

OPUS2

Manchester Arena Inquiry

Day 113

June 8, 2021

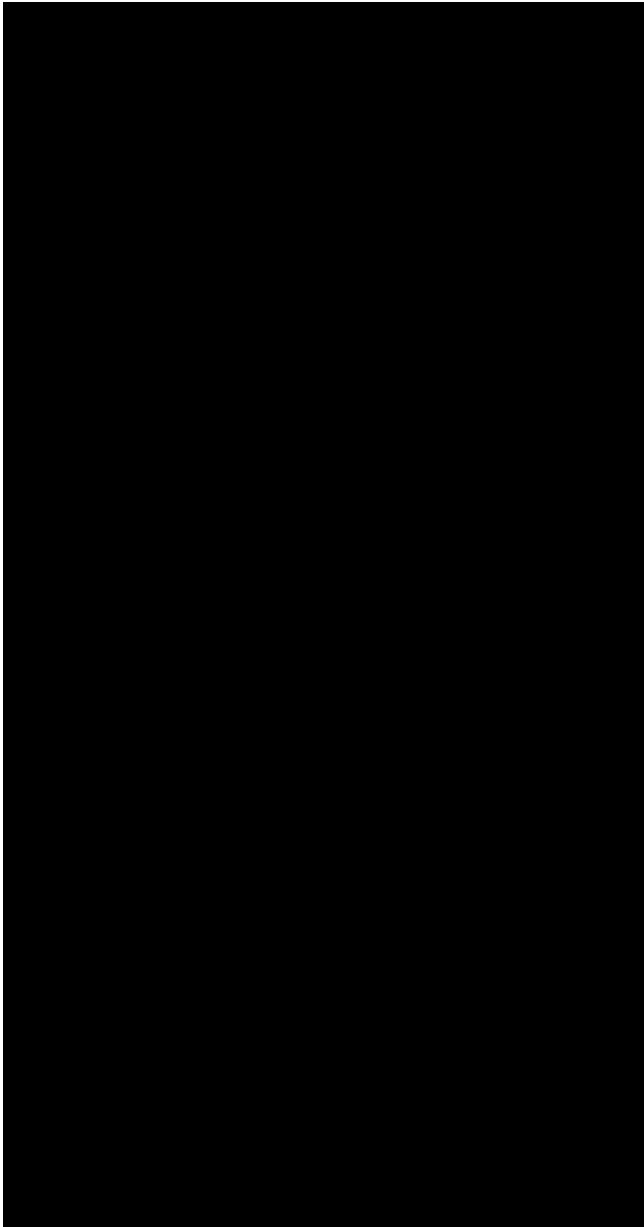
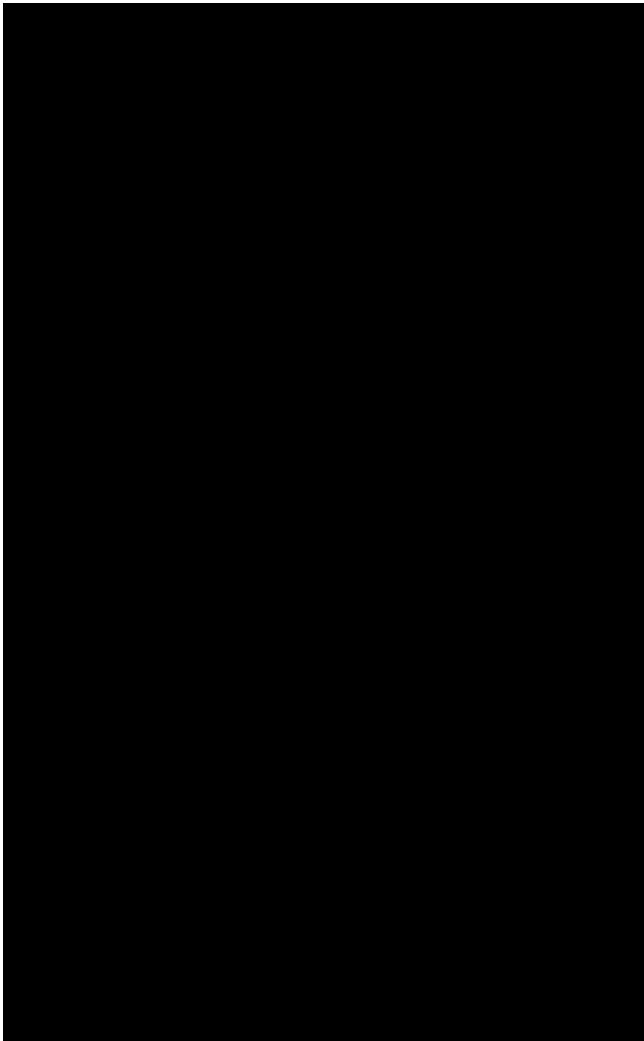
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1 Tuesday, 8 June 2021
2 (10.00 am)
3 (Proceedings delayed)
4 (10.07 am)
5 SIR JOHN SAUNDERS: Mr Greaney.
6 MR GREANEY: Sir, good morning. The first witness today is
7 Lea Vaughan who, as you will recall, is one of two HART
8 paramedics who entered the City Room, doing so at
9 11.15 pm, and she first gave evidence on 22 March,
10 Day 79 of our oral evidence hearings, when she dealt
11 with events up to but not including her visit to the
12 City Room. Today she'll deal with events in the
13 City Room, but she will do so without identifying any
14 individual that she treated or was concerned with.
15 What I'm first going to say is said in the absence
16 of the witness and, sir, will not be broadcast on
17 YouTube and it's as follows.



16 MS LEA VAUGHAN (recalled)
17 Questions from MR GREANEY
18 SIR JOHN SAUNDERS: Thank you very much for coming back.
19 MR GREANEY: You are quite softly spoken and your
20 microphones, I am not certain that they are on because I
21 can't see -- one of them is --
22 SIR JOHN SAUNDERS: Instant effect!
23 MR GREANEY: You gave evidence, as I explained just a short
24 time ago in your absence, on 22 March which was Day 79
25 of our proceedings.

1 In brief summary, you explained as follows, and if
 2 I have misunderstood any of this, tell me and obviously
 3 this is just a selection and moreover my selection.
 4 You explained that you had joined NWAS in 2009 and
 5 become a HART operative in 2016?
 6 A. That's correct, sir.
 7 Q. That you regarded yourself, as of May 2017, as
 8 adequately trained to respond in the event of an
 9 incident such as that that you were required to deal
 10 with?
 11 A. Yes, sir.
 12 Q. You described your attendance on 22 May, unnecessary as
 13 it turned, out at a mill fire in Stockport?
 14 A. Yes, sir.
 15 Q. You went on to explain that your team had become aware
 16 of the events at the arena and travelled there, you in
 17 one vehicle and Mr Beswick and Mr Hargreaves in another?
 18 A. Correct, sir.
 19 Q. You travelled to what you understood to be the
 20 rendezvous point at Hunts Bank?
 21 A. Correct, sir.
 22 Q. On arrival you made a decision not to put on your
 23 ballistic protection. The decision was made by you
 24 because that would have taken time, about 4 minutes, you
 25 thought, to do so?

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1 A. Correct, sir.
 2 Q. And you regarded the situation as too urgent to waste
 3 that time?
 4 A. Correct, sir.
 5 Q. You were briefed, you told us, by Simon Beswick, the
 6 team leader for that day, that there had been an
 7 explosion, there were 20 to 30 casualties, Paddy Ennis
 8 was in the City Room, that there were unconfirmed
 9 reports of an active shooter, and that it was unknown if
 10 the building was safe, which you understood to mean
 11 whether it was structurally safe. And you told us that
 12 at the end of that, upon you saying you would go into
 13 the room, Simon Beswick shook your hand and that of
 14 Mr Hargreaves and said good luck to you?
 15 A. Correct, sir.
 16 Q. We know from the CCTV that you entered the City Room at
 17 23.15?
 18 A. Correct, sir.
 19 Q. And you said to us that two to three casualties into
 20 your work there, so two to three casualties into the
 21 triage sieve, you had said to Chris Hargreaves, "We need
 22 to get these people out"?
 23 A. Correct, sir.
 24 Q. And as you told us, it was at that stage that you
 25 realised that the Fire and Rescue Service were not

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1 present in the room?
 2 A. That's correct, sir.
 3 Q. And it struck you that they would have been a valuable
 4 resource there, that value being, as you put it, quick
 5 extraction?
 6 A. Correct, sir.
 7 Q. You explained that you did not know that night that
 8 Operation Plato had been declared?
 9 A. Correct, sir.
 10 Q. And that you would never have deployed into a Plato hot
 11 zone?
 12 A. Correct, sir, yes.
 13 Q. And when you gave that evidence, pausing for a moment,
 14 that you would never have deployed into a Plato hot
 15 zone, was that because you would have been instructed
 16 not to or because would you have made a decision not to
 17 or a combination of those two?
 18 A. It would have been because I would have been instructed
 19 not to enter into a Plato hot zone.
 20 Q. You told us that your expectation, once you were in the
 21 City Room, was that once the balance of HART arrived,
 22 they would follow you into that room?
 23 A. That's correct, sir.
 24 Q. But you went on to say that in the result you and
 25 Chris Hargreaves developed what you called an efficient

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1 working system once you were in there and your feeling
 2 was that further paramedics wouldn't have been a help at
 3 that point, as you put it?
 4 A. Correct, sir.
 5 Q. When you said that, you may remember, I explained that
 6 we would return to it today and in due course we will do
 7 so.
 8 That, I hope, represents a fair summary of the
 9 evidence that you gave on the last occasion.
 10 A. Yes, sir.
 11 SIR JOHN SAUNDERS: This is just for my personal
 12 confirmation: you went straight to Hunts Bank. You did
 13 not go to Thompson Street —
 14 A. No. No, sir, we went straight to Hunts Bank.
 15 SIR JOHN SAUNDERS: It was the other HART team that went
 16 there?
 17 MR GREANEY: Mr English, Mr Priest and Mr Devine went to
 18 pick up a particular type of vehicle, I think.
 19 A. Yes, they went back to Manchester HART base to pick up a
 20 vehicle. It was the team — our sister team that works
 21 in a different area of the North West that went to
 22 Thompson Street.
 23 SIR JOHN SAUNDERS: Thank you.
 24 MR GREANEY: And those are the officers who arrived at
 25 11.22.

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1 SIR JOHN SAUNDERS: Thank you.
 2 MR GREANEY: So let's deal now with the evidence that you
 3 can give about this.
 4 SIR JOHN SAUNDERS: Sorry, we are just confirming the ones
 5 that went to Thompson Street didn't arrive until later,
 6 it's the other three members of your team who turned up
 7 at 23.22; is that right?
 8 A. Yes, I think that's correct, sir.
 9 SIR JOHN SAUNDERS: I'm getting everyone confused which
 10 I didn't intend to do by this.
 11 MR GREANEY: I was probably confused to begin with, but you
 12 are right: the HART team, as you observed yesterday,
 13 comprised of six persons. Three went straight from
 14 Stockport to the arena in a convoy, you behind the
 15 vehicle containing Mr Beswick --
 16 A. Yes, sir.
 17 Q. -- and Mr Hargreaves, the other three went to the HART
 18 headquarters to obtain the other vehicle. They were
 19 therefore 9 minutes behind the first --
 20 SIR JOHN SAUNDERS: And they went straight to Hunts Bank as
 21 well?
 22 MS ROBERTS: They did. The other three arrived in three
 23 separate vehicles: Mr Devine arrived separately and then
 24 the other two from the location at which they are based.
 25 The second team, located in another part of the

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1 North West, are, I think, the ones who went to Thompson
 2 Street. We heard from Mr Ronald Schanck a little while
 3 ago and he is in that second team deployed elsewhere in
 4 the North West.
 5 SIR JOHN SAUNDERS: Thank you very much for sorting that
 6 out.
 7 MR GREANEY: That's very helpful indeed, thank you,
 8 Ms Roberts.
 9 So having summarised the evidence that you gave on
 10 the last occasion in, as I have said, I hope, a fair
 11 way, let's deal with the topics that you can help with
 12 in relation to the City Room.
 13 One of the things that I said before you entered the
 14 room, but which I told you about when we spoke earlier,
 15 is that we will not be dealing with any individual
 16 casualty that you dealt with and not naming any person,
 17 so we will be dealing with the issues in general terms.
 18 Does that make sense?
 19 A. Yes, sir.
 20 Q. The first issue I want to ask you about is the CCP and
 21 CCS. In May of 2017 were you familiar with the
 22 following concepts: the triage sieve?
 23 A. Yes, sir.
 24 Q. The casualty collection point?
 25 A. Yes, sir.

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1 Q. And the casualty clearing station?
 2 A. Yes, sir.
 3 Q. When you entered the City Room at 23.15, did you
 4 consider that you were going in there to perform a role
 5 in relation to any of those three concepts?
 6 A. No, sir.
 7 Q. What role did you consider you were entering the
 8 City Room to perform?
 9 A. Sir, it's a primary triage or forward triage role that
 10 myself and Mr Hargreaves undertook.
 11 Q. Is that something different from or the same as what
 12 I have described as the triage sieve? So when you went
 13 in there, is that what you were going to perform?
 14 A. Yes. There's a card with the initial triage sieve that
 15 we would be following. But due to our training we don't
 16 need to refer to it. We would go in and do the primary
 17 triage as following the cards.
 18 Q. So when you use the term "primary triage", are you using
 19 it interchangeably with the triage sieve?
 20 A. Yes. Primary triage and forward triage is the same type
 21 of thing for HART operatives. I know it gets confusing.
 22 Q. And the triage sieve card that you referred to -- did
 23 you watch the evidence of Christopher Hargreaves
 24 yesterday?
 25 A. Yes, sir.

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1 Q. And you will remember that he was questioned by
 2 Ms Ailes, who is to your left, and she showed the card
 3 to him. Is that the card that you're talking about?
 4 A. I believe so, yes.
 5 Q. We can look at it if necessary, but the point you are
 6 making is that that card, the process it describes, is
 7 so embedded within you that you would never need to look
 8 at it?
 9 A. Yes, sir.
 10 Q. So that's what you went into the City Room to do. Had
 11 you, before you went into the room, been instructed by
 12 anyone where the CCP, if there was one, and CCS were?
 13 A. No, not at that point, sir. I don't believe that one
 14 had been set up.
 15 Q. Were you instructed at any relevant stage, and by
 16 relevant stage I'm talking about the period up until
 17 11.40 when the final casualty who could be assisted was
 18 removed, were you instructed at any relevant stage about
 19 where the CCP and CCS were?
 20 A. No, sir. When I was giving instructions to the persons
 21 carrying the patients out of the City Room, I just
 22 directed them to the bottom of the stairs, assuming that
 23 that's where it would be, meaning the actual train
 24 station concourse.
 25 Q. So that was your assumption?

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1 A. That was my assumption.
 2 Q. As opposed to an understanding based upon an instruction
 3 or information?
 4 A. Correct, sir.
 5 Q. Was it unsatisfactory that you were never given an
 6 instruction about where the CCP and CCS were?
 7 A. No, sir, I don't believe so. I was aware that Simon had
 8 been tasked and I knew it would be a HART role. I knew
 9 HART would be involved with setting up the CCP or CCS or
 10 one or the other and that's where I would put it in that
 11 situation. We tend to think alike, so I didn't really
 12 need to be told where it was, sir.
 13 Q. Was he someone that you'd worked with over a period of
 14 time?
 15 A. I have never worked with Simon Beswick before that
 16 night. I was filling in on his team.
 17 Q. So how was it that you had this understanding with him?
 18 A. We all have exactly the same training. It doesn't
 19 matter when we've done it or who we've done it with,
 20 it's all to the same curriculum. So it's across the
 21 board. It's exactly the same training.
 22 Q. So you had, is this a fair way of putting it, confidence
 23 that what you expected would be the position was in fact
 24 the position?
 25 A. That's correct, sir.

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1 SIR JOHN SAUNDERS: Why does it involve HART expertise to
 2 set up a CCS or CCP.
 3 A. It doesn't necessarily have to be HART. There's some
 4 aspects to the setting up of a CCP -- because the way
 5 HART set it up, if you like, it's more like a field
 6 hospital, if you could imagine something like that, and
 7 there's specific zones for P1s, P2s, and there's also
 8 mass oxygen systems, and that's quite complicated to set
 9 up.
 10 SIR JOHN SAUNDERS: Which you get out of the ambulances?
 11 A. No, not the mass casualty oxygen, sir. That's carried
 12 on a HART vehicle.
 13 MR GREANEY: So when you talk about -- I don't want to
 14 overcomplicate this, but when you talk about a field
 15 hospital, are you describing the CCP or the CCS.
 16 A. The CCP, sir.
 17 Q. And when you gave instructions that casualties were to
 18 be evacuated to the bottom of the stairs, what did you
 19 anticipate would be at the bottom of the stairs, the CCP
 20 or the CCS?
 21 A. CCP, sir.
 22 Q. And had you given any thought to where the CCS would be?
 23 A. No, sir. It's -- like I have said, you don't have to
 24 have both. You have to put faith in your colleagues to
 25 think that they are either going to set up one or both.

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1 It doesn't have to be the two of them. You don't have
 2 two to run a system of that respect and because we were
 3 so close on that concourse to the loading area,
 4 I suppose, you didn't necessarily have to have both.
 5 Q. So was your thinking as simple as this: we've got many
 6 casualties here, many P1 casualties here who are in need
 7 of urgent treatment, we need to get them moved as
 8 quickly as possible to the bottom of the stairs where
 9 there will be either the CCP or the CCS?
 10 A. Yes, sir.
 11 Q. But at any rate that is the area in which I expect they
 12 will receive the treatment that they need?
 13 A. They will get the treatment that they need from
 14 whichever they set up downstairs. They would still be
 15 getting the same treatment.
 16 Q. It's plain from what you have said that you were not
 17 briefed before you went upstairs about the location of
 18 the CCP and CCS, and moreover it's plain you're not
 19 critical of that. We heard last time that you were
 20 given a briefing by Simon Beswick --
 21 A. Correct, sir.
 22 Q. -- and I have summarised what that was. Were you given,
 23 before you went upstairs, any briefing by the
 24 operational commander, Dan Smith?
 25 A. Not that I can remember, sir.

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1 Q. Did you, so far as you can recall, speak to Dan Smith
 2 before you went upstairs?
 3 A. Not that I can recall, sir.
 4 Q. At any relevant stage, again using that term I have
 5 described, do you recall having a discussion with
 6 Dan Smith that night?
 7 A. No, sir.
 8 Q. As you look back now, is that satisfactory, that you,
 9 one of two HART operatives who went into the room, never
 10 received any instruction or information from the
 11 operational commander?
 12 A. It's not unusual, sir, because we fall under the
 13 category of HART. Usually all our information will come
 14 from the HART team leaders. So we would be reporting to
 15 him and he would be the source of all the information
 16 and knowledge and distribute it to whoever he sees fit
 17 to receive that.
 18 So we would report to Simon and then Simon would
 19 pass on the information to Dan and vice versa.
 20 Q. I understand. So the chain of communication, so far as
 21 there was going to be one, you would expect to have been
 22 operational commander to HART team leader to the HART
 23 team?
 24 A. Yes, sir.
 25 Q. And back in the opposite direction?

16

1 A. Yes, sir .
 2 SIR JOHN SAUNDERS: Which does make the whole system a bit
 3 slower?
 4 A. It depends, sir . When I came out of the City Room,
 5 I was positioned very close to the command structure
 6 that was outside and so was Simon, so he was very much
 7 going back and to, so it was very quick in that respect
 8 where we were in close proximity.
 9 SIR JOHN SAUNDERS: Thank you.
 10 MR GREANEY: I'm going to come to this in a little more
 11 detail very shortly, but in terms of interaction between
 12 the commanders and the people on the ground, you,
 13 Paddy Ennis, and Chris Hargreaves, during the relevant
 14 period there was no toing and froing or communication,
 15 was there?
 16 A. I can't speak for Paddy. I know myself and Chris were
 17 communicating to each other and Chris was communicating
 18 to Paddy, and that's how we were working throughout.
 19 I did not communicate via radio at all whilst in the
 20 City Room apart from when my colleague Ian Devine was
 21 sending me messages personally to ask if I was okay.
 22 Q. They were welfare messages?
 23 A. Yes, sir .
 24 Q. That's all I want to ask but the CCP and CCS.
 25 Next, I want to ask you about what happened once you

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1 entered the City Room. As you will appreciate, I'm
 2 going to seek to ask my questions in a sensitive way.
 3 But in simple terms, when you entered the City Room,
 4 was what you were confronted with deeply shocking even
 5 for an experienced HART operative?
 6 A. Yes, sir . I'd never seen as — come across a scene like
 7 that before in my career.
 8 Q. And am I right, shocking both in terms of the number of
 9 people who were obviously dead?
 10 A. Yes, sir , it's — yes.
 11 Q. I really am trying to ensure that I don't upset anyone,
 12 including you.
 13 A. Yes, sir .
 14 Q. But also shocking in terms of just the sheer number of
 15 people who were severely injured?
 16 A. Yes, sir . It was very much a mixture of the entire
 17 scene. It was — yes, it was the dead, it was the
 18 injured, it was the past — the people that were in
 19 there also helping. It was the debris across the floor .
 20 I'd never seen anything like that before in my career,
 21 in my life.
 22 Q. And I don't want to go into any of the details of this
 23 apart from one, though we did unfortunately see some
 24 information about it on the screen yesterday, but was
 25 the environment in which you had to work for a variety

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1 of reasons an extremely difficult one?
 2 A. Yes, sir .
 3 Q. And did that include a difficulty with lighting?
 4 A. From what I can remember, sir, it seemed to me that it
 5 was a lot darker in there. The light was not
 6 sufficient . We'd come over the bridge where it was very
 7 bright and we'd gone into the City Room, and it was
 8 immediately darker. And there was also quite a hazy
 9 atmosphere from dust or smoke. So it was a lot darker
 10 in there than it was outside in the concourse.
 11 Q. Hopefully you can answer this question yes or no, but
 12 did that complicate the identification of injuries and
 13 which injuries were bleeding?
 14 A. Yes, sir , it did with some people. But it wasn't just
 15 the lighting problems: it was the fact that many of the
 16 patients were in pools of blood that may not have been
 17 their own.
 18 SIR JOHN SAUNDERS: Would it be a good idea for you to have
 19 some sort of lighting attached to your helmets.
 20 A. We did, sir . We had — as HART operatives, we have
 21 a head torch, but I didn't turn it on. It didn't enter
 22 my mind.
 23 SIR JOHN SAUNDERS: Would it have helped if you had?
 24 A. I wouldn't say so because in hazy atmospheres it makes
 25 a beam, rather than lighting up the place. It wouldn't

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1 have been a hindrance to turn it on, it's just that
 2 I didn't think of it at the time.
 3 SIR JOHN SAUNDERS: Thank you.
 4 MR GREANEY: At all events, this was a difficult environment
 5 in which to work?
 6 A. Yes, sir .
 7 Q. We are going to see that when you entered the City Room,
 8 you approached Paddy Ennis. Can we have this image on
 9 the screen, please. I'll give a warning that we are now
 10 going to see an image from the City Room, but it has
 11 been redacted in the way in which we are all now
 12 familiar with. So we will see you, Chris Hargreaves,
 13 Paddy Ennis, something to orientate ourselves, but we
 14 will not see any person, injured or deceased.
 15 Mr Lopez, this is {INQ035612/259} .
 16 This is 5 seconds after you have entered the
 17 City Room, it's 23.15.15:
 18 "HART paramedics Chris Hargreaves and Lea Vaughan
 19 approach Paddy Ennis. After a brief moment all three
 20 then walk further into the City Room and out of camera
 21 view."
 22 Can we take that from the screen, please.
 23 Did you have a conversation with Paddy Ennis when
 24 you entered?
 25 A. Yes. Yes, sir .

20

1 Q. What was the purpose of that conversation?
 2 A. It was to get another briefing, I suppose, to see where
 3 he was up to with triage of patients, and if he had any
 4 ideas of numbers of patients, of P1 categories, P2
 5 categories, and I believe at that point, from what
 6 I remember, we gave him some triage cards, some
 7 cruciform cards.
 8 Q. And did he give you something of a further briefing?
 9 A. I can't remember him telling us anything that we didn't
 10 already know.
 11 Q. In your witness statement dated 12 June 2019, obviously
 12 more than 2 years after the attack, but still more
 13 recently than now, you said this. It's {INQ024591/7}.
 14 You said:
 15 "When we entered we took a few steps in then saw
 16 Paddy and spoke first to him. I think he may have
 17 walked towards us as he saw us enter but that's a little
 18 hazy. He explained we just needed to triage quickly and
 19 stabilise the patients where we could so they could be
 20 ready for extraction down to my colleagues in the cold
 21 zone. Paddy pretty much reiterated what we already had
 22 been told. I knew that there were multiple dead,
 23 multiple casualties and we needed to triage. We gave
 24 him some of our triage packs as he didn't have any. We
 25 just made a quick decision that we would start to triage

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1 on the left and start to triage from there..."
 2 Mr Hargreaves told us about this yesterday:
 3 "... making our way round in a clockwise motion
 4 through the foyer, triage, treat where we could, and get
 5 them ready for extraction."
 6 Do you recall being told anything by Paddy Ennis
 7 about those who were dead?
 8 A. No. I did see Chris' evidence yesterday, but I can't
 9 recall any information about the dead. Paddy may have
 10 told us, but not that I can recall, sir.
 11 Q. You have gone exactly to where I was going.
 12 Mr Hargreaves had a recollection of being told that
 13 people who were dead had been covered and effectively
 14 that it was your job to focus on those who were alive.
 15 A. Yes, sir, but I can't remember that conversation, sir.
 16 Q. Do you think if that had been said that you would have
 17 a recollection of it or are you entertaining the
 18 possibility that it was said but you just can't recall?
 19 A. I think I was very distracted at that point, already
 20 making up a plan in my head of what we were going to do,
 21 how we were going to start, and making a plan for
 22 a systematic approach. So it's quite possible that
 23 Paddy could have said that to me. It's just my
 24 recollection.
 25 Q. The plan that you were devising at that stage, how did

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1 the plan involve you deciding who to treat and who not
 2 to treat? Let me ask the question in a more accurate
 3 way, I'm sorry.
 4 How did the plan involve you deciding who to apply
 5 the triage sieve to and who not to apply it to?
 6 A. We would -- we always work very systematically in HART.
 7 I believe Paddy had walked from the right -- more of the
 8 right-hand side of the foyer, of the City Room. So
 9 I believe he was treating in that area, so I decided
 10 that we should start on the left and in a clockwise
 11 motion, and the way we use that (inaudible: distorted)
 12 forward triage is that we will triage every single
 13 patient that is alive the same way to -- you know, we
 14 would triage them all the same. We wouldn't skip any...
 15 Q. I understand. What that answer gives rise to is this
 16 question: you just told us that you would apply the
 17 triage sieve to any patient who was alive, which seems
 18 to involve not applying it to any person who was dead.
 19 How was the decision made about who was alive and so
 20 would be subject to the sieve and who was dead and would
 21 not be?
 22 A. The majority of the dead were covered with makeshift
 23 coverings, posters, T-shirts. If I was close to one of
 24 the patients that was believed to be dead, I would
 25 quickly check for a carotid pulse just for my peace of

23

1 mind. So maybe in some part of my mind I did know that
 2 they'd already been checked, but I personally -- if
 3 there was a person that hadn't survived, that was
 4 further out into the middle and wasn't surrounded by
 5 live patients, I wouldn't actively go over to them and
 6 check them.
 7 In hindsight, maybe I should have, but I was
 8 concentrating more on the live patients that I had every
 9 chance of being able to get a positive outcome with.
 10 Q. Certainly I don't explore these issues by way of seeking
 11 to raise a criticism of you, but as you will have
 12 appreciated from other evidence, this is understandably
 13 an issue that the families are concerned with
 14 and I believe where we've reached is that your focus was
 15 on patients who were alive, that they would be the
 16 subject to the triage sieve. If there was a person who
 17 was covered and near to a live casualty, you would check
 18 their pulse to make sure?
 19 A. Yes, sir.
 20 Q. But you are accepting that there were others who were
 21 covered who were further away from the living and who
 22 weren't checked in that way by you or, I think, by
 23 Chris Hargreaves either?
 24 A. That's correct, sir. We can, a lot of the time, tell
 25 from a distance whether or not a patient is breathing by

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1 sight. It's something we all do on an ambulance. So if
 2 I have not gone over to check a pulse, I was certainly
 3 looking in their directions for any signs of life .
 4 I just didn't go over and check a pulse to those that
 5 were on their own, I suppose.
 6 Q. Now, you, as you have explained, had no idea that
 7 Operation Plato had been declared?
 8 A. No, sir .
 9 Q. As you entered that room — I suppose before you entered
 10 that room — had you given any thought to what I'm going
 11 to call zones?
 12 A. As a HART operative you would always consider zones.
 13 That's speaking from a HART point of view.
 14 Q. And do you mean that you would always consider what
 15 I have been calling NWAS zones?
 16 A. Yes, sir . I mean, NWAS kind of work from an operational
 17 standard as inner cordon and outer cordon unless an
 18 Operation Plato has been declared. Then it would move
 19 to hot, warm and cold zones.
 20 Q. Yes, although it does seem from some of the evidence
 21 that we've heard that certain NWAS officers use the term
 22 hot, warm and cold as part of their system. So outer
 23 cordon, cold; inner cordon, part might be hot, part
 24 might be warm?
 25 A. That's correct, sir . It is confusing, the terminology

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1 certainly is confusing between — it's the only thing
 2 that would change if an Operation Plato was declared,
 3 then it would go into the red, warm, and green.
 4 Q. The confusion arises from the fact that a Plato hot zone
 5 is different from what we have understood an NWAS hot
 6 zone is and —
 7 A. Yes. A major incident hot zone is different from an
 8 Operation Plato hot zone.
 9 Q. I'm sure I can say without being criticised that it's
 10 obviously undesirable that the same term is used to
 11 describe different zones.
 12 A. Yes, sir .
 13 Q. At all events, what I was asking you about was whether
 14 you had thought about zones. You have explained that
 15 you would always think, as a HART operative, about
 16 zones. Do you mean that you were thinking about it from
 17 the moment you arrived in the railway station?
 18 A. Yes, sir . From the moment you arrive, I would consider
 19 the area that we were going into to be 100% warm with
 20 the potential to turn into a hot zone. If down the line
 21 they had decided to tell us about Operation Plato, then
 22 it would have turned into a hot zone and we wouldn't
 23 have been technically allowed to work in there.
 24 Q. Okay. So I just need to make sure that I fully
 25 understand this.

