

OPUS2

Manchester Arena Inquiry

Day 112

June 7, 2021

Opus 2 - Official Court Reporters

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Monday, 7 June 2021

1
 2 (10.00 am)
 3 SIR JOHN SAUNDERS: Good morning.
 4 MR GREANEY: We are going to continue today with evidence
 5 relating to the North West Ambulance Service. The
 6 gentleman in the witness box is Derek Poland and I'll
 7 ask that he be sworn, please.
 8 MR DEREK POLAND (sworn)
 9 Questions from MR GREANEY
 10 MR GREANEY: Tell us your full name, please.
 11 A. Derek Alan Poland.
 12 Q. Mr Poland, first your employment history, please. Have
 13 you worked for Nwas since 1995?
 14 A. I have, yes.
 15 Q. Did you join as a student paramedic and work your way
 16 through the ranks so that by 2012 you were an operations
 17 manager?
 18 A. Yes.
 19 Q. And is that the rank, operations manager, that you held
 20 on 22 May 2017?
 21 A. It was, yes.
 22 Q. In that role were you responsible for running four
 23 ambulance stations and their staff in South Manchester?
 24 A. Yes.
 25 Q. And although your role did not involve working on

1

1 a day—to—day basis on front line emergency vehicles, did
 2 you in 2017 still retain competency as a clinician?
 3 A. Yes.
 4 Q. So as of the night of the arena attack, were you still
 5 able to respond, if a need arose, as a clinician?
 6 A. Yes.
 7 Q. Next your specialist training. In May 2017 did you hold
 8 the position of operational commander —
 9 A. Yes.
 10 Q. — or Bronze commander as it's sometimes called?
 11 A. Yes.
 12 Q. And in fact had you held that position since 2012?
 13 A. Yes.
 14 Q. So essentially at that time at which you became
 15 operations manager, you also became an operational
 16 commander?
 17 A. Yes, and went on to the on—call rota.
 18 Q. Had you undergone specific training to enable you to
 19 perform that role as operational commander?
 20 A. Yes, down at the National Ambulance Resilience Unit.
 21 Q. As of 22 May, had you ever performed the role of
 22 operational commander in relation to a real life event?
 23 A. We get sent to road traffic accidents, we get sent to
 24 large things, so possibly yes, but it's been quite
 25 a while since I have been operational so I can't be

2

1 exact on other things, but yes I have.
 2 Q. It seems from what you have said that there had not
 3 been, prior to the arena attack, any major event in
 4 which you had held the position of Bronze commander?
 5 A. No.
 6 Q. You had also, I think, undertaken training in the
 7 following: first of all, the Special Operative Response
 8 Team?
 9 A. Yes.
 10 Q. And secondly, the Ambulance Intervention Team or AIT?
 11 A. Yes.
 12 Q. And in fact you had been trained as an AIT commander; is
 13 that correct?
 14 A. I still had some aspects of that to complete, but I was
 15 AIT, yes.
 16 Q. So you were AIT?
 17 A. Yes.
 18 Q. But as of May 2017, there were still some aspects of
 19 your training —
 20 A. Yes (overspeaking) exercise to complete the competency.
 21 Q. And to complete the competency to become a commander?
 22 A. Yes.
 23 Q. I need to ask you just a little bit about those teams
 24 and also the Hazard Area Response Team because we are
 25 going to return to them at various stages in your

3

1 evidence. And at the same time I'm going to ask you
 2 about the NCMCV or the National Capabilities Mass
 3 Casualty Vehicle, and we can do that by reference to the
 4 major incident response plan of Nwas. I'm certain
 5 that's a document, am I correct, that you're familiar
 6 with?
 7 A. Yes.
 8 Q. So the various teams and the vehicles which are referred
 9 to are dealt with in section 9.5 of the plan. Mr Lopez,
 10 this is {INQ013132/1}. That is the plan and the page
 11 reference is {INQ013132/42}.
 12 So I can see it's appearing on our screens but isn't
 13 on the big screen for some reason. I'm sure that will
 14 be corrected. In all events, we can all see it.
 15 We can see at 9.5, the heading is:
 16 "Specialist Nwas teams and resources. These are
 17 teams that can assist with the response to an incident
 18 with specialised equipment, resources or knowledge."
 19 And as of May 2017, were you familiar with these
 20 teams and their capabilities?
 21 A. Yes.
 22 Q. So first of all, the Special Operations Response Team or
 23 SORT. I'm not going to read through all of that, but
 24 are SORT principally concerned with the response to CBRN
 25 events?

4

1 A. Yes.
 2 Q. So in other words chemical, biological, radiological or
 3 nuclear events, but nonetheless do they have skills over
 4 and above most paramedics?
 5 A. Not as paramedics because — but they have got
 6 additional skills to where they are. So an EMT is
 7 a member of the SORT team. So they are additional
 8 skills but not over and above a paramedic.
 9 Q. So additional skills?
 10 A. Additional skills, yes.
 11 Q. For example, is one of those additional skills in the
 12 setting up of a casualty clearing station?
 13 A. Yes.
 14 Q. And do SORT-trained staff perform their duties alongside
 15 their normal duties?
 16 A. Yes.
 17 Q. So one would be a paramedic but would additionally have
 18 a qualification as a member of SORT?
 19 A. Yes.
 20 Q. And were you SORT-trained at the time of the arena
 21 attack?
 22 A. I was, yes.
 23 Q. I'm going to ask you this question in general terms, it
 24 will deserve a yes-or-no answer: was there a SORT
 25 capability in Greater Manchester on 22 May 2017?

5

1 A. Yes, there was. But if I can just expand on that, as
 2 well as doing SORT, they are working on front line
 3 ambulances. So there was a capability there within
 4 Manchester, but as to the numbers on the night, I'm not
 5 fully aware of those.
 6 Q. And I'm sure others can answer that question.
 7 A. Yes.
 8 Q. But so far as you're aware, did any SORT-trained
 9 operative apart from you attend the arena attack that
 10 night?
 11 A. I'm not sure. I can't — I can't answer correctly
 12 because I don't know everyone's qualifications. It's
 13 held within our computer dispatch system, in there, in
 14 the CAD against their name.
 15 Q. Do you remember seeing anyone there and thinking to
 16 yourself, "That person is SORT-trained"?
 17 A. I think later on there was a couple, yes.
 18 Q. And by later on, what time are you talking about?
 19 A. After midnight, 1 o'clock, I think.
 20 Q. So at a late stage in these events?
 21 A. Yes.
 22 Q. And after all casualties who could be helped had been
 23 removed —
 24 A. Yes.
 25 Q. — from the City Room.

6

1 Next in the plan, 9.5.2, the Hazardous Area Response
 2 Team, HART, and we're now well familiar with this team.
 3 I don't know we need to go into the detail of it with
 4 you, but am I correct that that is a dedicated team by
 5 which I mean that those members of the team do not
 6 perform their role alongside other duties?
 7 A. No.
 8 Q. Do you agree that it is a team trained and equipped to
 9 operate in a Plato warm zone?
 10 A. Yes.
 11 Q. Which would be described by NWS as a hot zone or the
 12 inner cordon?
 13 A. Yes.
 14 Q. And we know that there was a HART capability in Greater
 15 Manchester that night because they arrived at the arena.
 16 Were you HART-trained yourself as at 22 May?
 17 A. No.
 18 Q. Had you ever been HART-trained?
 19 A. No.
 20 Q. But am I correct that you knew of the capabilities of
 21 that team?
 22 A. Yes, because we do train with the HART team sometimes.
 23 Q. Next, in fact not dealt with within the plan, but the
 24 AIT, so the Ambulance Intervention Team. Are the
 25 members of the AIT ambulance staff who have undergone

7

1 additional training?
 2 A. Yes.
 3 Q. And who have appropriate personal protective equipment?
 4 A. Yes.
 5 Q. In order to respond to an MTFa incident?
 6 A. Yes.
 7 Q. And as we've heard, you yourself had received training
 8 as a member of AIT and were on your way to becoming
 9 a commander?
 10 A. Yes.
 11 Q. And again I'll ask this question in general terms: was
 12 there an AIT capability in Greater Manchester that
 13 night?
 14 A. Yes.
 15 Q. And did it turn out?
 16 A. We include the HART team within that AIT capability.
 17 The HART team did turn out, yes.
 18 Q. But beyond —
 19 A. Beyond the HART team I'm not aware because we didn't all
 20 train together because of standing people down from
 21 shifts, etc. There is a list that I am aware of now
 22 that is kept by the ROCC and that is updated daily.
 23 Q. So we will be able to ascertain the position from that.
 24 But I can ask you this: do you remember being there that
 25 night and saying to yourself, "I recognise that person,

8

1 he is a member of or she is a member of AIT"?

2 A. No.

3 Q. I think you will be able to agree that bearing in mind

4 their training and their equipment, they were a resource

5 that would have been of value that night?

6 A. Yes.

7 Q. Now, next the National Capabilities Mass Casualty

8 Vehicle. We can see this on the screen, please. Leave

9 these pages on until I ask you to take them off, please.

10 It's the bottom of {INQ013132/42}:

11 "The NCMCV are part of the National Capabilities

12 programme. Each vehicle contains enough medical

13 equipment to provide emergency treatment for..."

14 And over the page {INQ013132/43} -- top of the page,

15 please:

16 "... 100 casualties, either P1 or P2, and 250 P3

17 casualties .

18 "The equipment ratio is based on planning

19 assumptions of incidents involving 80% adults to 20%

20 paediatric casualties . The NCMCV also carries mass

21 oxygen delivery systems and a range of specialised drugs

22 and equipment to be used by doctors if required.

23 "NWS holds three NCMCVs on behalf of the Department

24 of Health, one located in each operational area."

25 So should we understand from that that an NCMCV was

1 a capability available in Greater Manchester on the

2 night of the attack?

3 A. Yes.

4 Q. It was a significant resource, do you agree, bearing in

5 mind it had equipment for treating 100 P1 or P2

6 casualties ?

7 A. Yes.

8 Q. Did an NCMCV ever attend Manchester Arena that night?

9 A. No.

10 Q. Do you know why not?

11 A. It wasn't requested by anyone as far as I'm aware.

12 Q. Whose responsibility was it to have requested it?

13 A. The operational commander, the tactical commander, if

14 they felt that we needed that vehicle there.

15 Q. In your view, bearing in mind your experience and that

16 you were there that night, should an NCMCV have been

17 requested?

18 A. No. There comes problems with requesting these

19 vehicles , in my opinion. One, you need to get somebody

20 to where the vehicle is based. You then need to get

21 into that base. You then need to get the key cabinet

22 for that base and all these issues cause problems and

23 can cause delays.

24 SIR JOHN SAUNDERS: If it was not required for the arena

25 emergency, when would it ever be required where the

1 deficits outweigh the benefits in your mind?

2 A. When we haven't got the resources on scene to deal with

3 it , so we can give these dressings out to people to help

4 with the casualties .

5 SIR JOHN SAUNDERS: So are you saying you had enough

6 resources on the ambulances that night?

7 A. We had enough stock on the ambulances I felt.

8 And I know that from doing audits on vehicles that we

9 overstock our vehicles because we are away from station

10 for more or less 7 or 8 hours, so they have to have

11 enough stock on because there's no downtime for them to

12 go back to the station to restock. But I do know they

13 carry excess stock on vehicles .

14 MR GREANEY: I just want to pick up on the question the

15 chairman asked, and it will be my fault, I didn't

16 entirely understand your answer.

17 These are vehicles designed assist in a situation

18 where you have literally hundreds of P1, P2 and P3

19 casualties . The arena attack was a situation in which

20 there were hundreds of P1, P2 and P3 casualties. And so

21 on the face of it would seem reasonable to suggest that

22 this was precisely the situation in which such a vehicle

23 should have been deployed.

24 A. Possibly, yes, but like I say, we had enough stock on

25 the vehicles . We had enough vehicles present. Plus we

1 had the stock from the HART team, what they carry on

2 their vehicles as well, so at no point was I concerned

3 about the stock or lack of stock in treating patients.

4 Q. Can you anticipate any situation in which such a vehicle

5 would be of value?

6 A. Yes, if it's going to be a prolonged incident, then yes,

7 we would need that vehicle there.

8 Q. Now, next, 9.5.4, Incident Support Units:

9 "The ISUs are used to transport specialist major

10 incident or decontamination equipment to the scene of an

11 incident . There are two types of Incident Support Unit:

12 one, a major Incident Support Unit carrying specialist

13 equipment for the triage and treatment of a number of

14 casualties in a major incident and, secondly,

15 a decontamination unit.

16 "The vehicles contain shelters as well as a range of

17 equipment that will assist in the response to a major

18 incident."

19 Did any Incident Support Unit attend the arena on

20 the night of the attack?

21 A. No, not that I'm aware of.

22 Q. Bearing in mind that such units carry specialist

23 equipment for the triage and treatment of a number of

24 casualties in a major incident, should such units have

25 attended?

1 A. Again, no, because we had enough equipment on the
2 ambulances, my vehicle, the HART team vehicles that were
3 there, and I felt we had enough to deal with the
4 incident on the night.
5 Q. And then finally on this topic, Public Support Unit:
6 "The PSU is designed to transport first aid
7 equipment to the scene of a mass casualty incident. The
8 intention is for basic first aid equipment to be
9 transported to scene to be available for use by the
10 public and qualified first aiders in the initial stages
11 of an incident."
12 The location of the PSUs are given and then this:
13 "Each vehicle carries three cages containing: 10
14 canvas stretchers; 1,000 wipes; 500 dressings; 1,000
15 blankets."
16 Did any Public Support Unit attend the arena on the
17 night of the attack?
18 A. I'm not sure whether -- the HART team sometimes attend
19 in a Public Support Unit, but I wasn't aware because
20 I didn't see the HART vehicles and where they were
21 parked.
22 Q. You become the parking point officer, did you not?
23 A. Yes.
24 Q. So you spent a good deal of your time on Station
25 Approach, I imagine?

13

1 A. Yes.
2 Q. Did you ever see any Public Support Unit?
3 A. Not on Station Approach, no.
4 Q. And should there have been a Public Support Unit or
5 units there that night?
6 A. It would have helped with the stretchers, but again,
7 we've got the same issue as we have with the National
8 Mass Casualty Vehicles: it's getting someone to that
9 vehicle's location, getting into the location, and it's
10 all been addressed now with the predetermined
11 attendance, where we know what's there. There wasn't
12 a PDA for the arena on the night of the attack though.
13 So it can cause delays, but because -- it can cause
14 delays getting these vehicles as I have used them myself
15 for football and other events.
16 Q. If the cause of the delay is finding someone who has got
17 the keys and who can get access to the premises, those
18 are delays which are eminently foreseeable; do you
19 agree?
20 A. Yes.
21 Q. And cannot, on the face of it, be a reason not to have
22 deployed Public Support Units to the arena on the night?
23 A. No. I'm not saying it is a reason. Unless we get it
24 early in the incident, then with the vehicles that we
25 had there, I felt we had enough equipment there, apart

14

1 from the canvas stretchers.
2 Q. That's precisely the issue that I was going to press you
3 upon and you have identified it yourself.
4 They would have been an invaluable resource in terms
5 of stretchers, would they not?
6 A. Yes.
7 Q. Because the issue of stretchers was to become
8 a significant one as the incident developed?
9 A. Yes.
10 Q. Now, let's turn, Mr Poland, to the night of 22 May.
11 We've been through much of this already with Paddy Ennis
12 and with Dan Smith. Did you see their evidence?
13 A. Yes.
14 Q. And so I'm not going to repeat their evidence with you;
15 that would be of no value to the chairman. But what
16 I will be interested in are particular areas in which
17 you have or may have an insight.
18 Before we get to that, as I have understood your
19 evidence, you did not yourself enter the City Room that
20 night?
21 A. No.
22 Q. But nonetheless, can I say by way of warning, your
23 evidence is capable of being distressing to some and
24 those who are watching should bear that in mind.
25 So with that warning having been said, let's turn to

15

1 22 May.
2 On the night of that date, were you on call but at
3 home?
4 A. Yes.
5 Q. And at about 22.40 did you receive a call from the
6 Emergency Operation Centre?
7 A. Yes.
8 Q. And I'm certain that you will have seen a transcript of
9 what you were told. We don't need to have it on the
10 screen because that may waste time, but it's
11 {INQ015336T/1}.
12 Do you agree that the transcript reveals that you
13 were told that there had been a bombing or shooting at
14 the Manchester Arena?
15 A. Yes.
16 Q. That there was a rendezvous point of Thompson Street
17 Fire Station?
18 A. Yes.
19 Q. And that a person called Matt Calderbank was, along with
20 you, being deployed to the arena?
21 A. Yes.
22 Q. And was Matt Calderbank someone that you knew?
23 A. Yes, we became operations managers about the same time.
24 Q. So he was an operations manager in May 2017?
25 A. Yes.

16

1 Q. Having received that call, did you get ready to depart
 2 your home as quickly as possible?
 3 A. Yes.
 4 Q. And fortuitously was your home — we won't mention
 5 where — but just a short distance from the arena?
 6 A. Around 5 or 6 miles, yes.
 7 Q. Did you travel in an unmarked vehicle but on lights and
 8 siren?
 9 A. Yes.
 10 Q. And at 22.57, just before you arrived, did you receive
 11 a further message from the EOC?
 12 A. Yes.
 13 Q. Again I'll give the reference but we don't need it on
 14 screen: {INQ015100T/1}. Am I correct that that message
 15 informed you that someone called Paddy was already at
 16 the scene?
 17 A. Yes.
 18 Q. That he had declared a major incident?
 19 A. Yes.
 20 Q. With at least 40 casualties?
 21 A. Yes.
 22 Q. And that there was a new rendezvous point of Hunts Bank?
 23 A. Yes.
 24 Q. Did you know at the time who the Paddy to whom reference
 25 was made was?

17

1 A. Yes, he collects his vehicle from Sharston station. I'm
 2 aware of Paddy, yes.
 3 Q. Did you know that he was Paddy Ennis and an advanced
 4 paramedic?
 5 A. Yes.
 6 Q. Did you know where Hunts Bank was?
 7 A. Yes, I have worked the city centre for many years.
 8 I got confused between Victoria Station Approach and
 9 Hunts Bank, I thought it was all the same. But yes,
 10 I knew the general area.
 11 Q. Did you know the railway station itself?
 12 A. Yes.
 13 Q. Did you know the arena and the surrounding area?
 14 A. Yes, I have been to a concert earlier in the year and to
 15 many calls within Victoria Station.
 16 Q. And had you been to many calls within the City Room?
 17 A. It wasn't called the City Room at that point. I think
 18 a few calls to the McDonald's that used to be in that
 19 area, but yes, I did know where the City Room was.
 20 Q. What we understand the position to be was that there was
 21 not within NWSA a site-specific plan for the arena. If
 22 there had been such a plan, would it in your judgement
 23 have made any difference that night?
 24 A. No. It would have been handy to have, but not on the
 25 night, no.

18

1 Q. Why would it have been handy to have?
 2 A. Just to be able to — the distance between — to see
 3 where Paddy was going. It's to help where all the
 4 casualties were within that City Room. That sort of
 5 thing, that's all. But not on the night, no.
 6 Q. So as we know from what you have said already, and this
 7 isn't a criticism of you, you didn't go to the City Room
 8 yourself at any stage that night, did you?
 9 A. No.
 10 Q. So is it the position that you had a general awareness
 11 of the geography that you were dealing with?
 12 A. Yes.
 13 Q. Was it more than a general awareness?
 14 A. As I said, I have been to concerts myself or events at
 15 the arena. So I was aware of the City Room and what was
 16 within there.
 17 Q. Did you have clearly in mind the task that would face
 18 people seeking to transport a casualty from the
 19 City Room to the bottom of the staircase leading to the
 20 overbridge?
 21 A. Yes, I knew there was a couple of flights of stairs.
 22 Q. We know that having received that call, the first one at
 23 about 22.40, you did indeed arrive at the arena
 24 speedily. We can time your arrival from the CCTV
 25 footage. Mr Lopez, can we have on the screen, this is

19

1 an INQ reference you are very familiar with,
 2 {INQ035612/1} and once you have found it, it's page
 3 {INQ035612/171}, please.
 4 So it's 22.59.49, just before 11 pm, and we can see
 5 that Dan Smith, who was to become the operational
 6 commander, has met up with MERIT doctor Michael Daley on
 7 Station Approach just outside the war memorial
 8 substance.
 9 Then {INQ035612/172}, please. Seconds later, the
 10 two of them have headed inside.
 11 And then {INQ035612/173}, seconds later, you have
 12 arrived and it's now 11 seconds past 23.00. Is that the
 13 vehicle in which you had arrived or had you parked
 14 elsewhere?
 15 A. No, that's my vehicle.
 16 Q. This is the very moment you arrive on Station Approach?
 17 SIR JOHN SAUNDERS: Again, just in case anyone gets
 18 confused, on the before we have the wrong time. We have
 19 seen it before.
 20 MR GREANEY: You're quite right.
 21 So you are — quite right. So it's 22.59.53. This
 22 is seconds after Mr Smith and Dr Daley have arrived at
 23 22.59.49. We might actually correct that on the
 24 document. We will be looking at this again in due
 25 course. So thank you for that, sir.

20

1 So you have arrived literally seconds past 23.00 and
 2 so about 20 minutes after you have been — I think you
 3 were in bed asleep, were you?
 4 A. Yes.
 5 Q. After you've been woken up.
 6 We're going to see that you go inside and then into
 7 a discussion. So let's follow this through.
 8 It's {INQ035612/182}. It's the top image, please.
 9 So 23.01.01. Advanced paramedic Patrick Ennis is
 10 walking down the stairs on to the main concourse, and as
 11 I'm certain you will know from his evidence, he had
 12 spent a period of five or so minutes in the City Room,
 13 gaining some situational awareness.
 14 Then the bottom image on {INQ035612/182}, 5 seconds
 15 later, 23.01.06:
 16 "Derek Poland (white square)..."
 17 Do you agree that's you?
 18 A. Yes.
 19 Q. "... has joined the group of NWAS staff which includes
 20 operational commander Daniel Smith, NWAS MERIT doctor
 21 Michael Daley, and paramedic Matthew Calderbank."
 22 A. No, he wasn't there at that time.
 23 Q. That's an error. Thank you very much indeed for
 24 pointing that out. He comes a little later, does he?
 25 A. Yes, around 20 past, I think.

21

1 Q. Thank you, Mr Suter.
 2 I'm told that there was a problem at Spinningfields
 3 as a result of which they had no picture or sound for
 4 the first 20 minutes. There was no request made to
 5 stop, for which we are very grateful, and the problem
 6 has now been sorted but it's only right we should make
 7 you aware of that, sir, and we are very grateful to
 8 those at Spinningfields for not taking any step that
 9 would result in —
 10 SIR JOHN SAUNDERS: We are obviously very sorry that's
 11 happened.
 12 MR GREANEY: As you have said a number of times, we are
 13 fortunate the technology generally, almost invariably,
 14 works well, but on this occasion it has not.
 15 So at {INQ035612/182} we have seen that you, at any
 16 rate, have joined a group of NWAS staff that includes
 17 Dan Smith?
 18 A. Yes.
 19 Q. Was Dan Smith someone that you knew?
 20 A. Yes.
 21 Q. Knew him well?
 22 A. Yes.
 23 Q. And in hierarchical terms, where was he within NWAS in
 24 relation to you?
 25 A. He was — he was a rank above me. A couple of — he was

22

1 a rank above me.
 2 Q. Let's go back to those images. We had {INQ035612/182}
 3 on the screen. Could we go to {INQ035612/183} where
 4 we're going to see the discussion continues:
 5 "At 23.01.24, Patrick Ennis has a conversation with
 6 operational commander Daniel Smith, Dr Michael Daley and
 7 paramedic Derek Poland."
 8 And again, do you agree that you are there at that
 9 stage?
 10 A. Yes.
 11 Q. Are you the person wearing the white helmet?
 12 A. Yes, I had put my helmet on.
 13 Q. That's 23.01.24. It's just over a minute after you have
 14 arrived. This is a very early stage in events?
 15 A. Yes.
 16 SIR JOHN SAUNDERS: Are the colour of the helmets
 17 significant or not?
 18 A. No. NWAS wear white.
 19 SIR JOHN SAUNDERS: Thank you.
 20 MR GREANEY: Take that from the screen, thank you.
 21 Do you recall that discussion?
 22 A. I think it was when we decided who was going to be
 23 operational commander, that discussion, and to get the
 24 update from Paddy Ennis.
 25 Q. And so can I be clear that by the end of that

23

1 discussion, which was a short one, did you know that
 2 Dan Smith was operational commander?
 3 A. Yes.
 4 Q. And how did you feel about that?
 5 A. He's a very competent commander, I have a lot of respect
 6 for Dan Smith as a commander and as a paramedic.
 7 Q. And did you have any reservations at all about him
 8 taking that role?
 9 A. No.
 10 Q. At the end of that discussion with Dan Smith and
 11 Paddy Ennis, did you know that there were mass
 12 casualties?
 13 A. Yes.
 14 Q. And by that I mean did you know that there were people
 15 who were dead and people who were severely injured?
 16 A. Yes.
 17 Q. And did you know where those casualties were?
 18 A. Yes.
 19 Q. At that stage did you know that they were in — we call
 20 it the City Room, perhaps you called it the foyer at the
 21 time.
 22 A. The City Room, yes.
 23 Q. And you understood where that location was?
 24 A. Yes.
 25 Q. And we know that, following that conversation,

24

1 Paddy Ennis headed back to the City Room. Did you know
2 that was where he was going?
3 A. Yes.
4 Q. And did you know that he was the only paramedic who
5 would be in there?
6 A. Yes.
7 Q. Bearing in mind what you knew about the situation there,
8 did you think that that — that is to say Paddy Ennis
9 being the only paramedic there — was an unsatisfactory
10 situation?
11 A. No, but I knew the HART team were en route because
12 I asked the question. That was the first question
13 I asked once I had been mobilised. I knew they
14 weren't — I didn't realise they were on another
15 incident, but from their usual base, they usually are
16 not far from the city centre.
17 Q. I'm going to come on to when you made the call about
18 HART. I recognise you did make a call. But necessarily
19 you would have understood that there was going to be
20 a period of time during which Paddy Ennis would be the
21 only person in the City Room?
22 A. Yes.
23 Q. Who was a paramedic?
24 A. Yes.
25 Q. And was that an unsatisfactory state of affairs that

25

1 there was going to be just a single paramedic in a room
2 in which there were mass casualties?
3 A. At that point, yes.
4 Q. Is it fair to say that — I mean, there was quite simply
5 no way in which one paramedic could be expected to cope
6 on his or her own bearing in mind what you knew?
7 A. No, they wouldn't be able to cope.
8 Q. As a result, did you offer, by which I mean offer to
9 Dan Smith, to go to the City Room to support
10 Paddy Ennis?
11 A. Yes.
12 Q. And what was the response?
13 A. I was needed to help set up the command and control
14 within the foyer.
15 Q. We know that some command and control had been
16 established within NWSA by that time. The operational
17 commander had assumed that responsibility. Were you
18 being given an instruction you weren't to go upstairs,
19 you were to stay downstairs?
20 A. Yes.
21 Q. At the time, bearing in mind that you knew that
22 Paddy Ennis would not be able to cope on his own, did
23 you think that was a mistake?
24 A. No, because — no. I knew others would be coming
25 shortly afterwards.

