Manchester Arena Inquiry

Day 114

June 9, 2021

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Wednesday, 9 June 2021
(10.00 am)
(Delay in proceedings)
(10.05 am)
MS CARTWRIGHT: Good morning, sir.
SIR JOHN SAUNDERS: Good morning.
MS CARTWRIGHT: Firstly, may I apologise that we are a few minutes late starting. That's all my fault.
Could I ask the gentleman in the witness box, Mr Birchenough, to be sworn, please.
SIR JOHN SAUNDERS: Are you already standing up to do this?
THE WITNESS: Yes.
MR JAMES BIRCHENOUGH (affirmed)
SIR JOHN SAUNDERS: Did you have to use your own ambulance?
A. No!
SIR JOHN SAUNDERS: If you need a break at any time, just tell me.
A. Thank you, sir.
Questions from MS CARTWRIGHT
MS CARTWRIGHT: Could you please tell the inquiry your full name?
A. James William Birchenough.
Q. Mr Birchenough, you a provided a witness statement dated 1 April 2018. Are the contents of that witness statement true to the best of your knowledge and belief?

A. Yes.
Q. Mr Birchenough, I'm going to cover four main areas with you this morning: firstly, your current role and background; training; then your role on 22 May and your involvement that day and into 23 May; and finally deal with the debrief and lessons learning.
SIR JOHN SAUNDERS: Before we start -- I'm sorry, I should have said before we started, things have gone quicker than may have been expected this week. We've tried to bring other witnesses forward. That is actually a very difficult process because there's a good deal of preparation which goes into calling witnesses, including supplying them with material to read beforehand. So the result is that we haven't been able to bring other witnesses forward and so we only have this witness and one more to complete the witnesses this week. There is another witness who can't be here for perfectly good reasons.
So the result of all of that is that we won't be sitting tomorrow. So we thought that was better that I'm telling you now. As I said, we would have brought other witnesses forward if can we could have done and obviously there are other things we will be doing, but we won't be doing them in a hearing. So I just wanted to give people notice of that as soon as possible.

MS CARTWRIGHT: Thank you.
Could I indicate before we start, the witness has in the witness box with him a document that was not on din his evidence proposal but it is the summary of radio channels that has been used with other witnesses.
Just for those following and for core participants, bearing in mind it wasn't flagged, that document is {INQ040441/1}. So there is also a copy of that for you which I'll hand to you at the appropriate time.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: Mr Birchenough, could I ask you then first of all in terms of your current role?
A. In my current role, I'm an operations manager.
Q. And if we deal with then your time with North West Ambulance Service, I think it's correct, isn't it, that you joined the Ambulance Service in 2003?
A. Yes.
Q. You qualified as a paramedic in 2007?
A. Yes.
Q. In 2012 you were promoted to the role of assistant operations manager?
A. Yes.
Q. And you then took up a secondment to operations manager in November of 2016?
A. Yes.

Q. And at a high level could you give us an indication about what an operations manager role is, please?
A. An operations manager is involved, obviously, with all aspects of operations for a group of ambulance stations and a number of ambulance staff of all grades.
Q. I think it's correct that you were the operations manager for the area that included Manchester city centre at the time of the arena attack?
A. That's correct.
Q. Could we then move, please, to deal with training? I'm particularly focusing on your training in respect of commander training, first of all.
We have your records, but I think it's perhaps more helpful if you describe to the chairman, as of the night of the attack, what commander training you'd had, please.
A. The basic incident training that all staff would get as far as basic training. I had been to do the NARU course in the February of 2017.
Q. And it's correct, isn't it, that as an operational manager, does that then mean that you're also able to discharge and perform the role of an operational commander or a Bronze commander?
A. No, not at the time, no.
Q. And did you achieve the qualification of a Bronze

commander subsequent to this night?
A. Yes.
Q. Could you just tell us when that occurred, please?
A. It was February 2018.
Q. Thank you. So the reference to the 9 February 2017 NARU operational course that witness has just described is {INQ041299/1}.
Could you assist us then in terms of what that NARU operational commander course trained you and equipped -- the knowledge it equipped you with, please?
A. It's the National Ambulance Resilience Unit. It's predominantly based around the JESIP principles.
Q. Then, in terms of if we look at JESIP training, we can see from your records -- and if you wish them to be brought up, we can -- that you had undergone, firstly, major incident management training on 3 July 2013, but then you had had JESIP multi-agency command training on 3 July 2014. Can you assist us as to what that training equipped you with in terms of knowledge of JESIP and JESIP principles and the like, please?
A. The training to my recollection is a one-day joint agency course, so with the police and the fire. And it's a single day going over the principles, and potentially touching on an exercise, although not a live exercise, just a concept exercise to run through those

principles.
Q. Are you able to give us some indication that on the night that you attended the incident, what was your knowledge of the JESIP marauding terrorist firearm attack guidance?
A. I was aware of the MTFA plans, but I wouldn't have been able to tell you in detail. The concept of them I would be aware of.
Q. Can I ask then, in terms of an operational Plato, what was the extent of your knowledge at the time around Plato?
A. It was a term I was aware of.
Q. When you say a term that you were aware of, can you give us any greater understanding as to the level of your knowledge and understanding in respect of that?
A. I was aware that it affects the zoning that's -- that general staff are able to work in.
Q. And then can I go on, because the inquiry has heard some evidence about the difference in zoning in terms of how NWAS dealt with the various zones, but also how zoning is dealt with within the JESIP MTFA guidance. So did you know that -- what the guidance was around zoning that was in the JESIP guidance as to what a hot zone was, a warm zone and a cold zone?
A. In relation to MTFA?

Q. Yes.
SIR JOHN SAUNDERS: We are talking about Plato; is that right?
MS CARTWRIGHT: Yes.
SIR JOHN SAUNDERS: The zoning in a Plato operation.
A. Yes, I was aware that that would mean general staff were unable to operate in the warm zone and would pull out.
MS CARTWRIGHT: And that was knowledge you had at the time?
A. Yes.
Q. Then in a non-Plato situation, what was your knowledge and understanding about zones?
A. That we are able to operate within a warm zone.
Q. Thank you. When you say "we", can you just --
A. General staff would be able to operate in a warm zone, my apologies.
Q. Thank you.
I'm going to move now, please, to deal with your involvement on the night, please.
I think it's correct that you'd worked throughout the day of 22 May?
A. That's correct.
Q. And what time were you due to go off duty?
A. 22.00.
Q. And you tell us in the witness statement that in fact you had been to attend at North Manchester

General Hospital?
A. That's correct.
Q. Can you describe what you were then doing at the time when you heard about the incident?
A. I was at -- about 9.30 I was asked to attend North Manchester General Hospital due to a large number of ambulances queueing down the corridor and outside.
Q. The 9.30 when you had that information, it's right, isn't it, that you were in your control, you are at base?
A. Yes, at one of the ambulance stations, yes.
Q. Just to clarify, is it right that at that time that you were with Mr Ennis that the inquiry has heard evidence from?
A. That's correct.
Q. You were going on to say about the call you received.
A. So I went to North Manchester and there was a large number of ambulances there. Initially, it's to find out who the patients are, if they have been triaged, and I was able to release a number of ambulances initially when I got there. And then it's with liaison with the nursing staff to try and work through the rest and see if we can clear the ambulances. We had a large number of calls that day.
Q. You tell us in the witness statement that on the night

you were effectively one of the operational Bronze commanders at the scene and had been tasked to act as a casualty clear officer. I'm going to come on to that. I just want to deal with, at this stage, in terms of identifying yourself as an operational Bronze commander that night ——

A. I think that is —— that should have been —— I took on a functional role, I think would be a better way of wording that.

Q. We will come on to deal with that when we move a little further on into the chronology. But I think you have already clarified that you had not received training to act as a Bronze commander?

A. Correct.

Q. Can you detail the information then you received when you were at the hospital relating to the arena attack, please?

A. The first thing we were aware of was I was told a female patient had self—presented, saying she'd been shot. I didn't see the patient, but the nurse in charge confirmed that the injuries she had were consistent and that she may have been shot.

Q. And so when you had received that information, what did you do?

A. In relation to —— over the course of the next few

minutes, various people that were within the ambulance corridor, patients and family members, etc, were getting some information, presumably via social media.

I spoke to the —— there were some police within that corridor as well. I spoke to them. And at some point, I'm not sure of the time, possibly 22.50, they confirmed there had been —— they'd heard there had been an explosion at the arena.

Q. Just pausing there, so when you were at the hospital, can I ask, first of all, did you have a radio with you?

A. Yes.

Q. And had heard any information over the Airwave Talk Group at that time as to whether or not there had been any sort of incident before that time?

A. No.

Q. And perhaps then before we move forward, if I could just ask you to confirm using the document that's —— it should be in the witness box, {INQ40441/2}, and it's page 2 of that document, please, Mr Birchenough.

SIR JOHN SAUNDERS: If you happen to have a spare copy, I have been given one but I'm afraid I failed to bring it with me.

MS CARTWRIGHT: That's for you. (Handed). I do apologise.

SIR JOHN SAUNDERS: No, no, I have been given one; I failed to bring it with me.

MS CARTWRIGHT: Mr Birchenough, if we turn to {INQ40441/3} of the document, we can see that there's reference to a GM officers' Talk Group, and we are not revealing the Airwaves group as part of the evidence, but at that time, even before having knowledge of the incident, would you have been listening into that officers' Talk Group?

A. Yes.

Q. And so even if there wasn't —— hadn't been an incident that night, would that be the Airwave that you would ordinarily be listening to and operating from?

A. Yes.

Q. Thank you.

We can see at 22.50 that you made a call —— sorry, you had a call from the —— to the health control desk. I'm going to ask Mr Lopez, please, can we display {INQ015397T/1}. Thank you, Mr Lopez.

Mr Birchenough, we can see that you in fact called the health control desk at 22.50, and can I ask, first of all, then, what was the purpose of you contacting the health control desk at that time and the relevance of the health control desk, please?

A. The health control desk had initially contacted me earlier in the evening to tell me the number of ambulances that were queueing at North Manchester. So

my call to them is to feed back with the information I had.

Q. I think we can see that in the exchange where you set out:

"I've got half your ambulances here, I think."

A. Yes. Not literally.

Q. No. And so was the purpose of the call to update about the information you'd heard about a potential shooting at the MEN or was it just to give an update on the progress of the ambulances that were queueing at North Manchester General Hospital?

A. It's an update for the progress at North Manchester Hospital. I believe at that point I didn't really know there had been an incident. I knew a single patient had arrived.

Q. We can see that the health control desk set out:

"There's been reports of shootings at the MEN."

And then the response:

"Okey dokey."

"Have you been made aware?"

I think where it's attributed to the health control desk, I think that's in fact you, isn't it, rather than the health control desk?

A. No, health control desk is them on the desk. I'm showing up as "NMH".

Q. Okay. So let's just work through -- I just wonder in fact whether it's you giving that information, rather than them?
A. No, that's them telling me.
Q. So let's just work through the call. So we can see that health control desk indicate:
"Chloe speaking."
"Hi Chloe, it's Jim Birchenough up at North Manchester."
"Hiya, Jim. Are you all right?"
Yes, I've got half your ambulances here, I think."
Then you communicate:
"Yeah, there's been reports of shootings at the MEN."
"Okey dokey."
"Have you been made aware?"
"I haven't, no, but I think technically on your screen I probably finished at 10 so I don't know if they even know that I am still here."
The response is:
"Right, okay, yes, it's all going off."
And then:
"So you are still at the North Manchester now?"
And then the response is:
"Yes, right, okay, no worries. Do you want -- who's

going?"
And health control desk say:
"I'm unsure. You'd have to speak to Control. I'm just in the middle of ringing all the hospitals."
"All right."
And then the response is:
"But I'm not 100% sure of the information at the moment."
And then essentially the call ends.
So at that time did you think there was any indication that you would need to attend at the arena?
A. I didn't know at the time. I believe I was aware of the patient that had arrived. It was either shortly before that or shortly after that conversation. I believe after that conversation I spoke to the police officer that was in the corridor. But I didn't actually know there had been -- at that point I didn't know there has been an incident.
Q. Thank you. Then just so we are clear, what information did the police give you by way of situational awareness when you spoke to them in the corridor?
A. Very little. Obviously it was all quite new, but they confirmed they'd been told over their channel that there had been an explosion at the arena.
SIR JOHN SAUNDERS: So nothing had come over your radio Talk