26

1 First, you obviously weren't briefed about this by
 2 Dan Smith, but were you given any briefing by
 3 Simon Beswick about the designation of the zone that you
 4 were going into?
 5 A. Not that I can recall, sir .
 6 Q. Would it have been rather better if you had been given
 7 a firm instruction or information about the nature of
 8 the zone that you were entering?
 9 A. It wouldn't have changed the way we were utilising our
 10 plans at all. Nothing would have prepared us for what
 11 we encountered anyway, even if someone had explained
 12 it — the last part. I wouldn't have expected what
 13 I was faced with in the City Room.
 14 It was certainly never, ever, ever going to be
 15 a cold zone. There was never, ever going to be any
 16 operational paramedics that were going to enter into the
 17 City Room because it was too dangerous.
 18 SIR JOHN SAUNDERS: Without wishing to add to any confusion,
 19 two things.
 20 First of all, in a major incident which has nothing
 21 to do with a terrorist, where you have an inner cordon,
 22 you must come across parts of an inner cordon which are
 23 unsafe even for you to go into?
 24 A. Absolutely, sir .
 25 SIR JOHN SAUNDERS: Is that for you to identify when you're

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1 there?
 2 A. In part, sir, yes. I think on 22 May the information
 3 that was to hand when we'd got there was — wasn't very
 4 sufficient. We knew that something very serious had
 5 happened, obviously, because of the reports we were —
 6 you know, the knowledge that was coming in dribs and
 7 drabs.
 8 We could have got in there and decided that it's too
 9 dangerous to work in here and we could have retreated.
 10 SIR JOHN SAUNDERS: Can you make your own decision about
 11 that?
 12 A. Yes, sir . I don't think we would have.
 13 SIR JOHN SAUNDERS: No, no.
 14 A. But, you know —
 15 SIR JOHN SAUNDERS: You did, and it was very courageous to
 16 stay there and everyone accepts that. But I'm just
 17 wondering from an operational point of view how that
 18 operates.
 19 You don't seem to have a hot zone — in a non-Plato
 20 hot zone, you just can't go in there. Do you just
 21 decide that when you're in?
 22 A. Yes, you know, assuming that the information — because
 23 we get so many malicious calls that when we actually get
 24 to the point, it's — unfortunately, it's not what had
 25 been — the information we had got is completely wrong.

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1 So you always have that element of doubt in your mind:
 2 it's okay, it's going to be a false alarm, it's going to
 3 be a false alarm. Then all of a sudden you get in there
 4 to the exact point of where the explosion took place,
 5 and at that point, you know, you're not going to pull
 6 yourself out.
 7 This is a potential -- well, it is a warm zone. It
 8 has a potential to become a hot zone because of a
 9 secondary device. There could have been active
 10 shooters.
 11 SIR JOHN SAUNDERS: The structure of the building?
 12 A. Yes. I mean, an explosion had just happened inside
 13 a confined space, if you like. So --
 14 SIR JOHN SAUNDERS: Okay, so you are making that decision
 15 there at the time.
 16 The second point I just wanted to raise was this:
 17 I can well understand the inner cordon being anything
 18 inside the doors into the City Room. It's less easy to
 19 understand the bit outside, the pathway going to the
 20 stairs down wouldn't instantly be regarded as being part
 21 of the City Room rather than the downstairs.
 22 From your point of view, once people had got people
 23 out, patients out, they still had to get them down the
 24 stairs and it might have been of assistance to actually
 25 have paramedics on that walkway to give assistance and

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1 be there while patients are being carried down by other
 2 people.
 3 A. Yes, sir, I understand your point. I think at that time
 4 when we first went in, there wasn't any paramedics to
 5 provide that sort of extrication, I suppose. There was
 6 no one there and the way we thought is: we'll get the
 7 patients from A to B as quickly as we can and however we
 8 can so that my colleagues can provide them with the
 9 life-saving treatment that they need.
 10 SIR JOHN SAUNDERS: And it's somebody else's decision to get
 11 people up to help you into whatever areas they could
 12 possibly work?
 13 A. Yes, sir. I mean, I was never overwhelmed in there at
 14 all at any point for me. We'd trained too well and
 15 been --
 16 SIR JOHN SAUNDERS: Okay. I can we are coming to this in
 17 a minute, so I'll leave it to Mr Greaney.
 18 Thank you for that.
 19 MR GREANEY: Just back to zones for a moment, and to make
 20 sure that I understand, no discussion with Dan Smith
 21 about zones?
 22 A. No discussion, sir, no.
 23 Q. No discussion with Simon Beswick about zones?
 24 A. No, sir.
 25 Q. Did you and Chris Hargreaves discuss zones?

30

1 A. No, sir. It's not something we would have discussed in
 2 there. Maybe if HART colleagues had have come in after
 3 us, we would give them our views of, "This is definitely
 4 a warm zone with the potential to become hot", but it's
 5 not a conversation we would have. We knew at that point
 6 we were delayed going in, not by any fault of anyone, it
 7 just happened to be that we were in a different area --
 8 Q. The mill fire, yes.
 9 A. -- which was technically a HART job, and it's just
 10 unfortunate that it took us some time get there. So we
 11 are always trying to make up that time. So we were
 12 shaving the couple of minutes off everywhere that we can
 13 get. I'm not cutting corners --
 14 Q. No.
 15 A. -- it's the idea of not putting your ballistics gear on
 16 because that saved me 4 minutes, not waiting for my
 17 colleagues that have gone back for the other vehicle
 18 because maybe that will be another 10 minutes. I could
 19 have triaged ten, 15, 20 people by then.
 20 We were very conscious of making up time. We
 21 wouldn't be -- the only time we were concerned with our
 22 own safety and our surroundings being a danger to us was
 23 afterwards when we were stood back.
 24 Q. I understand. And in establishing that there was no
 25 discussion about this, I'm genuinely not seeking to

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1 criticise you, but I'm certain you will appreciate,
 2 having seen some of the evidence, that one of the issues
 3 with which the inquiry is concerned is whether people
 4 really paid any attention to zoning and, if they didn't
 5 or didn't pay much attention, why that was. So that's
 6 what I'm exploring with you.
 7 A. Yes, sir.
 8 Q. I'm just going to return in one moment to what your own
 9 thoughts were about zoning, but first, just be clear, in
 10 terms of Plato, not that you knew this was Plato, but in
 11 terms of Plato, as a HART operative, you could work in
 12 a Plato cold zone, a Plato warm zone, but you could not
 13 work in a Plato hot zone?
 14 A. Correct, sir.
 15 Q. And in terms of NWS zones -- let's first use the cordon
 16 descriptions. You could work in the outer cordon as
 17 a HART operative?
 18 A. Yes, sir.
 19 Q. And you could also work in the inner cordon but you
 20 might use your discretion about whether you should or
 21 shouldn't be there depending upon the nature of the
 22 threat?
 23 A. Yes, sir.
 24 Q. And if we use, as some NWS staff, have cold, warm and
 25 hot, NWS, not Plato, cold, warm and hot, you could work

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1 as a HART operative in an NWS cold and warm zone?
 2 A. Yes, sir.
 3 Q. Could you also work in a hot zone but subject to the
 4 discretion that you've told us about?
 5 A. Yes, sir.
 6 Q. At least I have understood that much.
 7 That night you have said that you thought that the
 8 City Room was warm with a potential to go hot. Are you
 9 using the NWS terminology or the Plato terminology?
 10 A. To confuse matters more, both.
 11 Q. Both?
 12 A. In a — if an Operation Plato had been declared, that
 13 area would have immediately turned into a red zone and
 14 we would have removed ourselves. If a secondary device
 15 had been found in there or if some structure had
 16 started to crumble from the ceiling or the walls, that
 17 would have turned into an NWS hot zone as well. We
 18 could still work around it, but we would have to be on
 19 a higher alert.
 20 Q. It sounds to me, and you tell me if I've got this wrong,
 21 that you thought, even though you weren't designating
 22 this — sorry, if I'm making this too complicated,
 23 sir — it sounds as if, even though you didn't use this
 24 type of designation, because you don't know about Plato,
 25 as if you thought you were working in what we would

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1 describe as a Plato warm zone with a potential to get
 2 hot?
 3 A. Even though Plato hadn't been declared, you know, it's
 4 a terrorist attack, so it has — there is a likelihood
 5 that it could turn into an Operation Plato, so it did
 6 have the potential to turn into a hot zone. Any one of
 7 the general public that were in there could have had
 8 further devices, could have had weapons, because I'm not
 9 sure if they'd have been checked or if they were in
 10 there when the explosion happened, if they entered
 11 afterwards. So it always has the potential to turn into
 12 an Operation Plato.
 13 So when I say it has the potential to turn into
 14 a hot Operation Plato because any number of things could
 15 happen to tip the scale, I suppose.
 16 Q. I think what you are explaining to us is that you
 17 certainly thought that it was permissible for you as
 18 a HART operative to be working in that area?
 19 A. Yes, sir.
 20 Q. Obviously you knew that Paddy Ennis was in there, who
 21 was not a HART operative?
 22 A. Yes, sir.
 23 Q. Did you give any thought to whether it was permissible
 24 or appropriate for him to be in that area?
 25 A. Yes, sir.

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1 Q. Do you mean you gave that some thought at the time?
 2 A. At the time, sir, yes —
 3 Q. What was your thinking?
 4 A. I knew that Paddy was an operational paramedic. He is
 5 an advanced paramedic, so he does technically outrank us
 6 in a clinical setting. We were within our rights to ask
 7 Paddy to leave, but Paddy was playing a pivotal role in
 8 there for us as well. He was in there before us. He's
 9 obviously taken his own risk assessment into account and
 10 felt that he is fine to work in there.
 11 We were utilising him. He was a valuable asset in
 12 there for us, so at no point was I going to ask Paddy to
 13 leave.
 14 Q. No. Maybe you are describing something very similar to
 15 that which Mr Poland described yesterday: that he knew
 16 that the rule meant that Paddy Ennis shouldn't have been
 17 in there, but the rule needed to be put to one side
 18 because there was a need for him to be in there?
 19 A. Yes, sir.
 20 Q. And in having that thought process, are you describing
 21 a situation in which the application of the rule is one
 22 that carries with it a discretion or are you describing
 23 a situation in which there isn't a discretion but people
 24 just had to ignore the rule on the night?
 25 A. I do believe there is discretion in the NWS protocols.

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1 I don't know what conversations Paddy had had with the
 2 command structure and whether or not that had been
 3 discussed. That would not be anything that we would
 4 discuss at the time with him. It would be a waste of
 5 time in my eyes when we had patients to treat.
 6 Q. Yes.
 7 A. There is a discretion. There is lines that can be
 8 blurred but a lot of things need to be taken into
 9 account and I don't know the reasoning behind —
 10 Q. No, and I understand that. What you are saying is
 11 although the strict application of the rule meant that
 12 he shouldn't have been in there, you felt that there was
 13 an element of discretion that he was entitled to
 14 exercise to be in there and he was exercising that
 15 discretion for reasons that were reasons for him to know
 16 about and that you didn't have time to explore?
 17 A. Yes, sir.
 18 Q. Fine.
 19 Did you see armed officers within the City Room?
 20 A. I did, sir.
 21 Q. And so was your general feeling that it was safe enough
 22 for you to be in there?
 23 A. The armed response officers are fantastic and we've
 24 worked a lot with them, so we do put a lot of faith into
 25 them looking after us, so to speak. So with the armed

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1 response officers , they also had sniffer dogs as well
 2 that were looking for the secondary devices --
 3 Q. Yes.
 4 A. -- so I didn't give that much thought about the
 5 safety --
 6 Q. Although in fact the dogs arrived much later?
 7 A. Yes. Yes, sir . They're very good at what they do, so
 8 I put every faith in them that they would be looking
 9 everywhere up and down and ensuring our safety, the
 10 patients' safety , and the other bystanders'.
 11 Q. Obviously your safety couldn't be guaranteed because
 12 there might have been a secondary device.
 13 A. Yes, sir .
 14 Q. But is the term I have used that you felt it was safe
 15 enough one that you agree with or that you would take
 16 issue with?
 17 A. No, I wouldn't take issue with that. I wouldn't
 18 technically say at the time I gave it much thought.
 19 I can't speak for Chris, but I wasn't going to leave
 20 that area until every patient had been evacuated. So
 21 it's not something we would dwell on.
 22 Q. No. So what you're saying, I believe, is that now you
 23 look back, you think it was safe enough, bearing in mind
 24 that the armed officers were there, plainly doing their
 25 job?

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1 A. Yes, I would agree with that, sir .
 2 Q. One thing that the chairman established with
 3 Mr Hargreaves yesterday was that, in terms of the
 4 personal protective equipment that you and
 5 Chris Hargreaves were wearing, bearing in mind the
 6 decision not to wear your ballistic protection, there
 7 wasn't a lot of difference between the level of
 8 protection that you had and the level of protection that
 9 a standard paramedic would have?
 10 A. Yes, sir . We were wearing our basic ground kit which
 11 just protects us from elements and some fire -- it's got
 12 fire resistance, but not to a high standard. We were
 13 already wearing that equipment because of the mill fire.
 14 If we'd have come straight from base, we would have been
 15 wearing our ballistics gear already.
 16 Q. The issue that I'll seek your help on though is this: if
 17 it was safe enough for you to be there, why was it not
 18 safe enough for other paramedics to be in there, given
 19 that they would have had an equivalent level of personal
 20 protective equipment?
 21 A. Operational paramedics, sir?
 22 Q. Operational paramedics, yes.
 23 A. Because an explosion had just happened inside a confined
 24 space. A terrorist had exploded an IED. It wasn't
 25 a safe area. It wasn't considered a cold zone. It

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1 would never in 1 million years be considered a cold zone
 2 safe enough for operational paramedics to enter into.
 3 That's not taking anything away from the operational
 4 paramedics, they are absolutely fantastic and they have
 5 a different way that we train within HART.
 6 Operational paramedics may stay with one patient and
 7 two or three of them may stay with one patient. Myself
 8 and Chris work systematically to start in a specific
 9 position and end in a specific position, making sure
 10 that we have not missed anybody.
 11 If you take that as well, that it was a cold zone,
 12 it's not an environment that I would --
 13 Q. I'm not suggesting it was a cold zone. I'm simply
 14 inviting you just to engage with one issue, and either
 15 it's a good point or a bad point.
 16 But the risk to you was the same as the risk to an
 17 operational paramedic in that room because the PPE you
 18 were wearing was identical, and I'm simply asking you
 19 just placing the rule to one side and whilst
 20 appreciating the rule prevents them going in there,
 21 leaving the rule to one side, if it was safe enough for
 22 you to be in that room, why was it is not safe enough
 23 for an operational paramedic to be in that room?
 24 A. If every operational paramedic that turned up on the
 25 scene, sir, entered into that hot zone -- sorry, warm

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1 zone, and there was a secondary device, and you've got
 2 30, 40 paramedics in there, and they do find a secondary
 3 device and unfortunately it goes off, you now have
 4 another 30 paramedics that have become casualties.
 5 I don't think it was wrong to only have the HART in
 6 there. In those circumstances I don't think it's wrong.
 7 In hindsight, it would have been amazing if all six of
 8 us have turned up at the same time and deployed in
 9 together, but --
 10 Q. I'm coming to that as the chairman has said. But I'm
 11 sorry, I didn't mean to interrupt you.
 12 A. You wouldn't treat patients in there --
 13 SIR JOHN SAUNDERS: Okay. So you are saying it's something
 14 different in the way HART operatives actually deal with
 15 patients in that situation to the way the average
 16 paramedic would; is that what you're saying?
 17 A. Yes, sir .
 18 SIR JOHN SAUNDERS: You are quicker?
 19 A. We do it a lot. HART paramedics do it an awful lot and
 20 HART paramedics are hugely lucky for the amount of time
 21 and training that they have. Operational paramedics
 22 aren't that lucky.
 23 SIR JOHN SAUNDERS: It does have to be said that Paddy Ennis
 24 comes into the second category --
 25 A. Yes, sir .

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1 SIR JOHN SAUNDERS: — and he was doing much the same as you
 2 were doing.
 3 A. Yes, sir, as well as comms as well. He was doing an
 4 absolutely fantastic job.
 5 But do you want — are you talking in a sense that
 6 a paramedic — an operational paramedic coming in and
 7 treating the patient or to extricate?
 8 MR GREANEY: Well, I was talking about treating the patient.
 9 A. You wouldn't treat in there.
 10 Q. Triaging and treating?
 11 A. You would only go so far as interventions such as Celox
 12 dressing, tourniquets. It wasn't a place you could
 13 treat a patient.
 14 If you can imagine every bodily fluid of a person
 15 that was scattered across the floor, nuts, bolts,
 16 debris, mobile phones, personal belongings, there was
 17 live patients, there was patients that hadn't survived.
 18 You couldn't treat a patient in there. It was not
 19 suitable. You would have to bring up so much equipment
 20 into that City Room and contaminate every single piece
 21 of equipment you have, therefore leaving no equipment on
 22 the road.
 23 The best option was to extricate those patients to
 24 a place of safety as quickly as humanly possible and we
 25 did that.

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1 Q. That's the issue that I next want to explore with you
 2 and it's the issue of numbers.
 3 As I identified right at the beginning of my
 4 questions — and, sir, we have been going for nearly
 5 an hour — I am not far from the end but I will pause
 6 but we will —
 7 SIR JOHN SAUNDERS: Are you happy to carry on for a short
 8 time?
 9 A. Yes, sir.
 10 SIR JOHN SAUNDERS: You just call a halt whenever you want
 11 to, all right?
 12 A. Yes, sir.
 13 MR GREANEY: We will deal with numbers and that will take us
 14 up to the hour point, then we will take a short break.
 15 As I identified at the beginning of today, when you
 16 gave evidence last time, you told us that you had
 17 expected the balance of the HART team to follow in
 18 behind you, but in the result you had doubted the value
 19 of additional personnel in the City Room. That's an
 20 answer that I want to invite you to reflect on.
 21 A. Yes.
 22 Q. Now, there were — I'm sorry, did you want to say
 23 something?
 24 A. No, sir.
 25 Q. There were many casualties in that room, were there not?

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1 A. Yes, sir.
 2 Q. And the sooner they were triaged, the better?
 3 A. Yes, sir.
 4 Q. The sooner they were seen, the sooner they were tagged
 5 and prioritised?
 6 A. Yes, sir.
 7 Q. And the sooner they were tagged and prioritised, the
 8 sooner they were moved?
 9 A. Yes, sir. Can I just interject into that though, sir:
 10 it wouldn't have slowed down the extrication because
 11 patients had already been extricated by the time myself
 12 and Chris had arrived into the screen.
 13 Q. They had, yes.
 14 A. And people that I don't think Paddy had triaged at that
 15 point anyway. So it wouldn't have slowed anything down
 16 with the speed of extrication. I think the only thing
 17 that would have changed that is the Fire Service, sir.
 18 Q. I'll ask you about that in a moment.
 19 I do need ask you to consider how that answer can be
 20 right. Let's assume that at 23.22 the other members of
 21 the HART team had come into that City Room.
 22 A. Yes, sir.
 23 Q. And they had started triaging on the right and going
 24 anti-clockwise as you had been starting on the left and
 25 going clockwise.

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1 A. Yes, sir.
 2 Q. As a matter of logic, that would have resulted in the
 3 casualties being triaged quicker than in fact happened.
 4 A. Yes, they would have been triaged quicker, sir, but I'm
 5 talking about the extrication. We wouldn't stop
 6 somebody being carried out because we haven't triaged
 7 them. If you've got the ability and you've got the
 8 resources to carry that patient out, we wouldn't stop
 9 you.
 10 SIR JOHN SAUNDERS: But ideally they would be triaged there;
 11 that's the point, isn't it?
 12 A. Yes, sir, ideally they would be triaged before they left
 13 the City Room, but we would not stop an extrication to
 14 triage.
 15 MR GREANEY: But triaging has a purpose, otherwise you
 16 wouldn't do it?
 17 A. Yes, sir.
 18 Q. And the purpose is to identify which people need to be
 19 moved soonest?
 20 A. Yes, sir.
 21 Q. Which are P1, P2, and P3?
 22 A. Yes, sir.
 23 Q. And not even all P1s are the same, are they?
 24 A. No.
 25 Q. Some need to be moved quicker than the others. The

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1 reality is that if there had been more HART operatives
 2 in that room, the tagging would have occurred sooner,
 3 the prioritisation would have been achieved sooner, and
 4 it would sooner have been clear which needed to be moved
 5 first?
 6 A. Yes, sir. You are absolutely correct in what you are
 7 saying there. The only thing I believe that would have
 8 changed is possibly the order of extrication. Patients
 9 would have still been extricated at the same pace, it's
 10 just that the order of priority would have been changed
 11 if they had been triaged before being extricated.
 12 SIR JOHN SAUNDERS: That's dependent on the numbers of
 13 people who were helping move people --
 14 A. Yes, sir.
 15 SIR JOHN SAUNDERS: -- and the number of makeshift
 16 stretchers they could use?
 17 You heard Mr Hargreaves being asked questions about
 18 this yesterday and he really started off in much the
 19 same position that you have.
 20 A. Yes, sir.
 21 SIR JOHN SAUNDERS: "We were never overwhelmed, we could
 22 cope." But when asked really the obvious question:
 23 well, if there were more of you who could do it, then it
 24 was quicker, potentially quicker, it's got to be to
 25 everyone's benefit to do it quicker. I think eventually

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1 he said: ideally, but dependent on what other people
 2 were doing and what they had to do, what the priorities
 3 were, then ideally, of course, it would have been better
 4 to have more HART operatives up there helping us.
 5 A. Absolutely, sir.
 6 SIR JOHN SAUNDERS: And that's your position really too?
 7 A. Absolutely, sir.
 8 SIR JOHN SAUNDERS: You weren't overwhelmed, you weren't
 9 going to scream for help --
 10 A. Yes, sir.
 11 SIR JOHN SAUNDERS: -- but you weren't in that situation?
 12 A. I would never refuse any more HART paramedics in there.
 13 I would absolutely welcome every HART paramedic that was
 14 in the North West at the time to come in at the same
 15 time. It would be a help. But what I was trying to put
 16 across is it wouldn't have changed our system of
 17 working. It was a very efficient way of doing things.
 18 SIR JOHN SAUNDERS: But, for example -- sorry to --
 19 MR GREANEY: No, that's fine.
 20 SIR JOHN SAUNDERS: You have indicated that where you could
 21 go and check someone who was covered over, then you
 22 would do it while you were passing round the ones which
 23 you were actually doing your triage on.
 24 If you had more, every single person who was covered
 25 up could have been checked at an early stage because you

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1 had more of you there to do it.
 2 A. Absolutely, sir.
 3 SIR JOHN SAUNDERS: Just from that point of view it would
 4 have been an advantage to have more people there?
 5 A. Yes, sir, absolutely, I don't disagree with you at all.
 6 SIR JOHN SAUNDERS: Thank you.
 7 MR GREANEY: Let me try and use neutral language and see if
 8 you agree and then we will take a break.
 9 It sounds as if two things in combination were
 10 capable of making a difference that night.
 11 One, more HART paramedics in the room would have
 12 speeded up triage and the identification of priorities?
 13 A. Yes, sir.
 14 Q. And two, if the Fire and Rescue Service had been there,
 15 with their expertise in rapid extraction, as you put it,
 16 then those who had been prioritised could have been
 17 removed from the City Room quicker?
 18 A. Correct, sir.
 19 MR GREANEY: I'm going to suggest that we take our break
 20 now. Then I'll have about 10 or 15 minutes.
 21 SIR JOHN SAUNDERS: So we will have our normal 15 minutes?
 22 MR GREANEY: Yes, sir.
 23 SIR JOHN SAUNDERS: Is that long enough for you?
 24 A. Yes, sir.
 25 SIR JOHN SAUNDERS: Thank you very much.