26

1 Q. Well, in the result the others don't come until 11.15,
2 which is quite a substantial period in the context of
3 what was happening; do you agree?
4 A. Yes.
5 Q. But you are saying to us, and I understand this, that at
6 the time you didn't think a mistake was being made and
7 was that because you thought other ambulance staff would
8 arrive shortly afterwards?
9 A. Other staff would arrive and also the area would have
10 been an inner cordon, so we would have had to be careful
11 who we deployed within that area. I know Paddy went in
12 there, but we would have had to — with the other
13 ambulance crews that were coming, we would have to have
14 been very careful.
15 Q. I'm going to come on to the issue of zones, which I know
16 you do have an insight on, but you will remember I'm
17 concerned to explore with you particular areas in
18 respect of which you have an insight.
19 You have been clear you didn't think at the time
20 a mistake was made. Now that you look back with the
21 knowledge of when it was that the HART team turned up,
22 they get there at 23.13 and deploy into the City Room at
23 23.15, now do you think it was a mistake to decline your
24 offer to go into the City Room?
25 A. No, because it's — it took a time — no, I don't.

27

1 There was a lot to be done and there was a lot for one
2 person to do — in both areas there's a lot for one
3 person to do, both in City Room and setting up the
4 command and control.
5 Q. You were to be given, as I'm going to explore with you,
6 the role of parking officer or parking point officer.
7 And someone looking at all of these circumstances might
8 have thought — might think that sorting out the parking
9 outside was less important than you, a highly
10 experienced paramedic, deploying into the room where the
11 casualties were. So could I give you the opportunity to
12 comment upon that?
13 A. We've still — Paddy would only have been going back in
14 to do a rapid triage and triage sieve for those patients
15 within that room which Paddy was more than capable to do
16 and start labelling the patients within that room for
17 evacuation.
18 As I arrived, the patients were starting to be
19 brought down by police, by members of the public, by
20 other people, so the evacuation of casualties had
21 already started with — yes, some were walking. But it
22 was just for a rapid triage for Paddy to go back into
23 there to do and not start any treatment for anybody.
24 Q. I entirely understand that we are looking back at these
25 events years later and poring over decisions that were

28

1 made in seconds over the course of minutes, hours and
 2 days. But some would suggest it was obvious that more
 3 paramedics needed to be in that room as soon as
 4 possible, and what is your view about that?
 5 A. Yes, more people were needed in there, but it wasn't to
 6 do treatment. Right from the start, we'd decided that
 7 treatment wasn't to be done within that room as it
 8 wasn't safe, it wasn't a nice environment for the
 9 patients. We were already bringing the walking wounded
 10 out anyway. We wanted to get them to a safer place
 11 before we could start doing the treatment and that had
 12 already commenced quite rapidly.
 13 SIR JOHN SAUNDERS: Mr Poland, what I understand as being
 14 the rapid triage still does involve, if someone has
 15 life-threatening injuries, to do something to stop the
 16 life-threatening injury before you move on. At this
 17 stage, did you know how many people Paddy Ennis may be
 18 dealing with who had life-threatening injuries who
 19 needed some form of treatment?
 20 A. No, I didn't have exact, accurate numbers at that point.
 21 MR GREANEY: So isn't this a problem, as the chairman has
 22 identified, that where someone has a catastrophic bleed
 23 or some form of airway obstruction and needs urgent
 24 life-saving treatment, the triage sieve does involve
 25 giving treatment, does it not?

1 A. Yes.
 2 Q. And at that stage when these decisions are being made to
 3 make you the parking officer and to tell you not to go
 4 upstairs, you, by which I mean you and the operational
 5 commander, simply have no real idea of the scale of what
 6 is confronting Paddy Ennis?
 7 A. No.
 8 SIR JOHN SAUNDERS: Again, I'm not trying to pick what you
 9 are saying apart, but when you said Paddy would be going
 10 to do a rapid triage, he was well capable of doing that,
 11 you actually couldn't have any idea, even now with
 12 hindsight, whether he was in fact capable of doing that
 13 rapid triage?
 14 A. No.
 15 MR GREANEY: I said I'll come on to zones and I'll in just
 16 a moment, but I just want your evidence about this.
 17 You arrived very shortly after, we know, that
 18 Dan Smith and Dr Daley had a short conversation with an
 19 armed police officer. You may remember at the very end
 20 of Dr Daley's evidence an image emerged of that
 21 conversation. That was just before you entered the
 22 station, in fact. But do you recall being told, either
 23 by Dr Daley or by Dan Smith, in that initial
 24 conversation at 11.01 about any instruction from GMP
 25 that NWS staff not go to the City Room?

1 A. I don't recall any conversation but I was aware armed
 2 police were at the bottom of the stairs because I had
 3 walked past those to get to Dan Smith and Dr Daley.
 4 Q. So you remember the presence of armed police?
 5 A. Yes.
 6 Q. But you don't remember anyone saying to you, "They have
 7 said to us don't deploy into the City Room"?
 8 A. No.
 9 Q. Let's be clear about this: if you had been told, "GMP
 10 have said no deployment into the City Room", that would
 11 have been a matter of significance, would it not?
 12 A. Yes.
 13 Q. And so do you think it's likely that if you had been
 14 told any such thing, you would recall it?
 15 A. Yes.
 16 Q. At all events, the reason why you were told not to go
 17 upstairs was nothing to do with GMP; it was because you
 18 were told by Dan Smith, "Stay down here because we need
 19 to establish command and control"?
 20 A. Yes.
 21 Q. So there are a number of aspects of that that I want to
 22 explore with you.
 23 In May 2017 what understanding did you, if any, of
 24 Operation Plato?
 25 A. I knew of Operation Plato because it had been used or

1 mentioned on a previous incident I had attended. I knew
 2 it was what the police initiated for an MTFA-type
 3 incident.
 4 Q. So you had that basic, although it sounds accurate,
 5 information. Did you have an understanding of what the
 6 declaration of Operation Plato would mean in the event
 7 of a major incident?
 8 A. Yes.
 9 Q. And what as of May 2017, so stripping away what you may
 10 now know, what did you understand it would mean?
 11 A. That zones would be designated and only specialist, ie
 12 the police, would be working within certain zones and
 13 ourselves in other zones.
 14 Q. So did you understand that there would be or at any rate
 15 would be expected to be a hot zone, a warm zone and
 16 a cold zone?
 17 A. On an MTFA, yes.
 18 Q. So in an MTFA and once Plato has been declared, into
 19 which area or areas did you understand NWS would be
 20 deployed?
 21 A. NWS specialist resources, ie HART, only into the warm
 22 zone; all other resources only in the cold zone.
 23 Q. So HART and AIT into the warm zone?
 24 A. Yes.
 25 Q. When I say warm zone, I'm talking about a Plato warm

1 zone. And other paramedics, including advanced
 2 paramedics, without HART training and equipment, not to
 3 go into the warm zone but to remain in a cold zone?
 4 A. Yes.
 5 Q. And no NWAS staff to go into a Plato hot zone?
 6 A. No.
 7 Q. So that was an understanding that you had as of May
 8 2017?
 9 A. Yes.
 10 Q. Did you have knowledge of what I'm going to call NWAS
 11 zoning?
 12 A. Yes.
 13 Q. And what was NWAS zoning?
 14 A. We used inner cordon and outer cordon. The inner cordon
 15 was more or less the red -- the hot and the warm zones.
 16 The outer cordon was the cold zones.
 17 Q. And which NWAS staff would be able to work in which of
 18 those areas?
 19 A. Again, the AIT and the HART team.
 20 Q. They would work in the inner cordon?
 21 A. Yes.
 22 Q. And other paramedics?
 23 A. No.
 24 Q. They would be in the cold zone and not permitted to
 25 enter?

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1 A. No.
 2 Q. In your second witness statement, and I should have said
 3 you've given two statements, the first dated 8 June 2018
 4 and the second dated 31 October 2019, in your first
 5 statement you don't deal or at any rate deal
 6 exclusively, I think, with zoning. But in your second
 7 statement you do deal with zoning and I'm going to ask
 8 that we put on the screen what you said so that I can
 9 ask you to elucidate.
 10 Mr Lopez. This is {INQ02567/4}. If you could
 11 enlarge paragraph 16, please. I think you will
 12 understand that one of the issues we're very concerned
 13 to explore is the issue of zoning, what people thought
 14 about it or were told about it at the time.
 15 So you say -- I'm really sorry about my voice,
 16 Mr Poland. Excuse me.
 17 Paragraph 16:
 18 "Dan and I discussed..."
 19 You are talking about an early stage in events:
 20 "... the respective zones at scene and carried out
 21 a Dynamic Operational Risk Assessment (DORA) with
 22 respect to zones and deployment of staff."
 23 Just pausing for a moment, do you recall having
 24 an actual discussion with the operational commander,
 25 Dan Smith, about zoning?

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1 A. Yes, because we needed to know where we were going to
 2 start treating casualties.
 3 Q. "My understanding was that the City Room where Paddy was
 4 located was a hot zone, which meant that only armed
 5 police personnel could enter; I believe this
 6 understanding came from Dan describing the City Room as
 7 such during our discussions. From my knowledge and
 8 training as a commander, I understand the delineation of
 9 zones and terminology used to describe them during
 10 a major incident. Despite this, I did not feel that
 11 there was any requirement to pull Paddy out of that area
 12 as he is an experienced clinician and the right sort of
 13 person to be in there dealing with casualties. I did
 14 however want to enter that zone to assist him, as
 15 I offered on my arrival at scene, as I felt that there
 16 was likely to be a lot of work in that area for one
 17 person and I wanted to help him."
 18 We have been over that final point.
 19 Now, you seem to be saying in that paragraph that
 20 not only did you have a discussion with Dan Smith, but
 21 that you understood from him that the City Room was
 22 a hot zone?
 23 A. Yes.
 24 Q. And by using that term hot zone, do you mean a Plato hot
 25 zone or a NWAS inner cordon hot zone?

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1 A. A Plato hot zone.
 2 Q. Did you know that Plato had been declared?
 3 A. Not until I logged it in my logbook.
 4 Q. So obviously there came a stage later when you were
 5 formally informed?
 6 A. Yes.
 7 Q. Long after that Plato had been declared, but at that
 8 time, that early stage just after 11 pm, were you
 9 operating on the basis that this was a Plato situation?
 10 A. No. With the zones -- I knew the site of the explosion
 11 was in the City Room and we didn't want anybody to go
 12 into there.
 13 The limit of the exploitation was the stairs, as we
 14 said. I would only use the zones for an MTFa and for
 15 CBRN type of things, otherwise it would be inner cordon
 16 and outer cordon.
 17 Q. Right. So you will beside I just want to understand
 18 this a little bit more?
 19 A. Yes. Because there was no active shooter that's why we
 20 didn't think that -- I know we've determined that with
 21 our hot zone and things like that, but because there was
 22 no active shooter there, the zones we used would have
 23 been inner cordon and outer cordon.
 24 Q. Just take that from the screen, Mr Lopez.
 25 I just want to be as clear about this as we can,

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1 bearing in mind, as I have made plain, that you were
 2 making decisions over the course of a very short period
 3 of time in a highly pressured situation .
 4 At the time, just after you arrived, did the concept
 5 of Operation Plato even cross your mind?
 6 A. No.
 7 Q. But you did know that there had been an explosion?
 8 A. Yes.
 9 Q. And did you know that there had been a terrorist attack
 10 or believed there to have been?
 11 A. Yes, I believed there to have been, yes.
 12 Q. Did the idea of a marauding terrorist with a firearm
 13 cross your mind at that stage?
 14 A. No.
 15 Q. Did the idea of a secondary device within the City Room
 16 or thereabouts cross your mind?
 17 A. Yes.
 18 Q. And so you're having a discussion with Dan Smith and you
 19 have a recollection , am I right, that he described
 20 zoning to you?
 21 A. Yes.
 22 Q. And that he described the City Room as a hot zone?
 23 A. Yes.
 24 Q. And do you think he used that actual term?
 25 A. I can't recall . It 's that long ago.

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1 Q. But at all events, that was the impression that you came
 2 away from that discussion with?
 3 A. Yes.
 4 Q. So did you come away from that discussion with the view
 5 that the people who ought to have been in that area were
 6 armed police and no one else?
 7 A. Yes.
 8 Q. You knew that Paddy Ennis was in there?
 9 A. Yes.
 10 Q. Who obviously isn't an armed police officer . How did
 11 you arrange those two thoughts in your mind: (1) only
 12 armed officers, (2), Paddy Ennis is in there?
 13 A. We had to have somebody in there, and because Paddy had
 14 been in there, I think Paddy felt safe to be in that
 15 room. I wouldn't -- I think it wasn't until after we
 16 spoke to Chief Inspector Dexter that we confirmed the
 17 zoning with things, with the City Room, but usually
 18 where the site of an explosion is or the site of an MTFA
 19 incident is the hot zone and that's where it happens.
 20 So that is why it was designated as the hot zone.
 21 Q. One of the things we have been exploring with witnesses
 22 is the real utility of zoning in the way that we have
 23 just been discussing.
 24 Was your frame of mind that night: I know that our
 25 staff ought not to be in this room, but they need to be

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1 in there so we're going to ignore the zoning?
 2 A. Not ignore the zoning because of the other things that
 3 we get taught as commanders, but I was aware we needed
 4 somebody to be in that room as well as Paddy. The
 5 zoning was always there on the back of my mind, but we
 6 didn't want to pull Paddy out of that room at all.
 7 Q. You didn't want to pull him out because you knew that
 8 even with one paramedic in there, he was going to be
 9 struggling to cope and you didn't want to pull out the
 10 one resource you had?
 11 A. No, because I don't think it would have helped the
 12 situation if we had pulled him out.
 13 Q. So in a sense, is this a fair way of putting it, you
 14 knew what the rule was but the rule had to be put to one
 15 side --
 16 A. Yes.
 17 Q. -- to achieve an outcome?
 18 A. Yes.
 19 Q. As you've told us, you heard the evidence of
 20 Dan Smith --
 21 SIR JOHN SAUNDERS: Sorry, just before you go on: all along
 22 you were intending that once the HART-trained paramedics
 23 came, that they would be going in?
 24 A. Yes.
 25 SIR JOHN SAUNDERS: Into that area?

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1 A. Yes.
 2 MR GREANEY: As you will appreciate, I'm going to come on to
 3 the arrival of HART in just a moment. Just before we
 4 get to that, I'm very clear we should capture your
 5 evidence on this issue.
 6 Did you hear Dan Smith say that he considered that
 7 there was no discretion available to him to deploy
 8 staff, NWS staff, of a non-specialist nature into the
 9 City Room?
 10 A. The policy states that, yes.
 11 Q. This is really just what I want to know from you. Do
 12 you agree that as a matter of policy he didn't have
 13 a discretion to deploy staff in there?
 14 A. It doesn't say he can and it doesn't say he can't, if
 15 I'm honest. But what we are taught on our commander
 16 training is if you do go outside of policy, you've got
 17 to have a rationale for that, and also you need to have
 18 a robust plan to get yourself back into policy. We're
 19 also made aware of the Corporate Homicide and Corporate
 20 Manslaughter Act of 2007, the Health and Safety at Work
 21 Act 1974, the Public Inquest Act of 2005. They are all
 22 taught to us both by NARU and NWS. These are always in
 23 the back of our mind as commanders as to when we're
 24 deploying staff to different places.
 25 Q. That is a very clear and, if I may say so, helpful

40

1 insight.

2 It sounds as if what you are saying is that the

3 policy itself doesn't say one way or another whether

4 a discretion exists, but that when you are trained,

5 you're told: okay, yes, you can deviate from policy,

6 but, (1), you need a very good reason for doing so?

7 A. Yes.

8 Q. (2), you need to get back within policy as soon as

9 possible?

10 A. Yes.

11 Q. And (3), just bear in mind that if you deviate from

12 policy, and it goes wrong, you could find yourself as

13 a defendant in a criminal case?

14 A. Yes.

15 Q. Which doesn't sound like it provides a lot of

16 encouragement to a commander to exercise his discretion?

17 A. It certainly makes you aware of what you're doing when

18 you're deploying. It's something -- part of the

19 training that's done on our commander courses when we

20 have legal representation coming in, giving talks on

21 those sort of things.

22 Q. Now, just moving on -- and we will take a break shortly.

23 I'm told, sir, today we need to be pretty disciplined

24 about taking a break after an hour and 15 minutes.

25 Dan Smith had assumed, with your approval, the role

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1 of operational commander. Was it in that role his

2 responsibility to devise an operational plan?

3 A. Yes, we do devise operational plans but it's never

4 written down. It's done as a conversation between

5 whoever else is on scene because you just don't have the

6 time to write these big plans down.

7 Q. Certainly you have come to what I was going to ask you

8 about but in a helpful way: nothing was written down by

9 way of an operational plan?

10 A. No.

11 Q. But to have written it down would have been to have

12 wasted minutes in a situation in which minutes counted

13 presumably?

14 A. Yes.

15 Q. Did Dan Smith share his operational plan with you?

16 A. We discussed where we was going to bring -- the

17 casualties were already being brought down so we

18 discussed that the casualties were going to be placed

19 within the concourse on the train station and that they

20 would be treated there.

21 We also discussed that no one was to go across the

22 steps there. When I was giving the briefings, everybody

23 was clear of the limits of exploitation.

24 Q. Was this a discussion that you were having shortly after

25 11 o'clock?

42

1 A. Yes.

2 Q. So I'm going to get to the CCP/CCS issue after our

3 break, but two important components of the operational

4 plan were that the casualties are going to be brought

5 from the City Room down on to the station concourse?

6 A. Yes.

7 Q. And that would be where they are treated?

8 A. Yes.

9 Q. And secondly, no one is going up those stairs?

10 A. No.

11 Q. And did you agree with both those aspects of the

12 operational plan?

13 A. Yes. I felt it was the best place to treat those

14 casualties, away from the City Room and for no one to go

15 into that area unless they were specifically trained to

16 do so within that cordon.

17 Q. In May 2017 were you familiar with the principles known

18 as JESIP?

19 A. Yes.

20 Q. And was the establishment of a forward command point or

21 post critical --

22 A. Yes.

23 Q. -- within JESIP?

24 A. Sorry, yes.

25 Q. And we know that no FCP was established or identified by

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1 the NNAS operational commander.

2 A. I felt the FCP was where we positioned.

3 Q. By that where are you talking about?

4 A. At the memorial entrance of the train station.

5 Q. Inside or outside?

6 A. It's just a short passage inside, so within that area.

7 Q. And you say you felt that that's where the FCP was?

8 A. Yes.

9 Q. And did you feel that because you were told that's where

10 it was?

11 A. No, but that was the place where everybody seemed to

12 congregate. That was more or less where the briefings

13 were being done by myself and that's more or less where

14 everyone seemed to come to.

15 Q. You say that's where everyone seemed to come to. The

16 idea of a FCP is that the principal people who come

17 there are the commanders from the other emergency

18 services.

19 A. Yes.

20 Q. And did that happen?

21 A. No.

22 Q. Do you have any insight into why not?

23 A. The Fire Brigade weren't there initially at the start

24 when myself and Dan Smith was. The police -- there was

25 plenty of police knocking around, but I only ever saw

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1 PCs or WPCs, I didn't see anyone of any rank at all.
 2 I wasn't aware there was a Bronze or operational
 3 commander at the scene until, sorry, Chief Inspector
 4 Dexter.
 5 Q. And as we know, he doesn't arrive until -- no criticism
 6 of him this -- he doesn't arrive until 11.23.
 7 A. No.
 8 Q. And did you ever know that night that Inspector Michael
 9 Smith was the GMP Bronze commander?
 10 A. No.
 11 Q. The answer to this question, I suppose, must be no, but
 12 did you know that he was in the City Room?
 13 A. No.
 14 Q. Did it ever strike you that night during the period up
 15 until, let's say, 11.40 that what JESIP anticipated,
 16 namely commanders meeting, gaining situational
 17 awareness, communicating and so on, just wasn't
 18 happening?
 19 A. No, it wasn't.
 20 Q. Did it occur to you it wasn't happening?
 21 A. No, it didn't occur. There's still a lot going on in
 22 that first hour, so it didn't occur that it wasn't
 23 happening.
 24 Q. That's a very, if I may say so again, frank answer.
 25 I assume there you now realise what ought to have

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1 happened?
 2 A. Yes.
 3 Q. You recognise it didn't happen --
 4 A. Yes.
 5 Q. -- at the relevant time? But I think what you are
 6 saying is during that 40 minutes or hour after you
 7 arrived, things were just so busy and pressured, it just
 8 didn't strike you that that co-ordination between
 9 emergency services wasn't happening?
 10 A. Because there were so few commanders there on scene, we
 11 just didn't -- it just didn't enter -- it didn't enter
 12 my head because I had been placed as parking and I know
 13 it's the operational commander that does these
 14 briefings. So once I had been told I'm parking, that's
 15 my focal point as parking and other things given in that
 16 time.
 17 Q. Well, that leads into the next issue I was going to ask
 18 you about just before we do take a break.
 19 You were given, as you have just told us,
 20 a particular role that night?
 21 A. Yes.
 22 Q. And that role was as parking officer or parking point
 23 officer?
 24 A. Yes.
 25 Q. We will look at the action card relating to that in

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1 a moment, but first of all was this a role that required
 2 particular seniority or expertise?
 3 A. The action cards are there to help anyone who does that
 4 role, but it does help if someone is senior doing that.
 5 Q. Really the question I was driving at, and perhaps
 6 I should have been a bit more explicit, is you were
 7 highly experienced as a paramedic and senior within the
 8 organisation. Was putting you in charge of parking the
 9 best use of your abilities and experience that night?
 10 A. I think so, yes, because we need to get the vehicles to
 11 scene, we need to get the vehicles away from scene, we
 12 need to make sure the crews are briefed properly so that
 13 they can go and treat the casualties, so yes.
 14 Q. Let's look then at the action card. It's
 15 {INQ013422/12}.
 16 So were you familiar with this action card on the
 17 night of 22 May?
 18 A. Yes, I have covered the role at football matches.
 19 Q. And did you have a copy of it with you?
 20 A. Yes.
 21 Q. And whereabouts on your person was it?
 22 A. It wasn't on my person.
 23 Q. Where was it?
 24 A. It was in my vehicle.
 25 Q. Did you look at it at any stage that night?

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1 A. No.
 2 Q. We can see that there was column with a tick in it and
 3 a time next to it. Is the idea that you have this
 4 action card and you tick things off as you have done
 5 them and note the time?
 6 A. Yes, it does.
 7 Q. And I do bear in mind the pressure you were under when
 8 I ask this question, but is there a reason why you
 9 didn't do that that night?
 10 A. It was just overload. I do know -- I know the number of
 11 vehicles would be recorded within the EOC, time of
 12 arrival on scene and things like that. But no, I didn't
 13 do it on the night. It was just so busy.
 14 Q. And I'm just going to run through each of these actions
 15 and ask if you did them. I really don't want you to
 16 think that I'm being overcritical. If you didn't do
 17 some of them, it will have been rather trivial, but we
 18 just need to capture your evidence.
 19 One, did you don your parking officer tabard and
 20 protective helmet?
 21 A. No.
 22 Q. Is there a reason why not?
 23 A. I would have had to go back to my car to get my jacket
 24 out, then find the appropriate insert for that, which
 25 would have wasted time, and the crews were starting to

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1 arrive .
 2 Q. Was there any operational loss on that night as a result
 3 of you not wearing your tabard and helmet?
 4 A. No.
 5 Q. As a matter of good practice, I think you would agree
 6 it's important that people should be able to see who is
 7 performing that role?
 8 A. Yes, and I think the crews did because they knew I was
 9 managing the outside of the building.
 10 SIR JOHN SAUNDERS: We know you didn't put on a parking
 11 officer tabard. We also know you did have a helmet on.
 12 Is it a different one for a parking officer?
 13 A. No, it's just an insert that slips into the back of the
 14 high-visibility jackets.
 15 SIR JOHN SAUNDERS: I see. Right, thank you.
 16 MR GREANEY: Did you:
 17 "Check communications/radio Talk Group and start an
 18 incident log"?
 19 Did you do that.
 20 A. We were asking about communications and Talk Groups,
 21 which I myself chased up and Dan Smith chased up. So
 22 they were checked but I didn't start an incident log.
 23 Q. I'm going to come on to communications. I do recognise
 24 you did pass a call about it, but you didn't start an
 25 incident log. Again, is there a reason why not?

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1 A. No, I just wanted to get the crews briefed and get them
 2 to the casualties that were appearing within the foyer.
 3 Q. Is it realistic in the context of something like the
 4 arena attack to expect the parking officer to start an
 5 incident log?
 6 A. Apologies, no. It didn't. It's so fast-paced, that
 7 first hour, everything is happening, everyone wants
 8 things from you, everyone is contacting you for
 9 different things. It is hard to try and start these
 10 incident logs at the time they are happening.
 11 Q. (3):
 12 "Establish an appropriate" --
 13 SIR JOHN SAUNDERS: Sorry, just before you do that, is it
 14 therefore more appropriate in your view if it said:
 15 "Start an incident log if possible or if appropriate
 16 in the circumstances"?
 17 A. Yes, possibly. I know now we could have used
 18 dictaphones to start that log because I know the police
 19 use them, but again, there's been conflict with our
 20 training with that. Some in the legal profession say do
 21 use them, some say don't use them.
 22 SIR JOHN SAUNDERS: In the legal profession?
 23 A. Yes, from different training I have attended. Some are
 24 for them and some are against them because they can be
 25 overwritten or lost, those sorts of things.