Group?
A. No, but in fairness sometimes, within a hospital building, they don't receive signals brilliantly.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: Can I ask then, with the training you'd already had, bearing in mind that's been reference to a shooting and then information from the police about an explosion, did that trigger any thought in your mind that there may be a Plato-type incident developing at the arena?
A. It didn't, no.
Q. You say this in your witness statement:
"In light of this information and realising that if it was accurate there would very quickly be a massive demand upon the Ambulance Service, I spoke to the sister in charge again and told her I needed the remaining crews to be clear from the hospital within the next 5 minutes."
A. Yes.
Q. If we can please then look at the next call where we can see your involvement, please, to track your involvement that night. Mr Lopez, please could we display {INQ015024T/1}, please. Thank you.
Mr Birchenough, before going through this call at 22.58, I think it's right that you were that night in

a vehicle that was known by the signal Romeo 310?
A. That's correct.
Q. Can you just describe what sort of a vehicle that is, please?
A. It's a rapid-response car with normal "rapid-response ambulance" on it, the same as every paramedic would do.
Q. When we look at this call, the reference to Romeo 310 is your call sign effectively on that night?
A. That's the vehicle call sign, because I wasn't signed on to the vehicle as an operational paramedic because I was covering an operations manager's role. So the radio I was using at the time was Charlie Romeo 02. So that was the call sign I was using but the vehicle I was on, so they would have needed to send job through to the vehicle call sign.
Q. Can you just, before we move on, because it may be relevant when we come on to look at some of the information you gave as to information you fed into the debrief, can you just explain then in terms of the radios that ambulance paramedics have and how that operates in terms of the link to the call sign for vehicles and particularly what happens then when the paramedics are off the vehicle?
A. So ambulance staff, road staff, have individual personal radios or two radios connected to a vehicle and then

there's a handset within the vehicle and the vehicle has call sign and all those are linked.
Q. So they are all linked on the same call sign?
A. They are all linked on the same -- on the same call sign into the same vehicle. So if a message gets sent through to the vehicle, that will trigger both their radios.
Q. Is there any way that a member of crew assigned to a vehicle can then operate under a different call sign on the radios?
A. They -- potentially they could, but it's -- I don't fully understand how the control service use it. But each radio has an individual number and that number is identified as being related to that vehicle. So quite how you would change that, I don't know.
Q. Perhaps we will come on to deal with that when we are looking a little bit more at the patient dispatch on the night, as to how that may have had an impact.
Then just dealing with this call, please, at 22.58, we can see that following on from this call effectively what's being discussed is, again, the information that's provided from North West Control is:
"Roger, we are a bit busy at the moment. We've got this incident at the arena. The rendezvous point is at Hunts Bank. Paddy on scene has confirmed there is at

least 40 casualties."
To which you respond:
"Do you want me to attend?"
Yes, roger, please, if you would. I'll show you attended, thank you."
Then your response is:
"Yeah, if you want to text the RV point to Romeo 310."
And Control confirms that:
"Roger, thank you, will do."
So in terms of this call at 22.58, is this in reality your allocation to that incident?
A. Yes.
Q. And can I ask at that stage in terms of the information that you received in this call and the information you'd already had on the earlier call and that you'd received at the hospital, was it your understanding that there was likely to be a major incident taking place at the arena?
A. It wasn't, no.
Q. So can I just explore that a little further. What did you think when you were being told that there was at least 40 casualties at the arena?
A. I don't recall that part of the conversation, whether that didn't register or I didn't hear it. I don't

recall that part of the information.
My understanding, as I recall, was something had happened, an incident of some description. There was obviously a deal of confusion around that and my offer -- I didn't know who was attending, who was able to attend, and my offer was if they want me to attend.
Q. And so can I just ask, at that point in terms of being allocated to the -- to go to the arena, would you have just continued to be operating on the Talk Group we looked at a moment ago?
A. Yes.
Q. The GM officers' Talk Group?
A. That's correct, yes.
Q. So at that stage no one -- you had no information to switch to any form of major incident channel?
A. No.
Q. Can I ask you then, just in terms of your knowledge of the major incident plan, which we will look at at various times, in terms of the role you had when you were at the scene.
Mr Lopez, please could we display {INQ013132/31}, please. Thank you.
So further to that call at 22.58, you've obviously given your answer about your knowledge and understanding about a major incident, but obviously Control had other

information. But we can see in the NWAS major incident plan at paragraph 6.2:
"The NWAS EOC will designate the appropriate Airwave Talk Groups for use in the initial stage of the incident as well as the telephone number for inbound calls into the EOC (as per action card 21). The tactical commander will be designated a number for use in contacting the EOC."
So we can also see in terms of Airwave capacity management in major incidents at 6.3, that:
"NWAS Control should nominate a major incident Talk Group for the incident and all responding vehicles should switch to Talk Group upon mobilisation (no other Talk Groups should be monitored by the responding vehicles) and the operational commander should liaise with the EOC to agree a communications plan."
Can I ask then, did you have knowledge at the time of the detail of the NWAS major incident plan in terms of what it required by way of Airwave management in a major incident?
A. Yes, I had knowledge of the plan at the time, yes.
Q. Can I ask then, was there any thought in your mind at 22.58 about whether you should be asking as to what Airwave channel should be used in responding to that incident?

A. I wasn't aware at the time it was a major incident.
Q. But you didn't even think to raise that bearing in mind you'd heard about an explosion from the police, information as to a shooting, and there's information about 40 casualties?
A. I don't recall the 40 casualty part. I apologise for that. The other part we —— we do respond to explosions and shootings, stabbings, various other types of incident, and sometimes they are not exactly as reported.
SIR JOHN SAUNDERS: So if you had thought it a major incident, would you then have asked them for the channel to switch to?
A. Yes, sir.
SIR JOHN SAUNDERS: If they knew it was a major incident, as presumably they did, should they have been telling you to switch to a major incident channel?
A. Yes.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: So just dealing with the point that the chairman's just raised, I appreciate from your perspective you didn't have in your mind a major incident at that time, but once you were allocated at, I think, 11.03 and made your way to the arena, would it be fair to say that had you been notified of a major

incident NWAS channel, you could have been listening in to that as you made your way to the arena?
A. That would be correct, yes.
Q. And would it be accurate then to say that the benefit of that is that, even though at that stage you're on the move, you're able to listen in to get some form of situational awareness as to what's taking place at the incident?
A. Absolutely.
Q. And would you agree that that would have been of benefit to you as you progressed to the arena that night?
A. Absolutely.
Q. Could we please move to the next transcript of call that we have, please, Mr Lopez, it's {INQ015043T/1}.
We can see that at 11.02 you were given the details of the rendezvous point at Hunts Bank at Victoria Station.
A. Yes.
Q. And did you know that location well, bearing in mind you were based in Manchester city centre?
A. I knew the location well. I knew Victoria Station. I knew Hunts Bank, yes.
SIR JOHN SAUNDERS: I think you'd already been given it actually in the previous call and you'd asked them to text it through to you.

A. Yes.
SIR JOHN SAUNDERS: The texting through, does that have the effect of putting it automatically on to the satnav ——
A. Absolutely, correct.
SIR JOHN SAUNDERS: —— so you can go there?
A. Yes.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: Can I ask then, in terms of you having knowledge that it was at Manchester Arena and the rendezvous was at Hunts Bank, was there any thought in your mind about the proximity of the rendezvous point to where the incident was occurring?
A. No, ma'am.
Q. Thank you. Mr Lopez, if we can please display {INQ040368/5}, please.
If we could expand, please, around the R310/Jim Birchenough entry, please. Thank you.
Mr Birchenough, just using the interrogation that's been done of the various data by North West Ambulance Service, we can see that you are mobile at 23.03.41, having been allocated at 23.03.16 and you arrive at the scene at 23.11.09.
A. That's correct.
Q. Thank you. Could I ask then, in terms of you already telling us that Romeo 310 was a rapid—response car, what

equipment you had with you when you arrived at the rendezvous point, please, at Hunts Bank?
A. A rapid—response car carries the same medical equipment as an emergency ambulance with the exception of a stretcher and some of the mobilisation equipment.
Q. And can I ask in terms of —— we've heard reference to sort of commander—type equipment that individuals would have, would it be right that because you weren't technically an operational commander at the time, that you did not have that equipment available to you?
A. Yes, ma'am, that's correct.
Q. And so without that equipment, would it mean you wouldn't have the tabards that we've heard about?
A. Yes, that's correct.
Q. Would you have had any action cards with you?
A. We had a small pocketbook, which I had in my coat pocket.
Q. So when you're describing a small pocketbook, what is that, please?
A. A major incident pocketbook which has the action cards in it, an NWAS pocketbook.
Q. Can you assist us then as to what medical equipment was on your rapid—response vehicle then, please?
A. It has a basic life support bag, advanced life support, and the standard drug package that an ambulance would

carry.
Q. Just for completeness, had you received any mobile telephone calls from any of the -- anyone from NWAS as you made your way to the arena in?
A. I don't recall receiving any other telephone calls, ma'am, no.
Q. Thank you. Can you just tell us then what you did when you arrived at scene at 23.11.09?
A. As I approached the arena coming down the side, there were various other vehicles travelling in the same direction. So a few of us arrived at Hunts Bank, effectively in a convoy.
I tried to park out of the way at the bottom of Hunts Bank. As I got out of the car somebody in a fluorescent jacket was trying to take me towards a patient.
Q. I am not going to go into the details of the extent of that encounter, but is it right the information that you were giving was that they couldn't stop a person from bleeding, couldn't stop the bleeding?
A. I believe that was what I was told.
Q. Can you just give us some idea as to the location of where that individual was?
A. From where I had parked at the bottom of Hunts Bank, it was back towards the main road. I think there's

a service yard type access entrance underneath the arena. I believe that's there.
Q. Is that underneath the railway bridges, towards that way?
A. It was that direction. I don't actually know the location, but that's the direction I believed he was indicating.
Q. Can I ask you then, at that stage, in terms of the information you did have at that stage, did that raise any concerns to you as to an individual being away from the railway station or the arena at that point with potentially serious injuries?
A. I don't understand the question, ma'am, I'm sorry.
Q. It's all right. We are going to look at casualty management and setting up the casualty clearing station and the casualty collection point. But it's right, isn't it, that part of a response to an incident requires the careful management of patients?
A. Yes, ma'am.
Q. And essentially the allocation of patients to certain areas to ensure that they are then appropriately assessed, triaged and treated in accordance with the severity of their injuries? So just so I can understand at the time when there's a patient effectively further away from the scene to which you were making, did that

raise any flags to you as to what was going on in terms of the management of patients at that time?
A. There was other people who were visibly hurt making their way down Hunts Bank at the time as I arrived, people who had presumably been in and around the area, making their own way down with being able to walk or be assisted. So I -- in answer to your question, no, it didn't raise my concern. There weren't -- I was aware there were people scattered.
Q. Just going back to the matter we have looked at already where I have asked you about the fact that you've identified yourself in your witness statement as an operational Bronze commander, can you just describe -- you say in your witness statement that that role would be a gloves-off role, so can you just assist us as to when you arrive and an individual approaches you asking to give assistance to the patient, how that's relevant to what you then did and what you saw your potential role as you made your way to the scene?
A. My intention at going to scene, not knowing anywhere near -- not knowing the scale of this incident, and certainly not knowing it was a major incident, was to go to get information, to be able to feed back as to what the particular incident was and the scale of it. So my intention was, if possible, not to get involved

specifically with dealing with patients because that would stop me doing anything else.
As I say, we'd arrived in effectively a convoy. There was an ambulance parked next to me. So when the gentleman had asked could I come and help, I allocated a crew that had just arrived and they went with the gentleman, so there was no delay.
SIR JOHN SAUNDERS: I well understand that you're going there in some sort of command role because that's what your position is, helping organising.
As you're going towards there, without any real idea of how major an incident this was, as you're seeing people injured, as you are hearing this information, you must be becoming more aware that it was something serious?
A. Yes, sir.
SIR JOHN SAUNDERS: Does that mean you need to get to see someone to find out what to do as soon as possible?
A. I wasn't actually aware there was anybody else there in any form of management role. I was --
SIR JOHN SAUNDERS: So you had to get there in order to manage it if necessary?
A. Just to get information. Obviously from parking up, I realised it was a much larger scale than...
SIR JOHN SAUNDERS: Yes. Thank you.

MS CARTWRIGHT: Can I ask, in terms of the fact that you had been using the Greater Manchester officers' Talk Group, had any additional information —— that you'd picked up as you had proceeded to the scene on that Talk Group?
A. I don't recall any, ma'am.
Q. So when you got out of your vehicle on Hunts Bank, did you know who the Gold commander was for North West Ambulance Service?
A. No, ma'am.
Q. Did you know who the Silver or tactical commander was for North West Ambulance Service?
A. Who would have been on call that evening, I could have had that information very readily to hand when I was in my office. Whether I actually knew —— I can't recall whether I actually knew.
Q. Had you been made aware as to whether anyone had been allocated as the Bronze or operational commander?
A. No, ma'am.
Q. And you told us that you were the Bronze commander on call. Did you think there was any chance that you could be allocated as that role?
A. I wasn't Bronze commander and I wasn't on call.
Q. Sorry, of course, I apologise. So there was no way you could ever be the operational commander at scene?
SIR JOHN SAUNDERS: Well, if there was no one else there who

had that qualification, you would have taken over, wouldn't you, and did what you could until someone turned up?
A. Absolutely correct, sir, yes.
MS CARTWRIGHT: We know that you'd been with Paddy Ennis much earlier that night when you had been back at your base. Had you had any information that Paddy Ennis had been deployed and was at the scene?
A. No, ma'am, I left —— I left the station before he'd been contacted about anything.
Q. Thank you. So other than the information you've already told us about the fact that you'd had some information about a shooting, information from the police that there had been an explosion, and talk that there was somewhere in the order of 40 casualties, had you any other information in your mind as you progressed up Hunts Bank?
A. I had no more information other than the visual information I was getting from the people I could see.
Q. Can you then tell us, as you then directed the ambulance top go to the patient that had been alerted to you from the man as you got out of your vehicle, what you then did, please.
A. I then made my way up Hunts Bank towards Station Approach.