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1 (11.09 am)
 2 (A short break)
 3 (11.28 am)
 4 MR GREANEY: Thank you, sir.
 5 I'm going to ask you next some questions still
 6 connected with this topic of numbers based upon the
 7 PowerPoint presentation that you prepared in the
 8 aftermath of the attack.
 9 A. Yes.
 10 Q. You will remember I asked you about this on the last
 11 occasion. I think you told us that you had prepared it
 12 as the basis for delivering a lecture or training but in
 13 the result you had not done so.
 14 A. Yes, sir.
 15 Q. And we won't put it on the screen because there is
 16 distressing information within the page that I want to
 17 ask you about, but you do have a hard copy. Would you
 18 turn, please, to page 12. I'll give the INQ reference.
 19 It's {INQ022850/12}.
 20 The heading -- sir, you have a hard copy of this?
 21 SIR JOHN SAUNDERS: I do, thank you very much. It's a very
 22 sensible thing not to put it on screen, thank you.
 23 MR GREANEY: The heading is "Problems faced" and I'm going
 24 to draw your attention to just four sentences within it
 25 which in combination might be taken to suggest that you

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1 and/or colleagues did have a concern that insufficient
 2 paramedics entered the City Room.
 3 Now, first of all, can I just be clear. This list
 4 of problems faced, is this a list that came from your
 5 own thinking, from the thinking of colleagues or
 6 a combination of the two?
 7 A. It's a combination of the two: information gathered from
 8 colleagues that were there during the incident and also
 9 colleagues that weren't even on duty. It was questions
 10 that they had.
 11 So maybe "Problems faced" is the wrong title to put
 12 it under. It's more talking points, discussions.
 13 Q. I'm just going to read out --
 14 SIR JOHN SAUNDERS: Can I have a rough date when this was
 15 prepared? Maybe you have already said so, Mr Greaney.
 16 MR GREANEY: We did have a date last time but I can't bring
 17 it to mind. I do have a transcript here.
 18 SIR JOHN SAUNDERS: Don't worry too much, but roughly?
 19 A. I would say at least -- in the 3 months following
 20 22 May.
 21 SIR JOHN SAUNDERS: Thank you.
 22 MR GREANEY: By at least, do you mean no later than within
 23 the 3 months?
 24 A. Yes, sir, because I left HART within the August.
 25 Q. Quite so.

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1 What I'm going to do is just identify the four
 2 particular problems and use the language of the
 3 document. I'll ask you a general question about whether
 4 they do support the existence of a concern, and then if
 5 necessary we can look at the four individually.
 6 A. Yes, sir.
 7 Q. So first, under that heading "Problems faced", the first
 8 I'm going to draw attention to:
 9 "Two HART paramedics and one advanced paramedic to
 10 deal with 26 P1 and P2 patients."
 11 A. Yes, sir.
 12 Q. So that's identifying, as a matter of simple
 13 mathematics, three paramedics to deal with 26 P1 and P2
 14 patients?
 15 A. Yes, sir.
 16 Q. Then the next one:
 17 "No analgesia. Too many patients to deal with. Not
 18 enough time. Priority was to triage, stabilise and
 19 extricate quickly. Could pre-filled syringes help? IM,
 20 [presumably intramuscular] morphine?"
 21 A. Yes, sir.
 22 Q. And then further down the page:
 23 "HART unable to extricate, not enough operatives."
 24 And then:
 25 "Having to move on from patients that we knew were

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1 peri arrest and unable to be stabilised in time for
 2 extrication."
 3 A. Yes, sir.
 4 Q. Just reading those four sentences out one after another
 5 might be thought to suggest that there was concern about
 6 the number of paramedics who were expected to perform
 7 a mammoth task that night.
 8 A. Yes, sir.
 9 Q. Would that be a fair reading?
 10 A. Yes, sir. I have always believed that HART teams as
 11 a whole should be bigger than they usually are or have
 12 some sort of on-call system in case an incident like
 13 this occurs and more HART operatives can be brought in
 14 because technically, as it says on paper, we are the
 15 only people that can go in. So even if all six of us
 16 would have gone in, it wouldn't have been enough for us
 17 to be -- for each patient to have one HART paramedic
 18 with them. The HART teams as a whole should be bigger.
 19 Q. And was that a view, just held by you or held by your
 20 HART colleagues more generally?
 21 A. Colleagues also as well.
 22 Q. That's very helpful. I'm not going to ask you any more
 23 questions about that document and I'm going to move on.
 24 As I indicated, I'm not far from the end of my
 25 questions.

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1 Do you agree that the operational commander needed
 2 to have an understanding of what was happening within
 3 the City Room?
 4 A. I didn't give it much thought when I was in the
 5 City Room because I assumed that he would already have
 6 a great understanding of what was happening in there.
 7 I wasn't aware how long Dan had been on scene. I wasn't
 8 party to the conversations that he'd had with Paddy. It
 9 was roughly 40 minutes when we actually got into the
 10 City Room, so I assumed that that had all been
 11 established.
 12 Q. So let me be a little clearer in what I'm exploring.
 13 The operational commander was obviously going to have
 14 a critical role in deciding the deployment of NWS staff
 15 within the arena; do you agree?
 16 A. Yes, sir.
 17 Q. And do you agree as well that in order for him to
 18 perform that role properly, he needed to know what was
 19 happening in the City Room?
 20 A. Yes, sir.
 21 Q. So were you coping, were there too many paramedics in
 22 there or were there too few paramedics in there?
 23 A. Yes, sir.
 24 Q. But I'm sure you will agree that he didn't visit you in
 25 that room?

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1 A. No, sir.
 2 Q. His delegate didn't visit?
 3 A. No, sir.
 4 Q. And whilst you can't speak for Paddy Ennis, you didn't
 5 communicate information downstairs to him because you
 6 were so busy?
 7 A. Paddy was in the City Room with us. We assumed I would
 8 communicate to Chris and Chris would then communicate
 9 any thoughts to Paddy, assuming, you know, that Paddy
 10 had then relayed what information he'd gathered from us
 11 down to the command.
 12 SIR JOHN SAUNDERS: I think we did hear from Mr Hargreaves
 13 yesterday that he was having problems communicating with
 14 people downstairs.
 15 A. I think it was Chris that was having problems
 16 communication, if I remember correctly, sir.
 17 SIR JOHN SAUNDERS: That's what I said, I hope,
 18 Mr Hargreaves --
 19 MR GREANEY: Your recollection is clear, sir.
 20 SIR JOHN SAUNDERS: He was saying that because you have your
 21 own HART radio, he would need another channel to talk to
 22 Mr Smith.
 23 A. Yes, sir. I think it's been rectified since. I think
 24 they do carry two radios now, sir.
 25 SIR JOHN SAUNDERS: Thank you.

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1 MR GREANEY: I think I remember correctly, from Dan Smith's
 2 evidence, that he had a memory of a conversation with
 3 Paddy Ennis, but there was -- it had proved impossible
 4 to locate that anywhere in all of the radio
 5 transmission. So it may be ultimately that the chairman
 6 finds that there was no or no effective communication
 7 during any of the relevant period between the CCS and
 8 the City Room.
 9 If that is the position, do you agree that was
 10 unsatisfactory?
 11 A. Yes, I would agree, but I could have easily have done it
 12 as well, so ...
 13 Q. You were the one who was going from casualty to
 14 casualty?
 15 A. Yes, sir.
 16 Q. You weren't in a command role, were you?
 17 A. No, sir.
 18 Q. In your witness statement -- I'm at page 9, if you would
 19 like to turn it up, at the very top -- you said
 20 something which may be relevant to this issue. You
 21 said -- it's the third sentence on that page:
 22 "There was no obvious command structure in place
 23 inside the hot zone especially from a medical aspect."
 24 A. Yes, sir. I was referring to the arena medical staff,
 25 sir.

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1 Q. Oh, right. But was there any command structure in place
 2 that you were aware of, as far as NWAS was concerned,
 3 within the City Room?
 4 A. Between myself, Chris and Paddy, yes, sir.
 5 Q. Really, the question is whether you agree that it would
 6 have been better if there had been a sector commander
 7 within the City Room who was able to stand back, see
 8 what was happening, and communicate with the operational
 9 commander?
 10 A. Yes, sir. That is the role of the forward triage
 11 officer, which Paddy was carrying out that night. On
 12 paper you're not technically supposed to engage with
 13 patient treatment. That is already a role that is set
 14 place, and that's what Chris and I assumed that Paddy
 15 would be undertaking that night.
 16 Q. Well, if his role was to be a sector commander,
 17 presumably you would have expected someone to have told
 18 him that that was what was expected of him?
 19 A. Absolutely, sir. Absolutely.
 20 Q. Did you at any stage know that the GMP Bronze commander
 21 was in the City Room?
 22 A. No, sir.
 23 Q. Or have any contact with him at all?
 24 A. I may have, sir. I wasn't paying much attention to
 25 non-patients, sir.

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1 SIR JOHN SAUNDERS: We do know that from time to time police
 2 officers were pretty desperate saying, "Get more
 3 paramedics up here"; did you hear that?
 4 A. I -- yes, sir. There was -- some were shouting at us,
 5 some were asking for more paramedics. Some were
 6 physically trying to escort me to a patient. But --
 7 SIR JOHN SAUNDERS: You had to get on with doing your job?
 8 A. If I'd have broken the system in which we were
 9 working --
 10 SIR JOHN SAUNDERS: Of course, of course.
 11 A. It's very difficult to remember where you left off and
 12 then all of a sudden --
 13 SIR JOHN SAUNDERS: No, no, I think we all understand that,
 14 that you have to carry on with the procedure you're
 15 doing.
 16 A. Yes, sir.
 17 MR GREANEY: But also certainly what I'm struggling to
 18 understand at the moment is how it could have been your
 19 responsibility in any sense to make deployment
 20 decisions. Surely the whole purpose of an operational
 21 commander is to gain situational awareness about what is
 22 needed and then action that?
 23 A. Yes, sir.
 24 Q. I just have a very small number of questions to ask you
 25 and then I'll be finished.

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1 The first is just to ask you to confirm something
 2 that you said at page 10 of your witness statement
 3 because I know that this will be of concern to the
 4 families and may be of importance in chapter 12.
 5 Do you have page 10 there?
 6 A. Yes, sir.
 7 Q. You said:
 8 "We were pretty much using combat tourniquets;
 9 Celox, which is the fabric type stuff which you use to
 10 try and stop bleeding, which comes in a paper form which
 11 you sort of put into the wound to try and stop bleeding;
 12 we were also using blast dressings, which are bandages
 13 that have a pad on them and an elasticated dressing
 14 which adds pressure and this with combat tourniquets."
 15 Then you say this:
 16 "I did notice that there were a lot of patients at
 17 this stage who already had makeshift tourniquets on,
 18 like belts and suchlike, but they were not really
 19 sufficient and were not doing the job, so I ended up
 20 taking a lot of those off because they were loose and
 21 needed to be replaced with our own tourniquets."
 22 A. Yes, sir.
 23 Q. I expressly am not asking you about any individual
 24 person that you dealt with, but is that correct, that
 25 there were occasion upon which you came across makeshift

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1 tourniquets that were not doing their job and which you
 2 had to replace?
 3 A. Yes, sir. There were several makeshift tourniquets
 4 in situ. They may have done their job initially, but
 5 makeshift tourniquets tend to work themselves loose with
 6 patient movement, and then they just end up slack around
 7 a limb and really —
 8 SIR JOHN SAUNDERS: So you're using a properly designed
 9 tourniquet to do the job. Did you have sufficient with
 10 you there?
 11 A. Oh, yes, sir. We had more than enough tourniquets
 12 there, sir.
 13 SIR JOHN SAUNDERS: Thank you.
 14 MR GREANEY: Finally, I just want to ask you to confirm the
 15 time at which your work ended that night. I don't want
 16 to ask you anything about the tagging process that you
 17 became engaged in once all the living had been
 18 extricated. But once all the living patients had been
 19 removed from the City Room, did you go downstairs?
 20 A. Yes, sir.
 21 Q. To the CCS?
 22 A. Yes, sir.
 23 Q. And did you then start to treat patients within that
 24 area?
 25 A. Yes, sir.

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1 Q. And did you carry on doing that until about 4.00 am when
 2 the last patient in any category had made his or her way
 3 to hospital?
 4 A. Yes, sir.
 5 MR GREANEY: Thank you very much indeed. Those are my
 6 questions, at this stage at any rate. I'm first going
 7 to ask Mr Horwell whether he does have questions on
 8 behalf of Greater Manchester Police.
 9 MR HORWELL: Sir, no, thank you. The matter in which we had
 10 an interest has been dealt with, so thank you.
 11 MR GREANEY: Thank you, Mr Horwell.
 12 Next, Ms Ailes on behalf of the bereaved families.
 13 Questions from MS AILES
 14 MS AILES: I think you were asked questions by Mr Atkinson
 15 on behalf of the families the last time you came to give
 16 evidence and I represent the same families as he does,
 17 but for good reason he can't be here today —
 18 A. Okay.
 19 Q. — so you've got me.
 20 There's a line in one of your statements in which
 21 you say:
 22 "Before now I have only dealt with three trauma
 23 casualties at once."
 24 I don't want to obviously go into the details of
 25 other incidents that you have been involved in, but

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1 do I glean from that that the process of triage that you
 2 were undertaking with Mr Hargreaves on the night in
 3 question was not one which is a particularly routine
 4 thing that you do in your day-to-day work?
 5 A. No, ma'am. That kind of triage that we undertook that
 6 night was — I have never done that with live patients
 7 in — we'd always done it in exercises, so I had never
 8 actually put it into practice for real.
 9 Q. And it's clear that it's something in which you train
 10 extensively?
 11 A. Yes, ma'am.
 12 Q. And you do that because everybody recognises that while
 13 these incidents are thankfully rare, you need to be
 14 extremely well prepared for them when they happen?
 15 A. Yes, ma'am.
 16 Q. It follows from that, I think, that you must be one of
 17 an extremely small number of people who has had the
 18 misfortune to have to carry out the sort of job that you
 19 had to do on the night?
 20 A. Yes, ma'am.
 21 Q. From that point of view, you are perhaps in a unique
 22 position to give a perspective on the whole system,
 23 having trained very intensively in a way of doing
 24 things.
 25 A. Yes.

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1 Q. It's clear from your debriefs that you've given some
2 thought to ways in which there could be quite a radical
3 overhaul.

4 A. Yes, ma'am. In part, you do kind of reflect an awful
5 lot on the incidents that you deal with, and you very
6 much learn from each other's experiences.

7 I think every paramedic criticises what they've done
8 at certain incidents and could we do anything better.
9 It's all about learning. So yes, I would agree with
10 that, ma'am.

11 Q. And may I say on behalf of the families that that's
12 exactly the process that they are here to try to
13 encourage, that process of thinking.

14 You said that the consensus amongst your colleagues
15 was that teams should be bigger. One of the things that
16 you said about that was that even had the whole team of
17 six deployed, you would not have had one paramedic per
18 person.

19 When you said that, did you mean in the City Room
20 itself?

21 A. Yes, ma'am.

22 Q. In other words, completely understanding that everybody
23 was following protocols on the night, having had the
24 opportunity to step back, your view is that the ideal
25 thing would be to try to achieve a situation in which

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1 every single person in the City Room could have had one
2 paramedic available until they were extracted?

3 A. Yes, ma'am. You know, in the perfect situation we would
4 love for one paramedic to be with the patient from the
5 City Room, travel down the stairs with them, until the
6 handover with a colleague. But there was an awful lot
7 of patients and even with both HART teams in the North
8 West, we still wouldn't have been able to have one
9 paramedic for each patient.

10 Q. I don't think there's going to be any dispute between us
11 that you always have to have a plan for situations in
12 which that's not possible, but there are all sorts of
13 advantages in terms of continuity of care, in terms of
14 being able to monitor the patient, in terms of being
15 able to alert people who are trying to perform the
16 extraction to any particular injuries that they may need
17 to be sensitive to while they're being moved?

18 A. Yes, ma'am.

19 Q. Anything you would like to add to that list?

20 A. No, I think that's enough, ma'am.

21 SIR JOHN SAUNDERS: Just before, if you're just moving on,
22 do you mind if I just say something on that?

23 HART teams are specialist teams, but there are also
24 other people who are trained to deal with this sort of
25 situation, I forget the initial, AIT?

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1 A. AIT, sir, yes.

2 SIR JOHN SAUNDERS: And they could do the same sort of
3 things as HART?

4 A. Yes, they could come in to work with us in that
5 situation. I think how it works at the moment is they
6 have to sign on to their own vehicles, be that
7 a fast-response car or as part of an ambulance crew.
8 So — and we all know by now that there's never any
9 ambulances sat waiting for an incident, they would all
10 be busy on an incident.

11 SIR JOHN SAUNDERS: Right.

12 A. The only people that would have access to that is the
13 control room where it has the —

14 SIR JOHN SAUNDERS: Sorry, just to cut you short for
15 a moment, a lot of ambulances turned up on this night
16 eventually — and that's not a criticism — that turned
17 up overall, and there were undoubtedly AIT-trained
18 people there. Would some way of separating them off or
19 getting them to help HART teams boost the numbers that
20 you're talking about?

21 A. Absolutely, sir. I think it is a system that needs to
22 be looked at.

23 SIR JOHN SAUNDERS: I think there are SORT teams as well; is
24 that right?

25 A. There's SORT but they are more used for contamination

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1 type of incidents, sir.

2 MS AILES: I hope I'm not duplicating the questions that
3 Mr Greaney asked you, but it's very easy to get lost in
4 the whole question of was this a Plato situation, was it
5 not a Plato situation. Am I right to understand that if
6 there was actually a marauding terrorist who was still
7 alive at the point at which you'd entered the City Room,
8 you do have particular training which relates to
9 interacting with armed police, for example, and going in
10 under their protection?

11 A. Yes, ma'am.

12 Q. Which others don't?

13 A. Yes, ma'am.

14 Q. But is it also right that where the risk that exists in
15 practice is the risk of secondary devices, you're not in
16 a privileged position as compared to other paramedics
17 with appropriate equipment in terms of your
18 vulnerability to that risk?

19 A. Yes, ma'am, that's fair to say.

20 Q. And you gave at one stage an answer to a question about
21 why you don't want people other than the HART team
22 entering that was about the way in which the medical
23 response is organised and the systematic way in which
24 you work.

25 Is that in essence the reason why the HART team

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1 consensus after this incident was that the teams need to
 2 be expanded so that there are more people who have had
 3 that high level of training that would have enabled them
 4 all to work together and systematically?
 5 A. Partly, ma'am. I think it was — you know, we all
 6 wanted to get the patients out as quickly as possible,
 7 and I know if there were six of us in there, it wouldn't
 8 have made a difference. We wouldn't have been
 9 extricating, but we may have extricated the last couple
 10 of patients quicker, you know, if there were six of us
 11 in there. But there is a different way that we triage.
 12 They are aware of the way we triage as operational
 13 paramedics, but like I said, with our training, I don't
 14 mean to take anything away from operational paramedics,
 15 some of them are probably a lot more slick and quick
 16 than I am, but we are so lucky to have the training and
 17 to have been in all these exercises that have simulated
 18 the exact type of thing.
 19 So we've experienced it before, not for real, but at
 20 least we have that experience somewhat. So it can lead
 21 to problems where some operational paramedics may
 22 over-triage a patient or under-triage a patient
 23 because —
 24 Q. When you say over-triage and under-triage, do you mean
 25 give them a P1 when they ought to be a P2?

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1 A. Give them a higher or lower priority based on the way
 2 that they triage. It's brutal, the forward triage. It
 3 goes against every (overspeaking) ounce of human emotion
 4 that you have, but it's a system that has been known to
 5 work. It's pretty much there, put in simple terms, to
 6 stabilise that patient enough so that they arrive to the
 7 CCP alive.
 8 Q. There is a line in one of the debrief reports about one
 9 of the issues encountered being different approaches to
 10 the triage, over-triaging and under-triaging. So was
 11 there a difference between the approach that Mr Ennis
 12 was taking and the approach that you and Mr Hargreaves
 13 were taking?
 14 A. Not that I would be able to recall, ma'am, no. There
 15 could have been, but I can't say for sure that there
 16 was.
 17 Q. But certainly you identify it as a risk when you've
 18 got —
 19 A. Absolutely, ma'am, yes.
 20 Q. Which would not have occurred had there been, for
 21 example, another two HART operatives in the City Room
 22 with you instead of Mr Ennis?
 23 A. It's kind of back to the same curriculum as training —
 24 of training. So we know exactly — we've had the same
 25 package of training as the next one, even though they

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1 were trained 10 years ago and I was trained last week,
 2 we do it exactly the same.
 3 Q. And again, there's a line in one of the debriefs to the
 4 effect that one of the lessons learned was that you were
 5 all able to work very effectively together as a HART
 6 team, whether or not you'd worked together previously,
 7 and no doubt you tell me that was because of that
 8 training?
 9 A. Yes, ma'am. I think out of the six that were on duty
 10 that night, there was only two from the original team.
 11 Four of us came from other teams and in fact two came
 12 from the sister team that's located in a different area
 13 to Manchester.
 14 Q. I would like to move on to extrication.
 15 Now, JOPs envisages two different scenarios: treat
 16 and leave, and treat and extricate.
 17 Can I ask you first, at the stage of your
 18 conversation with Mr Beswick, did you have an
 19 understanding of which of those it was that you were
 20 being sent in to do?
 21 A. No. I know I was going in to treat, and whether that
 22 was treat and leave or treat and extricate are two
 23 different things. There was only two of us. We were
 24 never going to extricate. It would always be that we
 25 would pass that over to — we thought it would be the

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1 Fire Service. So we quickly established that it was
 2 going to be treat and leave as we have got lots of
 3 patients. It's very quick —
 4 Q. Just to be entirely clear, extrication is something HART
 5 can do given sufficient numbers?
 6 A. Yes, ma'am.
 7 Q. It's also something that the Fire Brigade can do and
 8 does do?
 9 A. Yes, ma'am.
 10 Q. And in either case would you agree with me that it's
 11 going to be something that is going to be done with
 12 better equipment than was in fact being used on the
 13 night?
 14 A. Yes, ma'am. I mean, it still could have presented its
 15 problems, but we utilised what we had there because we
 16 needed to get those patients out and speed was of the
 17 essence. If we had available the stretchers we would
 18 have obviously chosen them over makeshift stretchers.
 19 Q. But accepting that it was not your decision how many
 20 people deployed into the City Room —
 21 A. Yes, ma'am.
 22 Q. — another potential advantage of having potentially
 23 larger HART teams and certainly having deployed more
 24 HART operatives into the City Room would have been the
 25 possibility of more rapid extraction?

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1 A. Towards the end, ma'am, yes, once the patients had got
2 into manageable numbers that we could extricate, because
3 it would still take between four and six HART operatives
4 to carry one patient.
5 Q. In other words, it could never be a treat and extricate
6 while there were just two of you?
7 A. No, no, ma'am.
8 Q. And do I take it from your answer that you didn't
9 actually have an understanding from your conversation
10 with Mr Beswick and the evidence that you gave earlier
11 that you were not then in contact with Mr Beswick via
12 the radio until everybody had been extracted, that this
13 was effectively an ad hoc decision that was made by
14 those in the City Room, those members of the public and
15 police officers who were coming in, rather than a
16 command decision being made about how extrication was
17 going to work?
18 A. Yes, ma'am. From my understanding, I didn't pay much
19 attention, but somebody came up with the idea, ma'am.
20 Q. Can I ask you about pain relief. That was clearly
21 something that you found difficult on the night --
22 A. Yes, ma'am.
23 Q. -- that you were unable to administer pain relief. You
24 heard no doubt the questions of Mr Hargreaves yesterday.
25 Mr Greaney took you to the PowerPoint slide and he read

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1 to you the passage that says:
2 "Could pre-filled syringes help? IM morphine?"
3 A. Yes, ma'am.
4 Q. Is that a reference to analgesia that you were
5 envisaging exploring the possibility of having the
6 capability to administer that in locations like the
7 City Room?
8 A. I mean, the world is a big place and there has got to be
9 something that -- this is my personal opinion, ma'am --
10 there's got to be some sort of very quick effective
11 analgesia to give to a patient in that scenario, because
12 tourniquets, Celox dressing, it's not nice to put these
13 on people that are already in pain and they're
14 inflicting more pain on them. It's distressing for
15 them, it's unfair, and it's also distressing for us
16 because we are the ones that are having to do it.
17 I think it's been looked into. I mean, I'm not with
18 the Ambulance Service anymore, so I'm not up to speed
19 with where they are, but there has been trials and it
20 was -- it would have been fantastic if we'd have been
21 able to give the patients something very quickly.
22 There is problems with morphine because, I have said
23 before, we have to monitor a patient and stay with that
24 patient and when there's only two of you, that's
25 difficult.

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1 Q. One solution to the problem you're identifying is the
2 one that you identified earlier: wherever possible, to
3 have one paramedic per --
4 A. That would be ideal.
5 SIR JOHN SAUNDERS: So you don't carry pain relief with you,
6 but what you're envisaging is presumably one has the
7 scientific support that it is possible to have something
8 that you could actually carry round with you, and if
9 this situation arose again, could be used as an
10 immediate analgesic?
11 A. Yes, sir.
12 SIR JOHN SAUNDERS: But obviously it needs to be looked at
13 very carefully to make sure it can be done safely?
14 A. Yes, sir.
15 SIR JOHN SAUNDERS: Let's hope they are doing that.
16 MS AILES: And of course it's two features of the current
17 system where analgesia will be unavailable. It's first
18 of all the initial life-saving interventions which you
19 have described, and secondly, extrication will
20 inevitably, at present, be without pain relief?
21 A. Yes, ma'am.
22 Q. In terms of your role on the night, we have had a number
23 of witnesses come to court effectively and say to us
24 that their job was to stand back, not to get distracted
25 by patients, blunt phrase, not put gloves on, because of

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1 the importance of standing back, assessing the scene,
2 gaining situational awareness, making risk assessments
3 and so on and so forth.
4 Am I right to understand that your job as a primary
5 triage officer was precisely the reverse of that?
6 A. Yes, ma'am.
7 Q. Your job was not to make decisions beyond your immediate
8 role, not to think about allocation of resources,
9 getting stretchers in, making arrangements for the Fire
10 Brigade to attend, because your focus was casualties,
11 casualties, casualties?
12 A. Absolutely, yes. I can't argue with that. I could
13 always voice my opinion, but ordinarily I wouldn't be
14 making any of the big decisions, ma'am.
15 Q. And that's the position when you deploy as part of
16 a HART team generally unless you're the team leader?
17 A. Yes, ma'am.
18 Q. Would it also be right to say that in this situation the
19 fact that you've been asked to deploy into a hot zone at
20 all, and asked if you're all right to do that, the
21 information that you've gleaned en route about this
22 incident, the briefing that you've had from
23 Simon Beswick, the scene that confronted you, having to
24 put that triage process into place for the very first
25 time, makes any question of standing back and performing

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1 any kind of wider operational or decision-making role
 2 nigh on impossible?
 3 A. Yes. You could say I literally had my hands full. Yes,
 4 ma'am.
 5 Q. The reason that I'm asking is because there have been
 6 some suggestions of: well, if more people had been
 7 needed they would have been asked for, you know, if more
 8 equipment was needed, it could have been asked for.
 9 Those sorts of questions.
 10 A. Yes, ma'am.
 11 Q. Given your experience, is that realistic or is one of
 12 the lessons that we learn from this that in fact that
 13 thinking needs to be being done by others because you've
 14 got more than enough on your plate?
 15 A. Yes, I can honestly say it didn't enter my head to ask
 16 for any more operatives.
 17 SIR JOHN SAUNDERS: I think -- I mean, to me, your position
 18 has become perfectly clear: you could cope, so you
 19 weren't in a situation where you needed to ring up and
 20 say, "Look, we cannot cope up here, get more people
 21 here", and you don't know what the other priorities are
 22 for using people. But there were more available HART
 23 operatives, you would have liked them?
 24 A. Yes, sir, yes.
 25 MS AILES: And not communicating that, that wasn't

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1 a decision that you made about the management of the
 2 scene or anything like that?
 3 A. No, no, I wasn't a manager or commander at all that
 4 night, ma'am.
 5 Q. So formulating that in terms of a lesson that we learn
 6 from this, people need to cater in their planning for
 7 the fact that they're not necessarily going to get
 8 proactive information, proactive situational updates,
 9 and proactive requests from people in your position?
 10 I've got some questions about those who were covered
 11 over.
 12 You recognise -- I think you said earlier that with
 13 hindsight you should have actively gone over and
 14 assessed everyone.
 15 A. Yes, ma'am.
 16 Q. Does it follow from that that you agree with me that
 17 that was effectively a modification that you and
 18 Mr Hargreaves made to the standard triage sieve?
 19 A. Yes. It would have been a modification. Yes. I've got
 20 nothing to add.
 21 Q. And just to be clear, Mr Hargreaves made the suggestion,
 22 but you're not suggesting that there was anything in
 23 your mind that you had information that those people had
 24 already been looked at by a medical professional?
 25 A. Yes, I can't recall personally if I had had any

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1 information and where it had come from either.
 2 Q. And one of the things that you said is: that as there
 3 were only two of us, as you said in one of your
 4 statements, the time would be better spent triaging the
 5 living rather than wasting precious time tagging the
 6 dead?
 7 A. Yes, ma'am.
 8 Q. So in other words it's clear that the number of HART
 9 operatives available was a critical factor in your
 10 decision to modify the standard triage sieve process?
 11 A. Yes, ma'am.
 12 Q. You said earlier in your evidence that you did make some
 13 attempts to assess people by sight?
 14 A. Yes, ma'am.
 15 Q. But at a separate point in your evidence, you also said
 16 it was dark?
 17 A. Yes.
 18 Q. Hazy --
 19 A. Yes.
 20 Q. -- with dust or smoke, that even your head torch
 21 wouldn't have helped very much?
 22 A. Yes.
 23 Q. And it's evident from everything that we know that you
 24 were looking at patients that were covered over --
 25 A. Yes.