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1 MR GREANEY: I entirely take your point about you were there
 2 to do an important job that night. The idea that you
 3 would have been writing an incident log does seem rather
 4 unrealistic. But decision-making needs to be logged for
 5 a variety of reasons; do you agree?
 6 A. Yes.
 7 Q. So that it can be considered afterwards and lessons
 8 learnt?
 9 A. Yes.
 10 Q. And also if people are having to log their decisions it
 11 makes it more likely they have thought about them before
 12 making them?
 13 A. Yes.
 14 Q. So some way of recording decisions that are made?
 15 A. Yes.
 16 Q. Whether it's written down or on a dictaphone or whether
 17 it is a loggist?
 18 A. Yes.
 19 Q. In all events, for the reasons you have given, you
 20 weren't able to do that that night?
 21 (3):
 22 "Establish an appropriate safe location to park
 23 further resources likely to arrive at the incident and
 24 inform EOC and operational commander"; did you do that?
 25 A. Yes.

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1 Q. And where was the appropriate safe location to park
 2 further resources?
 3 A. It was on Victoria Station Approach. We used the whole
 4 of that road to park the resources.
 5 Q. (4):
 6 "Remember that ambulances will leave scene and
 7 response cars and other specialist units will probably
 8 remain at scene."
 9 Was that something that you remembered?
 10 A. Yes. The cars were all moved out of the way and the
 11 first two ambulances were also moved because they were
 12 manned by Helen Mottram and Joanne Hedges and they were
 13 moved out of the way.
 14 Q. And those two paramedics became involved in triage of
 15 patients within the station concourse in due course?
 16 A. Yes.
 17 Q. (5):
 18 "Liaise with police officers to ensure that the
 19 parking location is secure and access and egress is
 20 maintained; escalate to operational commander if
 21 required"; did you do that?
 22 A. Yes, I remember going down Hunts Bank and asking
 23 a couple of police vehicles to move because they would
 24 have left it a bit narrow to fit one of our vehicles.
 25 Q. (6):

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1 "Manage the arrival and safe parking of incoming
2 vehicles and brief ambulance crews on any specific
3 routes to and from the casualty clearing
4 stations/ sterile route"; did you do that?
5 A. Yes.
6 Q. (7):
7 "Brief staff regarding the key locations and any
8 hazards."
9 A. Yes.
10 Q. Did you do that in any kind of formal way or just brief
11 the staff as and when you saw them?
12 A. I had all -- they came in batches of four or five
13 ambulances. So as they all arrived, they were all
14 gathered in front of me and the briefing was done that
15 way.
16 Q. (8):
17 "Ensure that all staff are wearing the appropriate
18 PPE for the incident."
19 Did you do that?
20 A. Yes.
21 Q. (9):
22 "Maintain records of attending staff and call
23 signs."
24 Were you able to do that?
25 A. No, but I know that is held within our EOC.

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1 Q. So they would be keeping a log of exactly who was
2 attending in which vehicles and so on?
3 A. Yes.
4 Q. Again, the reason why you didn't do that personally, is
5 that because of the pressures that were upon you at that
6 time?
7 A. Yes.
8 Q. (10) required you to take certain steps in relation to
9 the vehicles themselves, one of which is operationally
10 sensitive. Did you take those steps?
11 A. Yes.
12 Q. (11):
13 "Direct staff from the parking point to the
14 appropriate sector commander (if going to scene on foot)
15 or loading officer (if transporting patients from CCS)."
16 Was there a sector commander?
17 A. No.
18 Q. Was there a loading officer?
19 A. When Mr Calderbank arrived, yes.
20 Q. And when do you remember him arriving?
21 A. I think it was around 11.20.
22 SIR JOHN SAUNDERS: Can you repeat the name?
23 A. Matt Calderbank.
24 MR GREANEY: He will be giving evidence on, I think,
25 Wednesday.

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1 Did you direct staff to him?
2 A. No, because the staff -- the first staff, I took them to
3 Helen and Joanne who was doing the triage because there
4 was patients, a large number of patients within the
5 concourse. They was taken to those to decide on which
6 patients they were going to treat and then take to
7 hospital.
8 Q. Just before we go on to (12), I just want to ask you
9 about that term sector commander.
10 In May 2017 was that a term that you were familiar
11 with?
12 A. Yes, but the Fire Brigade use it more than we do.
13 Q. What did you understand it to mean in your context as
14 a senior paramedic?
15 A. So in large incidents, they can be broken up into
16 sectors and each sector then is given a sector commander
17 who will report back to the operational commander.
18 Q. So here we do have different locations: we have the
19 concourse, where casualties ended up being treated; we
20 have the overbridge; and of course we have the
21 City Room, which is the site of the explosion.
22 That night, did it occur to you that it would be
23 beneficial to have a sector commander within the
24 City Room?
25 A. No, because the decision was made very early on to

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1 remove the patients to be treated down into the station
2 concourse. So they wouldn't have been in there for very
3 long.
4 Yes, if one would have been appointed, they would
5 have given us a better understanding of what was going
6 on in the City Room and most probably met in up with the
7 police Bronze that was in will there, but because of the
8 speed the patients were being moved away, they didn't
9 need one, and there would have been nobody to assign to
10 that zone really from the first vehicles that arrived.
11 Q. You could have been assigned to that role, couldn't you?
12 A. Yes.
13 Q. And haven't you just identified the very reasons why it
14 might have been a good idea: (1), to enable proper
15 situation awareness to be gained, information about the
16 number of casualties and severity of their injuries;
17 and, (2), to liaise with the Bronze from GMP who was in
18 there?
19 A. Yes, but all night I wasn't aware that the GMP Bronze
20 was in that room.
21 Q. And I appreciate you weren't operational commander that
22 night, but you now you look back, do you accept that it
23 would have been good to have had a sector commander
24 within the City Room?
25 A. In hindsight, yes.

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1 Q. Does it require hindsight?
 2 A. I think so, yes, because we wasn't -- yes, I think it
 3 does require hindsight because I had the impression that
 4 it was just Paddy Ennis within that room and nobody
 5 else. I wasn't aware all the police officers were in
 6 there all the way down to even arriving in the arena.
 7 I just had the image that there was only Paddy within
 8 that room and the police were elsewhere.
 9 Q. Isn't that the problem? If there had been a sector
 10 commander or someone in there who had a job of
 11 communicating the situational awareness, you would have
 12 known what the true state of affairs was?
 13 A. Yes, but I think Paddy tried to do that, but I think he
 14 was trying -- he was wearing two roles that night as an
 15 advanced paramedic and as a commander.
 16 Q. You are identifying the problem. There was so much for
 17 Paddy Ennis to do. He had to carry out the triage
 18 sieve. He had to supervise ultimately other -- two
 19 other members of staff who were in there and he had to
 20 try to communicate down the stairs to what was going on.
 21 A. Yes.
 22 Q. That's too much for one person.
 23 A. Yes. We are short of commanders, unfortunately, within
 24 NWSA on a night-time on the on-call rota. There is only
 25 two of us in the whole of Greater Manchester. So to

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1 assign that to -- it needs a commander or a manager to
 2 assign that role to, I think.
 3 Q. Haven't we arrived at the position that you are agreeing
 4 that there did need to be someone in command, whether
 5 described as a sector commander or otherwise, in that
 6 room that night?
 7 A. Yes. It did need someone within that room, I felt.
 8 SIR JOHN SAUNDERS: You also just mentioned about not
 9 realising the police were there. You were aware at an
 10 early stage of people being brought out.
 11 A. Yes.
 12 SIR JOHN SAUNDERS: Weren't they being brought out by police
 13 officers?
 14 A. They were, yes, but I wasn't aware of the police Bronze
 15 and sergeant, and I don't -- I wasn't aware of the
 16 numbers within that room, sorry, shall I say.
 17 MR GREANEY: Just to finish off this, check this, and then,
 18 sir, with your leave we will take a break.
 19 (12):
 20 "Facilitate the transportation of equipment from the
 21 vehicles as required."
 22 Was that something that you dealt with?
 23 A. The crews took the equipment in as they needed when they
 24 arrived.
 25 Q. And (13), not really of any significance:

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1 "Submit any incident logs and any contemporaneous
 2 notes to the resilience teams within 72 hours of the
 3 incident and stand down."
 4 A. I didn't do that because I didn't do any log.
 5 MR GREANEY: Sir, we have been going for almost exactly
 6 an hour and 15 minutes. Could we have a 15-minute
 7 break?
 8 SIR JOHN SAUNDERS: We could.
 9 72 hours is quite a long time to submit -- have you
 10 any idea why it was such a long time?
 11 A. I don't know, sorry.
 12 SIR JOHN SAUNDERS: Right. Quarter of an hour.
 13 (11.17 am)
 14 (A short break)
 15 (11.31 am)
 16 MR GREANEY: Mr Poland, I'm going to now move, having dealt
 17 with some general issues with you, through the
 18 chronology of your involvement that night. I'm not
 19 going to do it in lot of detail, but I don't want you to
 20 think that I'm suggesting that you weren't extremely
 21 busy and committed during that period of time.
 22 I'm going to do it by reference both to the audio
 23 schedule that I know you have and by reference to
 24 a small number of transcripts that we will put on the
 25 screen. So could you take up the audio schedule.

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1 The first incident I'm going to ask you about
 2 relates to a group of doctors who turned up at the
 3 screen. This takes us to lines 4439, 4443 and 4448.
 4 Can you see that a police officer called Barker in fact,
 5 it's Grace Barker, is recorded on her body-worn camera
 6 as approaching you and shouting, "Doctors, doctors?"
 7 A. Yes.
 8 Q. You are recorded saying -- basically you ask for a siren
 9 to stop and I think what was happening was the police
 10 car had arrived and the officers had departed and they
 11 left their siren running?
 12 A. The siren had been on since my arrival at 23.00, so it
 13 had been on a good 5 or 10 minutes, I think.
 14 Q. And then PC Barker says -- we're at 23.06. PC Barker in
 15 fact is an officer who had spoken to Patrick Ennis as
 16 soon as he arrived as well. She says:
 17 "I've got doctors here, where do you want them?"
 18 And you're on your radio. You say:
 19 "Tell them to wait there a second."
 20 We can pick up the story from the sequence of
 21 events. Mr Lopez, it's {INQ035612/209}.
 22 We heard from Dan Smith about these events. As you
 23 will recall, he declined the doctor's entry into the
 24 station. He said that he didn't care who they were and
 25 they weren't going in because he didn't know who they

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1 were or what threat they might present.
 2 Were you aware of his — first of all, were you
 3 aware that he had declined entry to those doctors?
 4 A. Yes.
 5 Q. Were you aware at the time of his reasoning for not
 6 allowing those people in?
 7 A. I wasn't aware but I would — mine would have been the
 8 same reasons as Mr Smith.
 9 Q. That was really what I was getting at. Why would it
 10 have been your reaction to decline them entry?
 11 A. Because we don't know the qualifications of those
 12 doctors, we don't know where they work, we don't know
 13 who they are, and any NHS staff come under the
 14 responsibility of the commander. And until they can
 15 clarify who they are, which is what Dr Daley did in his
 16 evidence, he said he clarified who they were.
 17 Q. I think in fact it was Helen Mottram who brings them in
 18 later on. This isn't a criticism at all, but there were
 19 a number of doctors there and they wanted to gain
 20 entrance to a situation in which medical expertise was
 21 needed; do you agree?
 22 A. Yes.
 23 Q. And so looking at it objectively and I suppose also with
 24 the benefit of hindsight, it doesn't seem ideal that for
 25 a period of time a number of doctors were not allowed

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1 access?
 2 A. Like I say, at 11.23, we were 45 minutes into the thing
 3 and we were still trying to get a full awareness of what
 4 was going on around there — there have been incidents
 5 where we didn't know who they were, and people just turn
 6 up at these big events trying to get access for various
 7 reasons. So until we could confirm who they were, then
 8 I think it was justifiable to not allow them to come in.
 9 Q. I entirely understand the reasoning, which is rational,
 10 but learning from the future, is there a better way of
 11 dealing with that kind of situation which doesn't
 12 involve doctors being turned away from a situation of a
 13 medical emergency?
 14 A. I think there was something being looked as which is
 15 a doctor's passport so they carry a card with them to
 16 say what their qualifications were. That could be
 17 presented at the night or at any event if they were to
 18 give assistance.
 19 Q. So something that can be shown —
 20 A. To say that they were either an anaesthetist or what
 21 grade of doctor they were and where they worked.
 22 I think that was something that was being looked at
 23 afterwards or was talked about afterwards.
 24 Q. As a result of that event, do you mean?
 25 A. I think that and other events.

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1 Q. To your mind, bearing in mind your experience, does that
 2 seem like a sensible solution?
 3 A. Yes, because we — the Ambulance Service is so busy, as
 4 we saw on the night, so any help from any medical
 5 assistance would be of great assistance, yes.
 6 Q. As I drew attention to, you were on the radio at the
 7 time that PC Grace Barker spoke to you. We can see the
 8 conversation, I believe, in which you were involved. We
 9 will put this on the screen, please, Mr Lopez. It's
 10 {INQ015073T/1}. Just a very short conversation. We can
 11 see it's timed at 11.06. And do you recall whether you
 12 called EOC or whether they called you?
 13 A. I think I pressed priority on my radio.
 14 Q. And are you 2969?
 15 A. Yes.
 16 Q. You announce yourself by collar number and said:
 17 "We're going to need at least 20 vehicles for this.
 18 If we can — I'll give you better updates once I know.
 19 There's quite a few P1s and quite a few fatalities,
 20 over."
 21 And the EOC replied:
 22 "Roger, understood. Thanks. You need 20 vehicles,
 23 I'll liaise with Nicola for now and see how many we have
 24 actually got on the incident. We'll come back to you as
 25 soon as."

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1 You then ask:
 2 "Have you got an ET [presumably meaning ETA] for the
 3 HART team as well, please?"
 4 Response:
 5 "I have allocated — they were running from
 6 Stockport. Let me see where they're up to. Give me one
 7 minute."
 8 What was the purpose of making that call to the EOC?
 9 A. Because the number of vehicles — because the number of
 10 vehicles that we have within NWS is so few and because
 11 of how busy we are and any early indication of the
 12 number of vehicles needed is better for the EOC to get
 13 them running. We have the benefit with being NWS that
 14 we can draw from all the way up in Cumbria and all the
 15 way down to Manchester or from Cheshire, Merseyside or
 16 from Lancashire. So any early heads-up for any
 17 available vehicles to get to scene would be better for
 18 us.
 19 Q. This is 6 minutes after you have arrived. You've
 20 developed at least a little situation awareness from
 21 speaking to Paddy Ennis and now you are communicating
 22 what you know to the EOC?
 23 A. Yes.
 24 Q. And did you do that off your own bat or had you been
 25 directed to do it by the operational commander?

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1 A. I think off my own back.
 2 Q. We can see as well, or we did see, that you wanted an
 3 estimated time for arrival for HART; is that correct?
 4 A. Yes.
 5 Q. Is it right to understand from that that you were very
 6 keen that HART should attend?
 7 A. Yes.
 8 Q. And was that because they were the best resource to
 9 deploy into the City Room?
 10 A. Yes.
 11 Q. And indeed one can perhaps take it further than that,
 12 that because of your understanding of the operational
 13 commander's instruction, they were really the only
 14 resource that could be deployed into the City Room?
 15 A. Yes.
 16 Q. And so they needed to be there as soon as possible?
 17 A. Yes.
 18 Q. Was it any source of disappointment to you to discover
 19 that they were some distance away?
 20 A. I wasn't aware how far away they were, because
 21 I remember in my initial phone call, one of the first
 22 things I asked was, "Has HART been allocated?" For me
 23 to get there from where I lived, I found it quite
 24 unusual, until I have read all the transcripts, that
 25 HART weren't there at that time.

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1 Q. Were you expecting that HART would have been there when
 2 you arrived?
 3 A. Yes, I thought they would have been there before me.
 4 I wasn't aware of their exact location or where they
 5 were responding from.
 6 Q. But from what you now know, I think you are saying to us
 7 is that you now know that they had been deployed to an
 8 incident at Stockport?
 9 A. The top end, yes, the top end of Stockport.
 10 Q. We heard from them in fact that it was, I think, a
 11 factory fire --
 12 A. Yes.
 13 Q. -- and in the result they weren't needed?
 14 A. Yes.
 15 Q. In the result, it was at 23.13 that two members of the
 16 HART team arrived and we can see their arrival, although
 17 we're familiar with the image on the screen, at
 18 {INQ035612/252}.
 19 So this is Mr Hargreaves, from whom we will hear
 20 this afternoon, and Lea Vaughan, entering the station at
 21 23.13.
 22 As you have told us, these were the resource that
 23 was needed. Did you speak to those HART members when
 24 they arrived?
 25 A. I don't think I -- I don't recall speaking to the HART

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1 members, but I remember speak to the HART team leader,
 2 Simon Beswick.
 3 Q. And what conversation did you have with Simon Beswick?
 4 A. That we needed -- Paddy needed assistance within the
 5 City Room.
 6 Q. And so were you making clear to him that HART needed to
 7 get in there as soon as possible?
 8 A. Yes, it needed -- yes.
 9 Q. As we know, there were other members of the HART team
 10 present at that time, or at any rate within a short
 11 period, and they never entered the City Room, there were
 12 only two went in, and I'm certain you are aware of that
 13 fact.
 14 A. Yes.
 15 Q. Was that a mistake that the other members of HART were
 16 not deployed into that room?
 17 A. I think at the time they arrived, there wouldn't have
 18 been a lot left for them to do. So I don't see a -- if
 19 they'd arrived at the same time, I would have expected
 20 all four to go in, but as they arrived later, with who
 21 had gone forward and with Paddy in there, I think most
 22 of the triaging would have been done and I know most of
 23 the casualties were almost evacuated at the time the
 24 second HART team arrived or the time the second members
 25 arrived.

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1 Q. What about Simon Beswick? Was it a mistake that he
 2 never entered the City Room.
 3 A. He has to stand back and take control of his team and
 4 have a liaison with that team, so they usually go in
 5 pairs or work in pairs. So there wasn't anybody for him
 6 to go in to there with.
 7 SIR JOHN SAUNDERS: There were six in the crew?
 8 A. Yes.
 9 SIR JOHN SAUNDERS: So six had arrived at the same time?
 10 A. I think they arrived separate: three and then three
 11 arrived.
 12 MR GREANEY: I think that's right, in fact.
 13 SIR JOHN SAUNDERS: That's fine.
 14 MR GREANEY: The upshot of what happened -- and I can't
 15 remember the exact time at which the others arrived, but
 16 I don't think it's very long afterwards. The upshot was
 17 that only three paramedics ever entered that City Room
 18 to triage and/or treat patients. And sitting there now,
 19 with your experience and seniority within NWSA, is that
 20 a satisfactory state of affairs?
 21 A. No. If -- no, it isn't. I think it needed more within
 22 that room. But they needed all to go in -- they needed
 23 to go in together. At no point did Chris Hargreaves or
 24 Lea Vaughan say that they were struggling with the
 25 numbers of casualties, or they certainly didn't make me

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1 aware or Dan Smith that I'm aware of. I'm not sure
 2 whether they made Simon Beswick aware as to whether they
 3 needed more assistance.
 4 Q. We are going to hear from Chris Hargreaves about
 5 difficulties of communication and I'm not blaming you
 6 for those. But it doesn't sound like a very
 7 satisfactory situation to expect the paramedics who are
 8 in the room actually trying to deal with mass casualties
 9 to be the ones who determine whether more are or are not
 10 needed.
 11 A. They are experienced paramedics. They are experienced
 12 HART operators, definitely Chris Hargreaves is,
 13 and I would have thought if he was struggling, he would
 14 have made his team leader aware to get more assistance
 15 into that room.
 16 Q. But does it seem fair to place that responsibility upon
 17 him as opposed to their being some other person, such as
 18 a sector commander, who has that role and
 19 responsibility?
 20 A. If anyone is struggling, they should speak up and that
 21 is what we encourage within NWAS. If anyone is having
 22 difficulties, we encourage them to tell us, as
 23 commanders as well, if they feel they need more
 24 assistance, rather than carrying on.
 25 Q. I don't want to mischaracterise what you're saying, but

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1 you are acknowledging, I think, that there needed to be
 2 more paramedics in the City Room than in the result went
 3 there?
 4 A. Yes, I am.
 5 Q. And you feel that what ought to have happened is that
 6 those within the City Room ought to have communicated
 7 that need?
 8 A. Yes.
 9 Q. And if I were to suggest to you that what ought to have
 10 happened is that someone downstairs ought to have gone
 11 upstairs to find out what was going on, what would your
 12 reaction be?
 13 A. Who would have gone up though? Because we still had
 14 a lot to set up at that point in time, because I think
 15 it was quarter past —
 16 SIR JOHN SAUNDERS: Well, Mr Beswick might, mightn't he? He
 17 (overspeaking)?
 18 A. Mr Beswick would have been an ideal choice to go in to
 19 check on his staff and his operatives that he commands
 20 or he looks after.
 21 MR GREANEY: How long — when you've been there, I have been
 22 there lots of times, we're not talking about a long
 23 distance to travel, are we?
 24 A. No.
 25 Q. Up the stairs, across the overbridge and into the room?

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1 A. Yes.
 2 Q. Is it not obvious that someone in a command role should
 3 have gone into that room to find out how those three
 4 were coping?
 5 A. Yes.
 6 Q. I want to ask you next about communications, an issue
 7 that you've spoken about.
 8 Were you tasked by Dan Smith with doing anything in
 9 relation to communications?
 10 A. I think we were — Dan Smith was struggling to get
 11 through to the EOC to set up a dedicated channel for all
 12 NWAS staff to be on. I asked — when I get through on
 13 my priority button, I asked the question then whether
 14 a channel had been set up.
 15 Q. We are going to look at that transcript in a moment.
 16 I just want to try to understand some of the basics
 17 because again, I confess, I'm most certainly not an
 18 expert in this area.
 19 But on the face of it, are there a number of means
 20 of communication that ought to be set up? By that
 21 I mean, (1), a way in which the NWAS staff communicate
 22 with each other?
 23 A. Yes.
 24 Q. And (2), a way in which the different emergency services
 25 communicate with each other?

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1 A. There is a way to do that, because it's all on the same
 2 handsets. So it is difficult to do that, because you
 3 are switching between channels and whilst you are on one
 4 channel, you're missing what's being said on the other
 5 channel.
 6 Q. But in general terms, am I right that in an incident
 7 such as this, where one would expect and need different
 8 emergency services to respond, they will need to have
 9 a way of communicating with each other?
 10 A. Yes, in an ideal situation with an incident like this,
 11 if that channel would have been set up, we most probably
 12 would have been able to get hold of the police Bronze
 13 within the City Room.
 14 Q. Is it an ideal situation or is it an absolute necessity?
 15 A. It's a necessity, and that's being — well, it has been
 16 rectified now because these channels are tested on
 17 a daily basis now.
 18 Q. And we have heard about that. I know you're going to
 19 tell me in a moment about communication within NWAS. So
 20 far as tri-service communication is concerned that
 21 night, can you provide us with any assistance in
 22 relation to what was done to achieve that?
 23 A. I don't think anything was done. It's always been an
 24 issue. I wouldn't say — a problem — in part of my
 25 role, I respond to Manchester Airport and we try to get

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1 on the tri—service channels there, so we always had to
 2 wait for the police to instigate these channels and set
 3 these channels up for us and then notify our control
 4 room and then for them to notify me as to which channel
 5 we were going on. So it has always been an issue.
 6 SIR JOHN SAUNDERS: How long, to your knowledge?
 7 A. I was based at South Manchester for quite a while and
 8 every time I responded to full alerts at the airport, we
 9 did struggle to get these channels set up. A few years.
 10 SIR JOHN SAUNDERS: Few years?
 11 A. Yes.
 12 MR GREANEY: At all events, just going back to the first of
 13 those general topics, communication within NWS, we can
 14 see a transcript of a conversation you had with the EOC
 15 at 23.21, so 20 minutes after your arrival.
 16 Mr Lopez, {INQ032912T/1} again, it's just a short
 17 conversation, 35 seconds. And I'm sure that when you
 18 were passing these messages, you were just trying to get
 19 information across and receive information as quickly as
 20 possible.
 21 A. Yes.
 22 Q. So you give your number again. You are told to go ahead
 23 and you say:
 24 "We need a designated channel, please, for this
 25 incident so we can at least talk to each other because

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1 there's a lot of Airwaves and it's interrupting us."
 2 So what were you seeking to communicate in what you
 3 said there?
 4 A. We should be — we use a designated channel so that any
 5 crews coming to the incident have a better awareness of
 6 what's been done, what routes to come in, what — where
 7 to RVP, those sort of things, but it did take a while to
 8 get the designated channel set up, though.
 9 Q. So we're at 23.21. Do we understand that by this stage
 10 you were aware that there were some difficulties with
 11 NWS staff at the scene communicating with each other?
 12 A. Yes, because the crews are coming from different areas,
 13 they all have different channels to work on, and that's
 14 down to sectors and within the boards you'll see where
 15 they are dispatched from, so we use quite a number of
 16 channels within NWS.
 17 Q. You were then given, as we can see from the transcript,
 18 a Talk channel, and did that solve the problem?
 19 A. It gave us the Talk channel, but then there was no
 20 chatter on the channel, I don't think, apart from the
 21 tactical advisers contacting us and the tactical
 22 commander.
 23 Q. And you then asked:
 24 "I also need an update from Health Control as to
 25 what hospitals are receiving before we start sending

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1 over."
 2 This was an issue that was to become a very
 3 important part of your role over the period that
 4 followed, identifying where particular patients should
 5 be sent?
 6 A. Yes.
 7 Q. And you were told that control would come back to you.
 8 You were asked if the HART team are with you, and you
 9 confirmed that they were.
 10 So just before we move on to a separate issue — you
 11 can take that from the screen, Mr Lopez — was
 12 communication a problem that night during the whole of
 13 the relevant period?
 14 A. Yes. There was a lot of chatter. There was a lot of —
 15 because the EOC has so few to monitor these channels,
 16 that's why we wanted a dedicated one, but then other
 17 people start listening in on the channels and start
 18 talking on these channels. So I think that's why in the
 19 end we didn't use the channel a lot and we used our
 20 mobile phones.
 21 SIR JOHN SAUNDERS: Just explain to me: so a dedicated
 22 channel, that was going to be used by the people
 23 attending this incident?
 24 A. Yes.
 25 SIR JOHN SAUNDERS: You got it set up and then you say it