Q. And can you continue, please.
A. And saw Dan Smith.
Q. Did you know Dan Smith before that night?
A. Yes, ma'am.
Q. Just explain how —— did you work with Mr Smith?
A. Yes. Previously he'd —— if I get this correct, he had been one of the advance paramedics and was based in and around the station group when I first moved into that group. So I had been aware of Dan for over several years of my career.
Q. And when you spoke to Dan Smith, what information did he give you at that time, please?
A. Dan told me it was a major incident. He told me it had been confirmed there had been an explosion, and of the nature of that explosion, and where it had happened. All the information I was to receive, everything —— everything I got came from Dan Smith as I arrived.
Q. And in him describing that there had been an explosion, did he give you more details about that and what had caused that?
A. Yes, ma'am.
Q. So were you clear after speaking to Mr Smith that there had been some form of terrorist attack?
A. Yes, ma'am. He —— I apologise, I was trying to be delicate with wording. He'd confirmed that the police

had seen on camera the detonation of the suicide explosion.
Q. So in having that conversation with Mr Smith, did he also tell you that he had been allocated the role of the operational commander?
A. He will have done. I believe he was wearing a tabard at the time I arrived.
Q. Did he allocate to you at that time a functional role?
A. In and around that conversation, yes, ma'am.
Q. So what was the functional role he asked you to perform?
A. Casualty clearing officer.
Q. And did you have an understanding as to what the role of the casualty clearing officer was?
A. Yes, ma'am.
Q. Mr Smith in his witness statement indicates that during that conversation with you, that he advised you to familiarise yourself with the relevant action cards and refer to them. Can you recall that that would have been something he said to you at that time?
A. I don't specifically recall the details of the conversation, but that would have been reasonable.
Q. Before we look at the action cards and the major incident plan, what was then your understanding as you were allocated that functional role as to what your responsibilities and tasks would be as the casualty

clearing officer?
A. There's various tasks, but fundamentally casualty clearing officer is to manage and oversee the casualty clearing station.
Q. So in the conversation that Mr Smith was having with you, did he tell you first of all where the casualty clearing station was?
A. Yes, ma'am.
Q. What did he tell you about that?
A. That it was within the station concourse and the -- I'm unaware of how he worded it, but we weren't to go past the stairs.
Q. Did he tell you why you weren't to go past the stairs?
A. Because of where the explosion had been and that was the limit of our -- effectively my understanding of that, and I apologise, I don't recall the conversation in detail, but my understanding was that was the warm zone and the stairs onwards would be hot.
Q. I think you have mentioned there limit of exploitation, so was there a discussion with Mr Smith about zones?
A. I don't remember in detail the conversation, but yes, ma'am, there will have been for me to have that understanding and knowledge.
Q. Can you please give us as much clarity as possible as to what information you were given at that time about what

the various zones were?
A. The -- my understanding was the hot zone was upstairs at what we now know is the City Room, and to the stairs was my understanding, to the bottom of the stairs, none of us were to go past the stairs. So my understanding was that was where the warm zone would then start.
Q. Just pausing there, before we move to look at other zones, did Mr Smith have any discussion with you about what sort of -- whether it was a Plato hot zone or whether any form of Plato had been declared?
A. I don't recall any mention of Operation Plato, ma'am, no.
Q. Can I ask, bearing in mind you had had information provided to you at the hospital, that there had been potentially a firearm or shooting, did you give that information to Mr Smith that you had to query whether or not this was an Operation Plato?
A. I don't recall querying whether it was an Operation Plato. I may have mentioned that somebody had presented with injuries that were consistent with a shooting.
Q. So was anything said about Plato to either confirm or refute it at that time about...
A. I don't recall a discussion regarding Operation Plato.
SIR JOHN SAUNDERS: In real life are -- when you come along and speak to Dan Smith, is he saying, "The casualty

clearing station is there, only as far as the bottom of the stairs, we are not going up the stairs", or is he saying. "That's the warm zone, that's the hot zone, that's the cold zone", or he is just telling you where you can go?
A. The first one, sir.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: Just going back to the action cards, so in the discussions you were having with Mr Smith, there was no thought in your mind as to what the action cards were, they would be the major incident action cards; is that correct?
A. We have an NWAS pocket guide. They are the action cards I would refer to.
Q. Because I just want to be clear, there was no thought in your mind as to whether you needed to check whether it needed to be the Plato action cards rather than the major incident action cards?
A. No.
SIR JOHN SAUNDERS: Did you ever know there were such things as Plato action cards?
A. I was aware -- I'm aware the zoning is different for the Plato. It wasn't something I was well-versed in.
SIR JOHN SAUNDERS: Are you aware there are Plato action cards?

A. Yes.
SIR JOHN SAUNDERS: You are? Thank you.
MS CARTWRIGHT: Then going back to the zoning, when you're telling us about when the hot zone was and it going to the bottom of the stairs, we are not talking about a hot zone in terms of a Plato hot zone?
A. Not to my mind, no, no.
Q. Was there any discussion or understanding about where the warm zone was?
SIR JOHN SAUNDERS: I think he said from the bottom of the stairs. I think he said that.
MS CARTWRIGHT: But as to where it went up to.
A. How far behind me the warm zone would have gone?
Q. Yes.
A. No. No, ma'am.
Q. And in terms of -- was there any thought or discussion about where the cold zone was?
A. Not for me. Once I knew I had an allocated task, my area that I would work in, the casualty clearing station, and that's as far as I could get to -- it's -- it wouldn't really have made any difference to me if it had gone to the bottom of Hunts Bank.
Q. Can we then please look at --
SIR JOHN SAUNDERS: I think I may have misunderstood the question.

MS CARTWRIGHT: I apologise, it wasn't clear.
Could I look with you then, please, as to how the role of the casualty clearing officer is dealt with in NWAS's major incident plan, please?
Mr Lopez, it's {INQ013132/22}, please.
If we could expand it to paragraph 4.6.5. We can see that casualty clearing officer is a role that has with it an action card 8?
A. Yes, ma'am.
Q. We will look at that in a moment. Did you have a knowledge at the time of this major incident plan in terms of how it described the role of the casualty clearing officer?
A. Yes, I had knowledge of that.
Q. So we can see this role is described as:
"The primary responsibility of the casualty clearing officer is the management of all activities within the casualty clearing station, to include the triage and treatment of casualties in liaison with the casualty clearing station medical lead and NWAS loading officer, to ensure that casualties are dispatched to hospital appropriate to their priority."
Was that information within your knowledge at the time?
A. Yes, ma'am.

Q. So can I ask you who —— were you told who the casualty clearing station medical lead was when you were allocated the role?
A. No, ma'am.
Q. Did you become aware of who the casualty clearing station medical lead was?
A. I was aware we had doctors within —— when I went into the CCS, I was aware there was doctors within there as well as two NWAS personnel doing the...
Q. So were you told as to who that casualty clearing station medical lead was or did there come a time when you decided in your own mind who was performing that role?
A. I don't recall being told specifically, but if I had been told a name, I wouldn't have known them.
Q. But who, as you progressed that night doing the role of the casualty clearing officer, was the casualty clearing station medical lead?
A. I believe it was Dr Daley.
Q. Dr?
A. Dr Daley.
Q. Thank you. Then we can see there's reference to the NWAS loading officer. I think it's right that —— that individual who was allocated the loading officer, was that Mr Calderbank?

A. Yes.
Q. Can I ask, we know that Mr Calderbank wasn't on scene at the time when you arrive, and so is it important as casualty clearing officer is set up —— is that then for you to allocate the loading officer? How does that work?
A. No, I don't believe it is for me to allocate a loading officer. I believe Mr Calderbank was there or thereabouts at a similar time to myself. I was outside with Dan for a period of time before I went into the station, during which time —— my recollection is that Matt had already arrived and I knew he had been allocated the loading officer role.
Q. We can move then back into the next aspect of the role:
"The casualty clearing officer will provide regular updates to the North West Ambulance Service operational commander with regards to the numbers and status of casualties within the casualty clearing station and the numbers of casualties dispatched from the incident site to receiving hospitals. The casualty clearing officer is responsible for completing the correct documentation of patients moved from the CCS. This is done using the tear—off strip from the SMART triage cards."
So we can see, I think, throughout the evening that you would liaise with Dan Smith as the operational

commander?
A. Yes, ma'am.
Q. But did you appreciate that your key role was about the numbers and status of casualties within that casualty clearing station?
A. My understanding of the role was that it was for me to be aware of those numbers and update the loading officer and the operational commander.
SIR JOHN SAUNDERS: Can we just put this in real life?
A. Yes.
SIR JOHN SAUNDERS: So you get there. You're meant to talk to the lead doctor ——
A. Yes.
SIR JOHN SAUNDERS: —— and make sure the triaging is operating properly? And he, as the lead doctor, will say: the priorities to get to hospital are that, that, that and in this order; right?
A. Yes.
SIR JOHN SAUNDERS: You speak to the loading officer and you say, "These are the people to get out first, this is the order you are moving them", and you get the process going?
A. Yes. It's —— yes.
SIR JOHN SAUNDERS: That's what that seems to say, isn't it, in practical terms?

A. Yes, the bit I was unsure of was the correct documentation of patients. I would believe that would probably sit better with the loading officer with the final sense of that.
SIR JOHN SAUNDERS: We will come to that in a moment. But if no one tells you who is the medical lead, which apparently you weren't told, don't you need to know that, just to get going? Or did he come over and start talking to you? How did it actually operate?
A. My recollection of times within this period are -- it was all a little bit of a blur in that -- initially, when I went into the station area, I knew the two NWAS staff who were operating as triage.
SIR JOHN SAUNDERS: The triage officers?
A. The triage officers.
SIR JOHN SAUNDERS: Yes.
A. I gained some information from them. They may have told me there was a doctor within there as well. I'm not sure if at any point then we had advance paramedics coming in.
My job is to assimilate that information I'm getting from them initially with being told there's a number of P1 patients, and it was -- as you correctly said, to prioritise those P1s in a particular order. So initially there was a great need to take out a number of

patients as soon as possible. Once that process had happened, my understanding of the casualty clearing officer role is to kind of get a better overall management and make sure that every patient has somebody with them and that we have an idea of where we are and to try and manage.
They weren't -- they weren't in a group of P1s here and P2s there; there were people everywhere.
SIR JOHN SAUNDERS: They were spread around, were they? There weren't P1s here and P2s there?
A. No, sir.
SIR JOHN SAUNDERS: Is that because of the numbers really involved?
A. I would imagine so. When I have walked into the station, there was an awful lot of people there.
SIR JOHN SAUNDERS: Okay. And then as you get going, you're then updating Dan Smith on how you are going and how many you've got out and how many P1s are left? So it sounds as if the information about how the priority is getting people out is not coming out of the medical lead but is coming from the triage officers?
A. Both. Both, and equally, because of the numbers involved, I was talking to staff as I'm walking round, just a very quick, "What priority patient have you got?", and if they were telling me a P1, I would ask

a little more detail to try and prioritise those patients, but if the doctor came to me immediately and said, "That patient needs to go", then that patient needed to go.
SIR JOHN SAUNDERS: Okay. I'm sorry, Ms Cartwright.
MS CARTWRIGHT: No, that's helpful.
Can I just then seek clarity as to Mr Calderbank.
So Mr Calderbank, we know, makes a call at 23.28 to indicate that he's on scene and is then told to make his way up to the front of the station. So I think you mentioned you thought Mr Calderbank was already there. We know you arrive at 23.11. And it seems that Mr Calderbank hasn't actually arrived in front of the station. He's obviously making his way shortly after 23.28.
So can you assist us, was Mr Calderbank present when you were having the discussion with Mr Smith or did he come along later?
A. My arrival at scene is -- I'm unsure whether I have pressed the button to arrive at scene or whether that's located me and tagged me to that area as an arrival time. There was obviously a brief conversation with somebody about a patient, allocation of a crew. When I made my way up, I started talking to Dan, perhaps 4 or 5 minutes later, after the 11 minutes past arrival.