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1 Q. -- in any event?
 2 So I'm not disputing that you may well have glanced
 3 over, but do you agree with me that there's no
 4 suggestion that that was an adequate triage process?
 5 A. No, absolutely not, no. But I would also --
 6 SIR JOHN SAUNDERS: Sorry, I think that's probably enough,
 7 that answer, if you don't mind me saying so: "No, it's
 8 not enough", is probably enough.
 9 MS AILES: In that case I think I'll take that answer.
 10 SIR JOHN SAUNDERS: Just before Ms Roberts asks anything she
 11 wants to do, I just want to deal with Plato a bit. This
 12 is really your training. I know you were never told it
 13 was Plato on that night, so to an extent it's
 14 irrelevant, but I just want to know how, if you were in
 15 a Plato situation, you would have been trained to deal
 16 with it.
 17 You seem to have rather assumed that the area where
 18 the bomb exploded in the Plato situation would
 19 inevitably be a hot zone where you couldn't go.
 20 A. Yes, sir.
 21 SIR JOHN SAUNDERS: Whereas actually isn't the real position
 22 you can't go in there until it has been gone through by
 23 armed police officers --
 24 A. Yes, sir.
 25 SIR JOHN SAUNDERS: -- who can then say, "There's no risk,

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1 it's now a warm zone"?

2 A. Yes, sir.

3 SIR JOHN SAUNDERS: Is that what you were trained to do or

4 just automatically do you think that because it is a hot

5 zone, you can't go into it?

6 A. It's the point of where the incident has happened. So

7 until -- because the police are the only ones that can

8 declare the Operation Plato, and the police are the only

9 ones that can say to us it is safe to go in.

10 SIR JOHN SAUNDERS: So they will tell you -- you would wait

11 for them to tell you it's a warm zone?

12 A. Yes, that it's clear to go in. It's now --

13 SIR JOHN SAUNDERS: It's clearly not the declaration of

14 Plato, perhaps, that is the most relevant thing from

15 your point of view --

16 A. Yes.

17 SIR JOHN SAUNDERS: -- it's the zoning. That's your

18 understanding?

19 A. Yes, sir.

20 SIR JOHN SAUNDERS: Thank you. Ms Roberts?

21 MS ROBERTS: I have no questions, thank you very much.

22 SIR JOHN SAUNDERS: Thank you very much.

23 Further questions from MR GREANEY

24 MR GREANEY: Sir, I have been asked just to clarify one

25 matter. I think in fact it's adequately clear from the

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1 evidence the witness gave on the last occasion, and sir,

2 I'll simply draw attention to it. I'm not inviting any

3 comment from the witness, until she wishes to provide

4 one. But this is Day 79, CTI's questions, page 12

5 {Day79/12:7}:

6 "Question: What if anything would have been the

7 value of having members of the Fire and Rescue Service

8 and perhaps specifically members of SRT present in the

9 City Room?

10 "Answer: Quick extraction or extrication.

11 "Question: At the time that you were thinking about

12 this, did you have in mind that members of the Fire and

13 Rescue Service would have a role just in moving patients

14 or that they might additionally be involved in treating

15 patients?

16 "Answer: They can make certain interventions and

17 treatments with patients but as there was myself, my

18 colleagues Christopher and Paddy, so we wouldn't have

19 utilised them to treat patients. We were more concerned

20 with removing them from the dangerous area and to

21 a place where they could receive further treatment from

22 my ambulance colleagues."

23 You were making clear there the value that you

24 thought the Fire and Rescue Service could have brought

25 operation and you have said something very similar again

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1 today?

2 A. Yes, sir.

3 Q. In other words, that the Fire and Rescue Service had

4 a role to play in what you might describe as rapid

5 extraction of patients?

6 A. Absolutely, sir.

7 MR GREANEY: That concludes the evidence in this chapter.

8 SIR JOHN SAUNDERS: Will this witness be required to come

9 back?

10 MR GREANEY: I cannot say that they won't.

11 SIR JOHN SAUNDERS: I hope we can avoid calling you back.

12 Thank you very much for coming again. I know it meant

13 reliving, for you, what must have been an appalling

14 experience and to go in and be faced with what you were

15 faced with, however well you are trained, must be

16 utterly horrific, and I'm sure everyone is very grateful

17 for what you did do.

18 A. Thank you, sir.

19 MR GREANEY: Sir, I believe the next witness is here. I'll

20 just need 5 minutes to introduce myself to him.

21 SIR JOHN SAUNDERS: Tell me when you're ready.

22 MR GREANEY: Thank you, sir.

23 (12.10 pm)

24 (A short break)

25 (12.28 pm)

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1 MR GREANEY: Sir, thank you. This is Stephen Hynes, I'll

2 ask that he be sworn, please.

3 MR STEPHEN HYNES (sworn)

4 Questions from MR GREANEY

5 SIR JOHN SAUNDERS: Thank you, Mr Hynes. Please take

6 a seat.

7 A. Thank you, sir.

8 SIR JOHN SAUNDERS: You should have water there and I hope

9 your statements as well if you need them.

10 MR GREANEY: Yes, thank you, sir.

11 Could you begin by telling us your full name,

12 please.

13 A. Stephen Hynes.

14 Q. Mr Hynes, you are the deputy director of operations for

15 NWAS?

16 A. That's correct, sir.

17 Q. Did you join the Ambulance Service in 1984?

18 A. That's correct, sir.

19 Q. Rising through ranks to your current position in

20 February 2017?

21 A. That's correct, sir.

22 Q. Are you also an NWAS strategic commander?

23 A. That is correct, sir.

24 Q. Having held that position since 2006?

25 A. Yes, I think it may just be marginally just before, but

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1 yes, that's probably a fair mark, around 2006.
 2 Q. At all events, by 2017 you had many years experience
 3 as --
 4 A. That's correct, sir.
 5 Q. -- a strategic commander?
 6 A. That's correct.
 7 Q. Have you received training to enable you to fulfil the
 8 role of strategic commander?
 9 A. Yes, that's correct, sir.
 10 Q. Including attendance on a course that Deputy Chief
 11 Constable Ford explained to us was the Multi-agency
 12 Gold Incident Command course or MAGIC course?
 13 A. Yes, that's correct. I have completed in the region of
 14 four or five of those MAGIC courses over my period of
 15 being strategic commander.
 16 Q. And you are also, I believe, trained as an Ambulance
 17 Intervention Team, an AIT, commander?
 18 A. Yes, I was at the time in 2017, and it's probably about
 19 2 years ago when I relinquished that responsibility.
 20 Q. But at the time we're concerned about --
 21 A. Yes, that's correct, sir, a fully trained AITC.
 22 Q. As we're going to learn, you attended the arena on the
 23 night of the attack at 23.50 or thereabouts and became
 24 the NWA operational commander?
 25 A. Correct, sir.

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1 Q. As we already know, that was after the last casualty who
 2 could be assisted had been removed from the City Room?
 3 A. That's correct.
 4 Q. And I believe it's the position that -- I don't mean
 5 this in any way critically -- that you never yourself
 6 went into the City Room?
 7 A. That is correct. I never entered the City Room.
 8 Q. So can I make clear to you from the outset and to others
 9 that what certainly I'm therefore going to do, bearing
 10 in mind those limitations, is I'm going to keep your
 11 evidence within what I regard as proper limits.
 12 A. Thank you.
 13 Q. On 22 May 2017, were you at home off duty and not on
 14 call when you first learned of the arena attack?
 15 A. That is correct, sir.
 16 Q. Was it brought to your attention by your daughter who
 17 had seen developing reports on social media?
 18 A. That's correct, sir.
 19 Q. And on speaking to your daughter, did you then contact,
 20 something that we have heard about before but not very
 21 often, the Regional Operational Coordinating Centre or
 22 ROCC?
 23 A. Yes. So from initially being brought to my attention by
 24 my daughter, I was cautious in terms of what is
 25 available within terms of social media, really, so

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1 I just took the opportunity to scour social media
 2 myself, and, you know, through time, things seemed to be
 3 more prominent that there was something happening at the
 4 arena because the initial was -- my daughter reported
 5 there was a speaker blown up or words to that effect.
 6 So it was possibly something and nothing, how it was
 7 translated in that way, but over time it just seemed to
 8 develop through the accounts of what was being published
 9 through social media.
 10 Q. So what you were told was sufficient to generate
 11 a professional interest on your part?
 12 A. Yes.
 13 Q. You yourself scrutinised the internet to see what could
 14 be found, and over time it became clearer that there was
 15 a deeply concerning situation at the arena?
 16 A. That's correct, sir, yes.
 17 Q. Was it in that that state of mind that you made contact
 18 with the Regional Operational Coordinating Centre?
 19 A. Yes, that's correct. Just shortly before 11.05.
 20 Q. Indeed, at 11.05 precisely. We will get to the call in
 21 a moment, but can you help us first of all with what
 22 ROCC is?
 23 A. Yes. So as you can imagine, the North West Ambulance
 24 Service covers five counties -- we are the largest
 25 English ambulance service. And we established what was

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1 referred to as ROCC, the Regional Operational
 2 Coordinating Centre. And I'll probably describe that in
 3 lay terms as being the heartbeat of the organisation,
 4 where you can find out anything that's going on in
 5 a live manner 24/7 across all its service lines, not
 6 just the emergency service, looking after 111 and the
 7 patient transport service.
 8 So it's where -- it's a central point that operates
 9 24/7 that we can gather information from.
 10 Q. Is it connected in any way with the EOC?
 11 A. Yes. So it links in and plays a supporting and on
 12 occasion a coordinating role with the EOCs, the
 13 emergency operation centres we have across our regional
 14 footprint.
 15 Q. You've explained that you made that call. Why did you
 16 make the call to ROCC?
 17 A. Can I just add something on the ROCC, if you don't mind?
 18 Q. Of course.
 19 A. So it's commonplace for all ambulance trusts to have
 20 a similar function. And we have something that's
 21 referred to as the NACC, which is the National Ambulance
 22 Coordinating Centres, hosted currently by West Midlands
 23 Ambulance Service. So in the event of -- if there is,
 24 you know, the pandemic is a good example, or any other
 25 large-scale incident, that will operate and becomes

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1 a national coordinating centre, linking in with all
2 ambulance trusts across the UK, if it's relevant, or
3 England.
4 Q. So on that night at 11.05, did you use the — I will use
5 the acronym — did you contact ROCC or NACC?
6 A. I contacted the ROCC.
7 Q. And the purpose of that call was?
8 A. It was just to get a situational report. So, you know,
9 I would expect, which was the case, if I made a call any
10 time of day, you know, if I had seen something on Sky
11 News or the Manchester Evening News feeds, I could ask
12 the question, "Is anything going on in such an area?",
13 and they will be able to give me an immediate response
14 or be able to get the information and validate that —
15 you know, if there was something going on, they would be
16 able to validate it.
17 Q. I don't mean this question at all in a rude way, but
18 bearing in mind that you were off duty, not on call, and
19 I think in fact at home in bed and reading a book, what
20 did any of this have to do with you?
21 A. So I work for, obviously, North West Ambulance Service
22 and at that point in time nothing had been cascaded
23 through, so I made a call in to see if there's anything
24 I can do to support our response.
25 Q. So you're obviously a very senior member of the

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1 organisation?
2 A. Yes.
3 Q. You have skills and experience and you were seeking to
4 find out, "Can I help?"
5 A. Can I help, yes.
6 Q. We will look at the conversation that you had. We won't
7 play it because I was unable to locate it on the system,
8 but we do have a transcript and it's not long.
9 The reference is {INQ015409T/1}. Can we enlarge the
10 top half so that I can read it, please?
11 So it runs for 3 minutes and 14 seconds and is
12 slightly cut off. It is timed, as you have said, at
13 11.05.
14 You were speaking to someone called Sean. Was that
15 someone that you knew?
16 A. Yes. Sean is one of the team who worked at that time
17 within the ROCC.
18 Q. And it may be a mistranscription, but otherwise he seems
19 to misdescribe you as Paul. At any event, you get the
20 introductions out of the way. You then ask:
21 "Is everything being coordinated in terms of what's
22 going on in the city centre?"
23 A. That's correct.
24 Q. He replies:
25 "At the moment we have got no ROCC manager."

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1 Was that a matter of any significance?
2 A. They would — if we — so this is a manager who takes
3 the lead for the team within the — in the ROCC at the
4 time. So that's a point that there is no specific ROCC
5 manager, they will nominate someone to facilitate that
6 role.
7 Q. He goes on to say:
8 "Chloe is on overnight. I should have gone at 11
9 but I'm going to stay till — I will stay till whenever.
10 I'm not bothered about that. We're currently letting
11 the hospitals know and NHS England were following our
12 action card. I have bobbed upstairs, Nicola is in,
13 I think Pete Mulcahy is heading in to assist us, and
14 that's about as much as I can tell you at the minute."
15 You then ask:
16 "Who is GM Gold?"
17 What does the GM relate to?
18 A. Greater Manchester.
19 Q. And he replies:
20 "GMP Gold is Neil Barnes."
21 Who we are going to hear from next week:
22 "He is aware, Silver is Annemarie."
23 So you are being told there who is the strategic
24 commander and who is the tactical commander; is that
25 correct?

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1 A. That's correct, sir.
2 Q. Were they both people that you knew?
3 A. Yes, that's correct, sir, yes.
4 Q. "And Bronze 1 and Bronze 2 is Matt Calderbank and
5 Derek Poland — looking at the notes in the job, seeing
6 what I can appraise you of really."
7 So is he looking at this computer screen?
8 A. Yes, so he's — an easy way to describe it would be when
9 we take an emergency call the call-taker is putting
10 information in our computer aided dispatch system which
11 then becomes something that's referred to as an SoE,
12 a sequence of events.
13 Within that is also a notepad. So Sean can either
14 do one of two things: look through the SoE or look
15 through the notepad —
16 Q. Right.
17 A. — which would give you more information specific to
18 that incident, to that call.
19 Q. He was entirely correct that Neil Barnes was Gold and
20 Annemarie was Silver, but as we know, neither
21 Matt Calderbank or Derek Poland was Bronze commander in
22 the result. I'll come back to that in one moment:
23 "Reports of an explosion in what used to be the
24 merchandise area. There was reports of active shooting
25 but British Transport Police have had nothing to do,

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1 have had nothing of that. Transport police have
 2 declared a major incident, TAC's aware."
 3 Who would TAC be in this context?
 4 A. That would be the tactical adviser. So obviously
 5 through the inquiry you will be aware that would be
 6 John Butler and Steve Taylor.
 7 Q. "Please call all available vehicles to go to Hunts Bank.
 8 Booking office just over the bridge. Early indications
 9 30 injured, up to six dead, 60 walking wounded. Nuts
 10 and bolts in the bomb potentially. Make vehicles 12."
 11 What does that mean?
 12 A. So there's a phrase that we use in terms of when we say
 13 "make vehicles", depending what that nomination is, so
 14 in this case "make vehicles 12". He may already have
 15 two vehicles at that incident which the control will be
 16 aware of, so they will add another ten. If there's zero
 17 vehicles, that means they would identify 12 vehicles to
 18 proceed to that incident.
 19 So that's somebody from the scene translating it --
 20 somebody who is involved already within the control
 21 centre, within the response, giving control an
 22 instruction to make 12 vehicles available to attend that
 23 scene.
 24 Q. I think in fact we do know that that information or that
 25 request came from Paddy Ennis:

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1 "Derek and Matt [it continues] have got -- Derek and
 2 Matt are going to the RVP and that's all that there is
 3 really as a brief. Urgent care crews have been asked to
 4 stay on duty, and that's about it from the notepad, I'm
 5 afraid."
 6 You reply:
 7 "I think that's more than sufficient. In terms of
 8 Neil Barnes is aware, who is in charge in terms of front
 9 line at the moment, and then who is at the scene?"
 10 And you are told:
 11 "So at the scene at the moment, Dan Smith is on it."
 12 And we know in fact he'd arrived about 5 minutes
 13 earlier.
 14 {INQ015409T/2}, please. You then go on to establish
 15 Silver has been allocated, that John Butler and Steve
 16 Taylor, as you have just told us, are TAC and that
 17 others are on their way in.
 18 You say:
 19 "I know Pete Mulcahy is coming in. I'm just going
 20 to make my way in."
 21 When you said "make your way in", to where were you
 22 referring at that stage?
 23 A. So from recollection, I was waking -- making my way into
 24 the ROCC, from my recollection. Peter Mulcahy was
 25 employed with us as at 2017 as a strategic commander.

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1 Peter would have been travelling from outside the
 2 Greater Manchester area at that point. So at that early
 3 stage I would have been saying I'll be travelling into
 4 the ROCC.
 5 Q. Did you have it in mind at that early stage -- we are
 6 going to see what in fact happened -- did you have it in
 7 mind what role you were going to play at ROCC?
 8 A. No, not at all. When I referred to the ROCC earlier, it
 9 acts as a co-ordination role. And it just tends to be
 10 a hub where those maybe additional -- whether it's exec
 11 on call or a strategic commander may go along.
 12 As I mentioned, it's the heartbeat of what's going
 13 on within particularly that incident and no doubt
 14 regionally as well, and if there's a role I could play
 15 in a coordinating way within the ROCC, that would have
 16 probably been my motivation to say that I'm on my way
 17 in.
 18 Q. On that call, as we have seen --
 19 SIR JOHN SAUNDERS: Can I clarify something?
 20 MR GREANEY: Of course you can, sir.
 21 SIR JOHN SAUNDERS: There's a reference to Bronze 1 and
 22 Bronze 2, who Mr Greaney has pointed out were in fact
 23 not Bronzes. Then later on there's a question who is in
 24 charge at the scene and it's said to be Dan Smith.
 25 My understanding has been that the person in charge

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1 at the scene is the Bronze commander. So have I got
 2 that wrong somehow?
 3 MR GREANEY: I think what the chairman has mind is that the
 4 major incident response plan indicates that the first
 5 responder will be the acting operational commander.
 6 A. Yes. So you are correct in terms of what it articulates
 7 within the plan. However, the operational commander
 8 would identify themselves, and that could be one of
 9 those Bronze individuals, though if it's defined within
 10 the -- say, the sequence of events or the notepad,
 11 someone would have communicated to EOC to say, "I am the
 12 operational commander". It may be one of those Bronzes
 13 that you've referred to, it may not be.
 14 Q. So as we all know, at about 11.01, the decision was made
 15 that Dan Smith would be the Bronze commander. In that
 16 first conversation that you had at 11.05 you were told
 17 people were dead and injured in an explosion, and you
 18 were told that a command structure was in place in terms
 19 of Gold, Silver and Bronze.
 20 Did there come a time at which you became aware that
 21 the Bronze commander was not Derek Poland or
 22 Matt Calderbank, but in fact was Dan Smith?
 23 A. Can I just clarify a point about what I knew as a result
 24 of that call?
 25 I was asked the question about who was Gold. I was

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1 informed it was Neil. So I would expect that Neil would
 2 proceed to take up the strategic commander over at
 3 police HQ.
 4 Q. Yes.
 5 A. I was informed that Annemarie Rooney was the tactical
 6 on-call.
 7 Q. You were.
 8 A. So she would make her way again to Greater Manchester
 9 headquarters.
 10 Q. As we know she did.
 11 A. GMP headquarters.
 12 In terms of the Bronze, being informed that them two
 13 from the Bronze, nobody has actually at that point
 14 informed me who is the operational commander --
 15 Q. I see.
 16 A. -- at the scene.
 17 Q. What were they telling you when they referred to Bronze?
 18 A. That they were on call. They were on call.
 19 Q. I see.
 20 A. And they have -- they have been notified and were
 21 proceeding to the incident. And then in the progression
 22 through the incident itself, then somebody will identify
 23 themselves as the operational commander.
 24 Q. That's much clearer and I'm therefore grateful.
 25 When you were told Bronze 1 and 2, you were not

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1 being told that they were the operational commander, you
 2 were being told they were on call, and in fact you
 3 weren't told specifically in that call who was Bronze
 4 commander?
 5 A. That's correct because I think it was on the transcript
 6 where I asked, "Who is in charge?"
 7 Q. Yes.
 8 A. It's a common question that we always ask: it needs to
 9 be very clear about who is in charge, you know, at all
 10 levels from an operational all the way through to
 11 strategic.
 12 So the response -- I didn't get a response to say
 13 who was in charge; I was informed of who was proceeding
 14 to scene.
 15 Q. Did you take away from that call that Dan Smith was or
 16 was likely to be operational commander or didn't you
 17 know at that time?
 18 A. I didn't know at that point.
 19 Q. There obviously does come a point at which you know
 20 that.
 21 A. Yes. And at the point I'm on scene.
 22 Q. So we will get to that in due course.
 23 Where we've got you is, at 11.08, that 3-minute
 24 conversation has finished. Did you then speak to the
 25 NWSA DO, a man called Derek Cartwright?

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1 A. Correct, sir.
 2 Q. Did you establish that he was going to ROCC?
 3 A. I'm not too sure whether that was the first call or
 4 whether there was a second call, if I'm honest, sir.
 5 Because I'm not sure Derek was aware of what was going
 6 on at the point I spoke to him first.
 7 Q. So there were a number of calls before you arrive at the
 8 scene?
 9 A. From recollection, I spoke to Derek three times before
 10 I arrived on scene.
 11 Q. Right.
 12 A. One of them was definitely while I was en route.
 13 Q. And in one of those calls did you discover that he was
 14 intending to go and on his way to ROCC?
 15 A. Yes, that's correct, sir.
 16 Q. So at all events, having had that conversation with the
 17 ROCC and with Mr Cartwright, did you get dressed and
 18 start to drive in your car?
 19 A. Yes.
 20 Q. As you departed home what was your intention?
 21 A. So based on the information that I had available to me,
 22 and asking myself how can I help, I was aware that
 23 Neil -- he -- it may have been an assumption on my
 24 behalf, but I was aware that Neil had been notified. So
 25 I would assume Neil would be making his way to the SCG,

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1 the strategic coordinating group, at Greater Manchester
 2 Police headquarters.
 3 Q. As Gold?
 4 A. As Gold, yes. So therefore me as a strategic commander
 5 would not be needed for that function.
 6 Q. No. The Gold post was already filled?
 7 A. Yes. Yes. Then in terms of the tactical or again I'm
 8 aware that Annemarie was informed, and again making her
 9 way to Greater Manchester Police headquarters to
 10 formulate part of NWSA's representation at the TCG, the
 11 tactical coordinating group.
 12 Q. So Silver is filled as well?
 13 A. Yes. But then on the basis of that, my initial thought
 14 was I'll make my way into the ROCC. I'm aware that
 15 Derek Cartwright is making his way there, and I'm aware
 16 that Peter Mulcahy is making his way there.
 17 I have not made a decision at the point I have left
 18 my home about where I'm going to proceed to. It's
 19 through a third call I make an assessment and then make
 20 the decision -- a third call with Derek Cartwright,
 21 sorry, a call with Derek Cartwright, that I make the
 22 decision that I would add value by going to the scene.
 23 Q. So it's whilst you're on the way, you literally reach
 24 a crossroads and you decide to go one way to the scene
 25 as opposed to the other way to ROCC?

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1 A. Yes. So just to help — the reason for my route was
 2 there was a couple of ways I can make my way into the
 3 ROCC. There are a couple of ways I can make my way into
 4 Greater Manchester Police headquarters. There are more
 5 direct ways I can make my way to those two points.
 6 The route I took gave me the opportunity to go to
 7 one of three places based on either any instruction that
 8 I was given or any assessment and decision that I took
 9 myself.
 10 Q. So you were keeping your options open?
 11 A. Yes.
 12 Q. And the three locations that you might have deployed to,
 13 the scene and ROCC, without going into any operationally
 14 sensitive issue, were you able to say the third?
 15 A. It would be Greater Manchester Police headquarters.
 16 Q. Or police headquarters.
 17 As you made that decision to drive towards the
 18 scene, believing that you could add value there, did you
 19 have it in mind what role you would perform when you
 20 arrived?
 21 A. None at all, no. My sole purpose when I made the
 22 decision to go to scene was to — how can I help, how
 23 can I enhance things.
 24 Q. And I'm not going to challenge that for one moment, but
 25 I'm going to draw your attention to a part of the plan

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1 and seek your views about it.
 2 This is the major incident response plan of NWAS and
 3 we are now very familiar with parts of it. Mr Lopez, it
 4 is {INQ013132/17}, please. And can the top half of that
 5 page be enlarged.
 6 So the heading 4.2.4 is "Command structure
 7 discipline" and then within a rectangle and in bold,
 8 this sentence:
 9 "It is essential that managers do not self-deploy
 10 and become involved in the response phase without the
 11 direction of the strategic or tactical commander."
 12 At this stage you had spoken to the CEO, but you had
 13 not spoken to either the strategic or tactical
 14 commander; is that correct?
 15 A. That's correct, sir.
 16 Q. Were you familiar with this page of the plan?
 17 A. I am, sir, yes.
 18 Q. Did you act contrary to the passage I have just read
 19 out?
 20 A. I did, sir, yes.
 21 Q. Why did you do so?
 22 A. It's probably that flight — fight/flight instinct in
 23 terms of how can I help. But on reflection, you know,
 24 I recognise what I should have done is waited for
 25 a decision to be made by either one of the commanders

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1 involved in the response, the designated commanders, to
 2 inform me what they wanted me to do.
 3 Q. I think you are probably aware that you're not the only
 4 senior official from an emergency service who
 5 self-deployed that night. Everyone will accept that you
 6 did it, as did they, with the best of intentions, but
 7 are there dangers in self-deployment which lie behind
 8 this instruction?
 9 A. Yes, sir. I mean, it's imperative that we have
 10 a coordinated response to the incident itself.
 11 Another factor is associated with sometimes the
 12 longevity of incidents. We've still got an emergency
 13 service that we are operating at that time and whether
 14 it's 10 hours later, 24 hours later, it's imperative
 15 we've got managers, leaders, commanders available for
 16 normal business or in the event that we do encounter any
 17 other incidents as, you know, days move on.
 18 Q. To be fair to you, it needs to be recognised that you
 19 have acknowledged what you've just publicly acknowledged
 20 in your witness statement?
 21 A. That's correct, sir.
 22 Q. Quite openly and voluntarily, and you make the point
 23 that since the events of 22 May all commanders have
 24 received a letter reminding them of the "do not
 25 self-deploy" prohibition?