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1 wasn't used?
 2 A. It wasn't used a lot.
 3 SIR JOHN SAUNDERS: Why?
 4 A. Because I think we used our mobile phones mainly —
 5 SIR JOHN SAUNDERS: But they were all made aware of it, were
 6 they (overspeaking) attending?
 7 A. Yes, and most of the people attending were told to
 8 change to the channel number. Some changed their
 9 handsets, some didn't change their handsets, so there
 10 was still that confusion. Some crews have never changed
 11 channels, so that was a bit of an issue, but they were
 12 quickly shown how to.
 13 SIR JOHN SAUNDERS: But having a channel like that, you can
 14 link up lots of people together —
 15 A. Yes, we can (overspeaking) —
 16 SIR JOHN SAUNDERS: — on mobile phones, by definition, you
 17 are one to one, aren't you?
 18 A. Yes.
 19 SIR JOHN SAUNDERS: Right.
 20 MR GREANEY: Sir, I have finished asking about
 21 communications. I'm moving on, unless you have any
 22 further questions.
 23 Next, Mr Poland, I'm going to ask you about some
 24 concepts that we're becoming increasingly familiar with,
 25 you will be very, very familiar with, so the triage

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1 sieve, the CCP and the CCS. I'm going to seek your
 2 assistance on how those concepts were applied on the
 3 night.
 4 Can I just begin by making sure you agree with the
 5 following descriptions which I have taken from, let me
 6 tell you, a mixture of the major incident response plan
 7 and also the report of the ambulance experts. I haven't
 8 just chosen the best bits, I hope I have given a fair
 9 reflection of the position.
 10 Is the triage sieve also known as primary triage?
 11 A. No, because it's a rapid triage, the primary sieve.
 12 Q. Right. Good start by me.
 13 Could you explain the difference between a triage
 14 sieve and a primary triage?
 15 A. You could say it's a primary triage because it's the
 16 first triage that's been done on any patients.
 17 Q. Right.
 18 A. But it is a basic triage and we are just checking three
 19 of four things --
 20 Q. Then I understand it depends on what you mean by the
 21 word primary?
 22 A. Yes.
 23 Q. If you mean by that first, you agree?
 24 A. Yes.
 25 Q. If you mean by that the main triage, that's something

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1 that you would expect to come later?
 2 A. Yes.
 3 Q. Is triage sieve, let's just stick with that description
 4 then, undertaken at the first point of contact with
 5 a casualty?
 6 A. Yes.
 7 Q. And does it involve a rapid assessment of the patient to
 8 identify priorities for treatment?
 9 A. When there's large numbers, yes.
 10 Q. And that that's obviously the situation you were
 11 concerned with.
 12 Should each patient that has been the subject of the
 13 triage sieve be formally tagged?
 14 A. Yes.
 15 Q. And as the chairman established with you earlier, triage
 16 sieve, I believe you will agree, does not involve
 17 treatment, save where it's needed to stop catastrophic
 18 haemorrhage or provide other urgently required
 19 life-saving treatment?
 20 A. Yes.
 21 Q. And so essentially that is the first stage of how
 22 a casualty will be assessed and treated?
 23 A. Yes.
 24 Q. Now, the casualty clearing point or CCP is, do you
 25 agree, a staging point that allows patients to be

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1 grouped prior to evacuation to the casualty clearing
 2 station?
 3 A. Yes.
 4 Q. I have read about particular mats in particular colours
 5 that might be laid out in order to designate patients;
 6 have I misunderstood that?
 7 A. No, the HART team carry mats. We have used them on
 8 exercises and they have P1, P2 and P3 mats.
 9 Q. Do you recall whether those were or weren't used on the
 10 night?
 11 A. I think they were used outside the train station.
 12 Q. On Station Approach?
 13 A. Yes.
 14 Q. And is the CCP, the casualty collection point, designed
 15 to provide life-saving interventions?
 16 A. Yes, airway and catastrophic -- control of catastrophic
 17 bleeding, yes.
 18 Q. So bearing in mind that the triage sieve will be
 19 involved in those life-saving interventions, what is the
 20 difference between the triage sieve and what will occur
 21 at the CCP?
 22 A. It's just to make sure that they've been applied
 23 correctly, I would say, in my opinion, that the airway
 24 is open and patent, and that tourniquets have been
 25 applied and the dressings are in the correct place and

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1 are working.
 2 Q. That's very clear. So one thing that should apply at
 3 the CCP is checking a tourniquet has been applied
 4 correctly and is achieving the outcome that it's
 5 designed to achieve?
 6 A. Yes.
 7 Q. And do you agree that the CCP will usually be near to
 8 the original seat of injury?
 9 A. Yes.
 10 Q. Am I right that in general terms one has stage 1, the
 11 triage sieve, stage 2, the casualty clearing point?
 12 A. Yes.
 13 Q. And then at stage 3, the casualty clearing station, is
 14 that designed to assess, re-triage and also treat
 15 patients?
 16 A. Yes, that's where the main start of the treatment begins
 17 in the casualty clearing station: fluids, pain relief,
 18 doing a full top-to-toe survey of these patients.
 19 Q. And is it used to stabilise the patients and to manage
 20 and direct their removal to hospital for definitive
 21 care?
 22 A. Yes.
 23 Q. Those are what would classically be the three stages in
 24 responding to an incident such as the arena attack?
 25 A. Yes.

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1 Q. So I want to look at what you've said about this issue
 2 in your two witness statements. I promise you I'm not
 3 trying to trip you up in any way. I'm just trying to
 4 establish what happened on the night in relation to that
 5 classic approach and whether there was any confusion
 6 either in your own mind or between you and others about
 7 what particular areas were performing what particular
 8 functions. Does that make sense?
 9 A. Yes.
 10 Q. So statement 1, as I indicated, was dated in 2018,
 11 8 June of that year.
 12 The easiest way to deal with this is to put the
 13 relevant parts on the screen. The INQ is {INQ005854/1},
 14 and let me just find the correct page because there are
 15 no paragraph numbers. Well, let's start on page 4.
 16 The very bottom of that page, Mr Lopez
 17 {INQ005854/4}. Perfect.
 18 You say, and you are talking about a stage that must
 19 be about 11.15 because the HART team have arrived:
 20 "Our priority was to establish a casualty collection
 21 point, which is an area where all the casualties are
 22 taken to be assessed by medical staff to ascertain the
 23 seriousness of their injuries and the urgency that they
 24 need to be extracted and taken to hospital. This is
 25 done by operating a triage system whereby all casualties

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1 are assessed as either a P1, P2 or P3."
 2 Then you define what a P1 is.
 3 Over the page {INQ005854/5}, please:
 4 "In conjunction with the CCP we also set up
 5 a casualty clearing station, which is where the patients
 6 are taken after being triaged within the CCP on the
 7 order of the designated loading officer to then be
 8 placed on an ambulance and sent to a specific hospital."
 9 And you deal a little more about the loading
 10 officer's role. And then this, which is really what
 11 I just wanted to emphasise I am asking you about at
 12 the moment:
 13 "It was decided to use the inside of the train
 14 station as the CCP as casualties had already started to
 15 be brought down from the bomb scene and that the CCS
 16 would be outside of the station entrance where the
 17 ambulances had started parking adjacent to."
 18 Yes?
 19 A. Yes.
 20 Q. So I'm going to pause for a moment. What you seem to be
 21 saying there is that a decision had been made, one
 22 presumes as a result of discussion with Mr Smith, that
 23 there was going to be both — that there was going to be
 24 a CCP and a CCS, the CCP is going to be inside the
 25 station and the CCS outside the station.

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1 A. Yes.
 2 Q. Let's just move forward then to your second statement.
 3 As I say, this isn't designed to do anything apart from
 4 establish what the position was.
 5 Your second statement, which is dated
 6 31 October 2019, {INQ025657/5}, bottom of that page,
 7 please. It's paragraphs 25 and 26:
 8 "It was agreed between Dan and I that we needed to
 9 establish an area where we could re-triage patients and
 10 ensure patients were treated quickly and then taken to
 11 hospital in accordance with their triage categorisation.
 12 The casualty clearing station was therefore set up just
 13 within the entrance to Victoria Station. This was felt
 14 to be a suitable location as it was under cover, away
 15 from passersby and considered to be a safe environment
 16 for staff to work within.
 17 "I later became aware that where we had set up our
 18 CCS was right on the edge of the designated police warm
 19 zone, but again based on our DORA, the information made
 20 available to us and the police presence on scene, we
 21 were content for staff to proceed to treat patients in
 22 that area."
 23 And then paragraph 26, I don't need to read all of
 24 this out, but you indicate in relation to Joanne Hedges
 25 and Helen Mottram, who had been given the role of

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1 primary triage officers, their role would be to
 2 re-triage those patients being brought down the stairs
 3 by the police at the casualty collection point and
 4 thereafter direct them to an area within the CCS based
 5 on their categorisation. These two staff members were
 6 located at the bottom of the stairs leading from the
 7 City Room.
 8 Now, as I've read those two statements, they seem to
 9 be in agreement that there was both a CCP and a CCS, but
 10 they appear to be placing those points in different
 11 locations. So in the first statement the CCP is just
 12 inside the station and the CCS just outside; in the
 13 second statement the CCP seems to be at the bottom of
 14 the stairs and the CCS not outside but inside.
 15 So have I correctly understood your statements,
 16 first of all?
 17 A. Yes.
 18 Q. So am I right therefore that there is a difference
 19 between them?
 20 A. Yes, there is.
 21 Q. And I'm going to give you an opportunity in a moment to
 22 just explain that, but it might suggest, that
 23 difference, that there was confusion in your mind that
 24 night about either what those terms meant or where the
 25 locations of the CCP and CCS were.

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1 A. No, there was no confusion as to what they meant.
 2 I knew what they both meant.
 3 I think because of the speed in which the patients
 4 came down the stairs to us, we did have all intentions
 5 of setting up a CCP and a CCS, but the CCP quickly
 6 became the CCS inside the train station, if that makes
 7 sense to you.
 8 Q. I think it does, yes. And I hope I haven't caused any
 9 embarrassment by pointing out that difference. The
 10 whole purpose is to just understand your resting
 11 position.
 12 What I understood from the evidence of Dan Smith is
 13 that there never was a CCP, there was only ever
 14 a casualty clearing station, and that that was
 15 effectively the concourse --
 16 A. Yes.
 17 Q. -- and spreading out to outside?
 18 Is it your position, having thought back, that you
 19 agree there never was a CCP although there was an
 20 intention to have one?
 21 A. Yes.
 22 Q. And that what happened was that whatever CCP there ever
 23 was, if there was one, merged into the CCS?
 24 A. Yes.
 25 Q. And was the CCS inside on the concourse and spreading to

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1 outside?
 2 A. Yes, it was.
 3 SIR JOHN SAUNDERS: Okay, I just want to be clear about this
 4 "spreading to outside", because there seemed to be at
 5 one stage three locations, then maybe two. This is just
 6 looking at the evidence generally, not just you.
 7 So there's what became the CCS inside on the
 8 concourse, and the area outside, which seems to have
 9 been set up by some of the HART people.
 10 A. Yes, they were setting something up.
 11 SIR JOHN SAUNDERS: What did that do, if it was used at all?
 12 A. That was going to be used by the doctors, but because we
 13 didn't expect the patients to come down as quickly as
 14 they did, so we started to place them inside, just where
 15 the memorial entrance was, which quickly spread round,
 16 and this was happening while the HART team was setting
 17 up the area outside, so it was decided -- I think
 18 a couple of patients went into that area for the doctors
 19 to look at that were on scene with us --
 20 MR GREANEY: So outside?
 21 A. Yes.
 22 Q. They did, yes. And in fact a couple quite early on,
 23 I think.
 24 A. Yes, it was.
 25 Q. Yes.

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1 A. But the remainder stayed within the train station
 2 because we felt it a better area to treat the patients.
 3 SIR JOHN SAUNDERS: Thank you.
 4 MR GREANEY: Was it really a case of there was an intention
 5 to apply the kind of classic approach --
 6 A. Yes.
 7 Q. -- of triage sieve, CCP, CCS, but really the best laid
 8 plans just fell apart in the pressure of that moment or
 9 moments?
 10 A. I wouldn't say they fell apart, but it wasn't -- we
 11 didn't clearly stipulate CCP, CCS. The CCS was -- the
 12 CCP quickly became the CCS because of the speed of the
 13 patients being brought down to us.
 14 SIR JOHN SAUNDERS: And the idea of having a special area
 15 for doctors, is that a novel area or is that provided
 16 for within the CCP/CCS?
 17 A. It's usually the CCS where the doctors are working.
 18 SIR JOHN SAUNDERS: Okay, thank you.
 19 MR GREANEY: You were given your role as parking point
 20 officer, am I right, it wasn't for you to decide where
 21 these various locations should be?
 22 A. No.
 23 Q. As you have told us earlier, you were given a job and
 24 you did it. But to your mind, was there a reason why --
 25 was there a good reason why there wasn't a CCP either in

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1 the City Room or on the overbridge?
 2 A. There was no reason given, but I don't feel that a CCP
 3 on the overbridge or on the bridge near to the steps
 4 down would have been an ideal location for a CCP.
 5 Q. Why not?
 6 A. Too crowded. The way people were running up with the
 7 barriers could have caused more incidents, and it
 8 just -- I just didn't feel it was a safe place, and it
 9 wasn't under enough cover for the patients being brought
 10 down. It was literally seconds away from where we are
 11 going to treat them anyway.
 12 Q. Why not have the CCP within the City Room?
 13 A. Because it wasn't NWS staff bringing the patients down.
 14 They just wanted to bring the patients down to where we
 15 were and that's where they found we were. So I think
 16 the decision was taken away from us a little bit that
 17 they were going to bring the patients down to the
 18 concourse where the paramedics had started to appear.
 19 Q. Should it have been the job of NWS to determine who was
 20 moved?
 21 A. Yes, it should have been.
 22 Q. But are you saying that in the result you think that
 23 didn't happen, but instead police officers, ShowSec and
 24 members of the public made those decisions about who
 25 came down at what stage?

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1 A. I can't say for real who came down in what order or --
 2 but I don't know who was making the decisions over in
 3 the City Room as to who was brought down.
 4 Q. Isn't the whole point of a CCP that not only are the
 5 people being given treatment that they might well not
 6 receive on the triage sieve, but also sensible decisions
 7 are being made as to who goes to the CCS and in what
 8 order?
 9 A. Yes, that's the correct way of doing it, yes.
 10 Q. Is the reality -- and if you don't know the answer to
 11 this, I know you will tell me -- is the reality that the
 12 reason there wasn't a CCP in the City Room was because
 13 of this same concern about the policy of not deploying
 14 anything apart from a specialist asset into that area?
 15 A. Yes.
 16 SIR JOHN SAUNDERS: Would it be possible to have operated an
 17 effective CCP with this number of casualties with simply
 18 the HART members and Paddy Ennis or would you need more
 19 people to operate it?
 20 A. I would say you need more people.
 21 MR GREANEY: Thank you very much for helping us about the
 22 CCP and CCS.
 23 Unless, sir, you have further questions about that,
 24 I'm moving on to the issue of stretchers and the Fire
 25 and Rescue Service.

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1 Where did you spend most of your time in the hour
 2 after you arrived, so between 11 pm and midnight?
 3 A. On Victoria Station Approach and Hunts Bank.
 4 Q. And that was obviously the right place for you to be
 5 given the role that you had been given?
 6 A. Yes.
 7 Q. And did you see how casualties were being brought down
 8 to the casualty clearing station?
 9 A. I didn't witness it, but I did see people running past
 10 me with barriers.
 11 Q. And so it's obvious from what you have just said that
 12 you were aware that makeshift stretchers were being used
 13 to move patients?
 14 A. Yes.
 15 Q. And I'm not suggesting that this is the result of any
 16 decision--making of yours, but would it have been better,
 17 indeed much better, if stretchers available to NWSAS had
 18 been used?
 19 A. Yes.
 20 Q. And do you know why that didn't happen?
 21 A. No. I do know the patients had started to come down and
 22 they had come down in quite a rapid sequence. And so it
 23 didn't enter my mind as to why they've not been given
 24 the stretchers to -- plus we didn't have the NWSAS staff
 25 there because we were still giving out the functional

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1 roles to people.
 2 Q. But members of the public could have used the stretchers
 3 available to NWSAS, couldn't they?
 4 A. They are not simply a piece of -- the scoop stretchers
 5 that you're most probably referring to are not a simple
 6 piece of equipment.
 7 Q. I know that, and I know there's an issue about straps
 8 being used and so on, but surely a scoop stretcher could
 9 have been a better device for even a member of the
 10 public to have used than a piece of hoarding that had
 11 been torn down?
 12 A. I think a canvas stretcher would have been better rather
 13 than a scoop. The scoops are very narrow and people can
 14 easily be tipped off the scoop stretcher when going over
 15 uneven ground if not strapped on. The canvas stretcher
 16 is a better solution.
 17 Q. In all events, what we are agreeing about is that there
 18 was a better solution available that night than
 19 hoardings?
 20 A. Yes.
 21 Q. Did it occur to you as you saw or became aware of how
 22 people were being brought down that the Fire and Rescue
 23 Service were not present?
 24 A. Yes, because they usually come in numbers, and you
 25 usually see their appliances when they arrive on scene.

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1 Q. And at what time do you think it was that it first
 2 struck that you an organisation that you would have
 3 expected to be there was not there?
 4 A. Around 11.30/11.45, I think.
 5 Q. And did it strike you that they weren't there because
 6 you recognised at the time that they had value to add to
 7 what was happening?
 8 A. Sorry, can you just repeat --
 9 Q. Yes, I'm sorry, it was a rather clumsily expressed
 10 question. In fact, it was probably two.
 11 The first one is: do you acknowledge that the Fire
 12 and Rescue Service would have assisted that night if
 13 they'd been there?
 14 A. Yes.
 15 Q. And when at about 11.30 it struck you that they weren't
 16 there, were you thinking to yourself, "Where are they,
 17 because if they'd been here, they could have helped"?
 18 A. Yes, I did wonder because usually at big incidents, all
 19 three services are turning up and turning up in numbers.
 20 Q. And no incident bigger than this one?
 21 A. No.
 22 Q. Did you have -- I'm turning to a different topic now and
 23 I'm very near the end of my questions.
 24 Did you have a number of conversations with
 25 Annemarie Rooney that night?

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1 A. Yes.
 2 Q. Was she someone that you knew?
 3 A. Yes.
 4 Q. And did she make contact with you on your mobile
 5 telephone?
 6 A. Yes.
 7 Q. Did she make clear to you that she was Silver commander?
 8 A. Yes.
 9 Q. Did she ever share with you in those conversations her
 10 tactical plan?
 11 A. No, that's something that's never done on an incident
 12 when it's happening as quickly as it does.
 13 Q. So I understand what you mean, but I'm just going to
 14 give you an opportunity to explain. Part of her role
 15 was to devise a tactical plan establishing how the
 16 strategic plan was to be put into effect. Why would you
 17 not expect, given that you had a specific role on the
 18 night, not to be told of what that tactical plan was?
 19 A. I have never been on an incident where I have known
 20 a tactical plan because it takes time to draw that
 21 tactical plan up, because they need to know what
 22 resources are available to respond, what hospitals they
 23 are going to, and in what method they are going to these
 24 hospitals.
 25 It is quite -- it does take quite a while to draw

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1 these plans up and our operational plans are already in
 2 place and being carried out.
 3 Q. At all events, in one call that you had with the Silver
 4 commander, were you told that something called the mass
 5 casualty distribution plan had been activated?
 6 A. Yes.
 7 Q. And what did that mean?
 8 A. It's a plan where the hospitals within Greater
 9 Manchester would accept a certain number of P1 patients,
 10 P2 and P3. Certain hospitals are designated P1, certain
 11 hospitals are designated P2.
 12 Q. And did Matt Calderbank then play a part in the
 13 activation of that plan?
 14 A. Yes.
 15 Q. Was he a suitable choice for that role?
 16 A. Yes.
 17 Q. The reason I ask that question is because in your second
 18 statement, paragraph 29, you observe that it was
 19 necessary for you to give him advice because, unlike
 20 you, he was not "overly familiar" with the Manchester
 21 area.
 22 A. He wasn't aware of how far away each hospital was from
 23 the arena. I had worked the city centre for 12,
 24 15 years. So I knew -- I knew the city centre and the
 25 hospitals.

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1 Q. So I really don't want to take an unfair point, but it
 2 sounds as if you were taken away from your role for some
 3 period of time to give advice to him because of the
 4 absence of local knowledge?
 5 A. It wasn't a period of time. It was a minute's
 6 conversation, as little as that.
 7 Q. So I think I'm clear now. Whatever the limitations on
 8 his geographical knowledge, on the night it didn't cause
 9 any problem?
 10 A. No. Because there were three hospitals we used for the
 11 P1 casualties, and I told him which because the nearest,
 12 which was second nearest and which was third, and to
 13 allocate in that priority.
 14 Q. Now, Steve Hynes arrived at about 23.50. Was
 15 Steve Hynes someone that you knew?
 16 A. Yes.
 17 Q. What was his role and hierarchical position in relation
 18 to you?
 19 A. He was the director -- deputy director of operations.
 20 So he's my boss's boss.
 21 Q. And was he -- I don't know -- number 3 or number 2,
 22 something like that within the organisation?
 23 A. Something like that, yes.
 24 Q. So a very senior figure?
 25 A. Yes.

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1 Q. We know from Dan Smith, and we will hear from Mr Hynes
 2 himself tomorrow, that he was to replace Dan Smith as
 3 operational commander at about midnight.
 4 A. Yes.
 5 Q. Did you know that that had happened?
 6 A. Yes, I was informed that Mr Hynes was taking over.
 7 Q. Why did you understand that this had occurred?
 8 A. I don't know. I couldn't give an honest answer. I can
 9 only surmise and I don't want to do that really. Only
 10 Mr Hynes knows that. I don't know that answer, I'm
 11 afraid.
 12 Q. That answer I understand. Dan Smith told us that he
 13 thought it was happening because of a concern about his
 14 performance, and let me ask you what I hope is a fair
 15 question.
 16 Over the period that Dan Smith was operational
 17 commander, did you personally have any concerns about
 18 how he performed in that role?
 19 A. No, because I felt that at the time Mr Hynes was
 20 arriving, we was getting more control over the incident,
 21 so I was quite surprised when Mr Hynes did take over.
 22 Q. Does the term "JESIP huddle" mean anything to you?
 23 A. Yes.
 24 Q. What does that term mean to you?
 25 A. It means the commanders from all services, including

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1 anyone else like British Rail, all get altogether on
 2 a regular basis to discuss, give updates and give
 3 operational awareness as to what's happening and plans,
 4 share plans.
 5 Q. And prior to the arrival of Steve Hynes, had any JESIP
 6 huddle taken place so far as you know?
 7 A. No.
 8 Q. Following his arrival, although a little later, did
 9 a JESIP huddle take place?
 10 A. Yes.
 11 Q. And were you present at that huddle?
 12 A. I was, yes.
 13 Q. Indeed, had you by that stage taken over as loggist for
 14 the operational commander?
 15 A. Yes.
 16 Q. And who else was present at that first huddle?
 17 A. It was Chief Inspector Dexter. Network Rail was there,
 18 their manager, and GM Fire and Rescue Service, Mr Berry,
 19 I think it is.
 20 Q. And this is, I think, shortly before 1 am. At that
 21 first huddle at which Mr Berry represented the Fire and
 22 Rescue Service, what do you recall of their attitude?
 23 A. They were — the officer was not happy to commit his
 24 staff into the area where our staff were deploying —
 25 deployed because he was informed by Chief Inspector

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1 Dexter that that was designated as a warm zone.
 2 Q. What was your, no doubt internal, reaction to Mr Berry's
 3 position about his staff?
 4 A. I don't know their policies and procedures. I was
 5 surprised because of the amount of our staff and the
 6 amount of police staff that were in that area, so I was
 7 a bit surprised that that happened.
 8 MR GREANEY: Mr Poland, those are the questions that I have
 9 for you at this stage at any rate. Before I invite any
 10 core participant to ask any questions, I'll ask the
 11 chairman if he had any questions at this stage.
 12 Questions from THE CHAIRMAN
 13 SIR JOHN SAUNDERS: Did anyone actually express surprise?
 14 A. No.
 15 SIR JOHN SAUNDERS: They just took it at face value?
 16 A. Yes.
 17 SIR JOHN SAUNDERS: These are entirely random questions but
 18 there are just two more points which are completely
 19 different.
 20 You explained how you were communicating over mobile
 21 phones by and large.
 22 A. Yes.
 23 SIR JOHN SAUNDERS: Did you ever have any difficulty?
 24 Because there would have been a large usage of mobile
 25 phones, I have no doubt, around the arena: you've got

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1 families trying to contact each other, trying to find
 2 where people are and phones, mobile phones, can get
 3 overloaded. Did that ever happen as far as you were
 4 aware?
 5 A. No, as far as I'm aware, but — no, we didn't have any
 6 problems getting through to anybody.
 7 SIR JOHN SAUNDERS: But that is another potential reason why
 8 you ought to be having an Airwave?
 9 A. It is, but there is something within the mobile network
 10 where we can —
 11 SIR JOHN SAUNDERS: Get priority?
 12 A. Get priority over other people. I don't know whether
 13 that was enacted or not.
 14 SIR JOHN SAUNDERS: Thank you.
 15 Stretchers. You said the canvas stretchers would be
 16 better, is that right, which there were some on
 17 ambulances?
 18 A. We couldn't carry canvas stretchers apart from on the
 19 vehicles — sorry, on the Public Support Unit.
 20 SIR JOHN SAUNDERS: And they weren't there as we know?
 21 A. No.
 22 MR GREANEY: I think in fact, sir, there were I think at
 23 least one, possibly two, Public Support Units present.
 24 SIR JOHN SAUNDERS: Certainly there were some canvas
 25 stretchers present, and I wonder whether you, seeing

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1 what was going on, ever thought to say to ambulance
 2 staff coming off, "Get the stretchers and either go up
 3 with them yourself or give them to the police to use"?
 4 A. No, it never crossed my mind, that. What crossed my
 5 mind was trying to get the — because the casualties
 6 were coming down so fast, we wanted to get the
 7 paramedics that we had at that time into the casualties
 8 and start treatment.
 9 SIR JOHN SAUNDERS: Thank you.
 10 MR GREANEY: Thank you. Just on the first of the points
 11 that you raised, whether any view was expressed by any
 12 person at the huddle, we heard evidence from Chief
 13 Inspector Dexter about that discussion. We may even
 14 have listened to the conversation as recorded on his
 15 dictaphone. I think it would be right to say that no
 16 one expressed surprise at the time, but that the
 17 dictaphone does reveal that Mr Dexter was expressing
 18 surprise to other police colleagues subsequently.
 19 SIR JOHN SAUNDERS: Thank you.
 20 MR GREANEY: I'm now going to turn to core participants and
 21 I'm first going to invite — I don't know which advocate
 22 it will be — the Greater Manchester Combined Authority
 23 to ask their questions if they have any.
 24 MR WARNOCK: Can you see me?
 25 SIR JOHN SAUNDERS: No, but we can hear you. We will no

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1 doubt get a picture in a minute.
 2 We are just trying to fix it at this end and find
 3 out what's going on. So if you will hold on for
 4 a moment.
 5 MR WARNOCK: I have had a box appear.
 6 SIR JOHN SAUNDERS: Thank you very much. We can now see you
 7 and hear you, thank you.
 8 Questions from MR WARNOCK
 9
 10 MR WARNOCK: Mr Poland, could I ask you to turn to
 11 paragraph 45 of your witness statement, please. In that
 12 you --
 13 SIR JOHN SAUNDERS: I'm afraid you have disappeared from
 14 view again, but we can hear you. Mr Poland has now had
 15 the opportunity see your face, although you froze.
 16 Would you have any objection to just going on with us
 17 just having audio at the moment?
 18 MR WARNOCK: I certainly don't have any objection to that.
 19 SIR JOHN SAUNDERS: Okay. Thank you very much. Okay,
 20 paragraph 45. Thank you.
 21 MR WARNOCK: Mr Poland, in that paragraph you describe
 22 a telephone call which took place between Steve Hynes
 23 and the chief fire officer, Mr O'Reilly, at about 00.15.
 24 A. Yes.
 25 Q. You say:

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1 "[You believe] that the chief fire officer asked
 2 Steve what we required and Steve informed him that we
 3 could do with 12 trauma technicians coming to the scene
 4 to assist the management of P3 casualties."
 5 Can you assist with the location of the P3
 6 casualties at that time?
 7 A. Yes, they were -- they were stood on the opposite side
 8 of the road, opposite the memorial entrance, along that
 9 pavement.
 10 Q. So they were not in fact in Victoria station; is that
 11 right?
 12 A. That's correct.
 13 Q. And then you describe how the -- at paragraph 49 of your
 14 statement, you describe how the fire officer Andy Berry
 15 arrived on scene at 00.40. You say that you recall
 16 immediately requesting that he and his officers ensured
 17 that they had not blocked the access and egress route
 18 for ambulances that had been clearly established.
 19 Were they in fact blocking it or was that just
 20 a concern of yours to make sure that they didn't block
 21 it at any stage?
 22 A. It was just a concern because of the size of their
 23 appliances and the number of appliances that sometimes
 24 turn up at incidents. I knew it was a narrow road
 25 entering into Victoria Station Approach and that we

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1 would need to get in and out. So it was just a concern
 2 to make sure they hadn't blocked that entrance.
 3 Q. And you then -- at that stage, did the P3 casualties
 4 remain outside Victoria station?
 5 A. Yes, they did.
 6 Q. You then describe the discussion at the huddle that
 7 Mr Greaney has just asked you about. And about the fact
 8 that Mr Berry was reluctant to allow the Fire and Rescue
 9 Service personnel into what he had been told was a warm
 10 zone.
 11 Do you in fact know if, notwithstanding that
 12 concern, Fire and Rescue personnel did in fact enter the
 13 station?
 14 A. No, they didn't enter the station concourse.
 15 Q. Right. I don't want to take you to it, but they are
 16 photographed in the station and entering the station at
 17 00.49. Do you think you may just not have seen them
 18 enter it?
 19 A. Possibly because I was logging for Mr Hynes. So they
 20 could -- I know they were instructed to bring
 21 stretchers. Whether that was what they were doing
 22 inside the station concourse, I am not sure. But
 23 I wasn't aware of them entering the station concourse.
 24 MR WARNOCK: Thank you very much, Mr Poland. That was all
 25 I wanted to ask you.

