn't working?

14 A. That's what the new training package had effectively  
 15 been developed for, to ensure that that didn't happen  
 16 again.

17 Q. How could you have any confidence, Mr Giladi, that the  
 18 steps that had been taken by way of training would in  
 19 fact operate to prevent the unnecessary death of  
 20 individuals?

21 A. The confidence I would have would be that all of our  
 22 training in whatever field is designed to ensure that  
 23 issues don't occur. That training would have been  
 24 quality assured. That's the only confidence I could  
 25 have taken away from that.

1 Q. Was the earlier training in which things had gone wrong  
 2 also quality assured?

3 A. It had and clearly issues had done wrong.

4 MR SMITH: Thank you. Those are all my questions?

5 SIR JOHN SAUNDERS: Thank you, Mr Smith.  
 6 I just want to take up two more general points.  
 7 First of all, the length of time it took to organise the  
 8 training. It did actually happen before the May attack?

9 A. Yes.

10 SIR JOHN SAUNDERS: It may be indicative of something else,  
 11 which has been, as Mr Greaney said, a concern throughout  
 12 this inquiry. We know what the threat level was at the  
 13 time and that meant that an attack was highly likely.  
 14 But of course, no one can say where it will actually  
 15 take place. If you and the rest of the people involved,  
 16 and it's not personal to you, had actually been  
 17 thinking, "Look, this sort of attack which  
 18 Winchester Accord was designed for could actually happen  
 19 any time now in Manchester", do you think perhaps people  
 20 would actually have got a move on a bit more to get the  
 21 training done and is in fact the reality people think,  
 22 "It ain't going to happen to me"?

23 A. I would hate to think that we would ever have been so  
 24 blasé to think it wasn't going to happen and that  
 25 certainly wasn't an attitude that I had ever heard, but

1 I totally accept that the longer that period of time had  
 2 been at severe was taking place, it almost becomes  
 3 normality and it's almost in the background that you are  
 4 still not forgetting that it's there but it was there  
 5 for such a long time that it almost becomes normal and  
 6 that's a real danger, so I completely accept that.  
 7 Clearly it was for people beyond me to kind of say  
 8 whether or not that was changing or appropriate. But  
 9 yes, with hindsight, I would like to have done all our  
 10 training sooner and earlier. There's no two ways about  
 11 that. But it wasn't as simple as that because, as  
 12 I said, we already had a packed training programme.  
 13 Nobody intimidated to me, including Mr Fletcher and  
 14 Mr Barrett, that that was too long a period to wait, but  
 15 I accept that it's not ideal.

16 SIR JOHN SAUNDERS: Okay, thank you. That's point 1.  
 17 The second point is this: the importance of JESIP  
 18 training and the importance of JESIP principles being  
 19 followed has been stressed on numerous occasions, and  
 20 this won't be the first public inquiry at which it has  
 21 been brought up either. So there's been lots and lots  
 22 of training and still it doesn't happen. There are two  
 23 possible reasons for that -- well, three: first of all,  
 24 the training is inadequate; secondly, people just don't  
 25 follow the training when it's given; or thirdly, which

1 I would like you to consider, is it that when you have  
 2 this sort of awful event in reality it is just not  
 3 possible to get people to follow the JESIP training, so  
 4 we need to look at a completely new system, JESIP just  
 5 won't work, and if not, when are we going to say that?  
 6 A. Again, that's very difficult for me to say. I can give  
 7 you my opinion and when it's chaotic I can understand  
 8 why things are difficult. And I can only think what  
 9 I would do in that situation and I was an experienced  
 10 commander and I'd worked with fire and ambulance on many  
 11 occasions. Again, I totally take your point that you  
 12 almost get tunnel vision with your agency, your blue  
 13 light service: this is our job, we need to focus on  
 14 that. Whether that would mean JESIP needs revamping,  
 15 I don't know. I think it's a sound principle in  
 16 general.

17 As I said on 30 March, we pre-dated JESIP with some  
 18 of the work we did, Greater Manchester Police did, with  
 19 NWAS and GMFRS, and did some really, I think, excellent  
 20 work.

21 Whether or not it's complacency or whether or not  
 22 the whole thing needs a revamp is very difficult for me  
 23 to say, but I see no reason why JESIP shouldn't work.

24 SIR JOHN SAUNDERS: So JESIP is all right as a system?

25 A. I think so.

105

1 SIR JOHN SAUNDERS: So either the training is inadequate or  
 2 the people who were being trained don't take it  
 3 seriously enough?

4 A. It could be a combination of that. Again that's across  
 5 the board. I know I'm sat here as an ex-GMP officer but  
 6 I think that is across the board from all the agencies.

7 SIR JOHN SAUNDERS: How do we sort it? You can have this  
 8 seat if you like. How do we sort it?

9 A. I think -- well, maybe an example is when, again,  
 10 I talked about the JESIP working group that we  
 11 developed, there was no strategic group and I think that  
 12 positively says a lot that as tacticians it's fine for  
 13 us to decide what we will be doing on the day, but  
 14 I suppose you need a really senior buy-in. There's  
 15 nothing to say to me that that never happened, but just  
 16 by not having that strategic overview, I think, said  
 17 something and it might well be that people much more  
 18 senior than I was need to have a look at that and think  
 19 how we can actually get together and make JESIP work  
 20 better because I think it does work. I think if any  
 21 layperson was to look at it --

22 SIR JOHN SAUNDERS: You mean it can work, ought to work?

23 A. Sorry, JESIP can work and has worked, I think, and  
 24 I don't see any reason why it shouldn't. I think it  
 25 probably needs a very senior buy-in.

106

1 SIR JOHN SAUNDERS: And has that happened yet?

2 A. It would appear perhaps not as well as it should have.

3 SIR JOHN SAUNDERS: Okay, thank you.

4 MR GREANEY: Sir, the next advocate is Mr Weatherby, who is  
 5 taking the lead with Mr Giladi on behalf of the bereaved  
 6 families. I know he won't finish before lunch, but  
 7 I will ask him to make a start. Perhaps we could break  
 8 at a moment convenient to you, between about 1.05 and  
 9 1.15, please, Mr Weatherby.

Questions from MR WEATHERBY

11 MR WEATHERBY: Yes. Thank you very much. That's  
 12 certainly -- I'll work to that.

13 Mr Giladi, can I start, please, with the Policy and  
 14 Compliance Unit, and just reminding ourselves and those  
 15 watching, the GMP Policy and Compliance Unit was the  
 16 Firearms Policy and Compliance Unit that was established  
 17 as a result of a recommendation from the coroner after  
 18 the inquest into the tragic death of PC Ian Terry;  
 19 that's right, isn't it?

20 A. That's correct, yes.

21 Q. The purpose of the Policy and Compliance Unit, in light  
 22 of that tragedy, was to ensure that Greater Manchester  
 23 Police firearms policy was as good as it could be, as up  
 24 to date as it could be, and to ensure that there was an  
 25 active, authoritative unit within GMP to make sure that

107

1 those policies were complied with. Is that a fair  
 2 summary of what the PCU was established to do?

3 A. Yes, it is.

4 Q. You were the superintendent in charge of the PCU from  
 5 2009; is that right?

6 A. Yes, amongst my areas of responsibility was the PCU,  
 7 that's correct.

8 Q. Amongst many others, which we will come on to. And you  
 9 were still the superintendent in charge of the PCU in  
 10 the period 2016/2017 that we are particularly concerned  
 11 about?

12 A. That's correct.

13 Q. So when you gave evidence before Easter, you told us  
 14 about the austerity cuts that GMP had faced and they had  
 15 had a significant impact on the PCU; is that fair?

16 A. Yes. I'd go beyond that, I'd say they had  
 17 a disproportionate effect on the PCU.

18 Q. Yes, I'm going to come back to this in due course,  
 19 possibly after lunch, but I'll put your mind at rest,  
 20 I'm certainly going to ask you some more questions about  
 21 the effect of the cuts.

22 Just by way of overview to start, would it be right  
 23 that officers involved did their level best, no doubt,  
 24 but given the scale of the cuts, the fitness for purpose  
 25 of the PCU had been compromised by 2016?

108

1 A. Yes, that's correct.  
 2 Q. You told us that in October 2016, you in fact had had to  
 3 do the amending of SOP 47, the Plato policy that we've  
 4 looked at, and you were asked to do it by Acting  
 5 Chief Constable Hankinson, who sent you an email on  
 6 a Sunday, asking for it to be reviewed in time for it to  
 7 be in place for the Inspectorate, HMIC, who were coming  
 8 in on the Tuesday?  
 9 A. That's correct.  
 10 Q. Firstly, you told us, no doubt correctly, that reviewing  
 11 such a policy wasn't really your role.  
 12 A. That's correct.  
 13 Q. But as your chief inspector role had been cut, there  
 14 wasn't anyone else to do it, and so you had to do it;  
 15 is that fair?  
 16 A. That's fair.  
 17 Q. Secondly, you told us that in fact SOP 47 ought to have  
 18 been reviewed a year earlier in 2015.  
 19 A. That's correct.  
 20 Q. And when you gave evidence before Easter, you told us  
 21 you didn't have an answer as to why that hadn't been  
 22 done. Have you been able to reflect in the weeks since  
 23 that on that point?  
 24 A. I'm making an assumption and that's a consequence of the  
 25 lack of staff in the PCU.

109

1 Q. No one to do it?  
 2 A. That's correct.  
 3 Q. And no one to ensure that out-of-date policies or  
 4 policies that were due for review were actually  
 5 reviewed?  
 6 A. Yes. There is a slight difference between the two, but  
 7 I accept that, and there should have been a system in  
 8 place within the PCU to flag up when policies were due  
 9 for that review.  
 10 Q. That was my next question, no flagging system. Again  
 11 I'm not being critical of you here, Mr Giladi,  
 12 of course, but there wasn't any flagging system, was  
 13 there?  
 14 A. I expect there was a flagging system. I can't recall  
 15 what it was at this moment in time, but I expect there  
 16 was a flagging system, but obviously it wasn't flagged  
 17 up.  
 18 Q. Let me review my question. There was no effective  
 19 flagging system at that time, was there?  
 20 A. I'd accept that, yes.  
 21 Q. And thirdly, you've very fairly told us that the policy  
 22 that you had reviewed at breakneck speed contained  
 23 errors.  
 24 A. Yes. I referred to the wrong JOPs principles document.  
 25 Q. So you referred to an out of date JOPs 2 document. And

110

1 I think you agreed that that was effectively because  
 2 you'd done it in such a rush?  
 3 A. That's correct, yes.  
 4 Q. Would you agree that what we've just been through, the  
 5 fact that a review hadn't been done for a year and the  
 6 fact that you were tasked to turn it round, to put it  
 7 generously, in 48 hours, but probably given work hours,  
 8 probably 24 hours, that errors were made, that all of  
 9 that is indicative of the PCU not being in a position to  
 10 cope at that time with its role?  
 11 A. I think that's a fair assessment. The PCU -- the  
 12 effectiveness of the PCU had been compromised.  
 13 Q. Yes, thank you. Just as a diversion for a second, in  
 14 terms of the Inspectorate review, looking at policies --  
 15 and again if you can't answer this, just say -- but  
 16 looking at it in the round, the Inspectorate coming in,  
 17 weren't they looking at policies which were in place,  
 18 that had been trained on and understood by officers,  
 19 possibly partner agencies? Wasn't that their role in  
 20 coming in to review the firearms policies and the CT  
 21 policies?  
 22 A. I assume so, yes.  
 23 Q. So would you agree, it was not optimal that you were  
 24 reviewing and changing a policy one day so that they  
 25 could review it literally the next day?

111

1 A. I think that's a fair point, although the main substance  
 2 of the policy hadn't changed, but it is a fair  
 3 observation, yes.  
 4 SIR JOHN SAUNDERS: And they were aware of that, the  
 5 Inspectorate?  
 6 A. The dates would have been in the review, so that  
 7 wasn't -- it clearly wasn't being hidden, it showed when  
 8 it was reviewed.  
 9 MR WEATHERBY: I'm not suggesting that. I think on the face  
 10 of the new document it referred to it having been  
 11 reviewed in October, so they would have been aware of  
 12 that.  
 13 A. That's correct.  
 14 Q. And certainly it was available factually to them to see  
 15 that the policy hadn't been reviewed for the year until  
 16 very recently.  
 17 A. That's correct.  
 18 Q. Bearing in mind that the Plato policy involved the use  
 19 of lethal force and concurrently plans to get emergency  
 20 responders urgently and safely to people with  
 21 life-threatening injuries, there is no room for a margin  
 22 of error with Plato policies, is there?  
 23 A. That's correct.  
 24 Q. The next Plato document that I want to refer to is the  
 25 one that you tasked Mr Lear -- the one that turned out

112

1 to be drafted or reviewed and redrafted by Mr Whittle.  
 2 You were asked by Mr Greaney about the delay in issuing  
 3 the instruction for that to be done. If I understood  
 4 your earlier evidence properly, you agreed that there  
 5 was this missing month.  
 6 A. Yes, and I can't account for that.  
 7 Q. And you can't remember because of the passage of time  
 8 what had caused that delay. But can I suggest that the  
 9 delay did in fact rest with you. You'd been tasked to  
 10 do it and it hadn't got done?  
 11 A. On the face of it, that's what it would seem, yes.  
 12 Q. Again, I appreciate that doing your best, given the  
 13 passage of time, you can't actually remember, but do you  
 14 think, given the evidence you've already given, that you  
 15 may have been tasked with it and then overlooked it for  
 16 a month until prompted again, simply because of the  
 17 pressure of work that you were under at that time?  
 18 A. I was certainly under a lot of pressure of work. But  
 19 I wouldn't like to say why that wasn't done. As I said  
 20 previously, I certainly wasn't in the habit of ignoring  
 21 an instruction from a chief constable.  
 22 Q. That's precisely where I was headed. This was very much  
 23 top level. This wasn't simply your line manager, this  
 24 had come from national policy through the  
 25 chief constable to you. So doesn't it follow that the

113

1 most likely explanation for this delay was that simply  
 2 you were overloaded?  
 3 A. That's a distinct possibility, yes.  
 4 Q. The effect of that, and again I'm not trying to be  
 5 critical of you, but the effect of that was that in fact  
 6 you then tasked this out, leaving very little time, in  
 7 a similar way as you'd been left with reviewing the  
 8 SOP 47 in October?  
 9 A. I can't recall the timescales that it needed to be  
 10 completed by. I think there was reference to a May COG,  
 11 which is a Chief Officers' Group, but I am not sure if  
 12 that was the deadline for it to be completed. So,  
 13 certainly any deadline I was setting wasn't necessarily  
 14 restricted to that, but yes the reality was we were  
 15 working to tight timescales.  
 16 Q. Yes, and it's an uncomfortable coincidence, isn't it,  
 17 in the context of a policy which relates to the use of  
 18 lethal force and the provision of emergency response to  
 19 those with life-threatening injuries, it's an  
 20 uncomfortable coincidence that on both of these  
 21 occasions the review was effectively left to the last  
 22 minute?  
 23 A. Yes, I'd agree with that.  
 24 Q. You agreed earlier in evidence, I think, that the  
 25 Whittle document contained some fairly substantial

114

1 changes to the one that you drafted or redrafted or  
 2 reviewed, including more tasks for the FDO?  
 3 A. That's correct, yes.  
 4 Q. And you gave evidence, first of all, that you weren't  
 5 sure whether the Whittle document was in force on 22 May  
 6 or not, but you inclined to the view that it was not?  
 7 Is that a fair summary?  
 8 A. That's a fair summary.  
 9 Q. So as superintendent of the PCU, the officer who tasked  
 10 this out, a recipient of the 12 May email thread that  
 11 we've looked at, you weren't sure what was in force and  
 12 what wasn't at that time?  
 13 A. I may have been a little clearer at the time, but  
 14 certainly with the passage of time that's gone and  
 15 having left the police over 3 years ago, I really can't  
 16 recall any more distinctly than that, I'm afraid.  
 17 Q. I am going to go on in due course to say whether or not  
 18 a policy was in force or not shouldn't be left to  
 19 recollection, should it, it should be clear on  
 20 a documented audit trail?  
 21 A. That's correct, and that's why previously I have stated  
 22 that the Whittle policy, if you like, hadn't gone  
 23 through all the channels to have, in effect, been signed  
 24 off.  
 25 Q. Yes, I understand that's how you got to your current

115

1 view that it probably wasn't in force. When you came to  
 2 give evidence before Easter, did you listen to the  
 3 evidence of Chief Inspector Booth who gave evidence,  
 4 I think, on the morning before you?  
 5 A. I did, yes.  
 6 Q. And of course, he was the control room chief inspector,  
 7 the chief inspector of the OCB, and the line manager of  
 8 the FDOs?  
 9 A. That's correct, yes.  
 10 Q. In his evidence, he told the chair that he'd received  
 11 the 12 May email with the new policy attached and, as  
 12 far as he was concerned, that was the one in force on  
 13 22 May. Do you recall that evidence?  
 14 A. I'm not 100% sure, but if that's what he said, then  
 15 that's obviously his view, yes.  
 16 Q. I'll just give the reference in case anybody wants to  
 17 take that up. It's Day 84, page 107, from line 23  
 18 {Day84/107:23}. We don't need to look at it and I will  
 19 be corrected if I've got any of that wrong.  
 20 He said that was his view as the line manager of the  
 21 FDO and, furthermore, that was also his view as  
 22 a firearms commander.  
 23 A. Yes, that's a fair assumption.  
 24 Q. Would you agree that it was wholly unacceptable that the  
 25 officer responsible for the control rooms, and the line

116

1 manager of the FDO, and the officer responsible for the  
 2 PCU and making sure that Greater Manchester Police's  
 3 firearms policy and compliance was tip-top, can't agree  
 4 on something as basic and vital as that?  
 5 A. Something had clearly gone wrong, yes.  
 6 Q. Again, would it be fair that this is, again, indicative  
 7 of the cuts that had left the PCU unable to function  
 8 effectively?  
 9 A. Yes, that's partially it, and I think it's a difficult  
 10 situation where a new policy is coming in to replace an  
 11 old policy in effect. It's at what point does that new  
 12 one take over from the old one? Is it when it's been  
 13 trained? Is it when people have read it? It's a really  
 14 difficult call to make, which is clearly highlighted  
 15 here.  
 16 SIR JOHN SAUNDERS: It may be a difficult call, but  
 17 shouldn't it be made clear, I think is the point?  
 18 A. Absolutely.  
 19 MR WEATHERBY: I will come back to that in a moment if  
 20 I may. That's precisely the point, with respect, that  
 21 however difficult it is, there can't be any room for  
 22 doubt, particularly when we're talking about lethal  
 23 force policy?  
 24 A. I agree, yes.  
 25 Q. You've been asked quite a lot of questions about cuts

117

1 and I'm not going to go over them, but I just want to  
 2 put your view in evidence as fully as I can. I just  
 3 want to refer you to two of your paragraphs in your  
 4 statement. It's paragraphs 38 and 39.  
 5 I'm doing this simply because you were very graphic  
 6 in your statements and perhaps went a little further  
 7 than in your evidence. I'm going to read out -- we can  
 8 put it on the screen if anybody wants me to, but I don't  
 9 think we need to. I'm just going to read out part of  
 10 those paragraphs and then I can ask you some questions  
 11 about it.  
 12 Paragraph 38, part of that paragraph says:  
 13 "I cannot overstate how wide-ranging the cuts were  
 14 and how difficult they made it to carry out the job."  
 15 The context you said that in certainly included the  
 16 PCU and the pressure, in particular, on those under you,  
 17 including Inspector Lear; is that right?  
 18 A. It wasn't exclusively about the PCU, but yes, that's  
 19 absolutely correct.  
 20 Q. Not exclusively, but it certainly included it. Then 39:  
 21 "We did our best, but the strain was intense."  
 22 And you went on to note that Greater Manchester  
 23 Police had lost a quarter of its officers and further  
 24 cuts were made to PCSOs and to the civilian staff; yes?  
 25 A. That's correct.

118

1 Q. Then this is the point which I think you were anxious to  
 2 make that I'm just coming to. You went on to say that  
 3 in effect senior officers had attempted to keep as many  
 4 front line officers as possible, perhaps not  
 5 unreasonably, but this had a knock-on effect on roles  
 6 such as the PCU, which were seen as back office; yes?  
 7 A. Yes, that's correct, and perhaps I didn't do the cuts  
 8 justice when I last appeared. I think I said that  
 9 we weren't too bad when it came to PCs and sergeants,  
 10 et cetera. I meant that just specifically within the  
 11 firearms sphere, not the PCU, but the Tactical Aid Unit.  
 12 Across the rest of the specialist operations branch  
 13 there were huge cuts, in the Tactical Aid Unit, the  
 14 mounted unit, et cetera, which had a knock-on effect  
 15 across the branch.  
 16 And of course if you're talking about cuts to police  
 17 staff, the work of those staff didn't go away and  
 18 somebody else had to do it and invariably in cutting  
 19 police staff sometimes it meant you were taking police  
 20 officers to fulfil those roles as well.  
 21 So I think between 2010 and 2017, I can't stress the  
 22 difficulty that the cuts had across the board, not just  
 23 within specialist operations but across the board in  
 24 GMP.  
 25 Q. I think the point that you're going on to make is that

119

1 although you're sympathetic to the wish to keep as many  
 2 front line officers as possible, in fact doing that led  
 3 to perhaps more dire consequences for units like the  
 4 PCU?  
 5 A. As I said earlier, what seems like a small cut to the  
 6 PCU because of the small number of staff was completely  
 7 disproportionate to its effectiveness, and, yes, it had  
 8 dire consequences.  
 9 Q. Thank you. Of course, it's absolutely vital that the  
 10 policies that we're discussing here, going to matters of  
 11 life and limb, they must be up to date, they must be  
 12 reviewed as required, there must be compliance systems  
 13 in place; that's right, isn't it?  
 14 A. That's correct.  
 15 Q. That requires both proper systems and proper funding?  
 16 A. Funding, systems and staffing.  
 17 Q. Yes. All three of those were missing, weren't they, in  
 18 2016/2017?  
 19 A. Yes, I think that's fair to say.  
 20 Q. It's vital too that there are proper document trails to  
 21 show at any particular time what's in force and when  
 22 something is brought into force and document trails  
 23 which lead to all officers that need to know?  
 24 A. That's correct.  
 25 Q. And also, another reason to have proper document trails

120

1 is that for anyone reviewing it later, as here, doesn't  
 2 have to put very unfair questions to you so many years  
 3 on because we should all be able to look at the document  
 4 trail and see what the true picture was; yes?  
 5 A. That's correct, yes.  
 6 SIR JOHN SAUNDERS: Don't feel compelled to ask unfair  
 7 questions, will you, Mr Weatherby?  
 8 MR WEATHERBY: Never, sir.  
 9 SIR JOHN SAUNDERS: Would that be a good moment now I've  
 10 interrupted your flow?  
 11 MR WEATHERBY: Certainly I can break there, yes. Thank you.  
 12 SIR JOHN SAUNDERS: Okay. Thank you very much. We'll break  
 13 for an hour. Is that long enough for you?  
 14 A. That's fine, thank you.  
 15 SIR JOHN SAUNDERS: Thank you very much.  
 16 (1.07 pm)  
 17 (The lunch adjournment)  
 18 (2.05 pm)  
 19 MR GREANEY: Good afternoon. We will ask Mr Weatherby to  
 20 re-establish his link, please.  
 21 (Pause)  
 22 MR WEATHERBY: Mr Giladi, just picking up on the PCU and  
 23 then I'll move on, in terms of reviews, would you agree  
 24 that to make reviews and policies meaningful or as good  
 25 as they can be, there should be a call for feedback or

121

1 comments on the way those policies have operated from  
 2 those who are actually in the field or manage teams on  
 3 the ground and in control rooms?  
 4 A. Yes, I would agree that would be good practice.  
 5 Q. And was there any process for doing that in the PCU or,  
 6 again, was this something that was just beyond your  
 7 resources?  
 8 A. I can't recall specifically. If there was anything, I'm  
 9 not sure it was formal. Certainly policies were taken  
 10 to the firearms policy group, which was the overall  
 11 governance group. When it came to reviews, I can't  
 12 specifically recall.  
 13 Q. Going forward, do you think that might be something that  
 14 would be worth the chair looking at in terms of  
 15 recommendations?  
 16 A. Absolutely. If it's not already in place, I would  
 17 suggest so, yes.  
 18 Q. Because certainly in terms of the two Plato policies  
 19 that we've been looking at, there doesn't seem to have  
 20 been any kind of consultation process or discussion,  
 21 discourse, between those in the control room or those in  
 22 the field.  
 23 A. Certainly for the review SOP 47 that I carried out,  
 24 there was no consultation. I don't know whether for  
 25 previous reviews there had been any consultation or when

122

1 it was first written up into a consultation.  
 2 Q. In terms of the approval process, you have just referred  
 3 to policies being referred to — I can't remember the  
 4 group that you mentioned.  
 5 A. The firearms policy group.  
 6 Q. Is that a senior management group?  
 7 A. Yes, that in effect is the overarching strategic group,  
 8 which would be chaired by the assistant chief constable  
 9 in charge of specialist operations.  
 10 Q. I see. So at the time we are considering here, that  
 11 would be ACC Hankinson?  
 12 A. There were a number of ACCs. Certainly at one point it  
 13 was ACC Hankinson, that's correct. When she sent me  
 14 that email, that would have been her position.  
 15 Q. In terms of the approval process, was there an approval  
 16 process or was it just that if you had time, it would go  
 17 through to the review group?  
 18 A. No, there was an approval process, but that was mainly  
 19 for new policies. Reviews could be done at a lower  
 20 level.  
 21 Q. I see. And on a rather ad hoc level, would that be  
 22 fair?  
 23 A. Potentially, that's a fair comment, but I can't remember  
 24 the specifics. It would have been in effect a subject  
 25 matter expert, but yes, I don't think there was

123

1 a specific policy like there was for a new policy.  
 2 Q. In terms of the review you did, version 5, that simply  
 3 was provided by you to ACC Hankinson without any other  
 4 kind of approval; is that right?  
 5 A. That's correct.  
 6 Q. In terms of the other policy, doing your best, looking  
 7 at the documents, there certainly wasn't any approval  
 8 policy before — sorry, any approval process before the  
 9 12 May email sent it out?  
 10 A. No, not that I'm aware of.  
 11 Q. Or indeed between 12 May and 22 May?  
 12 A. No.  
 13 Q. Was there any process for ensuring that commanders and  
 14 managers of teams and departments knew of what policies  
 15 had been reviewed or what new policies there were?  
 16 A. Yes, all new policies would have been distributed  
 17 appropriately to the relevant commanders.  
 18 Q. We've seen in this case the two policies we're talking  
 19 about here have simply been sent out on an email;  
 20 is that the way that it would be done?  
 21 A. It would be sent out by an email, certainly the second  
 22 policy we are referring to was sent out in an email  
 23 ahead of training. So that would have given them an  
 24 opportunity to familiarise themselves with the policy  
 25 and then be trained.

124

1 Q. Right, okay, but in any kind of rolling out process  
2 it would be important, wouldn't it, to emphasise when an  
3 amended or new policy was being brought into force and  
4 equally when a previous one was retired or superseded?  
5 A. Absolutely, and I would have expected that to have taken  
6 place when a new policy came in.  
7 Q. Was there a process to determine what should be informed  
8 to the managers or commanders about the changes that  
9 were made?  
10 A. (Overspeaking).  
11 Q. I have not put that very clearly. What I'm driving at  
12 here is that of course if you review a policy and  
13 you have decided it's fit for purpose and doesn't really  
14 need much change, but you might change a contact number,  
15 of course you don't need to put in play a training  
16 course, do you, for that?  
17 A. No, that's correct, and I would expect any new training  
18 package to emphasise the significant changes.  
19 Q. Yes. So when you send out a review policy, is there any  
20 process whereby the recipients could understand whether  
21 it was a policy that had been reviewed but without any  
22 significant changes, which arguably your version 5 might  
23 fall into, or whether it was a policy which had been  
24 substantially or significantly amended, which arguably  
25 the Whittle document fell into? Was there any process

125

1 by which commanders would know which category they fell  
2 within?  
3 A. I would expect the email, whichever the means of  
4 distribution, to emphasise where the changes were.  
5 Q. Again, rather an ad hoc basis for doing it?  
6 A. You could say that, yes.  
7 Q. Was there a process, and I'm talking particularly about  
8 the Plato policies now, for awareness training for those  
9 that the policies were less directly related to? So  
10 a Plato was most directly concerned with a firearms  
11 response and a multi-agency response, was there any  
12 awareness training or any dissemination of the policy to  
13 unarmed policing commanders so that everybody knew what  
14 the policy was? Because of course they might well be  
15 involved in the incident.  
16 A. I'm not aware of any specific training apart from the  
17 Stay Safe guidance they would have received as unarmed  
18 officers.  
19 Q. Again, do you think it would be sensible for there to be  
20 a process whereby policies are assessed to see whether  
21 those policing units or others who are not directly  
22 involved with the policy but may be tangentially or may  
23 become involved, they should be given awareness training  
24 at the least?  
25 A. Awareness training, yes, I think you could argue that,

126

1 but I wouldn't say it would need to be much more  
2 detailed than that.  
3 Q. Let me move on to the local resilience forum. You have  
4 been asked a lot of questions about this, so I will do  
5 my best not to duplicate. The local resilience forum  
6 had a number of roles and areas of responsibility, but  
7 relevant to terrorist attacks and major incidents more  
8 generally, would you agree its role was to share  
9 information across the various agencies, ensure each  
10 agency knew the role and capabilities of others, and to  
11 ensure in the event of an attack or a major incident  
12 that a response was as joined-up and seamless as is  
13 possible?  
14 A. Yes, I think that's a fair summary of one of its  
15 functions.  
16 Q. And I'm stressing that, of course, it does have other  
17 functions, but in this area of terrorism and major  
18 incidents, so at the top level, that's the key strategic  
19 role for a local resilience forum, relating to major  
20 incidents and terrorist attacks?  
21 A. Yes.  
22 Q. In ensuring that those matters are fulfilled, it's the  
23 job of strategic level commanders to ensure their own  
24 organisations have adequate policies, their  
25 organisations understood the capabilities of others, and

127

1 that there was sufficient training and exercising within  
2 their organisations; is that right?  
3 A. Yes, that's correct.  
4 Q. That's fundamentally why the Cabinet Office guidance  
5 that you looked at in some detail last time that you  
6 came was indicating that there should be strategic level  
7 officers in attendance at the local resilience forum  
8 meetings?  
9 A. That's correct, yes.  
10 Q. There was a long discussion between you and Mr Greaney,  
11 and I'm not going to go over it again, but that's why  
12 you emphasised that really there was a need for  
13 assistant chief constable level personnel and continuity  
14 at the local review [sic] forum relevant to GMP?  
15 A. Yes, it's fair that I think there should have been  
16 senior representation. As I said at the first time  
17 I appeared, the word "should", I was told that if it  
18 says "should", you need a good reason not to.  
19 Q. Yes, I follow that. But that was in relation to the  
20 chief constable or deputy chief constable, wasn't it,  
21 and you were saying that really, looking at the  
22 guidance, what it was requiring was strategic level  
23 commanders should be in attendance?  
24 A. There were two paragraphs, as I recall. The first one  
25 related to attendance at the resilience forum, which

128

1 they said should be chief or the deputy. Then they  
 2 talked about the strategic coordinating group and that's  
 3 where I was talking about assistant chief constables  
 4 ordinarily —  
 5 Q. I'm not trying to disagree with you here. I'm not  
 6 arguing with you about — you're saying in the context  
 7 of GMP and the LRF that ACC level was the strategic  
 8 level that should have been applicable; yes?  
 9 A. That's correct, yes.  
 10 Q. Then Mr Greaney took you to the evidence we have of  
 11 there being nine meetings prior to the outrage on 22 May  
 12 in the 2 years before and that in fact only three of  
 13 those meetings were attended by GMP officers at the rank  
 14 of assistant chief constable; yes?  
 15 A. That's correct, yes.  
 16 Q. Then you were asked whether the lack of officers  
 17 attending from that strategic level, and the lack of  
 18 consistency, was indicative of a lack of commitment by  
 19 GMP to the LRF and you disagreed with that and that's  
 20 what I want to go on to ask you a few more questions  
 21 about.  
 22 A. Okay.  
 23 Q. You indicated about the lack of attendance at two-thirds  
 24 of these meetings by ACC level officers, that they had  
 25 extremely busy diaries. That was the way you termed it.

129

1 And that may have accounted for their absence from  
 2 meetings. Are you there rolling back to what we  
 3 discussed earlier about cuts leading to simply  
 4 a shortage of available time for strategic level  
 5 officers to attend?  
 6 A. I'm not aware that the cuts affected the number of  
 7 assistant chief constables. I don't think it did.  
 8 I might not be correct there. There was certainly  
 9 a number within GMP.  
 10 Q. Yes, neither do I, but it might well be that if it was  
 11 the same number, they may well have had many more  
 12 duties.  
 13 SIR JOHN SAUNDERS: It sounds like we may need to ask one of  
 14 them.  
 15 MR WEATHERBY: Yes, indeed. But it must follow, mustn't it,  
 16 that rightly or wrongly, GMP, the senior management  
 17 team, were regularly prioritising other matters over  
 18 attendance at the LRF?  
 19 A. It would appear so, yes.  
 20 Q. Yes. And that would appear to be because either GMP was  
 21 seriously under-resourced or it wasn't taking the LRFs  
 22 seriously enough or is there another option?  
 23 A. It's very difficult for me to comment on any conflict in  
 24 diaries about what would take priority for an ACC.  
 25 I can't comment any further on that, I'm afraid.