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1 A. That's correct, sir.
 2 Q. At all events, we know you travelled to the scene making
 3 calls on the way; is that correct?
 4 A. I think from memory I had maybe two calls: one to Sean
 5 and one to Derek. Maybe Sean was the second call.
 6 Q. There certainly was a call to ROCC but we don't need to
 7 have that on the screen. Were you seeking to obtain
 8 further information that would assist you once you
 9 arrived at the scene?
 10 A. Yes. So from memory there was probably — you know,
 11 from making the first call, getting ready, dressed, into
 12 my car, 15 minutes had elapsed. And probably within
 13 20 minutes I had spoke to Sean again to get further
 14 information because no doubt there would be more
 15 information available.
 16 And again, you know, asking the questions regarding
 17 had we identified who our operational commander — and
 18 at that point that information was still not available.
 19 Q. I'm going to take you next to your arrival at the scene,
 20 but sir, before I do so, I'm aware that sometimes if we
 21 sit beyond 1 o'clock, it does provide — that does
 22 create difficulties for some core participants, and I'm
 23 going to look to the back of the room to see if sitting
 24 for a further 10 minutes would create any difficulty.
 25 Really, if it would, we can stop now.

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1 Indications are that we can carry on and we will
 2 just deal with this section and then we can take
 3 a break.
 4 We see your arrival at the scene captured in stills
 5 from CCTV footage and I'm confident that you will have
 6 seen those; am I correct?
 7 A. That's correct, sir, yes.
 8 Q. We will look at those. It's {INQ035612/405}, first of
 9 all, please. 23.50 hours:
 10 "Senior NWS paramedic Stephen Hynes is seen to walk
 11 along Station Approach, heading towards the war memorial
 12 entrance. Just before this image he is seen talking to
 13 another unidentified paramedic for a brief moment, and
 14 a police officer."
 15 So it would seem follow that you had arrived in the
 16 area of the arena just a short time before 23.50; do you
 17 agree?
 18 A. Yes, that's correct, sir, yes.
 19 Q. I think, from what you have told us, that at this stage
 20 you did not know who the operational commander was or
 21 I suppose if even an operational commander had been
 22 appointed.
 23 A. Not at that point, sir, no.
 24 Q. And we can go to {INQ035612/410}, please, next. It is
 25 now 23.51. You are now outside on Station Approach and

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1 moments later, seconds later, you enter the station.
 2 That can go from the screen, Mr Lopez.
 3 Having entered the station, did you encounter
 4 Dan Smith?
 5 A. Yes. So in the still that you have just seen there,
 6 I was observing through the archway, where the war
 7 memorial is, to see if I could identify who, if anyone,
 8 was -- had the tabard on to identify them as the
 9 commander.
 10 I recall, you know, a number of people in that area
 11 and then I was able to observe Dan with the appropriate
 12 tabard in place.
 13 Q. So this is perhaps illustrative of the value of
 14 commanders wearing their tabards?
 15 A. Yes, very much so.
 16 Q. So that they can be identified by those who need to
 17 identify them?
 18 A. Very much so, yes.
 19 Q. Did you know Dan Smith?
 20 A. I do, sir, very well.
 21 Q. And was he someone that you held in high regard or not?
 22 A. Yes. So prior to taking up my post in -- my current
 23 post in February 2017, I was the head of service for the
 24 Greater Manchester area and Dan was my consultant
 25 paramedic, and we had a first-class working

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1 relationship.
 2 Q. We can see images of a discussion that takes place
 3 between you and Dan Smith. The same INQ,
 4 {INQ035612/412}, please.
 5 23.51.31, just seconds after the last image we've
 6 seen:
 7 "Operational commander Daniel Smith and paramedic
 8 Derek Poland talk with NWS paramedic Stephen Hynes."
 9 And the next page, {INQ035612/413}. Again, seconds
 10 later, but now you are outside on Station Approach, and
 11 the three of you are in discussion with MERIT doctor
 12 Dr Daley.
 13 {INQ035612/420}, please. Not as clear to the naked
 14 eye from this image, but at 23.57, so we've jumped ahead
 15 a number of minutes, Daniel Smith, who has been talking
 16 outside the station for several minutes with you, is
 17 seen to take off the checked ambulance commander vest
 18 he's been wearing for most of the evening. So he's
 19 taking off the tabard as you describe it.
 20 And then {INQ035612/425}, please. One minute
 21 past -- nearly 2 minutes past midnight, Dan Smith is
 22 still talking to you. He is no longer wearing his
 23 tabard; instead, you are wearing it.
 24 That can go from the screen, please.
 25 So it may be perfectly apparent to everyone from the

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1 evidence of Dan Smith and also the events in relation to
 2 the tabard, but what had been decided over that period
 3 of minutes from 23.51?
 4 A. So just looking through the stills, and some of these
 5 have been brought back to my recollection through the
 6 process of having an initial conversation inside, next
 7 to the war memorial, with Dan.
 8 Q. Yes.
 9 A. And Dan was dealing with something at the time and he
 10 said, "Just bear with me". And after that had completed
 11 we both went outside.
 12 Dan gave me a thorough METHANE report identifying
 13 individuals who were undertaking specific tasks and
 14 roles, functional roles. And then at that completion of
 15 the METHANE, I asked Dan would it be okay if I take up
 16 the operational commander role.
 17 Q. Did you put it that way or did you tell him that you
 18 were taking this role?
 19 A. No, I asked Dan. My recollection -- I asked Dan, would
 20 he have any objection me taking up, or words to that
 21 effect, without it being verbatim.
 22 I can't say whether he actually responded by saying
 23 yes or, you know, gave some indication to acknowledge
 24 it. It just seemed to be a natural transition and Dan
 25 removed his tabard and gave me the tabard.

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1 Q. Let me just press you a little further on that.
 2 As we know, you were a qualified strategic
 3 commander?
 4 A. That's correct.
 5 Q. Not an operational commander?
 6 A. No, I was a strategic commander at that point.
 7 Q. And Dan Smith, although he was in fact also a tactical
 8 commander, did have experience, indeed recent
 9 experience, as an operational commander?
 10 A. That's correct.
 11 Q. And he had been on the scene for approaching an hour
 12 with the situational awareness that one would expect to
 13 be achieved in that position. So in all of those
 14 circumstances why did you replace him?
 15 A. I felt I had — I was able to enhance the role with the
 16 training, education, experience and knowledge in terms
 17 of undertaking that role for the complex incident that
 18 we were dealing with at that time.
 19 Q. Let me ask you two direct questions, because if I don't,
 20 no doubt others will.
 21 Did you replace him because you had a concern about
 22 any aspect of his performance as operational commander?
 23 A. No.
 24 Q. Did you replace him because you had been instructed by
 25 anyone, for example Mr Cartwright, to replace him?

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1 A. No.
 2 Q. In simple terms, did you replace him because — and this
 3 isn't to denigrate him in any way — you thought you
 4 would be able to perform at a higher level than him in
 5 that role?
 6 A. I think it was an opportunity for me to enhance the role
 7 that Dan had been undertaking very well, but also
 8 an opportunity for Dan to use his extensive clinical
 9 skills supporting the casualty clearing station where
 10 obviously the casualties were situated.
 11 Q. It's clear from what you have said already that you were
 12 given, my description, a handover by Dan Smith when you
 13 became operational commander.
 14 A. That's correct.
 15 Q. Did you become aware as a result of that handover or in
 16 any other way that Dan Smith had not identified
 17 a forward command point?
 18 A. It wasn't — from recollection, it wasn't communicated
 19 by Dan where an FCP had been defined.
 20 Q. Did you identify that he had not liaised with the Bronze
 21 commander for GMP?
 22 A. I wasn't aware he hadn't liaised with Greater Manchester
 23 Police Bronze.
 24 Q. Did you become aware of that that night?
 25 A. Yes, I did, yes.

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1 Q. And indeed we are going to hear, aren't we, that you
 2 sought to put that right once you became aware of it?
 3 A. Yes. I think what's important to add in terms of —
 4 when I arrived and I approached the scene, from an NWAS
 5 perspective, I would say it seemed to fit in with what
 6 I would define as the plan of having a casualty clearing
 7 station set up, having a one-way system where the
 8 ambulances would proceed into Station Approach, be
 9 parked, also observing where Matt Calderbank was
 10 situated, at the back of an ambulance at the time
 11 actually, from memory, which I assume was the loading.
 12 So from an NWAS perspective things seemed to be set
 13 up in the manner that I would expect with the plan.
 14 Q. Well, the plan doesn't involve emergency services
 15 operating in silos; it involves co-location,
 16 communication and all the rest of it.
 17 A. Yes, I'm talking from an NWAS — in terms of the things
 18 that we needed to facilitate independently as an NWAS.
 19 Obviously there were things that needed still to be done
 20 that incorporated from a — operating under JESIP
 21 principles.
 22 SIR JOHN SAUNDERS: It's been accepted by everybody that
 23 from a JESIP point of view it wasn't operating very well
 24 from anybody's point of view. Did this become apparent
 25 to you pretty well as soon as you arrived?

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1 A. I think it would be a fair assessment, that, sir, yes.
 2 SIR JOHN SAUNDERS: You have had your 10 minutes. I don't
 3 know whether this is a good time or not.
 4 MR GREANEY: I'll just finish off this point, if I can, sir,
 5 and take up on what you have said.
 6 SIR JOHN SAUNDERS: Absolutely.
 7 MR GREANEY: It became clear to you at a fairly early stage
 8 that there hadn't been liaison with the GMP Bronze?
 9 A. That's correct, sir.
 10 Q. It became apparent to you that the Fire and Rescue
 11 Service Bronze wasn't even present or indeed any
 12 firefighter?
 13 A. I think that was quite evident from just proceeding down
 14 Station Approach.
 15 SIR JOHN SAUNDERS: So you were aware no fire engines?
 16 A. There was no evidence of fire vehicles, you know, and —
 17 SIR JOHN SAUNDERS: And that struck you and surprised you at
 18 the time?
 19 A. It was evident. There seemed to be a lot of police and
 20 a lot of ambulance staff.
 21 MR GREANEY: So being entirely frank about it, did you know
 22 from an early stage that there had been a JESIP failure
 23 before you arrived?
 24 A. At the point that Dan gave me an update, and had taken
 25 me through the METHANE framework and articulated, from

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1 memory, the Fire Service were not present, he informed
 2 me, it was evident that the JESIP would have failed at
 3 that point.
 4 Q. Did you become aware that no safety officer or equipment
 5 officer had been appointed by Mr Smith?
 6 A. Dan articulated the functional roles that were in place.
 7 SIR JOHN SAUNDERS: So the answer to the question is?
 8 A. So in terms of — one of the functional roles of
 9 a safety officer was not articulated during that
 10 handover.
 11 SIR JOHN SAUNDERS: And you became aware therefore there
 12 wasn't one or were you not conscious of that?
 13 A. Command and safety are always at the forefront — should
 14 always be at the forefront of any commander's mind, and
 15 from some of the — some of the actions that I took at
 16 the very, very outset were around about command and
 17 safety.
 18 MR GREANEY: Well, the question I suppose is this: do you
 19 agree with Mr Smith, who candidly accepted that the
 20 failure to appoint a safety officer was a mistake?
 21 A. There would have been great benefit of allocating
 22 a functional role for a safety officer, yes.
 23 Q. So I think the answer to my question is yes?
 24 A. Yes, that's correct, sir, yes.
 25 MR GREANEY: Sir, that would be a convenient moment to

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1 break.
 2 SIR JOHN SAUNDERS: Thank you. An hour, is that all right
 3 for you?
 4 A. Yes, I'm fine, sir, thank you.
 5 SIR JOHN SAUNDERS: Thank you.
 6 (1.10 pm)
 7 (The lunch adjournment)
 8 (2.10 pm)
 9 MR GREANEY: Mr Hynes, I want to turn next to ask you about
 10 certain conversations that you had within the first
 11 30 minutes after you assumed the role of operational
 12 commander.
 13 Now, first of all, at 00.10, did you speak by
 14 telephone with the tactical commander, Annemarie Rooney?
 15 A. That's correct, sir.
 16 Q. Was that the first time that you had spoken to her that
 17 night?
 18 A. That's correct, sir.
 19 Q. What was the purpose of that call?
 20 A. It was to inform Annemarie Rooney that I'd taken up
 21 operational commander at the scene, and I may have
 22 included in terms of how I deployed Dan, to, you know,
 23 support the casualty clearing. There may have been
 24 elements of a METHANE, or whether that was shortly
 25 after, but it was primarily around about informing her

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1 that I had undertaken the role of operational commander.
 2 Q. And would it have been better, and moreover expected, if
 3 you had spoken to the Silver commander before assuming
 4 operational command rather than presenting her with
 5 a done deal?
 6 A. Yes, it could have been — it should have been
 7 a consideration of speaking to Annemarie and having that
 8 discussion. However, just without delaying matters,
 9 I made the assessment about how I could enhance that
 10 role and undertake the operational commander for the
 11 incident.
 12 Q. Had you spoken by this stage to the Gold commander,
 13 Neil Barnes?
 14 A. No.
 15 Q. So it seems that you assumed the role of operational
 16 commander without speaking to either the strategic or
 17 tactical commander before doing so?
 18 A. That's correct, sir.
 19 Q. And just stating it out loud, it doesn't sound like
 20 a very satisfactory state of affairs that that should
 21 happen; do you agree or not?
 22 A. It's something that's not commonly takes place, but
 23 there can be situations that decisions are taken for
 24 somebody to take up the role from another person in
 25 relation to operational commander.

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1 Q. I said I would ask you about conversations and the
 2 second conversation I would like to ask you about, again
 3 one by telephone, was with Chief Fire Officer
 4 Peter O'Reilly.
 5 At about 12.15 did you receive a telephone call from
 6 him on your mobile?
 7 A. Yes, that's correct, sir. I know in the expert witness
 8 report it actually states that I phoned Peter O'Reilly,
 9 but as you have correctly stated, it was Peter who
 10 phoned I.
 11 Q. And was Peter O'Reilly someone that was known to you?
 12 A. Yes, I — in a professional capacity, I'm — with Peter
 13 I'm familiar with, yes.
 14 Q. And the way in which you put it at paragraph 27 of your
 15 witness statement is that you and Mr O'Reilly have
 16 a "longstanding professional relationship"?
 17 A. Yes. Since Peter joined Greater Manchester Fire and
 18 Rescue Service, we have worked together on a number of
 19 things. We did some work around about estates and one
 20 thing we were very proud of is the work we did round
 21 about how Greater Manchester Fire and Rescue supported
 22 us and complemented our response to cardiac arrests
 23 across Greater Manchester.
 24 Q. And what did Mr O'Reilly want of you when he called?
 25 A. It was — it was something I wasn't expecting in terms

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1 to receive a call from Peter O'Reilly and probably even
2 at the point of seeing it on my phone screen, I may have
3 put two and two together and got four by saying that
4 Derek Cartwright, who is obviously our chief executive
5 and has strong professional relationship with Peter
6 O'Reilly, the chief fire officer for Greater Manchester
7 Fire and Rescue Service.

8 So I answered the call and I think my initial
9 response to Peter was, "I have only got a matter of
10 seconds", because we were just planning to go into
11 a JESIP huddle. And I think --

12 Q. In fact I think that doesn't happen until 00.55.

13 A. Yes, I think it started moderately earlier, from memory,
14 but what --

15 Q. I think we will see your memory isn't entirely accurate.
16 But at all events, the huddle doesn't start for a little
17 while, but let me not interrupt you. You explain what
18 happened.

19 A. So the intention was to arrange a JESIP huddle. So
20 I was asking Peter just to just -- "Bear with me, Peter,
21 what is it you want?" And then Peter really was asking
22 for a situational report in terms of, you know, what's
23 going on, and his words were something to the effect of,
24 "What MTFA resources do you require, Steve?"

25 Q. First of all, were you aware in that call of how it was

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1 that Mr O'Reilly knew that you had information that you
2 could give about the situation? How did he know that
3 you were there?

4 A. As I said, I think -- I think Derek Cartwright --
5 I assume Derek Cartwright would have informed him at the
6 point that I seen his name come up on my phone and
7 consequently through this process, the inquest process,
8 that assumption was correct, that Derek had informed him
9 that I was on scene.

10 Q. That's helpful to know, thank you.

11 In short, Mr O'Reilly was asking you what you
12 required in terms of what, their marauding terrorist
13 firearms capability?

14 A. Yes, that's correct, sir.

15 Q. Had anything been said to you by this stage about the
16 potential that there was underway a MTFA?

17 A. The only time I had come across that firearms were
18 mentioned was through the social media, so -- and that
19 was speculative. But in terms of the handover I had
20 received from Dan, the phone calls that I had made,
21 whether that would be to Derek or Sean on the way in,
22 nobody had alluded to any types of firearms that I can
23 recall taking place.

24 SIR JOHN SAUNDERS: Had it been alluded to that it had been
25 a terrorist attack?

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1 A. I don't think anybody actually articulated it in that
2 manner. I -- you know, through the knowledge I had at
3 that time, I would have -- I had assumed it was some
4 form of terrorism--related -- you know, based on the
5 explosion, based on the environment it was in.

6 MR GREANEY: When Mr O'Reilly asked you what you required,
7 how did you respond?

8 A. I was probably quite short with Peter because I said,
9 "It's not MTFA, Peter. We just require your
10 firefighters down here", words to that effect. I was
11 quite clear with him from the outset in terms of it was
12 not an MTFA incident.

13 Q. And it sounds as if you were also seeking to communicate
14 to him the sense of "Where are you"?

15 A. Yes, I was surprised, to say the least, they weren't
16 already there and it wasn't a conversation I wanted to
17 elongate with Peter as regards what type of resources
18 and how many. But I felt if I asked for something,
19 a number of his resources, which as I recall,
20 12 firefighters --

21 Q. In your statement you refer to 12 trauma-trained
22 firefighters and a commander?

23 A. Yes, and that was seeking the support of -- we were
24 dealing with casualties at that point, and the Fire
25 Service are a great asset in terms of supporting us, you

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1 know, in that casualty clearing. Whether that's from --
2 basic trauma--related or whether that's from, you know,
3 movement of equipment, spinal boards, orthopaedic
4 stretchers or the trolleys that we have in our vehicles,
5 they are an asset, so...

6 But the request to bring in 12 firefighters was more
7 around about: yes, get to scene and let you take command
8 of your resources and work with us in a JESIP manner, so
9 we can, you know, work in other principles as it's quite
10 clear to do so.

11 Q. Were you also during that period in contact with
12 somebody called Vicky Worrall?

13 A. Yes, I had made a call to Vicky --

14 Q. Can you tell us first of all who she is?

15 A. Sorry, yes. So Vicky Worrall is a sector manager for
16 the Greater Manchester EOC, the Emergency Operations
17 Centre. I'm not too sure how I became aware of Vicky.
18 Whether it was through an earlier call with Sean, I'm
19 not sure.

20 So similar to, as I articulated earlier, when I was
21 head of service for the Greater Manchester area, Vicky
22 was someone who reported direct to myself, similar to
23 Dan Smith. I wanted to make sure I had the pathway to
24 access resources at the point I needed resources at the
25 scene.

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1 Q. By resources you mean ambulances?
 2 A. More ambulances and more — if there was anything else
 3 specific from our assets that I required.
 4 Q. So you wanted a direct route by which you could source
 5 further ambulances to the scene?
 6 A. Yes, that's correct, and, you know, I acknowledged that
 7 that's something I should have done direct through
 8 Annemarie Rooney, our tactical commander.
 9 Q. This is what I really wanted to ask you about: you had
 10 assumed operational command without speaking to
 11 Annemarie Rooney. You were having direct contact with
 12 the EOC sector manager, not going through the tactical
 13 commander. Was there an element of bypassing
 14 Annemarie Rooney in what was happening, essentially
 15 cutting her out?
 16 A. It wasn't intentional to cut Annemarie out, but yes, it
 17 wasn't in line with our major incident response plan.
 18 Q. And though you say it wasn't intentional, I'm going to
 19 ask you: did you conduct yourself in that way because of
 20 any lack of confidence in Annemarie Rooney?
 21 A. No, I think the primary reason was — as I say, although
 22 outside our major incident response plan — was to
 23 access an individual, Vicky Worrall, when I wanted
 24 assets and NWAS assets, ambulances and anything else we
 25 required, knowing that Vicky was in that control

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1 environment, that Vicky could make that happen, instead
 2 of it being a call to Annemarie and then a call from
 3 Annemarie to the EOC.
 4 So it was something I should have done through
 5 Annemarie Rooney, but it was — my intention was to
 6 access NWAS assets in what I felt at that time to be
 7 a more quick and efficient route.
 8 SIR JOHN SAUNDERS: It was a deliberate decision?
 9 A. Yes. And it was only on probably two occasions I may
 10 have spoke to Vicky, but each time, a matter of minutes
 11 after I had spoke to Vicky, Annemarie was informed of
 12 what I had asked Vicky to do for me.
 13 SIR JOHN SAUNDERS: By?
 14 A. I informed Annemarie.
 15 SIR JOHN SAUNDERS: You informed her?
 16 A. Yes.
 17 SIR JOHN SAUNDERS: Thank you.
 18 MR GREANEY: Against that background, I'm going to ask you
 19 about a document created by Jonathan Butler. Would you
 20 just remind us, please, who Jonathan Butler is and what
 21 role he had on the night?
 22 A. Jonathan Butler works within the resilience team and he
 23 is a tactical on-call adviser.
 24 Q. And he has prepared a document that I believe you've
 25 seen, even if only today, called "Personal thoughts and

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1 observations". There's just one passage I would like to
 2 seek your comment upon.
 3 As you know, he, in the result, went to GMP
 4 headquarters to perform a role.
 5 A. I believe so.
 6 Q. And the document is {INQ021075/1} and can we have the
 7 bottom of the first page on the screen. He's going to
 8 be describing events at Greater Manchester Police
 9 headquarters where, of course, Annemarie Rooney was
 10 located.
 11 He observes:
 12 "I spoke to Annemarie Rooney on several occasions
 13 and mentioned that she was doing well given the
 14 situation that all decisions appeared to be led by the
 15 scene. Steve Hynes had taken the role of NWAS" —
 16 SIR JOHN SAUNDERS: We are trying to follow this and
 17 I couldn't find it on that page at the moment.
 18 MR GREANEY: Go back. It's the bottom two lines on that
 19 page —
 20 SIR JOHN SAUNDERS: It's my fault —
 21 MR GREANEY: Perhaps it's my fault. I should have
 22 orientated everyone. Let me start again:
 23 "I spoke to Annemarie Rooney on several occasions
 24 and mentioned that she was doing well given the
 25 situation that all decisions appeared to be led by the

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1 scene. Steve Hynes had taken the role of NWAS
 2 operational commander. My own thoughts are that this
 3 hampered the normal chain of command that had been
 4 agreed for this incident and [Annemarie Rooney] was
 5 always playing catch-up to the scene. On saying this,
 6 it appeared to work well on the scene from what
 7 information I gathered and I think that NWAS should
 8 think hard about changing its [rigid, I think that
 9 should be] approach to C2 and that if a senior manager
 10 goes to scene and takes over command a fallback could be
 11 similar to that of the FRS."
 12 I'll ask you about what C2 is in one moment, but
 13 first of all, do you think it is fair comment that what
 14 you did hampered the normal chain of command?
 15 A. First of all, just — I have only seen that top
 16 paragraph that's currently showing on the screen from
 17 what I received this morning. But that doesn't change
 18 in terms of the question you've posed —
 19 SIR JOHN SAUNDERS: Does that mean you haven't seen the
 20 start of it?
 21 A. I haven't, no. I have only seen — it was an email with
 22 that paragraph quoted.
 23 SIR JOHN SAUNDERS: Okay. Do you want us to — have you
 24 had —
 25 A. I'm more than happy to answer the question, sir.

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1 MR GREANEY: I'm very keen that you don't feel that that
 2 this has been sprung on you. That certainly was not my
 3 intention. If you want to have a period to reflect upon
 4 that, of course you must be permitted that. Don't feel
 5 that you have to answer.
 6 A. Yes.
 7 SIR JOHN SAUNDERS: So we are asking about events which are
 8 a long time ago, so it's only fair that you can think
 9 for yourself what the context was and things like that.
 10 A. It's quite clear in the major incident plan that it was
 11 my duty to inform the tactical commander, which was
 12 Annemarie Rooney, in terms of what was going on and what
 13 I needed, and that's something I did but subsequent to
 14 me speaking to Vicky Worrall, and asking her for those
 15 assets that I asked Vicky about, and I know we updated
 16 Vicky about the Fire and Rescue Service.
 17 I think the only thing I would add -- I'm aware that
 18 anything I would have translated to Vicky would be
 19 populated -- I referred to the SoE or the notes earlier.
 20 MR GREANEY: Yes, you mentioned that.
 21 A. So it would be populated in there, which I'm aware that,
 22 you know, whether it will be people in the ROCC or
 23 people in tactical command or strategic command would
 24 have access to that information if they were logged on
 25 the system.

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1 SIR JOHN SAUNDERS: Okay. I think a possible problem with
 2 that may be that a tactical commander sitting there at
 3 the centre will have a better knowledge of, say, demands
 4 elsewhere for ambulances if other things are happening
 5 in that sort of situation than you could from the scene.
 6 So by doing your direct order, you may be bypassing what
 7 is a fairly necessary step.
 8 A. Yes. As I said from the outset, sir, I accept in terms
 9 of what should have happened was in line with the major
 10 incident response plane.
 11 SIR JOHN SAUNDERS: Don't read anything into this question
 12 until I ask the next one, but are you senior to
 13 Annemarie Rooney in terms of your seniority and your
 14 experience or are you a similar rank or what?
 15 A. I'm senior to Annemarie Rooney.
 16 SIR JOHN SAUNDERS: Okay. Did that affect the way you
 17 operated in a way? Never mind her competence. I'm not
 18 talking about that. It's the fact that you are senior
 19 to her.
 20 A. I don't think it affected myself.
 21 SIR JOHN SAUNDERS: Right. Okay.
 22 A. No, sorry, I'm confident it did not affect in terms of
 23 how I performed on that evening.
 24 SIR JOHN SAUNDERS: Okay.
 25 MR GREANEY: If someone were to suggest that you were

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1 obviously highly experienced and long-serving, you
 2 believed that you could bring real value to the
 3 situation, and you just believed you could boss it
 4 without the assistance of Silver or Gold, would that be
 5 a fair thought to hold?
 6 A. Not at all, sir. You know, as I said, I spoke to
 7 Annemarie on a number of occasions. I think it was
 8 shortly after -- I think twice within the first
 9 30 minutes I spoke to Annemarie.
 10 Knowing that I was a strategic commander undertaking
 11 a role that I believe I was more than competent to
 12 undertake the operational commander role, and being
 13 aware of Annemarie, I will always give the individual
 14 an opportunity to direct them, direct myself, and, you
 15 know, something I finish with each call I had with
 16 Annemarie, "Is there anything more you want from me?"
 17 SIR JOHN SAUNDERS: Did she ever make any complaint about
 18 the fact that you were, as it were, bypassing her, you
 19 were telling her what you had been doing?
 20 A. No, sir.
 21 MR GREANEY: Let me just turn to a different, albeit
 22 connected point, and before doing so, acknowledge that
 23 there's no doubt that once you arrived at the scene, you
 24 did do things and in particular you sought to put right
 25 the JESIP failings that there had been.