At some time between quarter past and potentially 23.35, I believe, when I might have gone into the casualty clearing area, I was aware that -- I believe at some point Matt Calderbank had arrived at some point I couldn't be specific that it was 10 past or...
Q. Can I it ask then, in terms of the questions the chairman has asked you, and the identification in the major incident plan that it's for the casualty clearing officer to be responsible for completing correct documentation, I think you indicated you thought that was more a role for the loading officer than yourself.
A. Yes. Did it say that it was the distinction of the patients?
Q. It says:
"The casualty clearing officer is responsible for completing correct documentation of patients moved from the casualty clearing station. This is done using the tear-off strip from the SMART triage cards."
Perhaps if we just deal with what the tear-off strip is. It's right, isn't it, that the triage cards are used to apply P1 to P3, that essentially becomes almost where the information is captured about the patient in terms of the triage assessment and their observations?
A. Yes.
Q. And so that would then travel with the patient to

hospital when they were dispatched?
A. Yes.
Q. And then what was intended on the system is that when the patient is dispatched, this slip at the bottom is what's torn off, is that correct, and would be left at scene?
A. Yes. Again, my understanding of that is that would be done by the loading officer so he would have a tally of where all those patients have gone. I believe there is a part on that that says about the destination.
Q. Yes, so on the tear-off slip as to what would be intended to be left behind at the casualty clearing area would be the vehicle that the patient had been dispatched on, the transport time, the destination, and the priority of that patient?
A. And I would have had none of those pieces of information within the casualty clearing station, but when I have allocated a patient out to the loading officer as the next patient to go, he dictates which hospital they will be travelling to, which ambulance will be taking them.
So my understanding of that is that that would be the loading officer's role as he would have that information.
Q. Thank you.
Would it be right to say that in fact that system of

tearing off the strip and leaving it at the scene as a tally as to the patients that had been dispatched, the timing of it, the name, and the priority, didn't take place on the night?
A. It didn't take place by me within the casualty clearing station. I assume it was done when that information was available at the loading point where they knew which ambulance would take it, which hospital what patient would go to.
Q. Just so I'm clear, so you didn't believe it was your role to complete that information and do that system as the plan would indicate?
A. I would never have had that information. I wouldn't have been able to have -- I wouldn't have known which hospital a patient was travelling to.
SIR JOHN SAUNDERS: Can we have the sheet back?
MS CARTWRIGHT: Yes, {INQ013132/22}.
SIR JOHN SAUNDERS: It does appear to give the job to the casualty clearing officer, but you are saying actually you are not in a position to do it?
A. I wouldn't have been in a position to do that, sir. I was prioritising in which order they came out --
SIR JOHN SAUNDERS: So perhaps it's appropriate for the loading officer to do it, not you?
A. That's my understanding, yes, sir.

SIR JOHN SAUNDERS: Okay.
MS CARTWRIGHT: Just so in terms of your understanding, did you think that somebody was doing that system?
A. Having not looked at this on the night, had I been asked, my understanding was that the loading officer who would have had access to that information -- that is the logical place for that piece of kit to have been done. As the last part before the patient goes, that information is done, and he keeps the strip to have that idea of numbers.
Q. But in terms of even what you saw that night, did you see evidence of that system in operation?
A. No, ma'am. I was in a different area.
Q. Mr Lopez, if we could go over the page then to {INQ013132/23}. We can just see to complete the description of the role of casualty clearing officer in the plan:
"In a dynamic multi-casualty incident, it may only be possible to maintain accurate details on the numbers and status of casualties who have undergone treatment and have left the scene for hospital. A best estimate may therefore be necessary for those casualties still within the casualty clearing station. The casualty clearing officer should take responsibility for liaison with the casualty clearing station medical lead, loading

officer, and the NWAS trauma cell to ensure the correct distribution of casualties to the most appropriate specialist units."
So in terms of the latter information around liaison with the NWAS trauma cell, were you aware that that was part of your role as well on the night?
A. No, ma'am.
Q. Are you able to assist us as to who in your understanding was performing the trauma cell role on the night?
A. I had no contact with the trauma cell on the evening. Again, had I been asked before, I would have said that role would sit with the loading officer.
Q. Can we then --
SIR JOHN SAUNDERS: Before we do, it's worth looking perhaps at the loading officer down at 4.6.8. This may be something which needs to be looked at and perhaps amended. It doesn't say anything about the loading officer having to complete those details or indeed being in contact with the trauma cell and, as far as you are concerned, he is the logical person to be doing all that?
A. Perhaps in this circumstance it was the geography that I was inside and obviously he was outside on the road, that that --

SIR JOHN SAUNDERS: But if you're the loading officer and actually sending someone off to hospital, you're always going to be the person who may be in the best position to actually fill that form in, wouldn't you?
A. I feel that would be true, sir, yes.
MS CARTWRIGHT: If we could take that document down, please, Mr Lopez.
Could we then look at the action card that was in place for the role you were given by Mr Smith. It's {INQ013422/14}.
SIR JOHN SAUNDERS: While we are looking at it, or getting it up, Mr Smith suggested you had a look at it before you started. Did you?
A. I believe I looked at it before I went in, sir, yes.
Q. If we could please just work through the action card together, please.
The first matter we have got is that:
"Don high—visibility tabard inscribed 'casualty clearing officer' and protective helmet."
I think in terms of protective helmet we will see an image in a moment which confirms you did have a helmet with you that night. But in terms of a tabard, is it right we don't see you at any point wearing a tabard?
A. No, I had no tabard.
Q. Did you make a request of anyone at scene to give you

that tabard so it clearly identified the role that you were performing that night?
A. No, ma'am.
Q. And why didn't you?
A. I didn't feel —— if I'm honest, it didn't occur to me before I went in to the station area. I didn't feel it was necessary once I was in there. I knew ——
SIR JOHN SAUNDERS: The answer is it didn't occur to you. So a post justification may not be the best, but it never occurred to you on the evening you should be wearing one?
A. It didn't occur to me before I went in I should wear one, and I wasn't aware there was a problem in being identified once I was in there, sir, no.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: We move then to number 2:
"Check communications/radio Talk Group and start an incident log."
Did you check with Mr Smith, or anyone else, what the radio Talk Group was that was being used?
A. Yes, ma'am, I believe we changed to a particular Talk Group.
Q. Is that the NWAS major incident channel?
A. Yes, I believe it is.
Q. And so did you at that time then switch on to that

different radio channel?
A. Yes, ma'am.
Q. And we can see reference to starting an incident log. At any point did you commence an incident log?
A. No, ma'am.
Q. Why did you not?
A. Because of the amount of work —— when I went —— no, there was just too much to do to stop and start writing a log, a paper version of a log. So no, no, ma'am, I didn't.
Q. Can I ask then, when you switched on to the NWAS major incident channel, was it clear that it was being used by all relevant individuals?
A. I was aware it was in use, ma'am, yes. I don't know how many people would have been on that channel, how many people were ——
SIR JOHN SAUNDERS: I think it would be quite difficult for you to answer that question, really.
MS CARTWRIGHT: Next matter, please:
"In liaison with the operational commander, establish an appropriate safe location for the casualty clearing station and ambulance loading point."
I think you've already told us by the time you had arrived you were told by Mr Smith where the casualty clearing station was; is that correct?

A. Yes, ma'am.
Q. So when you did arrive, did you have any input in terms of whether or not that was an appropriate place for the casualty clearing area?
A. It seemed a very appropriate place, yes. It was —— it was relatively clean, dry, hard standing. It had good access. It seemed the perfect place.
Q. Can I just ask, whilst we are looking at the casualty clearing station, could you just describe as to —— I think we have seen reference to a casualty collection point and then a casualty clearing station. Where in your mind was the CCP?
A. I wasn't aware there was a CCP, ma'am.
SIR JOHN SAUNDERS: Okay. One of the benefits of having a CCP, if it was possible physically to separate them, was that when you're moving them from the CCP to the CCS, you can actually say to someone, "P1s in this area, P2s in this area", which would make loading much easier?
A. Yes, sir. I believe in this many ways that's true. Patients' priorities, as I'm sure you are aware, of being P1/P2 casualties do change. Whether that would imply that they would then be moved around within the casualty clearing station, I think for —— again, my understanding of that would be it would depend on the geography of an incident. And if all the patients were

at the scene of an incident, and then were being specifically moved once we'd got those positions set up, yes, it's very logical to have a collection point for a triage and then a station.

The scene that I saw when I walked into the station was more that's where people had stopped.

SIR JOHN SAUNDERS: It wasn't something that you could do to say, "Let's put all the P1s in this bit ready to go", or was it just easier to move them out to the loading point?

A. No, moving them into effectively separate areas -- at the time there were patients and people who were with them and medical staff and police. There appeared to be an awful lot of people within the station area when I went in.

SIR JOHN SAUNDERS: Right.

A. I was -- I'm not sure there was a space that I can recall that I could have necessarily started putting P1s in.

Patients were being treated. I felt the numbers weren't excessive enough that I had no control and no idea, certainly with the help from the two NWAS triage and the doctors that were in there, that I felt fairly quickly we'd got a good idea of who was where.

The practicalities of moving them to a specific area

for neatness didn't seem relevant or a high priority, sir.

SIR JOHN SAUNDERS: Thank you.

MS CARTWRIGHT: Moving down, please. I think we've already -- we can see what we've already discussed about the gloves—off role:

"Stay focused on your role. Do not attempt rescue or treatment of casualties."

That was your understanding of your involvement that night?

A. Yes, ma'am.

Q. Then we can see the next matter identified by the action card is:

"In liaison with the parking officer consider that the casualty clearing station is close to the ambulance circuit (access/egress) on hard standing, where possible, safe from hazards, making use of existing building or shelter."

Did you liaise -- first of all, did you know who the parking officer was?

A. I believe Derek was the parking officer.

Q. That's Mr Poland?

A. Yes.

Q. Did you liaise with Mr Poland?

A. I believe in the group where we were talking with Dan

and Derek and at the point where at some point Matt would have joined in, I was told the casualty clearing -- I don't recall having specific conversations in relation to those four points. But the area certainly seemed to -- with the possible exception of number 3, that certainly the other two -- the other three points were ticked by that and probably to the best of our knowledge, it's safe from hazards again, ma'am.

Q. Thank you. I'm going to move down to 7 on the action card. It sets out that:

"Request the appropriate medical assistance within the casualty clearing station and ensure that there is an appropriate level of healthcare professionals and equipment for the station."

Specifically in terms of the equipment for the station, how did you satisfy yourself that there was sufficient healthcare equipment for the station?

A. During the initial -- again, I apologise, I can't give you specific time frame, but certainly within the first -- within the first 30 minutes there were more people and more equipment coming into the station rapidly. It wasn't -- I never had a concern that we weren't -- I didn't request more people as I knew more people were coming. And everyone who came in seemed to

bring equipment. So we had -- I was aware we had plenty.

Q. Can I ask you, in terms of the discussions you had with Mr Smith, and bearing in mind your role has a responsibility for appropriate equipment, had you asked any questions of Mr Smith about whether or not the mass casualty vehicle had been dispatched, bearing in mind you knew from before you attended the incident it was a large number of casualties and certainly from what you've described on arrival as you made your approach to the station, you witnessed that in terms of what you saw?

So did you ask a question at any point as to whether or not the mass casualty vehicle had been dispatched?

A. No, ma'am, I didn't.

Q. Did you in give any thought that night that there might be a benefit to having that mass casualty vehicle present at the scene?

A. No, ma'am.

Q. We have heard evidence in the inquiry in respect of other sorts of vehicles that do also have a high volume of equipment to treat casualties. In particular, we have heard evidence of the PSUs or public support vehicles.

Our understanding is that two of those vehicles were

brought to the scene by the Greater Manchester HART operatives.

Firstly, were you aware that those vehicles were present at the scene?

A. No, not at the time, ma'am, no.

Q. Did you make any enquiry as to whether they should be brought to scene?

A. Initially, I wasn't —— I didn't feel we were short of equipment. So no, it didn't occur to me.

Logically I was aware of the equipment that HART had brought with them when they arrived. I didn't put the two together, that they'd come in a separate vehicle for that, but logically, yes, they must have done.

Q. Particularly in terms of —— if I ask you about stretchers: when you were present in the casualty clearing station on arrival, we know that the dispatch of patients from within the City Room into the casualty clearing station had not completed and we're aware from the inquiry that in reality they were brought down on makeshift stretchers rather than any of the available stretcher—type equipment, whether it be stretchers, Skeds, sheets, were not used.

In terms of what you saw when you arrived, did you give any thought about stretchers in terms of your role for equipment?

A. I don't recall at the time I went into the station seeing people coming down the stairs. I concede people may have been coming down, certainly not in large numbers, but there was an awful lot of people already within that station area and I believe around 23.35—ish, as it would will be then, I believe most people were already down. I don't recall seeing numbers of people coming down and me being aware that we needed stretchers to transport people.

Obviously —— I'm sorry —— I'm aware that people had been carried down because of what they were lying on at the time within the area.

Q. And then can I ask you then as a follow—up question, not so much in terms of getting them into the casualty clearing station, but we know that the patients that were brought down were in that area, some in large (inaudible: distorted) for a number of hours. Was there any thought given by you to bring stretchers off ambulances into that casualty clearing station to so that patients could be placed on those stretchers rather than being treated or left on the floor?

A. Yes, ma'am. It was what we were trying to do, to get equipment there ——

SIR JOHN SAUNDERS: We are talking about the trolleys, really, aren't we, off the ambulances?

MS CARTWRIGHT: Yes, the ambulance stretcher trolleys.

A. No, it never occurred to me to get the canvas—type stretchers to make beds. I'll be honest, that never occurred to me. Yes, sir, we were after the wheeled stretchers that you would carry on an ambulance. Not everybody could be put on to those straight away as they were being treated and, you know, various immobilisations made to make it safe for them to travel. So when we could get people in and they were able to be lifted and put on to stretchers and we had the stretchers, then that was done.