130

1 Q. Okay. Well, you refer to them being extremely busy.  
 2 In the last few days we've been disclosed a statement  
 3 from acting Assistant Chief Constable Hankinson,  
 4 relating to the two LRF meetings that occurred from her  
 5 appointment until the bombing. I think you've had an  
 6 opportunity to cast your eye over that statement,  
 7 haven't you?  
 8 A. I've seen that this morning, sir, yes.  
 9 Q. For the first of those meetings, in December, she  
 10 recounts that she had a chief officers' team meeting at  
 11 GMP and it appeared that that took priority over  
 12 attendance at the LRF.  
 13 A. Indeed that's what her statement said, yes.  
 14 Q. And of course, I don't know and I doubt you know how  
 15 important that senior team meeting at GMP was, and  
 16 indeed it's more than that, it's fair to say that  
 17 I think at that meeting, the December meeting, there was  
 18 in fact an ACC or an acting ACC from GMP. I don't think  
 19 we need to concern ourselves too much with that one.  
 20 But on the second meeting, the reason that was  
 21 advanced was that ACC Hankinson was attending a coaching  
 22 session for an interview for a job; yes?  
 23 A. That's correct, yes.  
 24 Q. And that's what made her unavailable for the LRF  
 25 meeting. In fact, at that meeting, there was no ACC

131

1 attendance from Greater Manchester Police; yes?  
 2 A. That's correct, yes.  
 3 Q. So this is something that I'm asking you about simply  
 4 because you referred to the fact that strategic officers  
 5 had extremely busy diaries, and I'm not quibbling with  
 6 that, but these are the sorts of matters that were being  
 7 prioritised over LRF meetings; yes?  
 8 A. It would appear so, yes.  
 9 Q. Moving on, the chair noted to you the last time you gave  
 10 evidence that there was no co-location on the night at  
 11 any rendezvous point, or indeed at an FCP, a forward  
 12 command post, in the early stages of the response. You  
 13 agreed that a lack of co-location meant that JESIP fell  
 14 "at the first hurdle"; yes?  
 15 A. That's correct.  
 16 Q. You've been reminded of what happened at  
 17 Winchester Accord and you referred to your comment in  
 18 your daybook about, "Co-location, same mistake every  
 19 time", and we've again been reminded of that this  
 20 morning. Given what you knew in mid-2016 and what GMP  
 21 institutionally knew, was this a matter that should have  
 22 been taken up at LRF level by strategic commanders? No  
 23 disrespect to you, but a level above you.  
 24 A. Whether at LRF, I'm not sure, but certainly it was  
 25 a strategic issue, and again, as I said last time,

132

1 I don't know the specifics of what the issues were on  
2 the night with regard to co-location, but certainly it  
3 was an important issue.

4 Q. Yes. We'll come on in a minute, and you've answered  
5 a lot of questions already about it, about a tactical  
6 level and what you and others tried to do with the joint  
7 commander training. But this is something that ought to  
8 have been led at the strategic level, shouldn't it,  
9 given the evidence you've given about the lack of  
10 co-location meaning that JESIP falls at the first  
11 hurdle?

12 A. Yes, I can see that.

13 Q. No criticism of you. Just before I move on from the  
14 LRF, let me just finally ask you about this: do you know  
15 how GMP determined which officer attended at the LRF  
16 meetings?

17 A. At a chief officer level or?

18 Q. Yes. Who was it that told you or an ACC to go or asked  
19 them to go?

20 A. Well, in effect when I went, it came with the role I'd  
21 taken up in 2016. The ACC would have been the ACC in  
22 charge of specialist operations.

23 Q. Right. So simply left to, at that time, ACC Hankinson?

24 A. That's correct.

25 Q. Was there any kind of process, any formalised process,

133

1 of feeding back decisions, given what you've agreed  
2 about the lack of continuity at the LRF meetings?

3 A. Certainly there was a running log of actions, et cetera,  
4 from the LRF and certainly this would have been  
5 distributed. I don't remember anything more specific  
6 than that.

7 Q. We know there were some minutes, but there was actually  
8 documented actions raised, was there?

9 A. I believe so, yes.

10 Q. Was there a designated officer who was in charge of  
11 making sure those actions were followed and taken up?

12 A. I don't recall anything specific to that. I'm assuming  
13 that each action would have been given to an individual,  
14 but I don't recall anybody specifically being tasked to  
15 chase them up.

16 SIR JOHN SAUNDERS: Mr Weatherby, you will remember better  
17 than me because you'll have refreshed your memory, but  
18 there was some talk, as I understand it, about how it  
19 was important to have continuity of chairman because  
20 they could more easily follow up on whether actions had  
21 been completed or not.

22 MR WEATHERBY: Yes, there was discussion about that, but  
23 I was more focused on GMP and taking the action points  
24 because of a lack of continuity. Mr Giladi's very  
25 helpfully gone as far as he can, I think.

134

1 Can I move on to Mr Fletcher and Mr Barrett. You've  
2 been asked a lot of questions about this, so I won't  
3 replicate what you've been asked already. When they  
4 came to you, it was very soon after Winchester Accord,  
5 within days, and before the more formal debriefing  
6 process. Would you agree with me that that was  
7 indicative and communicated to you the level of concern  
8 that they had?

9 A. Well, I think it was just Mr Fletcher who actually came  
10 to me, but included Mr Barrett (overspeaking).

11 Q. You're quite right.

12 A. I would also look at it — there was almost a level of  
13 confidence that we worked well together and he felt he  
14 could approach me ahead of a debrief process, which  
15 I think just showed that we did have a good  
16 relationship. So yes, I see the point you're making,  
17 but I would also say it was a case of, "We work with you  
18 well, we have worked together, can we crack on ahead of  
19 the debrief process?"

20 Q. I was going to move straight on to that. That's  
21 a slightly separate point, isn't it? The fact that  
22 Mr Fletcher — copying in Mr Barrett, you're quite  
23 right — came to you within days about such a serious  
24 matter is indicative of how seriously they were taking  
25 it, but the reason they came to you was because they had

135

1 confidence in you as somebody who could get something  
2 done within GMP?

3 A. Yes.

4 Q. Otherwise, you would have expected them to have waited  
5 for the debrief process and go through that?

6 A. That's correct, or raised it at a higher level.

7 Q. Indeed. As we've seen, and we don't need to return to,  
8 the upshot of the meeting that eventually happened on  
9 29 June was that you then tasked out the process of this  
10 commander training course, and as I say, we don't need  
11 to go into the matters that have already been discussed  
12 about that. But can I ask you about attendance. Given  
13 the both acute and chronic problems that the one-day  
14 course was apparently to address, was there a three-line  
15 whip for firearms commanders in particular to attend at  
16 one or other of those commander courses?

17 A. No, there was no three-line whip, but there would have  
18 been an expectation to attend. If I could just give  
19 a little bit of detail with regards to the firearms  
20 commanders, certainly the cadre commanders, so your  
21 tactical firearms commanders, all had day jobs, if you  
22 like. Like me, I wasn't a full-time cadre member, nor  
23 were any of the others, which was why we tried give them  
24 at least 2 or 3 days to attend. So whilst there was no  
25 three-line whip, there would have been an expectation

136

1 for them to attend, yes.  
 2 Q. So if they didn't attend it might be because they were  
 3 busy, they had operational matters and, of course, they  
 4 had other training that they had to do as well. But  
 5 this was specific, dedicated training because of this  
 6 problem, which included co-location problems which,  
 7 you've told us, if you don't get that right, then JESIP  
 8 just doesn't occur. This was vital, wasn't it?  
 9 A. Yes, absolutely.  
 10 Q. Yes, so looking back at it, do you not think there  
 11 should have been a three-line whip and a requirement on  
 12 commanders to attend?  
 13 A. With hindsight, I would have probably gone to maybe the  
 14 ACC, for the ACC to issue the instruction for everyone  
 15 to understand, so yes, that's a fair point.  
 16 Q. So what in fact happened, I think, and correct me if I'm  
 17 wrong, is that simply a lot of work went into doing this  
 18 course and then an invite went out and people could  
 19 choose or not to attend it?  
 20 A. Technically, yes, but I would expect that their  
 21 professionalism would have made it a little bit more  
 22 than just choosing whether or not to attend.  
 23 Q. And the purpose of having 3 days was because everybody  
 24 knows that real life goes on around us and so you have  
 25 three options?

137

1 A. That's correct.  
 2 Q. And that means that most commanders should be able to  
 3 arrange their rest days and other work around attending  
 4 one or other of those courses; yes?  
 5 A. Correct.  
 6 Q. We've actually asked for the attendance lists for those  
 7 courses and I think it's Detective Sergeant Ribby who  
 8 has done some work on this. I don't think it's  
 9 necessary to put his statement up, but doing his best,  
 10 he has confirmed that there were no GMP attendance lists  
 11 for the commanders' courses or at least none that he's  
 12 been able to locate.  
 13 A. I was never made aware of that and I don't understand  
 14 why we would not have kept a list of attendees.  
 15 Q. He's done his best to compile a list of commanders who  
 16 are thought to have attended and it appears from that  
 17 list, and I will be corrected here if I'm wrong, but it  
 18 appears from that list that none of the firearms or  
 19 other GMP commanders deployed during the early stages of  
 20 the response on 22 May, with the possible exceptions of  
 21 Rachel Buckle and Officer F1, a tactical adviser on the  
 22 night, none of them are known to have attended these  
 23 courses. If I'm correct about that, and I'll be  
 24 corrected if I'm not, that was unacceptable, wasn't it?  
 25 A. I was unaware of that and that would be unacceptable.

138

1 Q. I just want to turn to a connected matter. I think we  
 2 need your daybook back up here. It's {INQ040927/1},  
 3 please, Mr Lopez, page 3 {INQ040927/3}.  
 4 You have looked at this page before, so I'm not  
 5 going to go through the parts that you have looked at.  
 6 It's the page with the "Co-location!!" and the asterisk,  
 7 "Same mistake every time". There appear to be two  
 8 action points from it, don't there?  
 9 A. That's correct.  
 10 Q. Yes. The first one is the one that we've dealt with and  
 11 we don't need to go back to, so that's the joint  
 12 commander training days that we've discussed. Then the  
 13 second one, and I don't think you've been asked about  
 14 this, is the need for:  
 15 "A three-day joint [F1]/NWAS/GMFRS joint training  
 16 again [I think it says]. NWAS will pay."  
 17 Have I read that right?  
 18 A. It's not F1, it's FI, firearms.  
 19 Q. Sorry. Thank you for correcting me. So firearms, NWAS  
 20 and GMFRS. So the second action point coming out of  
 21 this meeting relates to that. That's a three-day  
 22 exercise. Am I right that that didn't take place prior  
 23 to the bombing on 22 May?  
 24 A. I'm not -- I think that might have been an aspirational  
 25 action. I think from memory, if memory serves me

139

1 correctly, that related to some work we'd done even  
 2 prior to JESIP, where we'd got NWAS/GMFRS staff to come  
 3 and have a look at some firearms officers, what they  
 4 did, look at the tactics. At one point we got some  
 5 military as well for them to see the same. I think that  
 6 discussion, from looking at my notes, referred to  
 7 whether or not we'd be able to do that again, I'm not  
 8 aware that that took place.  
 9 Q. Okay. I'm not going to go back to the joint commander  
 10 training, I have dealt with that. But the second action  
 11 point is raised and you describe it as aspirational, and  
 12 as far as you're aware, didn't happen?  
 13 A. That's correct.  
 14 Q. The final topic. I want to ask you a specific point  
 15 about ground-assigned TFCs. Can I ask you to look at  
 16 the two relevant documents in turn. Firstly, it's your  
 17 version 5 and it's {INQ039970/1}.  
 18 It's {INQ039970/7}, please. It's the bottom  
 19 section.  
 20 Can you help us with this? There's reference here  
 21 to the "tactical firearms commander (cadre) actions".  
 22 This is a reference, I think, and this is your document,  
 23 the version 5 document. This is where you are dealing  
 24 with a cadre TFC taking over from the FDO; is that  
 25 right?

140

1 A. That's correct.  
 2 Q. There's a decision to be made about location, we don't  
 3 need to worry about that. And then the second bullet  
 4 point:  
 5 "Direct other cadre members to be scene commander."  
 6 And that's a reference to the ground-assigned TFC,  
 7 is it?  
 8 A. That's correct, yes.  
 9 Q. Who under this policy deploys the ground-assigned TFC?  
 10 Is it the FDO or is it the TFC who takes over from the  
 11 FDO?  
 12 A. When it comes to cadre, there is a cadre officer on  
 13 call -- sorry, this is at the time, I'm not sure what  
 14 the policy is now, I'm afraid. There was a cadre  
 15 officer on call on a 7/7 day and a 7/7 night so  
 16 invariably the first TFC to be called would be the one,  
 17 according to the plan at the time, would be the one that  
 18 takes over from the FDO. Because there wasn't a second  
 19 TFC on call in effect it would be best endeavours, so  
 20 it would be incumbent upon the TFC to ring the other  
 21 TFCs to attempt to get a second one to in effect act as  
 22 the ground-assigned TFC.  
 23 Q. So under your policy here, you envisaged the FDO, who  
 24 of course is the initial TFC, calling a cadre TFC who's  
 25 on call, and he or she then comes to wherever, HQ or the

141

1 control room, and takes over from the FDO at some point?  
 2 A. That's correct.  
 3 SIR JOHN SAUNDERS: And it's that person that tries to call  
 4 in an additional one?  
 5 A. That would be my expectation, yes, sir.  
 6 SIR JOHN SAUNDERS: That's what the document says.  
 7 MR WEATHERBY: Yes. Your expectation is that the on-call  
 8 TFC effectively deploys the ground-assigned TFC?  
 9 A. Yes, and again, as it says in the policy there, it does  
 10 go against the JESIP principles because we're talking  
 11 about co-location --  
 12 Q. Right.  
 13 A. -- so it is really difficult in the early stages to  
 14 decide where is best. You know, the TFC going to  
 15 alleviate the FDO would in effect negate some of the  
 16 issues the FDO might have in the initial stages, but by  
 17 doing so it again has a negative effect potentially on  
 18 the JESIP principles.  
 19 Q. Have I misunderstood then? I was understanding this as  
 20 meaning that there are two or at least two TFCs  
 21 deployed, one to take over from the FDO and one to do  
 22 the JESIP role.  
 23 A. There would be, but the on-call TFC would be that first  
 24 one that is called by the FDO who, in effect, would go  
 25 to assist at the OCB and it would be incumbent upon them

142

1 to then identify and call out a second TFC.  
 2 Q. Right.  
 3 SIR JOHN SAUNDERS: So when you're saying about the JESIP  
 4 principles, it means for the time before the new  
 5 tactical firearms commander --  
 6 A. That's correct.  
 7 SIR JOHN SAUNDERS: -- after he has got there, getting  
 8 another one to go to the scene --  
 9 A. That's correct, yes, sir.  
 10 SIR JOHN SAUNDERS: -- to co-locate?  
 11 A. Absolutely.  
 12 MR WEATHERBY: That's very helpful.  
 13 Under this policy, the one that you reviewed, can we  
 14 see anything about what the role of the ground-assigned  
 15 TFC is?  
 16 A. I would expect the ground-assigned TFC to be the  
 17 on-scene firearms commander, tactical firearms  
 18 commander.  
 19 Q. Yes. Is his or her role set out anywhere in the policy?  
 20 A. No, in effect they would be working to the TFC, who  
 21 would co-locate at the OCB.  
 22 Q. So far as you're concerned, and this is why I'm asking  
 23 you really, it appears that the policy is silent on  
 24 this, but does the ground-assigned TFC, when he or she  
 25 gets there, command all of the GMP officers at the scene

143

1 or the armed officers at the scene?  
 2 A. Right. The overall responsibility of the  
 3 ground-assigned TFC is armed firearms officers. In the  
 4 early stages of a firearms incident, that could involve  
 5 a wider scope of command, so in effect they will be in  
 6 command of all the police assets and clearly liaison  
 7 with the other blue lights services and any other  
 8 partner who's important. However, they need to  
 9 concentrate on the firearms aspect primarily, so in  
 10 effect, as soon as practicable, I would expect  
 11 a commander who's not a tactical firearms commander to  
 12 take over the unarmed aspect of the operation.  
 13 Q. Right. Just let me get this right: under your  
 14 iteration, the FDO is the initial TFC, he or she calls  
 15 in the duty TFC, who goes to HQ or the control room.  
 16 That duty TFC calls in the next cadre TFC to go to be  
 17 ground-assigned, and then a further unarmed tactical  
 18 commander is deployed to the scene to be tactical  
 19 commander of the unarmed assets?  
 20 A. I wouldn't necessarily call them a tactical commander,  
 21 but you would certainly need another commander to look  
 22 at cordons, deploying unarmed assets, et cetera, yes.  
 23 SIR JOHN SAUNDERS: Sorry, if I can just clarify that for  
 24 me, Mr Weatherby, just momentarily.  
 25 I want to deal with the practicalities. So

144

1 I understand that armed officers have, at the very  
 2 initial stage, a specific role to do: clear the area,  
 3 make sure there are no gunmen around.  
 4 A. That's correct.  
 5 SIR JOHN SAUNDERS: There will almost certainly be unarmed  
 6 police at the scene as well, who almost certainly would  
 7 have got there first.  
 8 A. That's correct, sir.  
 9 SIR JOHN SAUNDERS: They will have a senior officer or  
 10 they're unlikely to be just all constables, so there is  
 11 somebody in charge of them?  
 12 A. I don't know who on the night was in charge --  
 13 SIR JOHN SAUNDERS: No, no, I am not worried about the  
 14 night. I am talking about the principle, really?  
 15 A. There would always be a senior officer.  
 16 SIR JOHN SAUNDERS: Why isn't he the commander for the  
 17 unarmed officers? Why does the ground--assigned --  
 18 A. The initial --  
 19 SIR JOHN SAUNDERS: Is it rank or what?  
 20 A. (Overspeaking) -- no, and rank is almost irrelevant.  
 21 You could in effect have -- a chief inspector, who's the  
 22 cadre TFC, could be commanding a superintendent who's  
 23 turned up. So it's not the rank, it's the role, in  
 24 effect, that would take precedence. But the priority is  
 25 to deal with the firearms threat, contain and neutralise

145

1 that threat as appropriate. The cadre TFC will have had  
 2 the specific training with regards to dealing with  
 3 a firearms incident. I wouldn't expect an unarmed  
 4 commander to know how to deal with in effect the  
 5 firearms threat, so the expectation would be they would  
 6 be at a distance, communicate, bearing in mind the Stay  
 7 Safe principles of what they could see, what their staff  
 8 could see, et cetera. The cadre TFC would arrive and in  
 9 effect the firearms officers had already attended the  
 10 scene, they're under the command of the FDO, and then  
 11 they're under the command of the TFC. So they've  
 12 already been deployed, but it's down then to the TFC to  
 13 come and get that view of what it looks like on the  
 14 ground, get that situational awareness, which is really  
 15 important, and then clearly try and link in with the  
 16 JESIP partners.  
 17 But they need to be forward--facing with regards to  
 18 that firearms threat and in effect the unarmed commander  
 19 needs to look at what's going on behind.  
 20 SIR JOHN SAUNDERS: So in practice is the armed police  
 21 commander the ground--assigned -- his job, obviously, is  
 22 directing his firearms officers, but is he also -- his  
 23 function is to say to the unarmed officers, "You can  
 24 come here so far and now you can move up and do that"?  
 25 So, as it were, relating them to what the firearms

146

1 officers are doing or is it more than that?  
 2 A. That's part of that, sir, that's correct, but what  
 3 I would expect is an unarmed commander to, in effect, be  
 4 the person that the TFC is communicating that to and he  
 5 or she will be very specific with regard to the  
 6 instruction to give to that commander of the unarmed  
 7 assets and then they can deploy appropriately. There  
 8 are -- not just the supervisors, they wouldn't  
 9 necessarily have turned up for those officers (?), there  
 10 would have been dedicated -- for example, I'm assuming  
 11 there was a night Silver commander who would have been  
 12 superintendent on the night who I would have personally  
 13 deployed in whatever way I saw fit.  
 14 So, as I say, it wasn't necessarily the rank, it was  
 15 the role, and then they would have taken over command of  
 16 those unarmed assets.  
 17 SIR JOHN SAUNDERS: Thank you.  
 18 Sorry to interrupt, Mr Weatherby.  
 19 MR WEATHERBY: No, thank you, that's very helpful.  
 20 Just before I move on to the other document, and  
 21 then I'll finish, just before I leave this one, would  
 22 you agree it's less than clear what the roles of the  
 23 TFCs are?  
 24 A. Is it possible to see the next page, please?  
 25 Q. Certainly. Please, Mr Lopez, {INQ039970/8}.

147

1 A. I would expect any TFC on the firearms cadre to know  
 2 exactly what his or her role would be as either a TFC  
 3 who went to assist the FDO or as a ground--assigned TFC.  
 4 In effect, a lot of this relates to both of those roles.  
 5 Q. Right.  
 6 SIR JOHN SAUNDERS: Could you say that again, I'm really  
 7 sorry.  
 8 A. This isn't exclusively just necessarily for the TFC who  
 9 goes for the OCB or for the ground--assigned TFC. In  
 10 effect -- again, it's just another -- it's almost like  
 11 another layer of command, so you've got an overarching  
 12 TFC who will be the one that will be sat with the FDO  
 13 and they might well set the initial parameters but  
 14 because you've got the situational awareness on the  
 15 ground, you can in effect feed that back in very  
 16 quickly. So they're both working off the same plan and  
 17 it's not exclusively for one of the TFCs. It, in  
 18 effect, covers them all if that makes sense to you.  
 19 (Overspeaking)  
 20 SIR JOHN SAUNDERS: Are we seeing the top of page 8 there,  
 21 can I just check? We need the top of page 8, please  
 22 {INQ039970/8}.  
 23 MR WEATHERBY: Yes, that is the top, sir.  
 24 SIR JOHN SAUNDERS: Thank you, yes, it is.  
 25 MR WEATHERBY: Just finishing on this section then, this is

148

1 a section that covers the roles of the TFC, but it's not  
 2 clear as to what is done by which TFC; is that fair?  
 3 A. Yes, I can understand your question, but as a TFC,  
 4 I think any TFC would understand what their role was and  
 5 in effect there's quite a big crossover between the two.  
 6 Q. There must be a crossover between the two, mustn't  
 7 there, because, as I understand it, one of the reasons  
 8 that you have a TFC at HQ or the control room is because  
 9 you might end up with a situation where there was more  
 10 than one scene, you may have more than one  
 11 ground-assigned TFC, so the --  
 12 A. Absolutely.  
 13 Q. -- role would be different but overlapping.  
 14 A. That's correct, yes.  
 15 Q. Okay. Finally then, can we put up the Whittle document,  
 16 which is {INQ029178/1}.  
 17 Page 9, please {INQ029178/9}. I think I'm right in  
 18 saying this is the amended version in that document.  
 19 Again, it's clear that the FDO is the initial TFC, but  
 20 this next iteration seems to suggest that the next --  
 21 the subsequent cadre TFC should deploy to the scene as  
 22 a matter of priority to undertake the role of on-scene  
 23 commander or ground-assigned TFC, and then the  
 24 subsequent cadre, consideration should be given to the  
 25 transition from ITFC to cadre and TFC, so this is

149

1 a significant difference, isn't it?  
 2 A. That's correct, and there had always been an argument  
 3 with regards to where the TFC should deploy first,  
 4 whether it should go to the FDO or whether they in  
 5 effect should attend the scene. Clearly, this is the  
 6 opposite of what's in SOP 47.  
 7 Q. Exactly. That's hopefully the point I'm going to finish  
 8 on, that if it wasn't clear which policy was in force,  
 9 this is a good example of significant change, which  
 10 could leave operational officers adopting different  
 11 approaches?  
 12 SIR JOHN SAUNDERS: And that is what 4.2 means, is it? It  
 13 means -- I know he's going to command the ARV resources  
 14 on the ground, but he does so by being there at the  
 15 scene, does he?  
 16 A. Sorry, 4.2, sir, or 4.4?  
 17 MR WEATHERBY: 4.4 is what I was asking about.  
 18 A. Which point are you...  
 19 Q. I was asking about 4.4 but I think the chairman was  
 20 asking about 4.2.  
 21 SIR JOHN SAUNDERS: (Overspeaking) 4.2 as well.  
 22 A. The operational firearms commander would always go to  
 23 scene. In effect, that's the Bronze, that's the  
 24 Bronze commander, and there will be a number of those.  
 25 You could have any number and they would report directly

150

1 to the TFC. So they would always go to the scene.  
 2 That's no issue. I think the significant difference in  
 3 this document is they're now saying that the cadre TFC,  
 4 the first one, should go to the scene and then  
 5 a subsequent TFC should then go to the FDO to relieve  
 6 them --  
 7 MR WEATHERBY: Yes.  
 8 A. -- which is the opposite of what SOP 47 --  
 9 Q. The opposite of what was in your iteration and could  
 10 lead to real confusion between the operational officers  
 11 and the commanders?  
 12 A. Potentially, yes.  
 13 Q. Yes. On this version, can you help me with this? Is it  
 14 the FDO who contacts the cadre TFC to go to the scene?  
 15 Is that the way it should work?  
 16 A. The FDO would be the first individual to contact the  
 17 on-call TFC, that's correct, yes.  
 18 Q. That's the only way this can work, isn't it, if a TFC is  
 19 to be deployed, somebody has to deploy them to the  
 20 scene? They can't simply self-deploy?  
 21 A. I'm not sure what you mean by simply self-deploy, I'm  
 22 sorry.  
 23 Q. Well, let me leave it at this then: on this policy, it's  
 24 clear that the FDO is the person who determines which  
 25 cadre TFC should go where?

151

1 A. Yes, I would expect a conversation between the FDO and  
 2 the TFC to take place as soon as that call is made from  
 3 the FDO and a discussion between them to decide where  
 4 they need to be deployed to.  
 5 Q. Thank you, that's very clear. Finally, with respect to  
 6 the RVP point, am I right --  
 7 SIR JOHN SAUNDERS: Can you help me, I'm not sure the  
 8 witness can, I know you're not giving evidence but  
 9 I think you can tell me from what we've heard -- my  
 10 understanding is that the first -- after the FDO, the  
 11 next tactical firearms commander actually went to join  
 12 the FDO and the ground-assigned tactical commander  
 13 volunteered on his way, volunteered over the phone to  
 14 the FDO to go and be the ground-assigned firearms  
 15 commander. Mr Greaney is nodding. Are you nodding at  
 16 my recollection being correct as well?  
 17 MR WEATHERBY: That's my understanding, but obviously that  
 18 will be a matter of evidence in the coming weeks.  
 19 That's my understanding.  
 20 SIR JOHN SAUNDERS: If that is correct then it seems like  
 21 it's not the new instruction which is being followed but  
 22 the old instruction.  
 23 MR WEATHERBY: Possibly.  
 24 SIR JOHN SAUNDERS: We'll bear it in mind. It's very good  
 25 of you to think we should wait for the evidence,

152

1 Mr Weatherby.  
 2 I don't know whether you know.  
 3 A. What I will say, sir, is I made a couple of phone calls  
 4 on the night to see if I was required. I am aware of  
 5 who went to the scene and who didn't, but I don't know  
 6 the order in which they were called.  
 7 SIR JOHN SAUNDERS: Quite.  
 8 A. All I was told was I needed to be in the next day, not  
 9 then.  
 10 SIR JOHN SAUNDERS: Okay, thank you.  
 11 MR WEATHERBY: Thank you very much.  
 12 Finally, this. With respect to the RVP, can we  
 13 agree that it's for the FDO to set a rendezvous point as  
 14 early as possible in the process?  
 15 A. Yes. You're talking about a rendezvous point, not  
 16 a forward command post or point?  
 17 Q. Yes.  
 18 A. Initially, I would expect the FDO to set that but that  
 19 would be subject to change dependent upon whether or not  
 20 individuals thought there was a more appropriate one  
 21 or --  
 22 Q. Yes. Absolutely. A rendezvous point as opposed to  
 23 a forward command post is a place that is as close as  
 24 possible, but away from the immediate scene, and as  
 25 you have just said, it can change for operational

153

1 reasons.  
 2 A. Yes, ordinarily that's what I would expect.  
 3 SIR JOHN SAUNDERS: And you're expecting it to be fixed by  
 4 the FDO for all the emergency services?  
 5 A. The rendezvous point needs to be a place where all the  
 6 emergency services could deploy to, so it needs to be  
 7 sufficiently large, a large car park something like  
 8 that, or near enough. It might well be that when  
 9 resources get there, they either identify somewhere  
 10 better or say it is not appropriate because it is either  
 11 too near or too far, or whatever, but initially I would  
 12 expect the FDO to select that.  
 13 SIR JOHN SAUNDERS: Do they use their own initiative about  
 14 that or would they have to go back to the FDO and say,  
 15 "Look, this isn't the best place, what about this  
 16 instead?", and the FDO make the decision or do they all  
 17 make up their own mind (overspeaking)?  
 18 A. I wouldn't expect them to make their own mind up.  
 19 I think the communication would go back to the FDO to  
 20 say, "This isn't appropriate, can we move here, there  
 21 and everywhere", and it's absolutely vital, clearly,  
 22 that everybody knows what the correct RVP is.  
 23 SIR JOHN SAUNDERS: Even if it's changed?  
 24 A. Especially if it's changed.  
 25 MR WEATHERBY: So the process is the FDO will set the

154

1 rendezvous point and, at that point, on the policy,  
 2 inter-agency communication should be set up and, if the  
 3 rendezvous point has to change because, for example, the  
 4 Fire Service say, "We don't think that's appropriate",  
 5 then there's a conversation and there's either agreement  
 6 or the FDO changes the rendezvous point and everybody  
 7 knows? That's the way that the policy sets it, isn't  
 8 it?  
 9 A. That's what I would expect, yes.  
 10 Q. Just moving to the FCP, it's not clear to me on the  
 11 policy, so it may be clear to everybody else but not to  
 12 me, who determines the FCP, forward command post.  
 13 Is that the FDO? Is it the cadre TFC at HQ? Is it the  
 14 ground-assigned TFC?  
 15 A. I would expect it to be those ground-assigned officers  
 16 to select the most appropriate spot.  
 17 Q. Okay. So here, and no doubt in many other scenarios,  
 18 the ground-assigned TFC won't get to the scene for quite  
 19 some time, will they?  
 20 A. That's correct, yes. It's potentially the same with all  
 21 ground-assigned commanders.  
 22 Q. So is the expectation then that there will be no forward  
 23 command post for at least the initial stage of an  
 24 incident like this?  
 25 A. Yes.

155

1 MR WEATHERBY: Thank you, Mr Giladi. Those are all my  
 2 questions.  
 3 SIR JOHN SAUNDERS: Thank you, Mr Weatherby.  
 4 MR GREANEY: Sir, it just remains for Mr Mansell to ask his  
 5 questions on behalf of GMP.  
 6 Questions from MR MANSELL  
 7 MR MANSELL: Thank you, sir. Mr Giladi, four topics,  
 8 please.  
 9 The first topic: budget cuts. You've been asked  
 10 about the cuts from 2010 to 2017 and you explain in your  
 11 second witness statement that, between 2010 and 2017,  
 12 GMP lost around a quarter of its officers with further  
 13 cuts to PCSOs and police staff. Is that right?  
 14 A. That's correct, yes.  
 15 Q. You have described the impact of the cuts on the PCU.  
 16 Of course, your responsibilities extended beyond the  
 17 PCU. Can you describe, please, the wider impact of  
 18 those cuts on GMP?  
 19 A. Yes. In effect, the specialist operations branch is  
 20 there to support front line policing at a neighbourhood  
 21 level with specialist resources. Those resources were  
 22 significantly cut. As I said earlier on today, the  
 23 firearms resources in effect -- and I'm talking about  
 24 firearms officers, authorised firearms officers rather  
 25 than PCU -- were exempt initially, but there were huge

156

1 cuts to the Tactical Aid Unit, the mounted unit, the dog  
2 unit, et cetera, which meant there were less assets to  
3 deploy to assist front line policing. But again, as  
4 I also said, the back office work did not cease and the  
5 reality of making those cuts was you were taking even  
6 more officers off the front line to fulfil back office  
7 functions as well.

8 So the number of policies and procedures didn't  
9 lessen in any way, shape or form, you just had less  
10 people to deal with them. But there was still an  
11 expectation, despite the -- the process of the cuts --  
12 agreement was made that we wouldn't do what we'd always  
13 done and there were some things we were going to have to  
14 say no to. That just didn't manifest itself and in  
15 effect you were still expected to do the same level or  
16 provide the same level of service with less assets,  
17 which was virtually impossible.

18 So the policy unit and the specialist operations  
19 branch was just a symptom of the wide-ranging cuts.

20 Q. In your second witness statement, you say this,  
21 paragraph 39:

22 "I understand that senior officers did not have any  
23 particularly good options when it came to implementing  
24 the cuts."

25 And it was your understanding, was it, that those

157

1 senior officers, when implementing cuts, were trying to  
2 preserve as many front line officers as possible;  
3 is that right?

4 A. Yes, I suppose the term front line, I might just need to  
5 clarify that. My officers, when I was in the specialist  
6 operations branch I would term front line, but I think  
7 they are talking about officers on divisions in  
8 neighbourhoods, that is what in effect I think they are  
9 referring to as front line. So that was the key  
10 paramount priority, which I understand and, as I said in  
11 my statement, there weren't any good options.

12 Q. Second topic. GMP attendance at GMRF meetings. Again,  
13 I'm at your second statement, it doesn't have to go up  
14 on the screen, page 4, paragraph 19. You set out there  
15 the range of responsibilities you had during the last  
16 12 months of your operational duties. The period you're  
17 describing there, Mr Giladi, is approximately June 2016  
18 to June 2017; is that right?

19 A. That's correct.

20 Q. During that time, you were the police commander for  
21 a range of events. I won't list them all, but they  
22 included 14 football matches?

23 A. That's correct. Three of those were Manchester United  
24 European fixtures, which each involved two trips abroad,  
25 and then commanding the matches, strike days, concerts

158

1 the two elections, the mayoral election and the General  
2 Election, a cricket match, the memorial service for the  
3 Duke of Westminster, which was a huge operation in  
4 Cheshire, and none of that touches on the number of  
5 firearms operations I was in command of, which I hate to  
6 think how many that was.

7 So although we talked about day jobs earlier on,  
8 I was regularly taken away from, in effect, my day job  
9 to deal with operational matters.

10 Q. What impact, if any, did that range of operational  
11 responsibilities have on your ability to attend  
12 meetings, including GMRF meetings?