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1 But are you able to help us with any decision that
 2 Silver made that night that made any difference to what
 3 happened on the ground?
 4 A. A key factor for me -- there were a number of key
 5 factors, but one key factor that I'm reasonably sure
 6 that tactical would have been involved in was the
 7 availability of resources. At no point I had any
 8 concerns in relation to the flow of resources. Whether
 9 that would be at scene or at the point they were
 10 requested, they were soon at scene, as I became aware
 11 they were being held at --
 12 Q. Thompson Street?
 13 A. On location, Thompson Street, yes.
 14 You know, the chair mentioned earlier in terms of
 15 the available (sic) of those resources, because we still
 16 were running an emergency service at that point.
 17 Tactical would be involved in those assets being made
 18 available and being deployed at, you know, such a point
 19 as Thompson Street. So --
 20 Q. So although you were the person that made, it seems,
 21 decisions about when they should be deployed, you assume
 22 that the difference Silver made was in ensuring that
 23 when you made a draw upon resources, those resources
 24 were available?
 25 A. Yes, sir.

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1 Q. Same question in relation to Gold --
 2 SIR JOHN SAUNDERS: We are going back, aren't we, to
 3 Jonathan Butler's note? Because there's something there
 4 we didn't understand and you said --
 5 MR GREANEY: We are going back to that, yes.
 6 SIR JOHN SAUNDERS: Thank you.
 7 MR GREANEY: Same question in relation to Gold: what
 8 decisions, so far as you are aware, did Gold make that
 9 night that made a difference on the ground?
 10 A. From -- I'm not aware of anything direct, sir, but from
 11 my knowledge as a strategic commander, they would
 12 develop a strategy that would be delivered to partner
 13 agencies, but also delivered through to tactical who
 14 would formulate that plan that would be translated into
 15 us continuing with our operational plan.
 16 SIR JOHN SAUNDERS: So you wouldn't necessarily expect that
 17 you would be aware of any particular contribution that
 18 Gold has made because it's actually being put into
 19 operation by tactical?
 20 A. Yes. Things like other assets beyond our boundaries may
 21 be something our strategic commander would be getting
 22 involved in, and may be thinking ahead in terms of we've
 23 used a number of our assets for a period of time, and we
 24 were thinking about the following day and being able to
 25 recover.

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1 But directly in terms of the operational commander,
 2 it would be filtered through to the tactical commander.
 3 MR GREANEY: Let's just go back then, before we move on to
 4 another issue, to Mr Butler's note, {INQ021075/2} and
 5 the top of page 2. There was that passage that I said
 6 we would seek your help with:
 7 "On saying this, it appeared to work well on
 8 scene..."
 9 That's where you are:
 10 "... from what information I gathered and I think
 11 that NWSA should think hard about changing its [rigid]
 12 approach to C2..."
 13 What is C2?
 14 A. Command and control.
 15 Q. "... and that if a senior manager goes to scene and
 16 takes over command a fallback could be similar to that
 17 of the FRS."
 18 Fire and Rescue Service, no?
 19 A. I'm assuming it does mean that, sir.
 20 Q. We can always ask Mr Butler in due course, but what
 21 point do you understand he's making in that sentence?
 22 A. I'm not sure, sir. I have read it. As I say, that was
 23 the paragraph I received, and --
 24 SIR JOHN SAUNDERS: Well, he is looking like if a senior
 25 manager goes to scene, he should take over control and

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1 maybe bypass tactical, maybe.
 2 A. I think it's a question for John Butler to answer, sir.
 3 SIR JOHN SAUNDERS: Would you agree with it as
 4 a recommendation? Do you think it should change the
 5 normal course of events if you have someone who turns
 6 out to be very senior and more senior than most
 7 operational commanders actually there?
 8 A. I'm a great believer of it's rank versus role. So it
 9 shouldn't necessarily be the most senior person. It's
 10 around about the skills -- the experience is key.
 11 I think part of the rationale I gave earlier was that
 12 this was a complex incident. So irrespective of whether
 13 I was senior or not, if I had that type of -- those --
 14 that training, that education, that experience
 15 specifically for this type of incident, it could have
 16 been a -- the same situation could have occurred.
 17 So it's about, you know, the individual in terms of
 18 that role, not necessarily the rank. But you will
 19 usually find that sometimes, because of that longevity
 20 of experience, of dealing with -- you know, a number of
 21 incidents, recently, just prior to this one, I had got
 22 those skills and the fact of -- you know, it has led to
 23 me to become senior, then it's been seen that because
 24 I was senior, I took over. That's probably the latter
 25 element of it. It's because of the skills that I've got

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1 for this complex incident that we were dealing with.
 2 SIR JOHN SAUNDERS: Okay. But in practice, I know this
 3 isn't your recommendation so you didn't suggest it, is
 4 it possible to introduce into a major incident plan that
 5 sort of flexibility and say: now we have got a
 6 particularly experienced guy doing this job now, let's
 7 give him more discretion on the ground?
 8 A. I believe it's already there, sir.
 9 SIR JOHN SAUNDERS: Okay.
 10 A. You know, I think there's further work for the sector,
 11 if you're looking at recommendations, for us to have
 12 more -- I would probably use the term "specialist
 13 commanders" or specific incidents and, you know, I use
 14 DVI, I always use DVI as a good example, within Greater
 15 Manchester Police, there's specialists around dealing
 16 with that, where there's a number of deaths within an
 17 incident, and they are an excellent small cadre of
 18 individuals. I think there's something there for the
 19 sector for us to look at about having specialists to
 20 deal with some complex incidents.
 21 MR GREANEY: And indeed we have heard a very similar view
 22 expressed by officers of Greater Manchester Police about
 23 having specialist firearms officers available.
 24 Can I just go back to the point you have made about
 25 role and rank, and as you will know, we have heard of

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1 this at various stages during the course of the inquiry,
 2 and as a matter of logic, it makes perfect sense.
 3 But can I ask you to consider whether rank might be
 4 a complicating factor? So, for example, you are Bronze
 5 commander, you are senior in rank to the tactical
 6 commander; is there a risk that that will inhibit the
 7 tactical commander in saying, "What do you mean, you
 8 have appointed yourself Bronze commander? Dan Smith was
 9 doing a perfectly good job?"
 10 A. So there are mechanisms for those decisions to be taken
 11 for somebody to replace another person. As I said
 12 earlier, I think it's something I have reflected on
 13 around about having that discussion. I still believe it
 14 was the right thing to do, based on my skills, which
 15 hopefully, and I feel, did enhance our response.
 16 Q. Can I be clear, I'm not suggesting it was the wrong
 17 thing for you to do. I'm interested in the process and
 18 whether, if Annemarie Rooney had thought it was the
 19 wrong thing to do, she would have been empowered, given
 20 the rank differential, in saying to you she thought it
 21 was the wrong thing to do?
 22 A. I think you would have to ask Annemarie in terms of her
 23 view.
 24 I think where sometimes the challenge becomes is --
 25 you know, all of a sudden we've got the deputy director

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1 of operations, you know, two ranks above me, and I've
 2 got to lead them.
 3 I have reflected and thought about that and where
 4 I come back to is in terms of if everyone is undertaking
 5 the role that they are -- have been appointed to, such
 6 as myself and not stepping out of the major response
 7 plan, it shouldn't really matter what the rank of the
 8 individual is.
 9 It may be a conscious awareness that a junior --
 10 what's the word -- senior manager is leading a more
 11 senior manager, but this is around about roles.
 12 So I think what I'm trying to say, sir, is that
 13 I understand it will be a conscious thing for those
 14 commanders if there is somebody junior leading somebody
 15 more senior, but the mindset needs to be about the role
 16 they are fulfilling.
 17 Q. Thank you very much. I'm going to move on, sir, unless
 18 you have any further questions.
 19 SIR JOHN SAUNDERS: Thank you.
 20 MR GREANEY: Were you familiar, as of 22 May, with
 21 Operation Plato.
 22 A. Yes, sir.
 23 Q. And on your arrival at the scene at about 23.50, did you
 24 know that Operation Plato had been declared?
 25 A. No, sir.

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1 Q. At what stage did you become aware that Operation Plato
 2 had been declared?
 3 A. So from recollection, and I'm looking through my
 4 logbook, it was Annemarie Rooney and around about 00.50.
 5 Q. 00.50 or 00.55?
 6 A. Just before 1 o'clock in the morning, yes.
 7 Q. So long after you had arrived at the scene?
 8 A. On the scene, yes.
 9 Q. When Peter O'Reilly mentioned an MTFA, did that put any
 10 thoughts about Plato into your mind?
 11 A. No, sir.
 12 Q. So on your arrival, and certainly during the first hour
 13 that you're present, you've not the faintest idea that
 14 Plato has been declared?
 15 A. None at all, sir.
 16 Q. Did you, notwithstanding, give any thought to zoning?
 17 A. So Dan gave me a brief about zones. And I think it was
 18 early on, around about 00.15. It was at that point
 19 I had a chat with Mark, Chief Inspector Mark Dexter.
 20 Q. We are coming to that.
 21 A. Okay, yes. So I mentioned earlier around about command
 22 and safety at the forefront, should be at the forefront
 23 of any commander. And as I say, I'm reasonably sure it
 24 was Dan who informed me from the outset in terms of
 25 where warm was.

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1 Q. What did he say to you?
 2 A. From memory, it was -- the warm was as we entered the
 3 concourse, near the war memorial.
 4 Q. Is this NAWAS warm or Plato warm?
 5 A. We are dealing with NAWAS because I'm not aware of Plato
 6 at that point.
 7 Q. I understand. So I think you have said the concourse?
 8 A. Yes. So going back to safety, we had our casualty
 9 clearing station in part of the warm zone.
 10 Q. So I just want to be clear about what you are saying.
 11 Was it your understanding from that discussion that you
 12 had with Dan Smith -- and presumably you're talking
 13 about the discussion you're having with him before you
 14 take over as operational commander?
 15 A. Yes, I think it was the second conversation we had when
 16 it was more of -- Dan said, "Give me a moment, Steve",
 17 and then we had a second conversation. That was the
 18 METHANE --
 19 Q. Shortly before midnight?
 20 A. Yes.
 21 Q. And he was saying that the concourse, where the casualty
 22 clearing station was, was warm. Did he say or did you
 23 at any rate understand that the City Room was NAWAS hot
 24 and that outside the station was NAWAS cold?
 25 A. So from the handover through Dan I was clear that cold

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1 was where we were stood.
 2 Q. Just outside —
 3 A. Just outside Station Approach. That warm was the
 4 concourse. I'm not sure we had a discussion about hot
 5 or whether it just became an assumption on my behalf
 6 that where the explosion was was hot.
 7 Q. But at all events, that was your working assumption?
 8 A. That's correct, sir, yes.
 9 Q. Now, we are going to pick you up on the sequence of
 10 events. This is our sequence of events at 00.16, when
 11 you have the discussion that you just started to tell us
 12 about with Chief Inspector, as he was, Dexter.
 13 So this is the sequence of events, Mr Lopez,
 14 {INQ035612/436}.
 15 So 00.16 and Mr Dexter, the ground—assigned tactical
 16 firearms commander, approaches you and has
 17 a conversation with you, and it's clear from what you
 18 have said that you do have a recollection of speaking to
 19 him at that stage.
 20 A. Yes.
 21 Q. Was he someone that you knew?
 22 A. No, I have not met Chief Inspector Mark Dexter before —
 23 well, sorry, I'm not aware I have met him before.
 24 I have undertaken some exercises within the AITC
 25 capacity, but I'm not familiar with Mr Dexter.

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1 Q. So what we're going to do, just to break up everyone
 2 listening to our voices, is to listen to a recording of
 3 the conversation that you had with him. That recording
 4 is taken from Mr Dexter's dictaphone. So the transcript
 5 reference is {INQ040657/33}, and the recording is
 6 {INQ025479A/1}, starting from 49:10. And please,
 7 Mr Lopez, don't start it even a second earlier than
 8 that.
 9 Can we just have the second half of that page on the
 10 screen, please. The bottom half.
 11 Yes, thank you, Mr Lopez.
 12 (Recording played)
 13 I believe in that conversation — it can go from the
 14 screen, please — you are talking about zones.
 15 A. That's correct, sir.
 16 Q. It must follow from what you have told us already that
 17 you're referring, are you, to NWAS zones?
 18 A. That's correct, sir.
 19 Q. And in that conversation what were you seeking to
 20 achieve or understand?
 21 A. So as I mentioned earlier, the casualty clearing station
 22 that we had set up was part in cold and part in warm.
 23 And based on, you know, the safety element of it,
 24 I wanted to make sure that the casualties that were in
 25 the warm zone and the responders that were in the warm

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1 zone were safe.
 2 Q. We can tell from the recording, and indeed Mr Dexter
 3 confirmed it, that he was essentially trying to reassure
 4 you during that conversation.
 5 A. Yes. Now, I have observed Chief Inspector Mark Dexter
 6 and —
 7 Q. Do you mean his evidence?
 8 A. Sorry, yes. And it was at the point when he said, "It's
 9 a question you need to ask Steve", when you were
 10 discussing about zones, and I can see what's happened,
 11 that Mark's dealing with it from an Op Plato perspective
 12 and I'm dealing with it from an NWAS perspective.
 13 Q. Exactly.
 14 A. And he was — he was wondering why I was pushing for the
 15 answer of, "Is it cold?", you know, "Is it cold?",
 16 because we had the casualties and some of our responders
 17 on the part of the concourse which was defined as warm.
 18 So I fully understand why Mark was perplexed by my
 19 questions because we were both on different pages at
 20 that point.
 21 Q. So you've entirely got the point. He was explaining
 22 that he was working on the assumption that NWAS would
 23 have been told that Operation Plato had been called. So
 24 he was talking in those terms. You knew nothing about
 25 the declaration of Operation Plato and so you were

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1 talking in your terms. This is perhaps the clearest
 2 example we have had so far of how the different
 3 designations by the different organisations can cause
 4 confusion.
 5 A. I know it's been a point of discussion again through
 6 observing through the inquest, really.
 7 In terms of if it was warm because it was Plato,
 8 what I was seeking — if I knew it was Op Plato and it
 9 was warm, I would have still wanted to know whether it
 10 was safe for the casualties and responders to be in
 11 that — that part of the concourse.
 12 So in this instance, I don't think it would have
 13 made a difference. It was about the safety element of
 14 it.
 15 SIR JOHN SAUNDERS: I'm sure that's right, but it's
 16 nevertheless —
 17 A. Yes.
 18 SIR JOHN SAUNDERS: I mean, if it's warm in NWAS terms,
 19 which is what you're talking about, you still want to
 20 know whether it's safe for the casualties?
 21 A. Yes, sir.
 22 SIR JOHN SAUNDERS: So it makes no difference, is the point
 23 you are making?
 24 A. Yes.
 25 SIR JOHN SAUNDERS: But just let's take it back a section.

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1 If you've got a major incident and you and the police
2 are both there, do you have the same zoning then or do
3 you have an NNAS zone and a police zone, and do you know
4 that the police know what an NNAS zone is?
5 A. So if we were at any incident, sir, we would be clear on
6 the zones. So if we were dealing with --- if we were
7 both aware we were dealing with an Op Plato, we would
8 both be clear on the zones.
9 SIR JOHN SAUNDERS: Okay.
10 A. If we were not dealing with an Op Plato, we would
11 through JESIP be clear on the zones.
12 SIR JOHN SAUNDERS: Okay. Are they labelled the same,
13 therefore, in a major incident by the police and the
14 Ambulance Service? You can say through JESIP you can
15 get together and talk about whether it's safe.
16 I have heard from NNAS what they have is the inner
17 cordon and the outer cordon.
18 A. Yes, that's correct, sir, yes.
19 SIR JOHN SAUNDERS: Then I also hear you talk about cold,
20 warm and hot.
21 A. It should be common knowledge to all around about inner
22 and outer cordons because of the roles that the other
23 agencies play within that.
24 SIR JOHN SAUNDERS: They talk about that, do they?
25 A. They should be aware on that, sir, yes.

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1 SIR JOHN SAUNDERS: Do you mean they are aware of what NNAS
2 call it or they use the same terminology or don't you
3 know?
4 A. So through training I have been involved in, sir, we
5 talk about the outer cordon which is about where the
6 police make secure, which is their role, and challenging
7 as it may be, and that did happen on the night because
8 I came across one on the outer cordon as I was driving
9 in.
10 Then in terms of the inner cordon, that's where, you
11 know, we would utilise from a --- with the Fire Service,
12 where they would support us in terms of extrication.
13 Within that inner cordon we would be clear on if we
14 were defining a hot zone and if --- in this occasion,
15 sir, the City Room would have been a hot zone.
16 SIR JOHN SAUNDERS: Okay. You have just said to me the
17 police have an inner cordon and outer cordon and you
18 came across it when you were driving in. So you are
19 talking about an outer cordon outside the station
20 somewhere down the road. That's not your outer
21 cordon/inner cordon, is it, because your outer cordon
22 went all the way up to the stairs?
23 It's just ---
24 A. Sorry, sir.
25 SIR JOHN SAUNDERS: It seems to me on the face of it, and

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1 there may be a perfectly good explanation, that three
2 organisation that are working together on the scene ---
3 let's forget about Plato for the moment --- can use
4 entirely different definitions of where it's safe to
5 work.
6 A. Sir, from the outer cordon, which is cold, it just
7 continues to extend, extend, extend, until, you know,
8 the police would put, you know, officers on to secure
9 that scene as such really. So ---
10 SIR JOHN SAUNDERS: To you anywhere in the outer cordon ---
11 A. Is cold, sir.
12 SIR JOHN SAUNDERS: Yes, okay. You are saying the outer
13 cordon goes from wherever they put a police cordon right
14 into ---
15 A. It will be from the delineation of where warm meets cold
16 and cold will just continue --- will continue. You
17 know ---
18 SIR JOHN SAUNDERS: Where did warm meet cold?
19 A. On this occasion, sir? At the war memorial, the arch.
20 MR GREANEY: So I expect we have probably achieved as much
21 clarity on the issue as we can. I'm not going to go any
22 further save just to ask you to confirm ---
23 SIR JOHN SAUNDERS: I think that's me that says that
24 normally rather than you!
25 MR GREANEY: Sorry, I am confusing roles again!

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1 SIR JOHN SAUNDERS: Yes.
2 MR GREANEY: I just want to ask you to just go back to one
3 thing you said along the way of your answer so that
4 I can make sure I have understood.
5 I think you said that if you had known Plato had
6 been declared, and Mark Dexter had told you that the
7 concourse was a warm zone, you would have wanted to know
8 still whether it was safe for the casualties and those
9 who are treating them?
10 A. That's correct, sir.
11 Q. Now, I think on a strict application of the rules some
12 of your staff who were in that zone, if it was Plato
13 warm, shouldn't have been there.
14 A. That's correct, sir. And can I just add something to
15 that?
16 Q. Of course you can, yes.
17 A. I think this might be part of the discussion that I'm
18 pushing Mark for a --- the delineation of the zones,
19 really, because what I was seeking for is if there was
20 a way we could push the cold --- where cold met warm or
21 warm met cold, whichever one, even back to, say, the
22 bottom of the stairs, for example, and that would then
23 put the concourse in a cold zone.
24 That's what I was pushing Mark --- and I think from
25 memory, and maybe it may be in Mark's transcript, he

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1 uses that "warm going cold".
 2 Q. Yes.
 3 A. And that's -- and I think on reflection, I think what
 4 I probably should have asked Mark, said, "Mark, for the
 5 safety, let's redefine the line of pushing it from the
 6 war memorial to the bottom of the stairs", you know, as
 7 short as that may be, and that puts the casualty
 8 clearing station in a cold zone.
 9 It was solely to do with the safety of the
 10 casualties and the responders.
 11 Q. That I have understood, but I was -- what I was
 12 interested in was, I think, a slightly different point.
 13 A. Okay.
 14 Q. Which is that your answer seemed to accept the
 15 possibility that even in a Plato warm zone it might be
 16 permissible for non--specialist assets to continue to
 17 work, so by which I mean that there would be a degree of
 18 discretion available to the commander about whether they
 19 could say: it's warm, I've got operational paramedics in
 20 there, but there's warm and there's warm, and I'm going
 21 to let them stay.
 22 A. I think this is where it's critical for commanders to
 23 have that JESIP discussion around about risk and shared
 24 situational awareness. It's a very dynamic -- moving
 25 incident that we're dealing with here. And that could

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1 lead to discretion, yes. But that needs to be done
 2 through a JESIP process, that.
 3 Q. Did you watch the evidence of Dan Smith?
 4 A. Yes, sir.
 5 Q. He seemed to operate on the basis that there was simply
 6 no discretion in relation to allowing operational
 7 paramedics into an NWAS hot or Plato warm zone, and
 8 I think you are saying that you don't entirely agree,
 9 that you think that there is a degree of discretion?
 10 A. I was clear what it says within our plan in terms of it
 11 needs to be specialist staff that enter the warm zone.
 12 I think this is where it comes down to training and
 13 experience of commanders working with other commanders
 14 to make a dynamic risk assessment and make a decision,
 15 and if that means discretion that takes you outside of
 16 plans, to understand the risks of using that discretion.
 17 Q. I understand. Obviously if there is a discretion, it's
 18 one that needs to be exercised on proper grounds. Did
 19 you watch the evidence of Mr Poland yesterday?
 20 A. Yes, sir.
 21 Q. Did he seem to you to be describing a situation in which
 22 there might be defensiveness about exercising that
 23 discretion because of a worry that if you do, and it
 24 goes wrong, you might end up as a defendant in
 25 a criminal case?

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1 A. I fully understand Derek's evidence on that point, sir.
 2 But as commanders we're expected to make decisions
 3 with -- in a JESIP manner, using the JDM, joint decision
 4 model.
 5 Q. Yes.
 6 A. Taking the appropriate action, sound rationale, and
 7 taking the decision.
 8 Q. Now, just before we move on in time, it does, I believe,
 9 need to be recognised that you were turning your mind in
 10 this discussion to the issue of zones and the safety of
 11 your staff, were you not?
 12 A. That's correct, sir.
 13 Q. And that was an issue to which you were to return in
 14 subsequent conversations with Mr Dexter?
 15 A. That's correct, sir.
 16 Q. So let's pick up you in the sequence of events at now
 17 00.20. It's just a short point you can help certainly
 18 me on. {INQ035612/445}. Dan Smith and
 19 James Birchenough are seen in conversation with you.
 20 And it's just a simple question: what is happening at
 21 that stage, or questions, and who is Mr Birchenough?
 22 A. So James Birchenough was the casualty clearing officer
 23 on the evening and from recollection James would --
 24 I would be getting a sitrep from James in terms of what
 25 the current situation was in the casualty clearing area.

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1 Q. Now, by 00.36 you had returned to speak to Mr Dexter,
 2 {INQ035612/468}, please. He has walked over to you and
 3 you appear to be in conversation. 00.36,
 4 {INQ035612/477}, please. 00.39 now, and you are still
 5 in conversation.
 6 Then {INQ035612/480}, 00.40. You stop talking and
 7 you re--enter the station. So a conversation over
 8 a number of minutes.
 9 Again, we can listen to that conversation or the
 10 relevant part of it and follow the transcript on the
 11 screen. The transcript, Mr Lopez, is {INQ040657/52} and
 15:06:09 12 the recording is {INQ025479A/1} from 01:09:25.
 12 (Recording played)
 13 I had intended to cut out a section in the middle.
 14 Not to worry too much about that, but there's been
 15 a particular mention that we need to have a look at.
 16 What we're going to hear next is that someone
 17 else -- the conversation returns to you. Mr Dexter had
 18 been dealing with something else. Someone called Joe
 19 turns up and is then involved in the discussion. So
 20 this has been dealt with in a rather disjointed way I'm
 21 sorry.
 22 You're having a discussion with Mr Dexter about
 23 zones, about an area outside being cold and inside
 24 essentially going from warm to cold and then Joe turns

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1 up. Who was Joe?
 2 A. So Joe Barrett is head of special operations and
 3 a proportion of special operations is HART.
 4 Q. So what role did he have or was he to have that night?
 5 A. So we heard the audio that described a number of other
 6 reported incidents.
 7 Q. Such as Oldham?
 8 A. Oldham.
 9 Q. Piccadilly?
 10 A. North Manchester. I don't know whether it was Cheetham
 11 Hill Road, but another road was mentioned. And then we
 12 had Piccadilly and then we had Cathedral Gardens, which
 13 was in our proximity, of a suspected package.
 14 Further information came through regarding whether
 15 they were accurate or not as the case may be. It was
 16 a very — potentially a challenging time of secondary
 17 incidents occurring across Greater Manchester.
 18 And then shortly after Joe Barrett appeared and Joe,
 19 as I say, is responsible for HART across our regional
 20 footprint, Joe is also a strategic commander and also an
 21 Ambulance Intervention Team commander.
 22 So I would have every confidence in terms of Joe
 23 taking leadership and support of the HART team.
 24 Q. So he comes in and joins in with the conversation with
 25 Mr Dexter. Are you able, Mr Lopez, just to start that

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1 recording from where we stopped it? And also with the
 2 transcript on the screen, please.
 3 We are now at {INQ040657/54}, I think, of the
 4 transcript.
 5 (Pause)
 6 So we are going to be looking out for — well, at
 7 the very bottom of that page, you say, "And this is
 8 Joe".
 9 (Recording played)
 10 Please stop, Mr Lopez. We will just pick it up from
 11 the transcript, {INQ040657/54}. You say, at the very
 12 bottom:
 13 "This is Joe."
 14 Over the page, {INQ040657/55}, you introduce him as:
 15 "... head of our specialist operations. He looks
 16 after the MTF[T] teams, the two HARTs. So we are aware
 17 that it's safe here in terms of cold here."
 18 And you then go on to have a further discussion with
 19 Mr Dexter and with Joe and effectively you indicate that
 20 Joe Barrett will need to know once the whole area is
 21 cold; is that correct?
 22 A. That's correct, sir.
 23 Q. So again can I ask you in the context of you being
 24 concerned about zones what were you trying to understand
 25 or to achieve?