SIR JOHN SAUNDERS: Is that just before departure, in reality?

A. Certainly at that end of their treatment process, sir, absolutely, yes, because at the point where they are stable enough and ——

SIR JOHN SAUNDERS: They're going to be in the ambulance (overspeaking) ——

A. —— as soon as we can get them up, we weren't keeping hold of them, we were getting them —— once we'd got the stretcher —— it wasn't —— it was the process of getting the patients stable enough to be able to get to that point and then we could dispatch them.

SIR JOHN SAUNDERS: Thank you.

MS CARTWRIGHT: Can I ask in terms of identification of

healthcare professionals and equipment, did you give any thought about actual pain relief medication and ——

A. Yes. I was aware on various occasions paramedics with patients had asked for pain relief because the higher—grade pain relief they carry would be on the vehicle they had come from and obviously they'd been separated from that.

The doctors that were within that area had a different type of pain relief that we wouldn't carry normally. As soon as somebody let me know they wanted something, I would direct a doctor to them and they would give them pain relief in that way.

Q. In terms of what you saw in the casualty clearing station that night, was there any issue about availability of pain relief medication from what you saw?

A. No, ma'am. Other than that short delay from being asked for it and allocating a doctor to provide it.

Q. Can we go back to the action card, please. We can see at action 8:

"In liaison with the medical adviser, brief and manage the medical/ambulance staff in the casualty clearing station."

So we can see reference to medical adviser rather than medical lead. Who was the medical adviser in your

mind that night?
A. I didn't know there was one, ma'am.
Q. And did you at any point brief and manage the medical/ambulance staff in the casualty clearing station?
A. When staff came into the room, they were allocated to a patient if a patient didn't have anyone with them. I think to call that a brief by me would be a huge stretch of the imagination. What they've been told they actually entered the station, I don't know. It became quite an encapsulated area.
Q. We move next, please, to point 9 on the action card:
"Ensure that adequate protection exists. Liaise with safety officer."
We know that there was no safety officer on the night allocated, but did you, when you considered the action card, ask who was the safety officer?
A. No. No, ma'am, I didn't. I'm aware that in the absence of a safety officer that within the CCS the safety of everybody within that would fall under me.
Q. But did you at any point go to Dan Smith and say, "Who is the safety officer?", or, "We need a safety officer because it's an important part of my role that I liaise and work with the safety officer"?
A. No, ma'am, I didn't.

Q. In the next bullet point, we can see:
"[A] separate triage area is marked out."
We've been provided with a plan of the -- where the patients that were brought from the casualty clearing station -- from the City Room into the casualty clearing station were positioned. I'm not going to ask for it to be displayed, but, sir, for your reference it's {INQ041266/1}. I think you have had an opportunity as part of today to consider that.
Certainly in terms of where the patients had been placed, we can see that P1 patients were with P2 patients and I appreciate also that a patient's status can change from a P2 to a P1. But what did you do to allocate where the P1 patients would be placed and where the P2 patients were to be?
A. No patients were moved as a result of their triage grade. As I said, I didn't -- I felt very quickly that between the doctors that were in there, myself, and the triage, that we had a good overview of the patients that were in there and what their categories were. They were being treated.
I didn't -- I didn't see the logic to physically move people and stop that process for the element of neatness. And I understand that on paper that would be a very logical system to do, but, as you can see from

that particular layout, there were patients everywhere. Initially, once we'd got the poorliest of those patients away, the process seemed -- I felt the process that we had worked -- was working. I didn't feel that we were losing track of the grading of those patients.
Q. We are aware that what has been described as P3 patients were placed on the other side of the road in the walled area that almost directly opposite the Victoria Station, near to the Chetham School of Music. So was there any discussion or thought around where the P3 patients had been placed?
A. I don't feel the P3 patients, once they were out of the station area, would fall under my remit. They were -- I believe the area on the opposite side of the road was a reasonable distance away from the incident and a place they could -- a place they could collect and then be treated there, although I didn't feel like it was within my role.
Q. So whose role was it to have responsibility for the P3 patients?
A. Because they were in a different geographical area to where I was, I know at various points various staff had been allocated to the role of overviewing that. As operational commander, I feel that would sit with Dan to make sure that someone was there, whether that was

managing the area or managing the patients.
Q. We went through the description of the role of the casualty clearing officer as defined in the major incident plan, and in terms of what is envisaged as your responsibility, it's the triage and treatment of all casualties. But just so we're clear, how you operated on the night is you saw your responsibility in reality as just for the P1 and P2 patients in the station itself?
A. Yes. But geographically because of the area, because the P3s weren't within that area, I was allocated the casualty clearing station of the station.
SIR JOHN SAUNDERS: It is just a matter of concern as to what thought was given to the P3 patients and the reason for that is, as we've seen, and as you know better than I do, their status can change pretty rapidly, and indeed certainly in relation to one person, it did. And what provision -- and they might need to be got to hospital very quickly. Did you give any thought to that? Did you think -- did you know who was coping with that? Did you know what was going to happen if someone did deteriorate very quickly?
A. Initially I was aware that P3 patients were on the opposite side of the road. As I had walked up, I was aware that it was happening. I had asked a member of

staff, I believe in my statement, that -- to be over there with them.
SIR JOHN SAUNDERS: So you did ensure someone was there with them?
A. Initially, and then once allocated the casualty clearing station and being within that particular area within the station, they weren't within the area, so no, sir --
SIR JOHN SAUNDERS: But you had asked someone to go there, so you were relying on them to deal with the problem if someone did deteriorate?
A. I think that's -- initially, before I had spoken to Dan on my way up with another member of staff who was coming up, I was aware there was a collection of people being put against (overspeaking) on the far side of the road.
SIR JOHN SAUNDERS: I mean, there is a concern that the P3 patients may not have been treated as well as they should have been on that night; do you think that's justified?
A. Yes, sir.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: You tell us in the witness statement that:
"Lots of casualties had been designated as priority P3 or walking wounded. Some of these people appeared to have penetrating shrapnel wounds and broken bones, but in light of the scale of what we were faced with, this

assessment of P3 status was entirely correct. At some point prior to going into the station I recall asking one of the EMTs called Gareth Smith to stay outside with the P3 patients who were on the far side of the road to the station, to stay with them and continually talk to them to ensure there had been no change in anyone's condition that would require more urgent medical intervention and treatment."
So when we read your statement it does seem to suggest that you did see your role as having a responsibility for the P3 patients.
A. That is out of context. I didn't have a role at the point when that happened. That was before I'd spoken to Dan. That was as I was walking up to the -- from recollection, that was as I was walking up Hunts Bank before I'd spoken to Dan.
SIR JOHN SAUNDERS: My impression is that once you got into the CCS, then you are focused on that and that takes all your attention.
A. Very much, sir, yes.
MS CARTWRIGHT: So then just going back to a later period of time, when you are established and looking after the P1s and P2s, was any information fed back to you about how the P3 patients were being managed?
A. No, ma'am.

Q. We have heard some evidence also from Dr Burke about how his daughter and his family were placed in that P3 area, and passed straight through the casualty clearing station itself without any assessment before being placed there. And so did you -- were you equipped at any point with information like that, that there are some patients who had simply been placed in that area, rather than there having been a thorough assessment before they were allocated to that particular area?
A. The triage system or P1, P2 and P3s, as I know you're all aware, is a relatively brutal and simplistic system, and P3 patients who are able to mobilise allocate themselves a P3 with no further checking. So if they are able to walk and move, they would have been advised to have kept moving to a particular area.
Q. Particularly, just it terms of the example I have just given, we know that Dr Burke's daughter wasn't able to walk, she was carried into that area.
A. I don't recall any specific -- I don't recall any interactions with patients for me to designate them as a P3. I don't recall witnessing that happening. But no, my understanding of the triage system is that they are supposed to be able to self-mobilise. They need to be walking rather than being physically moved by somebody else.

Q. Mr Lopez, if we could display again please, the action card. I'm, sir, going to finish the number 9 and then I suggest we take the morning break.
We can see:
"Ensure that transportation needs are prioritised."
I think you understand that that fell within your role?
A. Yes. I was inside a building. I didn't have any -- that to me would fall within -- within the loading officer's role because I was physically within a building. So transportation fits with the parking officer to make sure there's enough there and the loading officer to make sure there are specific vehicles available. That is how I feel it would have worked better in this particular scenario. There were no vehicles obviously accessed inside.
Q. I think we've already discussed to some extent the final bullet point for 9:
"Records/patient ID are kept on patient movements. Casualty clearing log by the loading officer."
Is this where you are saying you understood it was more for the loading officer, Mr Calderbank, than for you to keep the records?
A. Yes, ma'am.
Just going back to your previous point,

transportation needs are prioritised, if that is the priority, the patients needing transportation, then yes, that very much sits within the role that I was doing. But physically sorting out which ambulance would take them I feel would sit with the loading officer.
Q. Can I ask then in terms of that, what you were seeing of the P1 and P2 patients, how were you then identifying who had to be the next to get out, to get on to an ambulance? How did that operate in practice?
A. That came in combination with talking to the doctors that were in there, the two NWAS triage officers, and myself talking to ambulance staff as I'm walking round who tell me they've got a P1 patient. A quick detail of the patient's observations prioritises which ones become a higher priority P1. Not ——
SIR JOHN SAUNDERS: Is that the end of the action card?
MS CARTWRIGHT: It's not, sir. It's whether you want me to continue to complete the action card and then take the break. But I'm conscious there are a number of bullet points.
I think having performed this exercise, it should shorten the rest of the evidence of this witness, but I'm wondering if we take a short break now and then we continue just to complete the card.
SIR JOHN SAUNDERS: Okay. Quarter of an hour?

MS CARTWRIGHT: Thank you.
(11.33 am)
(A short break)
(11.49 am)
MS CARTWRIGHT: Mr Lopez, could we have back on the screen, please, {INQ013422/14}. Thank you.
Mr Birchenough, we can see on the action card at point 10 reference to the primary triage officer and turning over the page {INQ013422/15}, please, Mr Lopez, the need to appoint a secondary triage officer to coordinate the triage sort and re—triage each patient every 15 minutes within the casualty clearing station.
I think it's right by the time you had arrived, is it correct, that the triage officers had already been appointed?
A. Yes, ma'am.
Q. And they were Helen Mottram and Jo Hedges who the inquiry has already heard from?
A. Yes, ma'am.
Q. So did you identify who was the primary triage officer and who was the secondary triage officer between the two of them?
A. I believe Jo Hedges was primary, Helen was secondary.
Q. In terms of what was taking place within the casualty clearing station, was there a re—triage of those

patients every 15 minutes?
A. By the point I went in, many had paramedics or medics with them. It was an ongoing process. I couldn't say it was a diligent every 15 minutes as I walked round, but it seemed to be more of an ongoing process while treatment was in place.
Q. Did you, once you went into the casualty clearing station, establish from Joanne Hedges and Helen Mottram the number of casualties that were in the casualty clearing station at that time?
A. Yes, ma'am.
Q. Then if we could go back to the action card, please, we can see at point 13 a topic we've already covered in terms of the available medical supplies. But we see specific reference at point 13 to:
"Ensure medical supplies are available from the incident support units and from the mass casualty vehicle ... "
So when you reviewed the action cards that night, did that not flag the need to query where those vehicles were?
A. The action card I looked at before I went in to the station —— I didn't re—refer to the action card throughout the night. I wasn't —— I didn't feel there was any equipment shortage other than towards the end we

were starting to get low with oxygen and, obviously as you mentioned before, the request for pain relief.
Q. Moving down to point 14, again we've already addressed the categorisation of areas.
SIR JOHN SAUNDERS: Sorry, an equipment officer? Did you allocate an equipment officer?
A. No, sir.
SIR JOHN SAUNDERS: I'm just asking that because in the feedback one of the HART teams which came from a different area, he did actually indicate that there were shortages of two particular things. I just wonder whether if you've got an equipment officer, then he or she can actually be going round and just checking that they've got everything, whereas you're doing lots of other things as well.
A. I wouldn't disagree with that statement, sir.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: Look at point 14 then. We've already discussed about the separate areas for the P1, P2 and P3 patients. The action plan indicates that it should have clear red, yellow, green and a different zone for those deceased. But how would you effect a red, yellow and green area? Would something be placed down or would it be how the area was described if it was capable of separating off the patients?