13 A. Well, I'm afraid that even for GMRF, operational matters  
14 had to take precedence. So if there was a firearms  
15 operation, like there were to delay my meeting with  
16 Fletcher and Mr Barrett, I would have to deal with that  
17 if I was the cadre on call, of which I did more than my  
18 fair share because I was in the specialist operations  
19 branch and, unfortunately, that might well have  
20 precluded me attending some meetings.

21 Q. If more senior officers couldn't attend GMRF meetings,  
22 what would happen to ensure that they were made aware of  
23 developments arising from those meetings?

24 A. There was a specific mailing list for officers who in  
25 effect were on the attendance list, so the ACC, myself,

159

1 another couple of people within the force event section,  
2 so they would be certainly made aware of the minutes,  
3 any actions arising from them, et cetera, and clearly  
4 once I'd seen them, if I hadn't been at the meeting and  
5 if there was -- were any issues for them, I would  
6 certainly raise it with them.

7 Q. While you were an active member of the GMRF, did anyone  
8 ever raise any concerns with you about GMP's commitment  
9 to the GMRF?

10 A. I can recall nobody making any such comment to me, no.

11 Q. Third topic, please, joint working in general. First of  
12 all, the blue light forum. That was a regular meeting  
13 of representatives from the three emergency services?

14 A. That's correct, yes.

15 Q. You chaired that forum?

16 A. Yes, I chaired it. I think the first time was in the  
17 June, and we changed it to -- I think it was the JESIP  
18 working group -- forgive me if I'm not sure -- and then  
19 suggested that we also had that strategic group overview  
20 but I did chair it, although I did make it clear that  
21 I was retiring approximately 12 months after taking over  
22 that, so I wouldn't be there for long, and that was  
23 clear from the beginning.

24 Q. But the forum met to discuss joint working and to share  
25 information between the partner agencies; was that its

160

1 purpose?  
 2 A. That was its purpose, and in effect we re-branded it as  
 3 the JESIP group because in effect that's what it was.  
 4 Q. So there came a point when it was decided it would  
 5 evolve into two groups, a tactical JESIP user group,  
 6 which you've explained you then went on to chair before  
 7 you retired, and a strategic group as well; was that the  
 8 plan?  
 9 A. That's correct, yes.  
 10 Q. Did all of that -- that was completely separate, was it,  
 11 from learning arising from Winchester Accord?  
 12 A. Yes, that was separate.  
 13 Q. Let's look at Winchester Accord. That took place in  
 14 May 2016. We know that John Fletcher reached out to you  
 15 about learning from the exercise. Was that because of  
 16 the existing relationship you had with him through the  
 17 blue light forum and the JESIP user group?  
 18 A. I think so. I've worked with Mr Fletcher and some of  
 19 his colleagues for many years, so because of our  
 20 existing relationship, yes.  
 21 Q. You weren't tasked with any of the recommendations  
 22 arising from Winchester Accord?  
 23 A. Nothing specific, no.  
 24 Q. Nevertheless, you meet with Mr Fletcher and Mr Barrett  
 25 and out of that comes the JOPs commander training?

161

1 A. That's correct, yes.  
 2 Q. You've been asked about co-location. Was the importance  
 3 of co-location and getting to the scene something that  
 4 would have been obvious to all of the emergency  
 5 services?  
 6 A. Absolutely. Co-location, as it effect says on the tin,  
 7 is about all the agencies co-locating together. I'm not  
 8 sure what the issue had been that meant that that hadn't  
 9 happened at Winchester Accord, but certainly it was  
 10 critical to all of the blue light agencies.  
 11 Q. And something they would have appreciated?  
 12 A. Absolutely, yes.  
 13 Q. The JOPs commander training I just mentioned, was that  
 14 in addition to the GMP training regime which included  
 15 the JESIP component?  
 16 A. That would have been in addition, yes.  
 17 Q. Against that background, how would you describe GMP's  
 18 approach to joint working generally?  
 19 A. I thought we were in a really strong position. We had  
 20 really mature, strong relationships with our blue light  
 21 partners, and the fact that issues were flagged up,  
 22 I almost took as a good sign that we were able to have  
 23 those frank conversations, so I thought we had very  
 24 strong relationships.  
 25 SIR JOHN SAUNDERS: I'm really sorry to press you on this,

162

1 but lots of training, lots of meetings, lots of talk,  
 2 but actually when it comes to the exercises and when it  
 3 comes to real life, it doesn't work, so "in a good  
 4 position", is that a good phrase?  
 5 A. I felt we were in a strong position and, as I said  
 6 earlier on, it might well be that we might have needed  
 7 some higher level push if you like.  
 8 SIR JOHN SAUNDERS: Okay. Sorry, Mr Mansell.  
 9 MR MANSELL: No, not at all, sir.  
 10 The fourth and final topic, Mr Giladi, Plato plans.  
 11 If we could have on the screen the email to  
 12 Inspector Lear from you about updating the Plato plan.  
 13 Mr Lopez, it's {INQ040408/2}, please.  
 14 If we could zoom in, please, Mr Lopez, two-thirds  
 15 down the page, it's the email on 2 May 2017 at 10.27.  
 16 If we start here, Mr Giladi. Here you are emailing  
 17 Inspector Lear:  
 18 "Simon, sorry, but need the review ASAP. If you  
 19 scroll down, it needs to cover as many of the questions  
 20 as possible."  
 21 And we've seen this email chain before and I am not  
 22 going to take you through all of the emails but we can  
 23 see that the previous email comes from Mr Potts.  
 24 Then if we can go up, please, we can see the email  
 25 from Inspector Lear same day, 2 May 2017, 10.33:

163

1 "Sir, noted. When is May COG? Just trying to  
 2 manage level of panic."  
 3 And then your response to that, top of the page,  
 4 same day, 2 May, 10.34:  
 5 "I've tried to address that with Mr Potts. Next  
 6 week. I think we will struggle. How far are we on with  
 7 it?"  
 8 Does that question, "How far are we on with it?",  
 9 does that suggest to you that you had tasked this to  
 10 Inspector Lear earlier than that morning on 2 May 2017  
 11 or not?  
 12 A. Yes, reading that, it does.  
 13 Q. Thank you, Mr Lopez, that can come off the screen,  
 14 please.  
 15 Back at your second statement, Mr Giladi, still on  
 16 Plato plans, page 23, paragraph 101. You say this:  
 17 "At the time of the attack, police forces were in  
 18 the process of updating their Plato plans to reflect new  
 19 national guidance."  
 20 And you make the point that the national guidance  
 21 was issued in March 2017; yes?  
 22 A. Yes.  
 23 Q. And there were seminars on the guidance in early  
 24 May 2017?  
 25 A. That's correct.

164

1 Q. And the assurance visits on the new guidance took place  
 2 in July 2017?  
 3 A. That's correct.  
 4 Q. So from March to July 2017 was a period when all forces'  
 5 Plato plans were under review?  
 6 A. That's correct, yes.  
 7 Q. During that time, GMP's Plato plan went through a number  
 8 of revisions as a result of that process?  
 9 A. That's correct.  
 10 Q. Has that had any impact on your ability now, some years  
 11 later, to recall exactly which plan was in force on  
 12 22 May 2017 or not?  
 13 A. Absolutely, yes.  
 14 Q. Going back to your statement, paragraph 101, same  
 15 paragraph, you say this about the national guidance:  
 16 "The national guidance was issued in March 2017 and  
 17 I would have expected all firearms commanders, including  
 18 FDOs, to have read and been familiar with this guidance  
 19 soon after its introduction."  
 20 Is that correct?  
 21 A. Correct.  
 22 Q. Indeed, in the previous paragraph, you make the point  
 23 that all firearms commanders were sent the national  
 24 guidance, the 4 May 2017 plan, and JOPs 3 by  
 25 Inspector Lear on 12 May 2017; is that correct?

165

1 A. That's correct.  
 2 MR MANSELL: Thank you, sir, that's all I ask.  
 3 SIR JOHN SAUNDERS: Thank you very much, Mr Mansell.  
 4 Further questions from MR GREANEY  
 5 MR GREANEY: Mr Giladi, I remain not entirely clear about  
 6 one issue. I'm going to ask you to help me with it. It  
 7 may be that I'm the only one. Let's start with two  
 8 things that I'm sure we will be able to agree about.  
 9 First, those who have responsibilities in the event of  
 10 Operation Plato being declared should know what plan  
 11 they are to follow?  
 12 A. Correct.  
 13 Q. Secondly, that plan should be clear about what is  
 14 required of them?  
 15 A. Correct.  
 16 Q. There are, or at least may be, some disagreements in the  
 17 evidence between core participants about a number of  
 18 things, but in particular, so far as your evidence is  
 19 concerned, about where Silver should have been after the  
 20 explosion and about what the ground-assigned tactical  
 21 firearms commander's responsibilities were. So I'm  
 22 going to seek your help about that.  
 23 You were the author of SOP 47 v5 and I believe your  
 24 view is that that is the policy that was in force on  
 25 22 May 2017?

166

1 A. Yes.  
 2 Q. Even though you fairly acknowledge that that might not  
 3 have been clear to everyone, that's your view. Whether  
 4 the plan is clear about what was required of Silver and  
 5 what was required of the ground-assigned firearms  
 6 commander will be for the chairman to consider in due  
 7 course, but I want to know what was in your mind. Now,  
 8 as for the ground-assigned tactical firearms commander  
 9 I think, from what you've said today, your view is that  
 10 his responsibility was for that crucially important  
 11 firearms operation?  
 12 A. Correct, yes.  
 13 Q. So someone separate should have been commanding the  
 14 unarmed assets at the scene?  
 15 A. Yes. Just to clarify, initially that might not have  
 16 been possible, so although there might well have been  
 17 a period of time before the ground-assigned TFC got  
 18 there, but yes, ideally as soon as possible a second  
 19 unarmed commander should be deployed to take away the  
 20 command of the unarmed asset.  
 21 Q. Exactly, and that's what I had understood you to say.  
 22 Obviously that might not be capable of being achieved in  
 23 the first minute or minutes, but as soon as is  
 24 reasonably possible, to use Mr Smith's phrase earlier  
 25 today, there ought to be one police officer, who is the

167

1 ground-assigned tactical firearms commander, dealing  
 2 with the firearms operation, and a separate officer who  
 3 is commanding the unarmed assets?  
 4 A. If it helps, what my expectation would have been on the  
 5 night is -- and I know that the FDO has an awful lot to  
 6 do and it's adding something. But I would have expected  
 7 the FDO to have contacted the TFC and then the  
 8 ground-assigned TFC would have been turned out. But  
 9 I would also have expected the FDO to have contacted the  
 10 night Silver Commander.  
 11 Q. Exactly.  
 12 A. And the duty superintendent, just in case that's not  
 13 clear.  
 14 Q. I think it is clear. So what you anticipated would have  
 15 been the position at the scene, after a reasonable  
 16 period to allow it to be achieved, is the  
 17 ground-assigned tactical firearms commander dealing with  
 18 the firearms operation and Silver at the scene dealing  
 19 with the unarmed assets?  
 20 A. Absolutely, yes.  
 21 Q. And if for any reason it was necessary for the  
 22 ground-assigned tactical firearms commander to be given  
 23 the job of directing the unarmed assets, someone should  
 24 have told him?  
 25 A. Sorry, could you repeat the question?

168

1 Q. Let's imagine that the situation that you consider  
 2 should have existed for some reason could not exist and  
 3 in that situation there was an expectation that the  
 4 ground—assigned tactical firearms commander would deal  
 5 not only with the firearms side of things but also  
 6 command the unarmed assets. If that was what was  
 7 expected of him by the command structure, is it fair to  
 8 observe that someone should have told him or her?  
 9 A. Yes, that's probably a fair comment.  
 10 SIR JOHN SAUNDERS: Here's the bit I just haven't  
 11 understood. Once you have a group of unarmed police  
 12 officers on the scene, they will have someone there  
 13 who's in charge of them of whatever rank, and rank  
 14 doesn't matter, you've told me that, so why isn't he  
 15 automatically the commander of the unarmed assets on the  
 16 scene and why are we waiting for anybody else?  
 17 A. Sir, there's no reason why initially that individual  
 18 can't perform that role. It might well be a sergeant  
 19 inspector who's not necessarily got the training for the  
 20 bigger issues.  
 21 SIR JOHN SAUNDERS: I understand how you need to get someone  
 22 there fairly quickly.  
 23 A. Absolutely.  
 24 SIR JOHN SAUNDERS: But in the first instance?  
 25 A. In the first instance, absolutely. In effect, there

169

1 would almost be an initial Silver commander, so I would  
 2 have no issue with that whatsoever. Deploy their assets  
 3 in the most appropriate and safe manner, and then when  
 4 the Silver was in effect coming to take over, they could  
 5 at least brief them to say what they'd done, where their  
 6 assets were, where they were deployed to, what they've  
 7 seen, et cetera. So absolutely, yes, you would have  
 8 expected a supervisor to have done that, and in that  
 9 case the rank does matter, but it's when you go into  
 10 your TFC and your Silver commander that it's more of  
 11 a blurred area.  
 12 SIR JOHN SAUNDERS: Thank you.  
 13 MR GREANEY: What I don't want is for either Mr Weatherby or  
 14 Mr Mansell to feel that by introducing that  
 15 clarification at this stage that they've been treated in  
 16 any way unfairly, so may I suggest that if either of  
 17 them wishes to ask any questions about that matter, they  
 18 should be permitted to do so. They don't need to appear  
 19 unless they do.  
 20 SIR JOHN SAUNDERS: How long do we give them?  
 21 MR GREANEY: About that amount of time, sir.  
 22 SIR JOHN SAUNDERS: Okay, thank you very much.  
 23 MR GREANEY: Sir, I have no further questions for Mr Giladi.  
 24 I don't know whether you do.  
 25 The next witness is Mr Dawson, the British Transport

170

1 Police FIM on the night of the attack. Consideration  
 2 was given to whether we could start him at what was  
 3 predicted to be about 3 o'clock. There were good,  
 4 practical reasons why that was not sensible.  
 5 Consideration has also been given to whether we should  
 6 read some evidence and again, for good reason, it's been  
 7 decided that that's undesirable. As a result, for once  
 8 we're going to have a slightly early finish today,  
 9 although we did start early.  
 10 SIR JOHN SAUNDERS: I think there's no reason why we  
 11 shouldn't give the explanation for the not reading.  
 12 None of us want it to look as if those statements, which  
 13 are important and are extremely moving, a lot of them,  
 14 are not just shoved in whenever we have a moment to do  
 15 it. They deserve to be treated as a block at the  
 16 correct time when everybody can properly focus on it.  
 17 MR GREANEY: Sir, we know that was your view and it's a view  
 18 that we share. In any event, there is a lot of work, as  
 19 we always say, to be done behind the scenes.  
 20 SIR JOHN SAUNDERS: Okay, thank you.  
 21 MR GREANEY: I believe that 10 o'clock, unless I get  
 22 a message from Mr de la Poer now, who will be calling  
 23 Mr Dawson, is the start time tomorrow.  
 24 SIR JOHN SAUNDERS: Right.  
 25 (3.22 pm)

171

1 (The inquiry adjourned until 10.00 am  
 2 on Thursday, 22 April 2021)  
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172

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1 I N D E X

2

3 MR RYAN BILLINGTON (sworn) .....1

4 Questions from MR GREANEY .....1

5 Questions from MR ATKINSON .....56

6 Questions from MR COOPER .....74

7

8 MR LEOR GILADI (continued) .....88

9 Questions from MS JOHNSON .....89

10 Questions from MR SMITH .....93

11 Questions from MR WEATHERBY .....107

12 Questions from MR MANSELL .....156

13 Further questions from MR GREANEY .....166

14

15

16

17

18

19

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173

174

<p><b>A</b></p> <p><b>ability (4)</b> 84:12 101:2 159:11 165:10</p> <p><b>able (33)</b> 5:6 7:1 26:12 31:1 37:5 39:23 43:17 48:21 49:4.5 50:3 52:3,7,10,12 60:22 61:2,15 62:16,22 63:1,3 69:11,21 80:16 101:17 109:22 121:3 138:2,12 140:7 162:22 166:8</p> <p><b>above (2)</b> 8:3 132:23</p> <p><b>abroad (1)</b> 158:24</p> <p><b>absence (1)</b> 130:1</p> <p><b>absolutely (25)</b> 20:15,22 26:17 33:24 51:1 66:4 81:5 90:12 117:18 118:19 120:9 122:16 125:5 137:9 143:11 149:12 153:22 154:21 162:6,12 165:13 168:20 169:23,25 170:7</p> <p><b>acc (17)</b> 123:11,13 124:3 129:7,24 130:24 131:18,18,21,25 133:18,21,21,23 137:14,14 159:25</p> <p><b>accept (7)</b> 89:20 98:5 104:1,6,15 110:7,20</p> <p><b>accepted (2)</b> 86:5,21</p> <p><b>access (1)</b> 77:16</p> <p><b>accompanied (1)</b> 99:6</p> <p><b>accord (17)</b> 85:25 89:14 90:9 93:9 95:20 97:12,16 99:7 101:3,22 103:18 132:17 135:4 161:11,13,22 162:9</p> <p><b>according (1)</b> 141:17</p> <p><b>account (1)</b> 113:6</p> <p><b>accounted (2)</b> 41:25 130:1</p> <p><b>accs (1)</b> 123:12</p> <p><b>accurately (1)</b> 44:11</p> <p><b>achieve (1)</b> 100:9</p> <p><b>achieved (5)</b> 24:5 100:14,17 167:22 168:16</p> <p><b>acknowledge (1)</b> 167:2</p> <p><b>across (7)</b> 106:4,6 119:12,15,22,23 127:9 <b>acting (3)</b> 109:4 131:3,18</p> <p><b>action (7)</b> 101:22 134:13,23 139:8,20,25 140:10</p> <p><b>actioned (1)</b> 97:17</p> <p><b>actions (9)</b> 36:24 62:23,25 134:3,8,11,20 140:21 160:3</p> <p><b>active (2)</b> 107:25 160:7</p> <p><b>actual (1)</b> 25:3</p> <p><b>actually (35)</b> 2:21 7:14 9:22 18:6 20:20 32:9 37:23 40:22 42:25 51:2 52:2 54:6 55:12 63:21 65:4,11 80:20,21 84:20 85:1 102:7 103:8,14,16,18,20 106:19 110:4 113:13 122:2 134:7 135:9 138:6 152:11 163:2</p> <p><b>acute (1)</b> 136:13</p> <p><b>ad (2)</b> 123:21 126:5</p> <p><b>add (2)</b> 96:25 99:15</p> <p><b>adding (1)</b> 168:6</p> <p><b>addition (2)</b> 162:14,16</p> <p><b>additional (2)</b> 24:6 142:4</p> <p><b>address (3)</b> 99:25 136:14 164:5</p> <p><b>addressed (3)</b> 97:23 99:18 100:4</p> <p><b>adequate (6)</b> 21:20 49:25 76:21,21 77:2 127:24</p> <p><b>adjourned (1)</b> 172:1</p> <p><b>adjournment (2)</b> 83:11 121:17</p> <p><b>administer (2)</b> 47:12 49:5</p> <p><b>adopt (1)</b> 72:10</p> <p><b>adopting (1)</b> 150:10</p> <p><b>advanced (11)</b> 3:16 4:21 5:3 19:15 42:3 46:22 50:20 58:7 77:11 87:25 131:21</p> <p><b>advice (2)</b> 83:15 99:18</p>	<p><b>adviser (1)</b> 138:21</p> <p><b>advocate (1)</b> 107:4</p> <p><b>aed (3)</b> 30:21,22 61:3</p> <p><b>aeds (1)</b> 30:21</p> <p><b>affairs (1)</b> 20:14</p> <p><b>affected (1)</b> 130:6</p> <p><b>afraid (6)</b> 55:22 101:19 115:16 130:25 141:14 159:13</p> <p><b>after (23)</b> 6:22 39:10 40:17 41:9,24 43:20 52:25 68:10 70:16 71:22 85:8 95:2 96:4 99:4 107:17 108:19 135:4 143:7 152:10 160:21 165:19 166:19 168:15</p> <p><b>afternoon (3)</b> 37:7 88:24 121:19</p> <p><b>afterwards (3)</b> 2:23 6:9,10</p> <p><b>again (45)</b> 16:14,18 17:15 21:7 35:11 42:7,12 44:5 60:17 66:1 68:17 69:6 77:23,24 90:7 91:12 95:15 102:16 105:6,11 106:4,9 110:10 111:15 113:12,16 114:4 117:6,6 122:6 126:5,19 128:11 132:19,25 139:16 140:7 142:9,17 148:6,10 149:19 157:3 158:12 171:6</p> <p><b>against (5)</b> 26:14 40:2,24 142:10 162:17</p> <p><b>agencies (7)</b> 101:12 106:6 111:19 127:9 160:25 162:7,10</p> <p><b>agency (2)</b> 105:12 127:10</p> <p><b>agenda (1)</b> 98:21</p> <p><b>ago (3)</b> 22:6 96:7 115:15</p> <p><b>agree (18)</b> 27:11 74:19,21 96:24 97:21 111:4,23 114:23 116:24 117:3,24 121:23 122:4 127:8 135:6 147:22 153:13 166:8</p> <p><b>agreed (8)</b> 85:17,20 100:11 111:1 113:4 114:24 132:13 134:1</p> <p><b>agreeing (1)</b> 92:3</p> <p><b>agreement (5)</b> 30:11 78:8 90:18 155:5 157:12</p> <p><b>ahead (5)</b> 3:22 20:25 124:23 135:14,18</p> <p><b>aid (58)</b> 3:24 4:4,19,21 5:3,3,20 17:1 19:16 21:17 23:8,16 25:2 29:21,24,25 30:3,9,15,20 36:3 50:11 51:10 54:3 56:21 57:7 58:6,9,18,19,20,21,23,24 59:20 60:1,8,13,18 61:17 62:3 63:22 65:25 66:24 69:11 74:12 75:17,21 76:6,16,18,20,23,24 77:12 119:11,13 157:1</p> <p><b>aided (11)</b> 3:16,19 21:22 29:3,21 58:18,23 60:21 66:19,21 78:16</p> <p><b>aiders (14)</b> 19:4,10,15 28:25 29:3,21 58:18,23 60:21 61:12,14 76:23 78:12 80:13</p> <p><b>aint (1)</b> 103:22</p> <p><b>airway (4)</b> 46:9 60:3,10 73:5</p> <p><b>airways (3)</b> 48:25 60:7 62:13</p> <p><b>albeit (2)</b> 10:9 29:1</p> <p><b>alert (2)</b> 14:24 15:2</p> <p><b>alien (1)</b> 63:2</p> <p><b>alive (2)</b> 49:16 80:21</p> <p><b>alleviate (1)</b> 142:15</p> <p><b>allocate (1)</b> 28:19</p> <p><b>allocated (1)</b> 29:9</p> <p><b>allow (2)</b> 3:19 168:16</p> <p><b>allowed (1)</b> 29:14</p> <p><b>allowing (1)</b> 75:8</p> <p><b>almost (13)</b> 59:18 75:17 104:2,3,5 105:12 135:12 145:5,6,20 148:10 162:22 170:1</p> <p><b>alone (2)</b> 12:19 36:20</p>	<p><b>along (1)</b> 94:11</p> <p><b>already (21)</b> 2:2,16 3:9,16,16 22:19 26:20 47:20 62:2 72:22 90:4 91:11 93:10 104:12 113:14 122:16 133:5 135:3 136:11 146:9,12</p> <p><b>also (36)</b> 3:10 4:21 5:11 7:24 16:11 31:25 36:1 39:1 40:6 46:16 48:24 51:20 57:17 61:21 62:12 70:1 79:14 84:10,13 85:22 91:7 92:13,19 98:16 101:6 103:2 116:21 120:25 135:12,17 146:22 157:4 160:19 168:9 169:5 171:5</p> <p><b>although (12)</b> 5:4 23:16 41:11 58:10,16 67:10 112:1 120:1 159:7 160:20 167:16 171:9</p> <p><b>always (17)</b> 6:2 11:3,6 12:24 15:2 23:10 25:17,25 26:2,4 34:9 145:15 150:2,22 151:1 157:12 171:19</p> <p><b>amazing (1)</b> 62:22</p> <p><b>ambulance (28)</b> 1:16,19 2:5 3:5 4:16,17 5:12,20 9:14 10:5,11 18:22 19:17 44:25 46:1 49:24 51:22 57:4 65:15,23 70:1,3,6 77:5 81:24 93:21 101:1 105:10</p> <p><b>ambulances (1)</b> 48:23</p> <p><b>amended (3)</b> 125:3,24 149:18</p> <p><b>amending (1)</b> 109:3</p> <p><b>among (1)</b> 98:21</p> <p><b>amongst (4)</b> 40:21 56:19 108:6,8</p> <p><b>amount (6)</b> 12:3 87:16 91:2 92:10,15 170:21</p> <p><b>and/or (1)</b> 36:2</p> <p><b>another (14)</b> 7:20 12:12,13 28:23 48:8 77:22 85:6 120:25 130:22 143:8 144:21 148:10,11 160:1</p> <p><b>answer (4)</b> 17:5 75:10 109:21 111:15</p> <p><b>answered (4)</b> 17:3 22:19 79:2 133:4</p> <p><b>answering (1)</b> 85:9</p> <p><b>answers (2)</b> 83:9,22</p> <p><b>anticipate (1)</b> 72:22</p> <p><b>anticipated (1)</b> 168:14</p> <p><b>anxious (1)</b> 119:1</p> <p><b>anybody (16)</b> 24:10 32:7,25 33:20 34:9 48:21 52:7,10,12 65:22 80:24 99:21 116:16 118:8 134:14 169:16</p> <p><b>anyone (12)</b> 10:23 22:3 37:4 59:25 69:4,6 71:2 78:22 99:21 109:14 121:1 160:7</p> <p><b>anything (17)</b> 12:4 32:24 33:7 34:7 36:4 38:10,15 39:2 42:14 52:3 69:19,21 91:6 122:8 134:5,12 143:14</p> <p><b>anyway (1)</b> 85:4</p> <p><b>anywhere (3)</b> 51:12 58:10 143:19</p> <p><b>apart (7)</b> 12:3 22:21 27:24 65:22 74:25 79:12 126:16</p> <p><b>apparent (2)</b> 11:1 41:8</p> <p><b>apparently (1)</b> 136:14</p> <p><b>appear (10)</b> 54:15 80:6 88:23 96:15 107:2 130:19,20 132:8 139:7 170:18</p> <p><b>appearance (1)</b> 100:12</p> <p><b>appeared (5)</b> 100:24 101:9 119:8 128:17 131:11</p> <p><b>appearing (1)</b> 34:10</p> <p><b>appears (4)</b> 55:18 138:16,18 143:23</p> <p><b>applicable (1)</b> 129:8</p> <p><b>application (4)</b> 22:22,23 23:3,25</p>	<p><b>applied (1)</b> 100:23</p> <p><b>apply (2)</b> 22:13 59:25</p> <p><b>appointment (1)</b> 131:5</p> <p><b>appreciate (4)</b> 41:17 46:18 101:13 113:12</p> <p><b>appreciated (1)</b> 162:11</p> <p><b>approach (3)</b> 72:18 135:14 162:18</p> <p><b>approachable (1)</b> 26:1</p> <p><b>approaches (1)</b> 150:11</p> <p><b>appropriate (10)</b> 84:6 96:23 104:8 146:1 153:20 154:10,20 155:4,16 170:3</p> <p><b>appropriately (2)</b> 124:17 147:7</p> <p><b>approval (7)</b> 123:2,15,15,18 124:4,7,8</p> <p><b>approved (1)</b> 86:19</p> <p><b>approximately (2)</b> 158:17 160:21</p> <p><b>april (3)</b> 1:1 86:13 172:2</p> <p><b>area (12)</b> 32:13,21 33:11 40:14 43:6,23 49:17 68:11,19 127:17 145:2 170:11</p> <p><b>areas (3)</b> 32:15 108:6 127:6</p> <p><b>arena (48)</b> 6:19,22 7:17,19 8:4,6 10:7,10,25 11:11,16 12:10 13:10 15:25 23:5 29:6,13 30:19 31:5,12,23 32:14,15,24 33:2,3,5,6,7 35:11,13 38:2 39:19 40:2 43:1 53:9 59:13 60:24 67:11,14 68:14 70:3 71:6,23 74:12 77:20 78:9,23</p> <p><b>arenas (2)</b> 31:8,8</p> <p><b>arent (1)</b> 19:20</p> <p><b>arguably (2)</b> 125:22,24</p> <p><b>argue (1)</b> 126:25</p> <p><b>arguing (1)</b> 129:6</p> <p><b>argument (1)</b> 150:2</p> <p><b>ariana (1)</b> 39:7</p> <p><b>arising (4)</b> 159:23 160:3 161:11,22</p> <p><b>armed (4)</b> 144:1,3 145:1 146:20</p> <p><b>army (1)</b> 4:22</p> <p><b>arose (2)</b> 6:21 97:11</p> <p><b>around (17)</b> 3:8 5:21,22 7:18 29:6 32:2 34:22 35:5 37:22 39:19 44:19 54:25 77:4 137:24 138:3 145:3 156:12</p> <p><b>arrange (1)</b> 138:3</p> <p><b>arrest (4)</b> 46:8 47:13 80:14 82:2</p> <p><b>arrive (3)</b> 52:23 70:8 146:8</p> <p><b>arrived (3)</b> 41:19 52:24 70:4</p> <p><b>article (1)</b> 3:10</p> <p><b>arv (1)</b> 150:13</p> <p><b>asap (1)</b> 163:18</p> <p><b>aside (1)</b> 99:23</p> <p><b>ask (46)</b> 3:21 6:3 10:14 13:23 16:13,14 18:3 20:24 22:3 24:17 25:22 34:9 35:17 36:13 50:24 55:8 56:9,12 75:17 79:4 80:18 82:9 83:21 88:18 89:5,10 90:21,25 91:12 95:10 98:19 107:7 108:20 118:10 121:6,19 129:20 130:13 133:14 136:12 140:14,15 156:4 166:2,6 170:17 <b>asked (24)</b> 40:25 44:2,2 52:10,13 62:23 67:3 72:22,23 83:25 87:1 100:18 109:4 113:2 117:25 127:4 129:16 133:18 135:2,3 138:6 139:13 156:9 162:2</p> <p><b>asking (16)</b> 36:19,20 43:22 44:4 52:11 68:9 79:22 80:5 81:1 83:7 109:6 132:3 143:22 150:17,19,20</p> <p><b>aspect (2)</b> 144:9,12</p> <p><b>aspiration (1)</b> 24:4</p>	<p><b>aspirational (2)</b> 139:24 140:11</p> <p><b>assessed (1)</b> 126:20</p> <p><b>assessing (1)</b> 80:8</p> <p><b>assessment (2)</b> 76:10 111:11</p> <p><b>asset (1)</b> 167:20</p> <p><b>assets (15)</b> 144:6,19,22 147:7,16 157:2,16 167:14 168:3,19,23 169:6,15 170:2,6</p> <p><b>assigned (2)</b> 37:12,14</p> <p><b>assist (15)</b> 35:9 41:6,13 52:12 59:3 60:11 62:16 63:2,3 65:9 95:14 101:20 142:25 148:3 157:3</p> <p><b>assistant (7)</b> 86:2 123:8 128:13 129:3,14 130:7 131:3</p> <p><b>assisting (3)</b> 59:5 61:22,24</p> <p><b>association (1)</b> 2:11</p> <p><b>assume (2)</b> 94:10 111:22</p> <p><b>assumed (1)</b> 47:3</p> <p><b>assuming (4)</b> 96:8 100:13 134:12 152:22 119:9</p> <p><b>assumption (3)</b> 101:5 109:24 116:23</p> <p><b>assurance (1)</b> 165:1</p> <p><b>assure (1)</b> 41:20</p> <p><b>assured (2)</b> 102:24 103:2</p> <p><b>asterisk (3)</b> 94:17 96:3 139:6</p> <p><b>atkinson (10)</b> 56:8,10,11 59:11 66:23 67:2 70:10,16 79:20 173:5</p> <p><b>attached (4)</b> 91:18 99:7,10 116:11</p> <p><b>attack (28)</b> 1:8 6:22 8:16 9:20,24,25 10:4,17 11:2,12 12:10 14:21 15:9 18:20 20:8 21:4 32:12 67:4,21 97:1 101:11,22 103:8,13,17 127:11 164:17 171:1</p> <p><b>attacks (3)</b> 14:10 127:7,20</p> <p><b>attempt (1)</b> 141:21</p> <p><b>attempted (1)</b> 119:3</p> <p><b>attempting (1)</b> 20:18</p> <p><b>attend (16)</b> 7:9 13:12 77:20 100:12 130:5 136:15,18,24 137:1,2,12,19,22 150:5 159:11,21</p> <p><b>attendance (15)</b> 85:23 90:8 93:21 128:7,23,25 129:23 130:18 131:12 132:1 136:12 138:6,10 158:12 159:25</p> <p><b>attended (15)</b> 4:7 5:12 6:18 7:8,12 8:1,2 32:1 89:17 98:16 129:13 133:15 138:16,22 146:9</p> <p><b>attendees (1)</b> 138:14</p> <p><b>attending (5)</b> 98:14 129:17 131:21 138:3 159:20</p> <p><b>attention (1)</b> 58:12</p> <p><b>attitude (1)</b> 103:25</p> <p><b>attracted (1)</b> 64:21</p> <p><b>audit (1)</b> 115:20</p> <p><b>auditorium (1)</b> 33:6</p> <p><b>austerity (1)</b> 108:14</p> <p><b>author (1)</b> 166:23</p> <p><b>authorised (1)</b> 156:24</p> <p><b>authoritative (2)</b> 83:8 107:25</p> <p><b>automatic (1)</b> 30:23</p> <p><b>automatically (1)</b> 169:15</p> <p><b>autonomously (1)</b> 62:25</p> <p><b>available (6)</b> 30:19,21 31:11 52:6 112:14 130:4</p> <p><b>avoid (3)</b> 37:5 81:16 97:24</p> <p><b>avoidable (1)</b> 96:24</p> <p><b>aware (53)</b> 2:24 3:4 9:24 10:3,8,12,16,18 11:2 18:24 28:2 31:7,18 38:23 39:1 46:21 48:4,15 54:2,4 56:20 58:17 60:12 65:8 68:25 69:24 70:2,5 71:1,2,15 77:4,10 78:8 80:18,19 93:18,25 97:8,18 99:9</p>	<p>100:15 112:4,11 124:10 126:16 130:6 138:13 140:8,12 153:4 159:22 160:2</p> <p><b>awareness (13)</b> 5:7 12:6 14:8 35:2,3 62:19,21 126:8,12,23,25 146:14 148:14</p> <p><b>away (9)</b> 42:16 68:10 71:23 79:24 102:25 119:17 153:24 159:8 167:19</p> <p><b>awful (2)</b> 105:2 168:5</p> <p><b>B</b></p> <p><b>back (28)</b> 8:9 11:3 13:13 22:5 33:19 36:8 43:1,3,5 44:9 48:7 101:21 108:18 117:19 119:6 130:2 134:1 137:10 139:2,11 140:9 148:15 154:14,19 157:4,6 164:15 165:14</p> <p><b>background (5)</b> 19:13,16 36:17 104:3 162:17</p> <p><b>bad (2)</b> 25:22 119:9</p> <p><b>badges (1)</b> 74:10</p> <p><b>badly (1)</b> 41:13</p> <p><b>bag (18)</b> 29:21,23,24,25 30:1,4,8,9,11,12,16 31:8 48:6 52:24 53:2,3,4,9</p> <p><b>bags (5)</b> 30:20 52:22 53:24 54:1,5</p> <p><b>bagvaldemask (1)</b> 60:20</p> <p><b>bandage (1)</b> 49:8</p> <p><b>bandages (5)</b> 30:2 48:6,24 49:7 76:20</p> <p><b>bandaging (1)</b> 76:12</p> <p><b>barrett (10)</b> 89:15 90:16 96:9 101:9 104:14 135:1,10,22 159:16 161:24</p> <p><b>based (3)</b> 1:18 38:17 60:23</p> <p><b>basic (13)</b> 4:19 30:3,10,20 31:14,16 60:17,19 61:3,5 63:8 67:23 117:4</p> <p><b>basis (3)</b> 76:5 88:1 126:5</p> <p><b>bear (3)</b> 9:7 98:18 152:24</p> <p><b>bearing (3)</b> 92:12 112:18 146:6</p> <p><b>became (5)</b> 41:7 46:21 86:10,14 101:12</p> <p><b>become (9)</b> 1:20 2:24 3:4 25:9 38:23 48:15 93:18,25 126:23</p> <p><b>becomes (3)</b> 13:7 104:2,5</p> <p><b>beds (1)</b> 75:5</p> <p><b>before (43)</b> 3:24 4:2 6:17,20 8:11 9:24 16:24 19:23 24:16 25:19 34:10 38:3 42:19 49:24 55:7 63:19 66:15,24 70:3 72:3 86:25 87:1,4 90:1 98:12 103:8 107:6 108:13 109:20 116:2,4 124:8,8 129:12 133:13 135:5 139:4 143:4 147:20,21 161:6 163:21 167:17</p> <p><b>beforehand (1)</b> 82:23</p> <p><b>begin (3)</b> 1:12 29:11 46:13</p> <p><b>beginning (2)</b> 91:17 160:23</p> <p><b>behalf (12)</b> 47:5 56:2,9 73:21 74:3 78:8 83:24 89:4 93:6 97:8 107:5 156:5</p> <p><b>behind (3)</b> 91:20 146:19 171:19</p> <p><b>being (30)</b> 16:2 21:19 24:13 37:1 40:6 59:24 62:22 63:3 64:17 69:24 86:21 92:6 98:11 100:4 104:18 106:2 110:11 111:9 112:7 123:3 125:3 129:11 131:1 132:6 134:14 150:14 152:16,21 166:10 167:22</p> <p><b>belief (2)</b> 48:1 94:23</p> <p><b>believe (44)</b> 6:10 8:15 12:21 14:4 16:10,25 18:2 21:18,22 25:1 28:6 30:10 31:4 32:5 37:11,15 39:18</p>	<p>43:3 44:2 49:14,23 51:10 53:19 58:16,19 22:22 60:9,21 61:11,14 66:19 67:25 68:15 70:18 75:23 78:20 80:13,22 90:18 134:9 166:23 171:21</p> <p><b>believed (3)</b> 62:19 64:23 66:20</p> <p><b>belts (1)</b> 53:22</p> <p><b>benefit (3)</b> 21:10,12 41:21</p> <p><b>bereaved (1)</b> 107:5</p> <p><b>best (14)</b> 73:15,25 82:4 101:1 108:23 113:12 118:21 124:6 127:5 138:9,15 141:19 142:14 1</p>
---	--	--	---	--	---	---