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1 A. In terms of the appointment of Joe Barrett —
 2 Q. Just in terms of what did you hope to come out of that
 3 conversation with —
 4 A. So aligned to all the reports of subsequent incidents
 5 occurring, I wanted to make sure that we had an AITC
 6 identified which is what we did with Joe Barrett. His
 7 HART operatives at that time were operating in the
 8 casualty clearing station and as of — earlier
 9 identified, which was captured in the cold and warm
 10 zone.
 11 What I wanted Joe to do is be an asset for me in
 12 terms of in the event of anything subsequently does
 13 occur, Joe has that awareness/knowledge in terms of what
 14 should or may be happening in the respective zones.
 15 So if any point there became a risk within the area
 16 we were operating, Joe would be able to act and update
 17 me accordingly.
 18 Q. Now, as that conversation was coming to an end,
 19 Andy Berry, the GMFRS NILO was arriving and he has
 20 a conversation with you. Was he someone that you knew
 21 prior to that night?
 22 A. I'm sure I have done some — been on some exercises
 23 training with Andy, but I'm not familiar with Andy.
 24 Q. So you knew who he was, but not well?
 25 A. I have heard his name, and you know, the possibility

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1 that I have spoken to him on exercises, but he's not
 2 somebody I'm familiar with.
 3 Q. {INQ035612/477}.
 4 So it's 00.39. As I have said, the conversation is
 5 just coming to an end between you, Joe and Mr Dexter,
 6 and Andy Berry is approaching.
 7 {INQ035612/480}, please. 00.40.10. And there is
 8 a discussion and then {INQ035612/494}, please. It's now
 9 3 minutes later, 00.43, and he, Mr Berry, stops talking
 10 to you. Take that from the screen, please.
 11 Do you recall that conversation with Andy Berry?
 12 A. Yes. So it was an initial update, from recollection,
 13 I have given Andy Berry. And it may have then led into
 14 more of a discussion about zones from memory.
 15 Q. Just do your best to recall what the conversation was
 16 about. So an update and then zones with him asking you
 17 about zones or were you volunteering information?
 18 A. So it may have been part of the update from when Andy
 19 presented himself. Again, from recollection, we may
 20 have discussed — I may have asked him in terms of —
 21 about deploying his resources to the casualty clearing
 22 station. And then continuing, you know, giving him more
 23 information about what was occurring and I'm reasonably
 24 sure we would have covered zones.
 25 Q. And what do you think you would have said to him about

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1 zones?
 2 A. Specifically about the demarcation of the cold, where it
 3 met warm.
 4 Q. And do you recall what his reaction was to what you told
 5 him about zones?
 6 A. I probably experienced probably an element of
 7 frustration, I would say.
 8 Q. Why?
 9 A. Because it became a concern for Andy Berry to deploy his
 10 resources into the casualty clearing station and more so
 11 the part where there were -- the casualty clearing
 12 station was not warm.
 13 Q. I just want to be absolutely clear about this: you were
 14 saying that within the station was warm or part of it at
 15 least was warm?
 16 A. Yes, and I'm reasonably confident we had a conversation
 17 with Mark around the zones and we talked about the
 18 limits of exploitation as well.
 19 Q. In fact, you're quite right. There is a discussion and
 20 we did listen to it during Mr Dexter's evidence. We
 21 won't try to play it again. And Peter O'Reilly is on
 22 the telephone to Mr Berry the telephone is handed over
 23 to Mr Dexter?
 24 A. Yes. So, you know, part of the frustration was more so
 25 around about it was evident we had responders and

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1 casualties in the warm, and non--specialist responders
 2 which should have -- you know, translated in it being
 3 safe, as safe as, you know -- as safe as it could be
 4 that allowed us to continue operating in that area.
 5 And again, we weren't far -- moving towards having
 6 a JESIP huddle.
 7 Q. I want to come to that, but I just want to remain fixed
 8 on this for the moment.
 9 Let's just agree about some basic facts. By now
 10 2 hours and 10 minutes had passed since the explosion
 11 with no sign of a marauding terrorist, whether with
 12 a firearm or not, and no secondary explosion. You had
 13 had staff in the City Room from an early stage and you
 14 had many staff in the casualty clearing station on the
 15 station concourse. Is what you are saying to us that on
 16 being told that the concourse was not cold, Mr Berry was
 17 expressing a reluctance about deploying his assets into
 18 the station itself?
 19 A. Yes, that's correct, sir. As you alluded to earlier,
 20 that's what led to a phone call Andy Berry was having
 21 with somebody. I didn't know at that point who it was.
 22 I do now.
 23 Q. You know now it was Peter O'Reilly?
 24 A. Yes. I assumed it was Peter because I think Mark used
 25 the word "chief". So I think the frustration was, yes,

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1 why not deploy your resources, you know, he would see we
 2 were operating in that area. But also that we were --
 3 I was trying to plan to get a JESIP huddle going, and
 4 this led to a telephone conversation from Andy and, as
 5 I know, through to his chief, and then passing the phone
 6 through to Mark Dexter to discuss -- well, I would
 7 assume in terms that was in terms of deploying resources
 8 into the warm.
 9 Q. And certainly my understanding is that that conversation
 10 actually occurs during the JESIP huddle and I'll get to
 11 that in one moment.
 12 But you are explaining to us that you were feeling
 13 a degree of frustration about the attitude of Mr Berry.
 14 It may be obvious, but what was frustrating about the
 15 position that he seemed to be adopting at that stage?
 16 A. Solely about deploying resources into an area where
 17 other non--specialist resources were deployed, police and
 18 BTP and NWAS staff.
 19 Q. So your position was: they're all deployed in there, you
 20 need to get your staff in there as well?
 21 A. Yes. I will say I fully -- I understand in terms of
 22 they have different policies and procedures to work
 23 towards. It may have been that, you know, he needed to
 24 do something before he was allowed to deploy his
 25 resources. But I would have maybe expected, seeing what

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1 was -- he was able to see, he would be able to make that
 2 decision himself.
 3 SIR JOHN SAUNDERS: So should they all have different
 4 policies if they are working together and going to work
 5 together? We have a situation now where in the
 6 City Room we have unprotected police officers, unarmed
 7 police officers, and without protective gear but apart
 8 from one paramedic, no paramedic up there.
 9 We then come downstairs where unarmed police and
 10 paramedics are all working, but the Fire Service won't
 11 work there.
 12 If you're all going to work together and cooperate
 13 in the way you're going to do it, how can it work if you
 14 have different policies?
 15 A. So, you know, as part of this incident, sir, we have
 16 reviewed nationally some of our policies and I'm sure
 17 you're privy to that and I am sure the Fire Service and
 18 maybe the police will do the same.
 19 For me, it's key around about the JESIP approach for
 20 those commanders because some may use some discretion
 21 and step outside, irrespective of what policies may be
 22 in place, based on what they perceive to be, in
 23 a collective way, through a JESIP huddle, of making
 24 another decision.
 25 SIR JOHN SAUNDERS: I'm well aware of the possibility of

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1 commanders on the scene saying, "Let's forget about the
2 fact we have got different rules, we will all operate on
3 this way here", but actually if you start from the same
4 rules, it might help a bit.
5 A. Yes, and, you know, that will lead to different training
6 being delivered to, you know -- across the forces,
7 across the agencies as well, I would think, sir, yes.
8 SIR JOHN SAUNDERS: Thank you.
9 MR GREANEY: Let's move on to really the final substantial
10 issue I want to ask you about, and this takes us to
11 00.55 in the morning.
12 At that stage, as you told us already, did you speak
13 to Annemarie Rooney?
14 A. Yes, sir. Yes, you know, it may have been the third
15 occasion by then.
16 Q. So this is the particular one I want to ask you about
17 because I believe in that conversation she told you that
18 she had become aware that GMP had declared, at an
19 earlier stage, Operation Plato?
20 A. Yes. I had to rack my brains and, you know, through
21 preparation for this inquest -- inquiry, I know I had
22 a call from Annemarie and I know I had a call from
23 Derek Cartwright. So yes, it was Annemarie who was the
24 first person to inform me that Operation Plato had been
25 declared.

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1 Q. What was your reaction to being informed of that?
2 A. Annemarie may have -- may have informed me that it was
3 declared some time ago.
4 It was one of surprise from receiving that
5 information at that point. But at the same time it's
6 important for me to make a risk assessment in terms of
7 the information that I'm being -- I received at that
8 time. From --
9 Q. Why surprise? Why did you feel surprise at being told
10 that?
11 A. Because I have been with Chief Inspector Mark Dexter and
12 there was no -- you know, there was no discussion around
13 Op Plato during the conversations that we had. And
14 there was no either intelligence or information that
15 I had available to me up to that point that any firearms
16 had been discharged. It was to my knowledge that we
17 were dealing with an explosion that had taken place in
18 the City Room, and, you know, Mark Dexter was very
19 supportive throughout the night, I must say, was
20 continuing to, you know, check everybody else to ensure
21 that it was safe within that -- within that site.
22 Q. Indeed he was. So it sounds as if you were surprised
23 about two things. First, that Operation Plato had been
24 declared or maintained because you hadn't seen evidence
25 of an MTFA, and secondly, surprise that it had taken so

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1 long for you to be informed?
2 A. Yes, that's correct, because it's critical in terms of
3 the decisions that we make as an organisation in
4 relation to having that information being made available
5 to us.
6 Q. Now, almost as soon as you must have come off the phone
7 from Annemarie Rooney, I believe the first JESIP huddle
8 occurred because that too occurred at about 00.55?
9 A. Yes, that's correct, sir, yes.
10 Q. Was there a relationship between the two, by which
11 I mean on being told about the Operation Plato, did you
12 push for a JESIP huddle?
13 A. I will -- I believe I was the one who was driving the
14 agencies to come together. So from my arrival, it may
15 seem that it's quite a long time that it's took, but
16 I think early on, trying to identify who was the police
17 operational commander, we ended up speaking to a police
18 officer. That police officer said they'll go and find
19 them to enable us to undertake a JESIP huddle. Mark was
20 quite clear that he was the firearms, but he was also
21 doing what I perceived to be the operational commander.
22 I think he acknowledged that, and, you know, as I say,
23 he was crucial towards our JESIP huddles.
24 Then by the time, you know, I have had
25 a conversation with Peter O'Reilly, I'm expecting them

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1 to be sooner than they actually did appear. And then
2 I'm trying to manage it in terms of making this JESIP
3 huddle at the earliest opportunity of having the police
4 and fire, BTP, Network Rail and any of those key
5 agencies in that huddle.
6 Q. As we know, the Fire and Rescue Service couldn't have
7 been part of it until 00.40 at the earliest.
8 Can I just ask you to just focus on the following
9 issues for a moment. The first JESIP huddle is at
10 00.55, which is 2 hours and 24 minutes after the
11 explosion. It's more than 2 hours after the arrival of
12 the first NWS paramedic and it's just under 2 hours
13 after the arrival of Dan Smith. Is it an acceptable
14 state of affairs that it took that period of time for
15 the first JESIP huddle to occur?
16 A. There should have been a JESIP huddle much sooner than
17 it was, than it did take place and that would be reliant
18 on all agencies being present, gathering around what
19 would -- should be defined as a forward control point.
20 Q. In fact, are you prepared to go as far as to say that to
21 have your first JESIP huddle hours after the explosion
22 is pretty much the opposite of what JESIP expects to
23 happen?
24 A. Yes, that's correct, sir, in terms of if we've not got
25 the three agencies present, you're unable to operate

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1 under those principles, those five principles of JESIP.
 2 Q. So I did say that we wouldn't play the recording of the
 3 JESIP huddle and the O'Reilly conversation. We will
 4 seek to do so, Mr Lopez. This is -- because it will
 5 provide context for what you've said.
 6 The transcript is {INQ040657/67} and the recording
 15:30:30 7 is {INQ025479A/1}, starting at 01:27:45 seconds, please.
 8 (Recording played)
 9 So that does, I hope, provide some context for the
 10 evidence that you've given.
 11 Just to finish off, you will be able to confirm that
 12 there were further JESIP huddles at 01.55 in the morning
 13 and at 02.43?
 14 A. That's correct, sir.
 15 Q. And you left the scene shortly after 4 am, once all
 16 ambulances had departed?
 17 A. That's correct, sir.
 18 MR GREANEY: Mr Hynes, thank you very much for answering my
 19 questions.
 20 Sir, that's probably a convenient time for it and
 21 may I suggest a ten-minute break?
 22 SIR JOHN SAUNDERS: Yes, thank you.
 23 (3.35 pm)
 24 (3.51 pm) (A short break)

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1 MR GREANEY: I'm going to ask Mr Warnock first on behalf of
 2 the combined authority to ask his questions.
 3 Questions from MR WARNOCK
 4 MR WARNOCK: Mr Hynes, on 22 May 2017 were you familiar with
 5 the Greater Manchester Fire and Rescue Service's MTFA
 6 capability?
 7 A. I have a moderate understanding of their capability
 8 based on the joint training that I have undertaken with
 9 Greater Manchester Police and Greater Manchester Fire
 10 and Rescue Service.
 11 Q. And did that include knowledge of the fact that MTFA
 12 officers had enhanced trauma treatment skills?
 13 A. Yes, sir. Yes.
 14 Q. Now, in the telephone conversation you had with
 15 Mr O'Reilly what you tell us in your witness
 16 statement -- and it's paragraph 27 if you want to look
 17 at it -- but what you tell us is that you asked for the
 18 attendance of 12 trauma-trained firefighters and
 19 a commander to assist with the management of P3
 20 patients.
 21 SIR JOHN SAUNDERS: Okay. The witness is just looking at
 22 the paragraph in the statement, all right, Mr Warnock?
 23 Take your time, so we are all on the same --
 24 A. Thank you, sir.
 25 SIR JOHN SAUNDERS: Thank you, Mr Warnock.

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1 MR WARNOCK: Now, the P3 patients, they were the walking
 2 wounded essentially; is that right?
 3 A. That's correct, sir.
 4 Q. And they would be casualties, would they, that you would
 5 not expect to require advanced trauma treatment?
 6 A. That is correct, sir. However, in terms of -- based on
 7 me wanting to have a short conversation with
 8 Mr O'Reilly, I was more interested in getting some
 9 presence of Greater Manchester Fire and Rescue Service
 10 at the scene and then allow them to deploy their
 11 resources accordingly.
 12 Q. But in terms of the fact that you were looking for
 13 assistance with P3 casualties, was that a factor in your
 14 telling Mr O'Reilly that the MTFA capability was not
 15 required?
 16 A. Yes, I made it clear with Mr O'Reilly that we didn't
 17 require any MTFA capability. We required, first of all,
 18 the presence of Greater Manchester Fire and Rescue
 19 Service at the scene, and if that could be enhanced
 20 further with having firefighters with a trauma
 21 capability, that can only enhance what we were doing at
 22 scene.
 23 Q. Yes. But what you weren't looking for was an enhanced
 24 trauma capability?
 25 A. Not at all, sir, no.

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1 Q. And how did you arrive at the figure of 12 firefighters?
 2 A. Again, it was primarily to do with getting a presence of
 3 Greater Manchester Fire and Rescue Service. I think the
 4 only reason I would have used 12 is in anticipation
 5 there would be four on each tender, fire tender, and
 6 they would send three tenders. But it was mainly about
 7 getting Greater Manchester Fire and Rescue Service to
 8 the scene.
 9 Q. The 12 was not based, was it not, on an assessment of
 10 what help you thought was needed?
 11 A. No, sir. It was a start and if that needed to be
 12 enhanced further, then that could be done in partnership
 13 with the Greater Manchester Fire and Rescue Service
 14 through our JESIP discussions.
 15 Q. When Mr Berry arrived, as I understand it, you weren't
 16 aware that Operation Plato had been declared; is that
 17 right?
 18 A. That's correct, sir.
 19 Q. And you've told us this afternoon that when you first
 20 met him, and for the transcript, it's [draft] page 145
 21 of the transcript {Day113/148:17}, you gave him an
 22 initial update and you say that that may have led into
 23 more of a discussion about zones from memory; do you
 24 recall giving that evidence?
 25 A. I do, sir.

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1 Q. That discussion of zones, do you think, may have
2 happened later at the time of the huddle, given that you
3 did not know Operation Plato had been declared when you
4 first arrived? Do you think that's possible?
5 A. No, sir, because we would have defined zones within the
6 NWS response, and I do recall myself and Chief
7 Inspector Mark Dexter having that discussion with
8 Andy Berry prior to the JESIP huddle.
9 Q. Right. It may be we can all check Mr Dexter's
10 dictaphone on this, but I thought that came at the time
11 you'd all convened together, but you think there was an
12 earlier discussion?
13 A. Yes, the reason I'm thinking that, sir, is because of
14 Andy Berry speaking to what I know to be his chief fire
15 officer, Peter O'Reilly, and handing the phone to
16 Mark Dexter, and after that we went into the huddle.
17 Q. Yes. But when Mr Berry first arrived at 00.40 and you
18 had a meeting with him by yourself, do you think you had
19 a discussion about zones at that point?
20 A. It may have been, sir. And those conversations on zones
21 led into Mark Dexter, from my recollection, being
22 present.
23 Q. But if you were having a discussion with him about zones
24 yourself and you didn't know Operation Plato had been
25 declared, can you help with what you were saying about

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1 the zones?
2 A. How they were applicable to the NWS response plan.
3 Q. You had been describing the NWS response plan?
4 A. That's correct, sir.
5 Q. Is that something you would have expected Mr Berry to be
6 familiar with?
7 A. I would expect Mr Berry to be aware of me articulating
8 what was a cold zone and what was a warm zone and what
9 that meant to him.
10 Q. Yes. Did you tell him the station was a warm zone?
11 A. Yes, I'm reasonably -- well, the delineation of the
12 zones that we're -- through this inquiry, we discussed
13 the cold being on the Station Approach and then the
14 concourse being warm. And I remember --
15 Q. Now -- sorry --
16 A. Sorry, sir. And I remember -- I think Andy asked the
17 question about LoE/limits of exploitation, so yes. So
18 I -- I had interpreted that Mr Berry was clear on the
19 delineation of the zones.
20 Q. And that included the station being a warm zone --
21 A. That's correct, sir.
22 Q. -- just to be clear?
23 A. That's correct.
24 Q. Do you agree that to a commander who in fact knew that
25 Plato had been declared, being informed of a warm zone

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1 would have a particular implication?
2 A. Yes, sir.
3 Q. And that implication is that, under JOPs, non--specialist
4 personnel should not be sent to a warm zone?
5 A. Yes, that's correct. But as I have said, those
6 discussions I'm reasonably sure happened before my
7 awareness of Op Plato.
8 Q. There's no reason why you should necessarily be aware of
9 this, but do you now know that in fact Mr Berry did know
10 that Operation Plato had been declared?
11 A. Sorry, sir, did you say he did know?
12 Q. Yes?
13 A. No, sir, I was not aware of Mr Berry being informed of
14 Op Plato.
15 Q. When Mr Berry and the firefighters arrived, do you
16 recall, did you then ask him, as you had planned, to
17 look after the P3 casualties?
18 A. Yes, and I think that was also wrapped into -- him or
19 his firefighters presented themselves to the casualty
20 clearing station to offer the support that was required.
21 Q. And did they in fact assist with looking after the P3
22 casualties?
23 A. I'm not totally sure, sir.
24 Q. Do you know?
25 SIR JOHN SAUNDERS: He said he's not totally sure.

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1 MR WARNOCK: Thank you.
2 Did you ask them also to assist with moving
3 equipment?
4 A. I'm not -- I can't recall, sir. I may have or that may
5 have been done by either Jim Birchenough from the
6 casualty clearing or one of the NWS staff in the
7 casualty clearing. So it's something that may have been
8 caught in a discussion, but it may have been led by
9 somebody giving that direction from the casualty
10 clearing station.
11 Q. Did you see fire --
12 SIR JOHN SAUNDERS: Mr Warnock, do you mind me intervening
13 for a moment.
14 We do know, don't we, that fire officers went into
15 the concourse and helped move people. What caused the
16 change? What happened?
17 A. Well, I think, sir, it followed the conversation between
18 Chief Inspector Mark Dexter to the chief, Peter
19 O'Reilly, I think.
20 SIR JOHN SAUNDERS: Right.
21 A. Because --
22 SIR JOHN SAUNDERS: Thank you, Mr Warnock. Thank you.
23 MR WARNOCK: Thank you, Mr Hynes. Those are all the
24 questions I have for you.
25 A. Thank you, sir.

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1 MR GREANEY: Thank you, Mr Warnock. Next, Mr Gozem on
2 behalf of the families.
3 (Pause)
4 MR GREANEY: I'll just say that one more time: Mr Gozem on
5 behalf of the families.
6 SIR JOHN SAUNDERS: It's your cue, Mr Gozem. (Pause). Do
7 we have a phone number for him?
8 MR GREANEY: We do. I'll ask Mr Welch if he will get in
9 touch. And in the — what to do? Let's give him
10 another 30 seconds, and if he doesn't join us then, I'll
11 ask you to rise for just a moment and I will make a call
12 to him.
13 SIR JOHN SAUNDERS: Yes, of course.
14 MR GREANEY: Or Mr Welch will step outside. Are you content
15 just to remain?
16 SIR JOHN SAUNDERS: I'm happy to sit if I'm not causing any
17 difficulties to anybody.
18 Sorry about this.
19 A. That's okay, sir.
20 SIR JOHN SAUNDERS: Normal service will be resumed.
21 (Pause)
22 MR GREANEY: I think we are sending him another BlueJeans
23 link.
24 SIR JOHN SAUNDERS: Right.
25 (Pause)

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1 SIR JOHN SAUNDERS: I think we are trying a new link or
2 something. Would you like me to go away?
3 MR GREANEY: Not go away, but if you would rise for a short
4 time, please.
5 (4.06 pm)
6 (A short break)
7 (4.09 pm)
8 MR GREANEY: Mr Gozem is with us now. It wasn't his fault.
9 He was ready to go.
10 Just before he asks his questions, just to return to
11 a matter that Mr Warnock raised, namely what changed so
12 as to cause GMFRS staff to enter, and the witness gave
13 a potential explanation, namely triggered by the
14 conversation with Mr Dexter. That can't be the entire
15 explanation or even the explanation because GMFRS staff
16 do start to enter the station at an earlier stage than
17 that conversation.
18 SIR JOHN SAUNDERS: Thank you.
19 MR GREANEY: Mr Gozem.
20 Questions from MR GOZEM
21 MR GOZEM: Can I apologise to everyone for that hiccup. I'm
22 not sure what caused it.
23 Mr Hynes, I would like to start by asking you just
24 to look at this document, please. Mr Lopez, it's
25 {INQ01552/2}.

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1 It's a very simple point, but just so that we are
2 clear before I begin my questioning, this is a document
3 that sets out the command structure and the location of
4 managers for the incident. It starts with, at the top,
5 the executive, Derek Cartwright. Next the strategic
6 commander, Neil Barnes. Then the tactical commander,
7 Annemarie Rooney. And then four operational commanders,
8 Derek Poland, Matt Calderbank, Steve Hynes, Dan Smith
9 and then it continues on. I don't need to read the rest
10 of it.
11 Are you happy that that is an accurate
12 representation?
13 A. Yes, sir.
14 Q. The reason for showing that to you is just this: one of
15 the things that you mentioned when you were talking
16 about Annemarie Rooney, and it was on the topic of
17 whether she had been bypassed, you made this point,
18 I think:
19 "Somebody junior leading somebody senior, the
20 mindset needs to be about the roles."
21 Do you remember saying that or something similar to
22 it?
23 A. I do, sir, yes.
24 Q. Well, is the same true in reverse, in other words when
25 you, Steve Hynes, are acting as an operational

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1 commander, you need to be aware of the roles of
2 Annemarie Rooney, the tactical commander who is in
3 a position above you?
4 A. That is correct, sir, yes.
5 Q. Yes, thank you.
6 I just wanted to be clear that that was what you
7 meant and that you accept that.
8 In relation to the takeover by you from Dan Smith as
9 operational commander, is that something that should
10 have been cleared or discussed with Annemarie Rooney?
11 A. It's a conversation that could have took place, sir,
12 yes.
13 Q. But should it have taken place?
14 A. For further authority, sir, from the tactical commander,
15 yes.
16 Q. It leads me to ask you this: were you determined to take
17 over from Dan Smith and not to ask her?
18 A. Not at all, sir, no.
19 Q. Then why didn't you ask her?
20 A. It's just something at that point, sir, that never came
21 into my mind. From the discussion that I had with
22 Dan Smith, I felt that I would enhance the role of the
23 operational commander and Dan would enhance the clinical
24 care being delivered in the casualty clearing station
25 based on our skills.

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1 Q. I accept that you may be quite right about the skills ,
 2 but that didn't actually arise from the conversation
 3 that you had with him, did it?
 4 A. It was -- sorry, sir.
 5 SIR JOHN SAUNDERS: No, you carry on.
 6 A. It was a natural transition that followed me taking over
 7 operational commander after I posed the question to Dan:
 8 do you mind me taking over the role?
 9 MR GOZEM: Right. You didn't discuss with him, did you, the
 10 fact that, for instance, you felt that your skills would
 11 allow you to do the job better than him?
 12 A. Dan -- there was a matter -- it was about enhancing that
 13 role and Dan would be aware of my experience and skills.
 14 Q. All right. Can we look at another document, please
 15 INQ0230510 at page 61. Is there a difficulty with that,
 16 Mr Lopez? I'm sorry, it is INQ023510 at page 61.
 17 SIR JOHN SAUNDERS: There's only eight pages in the document
 18 you have given the number of.
 19 MR GOZEM: Then I've got a bad reference for which
 20 I apologise. It's not my afternoon, plainly.
 21 I'll move on and ask you something else, Mr Hynes.
 22 I've got my fingers crossed, Mr Lopez. Could we
 23 look at {INQ020625/1}, please.
 24 Thank you. Could you scroll down because it starts
 25 the page below.

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1 SIR JOHN SAUNDERS: I think we want the next page.
 2 MR GOZEM: I'm sorry, the page before that. Thank you.
 3 Mr Hynes, I don't know if you can recognise that.
 4 Mr Lopez, is that half the page? Could we perhaps get
 5 the whole of that page on, please, just so that Mr Hynes
 6 can see it in context. We will have to go up to the
 7 page before, please.
 8 So it begins at the bottom. It's an email from you
 9 to Ellen Ward and Dan Smith, inviting comments. Can you
 10 see that?
 11 "Nwas had circa 25 staff in attendance for the first
 12 25 minutes of the incident."
 13 Then if we can go further on in the document, it
 14 sets out:
 15 "This included consultant paramedic, advanced
 16 paramedic", etc.
 17 "Present within the hot zone also consisted of a few
 18 Manchester Arena medical team", and so on.
 19 I don't need to read it all out, but it -- was it
 20 designed as a press release or something similar?
 21 A. No, sir. I'm reasonably sure this related to
 22 a presentation I was asked to undertake and I was
 23 getting some information, some facts that would enable
 24 me to populate the presentation, sir.
 25 Q. Right. Well, if we look at what Daniel Smith replied,

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1 which was:
 2 "Just a thought: should we tie ourselves to quoting
 3 numbers? Would be dangerous."
 4 Do you remember him saying that?
 5 A. From the email I can read that, yes.
 6 Q. You can see it?
 7 A. Yes, sir.
 8 Q. Good, thank you.
 9 Well, what did you understand him to mean by "could
 10 be dangerous"?
 11 A. It's maybe a question that Dan Smith would answer, but
 12 I would assume, sir, that we needed to be -- ensure any
 13 numbers we were putting in a presentation that will be
 14 shared needs to be factually correct, sir.
 15 Q. Yes. Well, one of the things I want to ask you about
 16 that is that -- do you remember a programme called
 17 Inside Out?
 18 A. Vaguely, sir.
 19 Q. Because what I'm going to suggest to you is that that
 20 document was in fact prepared by you in advance of
 21 a press release to Inside Out.
 22 MR GREANEY: Can I just (inaudible: no microphone) in case
 23 this is helpful to Mr Gozem. There was a reference he
 24 wanted earlier. I don't know if this ties into that
 25 point. He did in fact have the correct reference, but

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1 there was a T missing from the end. So if you still
 2 want to go to the Kerslake interview, Mr Gozem, it's
 3 {INQ023510T/1}.
 4 MR GOZEM: Not at this -- I have moved on, but I'm very
 5 grateful to you, thank you very much.
 6 SIR JOHN SAUNDERS: I have no idea what Inside Out is. What
 7 is Inside Out?
 8 A. I think it's one of these documentary programmes on BBC.
 9 SIR JOHN SAUNDERS: On the arena bombing?
 10 A. I recall, sir, yes.
 11 SIR JOHN SAUNDERS: Is this a press release for that or
 12 something to do with that?
 13 A. I wouldn't -- I'd only be asked to approve a press
 14 release. We have a department who would deal with that
 15 information for any press release.
 16 MR GOZEM: All right. Could we look, please, at
 17 {INQ020675/2}.
 18 This is an email from you to Derek Cartwright,
 19 Salman Desai and Ged Blezard:
 20 "See below -- hopefully this captures the key
 21 points.
 22 "Salman -- is it possible for one of the team to
 23 design a press statement around this? I suggest we
 24 should consider presenting the statement to the Inside
 25 Out programme."