A. I wouldn't have had any ability to -- if I'd have separated the patients to have designated colour zones to those particular areas. I believe some of the incident vehicles may carry that. I think HART carry that.
Q. I was going to ask, we've heard evidence from the HART team leader about placing a tarpaulin on the ground outside of the station. Did you see that?
A. Yes, ma'am.
Q. And bearing in mind your responsibility for the operation of the casualty clearing station, what was your understanding about what was operating there and how that fitted between your responsibilities?
A. That -- I don't -- I couldn't tell you the time that that happened. That felt to me like it was becoming part of the casualty clearing area and we actually developed a system whereby, as we discussed before, we were unable to separate P1s, P2s and P3s there, but as we'd prioritised inside, we then effectively decanted patients from inside to those particular areas where they could continue their treatment being before loaded and put on to an ambulance, so it facilitated that role of the separation, as you describe it.
Q. But in terms of that being set up and how it was separating, that sounds like it was something that was

operating quite separate to what you were doing inside?
A. It was separate, it was independent, but it was literally outside the doors. It was a few feet away from where I was.
SIR JOHN SAUNDERS: Was it just being operated by a HART team?
A. My liaison was with one of the HART operatives. To be honest, if there were doctors allocated to that area, I don't know.
SIR JOHN SAUNDERS: How much use was it?
A. I felt it was brilliant.
SIR JOHN SAUNDERS: Right, okay.
A. Because it did allow us to -- initially, when I'm being told we have a number of patients who need to immediately, my job is to try and facilitate that, obviously in liaison with the loading officer, to get that number of stretchers and that number of vehicles available. So I tell him what I need, he provides it, we do that.
What that particular area helps me do was I could ask them how much space they had, if they had room for another two or three P1s, whatever it may be. I didn't have to wait for a vehicle for available, I could decant them straight from that.
SIR JOHN SAUNDERS: So it's a sort of staging point from the

CCS to getting on the ambulances?
A. That's better wording that mine. They also have a sort of a mass casualty oxygen system, which obviously, as it became later on, we were becoming a bit short of that, and I felt the system that we adopted worked well.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: Point 15, please, Mr Lopez. We can see there, Mr Birchenough:
"As patients arrive from the forward incident site to the casualty clearing station, ensure that they have been triage sieved and have a triage label attached to them."
We know that a number of the patients that came down from the City Room did not have triage labels attached to them, and so were you aware of that?
A. No. No, ma'am. As the majority of patients, if not almost all of the patients, were already within the station as I arrived and had medics and were being re-triaged. So no, I wasn't aware that some didn't have labels, ma'am, no.
Q. So then for the later time, for the time when the patients were in the casualty clearing station to their time of being dispatched to the hospital, there's been some information provided that for some patients there wasn't a triage card. Some paramedics had used the

patient report form rather than the action card -- the triage card, sorry, not action card.
Were you aware of different documentation being completed by different paramedics who were treating the casualties?
A. I don't recall being aware there was -- I know -- at that point everyone should have been getting a patient report form. By the time they had an individual medic looking after them, they should have all been -- whilst we were treating them if they had the opportunity, those -- the triage cards work well obviously for mass casualties, but they're a slightly more prolonged treatment which -- they were having to be made safe and able to be transported, when people could do a PRF, I felt that was better.
Q. Just in terms of the system, were the patients then, once they were in the casualty clearing station, as well as the triage card itself, also had a separate patient report forms during the time that they were in the casualty clearing station?
A. I would imagine that was true, ma'am, yes.
Q. I'm not asking you to imagine. I want, bearing in mind you had a responsibility for this area, to understand what in fact was taking place and what the system was.
A. I don't recall. I can't recall a specific incident that

they would have had both.
Q. And so you mentioned about the use of patient report forms. So what was -- what did you witness about how that was being used?
A. If -- once every patient had somebody with them, and they are treating the patient, they have to, you know, log as much detail on that as to the treatment they have given and the injuries from the patient, etc. I was aware patient report forms were being used.
Q. Mr Birchenough, I'm not going to go through each of the final matters on the action card, but to summarise we can see that as well as the tasks we have already been through, there is the need within the role for:
"Effective handover of patients to the loading officer for allocation of transportation to hospital."
But also:
"Ensuring the correct distribution of casualties to appropriate treatment centres."
In terms of a correct distribution of casualties to hospitals, I think in fact you did become involved in a discussion, or you were privy to a discussion, Mr Smith had with Annemarie Rooney; is that correct?
A. Before entering the CCS, yes, we were -- for the confirmation of the mass casualty plan numbers.
Q. Can we then move to look at that, please,

Mr Birchenough.
Sir, I don't -- unless there's anything else on the action card, I'm going to move on to that now.
Mr Lopez, could I ask -- perhaps before I put this image on the screen, this is an image from just within the doorway of the station itself. There are no casualties that can be seen, but I just want to indicate that I'm about to display a still on the screen timed from 23.37.54 in case anyone who is observing or present in court wishes to withdraw just while we deal with this short topic, and I envisage this will take no more than 10 minutes.
Mr Lopez, just whilst we give a moment for those to decide whether they wish to withdraw, could we have displayed {INQ035632/60}. Could I ask now for that image to be displayed.
Mr Birchenough, is it correct that we can see Dan Smith with his tabard, checkered tabard, with his back effectively to the -- on the still and next to that, is that you with the -- what's described as the lopsided hat?
A. That's correct.
Q. And we can see that this image is timed at 23.37.54. We can see that reference to:
"Dr Daley talking to another NWAS employee believed

to be James Birchenough."
I think in fact we can see it's Mr Smith that you're stood with at that time?
A. I'm facing, yes, Mr Smith.
Q. Thank you. So is this image that we see at 23.37 is the first time that you've entered into the station itself?
A. Yes, ma'am, I believe it is.
Q. We have a log of a call. It's not a call directly involving you, but we know that at 23.35.42 -- and, sir, just for your records, the transcript of that call from Mr Smith to Annemarie Rooney is {INQ034302/1}. I'm not going to be asked for the call to be played or the transcript to be displayed.
At 23.34.41, first of all, on that call log the tactical commander, Ms Rooney, and the operational commander, Mr Smith, had a discussion about the number of patients and within that call it described that there was a large number of patients. There was a scene outside with another large number of patients, and the current estimate is around 40 P1 patients, 40 P1 patients and multiple walking wounded, that there was a discussion about having to start moving them as there was some very critical on scene, and also -- and Mr Smith was asking for confirmation from Annemarie Rooney that the major incident plan, in terms

of mass casualty, was up and ready, and was requesting from her that -- to read out to him the...
"... so that the casualty clearing officer can hear and then he can start allocating casualties to hospitals", he says.
So do you recall being alongside Mr Smith, bearing in mind that there's reference to casualties and you being present as the casualty clearing officer, overhearing that conversation?
A. I remember the conversation, not in detail, ma'am, but yes, I do remember the conversation.
Q. So we can see you on the image a little after that time, 23.37. Was that conversation also taking place in the station itself or was it just outside the station?
A. My recollection is it was outside of the station.
Q. And just then to follow up as to the timings that were discussed, I think Annemarie Rooney wasn't able to give Mr Smith the immediate information about the hospitals, but at 23.35.42, again there was a discussion between Annemarie Rooney and Dan Smith where again Mr Smith confirms:
"Sorry, just the mass casualty numbers, you know, the mass casualty plan for Greater Manchester. Just the numbers for each hospital. I've got the casualty clearing officer with me here. He will note them down

and then we will start allocating hospitals."

Then just to complete the timings, again Annemarie Rooney contacts Mr Smith at a later time, slightly after that, at 23.39.27, and is then able to give the details of the hospitals and the number of casualties to hospital, and so again for your reference, I'm not going to ask for it to be displayed, it's {INQ034333/1}.

So can I just ask you then about the allocation of casualties to hospital? Were you aware of the casualty -- about the position about casualty distribution to hospital?

A. I was aware of the mass casualty plan, yes.

Q. In terms of the hospitals where patients were to be allocated, was it right that the plan itself was in draft at the time or was it your understanding it was a completed plan?

A. I know it was relatively new. I couldn't say whether I knew it was only a draft or whether it had been -- but I knew it was very new.

Q. Had you seen that mass casualty plan?

A. Yes, I had seen a copy of it.

Q. But in terms of the document itself, that actually allocates the hospitals that can receive the P1 patients, the P2, and the P3, as well as the numbers,

doesn't it?

A. Yes, in my understanding it's a sort of pre-agreed capability of each hospital and what they would be able to take in in the event of a major incident, and that certain hospitals are capable or are in a much better position to take the very poorliest of patients.

And it's a designation of their sort of pre-agreed numbers that they are -- they have agreed they would be able to take.

Q. So can you assist as to why it needed confirmation from Annemarie Rooney about the numbers of casualties to go to which hospital?

A. I would be surmising that whilst it's a pre-agreed plan, should there be a particular incident going on within a hospital that we weren't aware of, that that may affect the numbers, whether that's volume or, you know, should there have been a loss of --

SIR JOHN SAUNDERS: But you wouldn't have had a copy of this plan with you, would you?

A. No, absolutely not.

SIR JOHN SAUNDERS: So it may be it has to be a phone call to find out what the numbers are on the plan, and as you say, it may be that a preliminary call is necessary to make sure that people are actually in a position to do what they've signed up for?

A. Yes.

MS CARTWRIGHT: We know that when the information is given as to the hospitals where patients can be dispatched to, it's at 23.39, so an hour after the bomb had been detonated. So would you not have expected it to have been well known before that time as to which hospitals could receive the P1, P2 and P3 patients?

A. I believe in principle that would have been known, but it seems reasonable that they would have confirmed that with each hospital to make sure they haven't got power failures or any other reasons that may affect them from taking --

SIR JOHN SAUNDERS: I think the point is being made is: wouldn't you expect that check to have been done rather earlier?

A. I don't feel I am in a position to -- I don't know how long that would take from after a major incident was declared, how far down the list of action cards that would be.

MS CARTWRIGHT: From what you understood from when you arrived at the scene and the discussions you were having, with Mr Smith in close proximity, with Annemarie Rooney over the Airwaves, had the absence of that information at that point delayed the transportation of the patients to hospital?

A. I believe patients had already been transported to hospital before that conversation, so I would say no.

Q. Can you assist then as to you then knowing at 23.39 the hospitals the patients could go to, did you write down that information?

A. I did write down that information, yes.

Q. And I think you indicate you then provided those numbers and the hospitals for each of the various patient categorisations to Mr Calderbank; is that right?

A. Yes, ma'am.

Q. So at this stage now we know from the plan that has been provided, and again I'm not going to display it, which is {INQ041266/1}, as to where the various casualties were and where they were located.

We know that by 23.39, when the information is provided Annemarie Rooney as to hospitals, patients 1 to 34, who have been identified to that map, were down in the casualty clearing station, and then a further four patients were brought down after that time.

But we also know from the timings as to when the patients were dispatched to hospital, a large number of patients were waiting a lengthy period of time before dispatch to hospital. And certainly it looks that in terms of those P1 and P2 patients, only one patient was dispatched to hospital before midnight, at 23.42.

Between midnight and 1 o'clock in the morning, a further 12 patients were dispatched. Between 1 and 2 in the morning, a further 11. But it was after 2 am before 14 of those patients were dispatched to hospital.

So can you assist us as to what was delaying the transportation of the patients to hospital?

A. A combination of resources, of treatment for those patients. I'm not sure at the time that the detail about the casualty plan came through we -- I don't know how much resource we had on scene, whether we had enough people initially for every patient, so initially they were involved in treatment rather than transportation.

Some of the treatments that patients got were quite extensive to make them stable enough to be transported.

A combination of reasons, I would imagine, as to why there would be -- I don't recall -- I don't recall a specific reason that caused a delay of those -- of any patient being transferred.

Q. Can I ask then about the P3 patients, just to complete about their transportation to hospital. Were you involved at all in the request and the attendance of the buses that were then brought to scene to take them to hospital?

A. No, ma'am.

Q. So can you provide any assistance as to the

decision-making around that?

A. No, ma'am.

Q. At any point was there any discussion with Mr Smith -- no, actually, I'll leave that there. You have answered that.

Can I ask you about your knowledge of the forward command point when you went into the station? Did you look or ask Mr Smith about where the forward command point was?

A. No. No, I didn't.

Q. Did you understand what a forward command point was?

A. Yes.

Q. And the benefit of a forward command post where the three tri commanders would locate, co-locate?

A. Yes, ma'am.

Q. Did you see any evidence of presence of the Fire Service when you were at the scene?

A. I don't recall being aware or being conscious that there weren't Fire Service at scene until -- I think the first fire people I saw were bringing stretchers into the casualty clearing station, but I couldn't tell you what time that was.

Q. Would it be fair to say that that would be at a later time?

A. It was after I had gone into the casualty clearing

station, yes.

Q. But did you not at any point have a discussion with Mr Smith, or anyone else, about the benefit and the assistance that the Fire Service could provide by way of their role and their knowledge as well in respect of trauma training, but also in helping move the patients?

A. (Inaudible: distorted) have a conversation with Mr Smith regarding that.

Q. And can I ask as well, just to understand information that you may have captured as you went into the situation that night, did Mr Smith give you any information about who had actually, by way of the NWAS personnel, been deployed into the City Room and operated in there?

A. I believe I knew Paddy was there.

Q. Did you get any other information about who else had been working in that area?

A. I don't recall any information being given to me about that, no.

Q. You tell us in the witness statement that you got to the point where you had cleared all the P1 and P2 patients and you were constantly feeding information to various people, including Francis Dreniw, who is one of the senior managers?

A. Yes, I was aware he was at scene some time later.

Q. And what role was Francis Dreniw carrying out at the scene?

A. I'm not aware he had a specific role allocated to him.

Q. You indicate that:

"[You] wanted to start standing crews down, but realised we had split crews up during the course of the night and people were on vehicles assigned to different locations than their home stations, and that there was a massive amount of kit and equipment that needed to be repatriated to the right vehicles and crews."