27:22,25 28:1,3 38:4,6,11  
 briefly (3) 4:17 72:5,18  
 brigade (1) 68:22  
 brilliant (1) 62:24  
 bring (5) 30:12 34:7,8 53:25  
 77:12  
 bringing (1) 29:15  
 british (2) 34:21 170:25  
 broad (1) 61:9  
 broadcast (1) 43:21  
 bronze (2) 150:23,24  
 brought (8) 43:22 44:3 52:24  
 53:15 94:5 104:21 120:22  
 125:3  
 bruises (1) 27:8  
 btp (1) 34:20  
 buckle (1) 138:21  
 budget (1) 156:9  
 building (1) 54:6  
 bullet (3) 61:23 63:15 141:3  
 burns (1) 27:3  
 busy (5) 68:8 129:25 131:1  
 132:5 137:3  
 buyin (2) 106:14,25  
 bvm (1) 60:22

C

cabinet (1) 128:4  
 cadet (1) 4:22  
 cadre (22) 136:20,22  
 140:21,24  
 141:5,12,12,14,24 144:16  
 145:22 146:1,8 148:1  
 149:21,24,25 151:3,14,25  
 155:13 159:17  
 calendars (1) 91:8  
 call (18) 13:19 14:1 37:9,9  
 45:9 89:4 117:14,16  
 121:25 141:13,15,19,25  
 142:3 143:1 144:20 152:2  
 159:17  
 called (7) 4:8 34:3 38:17  
 94:12 141:16 142:24 153:6  
 calling (2) 141:24 171:22  
 callous (1) 15:14  
 calls (3) 144:14,16 153:3  
 came (15) 46:21 70:18 82:20  
 116:1 119:9 122:11 125:6  
 128:6 133:20  
 135:4,9,23,25 157:23  
 161:4  
 cameras (1) 41:19  
 cannot (2) 87:11 118:13  
 cant (25) 6:17 44:3 45:14  
 58:16 68:16 90:11  
 94:10,25 110:14 111:15  
 113:6,7,13 114:9 115:15  
 117:3,21 119:21 122:8,11  
 123:3,23 130:25 151:20  
 169:18  
 capabilities (2) 127:10,25  
 capable (5) 37:1 54:17 82:12  
 86:21 167:22  
 capacity (1) 97:7  
 car (7) 26:11 77:5,6,13,17,18  
 154:7  
 cardiac (4) 46:8 47:13 80:14  
 82:2  
 care (5) 5:13 24:2 32:25  
 61:20 78:15  
 carried (3) 30:18 47:22  
 122:23  
 carry (5) 20:22 47:20 48:21  
 53:9 118:14  
 carrying (2) 53:7,11  
 cast (1) 131:6  
 casualties (1) 97:11  
 casualty (8) 41:13 42:1,17,20  
 49:16 52:1 59:25 80:9  
 catastrophic (9) 22:18  
 45:15,22 49:9 62:13 73:6  
 80:5 82:1 96:20  
 category (2) 73:9 126:1  
 cause (1) 50:25  
 caused (2) 8:17 113:8  
 causing (2) 13:4 35:8

cctv (2) 33:19 41:18  
 cease (2) 6:14 157:4  
 ceased (2) 6:16,23  
 central (4) 1:24 2:4 9:2  
 32:18  
 centre (1) 52:2  
 certain (5) 8:23 27:22,23  
 31:21 61:16  
 certificates (1) 57:12  
 cetera (11) 28:21 29:8 77:1  
 119:10,14 134:3 144:22  
 146:8 157:2 160:3 170:7  
 chain (1) 163:21  
 chair (5) 116:10 122:14  
 132:9 160:20 161:6  
 chaired (4) 98:1 123:8  
 160:15,16  
 chairman (5) 12:7 41:22  
 134:19 150:19 167:6  
 challenge (3) 75:22,24 76:5  
 chance (1) 80:10  
 change (7) 23:11 125:14,14  
 150:9 153:19,25 155:3  
 changed (4) 112:2 154:23,24  
 160:17  
 changes (8) 23:6 91:18 115:1  
 125:8,18,22 126:4 155:6  
 changing (2) 104:8 111:24  
 channels (1) 115:23  
 chaotic (1) 105:7  
 charge (11) 28:16 65:19 71:8  
 108:4,9 123:9 133:22  
 134:10 145:11,12 169:13  
 chart (1) 22:9  
 chase (1) 134:15  
 chased (1) 86:12  
 check (4) 47:18 73:10,17  
 148:21  
 cheshire (1) 159:4  
 chief (21) 86:2 109:5,13  
 113:21,25 114:11  
 116:3,6,7 123:8  
 128:13,20,20 129:1,3,14  
 130:7 131:3,10 133:17  
 145:21  
 child (3) 16:1 27:24 28:9  
 children (2) 11:15,22  
 childrens (3) 11:21 14:22,23  
 choose (1) 137:19  
 choosing (1) 137:22  
 chronic (1) 136:13  
 circulation (2) 60:3,12  
 circumstances (1) 84:15  
 city (35) 19:6 29:11 32:15  
 33:8,10 35:12 36:23  
 39:21,24 40:14,24  
 41:8,11,15,18,23  
 43:2,4,6,7,8,20 44:1,8  
 47:5,23 48:2 50:9 53:1  
 68:9 70:18 77:23 78:7  
 79:6,14  
 civilian (1) 118:24  
 clarification (1) 170:15  
 clarified (1) 81:1  
 clarify (4) 47:11 144:23  
 158:5 167:15  
 clear (22) 78:2 88:1 97:6  
 115:19 117:17 145:2  
 147:22 149:2,19 150:8  
 151:24 152:5 155:10,11  
 160:20,23 166:5,13  
 167:3,4 168:13,14  
 clearer (1) 115:13  
 clearing (2) 49:16 52:2  
 clearly (18) 59:24 92:23  
 95:2,4 96:2,13 102:4 103:3  
 104:7 112:7 117:5,14  
 125:11 144:6 146:15 150:5  
 154:21 160:3  
 clients (2) 80:19 82:9  
 climate (2) 11:4,5  
 clinical (3) 50:6,7 65:20  
 clinically (1) 70:22  
 clinician (2) 5:8 75:19  
 clinicians (2) 24:23 76:25  
 close (1) 153:23

closed (1) 6:20  
 clothing (1) 36:4  
 clue (1) 42:21  
 coaching (1) 131:21  
 code (4) 27:22 23:25 28:8  
 cog (2) 114:10 164:1  
 coincidence (2) 114:16,20  
 coincidental (1) 90:2  
 colleague (3) 38:17 51:11  
 59:3  
 colleagues (15) 27:12  
 43:21,25 44:2,4 49:20  
 56:20 59:5 65:6,11 67:15  
 72:7,17 82:24 161:19  
 colocate (2) 143:10,21  
 collocated (2) 96:11,22  
 collocating (4) 96:24 97:5,24  
 162:7  
 collocation (16) 94:17  
 96:3,15,18 98:6  
 132:10,13,18 133:2,10  
 137:6 139:6 142:11  
 162:2,3,6  
 combination (4) 50:16,18  
 92:25 106:4  
 come (32) 6:3 8:9 13:13  
 19:20 23:18 25:15 33:19  
 34:6,9 35:8 40:10,13  
 43:1,5 44:4,8,15,16 59:3  
 64:19 75:24 78:4,5  
 108:8,18 113:24 117:19  
 133:4 140:2 146:13,24  
 164:13  
 comes (9) 79:21,23 97:7  
 141:12,25 161:25  
 199:17 100:4,16 101:13  
 160:8  
 coming (15) 11:19 13:3,3  
 29:7,14 46:2 48:5 109:7  
 111:16,20 117:10 119:2  
 139:20 152:18 170:4  
 command (22) 69:22,24  
 71:10 96:23 101:17 132:12  
 143:25 144:5,6 146:10,11  
 147:15 148:11 150:13  
 153:16,23 155:12,23 159:5  
 167:20 169:6,7  
 commander (50) 47:4  
 89:11,16 90:18 100:5  
 105:10 116:22 133:7  
 136:10,16 139:12 140:9,21  
 141:5 143:5,17,18  
 144:11,11,18,19,20,21  
 145:16 146:4,18,21  
 147:3,6,11 149:23  
 150:22,24 152:11,12,15  
 158:20 161:25 162:13  
 167:6,8,19 168:1,10,17,22  
 169:4,15 170:1,10  
 commanders (23) 102:4  
 124:13,17 125:8 126:1,13  
 127:23 128:23 132:22  
 136:15,20,20,21 137:12  
 138:2,11,15,19 151:11  
 155:21 165:17,23 166:21  
 commanding (5) 89:24  
 145:22 158:25 167:13  
 168:3  
 comment (6) 123:23  
 130:23,25 132:17 160:10  
 169:9  
 comments (1) 122:1  
 commitment (2) 129:18  
 160:8  
 commitments (4) 89:21  
 91:11 92:20,21  
 common (4) 56:21  
 79:11,13,16  
 commonly (1) 26:23  
 communicate (2) 36:1 146:6  
 communicated (2) 72:7  
 135:7  
 communicating (1) 147:4  
 communication (4) 100:24  
 102:1 154:19 155:2  
 companies (1) 3:7  
 company (10) 4:8 6:15,20

25:1 53:10 58:4,13 64:24  
 75:16 77:6  
 compelled (1) 121:6  
 competent (2) 5:3 81:19  
 competently (1) 84:9  
 compile (1) 138:15  
 complacency (1) 105:21  
 complete (1) 54:16  
 completed (5) 3:17 9:12  
 114:10,12 134:21  
 completely (7) 14:22 15:4  
 57:21 104:6 105:4 120:6  
 161:10  
 complex (1) 92:25  
 compliance (6)  
 107:14,15,16,21 117:3  
 120:12  
 complied (1) 108:1  
 component (1) 162:15  
 comprehensive (2) 59:1  
 102:2  
 compromised (2) 108:25  
 111:12  
 concentrate (2) 20:19 144:9  
 concept (7) 9:24 10:1,3  
 18:21,24 19:5,12  
 concepts (1) 23:20  
 concern (9) 74:6 92:15  
 96:2,6,13,14 103:11  
 131:19 135:7  
 concerned (8) 56:2 78:13  
 87:24 108:10 116:12  
 126:10 143:22 166:19  
 concerning (1) 77:23  
 concerns (7) 90:8 93:23  
 99:17 100:4,16 101:13  
 160:8  
 concert (6) 11:21  
 14:22,23,24 15:9 39:7  
 concerts (3) 14:25 25:14  
 158:25  
 concession (1) 48:10  
 conclusion (3) 39:8  
 101:18,18  
 concourse (3) 24:9 37:24  
 76:8  
 concurrently (1) 112:19  
 condition (1) 45:20  
 conditions (2) 61:5,6  
 conducted (1) 100:6  
 confidence (6) 66:10  
 102:17,21,24 135:13 136:1  
 confident (1) 99:3  
 confidential (2) 75:4,20  
 confirm (1) 13:23  
 confirmed (1) 138:10  
 conflict (1) 130:23  
 confronted (4) 14:17,18  
 21:21 22:15  
 confusing (1) 86:22  
 confusion (3) 65:18 74:7  
 151:10  
 congratulated (2) 84:7,10  
 congregate (2) 3:11 69:14  
 connected (3) 51:4 90:3  
 139:1  
 consequence (2) 96:17  
 109:24  
 consequences (5) 96:21  
 97:5,6 120:3,8  
 consider (9) 15:15 86:7,19  
 96:17 99:14,24 105:1  
 167:6 169:1  
 consideration (3) 149:24  
 171:1,5  
 considered (4) 77:25 78:6  
 80:20 81:4  
 considering (3) 44:10 81:11  
 123:10  
 consistency (2) 85:21 129:18  
 constable (10) 86:2 109:5  
 113:21,25 123:8  
 128:13,20,20 129:14 131:3  
 constables (3) 129:3 130:7  
 145:10  
 constantly (1) 66:6

constraints (5) 12:23,25  
 13:2,4 17:8  
 consultation (4)  
 122:20,24,25 123:1  
 contact (8) 59:24  
 70:2,5,8,10,12 125:14  
 151:16  
 contacted (2) 168:7,9  
 contacts (1) 151:14  
 contain (3) 30:4 53:25  
 145:25  
 contained (2) 110:22 114:25  
 context (5) 22:15 65:4  
 114:17 118:15 129:6  
 contingency (1) 16:20  
 continually (1) 23:6  
 continued (3) 47:17 88:12  
 173:8  
 continuity (4) 128:13  
 134:2,19,24  
 continuous (2) 25:7,11  
 contradictory (1) 83:15  
 contrary (2) 56:16 77:24  
 control (16) 38:18,24 39:4  
 54:16 55:15 60:4,13 69:23  
 93:6 116:6,25 122:3,21  
 142:1 144:15 149:8  
 controller (1) 68:15  
 convenient (2) 54:22 107:8  
 conversation (3) 25:19 152:1  
 155:5  
 conversations (2) 65:13  
 162:23  
 conveyed (1) 94:24  
 coolness (2) 84:11,11  
 cooper (14) 74:1,2,3 76:3  
 78:22 79:4,17,19 82:7  
 83:4,10,16,23 173:6  
 coordinating (1) 129:2  
 coordination (1) 99:1  
 cope (3) 49:25 51:8 111:10  
 cope (6) 17:12,23,25 18:7,12  
 63:22  
 copying (1) 135:22  
 cordons (1) 144:22  
 core (6) 87:2,25 88:4,16  
 96:11 166:17  
 corer (1) 39:19  
 coroner (1) 107:17  
 correct (134) 3:15 4:16,23  
 5:14,17 6:13 9:12 14:14,15  
 18:19,25 19:13 20:6 21:6  
 22:1,11 23:12 27:18 31:6  
 37:8,13 41:2 45:16 47:14  
 49:21 54:11 55:9,11,13,14  
 56:23 62:5,15 63:14  
 64:3,5,18 66:7 67:9  
 68:21,23 71:7 73:14,18  
 76:2 79:1 89:22 90:4,14,20  
 91:10,23 92:8 93:13,15  
 94:20 95:22 96:5 97:20,25  
 100:7 107:20 108:7,12  
 109:1,9,12,19 110:2 111:3  
 112:13,17,23 115:3,21  
 116:9 118:19,25 119:7  
 120:14,24 121:5 123:13  
 124:5 125:17 128:3,9  
 129:9,15 130:8 131:23  
 132:2,15 133:24 136:6  
 137:16 138:1,5,23 139:9  
 140:13 141:1,8 142:2  
 143:6,9 145:4,8 147:2  
 149:14 150:2 151:17  
 152:16,20 154:22 155:20  
 156:14 158:19,23 160:14  
 161:9 162:1 164:25  
 165:3,6,9,20,21,25  
 166:1,12,15 167:12 171:16  
 corrected (3) 116:19  
 138:17,24  
 correcting (1) 139:19  
 correction (1) 88:15  
 correctly (2) 109:10 140:1  
 corridor (4) 75:3,9,15,15  
 cost (1) 79:7  
 couldst (5) 46:19 71:20 76:6

102:7 159:21  
 counsel (2) 85:9 100:19  
 counterterrorism (1) 28:3  
 country (4) 3:8 5:22 7:18,21  
 couple (9) 20:2 22:21 40:23  
 41:4,5,6 50:24 153:3 160:1  
 course (66) 2:9,15,19,20,21  
 3:17,18 4:7,8,12 9:1,1,9  
 12:7 19:14 23:17,25 32:18  
 33:25 34:8 36:25 38:11,13  
 48:14 51:10 57:6,21,22,25  
 58:8,9,24 59:4,21 60:8,18  
 83:19 85:17 86:5 89:16  
 90:13 91:7 92:11 97:11,15  
 101:23 103:14 108:18  
 110:12 115:17 116:6  
 119:16 120:9 125:12,15,16  
 126:14 127:16 131:14  
 136:10,14 137:3,18 141:24  
 156:16 167:7  
 courses (10) 25:2 58:5,19,25  
 66:20 136:16  
 138:4,7,11,23  
 courtesy (1) 88:25  
 cover (6) 3:6 9:4 11:15  
 60:8,14 163:19  
 covered (9) 11:16 60:17  
 73:13,16 79:6 80:21,23,24  
 81:4  
 covering (1) 79:14  
 covers (2) 448:18 149:1  
 cpr (4) 47:12 60:12,20 61:3  
 cq (1) 5:19  
 crack (1) 135:18  
 created (2) 91:4,18  
 crest (1) 36:8  
 cricket (1) 159:2  
 critical (4) 63:12 110:11  
 114:5 162:10  
 criticise (4) 12:5,6 56:15  
 73:20  
 criticised (1) 15:20  
 criticising (2) 15:17,22  
 criticism (5) 21:8 60:24  
 74:20 77:23 133:13  
 crop (1) 39:2  
 cross (2) 14:16 92:3  
 crossover (2) 149:5,6  
 crowd (2) 16:1,7  
 crucially (1) 167:10  
 crying (1) 39:13  
 ct (1) 111:20  
 cup (1) 49:20  
 cupboard (4) 24:7,8,14 54:3  
 current (3) 11:4,5 115:25  
 currently (2) 1:17,15  
 customers (1) 41:10  
 cut (6) 51:11 59:2 76:11  
 109:13 120:5 156:22  
 cuts (26) 27:8 85:19  
 108:14,21,24 117:7,25  
 118:13,24 119:7,13,16,22  
 130:3,6 156:9,10,13,15,18  
 157:1,5,11,19,24 158:1  
 cutting (1) 119:18

D

d (1) 173:1  
 damaging (1) 85:19  
 danger (1) 104:6  
 darker (2) 36:7 74:9  
 darts (2) 16:3 34:23  
 date (6) 6:24 18:20 87:15  
 107:24 110:25 120:11  
 dates (1) 112:6  
 davies (1) 88:20  
 dawson (2) 170:25 171:23  
 day (17) 17:9 26:9 75:19  
 90:1,15 100:23 106:13  
 111:24,25 116:17 136:21  
 141:15 153:8 159:7,8  
 163:25 164:4  
 day841073 (1) 116:18  
 daybook (3) 92:13 132:18  
 139:2

days (11) 58:22 87:16 93:17  
 131:2 135:5,23 136:24  
 137:23 138:3 139:12  
 158:25  
 de (1) 171:22  
 dead (6) 46:10 47:8 80:20  
 82:18,25 83:3  
 deadline (2) 114:12,13  
 deal (31) 5:6 10:13 26:18  
 27:3,13,15,16,20 28:20  
 36:18 41:12 45:6 49:9 50:3  
 51:4,14 55:16 73:6  
 78:12,22 83:12 84:8 87:1  
 102:3 144:25 145:25 146:4  
 157:10 159:9,16 169:4  
 dealing (12) 8:9 9:15 11:22  
 23:3 36:24 51:2 70:24  
 140:23 146:2 168:11,17,18  
 deals (3) 13:19 14:1 61:19  
 dealt (8) 36:20,21 55:19 56:4  
 75:15 86:6 139:10 140:10  
 death (2) 102:19 107:18  
 deaths (1) 97:13  
 debrief (7) 93:14 97:15  
 99:7,10 135:14,19 136:5  
 debriefing (1) 135:5  
 deceased (3) 81:4 82:3,6  
 december (4) 85:12 131:9,17  
 142:14 152:3  
 decided (4) 2:7 125:13 161:4  
 171:7  
 deciding (1) 79:23  
 decision (3) 80:7 141:2  
 154:16  
 decisions (1) 134:1  
 declaration (1) 69:2  
 declared (3) 68:22 69:1  
 166:10  
 dedicated (2) 137:5 147:10  
 defibrillation (1) 60:19  
 defibrillator (2) 30:23 31:8  
 definitely (4) 50:20 64:1  
 65:18 77:15  
 degree (1) 65:3  
 delay (13) 1:3 89:24 90:8  
 92:2 93:21 96:24 97:10,24  
 113:2,8,9 114:1 159:15  
 delaying (1) 49:8  
 delegate (1) 38:25  
 delegated (1) 86:14  
 deliver (2) 31:1 93:1  
 delivered (1) 65:7  
 denying (1) 81:18  
 department (1) 85:19  
 departments (1) 124:14  
 depend (3) 7:10 80:10 92:17  
 dependent (1) 153:19  
 deploy (7) 147:7 149:21  
 150:3 151:19 154:6 157:3  
 170:2  
 deployed (9) 138:19 142:21  
 144:18 146:12 147:13  
 151:19 152:4 167:19 170:6  
 deploying (1) 144:22  
 deploys (2) 141:9 142:8  
 depriving (1) 81:12  
 deputy (2) 128:20 129:1  
 derived (2) 33:16 44:22  
 describe (10) 4:25 5:2 16:12  
 21:17 24:18,21 43:18  
 140:11 156:17 162:17  
 described (3) 5:15 86:10  
 156:15  
 describing (2) 19:25 158:17  
 deserve (1) 171:15  
 designated (1) 134:10  
 designed (3) 59:2 102:22  
 103:18  
 desk (1) 51:12  
 despite (1) 157:11  
 detail (10) 4:6 9:19 18:8  
 20:17 34:1 46:16 89:16  
 101:16 128:5 136:19  
 detailed (3) 44:6 99:4 127:2  
 details (3) 22:16 42:25 70:13

**detective (1)** 138:7  
**determine (1)** 125:7  
**determined (1)** 133:15  
**determines (2)** 151:24  
 155:12  
**devastation (1)** 43:18  
**develop (1)** 98:12  
**developed (3)** 95:5 102:15  
 106:11  
**development (2)** 25:7,12  
**developments (1)** 159:23  
**device (2)** 44:15 60:22  
**devices (2)** 44:10,18  
**dexter (1)** 88:20  
**diagnose (1)** 61:13  
**diagnosing (1)** 61:6  
**diagnosis (3)** 61:5,9,18  
**diaries (3)** 129:25 130:24  
 132:5  
**diary (1)** 93:1  
**didnt (37)** 9:4 14:16 15:15  
 18:17 19:4 21:25 24:1 35:1  
 40:11 44:8 46:3,5 51:7  
 52:5 53:2,12 64:25 65:21  
 70:21,25 71:14 78:22  
 84:14 88:21 90:9 92:14  
 98:9 102:15 109:21  
 119:7,17 137:2 139:22  
 140:12 153:5 157:8,14  
**die (3)** 81:9 97:1 101:25  
**died (1)** 81:16  
**difference (3)** 110:6 150:1  
 151:2  
**different (15)** 7:21 10:10,20  
 11:18 38:15 46:2,6  
 57:6,8,9,10 58:5 65:8  
 149:13 150:10  
**difficult (16)** 25:12 40:3,6  
 45:5 70:8 92:14 105:6,8,22  
 117:9,14,16,21 118:14  
 130:23 142:13  
**difficulty (1)** 119:22  
**diploma (1)** 2:20  
**dire (2)** 120:3,8  
**direct (6)** 2:6 69:16,23  
 84:13,14 141:5  
**directed (2)** 17:1 58:12  
**directing (2)** 146:22 168:23  
**direction (5)** 40:11 54:13  
 70:20,21,22  
**directive (2)** 78:3,4  
**directly (4)** 126:9,10,21  
 150:25  
**disagree (1)** 129:5  
**disagreed (1)** 129:19  
**disagreements (1)** 166:16  
**disclosed (1)** 131:2  
**discourse (1)** 122:21  
**discuss (4)** 89:15 94:4 98:12  
 160:24  
**discussed (5)** 96:9 102:4  
 130:3 136:11 139:12  
**discussing (2)** 97:17 120:10  
**discussion (5)** 122:20 128:10  
 134:22 140:6 152:3  
**discussions (1)** 97:4  
**display (1)** 36:11  
**disproportionate (2)** 108:17  
 120:7  
**disrespect (1)** 132:23  
**dissemination (1)** 126:12  
**dissolved (1)** 6:16  
**distance (1)** 146:6  
**distinct (1)** 114:3  
**distinctly (1)** 115:16  
**distress (4)** 51:1 56:13,14,15  
**distressing (1)** 37:1  
**distributed (2)** 124:16 134:5  
**distribution (1)** 126:4  
**diversion (1)** 111:13  
**divide (1)** 10:14  
**divisions (1)** 158:7  
**doctor (3)** 50:8 61:17 77:2  
**doctors (3)** 29:2 50:19 77:1  
**doctrine (1)** 91:19  
**document (40)** 13:18,24

14:3 16:14,19,22,23  
 17:2,7 23 18:4 22:2  
 59:10,12,16 63:21 64:1  
 67:17,19 87:12 95:15  
 98:19 110:24,25 112:10,24  
 114:25 115:5 120:20,22,25  
 121:3 125:25 140:22,23  
 142:6 147:20 149:15,18  
 151:3  
**documented (2)** 115:20  
 134:8  
**documents (3)** 99:6 124:7  
 140:16  
**does (16)** 15:10 44:11 51:9  
 92:1 106:20 117:11 127:16  
 142:9 143:24 145:17  
 150:14,15 164:8,9,12  
 170:9  
**doesnt (14)** 20:13 37:4  
 88:23,23 97:7 104:22  
 113:25 121:1 122:19  
 125:13 137:8 158:13 163:3  
 169:14  
**dog (1)** 157:1  
**doing (27)** 3:7 7:21 16:7  
 23:22 33:23 41:3 45:2  
 47:23 51:16 54:17 58:11  
 62:12 64:9 66:3 83:14  
 84:15 106:13 113:12 118:5  
 120:2 122:5 124:6 126:5  
 137:17 138:9 142:17 147:1  
**done (34)** 4:20 10:6 19:15,18  
 23:10 57:21 59:20,25  
 60:15 66:20 74:20 85:2  
 92:6 102:7 103:3,21 104:9  
 109:22 111:2,5  
 113:3,10,19 123:19 124:20  
 136:2 138:8,15 140:1  
 149:2 157:13 170:8,8  
 171:19  
**dont (77)** 8:15 10:20 12:1,21  
 15:11 16:10 17:24 18:2  
 20:17,23 22:25 24:14  
 25:18 35:2 42:24 43:8 44:2  
 50:5,12,25 51:10 53:13  
 57:11 58:9 65:15 67:16  
 69:3 71:24 75:2 77:7,7,14  
 80:25 87:6 88:18,25 89:18  
 90:24 91:6,12 98:8 99:3  
 100:3 102:23 104:24  
 105:15 106:2,24 116:18  
 118:8 121:6 122:24 123:25  
 125:15 130:7 131:14,18  
 133:1 134:5,12,14  
 136:7,10 137:7 138:8,13  
 139:8,11,13 141:2 145:12  
 153:2,5 155:4  
 170:13,18,24  
**door (1)** 78:14  
**doors (6)** 13:5 32:24  
 33:8,18,20 39:19  
**doubly (1)** 75:18  
**doubt (7)** 51:6 168:8,23  
 109:10 117:22 131:14  
 155:17  
**down (16)** 6:20 24:12 28:21  
 37:24 39:19 52:1 54:4  
 64:19 75:4 89:22 94:21  
 95:1 96:8 146:12  
 163:15,19  
**downstairs (5)** 49:16  
 52:2,12,13 69:11  
**drafted (2)** 113:1 115:1  
**drawing (1)** 39:8  
**drawings (3)** 9:10,14 23:25  
**drilled (1)** 28:10  
**drink (4)** 11:24 16:3 27:14  
 29:14  
**drive (1)** 77:14  
**driving (1)** 125:11  
**drop (1)** 24:2  
**drove (1)** 77:4  
**due (13)** 2:14 12:23,25 21:5  
 27:4 87:15 93:20 102:11  
 108:18 110:4,8 115:17  
 167:6

**duke (1)** 159:3  
**duplicate (1)** 127:5  
**during (16)** 2:11 9:9,16 34:1  
 36:24 38:11,13 39:2 48:14  
 85:17 86:5 96:12 138:19  
 158:15,20 165:7  
**duties (3)** 82:20 130:12  
 158:16  
**duty (8)** 32:25 61:24 63:4  
 78:15 86:8 144:15,16  
 168:12  
**duxbury (2)** 38:17 39:6

---

**E**

---

**e (1)** 173:1  
**earlier (18)** 34:1 42:5 71:5  
 82:12,14 101:14 103:1  
 104:10 109:18 113:4  
 114:24 120:5 130:3 156:22  
 159:7 163:6 164:10 167:24  
**early (13)** 2:22 12:24 13:6  
 52:25 90:23 132:12 138:19  
 142:13 144:4 153:14  
 164:23 171:8,9  
**earning (1)** 26:10  
**easily (2)** 48:8 134:20  
**easter (3)** 108:13 109:20  
 116:2  
**easy (2)** 15:11 25:8  
**echo (1)** 84:4  
**effect (45)** 47:15 108:17,21  
 114:4,5 115:23 117:11  
 119:3,5,14 123:7,24  
 133:20 141:19,21  
 142:15,17,24 143:20  
 144:5,10 145:21,24  
 146:4,9,18 147:3  
 148:4,10,15,18 149:5  
 150:5,23 156:19,23 157:15  
 158:8 159:8,25 161:2,3  
 162:6 169:25 170:4  
**effective (1)** 110:18  
**effectively (9)** 6:23 72:16  
 77:17 99:18 102:14 111:1  
 114:21 117:8 142:8  
**effectiveness (2)** 111:12  
 120:7  
**egress (1)** 29:16  
**either (17)** 30:14 35:3  
 39:7,18 56:13 58:23 80:8  
 82:19 104:21 106:1 130:20  
 148:2 154:9,10 155:5  
 170:13,16  
**ejecting (1)** 34:11  
**election (2)** 159:1,2  
**elections (1)** 159:1  
**elizabeth (1)** 37:15  
**else (18)** 10:23 30:8 32:8  
 37:12 51:5 54:17 61:8,20  
 69:6 71:2,12 72:11 99:22  
 103:10 109:14 119:18  
 155:11 169:16  
**elses (1)** 85:11  
**elsewhere (3)** 7:17 25:17  
 36:23  
**email (22)** 89:17 91:14 92:5  
 95:8,8,17 97:9 100:20  
 109:5 115:10 116:11  
 123:14 124:9,19,21,22  
 126:3 163:11,15,21,23,24  
**emailed (1)** 89:13  
**emailing (1)** 163:16  
**emails (1)** 163:22  
**emerged (1)** 86:1  
**emergencies (4)** 16:21 27:10  
 38:21,23  
**emergency (38)** 2:25 3:12  
 13:25 16:12,18,20  
 17:11,18,20,22 18:15,22  
 24:22 25:1 32:6,9,23 41:18  
 58:20,23 62:1 63:16 67:20  
 69:7,10 70:11,14,25 78:1  
 81:25 96:25 101:11 112:19  
 114:18 154:4,6 160:13  
 162:4