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1 SIR JOHN SAUNDERS: Thank you, Mr Warnock. You came back in
 2 full technical colour before the end of your questioning, so
 3 you know we can see you in future.
 4 MR WARNOCK: Thank you, sir.
 5 MR GREANEY: Next on the list, Greater Manchester Police, if
 6 they continue to wish to ask questions.
 7 MR HORWELL: Sir, we have no questions, thank you.
 8 MR GREANEY: Thank you very much.
 9 SIR JOHN SAUNDERS: Thank you.
 10 MR GREANEY: Next, Mr Welch, who asks questions on behalf of
 11 the bereaved families.
 12 I wonder if Mr Welch could, if he won't be finished
 13 by then, pick a time at around 12.45 for our lunch
 14 break, please.
 15 MR WELCH: I'm afraid I probably won't be finished by 12.45.
 16 Questions from MR WELCH
 17 MR WELCH: Mr Poland, could I first of all ask you about
 18 your training and particularly your training as an
 19 operational commander.
 20 Could I have up, please, {INQ041295/1}, Mr Lopez.
 21 This is a schedule that's been produced by NWAS,
 22 just so we can see what the command training you had
 23 done before the attack at the arena. You'd done the
 24 NARU operational command course in 2014, hadn't you?
 25 A. Yes.

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1 Q. And then you'd done what I counted to be six courses of
2 the NWAS command training between 2013 and
3 December 2015?
4 A. Yes.
5 Q. Those command training, were they days or how long was
6 spent on those annual ---
7 A. They were days. There was one day.
8 Q. One day. Was the focus on you as an operational
9 commander as opposed to overall command training?
10 A. It was overall command training on specific subjects for
11 specific --- on each days.
12 Q. If we look further down we can see two further training
13 sessions that have been brought to our attention. Well,
14 three: emergency planning introduction to crowd safety
15 in 2012, emergency planning college public safety at
16 sports and stadia, and then JESIP training in 2014;
17 correct?
18 A. Yes.
19 Q. As one of the --- that can be taken down, thank you,
20 Mr Lopez.
21 As one of the on-call operational commanders for the
22 day, when you were informed of the attack and were
23 making your way to the arena, was it your expectation
24 that you would be fulfilling the role of operational
25 commander?

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1 A. Yes.
2 Q. Were you told en route by anyone that Mr Smith would
3 also be attending?
4 A. No.
5 Q. Did you know about the informal agreement that had been
6 reached between Mr Smith and Annemarie Rooney that he
7 would attend such an event?
8 A. No.
9 Q. Looking back now, as one of the on-call operational
10 commanders, do you think you should have known about
11 that?
12 A. It would have been nice to know because in my mind
13 I was --- I knew I had to take a large part of that
14 arena. If I was there on my own it would have been
15 a long time on my own because I was aware of where
16 Mr Calderbank was coming from. So I was aware there
17 could have been at least 20, 25 minutes of me being on
18 my own.
19 Q. I asked this question of some other officers. I believe
20 it was the HART officers. When you are going to an
21 event such as this and you have been told the general
22 nature of what it is and you know what your role is, are
23 you starting to plan in your own mind for what you're
24 going to do?
25 A. Yes, and what you --- what to expect.

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1 Q. When you were on this trip then, what were you planning
2 and what were you thinking you would be doing when you
3 got there?
4 A. My first immediate concern were availability of vehicles
5 because I had been contacted earlier that evening to say
6 that there was delays at North Manchester, but I didn't
7 attend there. I got --- another manager went there.
8 That was a big concern of mine, was the number of
9 available resources for us and where they were going to
10 come from.
11 Q. Now, on your command training courses you will have had
12 the JESIP principles drilled into you time after time
13 after time, I imagine; is that right?
14 A. Yes.
15 Q. Were you thinking of those en route as well?
16 A. My main concern was vehicles, to be fair, and the extent
17 of people's injuries within there.
18 Q. Now, you have spoken about Mr Smith. I'm not going to
19 ask you to be critical at all of him. He was more
20 senior and you said you had enormous respect for him.
21 He by that stage had assumed the role of effectively
22 a tactical commander in terms of how he had progressed
23 through the service, hadn't he?
24 A. Yes.
25 Q. Were you aware of that?

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1 A. Yes.
2 Q. So when you get there to the arena and you see
3 Dan Smith, the tactical trained commander, did you say:
4 Mr Smith, Dan, what are you doing here, why are you not
5 at GMP headquarters?
6 A. No, because I knew he wasn't the on-call tactical
7 commander. The on-call tactical commander would go to
8 GMP headquarters.
9 Q. So did you ask him: Mr Smith, what are you doing here?
10 A. No. I was relieved to see Mr Smith there.
11 Q. In his --- in your witness statement, your second witness
12 statement --- I don't ask it to be brought up unless it
13 needs to be --- paragraph 14, you say that you had
14 a conversation with Dan regarding what we would do:
15 "Dan informed me that he would be taking operational
16 command at the scene and I did not question the
17 decision."
18 A. No.
19 Q. That's not right, is it?
20 A. What's not right, sorry?
21 Q. What you said there. I'm sorry, you said "no" in
22 response when I put that to you.
23 SIR JOHN SAUNDERS: I think that was in response to the
24 "I didn't question him".
25 A. I didn't question Dan Smith.

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1 SIR JOHN SAUNDERS: He agreed that he didn't.
 2 MR WELCH: Thank you, sir.
 3 A. Apologies.
 4 Q. It's not your fault, Mr Poland.
 5 First statement, you say Dan, as the senior officer
 6 present, made himself incident commander. That's page 4
 7 of your first witness statement as given to GMP.
 8 Now, Mr Smith has given evidence of something very
 9 different. Did you watch his evidence in relation to
 10 this?
 11 A. Yes, I did.
 12 Q. He said that his recollection of the incident is that he
 13 pointed at his tabard and said "Do you want to take
 14 this?", to you, meaning do you want to take operational
 15 command, and you said no, and for that reason he assumed
 16 the role of operational commander.
 17 Now, I'm going to ask you a series of questions
 18 about that. The first is the obvious question: is that
 19 what happened?
 20 A. That's not how I recall it. I recall Mr Smith saying to
 21 me that -- he had the tabard in his hand -- he would
 22 take the role of operational commander unless I wanted
 23 to do it, and knowing Mr Smith's background and
 24 experience, and the respect I have for Mr Smith, I felt
 25 that was appropriate.

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1 Q. Now, as a trained operational commander and the on-call
 2 operational commander who has attended at the scene, was
 3 there any reason why you wouldn't want to take
 4 operational command?
 5 A. No.
 6 Q. Because another thing that Mr Smith said in his evidence
 7 was that he had had some training in operational command
 8 but because of his progression, and this is what --
 9 I quote him -- he had not received training in what is
 10 now expected of an operational commander as he had moved
 11 on. Okay?
 12 A. Yes.
 13 Q. So you were in the position, faced with someone more
 14 senior in the service, you were the on-call operational
 15 commander, you received regular training in operational
 16 command. Were you not better suited than Mr Smith, as
 17 good as he may be, to be the operational commander, him
 18 having moved on to a tactical role?
 19 A. I disagree. I know Mr Smith still practises as a Bronze
 20 commander at concerts as well as being tactical as well,
 21 but he still does practise as Bronze at certain
 22 incidents when we're doing football or when we're doing
 23 concerts at stadium. So I know Mr Smith is a lot -- is
 24 very experienced. I know on paper what -- I have done
 25 the courses, but Mr Smith is a very clever person and

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1 I do think that he was -- he did a good job on the night
 2 and that he was correct in what he did.
 3 Q. Clever as he is, and I'm not disputing that for
 4 a moment, you're the one, aren't you, that is receiving
 5 the annual training in command and are the operational
 6 commander. You had received your NARU operational
 7 course, conducted that much more recently than he had,
 8 in 2014.
 9 A. Yes.
 10 Q. The offer to go to the City Room that you made, when you
 11 said that to Mr Smith, what did you believe or expect
 12 that you would do when you got to the City Room?
 13 A. To give a better understanding -- well, not better
 14 understanding. To give an understanding of what was
 15 happening in the scale of things within the City Room,
 16 and if I was to -- if I would have been allowed up
 17 there, then to give a better control of the way the
 18 patients were being brought out of the -- within the
 19 City Room.
 20 Q. So you were not expecting that you would assist Mr Ennis
 21 in the triage?
 22 A. No, I would think it would be more like a forward
 23 command point.
 24 Q. It's a command and control position that you were hoping
 25 to -- expecting to get in order to gain situational

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1 awareness?
 2 A. Yes, I wouldn't get involved as a commander in the
 3 treatment of any casualties.
 4 Q. Because at that time, when you made the offer to
 5 Mr Smith, do you accept and recognise now that the level
 6 of situational awareness that you and he had was
 7 lacking?
 8 A. It was limited. We only had the brief conversation with
 9 Mr Ennis.
 10 Q. And on the basis of that brief conversation, what you
 11 knew was that there were casualties in the City Room.
 12 You knew there were serious -- people with serious
 13 injuries in the City Room, but you didn't really know
 14 the numbers precisely of the dead, P1s, P2s or P3s, did
 15 you?
 16 A. No.
 17 Q. Did you know at that time who else was in the City Room
 18 and what they were doing, so in terms of the police,
 19 arena staff and the arena medical staff?
 20 A. No.
 21 Q. You've accepted to Mr Greaney that it would have been of
 22 benefit to have a sector commander in the City Room.
 23 A. Yes.
 24 Q. Given your training and experience, and given that you
 25 were willing at that time to go to the City Room,

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1 perform that role, and that Mr Smith wasn't stopping you
 2 on the basis of safety, was he, you were perfectly
 3 placed to fulfil that role at an early stage, weren't
 4 you?
 5 A. I was, but I was also perfectly placed for the other
 6 roles that needed setting up at the station concourse.
 7 Q. But now, looking back at what happened, isn't it quite
 8 obvious that you with your training experience and what
 9 was the lack of situational awareness that you and
 10 Mr Smith had, the best thing for you to do -- and
 11 I don't blame you for this -- but the best place for you
 12 to be was not as the parking officer, but as the sector
 13 commander within the City Room, providing that
 14 situational awareness and coordinating the response from
 15 NWAS and others?
 16 A. No, because there was still a lot to be done. We had
 17 some situational awareness and it wasn't a great
 18 understanding, but there was still a great importance of
 19 setting up the command and control down on the station
 20 concourse so that the incident could run as efficiently
 21 as possible with the resources that we had available to
 22 us at that time.
 23 Q. I'm just going to ask a couple more questions and then
 24 we will pick this up after lunch, if I can.
 25 You say it was important to have command and control

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1 on the concourse. There's no doubt that the parking
 2 officer is an important role, but isn't it in the nature
 3 of being a parking officer that you're taken away from
 4 the concourse and outside on Station Approach?
 5 A. I was, but I was in and out of the -- in and out of the
 6 station concourse at times, especially when I was taking
 7 crews in to the triage officers to take on casualties.
 8 Q. But you're not really there providing any command and
 9 control, are you, on the concourse in reality?
 10 A. On the concourse, no.
 11 Q. Whereas you could have provided command and control, the
 12 gaining of situational awareness, right where it was
 13 needed in the City Room at 22.57, couldn't you?
 14 A. We could, but we didn't have concerns because of the
 15 way -- the speed the casualties were being brought down
 16 at that time.
 17 Q. Well, if I suggested to you that there were not as many
 18 casualties being brought down at that stage as you seem
 19 to remember, that can be checked. But isn't the point
 20 that you didn't know what was happening in the City Room
 21 then because you'd had such limited information that the
 22 only way to get it was to go up and find out in order to
 23 coordinate the response?
 24 A. Get a full understanding of everything that was going on
 25 within the City Room, yes, it would have been an ideal

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1 to get that. But because of how few there was of us and
 2 the resources we had, we still had to remain down there.
 3 MR WELCH: If I may pick it up after lunch, sir.
 4 SIR JOHN SAUNDERS: Yes, you can.
 5 Just give me some idea, being in charge of parking
 6 doesn't normally carry with it a great deal of
 7 responsibility, but obviously this would be different on
 8 this sort of occasion, and perhaps calling you a parking
 9 officer is a misnomer. How important a job is it in
 10 this sort of context?
 11 A. With the number of vehicles that were going to be coming
 12 to scene, because we had asked for 20 at least, we would
 13 need to make sure that these vehicles can more freely
 14 and don't cause any delays with the injured patients
 15 because of the way -- one casualty could be -- whichever
 16 crew is look after them, their vehicle could be right at
 17 the back and be blocked in by then five other vehicles.
 18 We need to make sure, and I liaised with the loading
 19 officer, that they come out in the correct order so that
 20 they're going on the correct vehicles, and I think a lot
 21 of crews went on different vehicles because we'd left
 22 them in that order. So they just took the vehicles that
 23 were available to us.
 24 SIR JOHN SAUNDERS: That is what we have heard.
 25 A. And briefing the staff as well. They needed to be

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1 briefed as to what they were going into and the nature
 2 of injuries that they were going to see within there
 3 because we've got a young workforce and there's a lot of
 4 paramedics out of university who have not come across
 5 these sort of incidents before.
 6 SIR JOHN SAUNDERS: And in addition you were obviously
 7 communicating with EOC?
 8 A. A number of people, EOC, our tactical and everyone else
 9 that was phoning that night.
 10 SIR JOHN SAUNDERS: Which would be things that Mr Smith
 11 would be doing if you hadn't taken that responsibility
 12 off him?
 13 A. Yes.
 14 SIR JOHN SAUNDERS: Okay. An hour?
 15 MR GREANEY: Thank you, sir.
 16 (12.48 pm)
 17 (The lunch adjournment)
 18 (1.55 pm)
 19 MR GREANEY: I'm sorry about the slight delay. There was
 20 a misunderstanding which was my responsibility, but we
 21 are now in a position to resume with Mr Welch's
 22 questioning.
 23 SIR JOHN SAUNDERS: Thank you, Mr Welch.
 24 MR WELCH: Thank you, sir.
 25 So you know where we're going, Mr Poland, I'm going

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1 to ask you some further questions in relation to the
2 concept of the sector commander and then two further
3 topics that are much shorter and more discrete.

4 Before lunch I was asking you questions about the
5 possibility of a sector commander in the City Room, and
6 you had said to Mr Greaney that you thought it would
7 have been a good idea.

8 I would like to explore, if I can, with you that
9 concept in the light of some of the potential failings
10 or issues that occurred on the night.

11 When you were answering questions from Mr Greaney he
12 asked you about the possibility of deploying
13 non-specialist teams into the City Room; do you recall
14 that?

15 A. Yes.

16 Q. And you said that effectively there was a discretion,
17 that in your training if you were going to go outside
18 this policy you needed to have a good rationale for
19 doing so, and a plan to get back inside the policy; do
20 you recall that?

21 A. Yes.

22 Q. The only way that you're going to be able to do that is
23 if you have proper situational awareness of what is
24 going on in the City Room, isn't it?

25 A. Yes.

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1 Q. It might be common sense, but you can't have the
2 rationale for this plan, this exception, or how you're
3 going to get back out of it unless you know precisely
4 how many people are in there; is that right?

5 A. Yes.

6 Q. What type of casualties they are?

7 A. Yes.

8 Q. And what you need in there in order -- whether you are
9 going to need that in order to conduct this balance;
10 yes?

11 A. Yes.

12 Q. The role of a sector commander or a person such as
13 yourself who had been a sector commander would have been
14 perfectly placed, had they gone in at 22.57, to make
15 that decision, the rationale and how to get back into
16 the policy, wouldn't they?

17 A. Had they gone in at that time, yes.

18 SIR JOHN SAUNDERS: Actually, just another really important
19 thing that would need to be done before you were going
20 to send non-specialist people in, you needed to know
21 from the police commander what he was saying about how
22 safe it was?

23 A. Yes.

24 MR WELCH: Another issue that's been explored is the
25 location of the casualty collection point. The decision

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1 was made as to where it would be, again in the absence
2 of situational awareness as to what was happening in the
3 City Room, wasn't it?

4 A. Yes.

5 Q. What you didn't know was how many casualties were going
6 to be transported to the CCP or what their status was?

7 A. No, we didn't.

8 Q. And it might be thought that part of the problem as to
9 why the CCP and the CCS merged was because there were
10 far more casualties came down and needed greater levels
11 of treatment than anyone had ever really thought about
12 as to whether that was a suitable area; do you agree?

13 A. For the concourse, yes.

14 Q. Again, had you -- I'm not being critical of you in any
15 way, Mr Poland, please understand that -- but had you
16 been allowed at 22.57 to go to the City Room to act as
17 the sector commander, you could have made that
18 assessment, not quickly, but more quickly as to how many
19 casualties there were, and whether the concourse was
20 going to be suitable for the CCP; do you agree?

21 A. I could have done if I went over the bridge, yes.

22 Q. The third matter that's been explored, of course, is the
23 use of stretchers.

24 Your evidence and the evidence of other NNAS
25 operatives has been that it became clear that the police

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1 and members of the public were bringing down casualties
2 on makeshift stretchers and that became quite clear
3 straight away.

4 A. Yes.

5 Q. But of course what you didn't know at that stage was how
6 many people would need to be brought down on those
7 stretchers, did you?

8 A. No.

9 Q. Or how long that was going to take?

10 A. No.

11 Q. Again, had you acted as sector commander, been sent a
12 sector commander, an assessment could have been made
13 relatively quickly: we have this many casualties, there
14 are going to be this many that need transportation,
15 let's get some stretchers up here? That could have been
16 done as well, couldn't it?

17 A. It could have been done, yes.

18 Q. Looking at these three matters, and bearing in mind that
19 you indicated to Mr Smith that you were willing to go to
20 the City Room, he had no concerns about safety at that
21 stage, and that you were effectively going to act as
22 a sector commander on the basis of what you said, or
23 a quasi-sector commander, do you now reflect and think
24 it would probably have been better for you to go there
25 than to act as parking officer?

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1 A. I don't know because I don't know who he would have
 2 given the role to to set up the parking officer
 3 within — outside. Again, I'm not playing down the role
 4 of parking officer, it's an important role, we need get
 5 this flow of vehicles in and out. Yes, the role of
 6 sector command is just as important and would have given
 7 us that situational awareness. Had more people been on
 8 the scene, I would imagine we possibly could have given
 9 that sector commander role to either myself and someone
 10 else took the parking. I think at that time these
 11 conversations were going on, it was a couple of minutes
 12 into both of us arriving and we only had, to my
 13 knowledge, about five or six vehicles on scene and we
 14 had used two of the people from the first two vehicles
 15 as triage officers. So I don't know who else he could
 16 have given that to who'd had experience in that role as
 17 well.

18 Q. All of these things are a judgement, of course, aren't
 19 they, because we've seen the action cards and there are,
 20 I think, 25 different roles within the NWS action
 21 cards. You don't have 25 people there straightaway, so
 22 it is a judgement as to how it is prioritised.
 23 But looking back now, as important as parking
 24 officer might be, given the problems, given the lack of
 25 situational awareness, do you not think it would have

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1 been better to allow you to go up as you were asking to
 2 do?

3 A. With what I know now, yes. But on the night we didn't
 4 know some of the things that we know now.

5 SIR JOHN SAUNDERS: If you don't get the answer you want
 6 first time, keep trying!

7 MR WELCH: The break helped.

8 Mr Poland, I'll move on to the next topic which is
 9 in relation to site-specific plans. There's only a few
 10 questions in relation to this because you said that you
 11 didn't think a site-specific plan would help.

12 You've used site-specific plans in other locations,
 13 I imagine, haven't you?

14 A. At stadiums, yes.

15 Q. Manchester, of course, has two rather large football
 16 stadia?

17 A. It does.

18 Q. Are there site-specific plans for that?

19 A. Yes, I think so.

20 Q. And in your experience of providing Ambulance Services
 21 there, do they help?

22 A. Yes, because of the size of the stadia, where the RVPs
 23 will be, where crews are to report to, so that side of
 24 things it does help, yes.

25 Q. Taking what you know there from Old Trafford or the

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1 Etihad, larger potentially stadia, but still you know
 2 where the potential RVPs are going to be. That would
 3 have assisted, wouldn't it, on the night —

4 A. Yes.

5 Q. — of the arena attack?

6 A. They are dynamic, the RVPs. They will nominate two, but
 7 it will depend on where the attack has taken place as to
 8 whether we use that specific RVP or whether another one
 9 is nominated.

10 Q. But it would have helped (overspeaking).
 11 What about the forward command point which you seem
 12 to assume was on the concourse, but weren't sure?
 13 Wouldn't a site-specific plan suggest potential forward
 14 command points?

15 A. Yes, potential.

16 Q. And exits or the location of the CCP itself, whether
 17 it's going to be big enough, where might be an
 18 appropriate location?

19 A. Again, yes, potential ones, but again, you would have to
 20 see where the incident actually happened as to whether
 21 you use these or whether you use them around as
 22 required.

23 Q. So looking back now, with your knowledge of and
 24 experience of using site-specific plans elsewhere and
 25 what they bring, do you not think that a site-specific

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1 plan for the arena would have helped on 22 May 2017?

2 A. It would have done, but getting hold of that plan and
 3 who updates the plan is a problem that can be caused.

4 Q. The final topic, if I can, please, Mr Poland, is in
 5 relation to the logging of decisions.
 6 You became the loggist for Mr Hynes just after
 7 midnight, didn't you?

8 A. Yes.

9 Q. If we could go, please, to the major incident plan, and
 10 Mr Lopez, it's {INQ013132/27}.

11 I'm terribly sorry. I've got the wrong reference.
 12 I'm going to move on.

13 If we could go to action card 19 {INQ013422/1}.

14 It's action card 19 which is {INQ013422/38}.

15 This sets out what the loggist should do. It might
 16 not sound to be the most exciting role, but do you agree
 17 that in an incident such as the attack at the arena,
 18 it's a vitally important role?

19 A. Yes.

20 Q. It's important because it records decisions and the
 21 rationale, doesn't it?

22 A. Yes.

23 Q. And it's important for use in any subsequent inquiries
 24 or inquests so that those can be examined; is that
 25 right?

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1 A. Yes.
 2 Q. It's also important in terms of lessons learned,
 3 identifying what could have been done to get better in
 4 the future; correct?
 5 A. Correct.
 6 Q. Now, looking through these, this action card, number 4:
 7 "The loggist is responsible for capturing key
 8 information and decision—making and events during an
 9 incident. A new incident log must be opened for each
 10 incident."
 11 So that is generally the responsibility; yes?
 12 A. Yes.
 13 Q. Number 6:
 14 "Adhere to specified logging best practice when
 15 completing the incident log. Initial each entry into
 16 the logbook as well as at the end of your duty period.
 17 Ensure any change in the command and control structure
 18 is logged with date and time. The commander must sign
 19 the log to record completion of the role"; yes?
 20 A. Yes.
 21 Q. And then finally number 9:
 22 "Review and agree the log entries with the commander
 23 no less than after every two pages to ensure you are
 24 logging reflective, factual and appropriate
 25 information"; correct?