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1 Can you see it appears to contain the same
 2 information as was on the earlier email where Mr Smith
 3 had been copied in and queried whether it was dangerous
 4 to include figures?
 5 A. Yes, sir.
 6 Q. So it looks as if it was something that you had put
 7 together to go to a team who would prepare a press
 8 release for the Inside Out programme, doesn't it?
 9 A. Yes, so Salman Desai is the director responsible for
 10 communications for NWAS.
 11 Q. So is it right then that it does look like something
 12 that you had put together for a press release to that
 13 programme?
 14 A. Yes, I can only think, sir, in terms of — I would have
 15 been asked for some information relating to the incident
 16 and I presented that to our CEO and Salman Desai.
 17 Q. Yes. Did you actually ever see the Inside Out
 18 programme?
 19 A. I don't — I may have, sir, but I can't recollect seeing
 20 it.
 21 Q. Would you forgive me if I just try and refresh your
 22 memory? Might it have been a programme that had
 23 highlighted the fact that there had only been three NWAS
 24 paramedics in the City Room as against the figures that
 25 they were given of, I think, 59 injured people? Do you

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1 remember that? Does that help your memory?
 2 A. It doesn't help my memory about watching the programme,
 3 sir. I just recall it through — I think a discussion
 4 with our — one of our comms team who were regarding the
 5 points that Inside Out had covered.
 6 Q. So you might not have seen it, but you were aware, were
 7 you, of the fact that those facts had been put in the
 8 public domain?
 9 A. From Inside Out, sir?
 10 Q. Yes, from the report that you received from somebody.
 11 A. Sorry, sir? Just repeat.
 12 Q. If I understood you, you would have known that Inside
 13 Out had put the fact of there only been three NWAS
 14 paramedics in the City Room from his report about the
 15 Inside Out programme; is that right?
 16 A. Yes, sir. Yes.
 17 Q. Yes, thank you.
 18 It's right, isn't it, that you yourself were
 19 interviewed by the BBC for a programme called, I think,
 20 The Night of the Bomb?
 21 A. That's correct, sir.
 22 Q. I don't suppose you've now got a recollection of that
 23 fairly long interview, so I'm going to ask, please, if
 24 we could look at {INQ024278T/26}, and it may be that
 25 there should be a T on the end of that, please. It is

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1 a transcript, Mr Lopez, at page 26.
 2 SIR JOHN SAUNDERS: It does have a T.
 3 MR GOZEM: Thank you. It's my fault. I have not noted the
 4 Ts, sir.
 5 SIR JOHN SAUNDERS: Don't worry.
 6 MR GOZEM: Can you see there the first question attributed
 7 to the male speaker?
 8 "Were there any other medics with Paddy up in that
 9 hot zone?"
 10 And your answer is:
 11 "Yes, so you know at that early point, once Paddy is
 12 in the hot zone and translated that information back to
 13 our control, the clinicians arriving, so paramedics and
 14 technicians and other advanced paramedics, senior
 15 paramedics and our consultant paramedics are in that
 16 vicinity and helping Paddy accordingly to identify the
 17 ones who are critically injured."
 18 Do you accept that is a fair transcript of what you
 19 said?
 20 A. Yes. Yes, sir, I do. The only explanation for that,
 21 sir, is I have not translated the question in relation
 22 to the hot zone. I have used the broader inclusion of
 23 other clinicians with the word "in the vicinity". But
 24 I was aware, sir, that there were only Paddy and two
 25 other — well, the HART operatives who were in there

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1 initially with Paddy.
 2 Q. Yes. Okay. Could we have that up again, please,
 3 Mr Lopez, if it's possible.
 4 MR LOPEZ: We have still got it.
 5 MR GOZEM: Thank you.
 6 The speaker goes on:
 7 "So just in layman's terms, just explain to me who
 8 is in that hot zone from the Ambulance Service at that
 9 point?"
 10 And your answer is not hugely different, is it? You
 11 take your time to read it.
 12 A. That information is not correct in terms of stating
 13 there were other clinicians in the hot zone, sir.
 14 Q. No —
 15 SIR JOHN SAUNDERS: If you read it, he's not leading a team
 16 of senior clinicians, paramedics and technicians, is he?
 17 A. My only explanation for that, sir, would be Paddy being
 18 that acting incident commander having those resources
 19 available to him, not specifically in the hot zone.
 20 That's the only explanation I can give, sir. Otherwise,
 21 if it's translated to be all those staff were in the hot
 22 zone, it's inaccurate.
 23 MR GOZEM: Yes. Well, could we have up the next page,
 24 please, {INQ024278T/27}. The male speaker says:
 25 "So which? Who is actually with him from the

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1 Ambulance Service in that hot zone?"
 2 And again:
 3 "So we have got -- in terms of NWSA staff are you
 4 talking about, yes? We've got paramedics and
 5 technicians and other senior paramedics in that hot
 6 zone. We've also got some of our HART staff and we have
 7 got our special operations team."
 8 So the speaker asks:
 9 "Question: So we're talking in that first -- so he
 10 called at 10.36 pm, I think it was, when he was on the
 11 scene."
 12 "Answer: Yes.
 13 "Question: In the next kind of, say, 15 minutes
 14 window, who is actually there with him at that point?
 15 "Answer: Yes, so there are paramedics and
 16 technicians.
 17 "Question: So how many of them are there there?"
 18 And if we could go on to the next page
 19 {INQ024278T/28} -- that's very blurred on my screen.
 20 I don't know whether there's anything you can do about
 21 that, please.
 22 SIR JOHN SAUNDERS: It's fine on our screen. Would you like
 23 me to read it out for you, the answer?
 24 MR GOZEM: I would be grateful, sir, and I'm sorry to ask
 25 you to do that.

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1 SIR JOHN SAUNDERS: The answer reads:
 2 "I wouldn't be able to say exactly at that point,
 3 but there are a number who can support Paddy in
 4 identifying the ones who are injured and then, as more
 5 arrive, then we are able to, you know, work with the
 6 other people, the general public and the British
 7 Transport Police and the security guards to manually
 8 handle those patients and lift them to a safer zone."
 9 MR GOZEM: Thank you, sir, and my apologies for not being
 10 able to read it.
 11 SIR JOHN SAUNDERS: No, no, it's not your fault.
 12 MR GOZEM: Wasn't it by then pretty clear what that
 13 questioner was getting at, Mr Hynes?
 14 A. I could only respond in the manner that I have already
 15 articulated, sir. I am -- I am aware further through
 16 the transcript I do state that there were only --
 17 I think I state there are only two in the City Room with
 18 Paddy.
 19 SIR JOHN SAUNDERS: Do you mind me interrupting, Mr Gozem,
 20 for a moment?
 21 Let's just cut through this. You weren't even there
 22 at the time this actually happened, but presumably you
 23 were put forward or asked to go to represent NWSA to say
 24 what had happened. So you were prepared or had prepared
 25 yourself for the interview?

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1 A. Yes, sir, yes.
 2 SIR JOHN SAUNDERS: Right. So either you have just made
 3 a terrible mistake or you were trying to put NWSA's
 4 performance in a better light than was actually right.
 5 So it was a PR job, was it?
 6 A. It was definitely not a PR job, sir.
 7 SIR JOHN SAUNDERS: Okay.
 8 A. I would always be honest in terms of anything, and
 9 I say, the only explanation I have for that, sir, is in
 10 terms of Paddy has got assets available to him. It's
 11 specifically stating that those assets were in the hot
 12 zone when that's inaccurate, sir.
 13 SIR JOHN SAUNDERS: You knew what they were going to ask
 14 about before you went?
 15 A. Yes, sir, and for that period of that transcript, I just
 16 can't explain any other way, sir.
 17 SIR JOHN SAUNDERS: But you knew there was public concern
 18 about the limited number of people in there?
 19 A. Yes.
 20 SIR JOHN SAUNDERS: That's what they were going to focus on?
 21 A. Yes, sir.
 22 SIR JOHN SAUNDERS: You had a chance to prepare yourself.
 23 Were you briefed by somebody?
 24 A. I had say it was well briefed, sir. I do say, you know,
 25 I couldn't take you to the page, but through the

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1 transcript I do state there are only -- I'm sure I do
 2 state two in the hot zone with Paddy.
 3 SIR JOHN SAUNDERS: Perhaps that can be pointed out to us.
 4 Sorry, Mr Gozem.
 5 MR GOZEM: Not at all, sir, I'm grateful because you have
 6 extracted the part that matters and matters to you, and
 7 that's what's important.
 8 You do. I don't dispute that you do eventually
 9 acknowledge that there were only three, but that comes,
 10 do you accept, at a time when the questioner asks you:
 11 "I'm looking through reports. It says that there
 12 were three ambulance staff in that area until later on."
 13 Your answer is:
 14 "Okay."
 15 And he says:
 16 "Is that true?"
 17 And eventually, after those two or three pages, you
 18 say "yes". So that was an error rather than a PR job,
 19 was it?
 20 A. That's correct, sir.
 21 Q. Right. You will forgive me for my faltering start,
 22 I hope, Mr Hynes.
 23 I wanted to ask you about -- you will remember the
 24 issue of deployment and then you replacing/taking over
 25 from Dan Smith.

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1 Could we look at {INQ023510T/61}.

2 You mention there in the first answer that you give

3 to Lord Kerslake:

4 "I think in terms of speaking to any of the

5 Bronze — it may have been a difficult decision for them

6 to make outside what the guidelines state they must do.

7 Whereas, maybe a strategic commander has that, maybe

8 that level of accountability but also that experience

9 and knowledge and training."

10 And Lord Kerslake finishes the sentence:

11 "To make that judgement?"

12 Is that really the best explanation, do you think,

13 looking back on it, as to why you decided to take over?

14 A. I think, sir, as I've said earlier in the questions,

15 that I felt I was able to enhance the role of

16 operational commander for NWAS with the training,

17 education and skills that I have and at the same time

18 being able to utilise Dan's skills in a clinical

19 environment, being a consultant paramedic, for the care

20 of the casualties in the casualty clearing station.

21 Q. Yes. Well, was it a decision you'd made in the car on

22 the way there that you were going to take over?

23 A. Not at all, sir, no.

24 Q. What prompted it? What changed then to prompt it on

25 your arrival?

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1 A. As I observed there at the scene, walking to meet Dan,

2 I could see from a — particularly the NWAS plan seemed

3 to be in place. And then understanding in terms of the

4 situation that JESIP had not materialised at that point,

5 no Fire Service on scene, I felt I was in a good place

6 to undertake the role as I have — for the reasons

7 I have mentioned for earlier, and then incorporate some

8 decisions that would address some of the issues such as

9 JESIP.

10 Q. And there's no question, Mr Hynes, that you made

11 strenuous efforts in relation to JESIP, I don't doubt

12 that.

13 I'm going to move on then, please, to try and finish

14 this evening with just two more topics.

15 The first is in relation to Annemarie Rooney. Could

16 we please see, Mr Lopez, {INQ000248T/14}.

17 If we start with your answer at 33.10 which is just

18 below halfway down:

19 "And then we had Neil Barnes. Are you seeing Neil

20 after? Are you seeing Neil today?"

21 SIR JOHN SAUNDERS: Would you help as to what this document

22 is, Mr Gozem?

23 MR GOZEM: Yes. This is...

24 A. This may be, sir, either the interview I had with —

25 coming out of the Kerslake Inquiry.

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1 Q. I think it is part of the Kerslake —

2 SIR JOHN SAUNDERS: Thank you.

3 MR GOZEM: You mentioned to us at the foot of that page,

4 page 14:

5 "So I made fact with Annemarie. This is where some

6 of the difficulties might have occurred here, really."

7 What difficulties do you have in mind? You do go on

8 to say:

9 "When I say difficulties, I don't know how Annemarie

10 may have voiced things."

11 But what difficulties did you have in mind?

12 A. It was something that I was asked earlier, sir, in terms

13 of the relationship between me, senior to Annemarie,

14 undertaking a role that would be leading me.

15 Q. Yes. Do you think it helps that you didn't go through

16 her? Do you think those difficulties were helped or

17 made worse by the fact that you did not go through her?

18 A. When you say go through her, for anything specific, sir?

19 Q. Well, you've given us examples yourself of — you said

20 she wasn't bypassed, but there were times when you did

21 not go through her, for instance ordering back-up

22 ambulances.

23 A. I felt once I established the link with Annemarie, the

24 updates that I gave Annemarie were reasonably consistent

25 with METHANE and on occasions Annemarie contacted

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1 myself. I think there was only maybe one, or a maximum

2 of two occasions, I spoke to Vicky Worrall in relation

3 to sourcing more assets.

4 Q. Yes.

5 A. But generally the link was with Annemarie Rooney.

6 Q. I'm sorry, the question was aimed at inviting you to

7 answer this: do you think the difficulties that you

8 referred to in that answer were made better or worse by

9 you dealing directly with Vicky Worrall rather than

10 going through Annemarie Rooney?

11 A. I have acknowledged, sir, that I should have gone

12 through Annemarie Rooney based on our major incident

13 response plan.

14 Q. All right, thank you.

15 At the end of that answer you say this:

16 "So Annemarie is a newish tactical commander,

17 newish, maybe 18 months or so. She would generally

18 report to me, strategic commander. So it was a little

19 bit different for her, and understandably so, in terms

20 of she should be leading me and I'm feeding her that

21 information."

22 Did that have any bearing on you dealing directly

23 with Vicky Worrall, the fact she was a relatively newish

24 tactical commander with only 18 months' experience?

25 A. So — no, sir. I think, you know, it may be a question

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1 for Annemarie, but for me, no, personally. But being
 2 aware of me as a chief commander undertaking an
 3 operational commander role reporting through to
 4 Annemarie, at each part of the end of the call asking
 5 Annemarie, "Is there anything more that you need from
 6 me, Annemarie?", and that was a way of supporting and
 7 helping Annemarie on the basis of -- as I said, having
 8 me, senior to her, reporting to Annemarie.
 9 And Annemarie also developed the same question each
 10 time we had -- to I, is there anything that she can do
 11 for me. So the relationship developed, in my eyes, well
 12 as the incident developed.
 13 Q. Were you aware of her arrangement with Dan Smith?
 14 A. Not with Dan Smith, sir, no. But I'm aware, you know,
 15 it's sometimes a general practice that, you know, does
 16 happen, possibly across the sector, not just NWAS.
 17 Q. So it doesn't -- there's nothing wrong with it, I'm not
 18 suggesting that there is, I'm just asking you, from
 19 an NWAS perspective, there's no problem with her having
 20 that arrangement or agreement, and it is not something
 21 that anyone else needed to know?
 22 A. Providing each and every one of us follows the plan,
 23 sir, there's no issue.
 24 Q. All right, thank you.
 25 One other point. You mentioned earlier in answer to

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1 a question about Dan Smith's failure to appoint a safety
 2 officer that a safety officer would be of benefit.
 3 Have I got that right?
 4 A. That's correct, sir.
 5 Q. Did you appoint a safety officer?
 6 A. No, sir.
 7 Q. Was there a reason why you didn't?
 8 A. The main reason, sir, was associated with the
 9 availability of a proficient commander to be able to
 10 undertake that. There are occasions when commanders
 11 will extend their duty and in this specific situation
 12 I took the decision not to appoint a safety officer, but
 13 had that at the forefront of my mind, as I have
 14 mentioned earlier, from a command perspective but also
 15 from a safety perspective for the NWAS personnel on
 16 scene.
 17 Q. So it was a positive decision not to because there
 18 wasn't anybody suitable there; is that the position?
 19 A. Potentially, sir, it would have removed somebody dealing
 20 with the casualties.
 21 SIR JOHN SAUNDERS: So is the effect of the rest of your
 22 answer that you were doing it?
 23 A. To the best extent I can do, sir, because there are
 24 other elements such as -- for a safety officer, if
 25 a vehicle comes at the parking officer, the safety

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1 officer gets involved in briefing the crew. So some of
 2 those things would have, you know, not been completed.
 3 But otherwise, you know, it's a responsibility for
 4 all commanders to ensure the safety of all NWAS
 5 personnel is being, you know, cared or looked after, and
 6 that's something I took at the forefront of my mind as
 7 well.
 8 MR GOZEM: All right. Final topic, one more document,
 9 Mr Hynes.
 10 Mr Lopez, your help again, please: {INQ022370/13},
 11 no T.
 12 This, I think, is your handwritten -- it's a debrief
 13 document.
 14 A. That's correct, sir.
 15 Q. All right. I just want your help, please. Under
 16 "command and control" it says:
 17 "Initial clarity on which role took time."
 18 Now, could you help us to understand what that
 19 means?
 20 A. From memory, sir, it will be the role that I was to
 21 undertake.
 22 SIR JOHN SAUNDERS: Do we need to see what the question is?
 23 "Thinking of how well prepared you were for this
 24 incident ..."
 25 A. I think it's about what the clarity of what role I was

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1 going to undertake at the point of engaging with, you
 2 know, the ROCC.
 3 MR GOZEM: Could we have the document back again, please,
 4 Mr Lopez.
 5 MR LOPEZ: It's still there on ours.
 6 MR GOZEM: I'm sorry. It wasn't there on mine:
 7 "Many commanders responded who were not on call."
 8 I think that speaks for itself, doesn't it?
 9 "CEO en route to ROCC -- role of exec on call needs
 10 clarity."
 11 Again, could you just elaborate a little bit on that
 12 last sentence for us?
 13 A. Well, we have a command structure that operates as part
 14 of our response plan that now incorporates our executive
 15 on call. Generally we operate strategic, tactical and
 16 operational and in terms of -- the clarity is really
 17 about it's the strategic commander making the decisions
 18 which, as I'm aware on this evening, you know, was the
 19 person -- NWAS was responsible, despite the CEO being
 20 present. The CEO made his way to the ROCC.
 21 Q. All right. I won't press you further on that.
 22 Could we have the same document at {INQ022370/14},
 23 please, and I hope this is the final topic.
 24 Do you see the box just below "transport", below the
 25 break there:

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1 "The most important thing I have learned in my role
2 has been?"
3 Does it say:
4 "Undertaking a role..."
5 Thank you very much, Mr Lopez:
6 "Undertaking a role outside my on-call role and the
7 importance of the relationship through to tactical .
8 Leadership against conflict , experience against
9 inexperience."
10 Could you just flesh the whole of that out for us
11 and tell us what it was you were getting at?
12 A. Yes. So when the chair asked me a question earlier,
13 I answered it in a manner of I felt there -- I feel
14 there is scope for us to -- across the sector to do some
15 development around specialists within our command roles
16 or incidents of this nature that occurred on 22 May.
17 Q. In other words, things could be improved?
18 A. So I would expect so, sir , yes. So, you know,
19 operational commanders are well trained to deal with,
20 you know, whether that would be a train crash, coach
21 crash, something of that nature, whereas in the world
22 that we're in , we have more complex incidents, and
23 a good example was, you know, the role that, say,
24 Mark Dexter was specific around firearms, although he
25 did obviously contribute to the operational command.

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1 I think for the sector, there's some work that we
2 should be considering looking at how we can enhance
3 those -- the individuals who undertake that role to be
4 available to carry out that role in the event we
5 experience, God forbid, another similar incident.
6 Q. What does the reference to conflict refer to there,
7 please?
8 A. It's more so associated with probably the difficulty
9 that, you know, may have been experienced for a junior
10 leading a senior member of staff.
11 Q. I see. So we're talking about the Annemarie Rooney sort
12 of situation?
13 A. Yes.
14 Q. Right, final question -- I'm sorry, if you hadn't
15 finished , please carry on.
16 A. Yes, sir . And it was something that, you know, I was --
17 I was conscious of. So it's how, you know, we support
18 each other.
19 Q. I hope this is final question: in the time that's
20 elapsed since you filled in that document, you will have
21 had time to reflect . Are there any other lessons you
22 feel you and/or NWAS can learn from what happened on
23 that night?
24 A. I think over the past 4 years there are many things that
25 have been learned by the organisation and the sector.

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1 I'm sure you have had sight of our debrief that we did.
2 Q. Yes.
3 A. We've also had the opportunity to learn from London
4 Ambulance Service in terms of the incidents that they
5 experienced.
6 So, you know, there's quite a few things, sir . You
7 know, we've been clearly documented and, you know, the
8 organisation, you know, I'm proud to say, is a learning
9 organisation and we learn each day, you know, and we had
10 a -- there was a lot to learn from 22 May, you know, as
11 it has been in subsequent incidents that we have
12 experienced, and thankfully not on the scale that we
13 dealt with on 22 May, but we will continue to learn, and
14 how we can share that throughout the sector, you know,
15 and not just within NWAS as well is key for the
16 organisation.
17 MR GOZEM: Thank you.
18 SIR JOHN SAUNDERS: Hang on, please. I mean, the concern
19 for the inquiry is why these things weren't learned
20 a long time ago so we don't want to have a disaster like
21 this in order to learn the lessons. And it's perfectly
22 apparent, isn't it , from what you have said, apart from
23 anything else, that certain of these things were -- have
24 happened before and were -- just happened again on the
25 night of the 22nd.

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1 So the question is: should they all have been
2 learned before?
3 A. Well, I'm sure there are some, sir . Communications is
4 always a challenge no matter what incident and we will
5 continue to learn . But you know, I think the training
6 and the education and experience is key for all the
7 sector of any individual who is going to undertake any
8 role.
9 SIR JOHN SAUNDERS: I don't want to be difficult, but
10 I think it's better if we don't learn from experience
11 too much.
12 A. Of course, sir , yes.
13 SIR JOHN SAUNDERS: Thank you, Mr Gozem. I'm sorry to take
14 over.
15 MR GOZEM: Not at all, sir. Thank you, and can I thank
16 everyone for their patience when I couldn't connect to
17 the system.
18 SIR JOHN SAUNDERS: It wasn't long. That's fine, Mr Gozem.
19 MR GOZEM: Thank you.
20 MR GREANEY: Mr Cooper had indicated an area on which he had
21 questions, and I'm going to check about whether that
22 remains an area he wants to ask questions about.
23 MR COOPER: I'm grateful to Mr Greaney. It is. I know
24 Mr Greaney is aware of the particular area. I suspect
25 that my instructing solicitor -- I think we both agree

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1 it's a short, but it may be of assistance to you, sir,
 2 if I can just be given a few minutes.
 3 SIR JOHN SAUNDERS: Thank you.
 4 Questions from MR COOPER
 5 MR COOPER: It's this: going back — as you will probably
 6 have realised, Mr Hynes, I also represent the families
 7 in this inquiry.
 8 It's going back to your earlier evidence concerning
 9 your requirement for a loggist. Do you remember giving
 10 that evidence to us a little earlier?
 11 A. Yes.
 12 Q. And you obtained Mr Poland's assistance for that, didn't
 13 you?
 14 A. That's correct, sir.
 15 Q. Now, you're aware, aren't you, that Mr Poland at the
 16 time was acting in the role of parking officer, an
 17 important role, as he's explained it to us.
 18 A. Again, sir — again, sir, I'm aware he was the parking
 19 officer. On the night I can't remember I was made
 20 aware.
 21 Q. Well, when you — when you sought the assistance of
 22 Mr Poland to be a loggist, did you make any enquiry as
 23 to what other duties he had at the time and therefore
 24 what you would be taking him away from?
 25 A. No, sir.

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1 Q. Do you think that might have been a sensible thing to
 2 do?
 3 A. Yes, sir, it would have been, sir, and I'm sure Derek
 4 would have advised me that he was undertaking that role.
 5 Q. Are you senior to Mr Poland?
 6 A. I am, sir.
 7 Q. So let's just be realistic, if we may. You, as senior,
 8 are telling Mr Poland you require him as loggist; is
 9 that correct?
 10 A. It was me as an operational commander informing Derek to
 11 be my loggist, sir.
 12 Q. Yes. Do you know, for instance, who took over
 13 Mr Poland's duties as parking officer? We've been told
 14 it's an important duty.
 15 A. So once another officer arrived some time later, sir,
 16 another NWAS officer undertook that role.
 17 Q. When did you learn that?
 18 A. I allocated that individual, sir, on the night.
 19 Q. So when you took Mr Poland from the role of parking
 20 officer, you knew someone else was going to step into it
 21 immediately, did you?
 22 A. No, sir. When another officer arrived on scene
 23 I allocated that officer the functional role of parking
 24 officer.
 25 Q. You see, I'm asking you these questions, because, and

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1 rightly so, I have been rightly instructed of those we
 2 represent's concern about this issue, that possibly, as
 3 a result of your decisions to take Mr Poland away from
 4 his important duties, casualties might have been kept
 5 waiting for longer than necessary for ambulances to take
 6 them to places of care. Do you understand why those
 7 I represent are concerned that I ask you these
 8 questions?
 9 A. Without a doubt, sir, any question posed, without
 10 a doubt. But I am well aware there was — to my
 11 knowledge, during while I was operational command, there
 12 was no delay in operational resources on scene to move
 13 patients.
 14 Q. Would that be more by luck than judgement?
 15 A. Not at all based on the decisions that I took, sir.
 16 Q. One of them was to take Mr Poland away. I won't keep
 17 going in circles and this is my last question. One of
 18 those decisions, I suggest to you, was to take Mr Poland
 19 away from an important duty without you looking at the
 20 potential ramifications for doing that; would you agree?
 21 A. No, sir. It did not delay ambulances arriving at the
 22 scene and being available to move casualties.
 23 MR COOPER: I'm grateful, sir, for that time.
 24 SIR JOHN SAUNDERS: Thank you, Mr Cooper.
 25 MR GREANEY: Thank you, Mr Cooper. I'll check whether

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1 Ms Roberts has any questions — and she doesn't.
 2 That concludes the evidence of Mr Hynes.
 3 SIR JOHN SAUNDERS: Thank you, Mr Hynes. Thank you for
 4 coming to give us your evidence, and thank you for the
 5 insights you have provided into what happened that
 6 night. You clearly have given us a lot to think about.
 7 A. Thank you, sir.
 8 SIR JOHN SAUNDERS: What time tomorrow?
 9 MR GREANEY: 10 o'clock, please, sir.
 10 SIR JOHN SAUNDERS: Just give me a moment.
 11 (5.03 pm)
 12 (The hearing adjourned until
 13 Wednesday, 9 June 2021 at 10.00 am)
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1 I N D E X

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