**emphasise (5)** 74:19 81:9  
 125:2,18 126:4  
**emphasised (1)** 128:12  
**employees (2)** 2:2,3  
**employee (1)** 58:15  
**employment (1)** 2:6  
**emt (4)** 28:18,23 61:22  
 77:11  
**enabled (1)** 84:8  
**encountered (1)** 4:24  
**end (6)** 1:23 7:3 28:24 75:19  
 81:9 149:9  
**endeavours (1)** 141:19  
**ended (1)** 32:8  
**ending (1)** 39:2  
**enforce (1)** 47:17  
**enjoyed (1)** 25:14  
**evidence (34)** 12:2 21:13  
 74:15 77:22 81:20  
 85:7,9,17,18 93:11  
 100:18,21 108:13 109:20  
 113:4,14 114:24 115:4  
 116:2,3,3,10,13 118:2,7  
 129:10 132:10 133:9  
 152:8,18,25 166:17,18  
 171:6  
**evolve (1)** 161:5  
**exact (3)** 6:24 39:17 42:8  
**exactly (8)** 40:12 47:1 70:19  
 148:2 150:7 165:11 167:21  
 168:11  
**example (6)** 29:10 92:20  
 106:9 147:10 150:9 155:3  
**excellent (1)** 105:19  
**except (1)** 70:8  
**exceptions (2)** 29:15 138:20  
**exclamation (3)** 94:18 95:1  
 96:4  
**exclusively (4)** 118:18,20  
 148:8,17  
**execution (1)** 93:14  
**exempt (1)** 156:25  
**exercise (10)** 85:24 86:1  
 93:9,12,17,18 95:19 97:11  
 139:22 161:15  
**exercised (1)** 64:4  
**exercises (4)** 64:7 95:13  
 96:12 163:2  
**exercising (2)** 99:1 128:1  
**exgrp (1)** 106:5  
**exist (1)** 169:2  
**existed (2)** 44:23 169:2  
**existence (1)** 12:13  
**existing (2)** 161:16,20  
**exists (1)** 12:14  
**exit (2)** 29:9,12  
**expect (21)** 11:17 14:25  
 19:21 62:3 110:14,15  
 74:20 78:8,13 79:17  
 116:12 134:25 140:12  
 143:22 146:24 154:11  
 164:6,8 166:18  
 154:2,12,18 155:9,15  
**expectation (11)** 2:14 27:15  
 136:18,25 142:5,7 146:5  
 155:22 157:11 168:4 169:3  
**expectations (1)** 102:6  
**expected (13)** 11:19,24  
 32:22 58:15 61:2 125:5  
 136:4 157:15 165:17  
 168:6,9 169:7 170:8  
**expecting (3)** 15:3 27:13  
 154:3  
**experience (9)** 5:1 11:7  
 19:23 20:2 21:11 60:23  
 80:11 81:14 92:9  
**experienced (3)** 23:15 43:11  
 105:9  
**expert (1)** 123:25  
**expertise (4)** 5:11 81:18,19  
 83:21  
**explain (5)** 14:20 23:13 45:7  
 59:11 156:10  
**explained (3)** 85:24 86:9  
 161:6  
**explaining (1)** 46:5  
**explanation (3)** 45:8 114:1

11:16,16 15:4,25 24:1 25:3  
 26:10 34:22 36:15,18  
 38:14 58:9 71:5,16,25  
 77:19 90:3 95:19 98:2  
 101:21 158:21  
**eventually (2)** 100:5 136:8  
**ever (7)** 19:24 32:3 34:19  
 56:24 103:23,25 160:8  
**every (10)** 12:22 15:2 25:17  
 28:1,17 71:16 94:19 98:7  
 132:18 139:7  
**everybody (9)** 29:11 48:20  
 80:13 126:13 137:23  
 154:22 155:6,11 171:16  
**everyone (4)** 15:19,22  
 137:14 167:3  
**everywhere (1)** 154:21  
**evidence (34)** 12:2 21:13  
 74:15 77:22 81:20  
 85:7,9,17,18 93:11  
 100:18,21 108:13 109:20  
 113:4,14 114:24 115:4  
 116:2,3,3,10,13 118:2,7  
 129:10 132:10 133:9  
 152:8,18,25 166:17,18  
 171:6  
**evolve (1)** 161:5  
**exact (3)** 6:24 39:17 42:8  
**exactly (8)** 40:12 47:1 70:19  
 148:2 150:7 165:11 167:21  
 168:11  
**example (6)** 29:10 92:20  
 106:9 147:10 150:9 155:3  
**excellent (1)** 105:19  
**except (1)** 70:8  
**exceptions (2)** 29:15 138:20  
**exclamation (3)** 94:18 95:1  
 96:4  
**exclusively (4)** 118:18,20  
 148:8,17  
**execution (1)** 93:14  
**exempt (1)** 156:25  
**exercise (10)** 85:24 86:1  
 93:9,12,17,18 95:19 97:11  
 139:22 161:15  
**exercised (1)** 64:4  
**exercises (4)** 64:7 95:13  
 96:12 163:2  
**exercising (2)** 99:1 128:1  
**exgrp (1)** 106:5  
**exist (1)** 169:2  
**existed (2)** 44:23 169:2  
**existence (1)** 12:13  
**existing (2)** 161:16,20  
**exists (1)** 12:14  
**exit (2)** 29:9,12  
**expect (21)** 11:17 14:25  
 19:21 62:3 110:14,15  
 74:20 78:8,13 79:17  
 116:12 134:25 140:12  
 143:22 146:24 154:11  
 164:6,8 166:18  
 154:2,12,18 155:9,15  
**expectation (11)** 2:14 27:15  
 136:18,25 142:5,7 146:5  
 155:22 157:11 168:4 169:3  
**expectations (1)** 102:6  
**expected (13)** 11:19,24  
 32:22 58:15 61:2 125:5  
 136:4 157:15 165:17  
 168:6,9 169:7 170:8  
**expecting (3)** 15:3 27:13  
 154:3  
**experience (9)** 5:1 11:7  
 19:23 20:2 21:11 60:23  
 80:11 81:14 92:9  
**experienced (3)** 23:15 43:11  
 105:9  
**expert (1)** 123:25  
**expertise (4)** 5:11 81:18,19  
 83:21  
**explain (5)** 14:20 23:13 45:7  
 59:11 156:10  
**explained (3)** 85:24 86:9  
 161:6  
**explaining (1)** 46:5  
**explanation (3)** 45:8 114:1

171:11  
**exploded (1)** 33:25  
**explosion (7)** 8:18 39:11 40:9  
 41:24 68:19,20 166:20  
**extent (1)** 101:14  
**expression (1)** 80:12  
**extended (1)** 156:16  
**extent (8)** 12:1 26:3 35:9  
 36:11 62:12 70:20  
 92:17,19  
**external (2)** 16:6 30:23  
**extract (1)** 91:15  
**extremely (4)** 129:25 131:1  
 132:5 171:13  
**extremis (1)** 81:15  
**eye (1)** 131:6

---

**F**

---

**fl (2)** 138:21 139:18  
**flnwasgfnrs (1)** 139:15  
**face (5)** 60:11 72:18,18  
 112:9 113:11  
**facebook (1)** 3:10  
**faced (1)** 108:14  
**faces (1)** 25:18  
**facilitate (3)** 26:7 29:16  
 69:21  
**facilitated (1)** 26:12  
**facility (1)** 74:21  
**factions (2)** 11:18 15:5  
**factually (1)** 112:14  
**fainted (1)** 27:4  
**fair (25)** 5:5 56:19 73:10  
 108:1,15 109:15,16 111:11  
 112:1,2 115:7,8 116:23  
 117:6 120:19 123:22,23  
 127:14 128:15 131:16  
 137:15 149:2 159:18  
 169:7,9  
**fairly (5)** 53:14 110:21  
 114:25 167:2 169:22  
**fairness (1)** 13:18  
**fairs (1)** 7:21  
**fall (1)** 125:23  
**falls (1)** 133:10  
**false (1)** 88:1  
**familiar (7)** 8:7 9:13 19:12  
 31:22 74:13 77:15 165:18  
**familiarise (2)** 17:15 124:24  
**families (9)** 48:20 56:9,15  
 73:21 74:4 79:21 83:21,24  
 107:6  
**family (4)** 26:7,9 49:5 81:1  
**fan (2)** 76:9,12  
**far (21)** 21:19 31:7,10 33:9  
 39:20 56:1 58:17 71:1  
 74:20 78:8,13 79:17  
 116:12 134:25 140:12  
 143:22 146:24 154:11  
 164:6,8 166:18  
**faster (1)** 49:7  
**fault (2)** 3:21 8:23  
**fcf (3)** 132:11 155:10,12  
**fdo (42)** 86:8 115:2 116:21  
 117:1 140:24  
 141:10,11,18,23  
 142:1,15,16,12,24 144:14  
 146:10 148:3,12 149:19  
 150:4 151:5,14,16,24  
 152:1,3,10,12,14  
 153:13,18  
 154:4,12,14,16,19,25  
 155:6,13 168:5,7,9  
**fdos (4)** 86:17,22 116:8  
 165:18  
**february (2)** 89:12 100:6  
**feed (1)** 148:15  
**feedback (1)** 121:25  
**feeding (1)** 134:1  
**feel (8)** 50:2,3,5,13 58:9  
 81:19 121:6 170:14  
**feeling (2)** 11:20,22  
**fell (3)** 125:25 126:1 132:13  
**felt (2)** 135:13 163:5  
**fetching (1)** 72:9

**few (9)** 25:17 27:3,8 41:5  
 74:3 88:21 90:21 129:20  
 131:2  
**fi (1)** 139:18  
**filtration (1)** 30:24  
**field (3)** 102:22 122:2,22  
**figure (1)** 38:1  
**fin (1)** 171:1  
**final (2)** 140:14 163:10  
**finally (8)** 24:16 72:5 86:25  
 101:20 133:14 149:15  
 152:5 153:12  
**financial (1)** 79:13  
**find (6)** 15:18 28:8 42:17,21  
 48:19 53:23  
**finding (1)** 93:1  
**fine (4)** 20:22 88:7 106:12  
 121:14  
**finger (2)** 51:12 59:2  
**finish (4)** 107:6 147:21 150:7  
 171:8  
**finishing (1)** 148:25  
**fire (14)** 27:24 33:18,20  
 39:18 48:1,7,11 55:15  
 68:22 93:6,22 100:25  
 105:10 155:4  
**firearms (59)** 9:25 67:4  
 85:19 87:17 89:23 92:20  
 107:16,23 111:20 116:22  
 117:3 119:11 122:10 123:5  
 126:10 136:15,19,21  
 138:18 139:18,19 140:3,21  
 143:5,17,17 144:3,4,9,11  
 145:25 146:3,5,9,18,22,25  
 148:1 150:22 152:11,14  
 156:23

105:13 171:16  
**focused (1)** 134:23  
**focusing (1)** 99:23  
**follow (10)** 10:22 45:12 82:7  
 104:25 105:3 113:25  
 128:19 130:15 134:20  
 166:11  
**followed (7)** 39:13 93:14,17  
 94:18 104:19 134:11  
 152:21  
**following (5)** 12:1 46:11  
 68:18 89:14 97:9  
**food (1)** 29:13  
**footage (1)** 41:17  
**football (1)** 158:22  
**force (18)** 4:22 85:16 86:8  
 112:19 114:18 115:5,11,18  
 116:1,12 117:23 120:21,22  
 125:3 150:8 160:1 165:11  
 166:24  
**forces (2)** 164:17 165:4  
**forgetting (1)** 104:4  
**forgive (3)** 78:21 79:17  
 160:18  
**form (1)** 157:9  
**formal (5)** 62:20 70:2 74:10  
 122:9 135:5  
**formalised (1)** 133:25  
**formality (1)** 35:4  
**formally (1)** 32:1  
**forum (16)** 85:22 89:25 90:6  
 98:15 99:16,19 127:3,5,19  
 128:7,14,25 160:12,15,24  
 161:17  
**forward (7)** 90:15 122:13  
 132:11 153:16,23  
 155:12,22  
**forwardfacing (1)** 146:17  
**found (4)** 3:12 23:18 42:19  
 91:8  
**four (1)** 156:7  
**fourth (1)** 163:10  
**fpg (2)** 87:17,21  
**frank (1)** 162:23  
**freeflowing (1)** 38:1  
**friday (2)** 26:23,24  
**front (12)** 36:9 95:24 96:3  
 119:4 120:2 156:20  
 157:3,6 158:2,4,6,9  
**ftes (1)** 7:21  
**fulfil (2)** 119:20 157:6  
**fulfilled (1)** 127:22  
**full (7)** 1:13 46:3 48:6 58:21  
 68:9 76:10 97:15  
**fulltime (2)** 1:24 136:22  
**fully (2)** 24:6 118:2  
**function (2)** 117:7 146:23  
**functions (3)** 127:15,17  
 157:7  
**fund (1)** 26:8  
**fundamentally (1)** 128:4  
**funding (2)** 120:15,16  
**funny (1)** 30:24  
**further (18)** 8:13 16:14  
 36:16 64:22 73:20 86:11  
 87:11,17,21 88:13  
 118:6,23 130:25 144:17  
 156:12 166:4 170:23  
 173:13  
**furthermore (1)** 116:21

**G**

**gap (1)** 91:7  
**gave (10)** 70:21 72:8 80:24  
 84:8 85:9 108:13 109:20  
 115:4 116:3 132:9  
**geared (1)** 51:11  
**general (12)** 6:4 11:20 14:8  
 24:17 36:13 40:11,13  
 81:24 103:6 105:16 159:1  
 160:11  
**generally (13)** 7:9 24:25  
 26:20 27:2 28:19,25 29:16  
 35:20 37:23 38:21 71:10  
 127:8 162:18  
**generating (1)** 86:9

**generously (1)** 111:7  
**get (39)** 5:23 13:7,9,14  
 18:6,12 20:21 23:23 24:10  
 25:16 26:11 35:7 39:23  
 40:3 41:8 49:6,10 53:14  
 61:15 67:24 69:11 70:20  
 75:18 83:22 103:20  
 105:3,12 106:19 112:19  
 136:1 137:7 141:21 144:13  
 146:13,14 154:9 155:18  
 169:21 171:21  
**gets (2)** 59:5 143:25  
**getting (5)** 43:20 48:22  
 64:15 143:7 162:3  
**giladi (23)** 85:7 88:5,12,14  
 89:10 92:2 93:9 99:3,14  
 102:17 107:5,13 110:11  
 121:22 156:1,7 158:17  
 163:10,16 164:15 166:5  
 170:23 173:8  
**gladis (2)** 87:5 134:24  
**give (23)** 6:21,25 23:19  
 29:20 37:4 41:21 42:7 46:6  
 47:6 63:5 81:19,21 85:10  
 88:21 91:1 105:6 116:2,16  
 136:18,23 147:6 170:20  
 171:11  
**given (37)** 9:7,23 11:7 22:12  
 29:21 32:3 37:9 38:4,6  
 44:20 52:2 59:17 62:20  
 63:25 64:1 69:12 85:18  
 86:11 93:10 104:25 108:24  
 111:7 113:12,14,14 124:23  
 126:23 132:20 133:9,9  
 134:1,13 136:12 149:24  
 168:22 171:2,5  
**giving (5)** 19:9 41:25 78:3  
 83:15 152:8  
**glad (1)** 85:2  
**glance (3)** 18:5,7 22:4  
**glancing (1)** 27:25  
**gmca (1)** 89:4  
**gmfrs (5)** 90:8 91:21 92:23  
 105:19 139:20  
**gmp (29)** 85:14,21 86:19  
 107:15,25 108:14 119:24  
 128:14 129:7,13,19  
 130:9,16,20 131:11,15,18  
 132:20 133:15 134:23  
 136:2 138:10,19 143:25  
 156:5,12,18 158:12 162:14  
**gmfs (4)** 98:1 160:8 162:17  
 165:7  
**gmfr (7)** 99:10 158:12  
 159:12,13,21 160:7,9  
**goes (4)** 30:24 137:24  
 144:15 148:9  
**going (81)** 1:6 3:21 6:3,11  
 8:9 9:19 10:14 11:9,22,24  
 13:17,22,23 16:13 17:3,8  
 18:3,11 20:21,24 21:10,12  
 22:3,16 26:9 27:15 35:17  
 36:15,19,20,22,23 37:3  
 38:14 41:20 44:18 45:5,6  
 46:16 51:4,13 55:23 56:12  
 57:17 61:14,15 69:2,3,6  
 71:19 79:17 81:17 85:7  
 91:16 92:21 103:22,24  
 105:5 108:18,20 115:17  
 118:1,7,9 119:25 120:10  
 122:13 128:11 135:20  
 139:5 140:9 142:14 146:19  
 150:7,13 157:13 163:22  
 165:14 166:6,22 171:8  
**gone (9)** 12:4 16:3 40:22  
 103:1 115:14,22 117:5  
 134:25 137:13  
**good (29)** 1:6 5:24 6:1  
 33:21,22 34:11 42:21 45:8  
 53:1 65:20 83:5 87:24  
 88:24 107:23 121:9,19,24  
 122:4 128:18 135:15 150:9  
 152:24 157:23 158:11  
 162:22 163:3,4 171:3,6  
**gosh (1)** 54:21  
**governance (2)** 65:21 122:11

**grande (1)** 39:7  
**graphic (1)** 118:5  
**grateful (1)** 83:25  
**gravity (1)** 42:23  
**graze (1)** 76:12  
**greaney (59)** 1:5,6,11,12  
 13:17 15:19 17:24 18:11  
 20:21,23 21:2 22:5 25:19  
 31:5 35:17 42:8 43:5  
 51:3,15 54:20,22,25  
 55:7,15,22,25 56:8 67:3  
 74:1 83:10 84:4,19,22,25  
 85:2,6 88:3,7,13 89:2 93:5  
 100:19 103:11 107:4 113:2  
 121:19 128:10 129:10  
 152:15 156:4 166:4,5  
 170:13,21,23 171:17,21  
 173:4,13  
**great (2)** 52:13 96:8  
**greater (9)** 4:22 85:22 97:8  
 98:15 105:18 107:22 117:2  
 118:22 132:1  
**greatly (4)** 9:22 11:14 19:3  
 78:5  
**green (6)** 36:6,7,10 65:14  
 74:9,11  
**ground (6)** 26:18 100:25  
 122:3 146:14 148:15  
 150:14  
**groundassigned (31)** 140:15  
 141:6,9,22 142:8  
 143:14,16,24 144:3,17  
 145:17 146:21 148:3,9  
 149:11,23 152:12,14  
 155:14,15,18,21 166:20  
 167:5,8,17 168:1,8,17,22  
 169:4  
**group (24)** 3:10 86:1 87:18  
 98:2 99:1 101:13  
 106:10,11 114:11  
 122:10,11 123:4,5,6,7,17  
 129:2 160:18,19  
 161:3,5,7,17 169:11  
**groups (2)** 11:19 161:5  
**guidance (15)** 13:25 67:20  
 68:18 83:6 126:17  
 128:4,22 164:19,20,23  
 165:1,15,16,18,24  
**guided (1)** 32:4  
**gunmen (1)** 145:3

**H**

**habit (1)** 113:20  
**hadnt (14)** 42:22 62:20  
 66:12 89:6 100:17 102:12  
 109:21 111:5 112:1,5  
 113:10 115:22 160:4 162:8  
**half (1)** 59:8  
**handed (2)** 22:2 63:21  
**handing (1)** 49:2  
**handling (1)** 31:15  
**handover (2)** 47:6 70:12  
**hang (1)** 79:10  
**hankinson (8)** 86:2 109:5  
 123:11,13 124:3 131:3,21  
 133:23  
**happen (28)** 10:12 11:14,25  
 12:15,19 14:14 15:3  
 18:17,18,25 19:2 28:11  
 38:15 43:2 67:12 69:19  
 80:20 81:8 102:8,10,15  
 103:8,18,22,24 104:22  
 140:12 159:22  
**happened (17)** 22:9 40:17  
 44:20 51:2 66:12 68:20  
 75:14 81:6,10 84:9 101:7  
 106:15 107:1 132:16 136:8  
 137:16 162:9  
**happening (3)** 91:25 92:5  
 96:12  
**happens (1)** 64:16  
**hard (6)** 17:23 18:7,12 24:10  
 63:22 91:20  
**hart (1)** 48:8  
**hate (2)** 103:23 159:5

**havent (5)** 2:1 12:4 24:21  
 131:7 169:10  
**having (18)** 8:13 11:23  
 16:1,2,4 20:10 49:19 63:12  
 65:13 66:5 71:2 84:10 95:1  
 96:8 106:16 112:10 115:15  
 137:23  
**head (3)** 20:3 60:10 64:16  
**headed (3)** 16:19 59:9  
 113:22  
**hear (10)** 1:7 3:25 6:11 11:9  
 21:12 39:11 40:6 45:5  
 66:23 82:8  
**heard (9)** 35:15 40:10,11  
 42:13 51:25 74:15 78:21  
 103:25 152:9  
**heart (2)** 30:24 31:2  
**hed (1)** 116:10  
**hello (2)** 34:25 35:5  
**help (21)** 9:21 12:25 19:20  
 29:18 34:18 40:25  
 45:14,19,21 50:10,13  
 51:11 61:23 67:18 71:7  
 98:20 140:20 151:13 152:7  
 166:6,22  
**helped (3)** 20:20 26:6 73:3  
**helpful (8)** 7:16 26:1,4 71:24  
 86:24 89:3 143:12 147:19  
**helpfully (1)** 134:25  
**helping (1)** 50:9  
**helps (1)** 168:4  
**henderson (1)** 98:3  
**here (23)** 15:20 17:25 18:14  
 20:7 65:19 106:5 110:11  
 117:15 120:10 121:1  
 123:10 124:19 125:12  
 129:5 138:17 139:2 140:20  
 141:23 146:24 154:20  
 155:17 163:16,20  
**heres (1)** 169:10  
**heroes (1)** 84:16  
**heroic (2)** 82:19 84:1  
**hes (5)** 73:24 87:13  
 138:11,15 150:13  
**hesitant (1)** 75:8  
**hidden (1)** 112:7  
**hide (2)** 67:24,25  
**high (2)** 19:17 41:12  
**higher (4)** 61:17 85:23 136:6  
 163:7  
**highlighted (2)** 38:10 117:14  
**highly (1)** 103:13  
**highvis (1)** 47:2  
**hindsight (3)** 21:12 104:9  
 137:13  
**hmic (1)** 109:7  
**hmifcfs (1)** 86:4  
**hoc (2)** 123:21 126:5  
**hold (1)** 24:10  
**home (4)** 49:20 76:9,13 94:5  
**hope (7)** 13:18 56:4 63:19  
 83:14 86:23 88:1 102:9  
**hopefully (2)** 50:23 150:7  
**horwell (2)** 87:3,23  
**hospital (2)** 1:18 51:22  
**hostility (1)** 53:11  
**hour (2)** 55:3 121:13  
**hours (3)** 111:7,7,8  
**however (17)** 12:23 17:1  
 22:24 24:7 28:21 32:5,25  
 43:14 48:7 50:5 60:21 68:7  
 80:22 83:1 85:25 117:21  
 144:8  
**hq (4)** 141:25 144:15 149:8  
 155:13  
**huge (4)** 48:5 119:13 156:25  
 159:3  
**hurdle (2)** 132:14 133:11

**I**

**ian (5)** 25:23 30:11 38:6  
 49:19 107:18  
**id (33)** 2:16 3:9,10,16 4:20  
 5:2,4,5,7 7:2,9 8:5,9,12,23  
 19:21 36:11 52:25 57:21  
 58:11,11 65:7,24 71:21

72:19 76:23 100:20 105:10  
 108:16,16 110:20 114:23  
 133:20 160:4  
**idea (7)** 6:22,25 12:8 14:19  
 19:5 23:21 40:18  
**ideal (2)** 66:11 104:15  
**ideally (1)** 167:18  
**ideas (2)** 23:19 26:2  
**identify (6)** 80:14,16 91:3,7  
 143:1 154:9  
**ignoring (1)** 113:20  
**ihcd (3)** 1:7 4:9 9:1 19:14  
 57:18,21 59:1 60:15  
**ill (12)** 16:14 17:15 55:18  
 56:8 79:4 82:7 107:12  
 108:19 116:16 121:23  
 138:23 147:21  
**illustrate (1)** 27:11  
**im (123)** 3:21 6:24 8:9,23  
 10:10,14 11:5,7  
 13:17,22,22 15:17,18  
 16:13 17:7 18:3 19:8 20:25  
 21:17 22:3 23:1 26:7 31:7  
 34:14 35:17 36:15,25  
 37:3,3 39:17 44:5 47:25  
 55:22 56:12 58:17 59:16  
 66:19 69:6 70:19,23 71:15  
 75:8 76:9,12 77:20 78:8,9  
 79:17,22 80:4,5,22  
 81:1,17,18 83:5,14 85:2  
 89:6 96:8 99:3,9,23 100:13  
 101:17,19 106:5 108:18,20  
 109:24 110:11 112:9 114:4  
 115:16 116:14 118:1,5,7,9  
 119:2 122:8 124:10 125:11  
 126:7,16 127:16 128:11  
 129:5,5 130:6,25  
 132:3,5,24 134:12 137:16  
 138:17,23,24 139:4,24  
 140:7,9 141:13,14 143:22  
 147:10 148:6 149:17 150:7  
 151:21,21 152:7 156:23  
 158:13 159:13 160:18  
 162:7,25 166:6,7,8,21  
**image (4)** 36:22 41:23 42:8,9  
**imagine (2)** 43:11 169:1  
**immediate (1)** 153:24  
**impact (6)** 85:19 108:15  
 156:15,17 159:10 165:10  
**impalement (1)** 9:3  
**implement (1)** 26:3  
**implementing (2)** 157:23  
 158:1  
**implications (1)** 79:13  
**importance (4)** 22:17  
 104:17,18 162:2  
**important (16)** 3:22 19:8  
 22:20 45:6 66:2 72:13  
 90:19 97:21 125:2 131:15  
 133:3 134:19 144:8 146:15  
 167:10 171:13  
**impossible (1)** 157:17  
**impress (2)** 61:14,15  
**impressions (1)** 25:23  
**impressive (1)** 22:8  
**improved (1)** 54:13  
**inaccurate (1)** 85:4  
**inadequacies (1)** 95:21  
**inadequate (4)** 74:23,24  
 104:24 106:1  
**incident (38)** 10:7,9 21:5  
 22:9 35:7 45:10,12,25  
 46:7,10 47:3 49:25 51:14  
 52:5 61:24 62:17 63:4  
 64:12 66:25 67:15 68:4,17  
 69:13 71:18,21,22 82:16  
 83:2 93:19 94:1 96:19 98:2  
 102:8 126:15 127:11 144:4  
 146:3 155:24  
**incidents (5)** 70:25 89:23  
 127:7,18,20  
**inclined (1)** 115:6  
**included (6)** 118:15,20  
 135:10 137:6 158:22  
 162:14  
**includes (1)** 51:16

**including (6)** 30:7 104:13  
 115:2 118:17 159:12  
 165:17  
**incorrect (1)** 61:11  
**increase (1)** 61:16  
**incumbent (2)** 141:20 142:25  
**independently (1)** 3:17  
**indepth (5)** 32:4 58:8,25  
 59:4 76:10  
**indicate (2)** 18:6 52:7  
**indicated (8)** 36:5 55:15,20  
 77:24 86:23 88:17,21  
 129:23  
**indicates (1)** 51:21  
**indicating (1)** 128:6  
**indicative (6)** 103:10 111:9  
 117:6 129:18 135:7,24  
**individual (8)** 36:19,21 50:4  
 81:3,9 134:13 151:16  
 169:17  
**individually (1)** 73:12  
**individuals (5)** 62:10,22  
 65:16 102:20 153:20  
**inexperienced (1)** 5:4  
**influence (2)** 99:15,25  
**information (6)** 16:11 39:4  
 66:23 78:19 127:9 160:25  
**informed (1)** 125:7  
**initial (13)** 47:5,6 52:25 60:3  
 141:24 142:16 144:14  
 145:2,18 148:13 149:19  
 155:23 170:1  
**initially (6)** 52:10 153:18  
 154:11 156:25 167:15  
 169:17  
**initiative (1)** 154:13  
**injured (5)** 41:13 42:18,24  
 43:1 47:9  
**injuries (14)** 8:17,19,25  
 9:3,11,15 27:2 42:19,21  
 45:19 52:15 80:5 112:21  
 114:19  
**injury (1)** 49:8  
**inq0045201 (1)** 89:18  
**inq0114056 (1)** 59:8  
**inq0124161 (1)** 98:20  
**inq0124162 (1)** 98:24  
**inq0244291 (1)** 13:21 67:22  
**inq0244301 (1)** 16:16  
**inq0244304 (1)** 22:7  
**inq0291781 (1)** 149:16  
**inq0291789 (1)** 149:17  
**inq0399701 (1)** 140:17  
**inq0399707 (1)** 140:18  
**inq0399708 (2)** 147:25  
 148:22  
**inq0404082 (1)** 163:13  
**inq0409221 (1)** 87:5  
**inq0409222 (1)** 87:8  
**inq0409271 (1)** 139:2  
**inq0409273 (2)** 94:14 139:3  
**inquest (1)** 107:18  
**inquiry (9)** 80:25 85:10  
 100:8,18,19 101:20 103:12  
 104:20 172:1  
**inside (3)** 32:24 33:20 43:1  
**insist (1)** 76:16  
**insorfar (2)** 56:20 97:22  
**inspector (17)** 85:18 86:15  
 91:14 98:16,24 109:13  
 116:3,6,7 118:17 145:21  
 163:12,17,25 164:10  
 165:25 169:19  
**inspectorates (5)** 86:4 109:7  
 111:14,16 112:5  
**instance (3)** 82:10 169:24,25  
**instead (1)** 154:16  
**institutionally (1)** 132:21  
**instruct (1)** 48:18  
**instructed (2)** 47:12 48:20  
**instructing (2)** 53:22 66:5  
**instruction (13)** 9:10,16  
 44:21 63:6 72:7,23 80:24  
 113:3,21 137:14 147:6  
 152:21,22  
**instructions (8)** 19:9

20:11,24 46:7,11 72:8,19  
 78:25

154:21,23,24 155:10,20  
156:12 160:25 161:2  
163:13,15 165:19 168:6  
170:10 171:6,17  
itself (4) 19:6 35:12 67:14  
157:14  
ive (10) 19:13,17 33:18 57:1  
85:2 116:19 121:9 131:8  
161:18 164:5

J

jacket (1) 47:3  
jade (5) 38:17,25 39:5,6  
68:15  
james (1) 1:14  
january (3) 89:12 90:23  
100:6  
jesip (35) 45:1 46:1 81:25  
86:1 91:19 96:11,22  
100:15,22 102:5 104:17,18  
105:3,4,14,17,23,24  
106:10,19,23 132:13  
133:10 137:7 140:2  
142:10,18,22 143:3 146:16  
160:17 161:3,5,17 162:15  
jesiprelated (1) 44:24  
job (10) 2:16 53:1 58:14  
105:13 118:14 127:23  
131:22 146:21 159:8  
168:23  
jobs (4) 13:3 19:20 136:21  
159:7  
joe (2) 89:15 90:16  
jogged (1) 95:16  
john (136) 1:5 4:19 13:2,16  
14:20 15:6,13,17 17:23  
18:5 20:16,22 21:1 22:3  
25:10 31:3 35:11,15  
42:7,13,16,24 50:15,24  
51:16,20,25 52:7,17,22  
53:4,7,13,17,20,24  
54:6,9,12,15,19,24 55:1,3  
56:7 59:10 66:14,17,22  
67:1 70:7,12 73:24 75:24  
76:1 78:18,21  
79:2,10,16,18 81:17,22  
83:4,14,20 84:5,20,23,25  
85:4 88:2,6,8 90:12 92:17  
93:2,4 101:14 103:5,10  
104:16 105:24 106:1,7,22  
107:1,3 112:4 117:16  
121:6,9,12,15 130:13  
134:16 142:3,6 143:3,7,10  
144:23 145:5,9,13,16,19  
146:20 147:17 148:6,20,24  
150:12,21 152:7,20,24  
153:7,10 154:3,13,23  
156:3 161:14 162:25 163:8  
166:3 169:10,21,24  
170:12,20,22 171:10,20,24  
johns (5) 3:5 4:15,17 5:12  
57:3  
johnson (7) 89:6,8,9 90:13  
93:3,4 173:9  
join (3) 2:15,17 152:11  
joined (3) 5:2 8:11,13  
joinedup (1) 127:12  
joining (3) 5:19 8:20 57:22  
joint (11) 81:24 90:18 91:21  
133:6 139:11,15,15 140:9  
160:11,24 162:18  
jop (1) 91:17  
jops (8) 89:11 90:18 100:5  
110:24,25 161:25 162:13  
165:24  
judge (1) 21:10  
judgement (1) 100:9  
july (5) 98:1,15,23 165:2,4  
jumped (2) 3:22 55:22  
jumping (1) 20:25  
june (14) 89:20,23  
90:2,6,16,22 92:5 94:8,9  
98:16 136:9 158:17,18  
160:17  
jurisdiction (2) 33:9 78:11  
justification (1) 76:14