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1 A. Yes.
 2 Q. Just in terms of your training as a loggist, you had
 3 done a course voluntarily, I think, in 2012; is that
 4 right?
 5 A. Yes, it was an NNAS course that we did that was put out
 6 for people to attend.
 7 Q. Because NNAS has a group of trained loggists, doesn't
 8 it, that can attend at an incident?
 9 A. They do now, yes.
 10 Q. Did they at the time?
 11 A. I'm not sure if we had the on-call loggist. You can
 12 correct me if I am wrong, but we do have on-call
 13 loggists now.
 14 Q. Mr Smith did not have any form of log, did he?
 15 A. No.
 16 Q. Did you discuss that with Mr Smith at any time?
 17 A. No, because each commander is responsible for their own
 18 logs.
 19 Q. So it wasn't mentioned to him at the beginning: look,
 20 Dan, we need make sure that everything is recorded and
 21 that we set out precisely what we are doing and, more
 22 importantly, why we're doing it?
 23 A. No.
 24 Q. Can we just please look at your pocket logbook which is
 25 {INQ014788/1}.

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1 This is your pocket logbook, and if we go on for the
 2 next couple of pages, Mr Poland, we can see the entries
 3 that you make. This is effectively a pocket notebook,
 4 isn't it?
 5 A. It is, yes.
 6 Q. We will come on to the logbook in a couple of moments,
 7 but they are very different. This is just where you
 8 scribble down some notes?
 9 A. Yes.
 10 Q. Similar to what a police officer will see that many of
 11 us will be familiar with. I don't propose to go through
 12 all of that, but you transferred, didn't you, what was
 13 in here into the logbook — was it 2 days later?
 14 A. Yes, because I think I was on a rest day after the
 15 incident.
 16 Q. Okay. Can we take that down, please, Mr Lopez, and have
 17 up {INQ014785/1}. Now, this is the decision — the
 18 incident decision log that was created after the event,
 19 and if we go through just the first few pages — next
 20 page {INQ014785/2}, please, if we stop there — this is
 21 where it starts, and we can see there are a number of
 22 columns: entry number, date, time, entry, DRA, and then
 23 the details. And the details, D is decision, R is
 24 rationale, A is action.
 25 I don't propose to go through this all, but this is

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1 in relation to Mr Hynes, and you will take from me, and
 2 I'll be corrected if I'm wrong, that there is only one
 3 entry in there that is a decision, and that's at 00.45.
 4 All it records are the actions.
 5 A. That's correct, yes.
 6 Q. There's no rationale at all for any of the decisions
 7 made by Mr Hynes?
 8 A. Not in the log, no.
 9 Q. So what we are — and Mr Hynes, of course, took over as
 10 operational commander from Mr Smith at midnight?
 11 A. Yes.
 12 Q. So what we are left with is a situation where there is
 13 no documentary record at all from the operational
 14 commanders as to the decisions that they made or the
 15 rationale for that decision; that's correct, isn't it?
 16 A. Yes.
 17 Q. And I'm grateful to Mr Greaney. The major incident
 18 response plan, which is {INQ013132/27}, "Decision—making
 19 and logging", and just the second paragraph:
 20 "Logging is essential to facilitate operational
 21 debriefing and to provide evidence for inquiries and
 22 identify lessons for the future."
 23 You were aware of this, I take it?
 24 A. Yes.
 25 Q. And you would expect Mr Hynes and also Mr Smith would or

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1 should have been aware?
 2 A. All commanders, yes.
 3 Q. And appreciating this is a dynamic incident and
 4 extremely difficult circumstances, it's not
 5 satisfactory, is it, for there to be no log of any
 6 decision—making by the operational commanders?
 7 A. It isn't, but I think there was some explanations given
 8 after the log was completed on the day after,
 9 apparently, regarding further entries. After the log
 10 was signed when it was first completed, Mr Hynes
 11 and I met again for the further decision or further
 12 rationale or further explanations as to what them
 13 entries were added later.
 14 MR WELCH: Thank you very much, Mr Poland. Those are my
 15 questions. Thank you, sir.
 16 SIR JOHN SAUNDERS: Thank you.
 17 MR GREANEY: Thank you, Mr Welch. I'm going to ask
 18 Mr Cooper to join us next.
 19 Questions from MR COOPER
 20 MR COOPER: These really short questions, if I can,
 21 Mr Poland, are predicated upon your answer to
 22 Mr Warnock's virtually last series of questions he asked
 23 you this morning. Let me remind you and those who are
 24 following, it appears at the bottom of [draft] page 99
 25 and on to [draft] page 100 {Day112/103:5} of the

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1 real—time, just to remind you, Mr Poland, where we are.
 2 Mr Warnock asked you this:
 3 "Question: Now, you then describe the discussion at
 4 the huddle that Mr Greaney has just asked you about and
 5 about the fact Mr Berry was reluctant to allow the Fire
 6 and Rescue Service personnel into what he was told was
 7 a warm zone. Do you in fact know if, notwithstanding
 8 that concern, Fire and Rescue personnel did in fact
 9 enter the station?"
 10 And you answered:
 11 "Answer: No, they didn't enter the station
 12 concourse."
 13 And Mr Warnock goes on:
 14 "Question: Right, I don't want to take you to it,
 15 but they are photographed in the station when entering
 16 the station at 00.49. Do you think you may not have
 17 seen them enter it?"
 18 And then you say this, and this is the answer I want
 19 to examine with you:
 20 "Answer: Possibly, because I was logging for
 21 Mr Hynes. So they could [and here is the point I'm
 22 focusing on]. I know they were instructed to bring
 23 stretchers. Whether that was what they were doing
 24 inside the station concourse, I'm not sure. But
 25 I wasn't aware of them entering the station concourse."

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1 Then Mr Warnock says:
 2 "Question: Thank you very much, Mr Poland, that's
 3 all I wanted to ask you."
 4 But actually I want to ask you about that last
 5 answer.
 6 When you say that they were instructed, that's the
 7 Fire and Rescue Service, as you put it in your evidence,
 8 to bring stretchers, is that your clear recollection?
 9 A. Yes. Yes, because they were stood at the — where
 10 everyone was being gathered at the memorial entrance.
 11 So stretchers were needed from the vehicles because the
 12 crews had just taken their equipment in. So the Fire
 13 Brigade know how our vehicles work and they can use our
 14 stretchers, so yes... I don't recollect who told them,
 15 but they were asked to retrieve some stretchers and
 16 bring them to the front of the memorial entrance.
 17 Q. Do you recall where the Fire Service were asked to
 18 retrieve those stretchers from?
 19 A. Yes, there were several vehicles parked up on Victoria
 20 Station Approach. So it's whichever vehicles had the
 21 stretchers there.
 22 SIR JOHN SAUNDERS: Are we talking about ambulances?
 23 A. Yes, ambulance stretchers.
 24 MR COOPER: Yes, I was going to clarify that. You're
 25 referring to then the Fire Service taking stretchers —

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1 and I'm emphasising that, it's your evidence — taking
 2 stretchers from the ambulances and bringing them to
 3 where they were needed; is that right?
 4 A. Yes, apologies. The ambulance stretchers that the
 5 patients go on and are transported to hospital on. The
 6 ones with the wheels that weigh 25 — 40, 50 kilos.
 7 SIR JOHN SAUNDERS: So we are talking about taking people
 8 from the CCS to the ambulance?
 9 A. Yes.
 10 MR COOPER: Could they also be described as trolleys, just
 11 so we have got a clear idea what we are talking about?
 12 A. Yes, trolleys, stretchers.
 13 Q. Are we talking, for instance, as well as trolleys, about
 14 canvas stretchers or what? I need to be precise with
 15 you.
 16 A. No, it was the stretchers to transport them from the CCS
 17 to the ambulance.
 18 Q. I understand. Can you remember approximately what time
 19 that request was made of them?
 20 A. No. I would have to look at my — unless I have put it
 21 in my evidence, I can't recall that, sorry.
 22 Q. Did the Fire Service do as they were asked to do?
 23 A. Yes. I think — I remember at least three or four
 24 stretchers being brought and possibly more.
 25 MR COOPER: Thank you for that clarification.

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1 Thank you, sir.
 2 SIR JOHN SAUNDERS: Thank you very much, Mr Cooper.
 3 MR GREANEY: And finally, Ms Roberts on behalf of the North
 4 West Ambulance Service.
 5 Questions from MS ROBERTS
 6 MS ROBERTS: Just five short points.
 7 You were asked a number of questions about the
 8 vehicles that could have attended the scene, for
 9 example, the NCMCV, the PSU and the ISU, but did not
 10 attend the scene, and you were asked those questions in
 11 the context of the kit or the equipment that those
 12 vehicles may have had upon them.
 13 You said a number of times that you felt that there
 14 was enough kit at the scene in the absence of those
 15 vehicles, and I just want to ask you about that.
 16 Did you form that view from what you saw or what you
 17 were told or both?
 18 A. From what I saw, and at no point during the evening did
 19 anybody come up to myself, Dan Smith or Steve Hynes
 20 saying that they were short of kit.
 21 Q. Thank you. You were also asked about the type of event
 22 or incident that those vehicles might be deployed at.
 23 One thing you said was that if it were a prolonged
 24 incident that you might use that type of vehicle. Could
 25 you give us an example as to what you mean by

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1 a prolonged incident?
 2 A. A train — potentially a train derailment, where they're
 3 going over uneven ground, where it's been sectorised,
 4 where it could take a while to get to the actual train
 5 and then might take a while to get these people
 6 evacuated from the train, them sort of incidents where
 7 there's greater numbers, in the hundreds, a full train
 8 with hundreds of people potentially.
 9 Q. So a full train with hundreds of people as an example,
 10 and over a protracted period of time. Do you mean
 11 a longer period of time than the incident as it unfolded
 12 at the arena?
 13 A. Yes, because all the casualties were brought down to our
 14 ourselves within — it's within an hour of the initial
 15 explosion. But definitely within 40 minutes of myself
 16 and Dan Smith arriving.
 17 Q. Thank you.
 18 Second topic, please. You were asked about policy
 19 and in effect moving outside the policy and having
 20 a robust reason why you would do that and also a plan to
 21 get back into the policy. You were telling us about
 22 that in the context of, as I understand it, the NARU
 23 training. That's the National Ambulance Resilience Unit
 24 training; is that right?
 25 A. Yes.

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1 Q. When you talked about obviously having to have an
 2 awareness of manslaughter, of health and safety offences
 3 and so forth, and you mentioned them in the context of
 4 the lawyers who talked to you about that. Are those
 5 lawyers on the national training, the NARU training?
 6 A. I think we have had visits or we have had talks from
 7 various lawyers —
 8 Q. Right.
 9 A. — whilst on commander trainings and some — like I say,
 10 some do advocate the use of dictaphones and some are
 11 against that. So it's whenever we've done any commander
 12 training we've sometimes brought in legal experts.
 13 Q. I see. At a national level or a local level or both?
 14 A. Both.
 15 SIR JOHN SAUNDERS: Can I interrupt and ask another one
 16 about that?
 17 You are an experienced commander. You have been on
 18 these courses. You have had these talks. Do you think
 19 that maybe the result of them may be that people become
 20 risk averse?
 21 A. Yes, some do, more risk acceptance as someone has put it
 22 in the statements. I accept there's a risk to my job
 23 and I accept that there's a risk of me deploying into
 24 these things, but some people are risk averse.
 25 SIR JOHN SAUNDERS: I understand the risk of individuals

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1 deploying and some people have different attitudes about
 2 their own safety. I understand that. But what about
 3 commanders deciding where to deploy people? Does this
 4 sort of training tend to make them risk averse so they
 5 won't send people in?
 6 A. It's got better now. I think under that policy, yes, it
 7 potentially did have.
 8 SIR JOHN SAUNDERS: The policy has now changed?
 9 A. The policy has changed and it's a lot better policy. We
 10 have got limits of exploitation and [REDACTED].
 11 [REDACTED].
 12 SIR JOHN SAUNDERS: Thank you.
 13 MS ROBERTS: Thank you.
 14 I want to ask about your role as parking officer.
 15 As I understand it, from what you have said, both in
 16 answer to questions from Mr Greaney, in answer to
 17 questions from the chairman, that the role has a number
 18 of different facets or a number of different aspects to
 19 the particular role of parking officer; is that right?
 20 A. Yes.
 21 Q. And one of the things you've said, I think more than
 22 once, is that there is a need to get vehicles in and
 23 out?
 24 A. Yes.
 25 Q. In, I think, we can probably all understand the need to

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1 have the vehicles going in in some form of order, and
 2 that was your responsibility, was it?
 3 A. Yes.
 4 Q. In terms of out, are we to understand from that, again,
 5 there needs to be some sort of order in your mind at the
 6 point at which the vehicles are coming in and where they
 7 are parked as to their exit from the scene en route to
 8 hospital?
 9 A. Yes, so that we can get the seriously injured patients
 10 straight away without any further delay.
 11 Q. What happens if you don't get that plan right?
 12 A. There's potential for delays for patients getting to
 13 hospitals, especially on the night of the arena, to the
 14 three trauma centres which were the ideal places for the
 15 patients to be taken to.
 16 Q. And is that something that was operating in your mind at
 17 the point at which you were deciding where those
 18 vehicles should go within that space? Are you thinking
 19 of the end result at the point at which you are
 20 determining where they should go?
 21 A. I'm thinking where they are parking; as to which
 22 hospital they go to is down to the loading officer and
 23 the casualty clearing officer. But I was mindful of the
 24 road being kept clear at all times from police and
 25 anybody arriving at the scene.

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1 Q. And did that continue to be your role and your focus
 2 until you were deployed as Mr Hynes' loggist at about
 3 midnight?
 4 A. Yes, I think I was tasked with a number of things by
 5 Mr Smith, I can't exactly remember what, I was maybe
 6 getting patient numbers, but that was my main focus,
 7 yes.
 8 Q. The loading officer and the liaison you were having with
 9 him, that's Matthew Calderbank, Matt Calderbank he's
 10 known as?
 11 A. Yes.
 12 Q. And again, is that something that you were doing for the
 13 duration of your role as parking officer?
 14 A. Yes, because he would be telling me which vehicle or
 15 which crew would be going next, and it's to make sure
 16 that vehicle's route is free from any blockages and can
 17 go straight away.
 18 Q. Before the crews were coming in off the ambulances that
 19 you had been in charge of where they were parking, as
 20 they were coming in through that war memorial entrance,
 21 you talked about briefing the staff and also describing
 22 to them the nature of injuries. Would that be with
 23 every crew as they came through?
 24 A. I think they were deployed to scened in batches. I know
 25 the first six came, then there was a short gap, and then

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1 a further number came.
 2 As they came in batches of however many was sent
 3 from the RVP to us, they was done in batches like that
 4 rather than individually otherwise it would taken all my
 5 time.
 6 SIR JOHN SAUNDERS: Sorry to interrupt, but were you
 7 involved in getting more ambulances from the RVP?
 8 A. No, I think it was done by Mr Smith via
 9 Annemarie Rooney.
 10 SIR JOHN SAUNDERS: Thank you.
 11 MS ROBERTS: Thank you.
 12 And there were, as you have told us, a number of
 13 communications that you undertook with the EOC and with
 14 other people. What other people were you communicating
 15 with?
 16 A. Annemarie Rooney was my main point of contact as my
 17 tactical commander or as the tactical commander for the
 18 incident.
 19 Q. Right. And had you not been communicating with either
 20 the EOC or with Annemarie and/or others, that would have
 21 fallen on the shoulders of whom?
 22 A. The operational commander.
 23 Q. Which was Dan Smith?
 24 A. Yes.
 25 Q. So you're doing that particular role and amongst the

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1 others that you've told us about, that enabled him to
 2 focus on his role as operational commander?
 3 A. Yes, I think there was a couple of times he asked me to
 4 do certain things when the crews had been briefed and
 5 passed to patients to free him up to do his role.
 6 Q. Yes. You were asked — fourth topic, please. You were
 7 asked some questions about the attendance fairly early
 8 on of three individuals who turned out in fact to be
 9 doctors once their qualifications and bona fides had
 10 been verified by Dr Daley. Did you see the evidence of
 11 Dr Daley and Dan Smith?
 12 A. I did, yes.
 13 Q. Did you see also what they said about the need not only
 14 to check that the medics were suitably qualified, and
 15 that they were in fact medics, but also to guard against
 16 them in fact being potentially terrorists?
 17 A. Yes, I agree.
 18 Q. You were asked, Mr Poland, about HART and the timings of
 19 the deployment of HART and so forth, and the question
 20 was put to you by Mr Greaney in the following terms:
 21 "Question: It was a source of disappointment that
 22 HART were some distance away."
 23 And you told us that they were the other side of
 24 Stockport. Did you know that when you arrived at scene
 25 or is that something that you learned shortly after you

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1 arrived at scene?
 2 A. It's something I have learned of through the inquiry.
 3 Q. Thank you.
 4 I don't propose to go through the timings of HART,
 5 their deployment and their arrival, but can I simply
 6 flag up the inquiry reference, not to go on the screen,
 7 please, and it's {INQ040616/1} which sets out the
 8 arrival times of that HART team, six members in total
 9 that you know about, three arriving at about and being
 10 into the CCS or thereabouts by about 23.13, and the
 11 remaining half of that team arriving just a few minutes
 12 after that.
 13 A. Thank you.
 14 MS ROBERTS: Thank you very much.
 15 SIR JOHN SAUNDERS: I have just got a couple of things to
 16 allow you to come back on if you want to.
 17 When you took over as loggist or became the loggist,
 18 had your role as parking officer really finished?
 19 A. No, because there was still vehicles to attend the site.
 20 SIR JOHN SAUNDERS: Right. It seems slightly odd. You've
 21 been doing the job, you've got a system going and this
 22 sort of job, parking officer, is very much getting the
 23 system going on the night and making sure it works
 24 smoothly. It seems a bit odd to take you off that job
 25 to become the loggist.

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1 A. I did query this with Dan Smith and he explained that
 2 Mr Hynes wanted someone who had been there straight from
 3 the start and knew what was going on with regards to
 4 what had happened and what had been completed so far,
 5 and that's why I was chosen.
 6 SIR JOHN SAUNDERS: Okay. As far as you know, did the
 7 parking officer role operate successfully after that?
 8 A. I'm not sure because I didn't have a lot of involvement.
 9 I was doing stuff for Mr Hynes as well as being his
 10 loggist.
 11 SIR JOHN SAUNDERS: We've been talking about whether it
 12 would have been a good idea to have a sector commander
 13 in the City Room and whether you should have done that
 14 job, and obviously there's a balance as to -- you've got
 15 limited numbers and it is up to Mr Smith at the time to
 16 make a decision about that.
 17 The other person -- the other obvious person who
 18 might have been able to do that job might have been the
 19 team leader for HART when he came. Would it be too late
 20 to do the things that you could have done, ie would it
 21 have been helpful to have got situational awareness when
 22 he arrived and to talk to the police officer?
 23 A. By the time he arrived it was too late. The decision
 24 had been taken away from us about where the casualties
 25 would have been taken to.

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1 SIR JOHN SAUNDERS: Right. Okay.
 2 Now, just help me if you can, and if you can't but
 3 are prepared to go away and think about it, then please
 4 do.
 5 You've got a lot of experience. I at the end of
 6 this will be making, if it is appropriate, some
 7 recommendations. I think in general terms a lot of what
 8 the Ambulance Service did worked pretty well, but
 9 looking back on things, it's never all right.
 10 So are there things you can think of which could
 11 have gone better, should have gone better and, if
 12 slightly different things had been done, would have gone
 13 better?
 14 A. The stretchers was a big thing for all of us involved.
 15 It wasn't appropriate to bring the people down on those
 16 things, but it was working and it was being done rapidly
 17 and I wholeheartedly accept that we could have done
 18 something for those -- whether we carry -- there's only
 19 the HART carry the mid(?) stretchers which are something
 20 that could be utilised on front line vehicles.
 21 That's -- at least that is a stretcher on every vehicle
 22 that we have.
 23 I think on the night it went as well as we could
 24 with what we had. I don't -- yes, we did miss a few
 25 things out between myself and Dan Smith and maybe

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1 Mr Hynes.
 2 I think every day: is there anything else we could
 3 have done differently? The stretchers is the big one
 4 and the P3 casualties is a big one as well.
 5 SIR JOHN SAUNDERS: The what?
 6 A. The P3 casualties.
 7 SIR JOHN SAUNDERS: Why?
 8 A. I was aware they were across the road. Yes, there was
 9 somebody attending to them but I was not aware because
 10 we had not had the briefing with the police that
 11 a survivors' centre had been set up at the Etihad. A
 12 survivors' centre would have been ideal at the site or
 13 somewhere near for these people to remove them away from
 14 watching all the vehicles arriving and watching
 15 casualties coming (overspeaking) --
 16 SIR JOHN SAUNDERS: So the P3s were across the road, weren't
 17 they, and they remained there for too long in your view?
 18 A. Yes.
 19 SIR JOHN SAUNDERS: And the Etihad was too far away, are you
 20 saying?
 21 A. It wasn't too far away. It was a 10-minute bus ride
 22 away, but because we had not had the initial -- I don't
 23 know who set up the Etihad and I wasn't aware the Etihad
 24 had been set up, and maybe if we'd had the early
 25 conflabs with the police Bronze, we would have known

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1 about these things.
 2 SIR JOHN SAUNDERS: If you think of anything else, don't
 3 hesitate to put it in writing. But thank you very much.
 4 Ms Roberts, have you got anything else to come back
 5 on that?
 6 MS ROBERTS: No, I haven't. Thank you very much, sir.
 7 Further questions from MR GREANEY
 8 MR GREANEY: I'm am just going to deal with the arrival of
 9 certain personnel at the scene to assist you with your
 10 note and it may also be interesting for the witness.
 11 First of all, HART. Mr Lopez, this is the sequence
 12 of events {INQ035612/1}. First of all we will look at
 13 an image we've seen a number of times, it's the arrival
 14 of HART members, Hargreaves and Vaughan,
 15 {INQ035612/252}, please. So there they are arriving at
 16 23.13.54, and we know, after a short discussion with
 17 Mr Smith, they enter the City Room at 23.15.
 18 SIR JOHN SAUNDERS: And they arrive with the commander?
 19 MR GREANEY: I think they arrived with Mr Beswick, that's
 20 correct.
 21 SIR JOHN SAUNDERS: Thank you.
 22 MS ROBERTS: One vehicle contained Si Beswick and
 23 Chris Hargreaves, as I understand it, and a second
 24 vehicle contained Lea Vaughan. So two vehicles, three
 25 people.

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1 MR GREANEY: That's extremely helpful. Thank you very much
 2 indeed, Ms Roberts.
 3 Then we are going to see another HART member at
 4 {INQ035612/295}, and this very much fits with the
 5 chronology that Ms Roberts gave us a short time ago.
 6 I have seen the original image, sir, and I can
 7 confirm that at 23.22, just outside the war memorial
 8 entrance, Nick Priest, who, as I understand it, is
 9 another member of HART, is seen. So that's the first
 10 time in the sequence of events that we capture a member
 11 of the other team arriving. So, as Ms Roberts
 12 indicated, it's very shortly after the arrival of the
 13 first team.
 14 Thank you very much. Take that from the screen,
 15 please.
 16 I'm not sure how many of these images are going to
 17 be completely blanked out.
 18 So we are next to look at images showing the arrival
 19 of members of Greater Manchester Fire and Rescue Service
 20 together with their stretchers, to give you the timings.
 21 {INQ035612/507} first of all, Mr Lopez.
 22 So this is the first image, sir, that we have that
 23 captures those staff.
 24 SIR JOHN SAUNDERS: That's helpful.
 25 MR GREANEY: Timed at 00.47. And {INQ035612/509}, please.

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1 We can see again further members of the Fire and Rescue
 2 Service going into the station at this stage.
 3 {INQ035612/521}, please. 00.49 in the last image.
 4 There's Mr Berry.
 5 And then {INQ035612/532}, please. So at 00.59, we
 6 can see, sir, in that image a large number of GMFRS
 7 personnel helping out in the casualty clearing station.
 8 Sir, I should have added, whilst we were dealing
 9 with the images of Mr Priest, having arrived at 23.22
 10 there are a series of further images of him that we
 11 won't show on the screen and they show him in the area
 12 just outside the railway station dealing with
 13 casualties.
 14 SIR JOHN SAUNDERS: Thank you.
 15 MR GREANEY: Sir, the next witness is Mr Hargreaves who is
 16 returning to give evidence. We will need just a very
 17 short break so that Mr Poland can leave the witness box
 18 and Mr Hargreaves can enter.
 19 SIR JOHN SAUNDERS: Right.
 20 Thank you very much for your evidence and for the
 21 work you did on the night. I don't think anybody has
 22 suggested that you didn't carry out your job very
 23 satisfactorily and very helpfully. You were clearly
 24 helping Mr Smith, and indeed Mr Hynes, in carrying out
 25 their function. Thank you for all your insights to me

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1 today.
 2 MR GREANEY: Could we have a break of 10 minutes, please?
 3 SIR JOHN SAUNDERS: Yes.
 4 (2.35 pm)
 5 (A short break)
 6 (2.55 pm)
 7 MR CHRISTOPHER HARGREAVES (recalled)
 8 Questions from MR GREANEY
 9 MR GREANEY: Sir, the witness in the witness box is
 10 Christopher Hargreaves who started his evidence on
 11 18 March when, of course, he was sworn and presumably,
 12 sir, you take the view that he continues to be sworn?
 13 SIR JOHN SAUNDERS: Thank you very much for coming back,
 14 Mr Hargreaves.
 15 MR GREANEY: Mr Hargreaves, we know that you are — I ought
 16 to begin by asking you to identify yourself.
 17 A. Christopher Hargreaves. I'm a HART paramedic.
 18 Q. And we know in fact that you are a long—experienced
 19 paramedic and had been a member of HART for approaching
 20 3 years at the time of the arena attack?
 21 A. That's correct.
 22 Q. On 18 March, as we will all recall, you gave evidence
 23 about events up to but not including the City Room?
 24 A. Yes.
 25 Q. And today we are going to ask you to help with just

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1 a small number of issues relating to your time within
 2 that room from the point at which you entered it, namely
 3 11.15.
 4 A. Yes.
 5 Q. And a warning, bearing in mind that we are going to be
 6 dealing with the City Room, plainly your evidence is
 7 capable of being distressing to some, if not many,
 8 albeit, as you know, we will not be asking you to deal
 9 with any particular individual that you encountered
 10 within the room.
 11 So we are going to deal with it not chronologically,
 12 but topic by topic.
 13 First, the casualty collection point and casualty
 14 clearing station. In your witness statement -- I'll
 15 give the INQ reference but not on the screen,
 16 {INQ005801/5} -- you observe as follows:
 17 "Paddy was also liaising with police and Dan Smith
 18 at the casualty collection point outside, appraising
 19 them of what was going on and providing updates."
 20 As of 22 May were you familiar with the concepts of
 21 casualty collection point and casualty clearing station?
 22 A. Yes, I was.
 23 Q. Before you entered the City Room had you discussed with
 24 anyone the designation of such areas at the arena?
 25 A. No, not at the time, no.