So I alluded to this very early on in your evidence about the allocation of ambulance staff to particular radios and the vehicles. Could you assist us as to what that issue was that you're describing in the witness statement around split crews, please?

A. Yes, just going back to the start of what you said, I believe a conversation that I had with Francis Dreniw was he asked could we start standing any crews down to which the reply was I believe we have split some crews and that they are separated from the vehicles and that might not be physically possible but beneficial to stand a crew down, bearing in mind they're not a complete unit.

Could you repeat the final part of your question, sorry?

Q. I'm asking if you can explain -- there's reference to split crews and I wanted to just to understand about the -- how that impacts upon them and their radios.
A. So at the start of a shift an ambulance would have a particular call sign, will have two handsets with it. A single-manned vehicle such as the RRV that I would have been on would have one handset.
Those handsets are related to that's vehicle specifically. Every member of crew on that vehicle would then have their own handset that relates to that vehicle. So consequently they would all be under the same call sign as the vehicle. So both crew and that ambulance would have that call sign and they would answer that.
One of the things I had become aware of was that because we didn't have an infinite amount of resource, we were sometimes sending a paramedic with a patient on a vehicle that may have a driver from somewhere else and how that situation had snowballed in so much as we had many crew who weren't with their crew mate and weren't with the necessary vehicle. I couldn't give you specific numbers, but I was just aware that that was an issue.
At the point where we had the conversation with Francis Dreniw about standing crews down, I was

conscious that wasn't very feasible because everybody was mixed up and actually at some point we needed to get everybody back together and move crews back to their relevant vehicles --
SIR JOHN SAUNDERS: I think at the end Steve Hynes, having a made a speech, said you would be sorting it all out.
A. That's how I recall.
SIR JOHN SAUNDERS: I don't think I need a huge amount of detail about this. Thank you.
MS CARTWRIGHT: Can I ask another question, please, in terms of whether your role changed with Mr Hynes taking on the role of the operational commander. I don't think we need to display the image, but there is an image where we can see, captured shortly after Mr Hynes took on the role of operational commander from Dan Smith, an image at 00.20. Sir, again for your records it is {INQ035612/445}.
Within Mr Hynes' log itself, and again, sir, I'm not going to ask for it to be displayed, it's {INQ014785/2}, he, within the role allocation list in his notes and his book, identifies that you were performing the role of the ambulance loading officer and has recorded that the casualty clearing officer was Daniel Smith.
So did there come a time when you were allocated a new role?

A. Not to my knowledge, ma'am, no. I was allocated casualty clearing officer from Dan Smith and maintained that role until the casualty clearing area was cleared.
Q. Just to complete that topic, Mr Hynes, when he was operational commander, didn't task you in a different way to perform the role differently?
A. No, ma'am.
Q. Thank you.
You tell us within your witness statement two further matters, out of fairness to you, to complete the matters I want to ask you about to complete your involvement on the night, that what you experienced that night was a dynamic and stressful situation with some very poorly patients. You witnessed genuine care being administered, not just emergency trauma treatment. And you indicate that what you saw was staff ensuring people were reassured, as comfortable as possible, taking the time to talk to them and reduce their anxiety as well as administer life-saving treatments, dressings and drugs.
A. Yes, ma'am. I should say not just NWAS staff, but the police that were in there and other staff that were in there, yes, genuine care.
Q. You also have set out within your witness statement that your assessment was that:
"We are well trained and had good plans in place,

but unfortunately we are not well experienced with this type of event. There's always the feeling after the event of should I have done something different, could we have done better, and this is right to be able to improve. But I have to say I'm immensely proud of how we as a service and others as individuals responded and dealt with this incident."
A. Yes, ma'am.
Q. Mr Birchenough, I'm going to next move then, because you do set out in your witness statement other things that you did, but those are the topics I want to cover, and I would like to finally move with you just to look at the feedback that you gave as part of the debrief process that took place on 15 June 2017, where you have identified matters that perhaps are of assistance to the inquiry, particularly with your unique perspective of having carried out a functional role at the scene that night.
So, Mr Lopez, please could we first of all display {INQ022370/75}. So this is the first of two forms that you completed as part of that debrief; is that is correct?
A. Yes, ma'am.
Q. And this debrief is specifically looking at how well prepared you were for the incident. So I just want to

work through the feedback you provided and see if you can assist, please.

Under "command and control" we can see:

"Control did not know I was on shift. No communication between HCD [healthcare desk] and EOC. Lucky Paddy/Dan/me available on shift. Derek..."

Is that Derek Cartwright?

A. Derek Poland.

Q. "Derek and Matt Calderbank quick to respond."

So what was the matter you were seeking to flag there in identifying that?

A. As managers, we have a computer system that we would log on and put our finish time, call sign, phone number, etc into that so it's available to everybody.

I would have signed on to that at 1 o'clock-ish, whenever I had started my shift, and I had put in that that I was due to finish at 22.00. I think the fact that I was still on shift, I may well -- I wasn't physically signed on to a vehicle, although I had the use of Romeo 310 because I was on a different command channel, and potentially I don't know how long they stay on at the end of your shift, but I should have finished at 22.00.

SIR JOHN SAUNDERS: But the point you are making isn't it, is, "I was still on duty, I hadn't signed off, so

somebody should have known that, and they should have been able to contact me"; is that right?

A. Yes, sir.

SIR JOHN SAUNDERS: And they didn't appear to know that?

A. No, and that's uniquely to the fact that I was in an acting-up role and wasn't signed on. So had I logged on to a vehicle like an ambulance --

SIR JOHN SAUNDERS: There may be an excuse for it, but the reality is you are a manager on duty still who was available and they didn't know that?

A. Yes, sir.

MS CARTWRIGHT: Moving next to safety, you highlighted:

"Lack of kit for me. No major incident kit in manager's car, etc."

Again, what were you highlighting as part of the debrief on safety there, please?

A. There are particular parts of the kit that we get, the bit I was specifically getting at there was something like a dictaphone or some way of recording what was going on, ideally the body-worn cameras that the police have would be much more efficient and at the time I didn't have anything like that. I was aware I wasn't able to write anything, and had I been able to record something, that would probably been helpful.

SIR JOHN SAUNDERS: You're supposed to start an incident log

and you've got nothing to do it with?

A. Yes, sir.

MS CARTWRIGHT: Moving --

SIR JOHN SAUNDERS: Has that changed now? Has that changed?

A. Personally for me, sir, yes.

SIR JOHN SAUNDERS: Okay.

MS CARTWRIGHT: Under "communication" you have recorded:

"Slow to set up MI channel. No pre-warnings over..."

And what has been redacted, I think, is the GM managers' channel that we discussed earlier.

A. I wasn't aware -- I didn't hear that a general message had gone out on the open managers' channel that we would have listened in to to say there was a major incident. I wasn't told that a major incident channel had been set up until later on when I was talking to Mr Smith.

Yes, I didn't know it was a major incident until I arrived on scene and saw Mr Smith and had a message gone out over the open channel, I think I would have known more before I went.

SIR JOHN SAUNDERS: And you would have had -- as you have already told us, you would have had a much better assessment of the scene and what was going on?

A. Yes, sir.

MS CARTWRIGHT: In terms of the major incident plan we

looked at, the NWAS major incident plan, that actually envisages that once any vehicle is allocated to the major incident, that each allocated vehicle moves on to that major incident channel. So that would include the HART operatives?

A. They have a separate channel as well, but yes, one of them, the team leader, I believe, would have a second radio --

SIR JOHN SAUNDERS: That is not what we have actually heard.

MS CARTWRIGHT: That's what I'm seeking to canvas, bearing in mind the policy itself says that all allocated vehicles should move on to the major incident channel.

SIR JOHN SAUNDERS: I think we have heard now that it changed and they have two radios on a HART vehicle. But at the time they, as far as I knew, were on the HART channel and stayed on it.

MS CARTWRIGHT: In terms of then assessment, we have got:

"Good. Improved with communication on scene."

A. Yes, I felt the assessment of patients was good and by the time I got into the CCS and was able to physically talk to people and witness for myself what was going on and ask people, yes, I felt the communication within that area was good. It was face-to-face communication, I have to say. It was not over a radio.

SIR JOHN SAUNDERS: Is that what that means, assessment of

patients? It just says "assessment".
A. I believe that's what I have taken that to mean, the -- I'm not sure if that was what was intended in the question, but that's not --
SIR JOHN SAUNDERS: It's not immediately clear to me, reading the form.
A. My response to that is to do with the assessment. I felt it was good and when we had face-to-face communications between us, I felt it improved.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: Over the page, {INQ022370/76}, please, Mr Lopez. Under "Resources" again, you have identified:
"No [major incident] kit."
But you do highlight that you're happy with training, Bronze, JESIP?
A. Yes, ma'am.
Q. "Triage not trained enough (general staff)."
And then you identify that HART were excellent.
So what further detail can you give us about the insufficient training for general staff triage?
A. I don't imagine there's many road staff who don't -- wouldn't like more training of every type. General road staff, and that to a certain degree includes some of the managers, are not -- we don't practise. We're not trained enough. We don't have time to do that sort of

training.
The HART team, which I had limited experience of at the time, I obviously work with them far more now, have specific training days and are very much more experienced in this and I felt at the time their general expertise in this situation was excellent and ours was good enough, but we could have been slicker because of --
SIR JOHN SAUNDERS: Again, what the HART experts have said to us or the HART team said to us yesterday was because they deal with it in major incidents, that's what they do, they're trained, and they do the training for it, they can do it much more quickly, and in some ways much more brutally but more effectively because they are concentrating on speed and getting round people and getting people to hospital as soon as possible. Is that what you mean?
A. Yes. The process of triage, as you said, is brutal. It's -- it doesn't take into account an awful lot of things. It is a very brutal process and, I have to say, it goes against every ethos of being a paramedic and of care. And that, I believe, stands for the managers when you are sort of making a conscious effort not to put gloves on to deal with a patient. That's kind of what we do and not to do that is difficult.

MS CARTWRIGHT: You have identified that treatment was good, but then for transport you set out:
"Standard response vehicle [and that's the vehicle you were driving], no major incident kit. First DMAs park out of the way and use kit."
Can you explain what you mean by the "first DMAs" sentence, please.
A. DMA is double-manned ambulance. So I have took this question regarding transport that as I was on a standard RRV, again I have mentioned again that I didn't have MI kit which relates to the dictaphone. This was a suggestion, and it's kind of how it used to be, in a major incident, if you knew it was a major incident, your first ambulances that would turn up would park out of the way, strip all their kit off, take them in, create a kit dump, and start treating. You would have 20 ambulance personnel and an awful large pile of kit to start treating and those ambulances would be parked out of the way so the next ambulances in could start transporting and coming in with stretchers and things.
Is that practicable? In certain circumstances it may be. In this situation? I don't know. This was -- this was asked on a debrief for how things may have been improved --
SIR JOHN SAUNDERS: Has it been looked at?

A. I don't know, sir.
MS CARTWRIGHT: Then to the question:
"The most important thing I have learned in my role has been."
Your answer recorded was:
"Poor/slow communications. Relied on knowing other staff and their roles."
Are you able to just give a little bit more detail about that feedback, please?
A. Communications always comes up as an issue, and I think probably to qualify that, it's in the initial stage it's lack of information. We all want as much information as possible. I would have liked an open channel and information to have been put out. The reality is they may not have known that information at the time. So communications for me incorporates the fact that within the first 30 minutes/an hour information is being gathered and assessed and if that information isn't given out, that sort of comes under the bracket of communications.
I felt knowing a lot of the staff that were in there and their roles worked well for me. Had that not been the case and I had not known the staff because I don't recall that they were wearing tabards in the same way and they were identified in that same way.

So for me, physically knowing a lot of the staff that were in there and their roles helped.
Q. You then provide further comment:
"NWAS has many people acting into other roles without full facilities and kit."
A. I think I'm just been repetitive.
SIR JOHN SAUNDERS: Yes, you are talking about yourself, aren't you?
A. Yes, I apologise, yes.
MS CARTWRIGHT: Mr Lopez, can we then move please to the second form that Mr Birchenough completed, which is {INQ040654/31}, please. {INQ040654/31}. Thank you.
Mr Birchenough, this is the form you completed:
"Thinking of the incident response itself, identify areas that went well or not so well or what you and your team would do differently."
Under "command and control" you identified:
"Difficult to get hold of Control to volunteer. Not requested by control. [Query] didn't know I was on. [Query] Major incident message on channel."
And that's the Greater Manchester operatives' channel:
"Requesting channel would enable managers on relief to be aware."
SIR JOHN SAUNDERS: It's much the same as what you said

before, I think?
A. Can I apologise, first, for my writing and, secondly, for being very repetitive in that.
SIR JOHN SAUNDERS: I think if you saw most of our writings, we would all be apologising, so I don't think you need to do that.
MS CARTWRIGHT: I'll apologise now. Safety:
"Early announcement of suicide bomber by police. No mention at scene of Plato. General discussion with Dan re safety and awareness of +++ police."
So we can see reference to Plato and safety, and so what specifically were you identifying there, please?
A. Obviously after the incident a lot of information is passed, that there had been a declaration of Plato and that there had been incidents reported in and around Manchester, but for us at the time, as I arrived, when Dan was briefing me, he said the police had confirmed that it was a suicide bomber and that they'd seen it. I recall him saying they had seen it on CCTV I believe is what they told me. I don't recall any mention while we were at scene of Plato, and we did have a brief discussion that obviously the area that -- to use the zoning, there's risks attached. We don't know if there's not secondary -- there are elements of risk to attending that scene.