K

keen (4) 15:19 21:7 25:20  
56:3  
keep (2) 119:3 120:1  
kept (2) 71:23 138:14  
key (4) 91:18 96:21 127:18  
158:9  
kicking (1) 35:8  
kind (18) 3:11 10:9 24:15  
27:16,20 29:25 40:18  
45:17 60:25 67:11,15 68:4  
69:3 104:7 122:20 124:4  
125:3 133:25  
kit (3) 12:24 30:12,13  
kitchen (1) 27:4  
knew (11) 14:10 31:11 44:19  
66:10,10 72:13 124:14  
126:13 127:10 132:20,21  
knockon (2) 119:5,14  
know (73) 4:11 7:16 12:1,2  
15:14,23 20:25 22:25  
25:19 26:4 31:17,19 33:25  
36:25 37:1 39:3 40:9,11,13  
42:3 43:2,9 48:10 61:1  
63:11,17 64:16 65:11  
66:2,3,17 68:24 70:13,23  
77:7,8,19 79:5,22 82:8,24  
83:10 88:18 89:13,25  
100:3 103:12 105:15 106:5  
107:6 120:23 122:24 126:1  
131:14,14 133:1,14 134:7  
142:14 145:12 146:4 148:1  
150:13 152:8 153:2,2,5  
161:14 166:10 167:7 168:5  
170:24 171:17  
knowledge (8) 19:18 25:9  
58:20 61:16 63:9 79:12  
81:21 101:23  
known (6) 2:24 3:9 22:13  
89:6 101:12 138:22  
knows (4) 73:25 137:24  
154:22 155:7

L

la (1) 171:22  
labels (1) 52:3  
lack (11) 100:24 101:25  
109:25 129:16,17,18,23  
132:13 133:9 134:2,24  
laid (1) 30:13  
lancashire (3) 1:24 2:4 9:2  
lanyard (1) 36:10  
lanyards (1) 65:17  
large (4) 10:2 11:3 154:7,7  
largely (1) 19:9  
last (12) 6:17,18 13:6 44:7  
89:17 114:21 119:8 128:5  
131:2 132:9,25 158:15  
lasted (1) 4:7  
late (3) 13:4,10,13  
later (5) 20:21 81:1 89:19  
121:1 165:11  
layer (1) 148:11  
layerperson (2) 31:1 106:21  
lead (5) 50:6,7 107:5 120:23  
151:10  
leading (2) 100:19 130:3  
lear (10) 85:18 86:15 91:14  
112:25 118:17  
163:12,17,25 164:10  
165:25  
learn (3) 5:18 20:10 23:9  
learned (3) 5:19 6:5 8:10  
learning (5) 23:22 82:10  
95:13 161:11,15  
learnt (2) 10:14,15  
least (9) 21:23 26:21 126:24  
136:24 138:11 142:20  
155:23 166:16 170:5  
leave (10) 25:16 33:2,17  
52:11,13 68:9 87:14  
147:21 150:10 151:23  
leaving (4) 26:25 29:5 40:2  
114:6

led (3) 94:3 120:2 133:8  
left (6) 114:7,21 115:15,18  
117:7 133:23  
length (2) 99:4 103:7  
lengthy (1) 48:14  
leor (2) 88:12 173:8  
less (8) 7:10 39:25 74:10  
126:9 147:22 157:2,9,16  
158:9  
lessen (1) 157:9  
lessons (1) 65:8  
let (16) 3:13 12:19 16:12  
20:16 24:16 33:10 36:20  
39:3 78:2 81:8 84:5 110:18  
127:3 133:14 144:13  
151:23  
lethal (3) 112:19 114:18  
117:22  
lets (4) 26:18 161:13 166:7  
169:1  
level (52) 5:11 9:12  
10:16,18,21,23 12:9,9,21  
19:17 21:20  
34:12,13,14,15,16,20  
41:12 58:18 61:16 63:9  
66:17 76:22 85:23 103:12  
108:23 113:23 123:20,21  
127:18,23 128:6,13,22  
129:7,8,17,24 130:4  
132:22,23 133:6,8,17  
135:7,12 136:6 156:21  
157:15,16 163:7 164:2  
levels (1) 10:20  
liaise (1) 70:1  
liaison (4) 34:4,19 38:22  
144:6  
life (9) 19:24 60:17,19 61:3  
97:12 101:15 120:11  
137:24 163:3  
lifethreatening (2) 112:21  
114:19  
lift (1) 60:10  
light (10) 36:6 89:25 90:6  
96:22 105:13 107:21  
160:12 161:17 162:10,20  
lighter (1) 74:11  
lights (1) 144:7  
like (45) 7:6 11:4 15:10  
20:13 22:9 25:2,5,8 28:20  
29:18 30:1 34:23 41:5,6  
50:13 52:3 60:24 65:7  
67:10,12 69:19,21 75:7  
79:6 82:19 92:16 100:20  
104:9 105:1 106:8 113:19  
115:22 120:3,5 124:1  
130:13 136:22,22 146:13  
148:10 152:20 154:7  
155:24 159:15 163:7  
likely (4) 14:25 34:23 103:13  
114:1  
limb (1) 120:11  
limited (1) 16:19  
line (15) 20:23 113:23  
116:7,17,20,25 119:4  
120:2 156:20 157:3,6  
158:2,4,6,9  
lines (1) 94:11  
link (2) 121:20 146:15  
list (8) 59:18  
138:14,15,17,18 158:21  
159:24,25  
listen (2) 37:5 116:2  
listening (1) 62:24  
lists (2) 138:6,10  
literally (5) 84:19,20,21,25  
111:25  
little (13) 11:23 20:21 25:4  
42:5 55:9 56:18 72:3  
78:24 114:6 115:13 118:6  
136:19 137:21  
live (1) 7:23  
lives (1) 93:20  
liz (4) 39:17 49:19 66:16  
71:10  
local (5) 127:3,5,19 128:7,14  
locate (1) 138:12  
located (1) 16:25

location (1) 141:2  
lock (2) 68:1,6  
log (1) 134:3  
logo (1) 74:9  
long (13) 6:22 25:14  
49:13,14 56:12 69:2 95:11  
104:5,14 121:13 128:10  
160:22 170:20  
longer (2) 41:9 104:1  
longerserving (1) 23:9  
look (28) 18:8 24:14,16  
41:20 53:13 58:10 70:12  
74:6 82:4 87:8 90:25 91:13  
98:17 103:17 105:4  
106:18,21 116:18 121:3  
135:12 140:3,4,15 144:21  
146:19 154:15 161:13  
171:12  
looked (9) 12:4 89:16 95:5  
101:16 109:4 115:11 128:5  
139:4,5  
looking (16) 22:5,8 27:9  
41:9 48:7 85:6 101:21  
111:14,16,17 122:14,19  
124:6 128:21 137:10 140:6  
looks (1) 146:13  
lopez (14) 13:21 16:17 59:8  
64:19 87:6 94:15,21 98:19  
99:12 139:3 147:25  
132:6 136:11 137:3  
159:9,13  
lost (4) 27:24 93:20 118:23  
156:12  
lot (43) 5:20  
11:15,17,17,19,22 13:8  
15:4 19:19 20:17  
23:14,15,18,20 25:15  
27:3,10 33:25 38:22 53:10  
64:15 71:18,19 72:19  
75:1,4,22 76:13,14,15  
79:11 97:16 106:12 113:18  
117:25 127:4 133:5 135:2  
137:17 148:4 168:5  
171:13,18  
lots (7) 40:18,20 104:21,21  
163:1,1,1  
loud (2) 40:19 42:13  
loudspeakers (1) 40:20  
lower (1) 123:19  
lrf (13) 129:7,19 130:18  
131:4,12,24 132:7,22,24  
133:14,15 134:2,4  
lrfs (1) 130:21  
lunch (3) 107:6 108:19  
121:17

M

mailing (1) 159:24  
main (3) 7:25 29:12 112:1  
mainly (3) 5:21 65:24 123:18  
major (22) 10:6 22:8  
45:10,12,25 46:7,10 51:14  
52:5 61:24 62:16 63:4  
64:12 68:17 69:7 82:16  
83:2 98:2 127:7,11,17,19  
majority (3) 8:5 49:15 71:21  
makes (3) 40:19 80:7 148:18  
makeshift (1) 48:19  
making (6) 109:24 117:2  
134:11 135:16 157:5  
160:10  
manage (2) 122:2 164:2  
managed (1) 53:14  
management (4) 34:13 60:3  
123:6 130:16  
manager (7) 61:24 63:4  
101:13 113:23 116:7,20  
117:1  
managerial (2) 38:1 71:11  
managers (2) 124:14 125:8  
managing (1) 60:7  
manchester (19) 4:22 5:21  
6:19 7:19,20,23 32:19  
67:11 78:9 85:22 97:8  
98:15 103:19 105:18  
107:22 117:2 118:22 132:1  
158:23

manifest (1) 157:14  
manner (1) 170:3  
manone (3) 4:8 57:23 58:2  
mansell (11) 86:25 87:23  
156:4,6,7 163:8,9 166:2,3  
170:14 173:12  
many (21) 7:7 8:3 16:2  
21:15 28:22 31:3,19 47:8,8  
75:11 105:10 108:8 119:3  
120:1 121:2 130:11 155:17  
158:2 159:6 161:19 163:19  
marauding (3) 9:25 67:3,21  
march (9) 44:7 85:10 86:12  
87:4 100:18 105:17 164:21  
165:4,16  
margin (1) 112:21  
marks (3) 94:18 95:1 96:4  
mask (1) 60:11  
match (1) 159:2  
matches (2) 158:22,25  
materialise (1) 64:25  
materials (2) 91:5 92:12  
matter (13) 70:13 77:22  
148:13 149:9 154:8 158:4  
159:19 163:6,6  
167:2,15,16,22 169:18  
matters (10) 36:14,17  
120:10 127:22 130:17  
132:6 136:11 137:3  
159:9,13  
mature (1) 162:20  
maybe (9) 7:14 11:23 15:15  
26:22 50:17 60:10 77:11  
106:9 137:13  
mayoral (1) 159:1  
mean (13) 10:17 16:13 23:13  
32:14 33:3,5,7 34:19 84:21  
95:16 105:14 106:22  
151:21  
meaning (2) 133:10 142:20  
meaningful (1) 121:24  
means (5) 126:3 138:2 143:4  
150:12,13  
meant (11) 49:6 61:13,13  
69:14 71:19 103:13  
119:10,19 132:13 157:2  
162:8  
medic (29) 13:11,12  
28:14,16,18,24,25  
29:8,8,8,8,10,10 32:4 36:5  
37:10,16,25 38:8 50:4  
66:15 69:13,20,22  
71:12,13 75:25,25 76:3  
medical (32) 3:15 4:4,9  
16:12,21 19:20 27:10  
29:18 30:19 31:10,13  
32:6,8 33:1 34:7 36:8,9  
38:21 53:11 57:23 58:2  
59:13 61:24 62:1 63:4,16  
69:13,14 76:25 77:9 78:2  
80:1  
medically (2) 8:15 65:19  
medication (3) 34:8,8 76:21  
medications (1) 31:14  
medics (5) 3:11 28:22 29:14  
33:18 44:8  
meet (3) 89:14,23 161:24  
meeting (38)  
90:1,1,5,6,15,22 91:25  
92:5,10 94:4,6,7,12,25  
95:3,11 96:7 97:9  
98:2,6,14,21 99:5,6 100:2  
101:8  
131:10,15,17,17,20,25,25  
136:8 139:21 159:15  
160:4,12  
meetings (23) 35:1 87:18,22  
97:19 99:10,15 128:8  
129:11,13,24 130:2  
131:4,9 132:7 133:16  
134:2 158:12  
159:12,12,20,21,23 163:1  
member (3) 48:11 136:22  
160:7  
members (8) 3:6 13:8 22:24  
36:1 48:1 50:21 57:9 141:5

memorial (1) 159:2  
memory (5) 95:16 96:7  
134:17 139:25,25  
mention (1) 81:2  
mentioned (5) 27:22 71:5  
94:11 123:4 162:13  
message (13) 23:6 39:6,10  
43:21 47:15,17 68:7,9,13  
72:20 100:19 101:6 171:22  
met (4) 52:25 89:19 98:11  
160:24  
methane (1) 46:3  
mid2016 (1) 132:20  
midday (1) 85:8  
midst (1) 20:7  
might (46) 7:17 11:14  
14:17,24 15:3  
27:4,11,13,19 28:6,10 30:2  
44:16,17,18 45:17,21  
55:16,20 58:22 76:7,25  
97:12,13 106:17 122:13  
125:14,22 126:14 130:8,10  
137:2 139:24 142:16  
148:13 149:9 154:8 158:4  
159:19 163:6,6  
167:2,15,16,22 169:18  
military (1) 140:5  
nimms (2) 70:23 71:14  
mind (16) 9:7 11:3,8,10,13  
14:16 44:9 69:10 92:12  
108:19 112:18 146:6  
152:24 154:17,18 167:7  
26:22 50:17 60:10 77:11  
106:9 137:13  
mayoral (1) 159:1  
mean (13) 10:17 16:13 23:13  
32:14 33:3,5,7 34:19 84:21  
95:16 105:14 106:22  
151:21  
meaning (2) 133:10 142:20  
meaningful (1) 121:24  
means (5) 126:3 138:2 143:4  
150:12,13  
meant (11) 49:6 61:13,13  
69:14 71:19 103:13  
119:10,19 132:13 157:2  
162:8  
medic (29) 13:11,12  
28:14,16,18,24,25  
29:8,8,8,8,10,10 32:4 36:5  
37:10,16,25 38:8 50:4  
66:15 69:13,20,22  
71:12,13 75:25,25 76:3  
medical (32) 3:15 4:4,9  
16:12,21 19:20 27:10  
29:18 30:19 31:10,13  
32:6,8 33:1 34:7 36:8,9  
38:21 53:11 57:23 58:2  
59:13 61:24 62:1 63:4,16  
69:13,14 76:25 77:9 78:2  
80:1  
medically (2) 8:15 65:19  
medication (3) 34:8,8 76:21  
medications (1) 31:14  
medics (5) 3:11 28:22 29:14  
33:18 44:8  
meet (3) 89:14,23 161:24  
meeting (38)  
90:1,1,5,6,15,22 91:25  
92:5,10 94:4,6,7,12,25  
95:3,11 96:7 97:9  
98:2,6,14,21 99:5,6 100:2  
101:8  
131:10,15,17,17,20,25,25  
136:8 139:21 159:15  
160:4,12  
meetings (23) 35:1 87:18,22  
97:19 99:10,15 128:8  
129:11,13,24 130:2  
131:4,9 132:7 133:16  
134:2 158:12  
159:12,12,20,21,23 163:1  
member (3) 48:11 136:22  
160:7  
members (8) 3:6 13:8 22:24  
36:1 48:1 50:21 57:9 141:5

move (13) 24:16 36:15 72:24  
73:6 103:20 121:23 127:3  
133:13 135:1,20 146:24  
147:20 154:20  
moving (5) 31:15 90:15  
132:9 155:10 171:13  
ms (10) 55:20 56:1,5  
89:6,8,9 90:13 93:3,4  
173:9  
mtfa (1) 14:2  
mtfas (1) 13:19  
much (33) 11:23 16:2  
26:6,12 27:14 35:3,4 41:22  
47:19 51:12 53:9,11  
55:24,25 56:5,7 73:23  
84:18 88:8 89:2 93:4,5  
106:17 107:11 113:22  
121:12,15 125:14 127:1  
131:19 153:11 166:3  
170:22  
multiagency (4) 92:11 99:7  
101:25 126:11  
multiple (2) 95:13 102:12  
music (2) 7:23 10:2  
must (8) 8:22 43:5 67:18  
120:11,11,12 130:15 149:6  
mustnt (2) 130:15 149:6  
myself (10) 2:1 5:2 17:15  
19:3,13 25:5 26:3 62:24  
96:9 159:25

N

n (1) 173:1  
naive (1) 15:15  
name (3) 1:13,14 36:21  
national (6) 113:24  
164:19,20 165:15,16,23  
nationally (1) 57:11  
naturally (1) 44:17  
nature (2) 21:5 45:19  
near (6) 49:16 51:12 58:10  
64:11 154:8,11  
nearly (3) 23:7 51:3 96:7  
necessarily (6) 114:13 144:20  
147:9,14 148:8 169:19  
necessary (4) 51:1 83:21  
138:9 168:21  
need (59) 5:7 9:6 12:20  
14:24 25:22 33:3,21 51:21  
52:8,20 53:13 55:8 58:11  
62:17,19 63:8,11,17 68:11  
71:24 75:20 76:14 87:8  
88:23 89:18 100:12,24  
91:12 92:12 98:9 105:4,13  
106:14,18 116:18 118:9  
120:23 125:14,15 127:1  
128:12,18 130:13 131:19  
136:7,10 139:2,11,14  
141:3 144:8,21 146:17  
148:21 152:4 158:4 163:18  
169:21 170:18  
needed (9) 41:8 49:3,9 77:16  
80:1 95:5 114:9 153:8  
163:6  
needed (1) 66:1  
neednt (1) 23:2  
needs (8) 52:21 105:14,22  
106:25 146:19 154:5,6  
163:19  
negate (1) 142:15  
negative (2) 26:14 142:17  
neighbourhood (1) 156:20  
neighbourhoods (1) 158:8  
neither (3) 10:22 58:25  
130:10  
neutral (1) 34:2  
neutralise (1) 145:25  
never (7) 12:17 23:5 30:9  
58:4 106:15 121:8 138:13  
nevertheless (1) 161:24  
next (25) 17:3 29:18 35:17  
36:15 45:6 61:19,21 71:10  
73:1,7 89:4 90:15 93:5  
107:4 110:10 111:25  
112:24 144:16 147:24

149:20,20 152:11 153:8  
 164:5 170:25  
**nhs (1)** 74:10  
**night (60)** 8:16 9:20,23 10:7  
 11:11,13,21 12:7,18 15:23  
 17:14,19 18:18 19:2 20:25  
 21:4,11,16,21 22:10 27:17  
 28:4,17 30:7 32:4,6,12  
 33:7,22 36:15,18,25  
 37:6,18 38:3 39:3,6 62:22  
 66:14 68:3 69:9,12  
 70:15,22 84:9,16 93:10  
 101:17 132:10 133:2  
 138:22 141:15 145:12,14  
 147:11,12 153:4 168:5,10  
 171:1  
**nights (4)** 13:1 25:13 26:24  
 74:25  
**nine (1)** 129:11  
**nobody (3)** 17:1 104:13  
 160:10  
**nodding (3)** 20:3 152:15,15  
**noise (1)** 42:14  
**noises (1)** 40:19  
**none (5)** 138:11,18,22 159:4  
 171:12  
**nonetheless (2)** 22:20 36:23  
**nonexistent (1)** 24:21  
**nor (4)** 10:22 12:5 27:19  
 136:22  
**normal (6)** 19:19 31:2 58:24  
 60:13 92:16 104:5  
**normality (1)** 104:3  
**normally (5)** 28:17,23,24  
 39:23 41:9  
**north (10)** 1:15 2:5 10:5  
 18:22 19:17 44:25 45:25  
 55:15 81:24 93:6  
**note (4)** 67:21 94:23 101:9  
 118:22  
**noted (2)** 132:9 164:1  
**notes (2)** 99:10 140:6  
**nothing (8)** 22:9 25:6,8  
 55:13 56:12 68:11 106:15  
 161:23  
**nowhere (1)** 75:7  
**number (19)** 39:25 75:10,11  
 84:16 88:16 91:18 120:6  
 123:12 125:14 127:6  
 130:6,9,11 150:24,25  
 157:8 159:4 165:7 166:17  
**numbers (3)** 50:16 52:3,6  
**numerous (1)** 104:19  
**nuts (1)** 43:15  
**nwas (21)** 1:8 2:2,3,6,11,15  
 46:22 47:5 56:2 74:6,9  
 83:6 84:7 89:15 90:8 91:22  
 92:23 99:21 105:19  
 139:16,19  
**nwasgmfrs (1)** 140:2  
**nwass (1)** 47:1

---

**O**

**o2 (1)** 7:19  
**observation (2)** 32:10 112:3  
**observations (1)** 76:11  
**observe (1)** 169:8  
**observer (1)** 32:5  
**observing (1)** 32:7  
**obstructed (1)** 73:5  
**obtained (1)** 2:9  
**obvious (5)** 14:22 43:12 47:3  
 97:3 162:4  
**obviously (25)** 4:12 8:16  
 10:1 11:6 17:5 19:14 21:10  
 32:14 33:22 41:1 46:3  
 50:12,18,25 54:15 78:18  
 79:11 80:4 81:17 84:10  
 110:16 116:15 146:21  
 152:17 167:22  
**ocb (4)** 116:7 142:25 143:21  
 148:9  
**occasion (4)** 26:19 27:19  
 34:5 44:17  
**occasions (10)** 27:21 28:7  
 33:1 44:19 71:20 75:11

102:13 104:19 105:11  
 114:21  
**occur (3)** 18:15 102:23 137:8  
**occurred (5)** 18:10 40:22  
 95:21 101:11 131:4  
**oclock (3)** 49:18 171:3,21  
**october (11)** 3:2,13 4:24  
 5:9,18 6:6 9:15 92:6  
 109:2 112:11 114:8  
**odd (1)** 27:25  
**offer (2)** 50:20,21  
**offered (3)** 2:16 6:2 58:5  
**offering (1)** 58:5  
**office (4)** 119:6 128:4  
 157:4,6  
**officer (15)** 86:8 106:5 115:9  
 116:25 117:1 133:15,17  
 134:10 138:21 141:12,15  
 145:9,15 167:25 168:2  
**officers (45)** 86:13 92:20  
 108:23 111:18 114:11  
 118:23 119:3,4,20  
 120:2,23 126:18 128:7  
 129:13,16,24 130:5 131:10  
 132:4 140:3 143:25  
 144:1,3 145:1,17  
 146:9,22,23 147:1,9  
 150:10 151:10 155:15  
 156:12,24,24 157:6,22  
 158:3,2,5,7 159:21,24  
 169:12  
**official (1)** 25:6  
**officially (1)** 6:15  
**often (5)** 33:17 34:6 71:16  
 76:3 77:12  
**oh (1)** 54:21  
**okay (18)** 53:24 54:19,24  
 78:21 84:23 104:16 107:3  
 121:12 125:1 129:23 131:1  
 140:9 149:15 153:10  
 155:17 163:8 170:22  
 171:20  
**old (5)** 23:10 54:20  
 117:11,12 152:22  
**older (1)** 24:13  
**oncall (3)** 142:7,23 151:17  
**once (8)** 39:25 37:23 41:18  
 43:8 56:11 160:4 169:11  
 171:7  
**oneday (3)** 58:21 89:15  
 136:13  
**ones (3)** 7:25 52:19 54:7  
**oneweek (1)** 4:8  
**onscene (2)** 143:17 149:22  
**open (4)** 13:5 26:2 46:9  
 60:10  
**operate (4)** 3:19 6:23 32:22  
 102:19  
**operated (3)** 26:18 28:15  
 122:1  
**operation (13)** 69:23 70:14  
 85:15 86:7,11,20 144:12  
 159:3,15 166:10 167:11  
 168:2,18  
**operational (9)** 137:3  
 150:10,22 151:10 153:25  
 158:16 159:9,10,13  
**operations (10)** 85:14  
 119:12,23 123:9 133:22  
 156:19 157:18 158:6  
 159:5,18  
**operators (1)** 59:12  
**opinion (2)** 34:10 105:7  
**opportunities (1)** 64:24  
**opportunity (3)** 83:7 124:24  
 131:6  
**opposed (2)** 31:5 153:22  
**opposite (3)** 150:6 151:8,9  
**optimal (1)** 111:23  
**option (4)** 15:11,11,15  
 130:22  
**optional (1)** 29:22  
**options (3)** 137:25 157:23  
 158:11  
**order (6)** 46:2,6 51:17,23  
 98:2 153:6

**ordinarily (2)** 129:4 154:2  
**ordinary (2)** 27:1 38:10  
**organisation (10)** 2:24  
 3:4,7,9 4:3 5:25 6:2 26:15  
 34:3 48:8  
**organisations (4)** 9:15  
 127:24,25 128:2  
**organise (1)** 103:7  
**organised (1)** 65:5  
**originally (3)** 3:5 53:8 89:22  
**others (22)** 20:2 21:13 22:21  
 29:20 36:2,25 37:3 47:12  
 54:9 55:7 58:12 73:15 80:2  
 82:20 84:14 86:18 108:8  
 126:21 127:10,25 133:6  
 136:23  
**otherwise (3)** 54:12 97:13  
 136:4  
**ought (6)** 17:10 18:24  
 106:22 109:17 133:7  
 167:25  
**ours (1)** 74:10  
**ourselves (6)** 79:12 87:10  
 91:21 95:7 107:14 131:19  
**outcomes (2)** 50:23 95:13  
**outdated (2)** 25:9 30:1  
**outofdate (1)** 110:3  
**outrage (1)** 129:11  
**outside (4)** 32:15 33:8 77:13  
 78:10  
**over (38)** 7:6 8:5 20:11  
 27:25 39:3,6 40:7 45:9  
 46:4 47:15 57:8 68:7 70:8  
 71:11 72:8,16,20 73:13  
 90:24 101:21 115:15  
 117:12 118:1 128:11  
 130:17 131:6,11 132:7  
 140:24 141:10,18 142:1,21  
 144:12 147:15 152:13  
 160:21 170:4  
**overall (3)** 28:16 122:10  
 144:2  
**overarching (2)** 123:7 148:11  
**overeating (1)** 27:6  
**overheating (3)** 27:5,6,7  
**overlapping (1)** 149:13  
**overloaded (1)** 114:2  
**overloading (1)** 86:8  
**overlooked (1)** 113:15  
**overspeaking (8)** 15:13  
 52:18 125:10 135:10  
 145:20 148:19 150:21  
 154:17  
**overstate (1)** 118:13  
**overview (3)** 106:16 108:22  
 160:19  
**overwhelming (1)** 21:5  
**owed (1)** 87:16  
**own (15)** 12:24 26:8 29:23  
 30:10,12,12 71:22 78:24  
 79:16 80:19 82:8 127:23  
 154:13,17,18  
**oxygen (1)** 31:13

---

**P**

**package (10)** 27:24 91:3,21  
 92:7,25 95:6 98:13  
 102:3,14 125:18  
**packed (1)** 104:12  
**packs (1)** 52:5  
**paddy (2)** 42:2 46:22  
**paid (2)** 25:16 32:10  
**pairs (3)** 28:23,24 29:22  
**panic (1)** 164:2  
**panicking (2)** 39:14 41:1  
**paper (1)** 18:14  
**paperwork (1)** 76:13  
**paragraph (19)** 9:6 23:2  
 47:25 49:22 87:8,19  
 90:13,25 91:1,13 95:23  
 118:12,12 157:21 158:14  
 164:16 165:14,15,22  
**paragraphs (4)** 118:3,4,10  
 128:24  
**paramedic (21)** 1:7,15,21  
 2:7,15,17 4:11 26:5 42:3

45:3 46:22 50:7  
 57:15,20,22 61:17,22 64:6  
 67:5 77:2 78:16  
**paramedics (4)** 29:2 50:19  
 61:12 77:1  
**parameters (1)** 148:13  
**paramount (1)** 158:10  
**parent (1)** 16:2  
**parents (2)** 11:23 23:15  
**park (2)** 77:13 154:7  
**parry (20)** 10:22 13:11 24:6  
 25:23,25 26:5 28:17 30:11  
 38:6 42:11 49:19 62:25  
 70:16,21 71:22 76:3 77:4  
 78:5,20,25  
**parrys (1)** 77:17  
**part (15)** 2:5 9:1,18 37:19  
 45:25 59:11 64:6 67:5 73:1  
 82:16 94:16 99:5 118:9,12  
 147:2  
**partially (1)** 117:9  
**participants (5)** 87:2,25  
 88:4,17 166:17  
**particular (11)** 17:9 36:19  
 37:18,21 66:14 67:2 81:1  
 118:16 120:21 136:15  
 166:18  
**particularly (7)** 59:19 64:12  
 83:24 108:10 117:22 126:7  
 157:23  
**partner (3)** 111:19 144:8  
 160:25  
**partners (2)** 146:16 162:21  
**parts (2)** 14:11 139:5  
**pass (4)** 38:21,25 39:6 61:8  
**passage (4)** 89:21 113:7,13  
 115:14  
**passed (3)** 39:4,10 79:23  
**passing (2)** 46:3 72:20  
**past (3)** 54:25 88:8 96:10  
**patient (21)** 24:2 27:2 33:2  
 34:7 52:25 75:20,26  
 76:10,11 78:13,14  
 80:15,16  
 82:1,2,2,5,14,15,15,17  
**patients (2)** 30:23 40:21  
 46:1,8 47:13 48:3,22  
 49:4,7,11,15,15 50:20,22  
 52:14,15 69:20 75:1,6,8,12  
 76:15  
**patrol (3)** 34:24 35:13 37:24  
**patronising (1)** 23:18  
**pause (5)** 3:21 17:16 18:1  
 84:24 121:21  
**pay (3)** 26:11 79:8 139:16  
**pc (1)** 107:18  
**pcs (1)** 119:9  
**pcsos (2)** 118:24 156:13  
**pcu (26)**  
 108:2,4,6,9,15,17,25  
 109:25 110:8 111:9,11,12  
 115:9 117:2,7 118:16,18  
 119:6,11 120:4,6 121:22  
 122:5 156:15,17,25  
**people (80)** 3:6 5:25  
 12:12,14,25 13:3 15:22  
 16:3 17:10 19:19,21  
 20:1,19 21:21 25:5,15 27:9  
 29:5,7,15 30:2 34:13,16,16  
 35:22 37:23 39:13 40:1,25  
 41:7 42:16 45:5,14,21  
 46:4,13,20 47:8 49:2,10  
 50:9,12,16 51:18,21  
 52:1,8,12 53:11 54:12  
 60:23 64:9 65:9 66:3 67:23  
 72:11 73:3,9 78:13,17,23  
 79:5 80:20 83:20 86:24  
 97:13 101:24 103:15,19,21  
 104:7,24 105:3 106:2,17  
 112:20 117:13 137:18  
 157:10 160:1  
**peoples (4)** 28:19 36:6,7  
 61:6  
**per (1)** 7:14  
**percentage (1)** 8:2  
**perfectly (2)** 83:5 87:23

**perform (1)** 169:18  
**performing (1)** 82:19  
**perhaps (22)** 2:23 6:5 7:2  
 20:2 27:12 53:13 54:25  
 60:5 74:7,21 79:8,19  
 81:14,15 82:12 103:19  
 107:2,7 118:6 119:4,7  
 120:3  
**period (14)** 2:12 41:3 48:14  
 70:16 87:15 90:24 92:16  
 104:1,14 108:10 158:16  
 165:4 167:17 168:16  
**periods (1)** 57:8  
**permission (1)** 75:17  
**permitted (1)** 170:18  
**person (19)** 3:18 4:9 27:4  
 28:16 42:24 45:18 48:21  
 52:21 73:1,7,11 79:23 80:8  
 82:11,20,22 142:3 147:4  
 151:24  
**personal (5)** 49:23 52:24  
 54:7 77:21 103:16  
**personally (4)** 24:19 49:10  
 71:19 147:12  
**personnel (2)** 85:21 128:13  
**perspective (2)** 19:2 80:18  
**phone (2)** 152:13 153:3  
**phrase (3)** 34:2 163:4 167:24  
**picking (1)** 121:22  
**picture (1)** 121:4  
**pictures (1)** 74:15  
**place (33)** 2:9 22:18 25:4,8  
 29:11 67:25 68:12,25  
 89:12 90:1 92:11 93:9  
 96:16,18 98:12 102:3,11  
 103:15 104:2 109:7 110:8  
 111:17 120:13 122:16  
 125:6 139:22 140:8 152:2  
 153:23 154:5,15 161:13  
 165:1  
**placed (1)** 29:17  
**placements (2)** 2:4 49:24  
**places (2)** 28:19 60:24  
**plainly (1)** 95:18  
**plan (27)** 17:9 62:1 63:16,17  
 68:17 69:7,13,22 70:10,14  
 86:10,11,15,16,17,19  
 103:13 141:17 148:16 161:8  
 163:12 165:7,11,24  
 166:10,13 167:4  
**planning (3)** 89:11 92:10  
 93:12  
**plans (7)** 16:20 81:25 112:19  
 163:10 164:16,18 165:5  
**plaster (1)** 59:4  
**plato (18)** 85:15 86:7,11,20  
 109:3 112:18,22,24 122:18  
 126:8,10 163:10,12  
 164:16,18 165:5,7 166:10  
**play (1)** 125:15  
**please (32)** 1:12 16:17 23:13  
 25:24 28:15 29:18 59:8  
 77:7 87:4,9 93:5 94:13,15  
 95:7 99:13 100:8 107:9,13  
 121:20 139:3 140:18  
 147:24,25 148:21 149:17  
 156:8,17 160:11  
 163:13,14,24 164:14  
**pm (5)** 88:11 98:25  
 121:16,18 171:25  
**pockets (1)** 48:24  
**poer (1)** 171:22  
**pointing (1)** 95:19  
**points (3)** 103:6 134:23  
 139:8  
**police (23)** 17:12 34:21  
 48:9,20 53:22 97:8 105:18  
 107:23 115:15 118:23  
 119:16,19,19 132:1 144:6  
 145:6 146:20 156:13  
 158:20 164:17 167:25  
 169:11 171:1  
**polices (1)** 117:2  
**polities (25)** 108:1 110:3,4,8  
 111:14,17,20,21 112:22  
 120:10 121:24 122:1,9,18