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1 Q. Did there come any stage at which the designation of
 2 such areas was discussed with you?
 3 A. I think I just presumed -- from the layout of the
 4 building I think I had presumed where it would
 5 eventually be, which would be on the concourse in the
 6 station.
 7 Now, whether that was a CCP that I have referenced
 8 there or a CCS or just a CCS, I think it was in that
 9 area of the concourse.
 10 Q. I just want to be clear about this: it sounds as if you
 11 were not told by either Dan Smith or Paddy Ennis or
 12 anyone else where the CCP and/or CCS was going to be?
 13 A. That's correct, I didn't have any information to me on
 14 that.
 15 Q. I'm just going to ask you if -- it may help if you just
 16 move a little bit. You are quite softly spoken.
 17 But you made an assumption based upon the geography
 18 of the arena and City Room about where those locations
 19 would be; is that correct?
 20 A. That's correct, yes.
 21 Q. And what we've understood from the evidence is that,
 22 generally speaking, there will be three stages or
 23 phases: triage sieve, the CCP, which will generally be
 24 near to where injury has been sustained?
 25 A. Yes.

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1 Q. And then stage 3 would be the CCS.
 2 Now, where did you understand that the CCP and CCS
 3 were going to be?
 4 A. I presumed they would be on the concourse, the station
 5 concourse. I think from walking up into the City Room,
 6 I would never have thought the CCP would have been in
 7 the City Room. I don't think it was an appropriate
 8 place and you would have been moving casualties dozens
 9 of yards for no real benefit.
 10 The walkway above -- again, I think -- I don't think
 11 I classed that as being an ideal place for a CCP.
 12 I think it was too narrow. And I think in my head the
 13 CCP or CCS or both would have been down at the station
 14 concourse at the bottom of the steps, somewhere that is
 15 a lot more open and a lot better sited for that.
 16 Q. Bearing in mind the role that you were to have when you
 17 were in the City Room, was it not important that you
 18 should be given clear information about the location of
 19 the CCP and CCS as opposed to having to try to work it
 20 out for yourself or making an assumption?
 21 A. Yes. I definitely think it would have been a benefit.
 22 I don't know whether it would have been the right time
 23 to get it initially when we had been given the brief to
 24 go up, whether the commanders, or if they would have had
 25 the information, would be able to definitively say at

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1 that time, "The CCP is going to be here, the CCS is
 2 going to be here". Maybe they needed a bit more
 3 situational awareness. But definitely I think after
 4 a certain amount of time being -- it would have
 5 benefited, I suppose.
 6 Q. So there ought, I think you are telling us, to have come
 7 a time at which you should have been given clear
 8 information about where the CCP and/or CCS was located?
 9 A. Yes. I think either me being told that or me asking and
 10 requesting where it was before we started moving.
 11 Q. That was the first topic I wanted your help with. So
 12 thank you for that.
 13 Secondly, as of May of 2017, were you familiar with
 14 Operation Plato?
 15 A. Yes, I was.
 16 Q. And from where had you obtained your familiarity with
 17 Operation Plato?
 18 A. It would be on my MTFA training which would have been
 19 2015, I think it was. That's where I would have
 20 probably initially -- or even earlier than that on my
 21 HART initial training, I would have been told about
 22 Operation Plato as part of the MTFA response.
 23 Q. What did you understand a declaration of Operation Plato
 24 would mean for you as a HART paramedic?
 25 A. It would mean -- the police would declare that and we

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1 would only — as a HART paramedic, we would only be able
 2 to go up to the limit of exploitation, so that would be
 3 the end of the warm zone, not actually into the hot
 4 zone.
 5 Q. So the end of a Plato warm zone?
 6 A. Yes, correct.
 7 Q. Did you know before you entered the City Room that night
 8 that Operation Plato had been declared?
 9 A. No, not at all.
 10 Q. At what stage did you discover that Operation Plato had
 11 been declared?
 12 A. Three weeks later at debrief at the Etihad Stadium.
 13 Q. What, if anything, did you understand as you entered the
 14 City Room about the zoning of that area?
 15 A. Again, I think I have just presumed it myself that where
 16 a site of an explosion would be, I would class that as
 17 inner cordon or a hot zone.
 18 Q. And by hot zone in that answer —
 19 A. No, not in an MTFA —
 20 Q. Do you mean a Plato hot zone?
 21 A. No.
 22 Q. You mean an NWAS hot zone?
 23 A. Like an NWAS major incident hot zone. So it would just
 24 be where the site of the incident had actually happened.
 25 SIR JOHN SAUNDERS: It's actually not helpful that hot zone

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1 is used in two different ways.
 2 A. Not at all. I think it's quite confusing.
 3 MR GREANEY: It's capable of being confusing unless one
 4 always refers to a Plato hot zone and an NWAS hot zone.
 5 SIR JOHN SAUNDERS: This is not critical in any way, but
 6 when you learned 3 weeks later that Plato had been
 7 declared, did you have any reaction to that news, and if
 8 so, what was it?
 9 A. Disappointment, I suppose. It would be nice, you know,
 10 if the police had have declared that —
 11 SIR JOHN SAUNDERS: They should have shared the information
 12 with you?
 13 A. And at the time a Plato was specifically for a marauding
 14 terrorist, usually guns or anything like that. So yes,
 15 I think a little bit of disappointment in that respect.
 16 SIR JOHN SAUNDERS: Okay, thank you.
 17 MR GREANEY: So you presumed, as you went into that room,
 18 that you were entering a Plato warm zone; is that
 19 correct?
 20 A. I didn't — I didn't even think about Plato, to be
 21 honest.
 22 Q. A better way of putting it is that you presumed you were
 23 entering an NWAS hot zone or inner cordon?
 24 A. Yes, correct.
 25 Q. Again, would it have been rather better if you had not

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1 been left to presuming that, but instead had been given
 2 clear information by someone about the nature of the
 3 zone that you were entering?
 4 A. Yes. I think ultimately the more information you have
 5 before you're doing your task, you've got a better idea
 6 about where you are going to go with that. So yes, it
 7 would have been helpful, but I can understand why at
 8 a certain time there was only certain personnel on the
 9 scene, so they are still gathering as much information
 10 as they can. Sometimes the zones can be defined, but
 11 then it can get changed due to different circumstances.
 12 Q. Quite a lot of time had passed, had it not, since the
 13 declaration of Operation Plato by the time you entered,
 14 nearly half an hour?
 15 A. Yes, but I don't think our ambulance commanders knew of
 16 that at the time. I'm thinking Dan Smith was only on
 17 scene probably maybe 10 minutes before us, I think, and
 18 whether he still getting information to be able to make
 19 that decision, possibly.
 20 Q. Paddy Ennis had been there for about half an hour,
 21 I think, by the time you arrived, if not a little
 22 longer, and had liaised with the GMP Bronze.
 23 A. I think Paddy had gone in, was it 22.50, and we got
 24 there at just 10 past, arriving on the scene.
 25 Q. Certainly more than 20 minutes had passed between

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1 Advanced Paramedic Ennis entering that room and your
 2 arrival on the scene. Was that sufficient time for
 3 situational awareness to have been gathered so that you
 4 could be given information about the area that you were
 5 entering?
 6 A. I suppose in that respect you could say that is an inner
 7 cordon or a hot zone in the City Room, or on the walkway
 8 possibly. Maybe — because the complexity of the arena
 9 and all the different stages and the entrances to the
 10 site, I can only imagine it's a big task to be able to
 11 get the full picture to make those decisions.
 12 But certainly in respect of the City Room, I would
 13 suspect that that I could probably have been told.
 14 SIR JOHN SAUNDERS: Would you have thought — the City Room,
 15 I well understand, is a cut-off area on its own, but the
 16 walkway coming towards it seems a bit separate to me.
 17 When you went up there, did you think, when you're
 18 going along the walkway, I'm now going into the inner
 19 cordon or would you have thought that when you went
 20 through into the City Room?
 21 A. I think the inner cordon would have been the walkway as
 22 well because I think there was — there wasn't a massive
 23 amount of people on that walkway, so I presume that
 24 people had left that area.
 25 I suppose the main inner cordon would have been the

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1 City Room.
 2 SIR JOHN SAUNDERS: Okay.
 3 MR GREANEY: I think that where we've reached is that when
 4 you entered the City Room, no one had formally briefed
 5 you about the location of the CCP or CCS, and no one had
 6 formally briefed you about the zoning designation of the
 7 City Room.
 8 A. That's correct.
 9 Q. If you had known at 11.15 that Operation Plato had been
 10 declared by Greater Manchester Police, what difference
 11 would it have made, if any, to your actions?
 12 A. I can only talk on behalf of the commanders but in an
 13 Operation Plato, then we -- even HART wouldn't be
 14 allowed into the hot zone, so I wouldn't have --
 15 I wouldn't have been allowed to go into that area.
 16 Q. So that is therefore clear: if your commanders had known
 17 that Operation Plato had been declared, and that the
 18 City Room was regarded as a hot zone, you would not have
 19 entered?
 20 A. I wouldn't have been allowed to enter so far as the
 21 commander telling me not to.
 22 Q. And if you had been instructed not to enter, is that an
 23 instruction you would have followed?
 24 A. Yes, because I would have thought that they would have
 25 had the information that there is an active shooter,

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1 there's someone who is still dangerous there, and an
 2 armed response, armed police would have been in that
 3 area trying to neutralise the threat there.
 4 Q. Now, topic 3, armed police. As I have said a number of
 5 times, you entered the City Room at 23.15 with
 6 Lea Vaughan.
 7 As you entered, did you become aware of the presence
 8 of armed police officers?
 9 A. Yes. It was just as I was in the City Room, really.
 10 There was quite a large number of armed police and they
 11 seemed to be still actively looking around as if they
 12 were looking for any other potential threats or devices
 13 or anything like that. I wasn't sure, but there was
 14 a lot of -- a large presence, I think, I wrote in my
 15 statement that.
 16 Q. Certainly you were aware of a number of armed police
 17 officers?
 18 A. Yes.
 19 Q. Did that give you any reassurance about the nature of
 20 the area that you were entering?
 21 A. I think I always -- to see armed response on any
 22 incident that you go to, it's reassuring. I knew there
 23 was still safety issues. But so far as -- if an active
 24 shooter had managed to be in that area, or somewhere
 25 near to that area, I felt quite safe in that respect,

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1 that there was plenty of numbers of armed response in
 2 there.
 3 Q. And so to put it in very simple terms, to use a phrase
 4 that many have now used, did you consider, having seen
 5 those officers, that you were entering an area that was
 6 safe enough for you to go into?
 7 A. Safe enough for myself and Lea to go into, yes, as HART
 8 paramedics, yes.
 9 Q. And did you consider that it was safe enough not just
 10 for HART paramedics, but also for general paramedics or
 11 did you give that no thought?
 12 A. I don't think I ever give it -- I obviously saw Paddy in
 13 there, and I probably did know in the back of my mind
 14 that Paddy in theory shouldn't have been in that room.
 15 But if you're going by the letter of the incident plan,
 16 I don't think it's a place where general paramedics
 17 should have been sent into.
 18 I still considered the City Room as an unsafe place
 19 and I would still consider it as either a hot zone or an
 20 inner cordon. It was still something with
 21 a considerable amount of risk in there, that a long --
 22 it took a while before anybody could confirm that it was
 23 ultimately safe in there.
 24 Q. So it was an area that was safe enough for you and
 25 similarly qualified and equipped colleagues, but not

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1 for, my phrase, general paramedics?
 2 A. Yes.
 3 Q. Or at least at the stage that you went in?
 4 A. Yes.
 5 Q. Now, next topic, the approach that you and Lea Vaughan
 6 adopted to casualties. May I immediately make plain
 7 that we recognise that you were presented with an awful
 8 situation, were you not?
 9 A. Yes, correct.
 10 Q. And as I have made clear, I don't want you to describe
 11 any particular casualty you dealt with, nor should
 12 anyone else ask you such a question. But I do want you
 13 to help us with what you did in general terms.
 14 Did you work effectively in a partnership with
 15 Lea Vaughan?
 16 A. Yes.
 17 Q. And in general terms how would you describe the work
 18 that you did?
 19 A. After we'd spoken to Paddy to get the initial situation
 20 report from him, our task was to triage and treat any
 21 patients in there. Paddy had explained to us that,
 22 unfortunately, the deceased patients had already been
 23 covered up, sort of partially covered. We decided not
 24 to include them as part of our triage so as to make best
 25 use of our sort of response. We just solely

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1 concentrated on the patients who were alive.
 2 Q. I'm going to ask you a small number of questions arising
 3 out of that.
 4 So essentially you did not examine or provide any
 5 treatment to those who appeared obviously to be dead?
 6 A. That's correct.
 7 Q. And was the test of whether someone was dead, whether
 8 they were covered or was it more complicated than that?
 9 A. It was quite simply sticking that -- it was if the
 10 patient's sort of upper torso and head was covered.
 11 Q. And in what you did, you and Lea Vaughan, were you
 12 applying what we now know as the triage sieve?
 13 A. Yes, correct.
 14 Q. So that you were making an assessment of whether they
 15 were P1, P2 or P3?
 16 A. Yes.
 17 Q. And were you applying to each person that you examined
 18 a method by which someone else would be able to
 19 determine into which category they fell?
 20 A. Yes, doing the triage sieve with the cruciform cards,
 21 that would be the NASMeD cards that we have. So if
 22 someone was classed as a P1 with a red tag on it, that
 23 would be put on to their wrist.
 24 Q. And those were cards, were they, that you brought into
 25 the room with you?

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1 A. Yes.
 2 Q. And what we've understood from other evidence is that
 3 triage sieve would necessarily mean that you would
 4 provide treatment only where necessary to stop
 5 a catastrophic bleed or otherwise provide some urgent
 6 life-saving treatment?
 7 A. Yes, that's correct. We did the triage sieve probably
 8 three or four times. We'd done the initial one and used
 9 tourniquets and the haemostatic dressings on a few of
 10 the patients. And then, as we were going round and
 11 patients were being extricated, it was kind of going
 12 a little bit extra in a way. We were adding blast
 13 dressings and other compression sort of dressings as we
 14 went round.
 15 So we kind of did the triage sieve but a little bit
 16 extra whilst patients were being extricated.
 17 Q. I think I have understood, but let me make sure.
 18 Did you move around the City Room systematically in
 19 a particular direction?
 20 A. Yes, correct. A clockwise direction, yes.
 21 Q. And having gone all round the room, you started again?
 22 A. Initially, once we'd done the first sieve, we spoke to
 23 Paddy, informed him about the numbers of patients that
 24 we had, the number of P1s, P2s -- most of the P3s had
 25 actually either self-extricated before, I think, we got

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1 there or as we were getting there.
 2 There were some obviously bystanders who weren't
 3 injured who were helping. So we would do that, inform
 4 Paddy, and I think that was our thought, that he was
 5 then communicating that back downstairs to Dan Smith to
 6 give him the picture about -- and then we would start
 7 again on the second triage.
 8 SIR JOHN SAUNDERS: Paddy Ennis had already triaged some
 9 people?
 10 A. As far as we saw, I don't think Paddy had, obviously,
 11 the cards at the time, but he'd -- with his triage, we
 12 thought he'd looked at mostly the patients who had died
 13 and distinguished those by covering them up. But
 14 I think everybody in there that we triaged, we put the
 15 cards on.
 16 I think Paddy did take some cards off us, so he
 17 might have added a couple himself as well.
 18 SIR JOHN SAUNDERS: On the first time round, how many people
 19 roughly did you triage?
 20 A. I'm sure it's in the notes somewhere, in the video and
 21 stuff, but I presumed it was about 20, something like
 22 that.
 23 SIR JOHN SAUNDERS: Roughly how long does each triage take
 24 you?
 25 A. Some would -- some were quicker than others. It carried

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1 from -- it could be 10, 20 seconds, some maybe 40 to 50,
 2 depending on what we were doing, especially the second
 3 time round, when you were putting more dressings on.
 4 But that first initial triage was as short and as
 5 quick as you can be. It's quite --
 6 SIR JOHN SAUNDERS: And then you went round afterwards doing
 7 some more treatment as it were?
 8 A. Yes.
 9 SIR JOHN SAUNDERS: Sorry to take over.
 10 Roughly how long were you up there all in all?
 11 A. I believe we started triage at 11.16. We'd finished
 12 triaging the first -- the full amount of patients by
 13 11.27, so I think it was 11 minutes later, and then by
 14 11.40 all the patients was downstairs then.
 15 We still stayed up for another 40 minutes or so
 16 while we were determining whether there was any more
 17 casualties within the arena itself.
 18 MR GREANEY: That's entirely my understanding from what
 19 I have viewed. The final casualty who was capable of
 20 treatment was removed at 11.40. You remained in the
 21 City Room for a period thereafter because there was
 22 a concern that there might be further casualties on the
 23 other side of the doors leading into the arena.
 24 A. Yes, armed police were on the opposite side of the
 25 entrance doors, so they were still actively searching to

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1 see if there's any more casualties or anything else.
 2 And then also while we were up there, we were also
 3 labelling the dead casualties as well.
 4 Q. And you mentioned along the way of that answer, and I'm
 5 going to turn to this, your communication in greater
 6 detail, but you mentioned that it was your understanding
 7 that Paddy Ennis was seeking to communicate from
 8 upstairs to downstairs; is that right?
 9 A. Yes, yes.
 10 Q. And that you had been providing him with information to
 11 that end?
 12 A. Yes. Everything that we sort of came across on the
 13 triage and our assessment, we passed that to Paddy as
 14 much as I remember.
 15 Q. And where downstairs did you understand he was seeking
 16 to communicate that to?
 17 A. Again, I don't know whether it's my memory, but
 18 I presumed it was Dan Smith.
 19 Q. So in all events, communicating it downstairs to the
 20 casualty clearing station?
 21 A. Yes.
 22 Q. And to your mind at that stage why was it important that
 23 the information that you had in that room should be
 24 communicated down to the CCS? What use were they going
 25 to put it?

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1 A. Just when you're setting up a CCP or a CCS, it's good to
 2 know what number are going to be coming in because it
 3 soon becomes apparent, and I think it was on the night,
 4 that when the patients are coming down, minute of
 5 a minute or even less, you can soon get bombarded or
 6 overwhelmed by patients. The importance of a CCS or
 7 a CCP is about keeping it structured and keeping it
 8 organised, so it's a lot easier to manage. So whoever
 9 is in charge of the CCS, it is important for them to
 10 know what numbers are coming down, and they can -- they
 11 might have one area that's designated for P1s, they
 12 might have an area designated for P2s, so they know
 13 where to put the doctors and things like that.
 14 Q. So important that the people who are establishing the
 15 CCS, we know it occurred in this case, should have
 16 situational awareness about what is happening within the
 17 City Room --
 18 A. Yes.
 19 Q. -- so they can make appropriate plans for the casualty
 20 clearing station?
 21 A. Yes, the more information the better, yes.
 22 Q. And there are obviously a number of ways in which that
 23 information might be provided. One is that you or one
 24 of your colleagues within the City Room transmit that
 25 information. The other way is that someone should come

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1 from downstairs upstairs to look at what is going on?
 2 A. Yes, either of those would have worked, yes.
 3 Q. Or that there should be a sector commander within that
 4 room?
 5 A. Yes. I suppose it's dependent on numbers, how many
 6 people you've got, and what sort of roles you've already
 7 got established at the start of a major incident.
 8 I think we were kind of using Paddy as a -- whether
 9 it was a forward triage officer or at least a partial
 10 sector commander. I didn't actually think of it on the
 11 night as a sector commander, but we were kind of using
 12 Paddy in a way as that.
 13 Q. And I'm going to come on to whether that was something
 14 that worked effectively in a moment.
 15 But can we agree about this: that those within the
 16 casualty clearing station needed to know what was
 17 happening within that City Room for at least two
 18 reasons: first of all, so that they could plan for what
 19 they were going to have to deal with in the CCS, and
 20 secondly, so that they should be able to understand
 21 whether you needed more help in the City Room?
 22 A. Yes. The first one, definitely, yes. The second one,
 23 I think if I'd have needed -- I'm speaking on behalf of
 24 Lea, if we'd have needed any more help in there, I would
 25 have shouted up on the radio, and it would have been --

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1 I would probably have become aware of that very early
 2 on, going into the City Room. I think if I'd have seen
 3 the numbers -- I can only say I didn't at any point that
 4 night think we need more people up here. We had -- our
 5 job and our task which we were given, and I felt like it
 6 performed and it worked well.
 7 Ultimately, I think if we would have had extra
 8 personnel there, it would have helped. You can't deny
 9 that. You know, to have extra experienced people in
 10 there, but I suppose that's up to a commander to weigh
 11 up the pros and cons.
 12 Q. This is really what I want to establish with you and
 13 this is really the most important aspect of your
 14 evidence today from my point of view.
 15 There can't be any doubt, can there, that more
 16 trained personnel in that City Room would have been of
 17 value?
 18 A. Yes, I can -- yes. I don't want to make it sound like
 19 we were struggling there or anything like that, because
 20 I don't honestly believe at any point we were, but
 21 ultimately more medics in there would help.
 22 Q. Well, the triage would have occurred more swiftly if
 23 there had been more trained paramedics in there. It's a
 24 simple matter of numbers.
 25 A. Yes, it would have probably cut the initial triage down

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1 by 3 or 4 minutes possibly, because you could have — we
 2 could have gone clockwise and another team possibly
 3 could have gone anticlockwise and, you know, covered all
 4 those patients quicker.

5 Q. More than that it's plain from what you have said to us
 6 that you did start to provide a degree of treatment, not
 7 classic triage sieve treatment, once you did your second
 8 sweep and so self—evidently there that degree of
 9 treatment would have started to have occurred earlier if
 10 there had been more and more trained paramedics in the
 11 room?

12 A. Yes. I can't argue with that. Yes.

13 Q. And you have gallantly said that at the time, if you'd
 14 needed more help, you would have said so. But is it
 15 fair to observe that you, moving from casualty to
 16 casualty, one after another, concerned with each person
 17 you're dealing with, that you and your colleague
 18 Lea Vaughan were not the persons best placed to decide
 19 whether further assistance was needed?

20 A. Erm...

21 Q. Let me just add to do that: what was needed was someone
 22 who was able to be in there who could take a step back
 23 and say, "Do we have sufficient numbers here or do we
 24 need more"?

25 A. Yes, again, I would probably say that Paddy was acting

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1 as that. If we could have had someone separate,
 2 I suppose, would Paddy have then retreated back down?
 3 Someone who was, you know, trained to — you know, to
 4 HART paramedic level, you could then send Paddy back
 5 down, and you are covering your risk in that sense.

6 Yes, it's always good to have an extra — like
 7 a forward incident officer, like you say, a sector
 8 commander, would have been able to see bigger picture,
 9 because you are quite focused on what you are doing at
 10 the time.

11 Q. Exactly. Can I just ask you a very blunt question,
 12 which is: when you went into that room with Lea Vaughan
 13 to join Paddy Ennis, making three of you, did you ever
 14 really think that that was going to be the full extent
 15 of the paramedic deployment into that room?

16 A. I wouldn't have been surprised to see another team come
 17 up, another two people from HART come up. I wouldn't
 18 have been surprised by that because we probably trained
 19 in a similar fashion that two people go in initially,
 20 and then it might be 5 or 10 minutes later, two more
 21 come in.

22 I wouldn't have expected any more operational
 23 paramedics though. I think for the task that we had,
 24 I think we realised that we probably had enough of
 25 what — with myself and Lea and Paddy as well.

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1 Q. I want to move on to ask you about connected issues, as
 2 I said I would, namely communications.

3 This takes us to page 7 of your 14—page statement
 4 that is dated 6 February 2018.

5 About three—quarters of the way down the page starts
 6 a paragraph:
 7 "We continued to triage."
 8 Do you see that?

9 A. Yes.

10 Q. I'll read it out. We won't put it on the screen because
 11 there is undoubtedly distressing information elsewhere
 12 within this page. You said:
 13 "We continued to triage, moving round from the left
 14 in a circle. We were sticking to the patients who were
 15 alive as Paddy had already made an additional assessment
 16 of the deceased, so we were just working round all of
 17 them, making sure that everyone had been triaged.
 18 I think after that first part we then liaised with
 19 Paddy, to inform him of how many P1s and P2s we had.
 20 I know we were having difficulties with comms down to
 21 our colleagues below, Simon and Dan."
 22 It's really that sentence that I wanted to focus on:
 23 "I know we were having difficulties with comms down
 24 to our colleagues below, Simon and Dan."
 25 As we have agreed already, it was obviously critical

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1 that those in the CCS should know what was going on
 2 within the City Room. And you're nodding your head.
 3 Should we understand from that sentence that that was
 4 made difficult by the fact that the communications were
 5 complicated?

6 A. The communication issue was difficult. HART work on
 7 a different radio channel than the rest of the trust and
 8 even so when the trust can go on to a major incident
 9 channel, sometimes HART works on their own channel to
 10 communicate within the team.

11 I was — in that sentence I was mainly talking about
 12 on our own channel. I tried to speak to Simon Beswick,
 13 the team leader, and one or two others on the team. It
 14 wasn't a case of asking for — I think I tried to
 15 possibly give him information about what we had, but
 16 I didn't get any response back initially. There's
 17 a chance that Simon was on a different channel, because
 18 the HART team leader's on a manager's channel initially,
 19 and the other — one or two on the team, I don't know
 20 whether they were just busy doing whatever they were
 21 doing downstairs at the time.

22 So it was kind of in that respect. Why I put Dan,
 23 I am not too sure. If I'd have been on the major
 24 incident channel, I could maybe have spoken to Dan, but
 25 I don't think we would ever do that.