123:3,19 124:14,15,16,18  
 126:8,9,20 127:24 157:8  
**policing (4)** 126:13,21  
 156:20 157:3  
**policy (58)** 32:23 68:25  
 85:15 86:6,20 87:17  
 107:13,15,16,21,23  
 109:3,11 110:21 111:24  
 112:2,15,18 113:24 114:17  
 115:18,22 116:11  
 117:3,10,11,23 122:10  
 123:5 124:1,1,6,8,22,24  
 125:3,6,12,19,21,23  
 126:12,14,22 141:9,14,23  
 142:9 143:13,19,23 150:8  
 151:23 155:1,7,11 157:18  
 166:24  
**pole (2)** 36:6 74:11  
**pose (1)** 22:20  
**position (17)** 17:10 29:20  
 37:21 39:18 56:1,18 59:6  
 67:24 88:22 99:15,24  
 111:9 123:14 162:19  
 163:4,5 168:15  
**positioned (1)** 29:5  
**positions (1)** 28:19  
**positive (1)** 26:16  
**positively (1)** 106:12  
**possibility (7)** 11:11 44:15,23  
 94:3,5 99:20 114:3  
**possible (23)** 26:12,22 44:21  
 48:23 51:23 52:16 53:23  
 83:13 97:23 104:23 105:3  
 119:4 120:2 127:13 138:20  
 147:24 153:14,24 158:2  
 163:20 167:16,18,24  
**possibly (4)** 26:6 108:19  
 111:19 152:23  
**post (5)** 132:12 153:16,23  
 155:12,23  
**potential (3)** 10:12 44:10  
 58:13  
**potentially (8)** 61:11 76:7  
 97:15 123:23 142:17  
 151:12 155:20  
**potts (2)** 163:23 164:5  
**practicable (1)** 144:10  
**practical (1)** 171:4  
**practicalities (1)** 144:25  
**practice (4)** 77:10 84:13  
 122:4 146:20  
**precedence (2)** 145:24  
 159:14  
**precisely (2)** 113:22 117:20  
**precluded (1)** 159:20  
**predated (1)** 105:17  
**predicted (1)** 171:3  
**preexisting (2)** 91:5,6  
**prefer (2)** 30:13 76:9  
**prematurely (1)** 81:3  
**preparation (2)** 10:8 89:11  
**prepare (2)** 92:6,12  
**prepared (1)** 28:11  
**preparing (3)** 86:3,5,14  
**presence (1)** 35:16  
**present (3)** 87:17,21 98:3  
**presented (3)** 5:6 10:24  
 98:24  
**preserve (1)** 158:2  
**press (1)** 162:25  
**pressed (1)** 40:24  
**pressure (4)** 80:11 113:17,18  
 118:16  
**presumably (3)** 52:4 69:16  
 92:17  
**presume (1)** 55:18  
**presupposes (1)** 63:5  
**prevent (1)** 102:19  
**previous (4)** 122:25 125:4  
 163:23 165:22  
**previously (3)** 87:3 113:20  
 115:21  
**primarily (1)** 144:9  
**principle (3)** 96:21 105:15  
 145:14  
**principles (12)** 20:19 46:1

96:11 100:15,22 102:10  
 104:18 110:24 142:10,18  
 143:4 146:7  
**prior (11)** 5:19 8:20 29:7  
 33:7 57:21 70:6 71:18,20  
 129:11 139:22 140:2  
**priorities (2)** 46:6 52:9  
**prioritised (2)** 52:16 132:7  
**prioritising (1)** 130:17  
**priority (10)** 46:2 52:15,19  
 82:2,15 130:24 131:11  
 145:24 149:22 158:10  
**private (3)** 75:3 77:18,18  
**probability (1)** 93:20  
**probably (15)** 7:12 22:19  
 41:4 42:3 43:11 57:7 82:4  
 94:1 100:23 106:25  
 111:7,8 116:1 137:13  
 169:9  
**problem (3)** 65:21 99:25  
 137:6  
**problems (2)** 136:13 137:6  
**procedures (1)** 157:8  
**proceedings (4)** 1:3 12:2,8  
 34:1  
**process (38)** 46:8 51:16,21  
 57:14,17 62:7 63:9 72:6

<p>7:3,6,12,16 8:2,6,9,13,16,22 9:6,9,16,19,24 10:3,14,22 11:2,5,12,15,12,17 14:5,7,10,13,16 15:22 16:6,9,11,24 17:3,7,14,18 18:3,18,20,24 19:2,6,8,12,25 20:5,7,10,13 21:7,10,15,19,25 22:12,19 23:1,13 24:4,16,24 26:14,18,23,25 27:6,11,19 28:3,6,13 29:4,18 30:4,7,16,19,22 31:10,17,19,22,25 32:12,17,21 33:3,5,10,14,16,22,25 34:14,19 35:4,21,23,25 36:4,13 37:3,9,12,14,16,18,21 38:3,6,8,10,13,17,20 39:6,10,13,16,20,23 40:1,6,9,13,16,23 41:3,11,15,17 42:5 43:11,17,20,25 44:5,14,17 45:1,5,12,14,17,24 46:11,13,16,21,25 47:6,8,11,15,22,25 48:10,14,18,24 49:2,12,18,22 50:9 55:13 56:18,24 57:3,13,17,20,23,25 58:2,12,25 59:6,16,24 60:3,7,15,17,23 61:5,10,19 62:6,9,12,16 63:3,8,15,19,21,25 64:2,4,6,9,11,15,19,25 65:2,11 66:1,5,8,12 67:8,10,14,17 68:1,3,6,13,17,22,24 69:4,6,13,16,19,22 70:1,20,23 71:2,5,8,14,16,24 72:3,5,13,16,22 73:1,5,9,13,15,19 74:12,15,19,24 75:10,14 76:5,18 77:4,7,17,22 78:6 80:1,4,10,18,25 81:6,8,14 82:19 89:25 90:6,15,21 91:7,12,24 92:2,9 93:14,17,25 94:5,9,13,21 95:7,18,23 96:1,6,14,17,24 97:3,7,18,21 98:1,5,9,14,19,23 99:12,23 100:5,8,18 101:4,6,11,20 102:7,12,17 103:1 107:21 108:4,8,13,18 109:2,10,13,17,20 110:1,3,10,18,21,25 111:4,13,23 112:14,18,24 113:7,12,22 114:4,16,24 115:4,9,17,25 116:6,10,16,24 117:6,25 118:20 119:1,25 120:9,15,17,20,25 122:5,13,18 123:2,6,10,15,21 124:2,6,11,13,18 125:1,7,11,19 126:5,7,19 127:3,16,22 128:4,10,19 129:5,10,16,23 130:10,20 131:1,9,14,24 132:3,9,16 133:4,13,18,23,25 134:7,10 135:11,20 136:4,7 137:2,10,16,23 138:2,6,15 139:1,10,19 140:9,14 141:2,9,23 142:12,19 143:2,19,22 144:13 147:25 148:5 149:6,13,15 150:7,19 151:9,13,18,23 152:5 153:17,22 155:10,17,22 156:15 157:20 158:12,20 159:10,21 160:7,11,15,24 161:4,10,13,21,24 162:2,11,13,17 164:13,23</p>	<p>165:1,4,7,10,14,22 166:13,16 167:2,13,21 168:11,14,21 169:1 <b>qualification (18)</b> 5:1 9:7 19:16 21:15,17,20,23 56:21,24 57:1,4,8,17 58:7 62:4 70:24 71:3,14 <b>qualifications (5)</b> 3:24 4:4,6 57:10 80:11 <b>qualified (4)</b> 1:20 23:24 32:7 70:24 <b>qualify (3)</b> 25:15 45:2 84:17 <b>qualifying (1)</b> 57:14 <b>quality (2)</b> 102:24 103:2 <b>quarter (3)</b> 55:3 118:23 156:12 <b>queries (1)</b> 34:6 <b>question (10)</b> 17:3 22:19 33:10 79:20 82:7 110:10,18 149:3 164:8 168:25 <b>questioned (2)</b> 75:18,18 <b>questions (61)</b> 1:11 24:18 36:16 50:25 51:15 55:8,16,23 56:6,9,10 74:1,2,3 78:10,11 79:22 80:5 83:5,8,22 85:9 87:1,15 88:4,13,18,23 89:1,5,7,8 90:21 93:3,7 103:4 107:10 108:20 117:25 118:10 121:2,7 127:4 129:20 133:5 135:2 156:2,5,6 163:19 166:4 170:17,23 173:4,5,6,9,10,11,12,13 <b>queue (1)</b> 55:22 <b>quibbling (1)</b> 132:5 <b>quickly (7)</b> 18:9 39:24 43:20 67:8,10,14,17 <b>quiet (1)</b> 75:20 <b>quite (35)</b> 5:2,4,5,6,11,16 12:24 13:13 15:2,10,16 18:8 23:15,18 25:8 26:1 29:25 32:3,23 34:6,11 38:1 52:25 53:10 56:16 70:8 71:11 74:10 77:24 95:18 117:25 135:11,22 149:5 153:7 155:18 <b>quote (1)</b> 91:15</p>	<p style="text-align: center;"><b>R</b></p> <p><b>rachel (1)</b> 138:21 <b>radio (20)</b> 20:11 33:17 35:19,23,25 37:9 38:24 39:3,7 40:7 43:21 45:9 46:4 47:16 68:7,13 70:9 72:8,16,20 <b>radios (2)</b> 35:17,18 <b>railway (2)</b> 32:18 78:12 <b>raise (3)</b> 92:14 160:6,8 <b>raised (14)</b> 87:3 90:7,10 93:23 95:2 96:13 98:8 99:17,21 100:1,16 134:8 136:6 140:11 <b>range (3)</b> 158:15,21 159:10 <b>rank (9)</b> 65:17 129:13 145:19,20,23 147:14 169:13,13 170:9 <b>rapid (2)</b> 61:25 63:16 <b>rather (8)</b> 15:7 35:12 49:7 63:12 66:5 123:21 126:5 156:24 <b>reach (1)</b> 101:17 <b>reached (3)</b> 12:18 101:18 161:14 <b>read (14)</b> 13:22,25 17:1,11 22:3 87:10,20 91:16 117:13 118:7,9 139:17 165:18 171:6 <b>reading (2)</b> 164:12 171:11 <b>real (10)</b> 10:1 19:24 35:2 64:11 97:12 101:15 104:6 137:24 151:10 163:3 <b>realisation (1)</b> 42:17 <b>realise (2)</b> 42:18 95:10</p>	<p><b>realised (3)</b> 42:23 55:10 101:15 <b>reality (4)</b> 103:21 105:2 114:14 157:5 <b>reallife (4)</b> 93:19 94:1 96:19 102:8 <b>really (39)</b> 3:9 9:13 12:15 14:14,16,24 15:7,17 22:4 23:22 24:9 34:25 35:9 43:8 48:18 53:1 54:16 59:5 65:10 75:8 78:22,24 92:14 105:19 106:14 109:11 115:15 117:13 125:13 128:12,21 142:13 143:23 145:14 146:14 148:6 162:19,20,25 <b>reason (17)</b> 29:12 33:21,22 87:24 89:20 94:12 105:23 106:24 120:25 128:18 131:20 135:25 168:21 169:2,17 171:6,10 <b>reasonable (3)</b> 7:3 21:19 168:15 <b>reasonably (2)</b> 97:22 167:24 <b>reasons (7)</b> 71:23 91:1 94:4 104:23 149:7 154:1 171:4 <b>reassurance (1)</b> 41:25 <b>reassure (2)</b> 40:25 56:11 <b>rebranded (1)</b> 161:2 <b>recall (23)</b> 10:21 31:20 67:16 68:13 80:25 85:8 86:6 87:11 91:6 94:25 95:16 98:8 110:14 114:9 115:16 116:13 122:8,12 128:24 134:12,14 160:10 165:11 <b>recalled (1)</b> 68:8 <b>recap (1)</b> 85:11 <b>receive (5)</b> 8:13 9:9,16 51:13 70:21 <b>received (18)</b> 4:18 8:11,18,24 9:21 14:5 16:11 17:4 18:20 24:19,19,22 45:1 67:4 68:7 73:2 116:10 126:17 <b>recently (1)</b> 112:16 <b>recipient (1)</b> 115:10 <b>recipients (1)</b> 125:20 <b>recognise (5)</b> 13:19 16:15,22,23 25:18 <b>recognised (1)</b> 57:11 <b>recollection (6)</b> 48:4 99:4,9 100:2 115:19 152:16 <b>recommendation (1)</b> 107:17 <b>recommendations (3)</b> 83:17 122:15 161:21 <b>record (2)</b> 44:11 48:1 <b>recounts (1)</b> 131:10 <b>redrafted (2)</b> 113:1 115:1 <b>reduce (1)</b> 101:24 <b>reducing (1)</b> 100:10 <b>reestablish (1)</b> 121:20 <b>refer (4)</b> 90:10 112:24 118:3 131:1 <b>reference (12)</b> 89:17 91:14 95:11 98:5 99:2 100:11,14 114:10 116:16 140:20,22 141:6 <b>referred (11)</b> 28:14 94:9 100:10 110:24,25 112:10 123:2,3 132:4,17 140:6 <b>referring (4)</b> 94:7 101:3 124:22 158:9 <b>reflect (3)</b> 91:24 109:22 164:18 <b>reflected (1)</b> 92:4 <b>reflection (1)</b> 101:21 <b>refreshed (1)</b> 134:17 <b>regard (2)</b> 133:2 147:5 <b>regardless (1)</b> 78:14 <b>regards (9)</b> 10:11 22:24 65:23 100:15 101:16 136:19 146:2,17 150:3 <b>regime (1)</b> 162:14 <b>registered (3)</b> 5:20 23:24 26:5 <b>regular (1)</b> 160:12</p>	<p><b>regularly (2)</b> 130:17 159:8 <b>rehearsed (1)</b> 66:9 <b>reinforced (1)</b> 23:6 <b>reiterate (1)</b> 72:19 <b>related (3)</b> 126:9 128:25 140:1 <b>relates (3)</b> 114:17 139:21 148:4 <b>relating (4)</b> 98:6 127:19 131:4 146:25 <b>relation (19)</b> 14:20 59:6,13 62:10,13,16 63:15 64:12 67:5,15,20 72:5,9,10,13 73:2,9 78:1 128:19 <b>relationship (7)</b> 34:12,15 35:1,10 135:16 161:16,20 <b>relationships (2)</b> 162:20,24 <b>relatively (1)</b> 74:16 <b>relay (1)</b> 47:15 <b>relevant (4)</b> 124:17 127:7 128:14 140:16 <b>relieve (1)</b> 151:5 <b>reluctant (1)</b> 23:11 <b>remain (2)</b> 51:9 166:5 <b>remains (3)</b> 83:23 88:22 156:4 <b>remarkable (1)</b> 73:22 <b>remarks (1)</b> 84:4 <b>remember (22)</b> 6:18 7:14 28:4 34:20 44:3 48:5 58:17 71:9 72:20 78:19 90:11 94:10 95:14 98:1,14 99:5 113:7,13 123:3,23 134:5,16 <b>remembered (1)</b> 42:5 <b>remind (5)</b> 51:5 59:10 95:7,23 100:20 <b>reminded (4)</b> 28:7 102:5 132:16,19 <b>reminding (1)</b> 107:14 <b>remove (1)</b> 99:12 <b>rendezvous (9)</b> 69:8 132:11 153:13,15,22 154:5 155:1,3,6 <b>repeat (1)</b> 168:25 <b>repetition (1)</b> 95:12 <b>replace (1)</b> 117:10 <b>replicate (1)</b> 13:19 <b>replicated (1)</b> 97:12 <b>report (2)</b> 46:4 150:25 <b>representation (1)</b> 128:16 <b>representatives (1)</b> 160:13 <b>represents (1)</b> 88:20 <b>required (9)</b> 8:16 10:9 69:22 75:6 120:12 153:4 166:14 167:4,5 <b>requirement (3)</b> 57:1 58:2 137:11 <b>requires (1)</b> 120:15 <b>requiring (2)</b> 33:1 128:22 <b>rescheduled (1)</b> 89:25 <b>rescue (5)</b> 48:1,12 93:22 97:10 100:25 <b>rescuing (1)</b> 96:19 <b>resilience (9)</b> 85:22 98:15 99:16,19 127:3,5,19 128:7,25 <b>resources (7)</b> 101:1 122:7 150:13 154:9 156:21,21,23 <b>respect (3)</b> 117:20 152:5 153:12 <b>respond (1)</b> 17:10 <b>responders (1)</b> 112:20 <b>responding (1)</b> 20:7 <b>response (22)</b> 10:11 17:18,20 18:9 23:7 29:7,21 30:11,20 35:19,21 37:19 47:1 48:6 101:12 114:18 126:11,11 127:12 132:12 138:20 164:3 <b>responsibilities (6)</b> 102:5 156:16 158:15 159:11 166:9,21 <b>responsibility (11)</b> 32:8 33:12,13 78:1,7 85:13,14 108:6 127:6 144:2 167:10</p>	<p><b>responsible (3)</b> 32:13 116:25 117:1 <b>rest (9)</b> 28:20,25 53:3 87:16 103:15 108:19 113:9 119:12 138:3 <b>restricted (1)</b> 114:14 <b>restriction (1)</b> 81:23 <b>result (10)</b> 45:2 49:18 50:22 94:2 97:13,19 101:25 107:17 165:8 171:7 <b>results (1)</b> 93:18 <b>resuscitation (1)</b> 82:12 <b>retired (3)</b> 87:14 125:4 161:7 <b>retirement (1)</b> 85:12 <b>retiring (1)</b> 160:21 <b>retrospectively (1)</b> 15:10 <b>return (4)</b> 31:2 54:25 85:7 136:7 <b>revamp (1)</b> 105:22 <b>revamping (1)</b> 105:14 <b>review (17)</b> 110:4,9,18 111:5,14,20,25 112:6 114:21 122:23 123:17 122:2 125:12,19 128:14 163:18 165:5 <b>reviewed (13)</b> 109:6,18 110:5,22 112:8,11,15 113:1 115:2 120:12 124:15 125:21 143:13 <b>reviewing (4)</b> 109:10 111:24 114:7 121:1 <b>reviews (6)</b> 5:24 121:23,24 122:11,25 123:19 <b>revisions (1)</b> 165:8 <b>rhythm (2)</b> 30:24 31:2 <b>ribby (1)</b> 138:17 <b>rigging (1)</b> 40:20 <b>rightly (1)</b> 130:16 <b>ring (1)</b> 141:20 <b>rise (1)</b> 84:19 <b>risk (11)</b> 11:2 12:6 14:8 16:1 80:19 81:8,10 82:22 96:25 97:22 100:10 101:24 <b>ritz (1)</b> 7:19 <b>rival (1)</b> 15:5 <b>roberts (3)</b> 55:20 56:1,5 <b>robby (2)</b> 98:16,24 <b>role (23)</b> 35:2 38:20 46:25 85:15 109:11,13 111:10,19 127:8,10,19 133:20 142:22 143:14,19 145:2,23 147:15 148:2 149:4,13,22 169:18 <b>roleplaying (1)</b> 64:7 <b>roles (6)</b> 119:5,20 127:6 147:22 148:4 149:1 <b>rolling (2)</b> 125:1 130:2 <b>room (67)</b> 15:23 17:1 19:6 30:15 32:15 33:8,10 35:12 36:23 38:24 39:21,24 40:14,24 41:11,15,18,23 43:2,4,6,7,8,20 44:1,8 46:14,23 47:5,23 48:2,15 49:12 50:9,19 54:3 63:23 68:1,6,9 69:11 70:18 74:12,16 75:2,5,12,17,21 76:6,16,18,20,24,25 77:12,23 78:7 79:6,14 112:21 116:6 117:21 122:21 142:1 144:15 149:8 <b>rooms (5)</b> 29:11 41:8 53:1 116:25 122:3 <b>rota (1)</b> 7:11 <b>round (6)</b> 7:12 37:24 49:6 53:9 111:6,16 <b>rowing (1)</b> 37:22 <b>royal (1)</b> 1:18 <b>rubbish (1)</b> 21:4 <b>ruled (1)</b> 82:13 <b>run (2)</b> 13:10 48:15 <b>running (4)</b> 39:13 78:23 87:15 134:3 <b>rush (3)</b> 13:7,14 111:2 <b>rushing (1)</b> 42:16 <b>rvp (3)</b> 152:6 153:12 154:22 <b>ryan (4)</b> 1:7,10,14 173:3</p>	<p style="text-align: center;"><b>S</b></p> <p><b>sadly (5)</b> 43:11 67:11 79:23 80:4 81:9 <b>safe (7)</b> 29:16 68:22 69:1,4 126:17 146:7 170:3 <b>safely (1)</b> 112:20 <b>safety (4)</b> 67:25 68:12 69:1,10 <b>same (20)</b> 25:13 47:19 55:20 56:1 65:14 72:20 94:18 95:12 98:6 130:11 132:18 139:7 140:5 148:16 155:20 157:15,16 163:25 164:4 165:14 <b>sat (2)</b> 106:5 148:12 <b>satisfactory (1)</b> 20:13 <b>satisfied (1)</b> 100:4 <b>saturday (2)</b> 26:23,24 <b>saunders (133)</b> 1:5 13:2,16 14:20 15:6,13,17 17:23 18:5 20:16,22 21:1 22:3 25:10 31:3 35:11,15 42:7,13,16,24 50:15,24 51:16,20,25 52:7,17,22 53:4,7,13,17,20,24 54:6,9,12,15,19,24 55:1,3 56:7 59:10 66:14,17,22 67:1 70:7,12 73:24 75:24 76:1 78:18,21 79:2,10,16,18 81:17,22 83:4,14,20 84:5,20,23,25 85:4 88:2,6,8 90:12 92:17 93:2,4 103:5,10 104:16 105:24 106:17,22 107:1,3 112:4 117:16 121:6,9,12,15 130:13 134:16 142:3,6 143:3,7,10 144:23 145:9,13,16,19 146:20 147:17 148:6,20,24 150:12,21 152:7,20,19 153:7,10 154:3,13,23 156:3 162:25 163:8 166:3 169:10,21,24 170:12,20,22 171:10,20,24 <b>save (1)</b> 20:1 <b>saw (4)</b> 43:9,15 49:8 147:13 <b>saying (20)</b> 12:17,19 14:21 15:24 18:16 23:10 25:21 28:6 45:20,24 52:17,19 59:16 73:19 101:20 128:21 129:6 143:3 149:18 151:3 <b>scale (1)</b> 108:24 <b>scenario (1)</b> 82:13 <b>scenarios (3)</b> 66:9 67:2 155:17 <b>scene (28)</b> 3:18 4:10 43:18 141:5 143:8,25 144:1,18 145:6 146:10 149:10,21 150:5,15,23 151:1,4,14,20 153:5,24 155:18 162:3 167:14 168:15,18 169:12,16 <b>scenes (2)</b> 91:20 171:19 <b>schedule (2)</b> 92:13,23 <b>scheduled (1)</b> 90:4 <b>schedules (1)</b> 92:24 <b>school (1)</b> 23:10 <b>scope (2)</b> 77:10 144:5 <b>scrap (1)</b> 16:4 <b>scratch (1)</b> 91:4 <b>screaming (1)</b> 39:14 <b>screen (17)</b> 13:17 16:14 22:6 36:22 55:18 59:7 67:17 87:4,6 94:15,21 98:19 99:13 118:8 158:14 163:11 164:13 <b>scroll (1)</b> 163:19 <b>seamless (1)</b> 127:12 <b>seat (1)</b> 106:8 <b>second (23)</b> 1:23 2:18 3:14 87:5 88:16 98:23 104:17 111:13 124:21 131:20 139:13,20 140:10 141:3,18,21 143:1 156:11 157:20 158:12,13 164:15</p>	<p>167:18 <b>secondary (3)</b> 44:10,15,18 <b>secondly (3)</b> 104:24 109:17 166:13 <b>seconds (8)</b> 41:5 82:11,14,23 84:19,23 85:1 88:22 <b>secondyear (1)</b> 4:11 <b>section (4)</b> 140:19 148:25 149:1 160:1 <b>see (39)</b> 13:24 14:1 16:16,18 17:9 18:9,11 35:5 42:11 43:17,17 45:18,18 53:2 59:17 61:21 67:18 82:5 94:17 95:14 98:21 99:24 105:23 106:24 112:14 121:4 123:10,21 126:20 133:12 135:16 140:5 143:14 146:7,8 147:24 153:4 163:23,24 <b>seeing (2)</b> 95:16 148:20 <b>seek (1)</b> 166:22 <b>seeking (2)</b> 18:13 73:20 <b>seem (4)</b> 10:22 15:10 113:11 122:19 <b>seemed (6)</b> 5:23 6:1 26:1 41:6 67:10 92:16 <b>seems (7)</b> 12:17 39:20 75:10 84:7 120:5 149:20 152:20 <b>seen (16)</b> 3:10 13:23 14:3,4 16:24 17:12 34:22 42:2 74:15 119:6 124:18 131:8 136:7 160:4 163:21 170:7 <b>select (2)</b> 154:12 155:16 <b>selfdeploy (2)</b> 151:20,21 <b>seminars (1)</b> 164:23 <b>send (1)</b> 125:19 <b>sending (1)</b> 76:13 <b>senior (16)</b> 5:8 24:23 86:13 106:14,18,25 119:3 123:6 128:16 130:16 131:15 145:9,15 157:22 158:1 159:21 <b>sense (7)</b> 40:16 60:9 61:11 79:11,13,16 148:18 <b>sensible (3)</b> 48:10 126:19 171:4 <b>sensitive (2)</b> 79:19 83:13 <b>sent (11)</b> 52:22 59:12 76:9 95:7 109:5 123:13 124:19,21,22 165:23 <b>separate (8)</b> 15:7 57:20 58:19 135:21 161:10,12 167:13 168:2 <b>september (2)</b> 2:22,22 <b>sergeant (3)</b> 98:3 138:7 169:18 <b>sergeants (1)</b> 119:9 <b>serious (1)</b> 135:23 <b>seriously (5)</b> 47:9 106:3 130:21,22 135:24 <b>serve (1)</b> 74:22 <b>server (1)</b> 74:17 <b>services (1)</b> 139:25 <b>service (28)</b> 1:16,19 2:5 5:20 9:14 10:6,11 18:22 19:17 44:25 46:1 48:2,5,7,12 49:24 65:15,23 70:1,3,6 93:21,22 101:1 105:13 155:4 157:16 159:2 <b>sessions (1)</b> 100:13 <b>set (10)</b> 69:22 76:11 100:14 143:19 148:13 153:13,18 154:25 155:2 158:14 <b>sets (2)</b> 17:18 155:7 <b></b></p>
---	--	--	--	--	---	--	---

shall (2) 3:25 73:25  
 shape (1) 157:9  
 share (4) 127:8 159:18  
 160:24 171:18  
 shed (4) 38:25 39:3 66:17,20  
 shift (11) 24:17 25:18 26:21  
 27:1 28:13 32:3,10,11 37:6  
 38:3,13  
 shifts (1) 26:7  
 shirt (1) 36:6  
 shirts (1) 74:11  
 shock (2) 31:1 42:22  
 shocked (1) 41:1  
 short (4) 55:5 83:11 86:25  
 88:10  
 shortage (1) 130:4  
 shortly (7) 2:23 6:8,10,19  
 39:10 68:10 85:8  
 shot (1) 24:12  
 should (67) 3:23 6:5 12:5,5  
 21:7,8,23 22:20 26:15 32:9  
 43:14 45:7 46:18 47:20  
 50:7 51:13 59:7 68:6 69:8  
 72:10,14 81:6 83:7 84:1,15  
 87:2,20 102:10 107:2  
 110:7 115:19,19 121:3,25  
 125:7 126:23  
 128:6,15,17,18,23 129:1,8  
 132:21 137:11 138:2  
 149:21,24 150:3,4,5  
 151:4,5,15,25 152:25  
 155:2 166:10,13,19  
 167:13,19 168:23 169:2,8  
 170:18 171:5  
 shoulders (1) 65:16  
 shouldnt (10) 25:21 33:19  
 68:19 81:6 105:23 106:24  
 115:18 117:17 133:8  
 171:11  
 shouting (1) 52:11  
 shoved (1) 171:14  
 show (3) 13:17 39:1 120:21  
 showed (3) 93:19 112:7  
 135:15  
 showing (1) 36:22  
 shown (1) 32:1  
 shows (1) 19:21  
 showsec (9) 34:3,5,6,13,16  
 36:2 38:22,22 40:25  
 sic (1) 128:14  
 sick (1) 16:2  
 side (4) 26:25 76:7 78:14  
 169:5  
 sieve (2) 82:17 83:1  
 sign (3) 37:9,9 162:22  
 signed (1) 115:23  
 significant (7) 96:20 108:15  
 125:18,22 150:1,9 151:2  
 significantly (2) 125:24  
 156:22  
 silent (1) 143:23  
 silver (8) 147:11 166:19  
 167:4 168:10,18  
 170:1,4,10  
 similar (4) 10:7 57:7 74:6  
 114:7  
 simon (1) 163:18  
 simple (5) 21:25 46:7 49:12  
 80:14 104:11  
 since (4) 17:11 91:19,25  
 109:22  
 singleparent (1) 26:8  
 sir (294) 1:5,6,17,22 2:10 3:1  
 4:5,23 7:5 8:20 9:8,18,22  
 11:1 12:16 13:2,7,16  
 14:6,19,20 15:3,6,13,17,21  
 17:6,22,23 18:5 19:1,7,11  
 20:4,9,15,16,22,24 21:1,22  
 22:3,25 23:12 24:21  
 25:10,13 28:5,12 30:6,9,18  
 31:3,24 33:15,24  
 35:11,13,15,19 36:16  
 37:11,17 38:5,7,9,12  
 39:9,12,15,22 40:8,15  
 41:14,16  
 42:4,7,8,13,15,16,24

43:6,10,16,19,24 44:13  
 45:4,11,13,23 46:12,15,24  
 47:7,17 48:13,20  
 49:1,14,21 50:3,15,24  
 51:3,10,15,16,19,20,24,25  
 52:5,7,17,21,22,24  
 53:4,6,7,13,17,19,20,24  
 54:6,9,12,14,15,18,19,22,24  
 55:1,2,3,12 56:7,17,23  
 57:2,21 58:1 59:2,10  
 64:14,23  
 66:13,14,17,22,23  
 67:1,7,13,21 69:5,25  
 70:7,12 72:4,12,15  
 73:4,8,18,24 74:9,14,18,23  
 75:13,24 76:1,4 77:6  
 78:18,21  
 79:1,2,10,15,16,18 80:3,22  
 81:5,7,13,17,22  
 83:1,4,10,14,16,20  
 84:3,4,5,19,20,23,25  
 85:2,4 87:19 88:2,6,8,13  
 90:12 92:17,19 93:2,4  
 103:5,10 104:16 105:24  
 106:1,7,22 107:1,3,4 112:4  
 117:16 121:6,8,9,12,15  
 130:13 131:8 134:16  
 142:3,5,6 143:3,7,9,10  
 144:23 145:5,8,9,13,16,19  
 146:20 147:2,17  
 148:6,20,23,24  
 150:12,16,21 152:7,20,24  
 153:3,7,10 154:3,13,23  
 156:3,4,7 162:25 163:8,9  
 164:1 166:2,3  
 169:10,17,21,24  
 170:12,20,21,22,23  
 171:10,17,20,24  
 situation (18) 19:25 20:12  
 27:16,20 42:23 45:18  
 50:1,4,7 54:16 66:1 80:15  
 86:21 105:9 117:10 149:9  
 169:1,3  
 situational (2) 146:14 148:14  
 situations (2) 5:6 24:12  
 skill (1) 76:22  
 skills (4) 3:14 25:9 49:25  
 59:6  
 slight (2) 24:11 110:6  
 slightly (13) 3:22 7:10,10  
 10:10 19:14 20:25 26:22  
 36:7 57:6 58:6 77:11  
 135:21 171:8  
 slings (1) 30:2  
 small (6) 12:3 74:16,22  
 75:23 120:5,6  
 smg (3) 36:2 78:23 79:8  
 smile (1) 34:24  
 smith (10) 55:18,21,22,25  
 93:5,7,8 103:4,5 173:10  
 smiths (1) 167:24  
 sold (1) 15:4  
 somebody (10) 25:5 37:12  
 51:13 61:8 71:12 73:16  
 119:18 136:1 145:11  
 151:19  
 somebodys (2) 35:8 78:15  
 someone (21) 27:13 42:18  
 53:15 59:6,20 61:19,20  
 62:3 63:5,10 68:14,14  
 72:24 81:16 82:19 83:8  
 167:13 168:23 169:8,12,21  
 something (36) 5:23 11:13  
 12:20 14:13 16:7 28:8 30:8  
 35:12 51:5,20 60:7 61:6,7  
 63:25 64:2,4 67:12 84:5  
 94:11,24 95:2,5 103:10  
 106:17 117:4,5 120:22  
 122:6,13 132:3 133:7  
 136:1 154:7 162:3,11  
 168:6  
 sometimes (13) 7:9,10  
 13:5,7,10,12,13,14 25:11  
 28:18 35:14 65:18 119:19  
 somewhere (5) 28:23 36:11  
 69:23 75:20 154:9

soon (8) 41:7 52:25 135:4  
 144:10 152:2 165:19  
 167:18,23  
 sooner (1) 104:10  
 sop (8) 86:3 109:3,17 114:8  
 122:23 150:6 151:8 166:23  
 sort (15) 12:24 14:23 15:9  
 18:9 25:10 74:21 77:8  
 81:19 91:5 92:9 95:21  
 103:17 105:2 106:7,8  
 64:14,23  
 sorts (1) 132:6  
 sound (2) 20:13 105:15  
 sounds (9) 7:6,12 14:7 15:24  
 19:25 31:22 34:15 35:4  
 130:13  
 space (2) 75:5 76:19  
 speak (1) 34:14  
 speaking (2) 42:2,10  
 specialist (10) 85:13  
 119:12,23 123:9 133:22  
 156:19,21 157:18 158:5  
 159:18  
 specific (16) 10:18,21 28:2  
 65:17 69:12 124:1 126:16  
 134:5,12 137:5 140:14  
 145:2 146:2 147:5 159:24  
 161:23  
 specifically (12) 9:4 43:15  
 44:9 58:17 69:9 98:8,10  
 119:10 122:8,12 134:14  
 specification (1) 58:14  
 specifics (5) 90:11 94:10,25  
 123:24 133:1  
 speculate (1) 77:7  
 speed (2) 40:2 110:22  
 spend (2) 41:3,9  
 spent (2) 41:4 48:14  
 sphere (1) 119:11  
 split (1) 60:5  
 spoke (2) 5:25 83:10  
 spoken (3) 49:19 76:19  
 79:21  
 spot (1) 155:16  
 st (6) 3:5 4:15,17,19 5:12  
 57:3  
 stabilising (1) 61:19  
 staff (44) 4:19 5:24 13:8,24  
 22:21,24 23:8,9,14,15,24  
 24:13 25:3,10,13,15,17,18  
 28:10,20 30:12 31:13  
 35:18 40:25 48:18  
 50:11,13,22 51:7 54:3 57:9  
 67:20 75:8 77:14 78:12  
 109:25 118:24  
 119:17,17,19 120:6 140:2  
 146:7 156:13  
 staffing (1) 120:16  
 stage (14) 2:2,3 8:18 12:18  
 22:12 34:1 39:16  
 40:9,16,23 43:25 145:2  
 155:23 170:15  
 stages (5) 132:12 138:19  
 142:13,16 144:4  
 stand (1) 46:20  
 standard (1) 29:24  
 start (15) 6:8 12:22 37:6  
 46:3,5 48:22 70:11  
 107:7,13 108:22 163:16  
 166:7 171:2,9,23  
 started (6) 2:21,22 3:24 4:3  
 38:3 73:19  
 starting (3) 29:4 39:1 90:23  
 stated (1) 115:21  
 statement (31) 8:23 9:6  
 16:12 21:3 23:1,2 42:6  
 44:5,6 47:25 49:22 51:6  
 87:5 88:16 90:11 91:1,13  
 95:23 96:1 98:17 118:4  
 131:2,6,13 138:9 156:11  
 157:20 158:11,13 164:15  
 165:14  
 statements (2) 118:6 171:12  
 station (2) 32:18 33:8  
 stay (4) 32:24 68:10 126:17  
 146:6  
 stayed (1) 49:12

step (1) 71:12  
 steps (4) 41:12 87:11 97:23  
 102:18  
 stewarding (1) 34:2  
 still (12) 5:9 6:11 12:13  
 42:22 49:16 50:2 104:4,22  
 108:9 157:10,15 164:15  
 22:18 83:4  
 stop (2) 80:7,16 82:11,22  
 stopped (4) 80:7,16 82:11,22  
 stopping (1) 95:12  
 stops (1) 82:15  
 store (1) 7:23  
 straight (1) 135:20  
 straightaway (1) 39:13  
 strain (2) 76:6 118:21  
 strategic (17) 106:11,16  
 123:7 127:18,23 128:6,22  
 129:2,7,17 130:4  
 132:4,22,25 133:8 160:19  
 161:7  
 street (1) 7:23  
 stress (1) 119:21  
 stressed (1) 104:19  
 stressing (1) 127:16  
 stretcher (2) 52:16 75:7  
 stretchers (4) 31:15,17  
 48:16,19  
 strict (2) 32:23 92:22  
 strike (1) 158:25  
 strong (5) 2:11 162:19,20,24  
 163:5  
 structure (6) 17:21 24:17  
 28:13 63:2 65:21 169:7  
 structured (3) 17:18,19 18:9  
 structures (1) 99:2  
 struggle (1) 164:6  
 student (5) 4:11 25:25  
 29:1,1,2  
 studies (1) 4:13  
 study (1) 1:24  
 stuff (1) 40:19  
 stuffed (1) 48:24  
 subject (3) 83:16 123:24  
 153:19  
 subsequent (3) 149:21,24  
 151:5  
 subsequently (1) 100:16  
 substance (1) 112:1  
 substantial (4) 52:15 87:15  
 91:10 114:25  
 substantially (1) 125:24  
 sufficient (5) 22:22,23 30:10  
 51:7 128:1  
 sufficiently (2) 61:1 154:7  
 suggest (6) 21:19 113:8  
 122:17 149:20 164:9  
 170:16  
 suggested (1) 160:19  
 suggesting (2) 89:14 112:9  
 suggestion (1) 26:2  
 suggestions (1) 23:8  
 suitable (1) 91:7  
 summary (6) 85:11 86:23  
 108:2 115:7,8 127:14  
 sunmon (1) 43:25  
 sunday (1) 109:6  
 superintendent (7) 85:13  
 108:4,9 115:9 145:22  
 147:12 168:12  
 superiorly (1) 32:7  
 superseded (1) 125:4  
 supervisor (1) 170:8  
 supervisors (1) 147:8  
 support (4) 60:17,19 61:3  
 156:20  
 supporters (1) 11:18  
 supporting (1) 62:24  
 suppose (3) 70:9 106:14  
 158:4  
 supposed (1) 74:22  
 sure (30) 3:13 34:14 36:25  
 37:3 41:17 47:1 68:16  
 69:15 70:19 76:14 77:20  
 79:10 83:5 88:22 107:25  
 114:11 115:5,11 116:14  
 117:2 122:9 132:24 134:11

141:13 145:3 151:21 152:7  
 160:18 162:8 166:8  
 surprising (1) 38:15  
 surounding (3) 75:22  
 78:10,11  
 survived (1) 97:14  
 suspect (2) 27:24 48:3  
 suspicious (1) 28:8  
 suter (1) 18:11  
 sweets (1) 16:2  
 sworn (2) 1:10 173:3  
 syllabus (1) 58:10  
 sympathetic (1) 120:1  
 symptom (1) 157:19  
 system (9) 51:25 105:4,24  
 110:7,10,12,14,16,19  
 systems (3) 120:12,15,16  
 T  
 tachycardia (1) 30:25  
 tackled (2) 98:9,11  
 tactic (1) 44:21  
 tactical (22) 119:11,13 133:5  
 136:21 138:21 140:21  
 143:5,17 144:11,17,18,20  
 152:11,12 157:1 161:5  
 166:20 167:8 168:1,17,22  
 169:4  
 tacticians (1) 106:12  
 tactics (1) 140:4  
 taken (13) 43:6 54:15 87:11  
 101:23 102:18,25 122:9  
 125:5 132:22 133:21  
 134:11 147:15 159:8  
 takes (5) 22:5 80:7  
 141:10,18 142:1  
 taking (16) 32:8 47:4 75:16  
 92:11 96:15 18 97:23  
 104:2 107:5 119:19 130:21  
 134:23 135:24 140:24  
 157:5 160:21  
 talk (2) 134:18 163:1  
 talked (4) 64:2 106:10 129:2  
 159:7  
 talking (16) 19:6 44:5 63:11  
 70:9 80:4 87:13 117:22  
 93:13,14 94:20 96:5 97:20  
 142:10 145:14 153:15  
 156:23 158:7  
 talks (2) 61:21 63:3  
 tangentially (1) 126:22  
 task (4) 37:18 63:4 86:12,14  
 tasked (12) 86:2,9 111:6  
 112:25 113:9,15 114:6  
 115:9 134:14 136:9 161:21  
 164:9  
 tasks (1) 115:2  
 taught (1) 60:9  
 taxi (1) 76:8  
 tea (1) 49:20  
 team (18) 19:19 28:13 29:7  
 35:19,21 36:3,8,9 37:20  
 48:8 59:13 62:23 66:2  
 69:14 89:5 130:17  
 131:10,15  
 teamed (1) 66:14  
 teams (2) 122:2 124:14  
 technically (2) 61:12 137:20  
 technician (1) 78:16  
 technicians (1) 29:1  
 telling (2) 1:12 47:8  
 temperature (1) 27:7  
 tend (1) 27:1  
 tender (1) 59:12  
 term (3) 50:5 158:4,6  
 termed (1) 129:25  
 terms (27) 4:25 21:2 27:2,10  
 34:25 36:4 40:13 49:12  
 50:11 63:15 64:15 67:2  
 76:18,19 81:11 96:18 99:1  
 100:9,14 111:14 121:23  
 122:14,18 123:2,15  
 124:2,6  
 terrible (1) 38:14  
 terrorism (1) 127:17

terrorist (14) 9:25 10:17  
 11:2,11 14:8,10,21 15:7,8  
 20:8 44:22 67:3 127:7,20  
 Terry (1) 107:18  
 test (2) 64:7,13  
 tfc (62) 140:24  
 141:6,9,10,16,19,20,22,24,24  
 142:8,8,14,23  
 143:1,15,16,20,24  
 144:3,14,15,16,16 145:22  
 146:1,8,11,12 147:4  
 148:1,2,3,8,9,12  
 149:1,2,3,4,8,11,19,21,23,25  
 150:3  
 151:1,3,5,14,17,18,25  
 152:2 155:13,14,18 167:17  
 168:7,8 170:10  
 tfcs (5) 140:15 141:21  
 142:20 147:23 148:17  
 thank (60) 13:16 54:19  
 55:23,25 56:5,7 64:19  
 66:22 67:1 71:25 73:22,23  
 74:12 77:4 83:10,14,23  
 84:3,18,23 85:5  
 88:2,8,13,25 89:1,2  
 93:2,3,4,5,8 94:22 103:4,5  
 104:16 107:3,11 111:13  
 120:9 121:11,12,14,15  
 139:19 147:17,19 148:24  
 152:5 153:10,11 156:1,3,7  
 164:13 166:2,3 170:12,22  
 171:20  
 thats (204) 1:22 2:8 3:3  
 4:20 23 5:14,17 6:13 7:16  
 9:12 12:4 14:15 18:19  
 19:13 20:6,22 21:6 22:1,11  
 23:12 27:4,18 29:17 35:7  
 36:13 37:8,13 39:22 40:5  
 41:2 42:5 45:16 47:14  
 48:10 49:21 51:11 54:11  
 55:14 56:23 59:4 62:5,15  
 63:2,14 64:3,5,18 66:7  
 67:9 68:21,23 71:7,24  
 73:1,14,18 76:2 77:6  
 79:1,2,20 80:22 81:17 85:6  
 86:16,23 87:17 88:1 89:22  
 90:4,14,20 91:10,23 92:8  
 93:13,14 94:20 96:5 97:20  
 100:7 102:14,24 104:6,16  
 105:6 106:4 107:11,19,20  
 108:7,12  
 109:1,9,12,16,19,24 110:2  
 111:3,11 112:1,13,17,23  
 113:11,22 114:3  
 115:3,8,14,21,21,25  
 116:9,14,15,23 117:9,20  
 118:18,25 119:7  
 120:13,14,19,24 121:5,14  
 123:13,23 124:5 125:17  
 127:14,18 128:3,4,9,11  
 129:2,9,15,19  
 131:13,23,24 132:2,15  
 133:24 135:20 136:6  
 137:15 138:1 139:9,11,21  
 140:13 141:1,6,8 142:6,2  
 143:6,9,12 145:4,8  
 147:2,2,19 149:14  
 150:2,7,23,23 151:2,17,18  
 152:5,17,19 154:2  
 155:4,7,9,20 156:14  
 158:19,23 160:14 161:3,9  
 162:1 164:25 165:3,6,9  
 166:1,2 167:3,21 168:12  
 169:9 171:7  
 theirs (1) 57:10  
 themselves (4) 12:14 49:4  
 52:11 124:24  
 thereafter (1) 7:4  
 there'd (1) 35:23  
 therefore (8) 3:14 8:6,22  
 21:11 32:9 56:8 93:25  
 97:21  
 theres (23) 17:25 24:12 25:3  
 28:23,24 40:18 51:3 55:8  
 58:20 69:13 73:5 81:8,10

104:10,21 106:14 140:20  
 141:2 149:5 155:5,5  
 169:17 171:10  
 they'd (13) 13:12 19:22,24  
 22:25 24:12 29:11 34:9,10  
 38:24 43:5 60:9 63:1 170:5  
 they'll (1) 82:9  
 they're (12) 27:15 59:2 60:12  
 63:11 66:3 82:21 83:4  
 145:10 146:10,11 148:16  
 151:3  
 they've (4) 23:16 146:11  
 170:6,15  
 thing (7) 12:8,12,13 44:20  
 55:8 60:25 105:22  
 thinking (5) 16:1,6,8 44:11  
 103:17  
 third (3) 23:2 44:6 160:11  
 thirdly (2) 104:25 110:21  
 thorough (1) 76:10  
 thoroughly (2) 17:2 76:15  
 though (3) 7:12 32:6 167:2  
 thought (9) 20:23 47:18  
 48:6 55:9 85:3 138:16  
 153:20 162:19,23  
 thoughts (1) 11:6  
 thread (1) 115:10  
 threat (17) 10:2,16,17,24  
 12:9,9,13,14,21 15:7 16:7  
 28:2 103:12 145:25  
 146:15,18  
 three (11) 32:2 89:19 90:17  
 91:8 92:13 104:23 120:17  
 129:12 137:25 158:23  
 160:13  
 threeday (2) 139:15,21  
 threeline (4) 136:14,17,25  
 137:11  
 threeyear (1) 2:18  
 through (27) 3:12 4:18 5:12  
 9:22 10:5 13:22 14:1 17:7  
 18:3 22:4 26:9 31:25 39:4  
 57:17 62:17 64:2 65:13  
 67:9 111:4 113:24 115:23  
 123:17 136:5 139:5 161:16  
 163:22 165:7  
 throughout (2) 38:2 103:11  
 thrust (1) 67:23  
 thursday (1) 172:2  
 tick (1) 59:18  
 tight (1) 114:15  
 tiltchin (1) 60:10  
 time (1

167:9,25 171:8  
**together (9)** 11:19 15:1  
 66:8,9 69:14 106:19  
 135:13,18 162:7  
**toled (8)** 4:15 14:7 16:9  
 22:14 24:13 33:9 65:24  
 68:3 69:8,9 77:25 83:11  
 88:15 102:12 108:13  
 109:2,10,17,20 110:21  
 116:10 128:17 133:18  
 137:7 153:8 168:24  
 169:8,14  
**tolerance (1)** 29:13  
**tomorrow (1)** 171:23  
**tonight (3)** 12:15 14:14  
 28:10  
**too (20)** 11:23 16:2,2  
 27:14,14 53:9,11 69:20  
 74:22 75:11,23 79:17 84:5  
 85:20 104:14 119:9 120:20  
 131:19 154:11,11  
**took (14)** 24:11 89:12  
 90:1,22 91:2 93:9 100:20  
 103:7 129:10 131:11 140:8  
 161:13 162:22 165:1  
**topic (8)** 51:4 92:18,19  
 140:14 156:9 158:12  
 160:11 163:10  
**topics (1)** 156:7  
**total (1)** 8:2  
**totally (3)** 84:5 104:1 105:11  
**touch (2)** 77:22 79:20  
**touches (1)** 159:4  
**tour (1)** 32:4  
**touriquet (7)**  
 22:14,17,18,22,23 30:5,16  
**tourneys (10)** 9:17 23:4  
 24:1 30:17 53:4,17,21,25  
 54:2,13  
**trading (1)** 6:16  
**traffic (1)** 13:9  
**tragedy (1)** 107:22  
**tragic (1)** 107:18  
**trail (2)** 115:20 121:4  
**trails (3)** 120:20,22,25  
**train (2)** 4:19 102:9  
**trained (17)** 4:21 22:25  
 24:11,13 31:13 50:6,10  
 60:20 62:4 65:9,19 66:24  
 80:13 106:2 111:18 117:13  
 124:25  
**training (142)** 1:20 2:25  
 3:12,20 4:12,18 5:5,15 6:2  
 8:10,10,14,18,24  
 9:9,16,20,23 10:11 14:5  
 16:18 17:4 18:21,23 20:5  
 21:20 22:12,22,23  
 23:5,17,23,24  
 24:18,22,22,24 25:1,4,11  
 26:8 32:23 36:14 44:24  
 45:1,25 49:23 50:15  
 51:7,13 56:18,20 57:4,6,23  
 58:5,14 62:20 64:6,22,23  
 65:3,5,7,11,23 66:8,17  
 67:5,6,14,16 72:16 73:2  
 84:8,11,12,14 89:12,16  
 90:19,23 91:3,5,8,11,21  
 92:7,7,11,13,21,23,24 94:4  
 95:6,12 96:12 98:13 99:1  
 100:5,13  
 102:2,11,12,14,18,22,23  
 103:1,8,21  
 104:10,12,18,22,24,25  
 105:3 106:1 124:23  
 125:15,17  
 126:8,12,16,23,25 128:1  
 133:7 136:10 137:4,5  
 139:12,15 140:10 146:2  
 161:25 162:13,14 163:1  
 169:19  
**transition (1)** 149:25  
**transport (3)** 13:9 34:21  
 170:25  
**transporting (1)** 61:20  
**trauma (10)** 9:13 23:25 24:6  
 43:22 44:3 52:22 53:24,25

54:5 72:9  
**treat (10)** 8:17 33:2  
 45:15,21 46:20 49:10  
 51:11 75:2,3 78:17  
**treated (4)** 75:12 76:15  
 170:15 171:15  
**treating (2)** 48:3 76:8  
**treatment (17)** 3:15 4:4  
 8:19,24 9:3,4 16:20 42:1  
 46:17,19 49:6 61:5,25  
 69:20 78:2 81:12 97:10  
**triage (29)** 18:21,24  
 19:2,3,4,12,18,23  
 20:2,5,18 21:2 46:7,13  
 47:5 51:16,21,25 61:25  
 62:4,6,17 63:9 72:6,17  
 73:2 82:17 83:1 97:10  
**triaging (5)** 19:6 46:18 62:9  
 80:8 96:18  
**tried (4)** 49:10 133:6 136:23  
 164:5  
**tries (1)** 142:3  
**trinity (1)** 32:17  
**trips (1)** 158:24  
**trolleys (1)** 31:15  
**trouble (7)** 11:17,20 13:9  
 15:1,4 34:23 35:8  
**trousers (1)** 36:10  
**true (2)** 65:1 121:4  
**try (7)** 7:9 23:19 26:3,20  
 91:20 99:25 146:15  
**trying (8)** 15:18 19:3 41:6  
 83:12 114:4 129:5 158:1  
 164:1  
**tuesday (1)** 109:8  
**tuition (1)** 63:12  
**tunnel (2)** 32:17 105:12  
**turn (8)** 23:2 26:18 47:2 56:8  
 98:23 111:6 139:1 140:16  
**turned (6)** 47:2 48:2 112:25  
 145:23 147:9 168:8  
**turnover (1)** 25:10  
**twoday (1)** 23:17  
**twothirds (2)** 129:23 163:14  
**twoyear (1)** 2:20  
**type (1)** 97:1  
**typo (1)** 87:19

U

**uk (4)** 2:25 16:18 24:22 25:1  
**ultimately (3)** 5:22 23:23  
 50:22  
**unable (2)** 100:12 117:7  
**unacceptable (3)** 116:24  
 138:24,25  
**unarmed (23)** 126:13,17  
 144:12,17,19,22 145:5,17  
 146:3,18,23 147:3,6,16  
 167:14,19,20 168:3,19,23  
 169:6,11,15  
**unavailable (1)** 131:24  
**unaware (2)** 13:6 138:25  
**uncomfortable (2)** 114:16,20  
**unresourced (1)** 130:21  
**understand (46)** 3:13,23  
 6:5,25 15:6,20 18:5,13  
 20:16 21:7,9 32:12,21  
 33:3,11 46:4,25 56:14,18  
 59:22 62:2,17 64:11,20  
 65:2 67:4 72:6 73:1,15  
 77:17 81:15,22 95:18  
 105:7 115:25 125:20  
 134:18 137:15 138:13  
 145:3 149:3,4,7 157:22  
 158:10 169:21  
**understandable (1)** 87:24  
**understandably (2)** 40:1 56:3  
**understanding (16)** 33:14,16  
 44:14,23 47:19 59:21 62:6  
 64:21 91:24 92:4 102:2  
 142:19 152:10,17,19  
 157:25  
**understood (10)** 2:1 10:19  
 21:8 25:21 60:25 111:18  
 113:3 127:25 167:21  
 169:11

**undertake (2)** 57:1 149:22  
**undertaken (1)** 56:25  
**underway (1)** 29:4  
**undesirable (1)** 171:7  
**unfair (2)** 121:2,6  
**unfairly (1)** 170:16  
**unfortunately (1)** 159:19  
**unit (6)** 16:25  
**uniform (2)** 36:12 65:15  
**uniforms (2)** 74:5,7  
**unit (13)** 78:24  
 107:14,15,16,21,25  
 119:11,13,14 157:1.1,2,18  
**united (1)** 158:23  
**units (2)** 120:3 126:21  
**university (9)** 1:24 2:4,9 9:2  
 10:6,15 26:9 49:24 84:6  
**unless (7)** 25:4 36:16 44:19  
 49:8 55:17 170:19 171:21  
**unlike (1)** 65:15  
**unlikely (1)** 145:10  
**unnecessarily (2)** 97:1  
 101:25  
**unnecessary (1)** 102:19  
**unreasonably (1)** 119:5  
**unsure (6)** 6:24 39:17 66:19  
 70:18 78:9 80:23  
**until (13)** 13:6 38:13 40:20  
 43:14 49:14,18 68:22  
 85:12 87:6 112:15 113:16  
 131:5 172:1  
**unusual (1)** 38:15  
**unwell (1)** 11:23  
**updating (2)** 163:12 164:18  
**upon (7)** 79:20 80:10 82:20  
 89:4 141:20 142:25 153:19  
**upper (1)** 94:16  
**upshot (1)** 136:8  
**upstairs (1)** 13:7  
**urgently (2)** 80:1 112:20  
**used (14)** 9:10,14 29:22,24  
 30:9 35:25 52:18 53:17  
 54:4,10 77:19,19 99:25  
 101:1  
**user (3)** 86:1 161:5,17  
**using (6)** 26:10 53:23 54:12  
 59:18 60:11,20  
**usual (1)** 92:9

V

**v5 (1)** 166:23  
**valid (1)** 83:5  
**varied (1)** 71:10  
**various (15)** 3:7,11 5:21  
 7:21,25 9:10 10:6  
 11:16,16,18 14:11 31:15  
 34:22 101:12 127:9  
**vary (2)** 28:18 71:9  
**vehicle (3)** 77:9,15,21  
**ventilation (1)** 60:22  
**ventilations (1)** 61:24  
**ventilator (2)** 60:11,20  
**ventricular (2)** 30:24,25  
**venue (14)** 7:19,20 8:6 10:2  
 11:4 34:11,22,24 37:23  
 40:18 41:7 67:10,11 78:10  
**versed (1)** 19:4  
**version (8)** 86:3 91:17 124:2  
 125:22 140:17,23 149:18  
 151:13  
**via (2)** 60:10 88:17  
**victims (3)** 93:20 96:19 97:1  
**victoria (1)** 7:24  
**views (1)** 6:4  
**violence (1)** 11:18  
**virtually (1)** 157:17  
**vision (1)** 105:12  
**visit (1)** 86:4  
**visiting (1)** 3:6  
**visitor (1)** 32:1  
**visits (1)** 165:1  
**vital (5)** 117:4 120:9,20  
 137:8 154:21  
**volunteered (3)** 4:17  
 152:13,13  
**vomit (1)** 30:2

**W**  
**wait (4)** 69:1,2 104:14  
 152:25  
**waited (1)** 136:4  
**waiting (1)** 169:16  
**walk (2)** 24:8 52:10  
**wall (6)** 16:25 40:3,24 63:22  
 64:17 68:18  
**wants (2)** 116:16 118:8  
**warehouse (2)** 7:22,24  
**warm (1)** 27:7  
**warning (1)** 37:4  
**warnock (1)** 89:4  
**wasnt (72)** 2:3 10:18  
 11:1,13,13,24 16:8  
 24:1,2,10 26:4 27:2,10  
 28:1,1 33:9,13 35:4 41:4  
 43:14 47:1 49:18 54:4  
 62:25 63:1 65:1,17,20  
 67:24 70:5 71:8 74:16,25  
 77:1,25 90:3 94:6 95:3  
 96:12,15,18 100:6,15  
 101:6,6 102:13 103:24,25  
 104:11 109:11,14  
 110:12,16 111:19 112:7,7  
 113:19,20,23 114:13  
 115:12 116:1 118:18 124:7  
 128:20 130:21 136:22  
 137:8 138:24 141:18  
 147:14 150:8  
**watch (2)** 16:3 19:21  
**watched (2)** 12:2,3  
**watching (1)** 107:15  
**way (38)** 3:4 5:25 13:15  
 20:18 21:1,2 23:11 28:9,21  
 32:17 41:11 50:2 53:1  
 55:20 56:15 63:1 67:24  
 73:20 74:24 81:14 82:4,10  
 85:6 95:11 99:18 102:18  
 108:22 114:7 122:1 124:20  
 129:25 147:13 151:15,18  
 152:13 155:7 157:9 170:16  
**ways (3)** 5:12 99:2 104:10  
**wear (3)** 36:4 65:14,14  
**wearing (1)** 74:5  
**weatherby (32)**  
 107:4,9,10,11 112:9  
 117:19 121:7,8,11,19,22  
 130:15 134:16,22 142:7  
 143:12 144:24 147:18,19  
 148:23,25 150:17 151:7  
 152:17,23 153:1,11 154:25  
 156:1,3 170:13 173:11  
**wed (16)** 7:20 8:10 10:6,8  
 13:6 17:9 27:3 30:21 34:24  
 36:10 75:1 98:11 140:1,2,7  
 157:12  
**wednesday (1)** 1:1  
**week (4)** 7:9 26:21 98:11  
 164:6  
**weeklong (1)** 57:25  
**weeks (5)** 4:7 89:19 93:17  
 109:22 152:18  
**welfare (2)** 27:9 28:20  
**went (24)** 11:9,10 14:16  
 15:24 21:4 25:20 33:20  
 41:15 49:20 51:6 53:8  
 68:10 70:16 118:6,22  
 119:2 133:20 137:17,18  
 148:3 152:11 153:5 161:6  
 165:7  
**werent (20)** 16:6 19:4,12  
 23:20 39:20 53:7 69:9,12  
 90:3 93:11 95:20 97:18  
 100:23 111:17 115:4,11  
 119:9 120:17 158:11  
 161:21  
**west (10)** 1:15 2:5 10:5  
 18:22 19:17 44:25 45:25  
 55:15 81:24 93:6  
**westminster (1)** 159:3  
**weve (25)** 3:22 5:15 18:14  
 23:10 35:15 50:19 51:25  
 74:15 78:15,21 88:15  
 91:19 109:3 111:4 115:11

122:19 124:18 131:2  
 132:19 136:7 138:6  
 139:10,12 152:9 163:21  
**whatever (10)** 45:19,20  
 48:18,22 50:5 53:23  
 102:22 147:13 154:11  
 169:13  
**whats (6)** 10:8 61:14,15  
 120:21 146:19 150:6  
**whatsoever (1)** 170:2  
**whenever (2)** 90:12 171:14  
**whereas (2)** 15:12 19:19  
**whereby (2)** 125:20 126:20  
**wherever (1)** 141:25  
**whichever (1)** 126:3  
**whist (5)** 6:4 48:3 61:20  
 63:3 136:24  
**whip (4)** 136:15,17,25  
 137:11  
**whiskey (2)** 38:18 39:4  
**whittle (10)** 86:10,14,16  
 87:13 113:1 114:25  
**whod (3)** 16:3 59:20,25  
**whole (1)** 105:22  
**wholly (1)** 116:24  
**whom (1)** 75:24  
**whos (12)** 27:13,14 37:25  
 69:2,13 141:24 144:8,11  
 145:21,22 169:13,19  
**whose (1)** 27:9  
**who's (3)** 9:14 144:5 156:17  
**wideranging (2)** 118:13  
 157:19  
**winchester (17)** 85:25 89:14  
 90:9 93:9 95:20 97:12,16  
 99:7 101:3,22 103:18  
 132:17 135:4 161:11,13,22  
 162:9  
**wish (5)** 37:4 50:5 88:18,19  
 120:1  
**wishes (1)** 170:17  
**wishing (1)** 34:7  
**witness (14)** 18:3 23:1 25:20  
 42:6 44:5,6 47:25 49:22  
 83:6 88:16 152:8 156:11  
 157:20 170:25  
**wonder (1)** 59:7  
**wont (9)** 8:23 56:12 81:2  
 104:20 105:5 107:6 135:2  
 155:18 158:21  
**wood (3)** 88:24,24,25  
**woodcock (4)** 37:15 49:19  
 66:16 71:10  
**wore (1)** 36:10  
**work (74)** 1:15 3:7,24 4:3,18  
 6:8 11:9,10 14:16 15:25  
 19:16 21:17 23:16 25:2  
 26:20 27:1,12,12 28:22  
 37:12,14 45:2 47:22 51:10  
 56:21 57:8  
 58:6,9,13,18,20,21,24,24  
 59:20 60:8,14,18 62:4,23  
 63:8 65:25 66:2,24 79:5  
 84:1,1 89:21 92:6,22  
 105:5,18,20,23  
 106:19,20,22,22,23 107:12  
 111:7 113:17,18 119:17  
 135:17 137:17 138:3,8  
 140:1 151:15,18 157:4  
 163:3 171:18  
**worked (18)** 1:8 4:15 5:24  
 6:4 7:6 17:14 24:25 30:7  
 34:16 52:1 57:3 58:4 66:15  
 105:10 106:23 135:13,18  
 161:18  
**working (29)** 6:11,14 10:10  
 25:3 29:6 31:25 34:4,12  
 37:19,25 57:13 58:2 60:23  
 64:9 65:4,13 66:3 76:25  
 91:20 99:2 102:13 106:10  
 114:15 143:20 148:16  
 160:11,18,24 162:18  
**workplace (1)** 59:3  
**works (2)** 52:1 62:7  
**world (2)** 14:11 44:19

**worried (2)** 11:14 145:13  
**worry (1)** 141:3  
**worst (1)** 102:10  
**worth (1)** 122:14  
**wouldnt (17)** 15:8 17:21  
 26:5 46:4 61:2 62:18,21  
 63:17 113:19 125:2 127:1  
 144:20 146:3 147:8 154:18  
 157:12 160:22  
**written (2)** 92:25 123:1  
**wrong (9)** 47:19 84:12  
 103:1,3 110:24 116:19  
 117:5 137:17 138:17  
**wrongly (2)** 15:16 130:16

---

**X**

**x (1)** 173:1

---

**Y**

**year (12)** 1:23 2:18 3:14 44:7  
 86:18 91:17 101:14,21,24  
 109:18 111:5 112:15  
**years (9)** 7:7 66:24 87:14  
 96:7 115:15 121:2 129:12  
 161:19 165:10  
**yesterday (3)** 6:21 12:2,3  
**yet (2)** 45:20 107:1  
**you'd (15)** 11:17 17:4 28:7  
 33:20 35:4,5 40:9 45:1  
 66:15 73:2 75:18 91:25  
 111:2 113:9 114:7  
**youll (2)** 18:13 134:17  
**youre (43)** 3:13 7:1 12:17  
 15:24 18:16 19:25 20:3  
 21:10 23:3 24:13 25:20,21  
 28:6 29:10 38:14 40:23  
 45:17 48:3 61:13 62:9  
 66:1,1,3 70:9 78:16 83:16  
 92:3 97:17 101:3  
 119:16,25 120:1 129:6  
 135:11,12 140:12  
 143:3,22 152:8 153:15  
 154:3 158:16  
**you's (2)** 24:4 38:17  
**yourself (11)** 4:25 12:19  
 46:17 47:22 56:24 65:5  
 68:1,6 82:19 84:2,13  
**yourselves (1)** 79:6  
**youve (27)** 14:7 17:3 22:19  
 62:2 66:8 72:22 95:16  
 110:21 113:14 117:25  
 131:5 132:16 133:4,9  
 134:1 135:1,3 137:7  
 139:13 148:11,14 156:9  
 161:6 162:2 167:9 169:14

---

**Z**

**zero (1)** 29:13  
**zoom (1)** 163:14

---

**1**

**1 (15)** 13:11 28:14,16 38:8  
 52:15,19 69:22 71:12  
 75:25 76:3 82:1,5 104:16  
 173:3,4  
**10 (5)** 88:3,6,7,17 171:21  
**100 (3)** 7:13 68:16 116:14  
**1000 (1)** 172:1  
**101 (2)** 164:16 165:14  
**1027 (1)** 163:15  
**1033 (1)** 163:25  
**1034 (1)** 164:4  
**105 (1)** 107:8  
**1052 (1)** 55:4  
**107 (3)** 116:17 121:16  
 173:11  
**10minute (1)** 24:8  
**11 (1)** 41:24  
**1110 (1)** 55:6  
**115 (1)** 107:9  
**1155 (1)** 88:9  
**12 (9)** 86:18 98:24 115:10  
 116:11 124:9,11 158:16  
 160:21 165:25

**1215 (1)** 88:11  
**13 (6)** 23:2 28:22,24 37:10  
 89:13 95:8  
**130 (2)** 8:3 99:8  
**130s (1)** 7:15  
**14 (5)** 9:6 13:8 28:22,25  
 158:22  
**15 (1)** 88:3  
**156 (1)** 173:12  
**166 (1)** 173:13  
**18 (1)** 23:19  
**19 (3)** 55:10 73:22 158:14

---

**2**

**2 (23)** 4:7 7:7 12:18 13:12  
 28:18 32:4 37:16,25 39:25  
 58:22 66:15

---

5

5 (7) 29:8 86:3 96:7 124:2  
125:22 140:17,23  
50 (1) 8:5  
50s (1) 23:15  
530 (1) 37:7  
55 (1) 91:13  
56 (1) 173:5

---

6

6 (5) 7:2 29:8 89:19 90:24  
92:9  
60s (1) 23:15

---

7

7 (2) 7:2 98:1  
74 (1) 173:6  
77 (2) 141:15,15

---

8

8 (2) 148:20,21  
84 (1) 116:17  
88 (1) 173:8  
89 (1) 173:9

---

9

9 (2) 93:10 149:17  
90 (3) 84:19,23 85:1  
93 (1) 173:10  
930 (1) 1:2  
937 (1) 1:4  
99 (1) 87:8