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1 Q. Have I understood correctly, you and your HART colleague
2 and Paddy Ennis are in the City Room, those in the
3 casualty clearing station down below, a vital need for
4 them to obtain information from what was upstairs, no
5 one from downstairs came upstairs to see what was going
6 on and communication from upstairs to downstairs was
7 difficult to say the least?
8 A. So far as myself and Lea was concerned, our
9 communication, yes, was difficult. I think that's why
10 I have said that we did it through Paddy after that,
11 just to keep it as one route of communication, really.
12 SIR JOHN SAUNDERS: So as far as you were concerned, Paddy
13 was able to communicate downstairs?
14 A. Yes, nothing indicated to me that Paddy was struggling
15 with any comms. I think if he had have been, he would
16 have told me, "Can you try speaking to someone
17 downstairs?"
18 MR GREANEY: I think we heard from Dan Smith that there
19 wasn't really any communication between the two of them
20 throughout the critical period, which seems to be
21 contrary to your understanding.
22 A. As far as I was aware, when we passed on our information
23 to Paddy about the numbers, I think we were under the
24 understanding that Paddy was passing that down to —
25 whether it be Dan Smith, I presumed it was Dan Smith,

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1 but I don't know whether it was, or somebody in the CCS.
2 Q. The final issue that I want to ask you about relates to
3 stretchers.
4 Bearing in mind that there was a need for casualties
5 to be moved from the City Room, thought needed to be
6 given to how they should be moved; do you agree?
7 A. Yes.
8 Q. And in your witness statement the impression one gains
9 is that it was whilst you were in the City Room that
10 a decision was made about how that should happen; is
11 that how you remember it?
12 A. As far as I was aware at the time, yes. I didn't really
13 notice that casualties — it's only in hindsight that
14 I have noticed that patients were already being moved
15 downstairs.
16 I can't remember who made the decision, but
17 obviously it was to go along with the decision that was
18 already being — that makeshift stretchers were going to
19 continue to be used.
20 Q. So you've obviously, and this is no word of criticism,
21 you've obviously learned more about what actually
22 happened through the process of the inquiry?
23 A. Yes.
24 Q. And so what we know is that several casualties had been
25 moved from the City Room down to the concourse even

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1 before you arrived in the building?
2 A. Yes, and that (inaudible: distorted) found out
3 afterwards.
4 Q. And that that had happened via the use of makeshift
5 stretchers?
6 A. That's correct.
7 Q. While you were in the City Room, did it strike you that
8 you were waiting a long time for stretchers to arrive?
9 A. It didn't appear to be, no. As soon as one patient —
10 certainly from the first time I remember one patient
11 going on, it seemed to be a reasonably steady stream.
12 Whether that was because I was busy doing our triage,
13 but it seemed to be that, right, we know that somebody
14 else needs to go now, they need to go next, and we could
15 direct them to do that, and it seemed to be — obviously
16 it was a makeshift stretcher but it was there and it was
17 ready to go.
18 I know, and again from the inquiry, that some of the
19 police officers and BTP, they were struggling.
20 Q. Indeed.
21 A. I wasn't aware of that at the time. In an ideal world
22 we would have brought up stretchers. We didn't have
23 many stretchers on HART at the time, we've improved
24 a lot now, so we have a lot of fabric stretchers on the
25 vehicles, the vehicles that will arrive first. But

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1 I think at the time we only had a few and I think I was
2 probably aware as well that the others on the team
3 hadn't arrived by the time we'd gone in. I think,
4 speaking for myself, I saw makeshift stretchers being
5 used and they seemed to work, so I thought we will go
6 along with it because ideally I wanted those patients
7 out of that scene as soon as possible.
8 Q. And you've used the phrase, "in an ideal world", but
9 can I suggest to you that in any sensible response to an
10 incident such as this, the appropriate response is that
11 stretchers ought to be used and not hoardings torn down
12 from the walls?
13 A. Yes, I totally agree.
14 Q. And I think therefore you would agree that although this
15 is no fault of yours at all, that was an inadequacy in
16 this emergency response?
17 A. Yes, it wasn't — it wasn't what should have happened,
18 but it happened and I thought it worked effectively.
19 MR GREANEY: Mr Hargreaves, thank you very much indeed for
20 answering my questions. I'm next going to ask Mr Welch
21 to ask his questions on the behalf of the bereaved
22 families.
23 Questions from MR WELCH
24 MR WELCH: Mr Hargreaves, three topics if I may and none
25 will be particularly long.

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1 The first is in relation to safety. It appeared on
 2 your evidence that you effectively did a dynamic risk
 3 assessment when you went into the City Room and
 4 considered that it was a hot zone and would not be safe
 5 for other paramedics to go in; is that right?
 6 A. Yes.
 7 Q. I just want to explore that briefly, if I can.
 8 Firstly, you'd had no information, had you, at that
 9 stage that there was a secondary device or could be
 10 a secondary device?
 11 A. I'd had -- by the time -- at the briefing with Dan Smith
 12 and Simon Beswick, I had been told there was a potential
 13 for secondary devices, but I had already known there was
 14 potential for it. There was definitely nothing
 15 confirmed, but I think if there were confirmed secondary
 16 devices we probably wouldn't have gone up in that
 17 respect.
 18 Q. I'm not going to ask for it to be brought up at the
 19 moment, but there is a PowerPoint that Ms Vaughan
 20 created, which I'm sure you have seen.
 21 A. Yes.
 22 Q. You refer to it in your statement. In that she recorded
 23 that:
 24 "It was said it is unknown if there are any
 25 secondary devices."

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1 A. Yes, I think so. Yes.
 2 Q. So not clear that there was, of course, but no
 3 information that there actually was a secondary device
 4 at that stage?
 5 A. No, because it was still quite early in the incident.
 6 Q. When you did go to the City Room, there were a number of
 7 armed police officers there?
 8 A. Yes.
 9 Q. And a number of other police officers, non-armed?
 10 A. Yes.
 11 Q. In those circumstances it might seem quite surprising to
 12 some that there are a number of police officers, a
 13 number of members of the public who are assisting with
 14 treating the injured, and also a number of employees of
 15 the arena, both security staff and the arena medical
 16 staff --
 17 A. Yes.
 18 Q. -- who were still there. They were still there, but it
 19 was in your opinion not considered safe for
 20 non-specialist ambulance operatives to deploy there. Do
 21 you see the slight inconsistency in that?
 22 A. I think from an NWS perspective, NWS have got legal
 23 obligations about sending staff into areas which aren't
 24 safe, and I think that's where the -- that's why things
 25 like HART have been sort of introduced.

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1 Ultimately, everybody who was in there bravely
 2 stayed in there, but they were doing that on their
 3 own -- their own risk assessment.
 4 I think when you put your uniform on, you then sort
 5 of -- you are going by a lot of legislation and things
 6 like that for a commander so to speak that they've got
 7 to -- from the Health and Safety at Work Act and things
 8 like that, and so it's always a difficult one to send
 9 a lot of paramedics into a zone that's been classed as
 10 an inner cordon.
 11 Q. You referred to health and safety legislation and
 12 obligations there and that's not the first time we have
 13 heard that today.
 14 Do you consider that it might be the case that there
 15 was a slight risk aversion or a sense of risk aversion
 16 that had developed that led people to think straight
 17 away: well, there might be other people there, they've
 18 done their own risk assessments, we don't need to have
 19 anyone else here?
 20 A. The Ambulance Service can be risk averse and I think the
 21 fire service -- I think all emergency services can be
 22 risk averse, but I don't think they were risk averse on
 23 the night. I think they took a decision to send us in
 24 and I think it was the right decision.
 25 Q. I'll move on to the next topic, if I can, which is the

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1 triage and treatment within the room. Much of this has
 2 been covered, so I don't need to explore it in
 3 particular detail.
 4 But in terms of what happened, you and Ms Vaughan
 5 started on one side of the room, is this right, with the
 6 triage and then effectively went counterclockwise?
 7 A. Yes -- clockwise.
 8 Q. Clockwise? And this is after Mr Ennis had done what you
 9 describe in your own statement as his quick triage --
 10 A. Yes.
 11 Q. -- in which he'd identified some P1s and P2s?
 12 Now, the method that you employ, of course, is not
 13 to go through what Mr Ennis has done and see the P1s
 14 first, was it? You were doing it in a circle,
 15 effectively. If there had been more paramedics within
 16 the City Room to assist in that triage sieve, it
 17 follows, doesn't it, because you weren't identifying the
 18 P1s first, you could have first of all done the triage
 19 more quickly, quite obviously, as you said, but also you
 20 would have been likely to be able to see the P1s
 21 straight away who needed to be identified and extracted?
 22 A. Yes, if the P1s would have been identified by Paddy,
 23 then he would have done whatever treatment he felt they
 24 needed.
 25 So far as our triage within HART, we always do it in

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1 pairs and always work systematically, going from person
 2 to person. You wouldn't sort of go across to one and
 3 then back to the other. It's always that systematic
 4 approach and making sure that everybody is getting
 5 treated.
 6 Q. In terms of the treatment element of this, you have
 7 described what you did and you described this in your
 8 witness statement that you were providing bandages and
 9 tourniquets to Lea Vaughan and going beyond just
 10 life-saving treatment, wasn't it?
 11 A. Yes. To start with, when we first went in, Lea was
 12 doing the treatment, and I was providing with
 13 tourniquets or -- and I was doing the cards.
 14 Q. Now, what you encountered, of course, was the fact that
 15 members of the public and the police had done their very
 16 best to arrest bleeding, apply bandages, do what they
 17 could, to provide first aid with the limited equipment
 18 that they had, hadn't they?
 19 A. Yes.
 20 Q. And recognising that they were doing their best, they
 21 were not trained medical professionals, albeit there
 22 were some medical employees from the arena. But most of
 23 the people applying those -- that first aid were not
 24 trained medical professionals, were they?
 25 A. No.

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1 Q. And so it was not, again in no critical way, to the
 2 standard that you and Ms Vaughan were able to provide
 3 that basic treatment, was it?
 4 A. No. We had designated equipment that was designed for
 5 the job, really.
 6 Q. So again, if there had been more paramedics within the
 7 City Room, that higher level of professional treatment
 8 that you and Ms Vaughan were able to provide could have
 9 been provided more quickly, couldn't it?
 10 A. Possibly by a few minutes or two or something like that,
 11 yes.
 12 Q. Because wasn't it the case that when you were doing your
 13 triage sieve that you actually left your bag in the
 14 middle of the room so that the police and arena staff
 15 could continue to provide treatment whilst you were
 16 doing that?
 17 A. Yes, it was kind of a -- or Paddy as well if he needed
 18 any. It wasn't just one bag. We had numerous bags. So
 19 we still had several bags as we were going round doing
 20 the initial triage, and the other bag was left in the
 21 middle.
 22 Q. The final topic I want to ask you about was painkilling
 23 medication. We have heard some evidence on this from
 24 other witnesses but I want to explore it with you if
 25 I can.

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1 Were you, as a HART paramedic, able to give pain
 2 medication to those you were treating and triaging in
 3 the City Room?
 4 A. No, we don't.
 5 Q. You weren't?
 6 A. No, we would never do that as part of a triage.
 7 Q. Can I ask that we do look at Ms Vaughan's PowerPoint,
 8 please. That's {INQ022850/1}. If we could please go to
 9 {INQ022850/12} when it comes up.
 10 Now, this is her our PowerPoint headed -- and this
 11 is the page concerning what went wrong, the problems
 12 faced, and the fifth point, I think it is down, the
 13 fourth point:
 14 "No analgesia, too many patients to deal with, not
 15 enough time, priority was to triage, stabilise and
 16 extricate quickly. Could pre-filled syringes help? IM
 17 morphine?"
 18 She'll give evidence on this tomorrow, but it
 19 appears that Ms Vaughan thought there was a problem
 20 within the City Room of not being able to administer
 21 pain medication.
 22 A. Yes, I mean, obviously there was a lot of patients in
 23 a lot of pain. The issue with having analgesia, as part
 24 of your triage sieve -- it's a worldwide thing that it's
 25 never really been decided -- there comes problems with

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1 giving morphine and things like that because you need to
 2 be able to monitor the patient after you have given
 3 them. It's a controlled drug, it can knock off your
 4 respirations. There's other issues, other types of pain
 5 relief which HART have trialed and things like that,
 6 but it's never gone to the right level to be able to
 7 okay that to -- it is something that needs addressing in
 8 order to have people -- to have people in pain, it's not
 9 fair, at the end of the day.
 10 Q. I'm sure that you can see why -- thank you very much.
 11 It would be quite surprising to members of the public
 12 that it couldn't -- there couldn't be the administration
 13 of pain relief medication within a situation such as the
 14 City Room. That is -- it would be surprising to members
 15 of the public to hear that pain relief couldn't be given
 16 in the City Room?
 17 A. It probably -- yes, from the general public's -- it's
 18 just that understanding that the medications -- you
 19 know, any oral medication, it's not really going to work
 20 quick enough. Any controlled drugs need to be
 21 monitored, and there's definitely arguments for giving
 22 pain relief in that situation.
 23 Q. Well, just finishing on this in order to try and build
 24 on what you've said, the recognition that something
 25 should be done and you seem to have some ideas, and

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1 perhaps it might be explored further with Ms Vaughan
 2 tomorrow, what do you think needs to change?
 3 A. In relation to pain relief?
 4 Q. Yes, with HART or otherwise, so we don't have that
 5 situation again.
 6 A. It's finding a relevant pain relief that's fast-acting
 7 but isn't going to affect your physiologically and you
 8 don't need constant monitoring. Like I say, with
 9 morphine you would have that with an ambulance crew and
 10 they would be on a monitor checking their heart rate and
 11 blood pressure and everything like that because it can
 12 affect it quite considerably.
 13 We tried -- trialed some other medications before,
 14 one called Pentrox, but that that brings in itself --
 15 it's like an anesthetic drug and it's inhaled through
 16 a tube, which is dead quick and easy to do, but has its
 17 own problem because you can't do it in confined spaces,
 18 so if you had somewhere like the City Room and half
 19 a dozen people, a dozen people, taking that medication,
 20 it can aerosolise and then it's affecting your
 21 responders and bystanders.
 22 So there's -- there's a lot of argument for it.
 23 Yes, the sooner they can get analgesia in as part of
 24 that -- I think you have always got to realise that the
 25 initial triage sieve is the important one. That's going

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1 to -- and unfortunately it sounds -- the patient will
 2 just have to stay in pain for another 10 or 15 minutes
 3 until that has been done, and then get the pain relief
 4 in as well.
 5 It's just getting that fine balance, I think.
 6 Q. One final point then, following on from that.
 7 If we have a situation such as we did in the
 8 City Room where only HART can go in but you can't give
 9 pain relief, doesn't that emphasise even more the need
 10 to have more HART members in there and even more does it
 11 not emphasise the need to get people out as quickly as
 12 possible, so you need more paramedics?
 13 A. Yes, I think -- I mean, certainly on the night, we went
 14 in at 16 minutes past, and like I say, everyone was out
 15 of the room within 25 minutes and that's being triaged
 16 and treated to a degree, so it was quite a fast
 17 response. Ultimately, two extra personnel in there
 18 would have helped, but again, I don't think even another
 19 two or four paramedics in there would really have made
 20 the process that much quicker in relation to stretchers.
 21 I think if the Fire Service -- obviously they would
 22 have been in there, and in the numbers that they can
 23 turn up in with stretchers, yes, that would have been
 24 a lot quicker.
 25 I think when -- I have seen some of the inquiry and,

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1 you know, the evidence about the scoops and I have seen
 2 the experts' opinions on that and I'd disagree with it
 3 in that respect. I think we didn't have enough numbers
 4 in the Ambulance Service there at the time, you know, if
 5 everybody was more or less down on the concourse by
 6 20 to, by the time you'd have requested stretchers, got
 7 them out of the ambulances, which were parked way down
 8 on Station Approach, you need people to bring them up.
 9 I think -- I think certainly HART has learned from
 10 it. Like I said before, the introduction of the fabric
 11 stretchers is -- you know, you can take a box full of
 12 15, 20 up with you, and they're there, ready for anybody
 13 to use, really simple to use. And they can get people
 14 out a lot quicker and safer, ultimately.
 15 SIR JOHN SAUNDERS: It's perfectly possible, isn't it, to
 16 get some stretchers there downstairs that when somebody
 17 is brought down on a makeshift stretcher, you say,
 18 "Leave that and take up a proper stretcher"?
 19 A. Take that one back up, yes.
 20 SIR JOHN SAUNDERS: It wouldn't have been inconceivable --
 21 A. You could have used some of the police and things to
 22 take them back up, yes.
 23 The only problem, certainly with the scoop
 24 stretchers, you still need four to six people carrying
 25 them, and I think, to be safe, you need to have the

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1 strapping that's on with it as well. As soon as you
 2 start getting on to any sort of level, you really are at
 3 risk of -- I know they would be better than a makeshift
 4 stretcher, but there's still inherent dangers with it.
 5 SIR JOHN SAUNDERS: I'm sure there are a lot of problems but
 6 I am sure there were a lot of problems about falling off
 7 the makeshift stretchers too.
 8 A. Yes.
 9 MR WELCH: Thank you, sir.
 10 Thank you, Mr Hargreaves, and thank you for your
 11 efforts.
 12 SIR JOHN SAUNDERS: Mr Hargreaves, we had Ms Vaughan's notes
 13 up. It's apparent, reading just that page -- I'm sure
 14 you have looked through -- she did rather think she had
 15 rather too much to do and she could have done with a bit
 16 more help.
 17 A. (Overspeaking) I mean I have spoke to her and I think
 18 on -- I don't feel like we were overwhelmed at any
 19 point. I never once needed to get my radio and ask, "We
 20 need more people up here". I don't feel that
 21 personally.
 22 I mean --
 23 SIR JOHN SAUNDERS: Of course, you don't know what the
 24 resources are downstairs and what they are doing. So
 25 from your point of view, if you're not coping at all,

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1 then you might get on the phone, but if you are
 2 thinking, "We can cope, it is not easy", because you do
 3 not know what's going on downstairs, you are not going
 4 to ring them up and say, "We need people up here", if
 5 you don't think they will be able to provide it.
 6 A. Yes. It's difficult -- I mean, you learn lessons and
 7 the lessons -- I myself should have had more
 8 communication with people downstairs, I think, as part
 9 of our -- you know, our own team.
 10 SIR JOHN SAUNDERS: If you can't get through, that's not
 11 much use.
 12 A. No, it doesn't help.
 13 But there's other ways of communicating. On the
 14 night -- we've got a point-to-point system. I could
 15 have point-to-pointed Simon and done that. I think
 16 I was task-focused in that respect.
 17 MR GREANEY: Next, Ms Ailes has questions on behalf of the
 18 families she represents.
 19 Questions from MS AILES
 20 MS AILES: I just have one topic to deal with you, please,
 21 and that is specifically what was done in relation to
 22 those who had been covered over when you arrived in the
 23 City Room.
 24 So for background, the context is this, isn't it:
 25 Mr Ennis was already in the City Room when you arrived?

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1 A. Yes, correct.
 2 Q. He was the only person from the Ambulance Service who
 3 was in there?
 4 A. Yes.
 5 Q. And at the time that you arrived in the City Room, there
 6 were already some people who were covered over?
 7 A. Yes, I believe when I spoke to Paddy, I think he
 8 mentioned 12 people or 14, I think.
 9 Q. That's what I want to be really clear about: what
 10 exactly was said between you and Mr Ennis.
 11 First of all, did Mr Ennis actually tell you that
 12 the people who were covered over were dead or was that
 13 an assumption that you made or did he not --
 14 A. No, he did actually specifically say, "We've got 12 or
 15 14 deceased patients, they've all been covered by
 16 clothing or whatever".
 17 Q. And did he tell you that he had covered them himself or
 18 was that an assumption that you made?
 19 A. I presumed -- I presumed it was Paddy. Yes, I don't --
 20 I don't remember him saying that he did that.
 21 Q. But if there had been any suggestion made to you that it
 22 was a member of the public, for example, who had covered
 23 someone over, would that have affected the decisions you
 24 made about how you then approached the triage?
 25 A. Yes, I think if we'd have got information that the

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1 public had been covering patients up, our approach would
 2 have been completely different and we would have
 3 systematically done -- gone round every single patient
 4 and checked even, you know, the ones that are covered,
 5 and I knew Paddy was a professional, and I trusted him
 6 that every patient that had been covered had been
 7 covered correctly.
 8 Q. Could we please, Mr Lopez, go to the triage sieve flow
 9 chart which sets out the process of triage which is at
 10 {INQ013726/1}, a one-page document.
 11 Is this the process that you were following in
 12 relation to those who you and Ms Vaughan triaged?
 13 A. Yes, that's the sort of process we used on sort of the
 14 first lot of the triage sieve that we did. Then, like
 15 I said, probably we added a little bit to it, like
 16 adding extra dressings, while we were waiting for the
 17 patients to be stretchered away.
 18 Q. When you mentioned that you went round several times,
 19 this was effectively your first process on the first go
 20 round the room?
 21 A. Yes, we were still sticking to this in a way on the next
 22 because you are re-triaging to make sure that nobody has
 23 gone from a P2 to a P1 or anything like that. But then
 24 we just kind of went slightly away from it and just
 25 added a few extra sort of things like dressings.

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1 Q. So in terms of what this shows you checking in relation
 2 to someone who ends up being triaged as dead, the
 3 process is this: first of all, you check for
 4 catastrophic haemorrhage, catastrophic bleeding?
 5 A. Yes.
 6 Q. Second, I mean, effectively, are they injured, are they
 7 walking? We can take it that the answer to that would
 8 be no. Then there's a check on airway and breathing?
 9 A. Yes.
 10 Q. And if they're not breathing, then at that stage the
 11 triage sieve would triage them as dead?
 12 A. Yes.
 13 Q. There's not shown here any check on pulse. Were you in
 14 fact carrying out such checks before triaging as dead?
 15 A. We didn't actually triage anybody as dead. When we went
 16 to put the dead cards on later on, that was -- we made
 17 that decision that obviously we were going to just stick
 18 to the patients that were alive that Paddy hadn't sort
 19 of covered.
 20 When we were going round doing the triaging, pulses
 21 would get checked, and that can determine obviously a P1
 22 or a P2. So we -- well, I'm speaking for myself:
 23 I didn't check -- the time I checked for a pulse was
 24 after everybody had been transported down to the
 25 concourse and we were going round and putting the cards

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1 on, then we would do the checks like check the breathing
2 and check the pulse.
3 Q. Understood. So as far as you are concerned, pulse is
4 really a question about the P1, P2, the (overspeaking)?
5 A. Yes, if somebody is alive at the time and they're
6 obviously alive, yes, whilst you're checking for
7 catastrophic haemorrhage, you might be holding --
8 checking a pulse, checking what the breathing rate is as
9 well.
10 Q. In relation to those patients that were already covered
11 over by the time you were carrying out your triage
12 process, was your assumption that these first four
13 stages were all things that Mr Ennis had carried out in
14 relation to those patients?
15 A. Yes. I mean, it's -- they all look like -- you know,
16 the four stages there, but, you see, you can discount
17 a few of them quite quickly.
18 You know, the injured and walking, if someone is on
19 the floor and they're injured, it's quite a quick
20 process. It's not like a stage sort of thing. You
21 can -- you can sort of get straight to more or less the
22 airway --
23 Q. The crucial one is airways and breathing, isn't it?
24 A. Yes.
25 Q. And your assumption was that that one had been checked?

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1 A. Yes.
2 MS AILES: Thank you. Those are my questions.
3 SIR JOHN SAUNDERS: Thank you very much.
4 MR GREANEY: Sir, subject to any questions that you have,
5 those are all of the questions.
6 SIR JOHN SAUNDERS: Thank you. I have just one. You
7 probably dealt with this last time, in which case I'm
8 sorry.
9 A. That's okay.
10 SIR JOHN SAUNDERS: HART operatives wear ballistic clothing;
11 is that right?
12 A. Yes, depending on the scenario. We'd usually just wear
13 it for Plato incidents or a firearms incident.
14 SIR JOHN SAUNDERS: Or going into a warm zone anywhere or
15 not?
16 A. Yes, I think I did, sir -- I took the decision on the
17 night personally that I didn't think I needed to wear
18 ballistic. We got told that there was no active
19 shooter, so from that I went immediately to -- well, we
20 already had our ground kit on from the fire that we'd
21 come off.
22 So yes, I did have the option to put it on but
23 I didn't.
24 SIR JOHN SAUNDERS: So how do you differ from an ordinary
25 paramedic? I know you've had training in these sort of

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1 things, but you are not wearing any more protective
2 clothing, or were you?
3 A. On the night -- it's called a ground kit. So it's like
4 a fire officer's tunic. So it's got padded knees and
5 things like that. We've got different -- it's sort of
6 rated. It's got different layers and things like that.
7 Different helmets from sort of a standard paramedic.
8 So I probably had another level, but if I'd have put
9 my ballistic on, you're going to obviously that higher
10 level as well.
11 SIR JOHN SAUNDERS: The main concern was the possibility of
12 secondary devices as I understand it.
13 A. Yes.
14 SIR JOHN SAUNDERS: Was the extra equipment that you had
15 going to provide you any more protection than an
16 ordinary paramedic would against a secondary device?
17 A. I think the flash resistant, the tunic. Other than,
18 I think, if you're in the immediate, obviously, vicinity
19 of an explosion, then it's not going to provide any
20 protection really or very little. You've got your
21 helmet as well.
22 SIR JOHN SAUNDERS: Thank you.
23 MR GREANEY: Thank you. That is all of the evidence we have
24 today. We're finishing early by our standards.
25 Can I indicate I'm not sure what the banging has

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1 been through the course of the afternoon. We will look
2 into it and hopefully avoid that happening again.
3 SIR JOHN SAUNDERS: Right.
4 Thank you very much for coming to give your evidence
5 yet again.
6 A. No problem.
7 SIR JOHN SAUNDERS: I think you may be coming back; is that
8 right?
9 A. Possibly.
10 SIR JOHN SAUNDERS: Well, let's hope we can avoid you having
11 to come back. You obviously did everything you possibly
12 could on the night and I'm sure everyone is grateful to
13 you for the efforts that you made.
14 A. Thank you.
15 MR GREANEY: I think it is likely that Mr Hargreaves will
16 have to come back in chapter 12.
17 SIR JOHN SAUNDERS: You can tell him the bad news then.
18 Is it 9.30 tomorrow?
19 MR GREANEY: No, I think, unless I'm told otherwise,
20 10 o'clock tomorrow will be fine, sir.
21 SIR JOHN SAUNDERS: 10 o'clock. Thank you.
22 (4.01 pm)
23 (The hearing adjourned until
24 Tuesday, 8 June 2021 at 10.00 am)
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