Q. What is the "+++ police" meant to indicate?
SIR JOHN SAUNDERS: Lots of policemen?
A. Lots of policemen, and that that would obviously not help with the secondary device, but should there be anything else, the fact that there's more police to control an area and help us is -- is something we would look at as a benefit to helping the safety.
MS CARTWRIGHT: Communication -- sir, I'm reading it because I think it helps capture actually what Mr Birchenough has written, but I think that a lot of this repeats what you've already told us:
"Slow to set up major incident channel. Good verbal face-to-face comms due to layout of incident."
Then you say:
"++ chat on major incident channel."
For the "++" here, what can does that indicate, please?
A. I -- I recall when I went into the station that I had an earpiece in from my radio. I recall there being a lot of conversation on there, how much of that was specifically relevant to me now that I had a task and a role to complete. I also recall it being incredibly noisy within the station and I couldn't focus on the channel. That -- what I'm writing there is that I lost communication with that specific channel because

I couldn't hear it. There was a lot of chat that probably wasn't specifically -- I don't know how many people were on that channel.
SIR JOHN SAUNDERS: Okay. I can understand that a lot of the chat would not be relevant to you, but was there a lot of chat which shouldn't have been going on the channel, ie is more discipline required among staff about what they communicate on the channel?
A. I can't recall what was communicated on the channel, sir, and I certainly know that the early part of it, it was too noisy. I recall there being an alarm going off and various other noises.
I think, yes, staff discipline and chat is a viable point -- a valid point, my apologies.
SIR JOHN SAUNDERS: I just wondered what you meant, that was all.
A. Yes. I also think, moving forward, possibly limiting the number of people on particular channels and maybe, to coin a terrible phrase that I'm sure you are sick of, zoning the channels effectively, so not everybody would be on -- you kind of relying on an infinite number of staff as well to be able to perform all these roles, but if you put every member of staff, if we had however many ambulances we had and every one of them had two radios and all the managers and everything else who is

listening in, there's hundreds of people that channel, and it's open channel and you have to wait for somebody to finish talking before somebody starts. It's difficult. It wasn't a communications device that I used once I went in because I couldn't hear it and actually geographically we were quite close.

MS CARTWRIGHT: We then see at the bottom of the page:

"Operationally we split crews up and separated them from vehicles. Could we better utilise Airwave call signs to allow this to avoid two A123 staff members and a separate location for A123?"

Again, I think we touched upon this topic, but could you give any other information relating to that feedback?

A. I apologise, that's very clumsily written.

I think had we got a personal, you know, a collar number, PIN number type radio, it doesn't have to be a personal issue, but if that was signed on as a particular personal radio, rather than two people having the same radio and that being connected to a vehicle that may be driven by somebody else, potentially there would be three people answering that one radio call sign, and it could intentionally have been aimed at any of them.

Q. Over the page, please, Mr Lopez {INQ040654/32}. For

"assessment" you have got:

"Good. Got better in the first hour."

Then for "resources":

"Okay."

But then you say this:

"No incident support unit. Lack of meds truck."

So did you still think when you completed the debrief that there had been no incident support units present at the scene?

A. I don't recall being informed than an incident support unit had arrived or that masses, large amounts of kit were being brought in to us.

Towards the end, and I apologise, I don't recall time zones specifically, I was aware that oxygen was becoming an issue, and as we have discussed before, some of the pain relief. But there was alternatives available. I don't specifically recall us being -- running short of kit, but I wasn't made aware that a huge pile of kit would have arrived in one of these vehicles.

Q. Can I just clarify though, would the PSU, the public support vehicles that HART brought to the scene, would they fall under the banner of what you describe as a ISU there?

A. An incident support unit is slightly different, is my

understanding. So some of the -- there's -- there's a variety of vehicles that have a variety of uses, depending on the casualties that it's aimed for. So some of those would carry simplistic bandages, etc, that could be put within a P3 area where members of the public could do dressings and bandages for themselves.

Others would have more specific kit that would need trained personnel to use. It's a generic term, I believe, not specifically the ISU, but a generic term that ...

Q. You recorded as well for "resources":

"Atmosphere was calm, professional and caring."

And for "triage" you set out:

"All crews need to be made familiar with BASIC. More advanced assessment for P3s."

Is there anything further you want to say about the more familiar with BASIC?

A. As I referred to before, I felt HART were very good in that sort of circumstance under the triage heading and general crews have an awareness of it, but I think that's probably all they have. It's certainly not something that's practised.

Q. Can you give us what extra feedback you would give relating to having identified the need for more advanced assessment for P3s and the evidence you've given us

about you seeing P3s as being someone else's responsibility that night?

A. I think that's -- well, this is after the incident. This isn't what I would have felt initially on the morning --

Q. No, no, I appreciate that.

A. -- but obviously I had heard that there were some changes, as patients can do, changes to their priority status and it sounded like had there been more advanced assessment for those P3s, that may have been dealt with better. But this is post incident.

Q. I'm not going to ask for clarification regarding "treatment" and "transport" because I think you've identified already the matters they touch on. But just to identify for "treatment", you record:

"Good. Need more major incident kit and controlled drugs."

For "transport" you identified:

"Difficult access and egress, narrow roads."

Moving on then, the most important thing you learned in your role as being the casualty clearing officer was:

"Flexibility and awareness of systems rather than rigid roles in initial stage."

Could you just expand what you mean by that, please?

A. I think if you take a major incident plan very

literally, how it's written in black and white, it would be impossible to manage because of various reasons, but not least the numbers of staff involved to take up particular roles and set up particular areas.

I felt that an awareness of that overall system, rather than it being somebody's tasked with that role, somebody's tasked with that role, that if there's an overall awareness in the initial stage when you haven't got enough staff, that that would allow you to get some of the crucial jobs done without it being specifically allocated as a specific role.

Q. What did you mean by your final comment on this form of, "Principles, not rules"?

A. I think probably, as I have repeated myself there, that the concept of what we're trying to set up rather than it being a specific role initially, they're just -- you don't have enough staff to do -- to set up the major incident plan as it's laid out. I don't feel you get enough staff within an appropriate time frame to be able to do that. I don't think that's probably realistic, but if there's enough people there who are aware of the principles of it, rather than a specific role for them -- and again, it's not ideal, you need a role to make sure that's your job and you've done it, but if you haven't got a safety officer and you haven't got an

equipment officer, you can't just ignore those functions that need doing just because somebody hasn't got a specific role. There needs to be enough people there who are aware that, you know, I haven't got an equipment officer to ask, but I'm aware I need equipment, so I can make that call myself. It's some flexibility within that system.

MS CARTWRIGHT: Thank you, Mr Birchenough.

That concludes my questions. Sir, is there any clarification you wish?

SIR JOHN SAUNDERS: No.

MS CARTWRIGHT: There is questioning next, please, from Ms Ghahhary. Could I ask that she puts her questions to Mr Birchenough now over the videolink, thank you.

Questions from MS GHAHHARY.

MS GHAHHARY: Good afternoon, Mr Birchenough. First of all, may I thank you on behalf of the families for all of your efforts that night. There will be no suggestion from me that you did anything other than your very best that evening.

I have four topics to cover and hopefully much of the questions I have will simply be points of clarification.

There's a little bit of feedback at my end. I just want to check that you're able to hear me and you're not

getting any echo in the room.

MS CARTWRIGHT: Certainly, Ms Ghahhary, there's no issue in the room, thank you.

A. Yes, ma'am, I can hear.

MS GHAHHARY: First of all, then, Mr Birchenough, your role and training. Your role within NWAS at the time was operational manager for the city centre. We don't need to pull up your statement, but you describe your function as being operationally in charge of a specific area and all of the NWAS staff and vehicles in that area.

May I just clarify with you in terms of what you were in charge of? Did that include specialist equipment and vehicles such as the mass casualty vehicle?

A. No, ma'am.

Q. Second question on this topic: you said in your statement that one of the reasons you left behind your kit was because you thought you would be holding an operational command role, a gloves-off role. Can I just clarify with you, on your way to the arena, what role did you envisage you would play? Did you have a particular role in mind?

A. En route to the arena, I wasn't aware this was a major incident. My intention of going was to assess, get some

information, and feed back. The incident had progressed -- was far larger than I had imagined and had progressed by the time I arrived. But en route to the incident, I had no knowledge of it being a major incident, nor had I given it any thought as to a particular role. My intention was to gather information, feed back, and move from there.

Q. Thank you. In terms of mobilisation, my second topic, you've explained obviously that you learned of the incident at the hospital. At that time your knowledge and understanding was relatively limited. One of the things that the record shows is that you were told there were at least 40 casualties, but I think in your evidence you said you don't recall receiving that information at the time; is that right?

A. I don't recall receiving that. Whether I didn't register it or whether I didn't hear it properly, I don't recall the number. That -- had I received -- had I acknowledged that information consciously, I think I would have thought slightly differently about the process. But I don't recall knowing that information en route.

Q. One of the things that you did at the hospital was you asked the sister to ensure that all of the ambulances were made available within the next 5 minutes and you

said in your statement that's because you anticipated a massive demand for ambulances. Do you think that request was based on the information that there were at least 40 casualties?
A. The information I had at the hospital -- I should probably say at the time of going to the hospital, where there's a lot of ambulances being delayed, my usual approach is far more diplomatic and conciliatory with them to try and release ambulances.
I was becoming aware, with confirmation from the police, that there had been an explosion. I don't specifically recall numbers, but the social media murmurings of people within the corridor sounded like something had occurred, an incident had occurred. I didn't -- I don't recall knowing the scale of it. So my parting conversation to the nurse in charge was, "I need all the ambulances clearing", to which she wholeheartedly agreed and said she would.
Q. Thank you. In any event, your knowledge was very limited and bearing in mind the role that you expected to play on scene, I think you have agreed that it would have been helpful to have received more information en route to the arena.
In relation to that, can you help us with what the difficulty was at that particular stage, why you think

you didn't receive more information than you could have hoped for?
A. I wasn't aware it was a major incident whilst I was on a specific managers' channel. I don't recall or I didn't hear a general message to pass that information. I was aware something was happening. My intention was to go and gather some physical information as to what was actually happening, but the incident had progressed further than that.
We always say we would like more information, but it comes in so fast, the information within the first 30 minutes, an hour of an incident, that you don't have that information in the first 5 minutes, not in the detail that we would need.
Q. Thank you. May I move on now to your arrival at the scene.
When you arrived presumably the first thing you would have wanted to do is obtain all the details that you might need to perform any role that you had; would you agree with that?
A. Not to perform any role I had. As I say, initially I was still unaware this was a major incident or there were any managers on scene.
SIR JOHN SAUNDERS: Okay, but you did want to get all the information about what was going on?

A. Yes, sir.
MS GHAHHARY: Thank you. When you arrived at the entrance to the station, you met with Dan Smith and in your statement you say that you carried out a visual risk assessment with him. Can I just clarify, was that at the entrance that you carried out that assessment?
A. Yes, ma'am.
Q. And plainly he gave you some information. You've been through it, so I won't repeat it. But would you agree that at that stage you had some but not all details that were available at that time?
A. Very much so.
Q. You were asked about Patrick Ennis and whether you knew that he was in the City Room. You said you did. When you arrived at Victoria and spoke to Dan Smith, by then he had already spoken with Mr Ennis around 5 minutes beforehand. Did he give you any of the details that he had received from Mr Ennis about the City Room, the numbers of casualties and the seriousness of the injuries?
A. Yes, ma'am, he did.
Q. And did he tell you that the casualties had begun arriving at the casualty clearing station?
A. I was aware that there were many casualties already within the casualty clearing area, so yes.

Q. And so before you entered the station you knew that there were many P1 and P2 casualties and that they were already being brought down on to the concourse; is that the state of affairs?
A. I don't know if it was worded -- worded like that, but I was aware that, yes, people were being moved.
Q. Thank you. Can I move on now to your role as casualty clearing officer.
One of the things that you're required to do as part of that role is to liaise with other key roles. I think you said earlier that you didn't ask or discuss specifically who was playing which role, to use that phrase. Did I understand your evidence correctly?
A. I can't recall specific details that -- the conversation with Dan asked me would I take on the role of casualty clearing officer. He would have told me who -- I certainly know he told me about the primary and secondary triage officers with inside. What information he told me is what information I had. I don't recall specifically detailing other roles and asking were they fulfilled.
Q. One of the things that Dan Smith said in his statement was that he asked you to familiarise yourself with the relevant action card and refer to it. You said you don't recall Mr Smith saying that to you, but in any

event you looked at the action card.
Can I just ask, did you look at the action card once at that point or were you looking at the action card throughout the entirety of the incident or was it just a few times? How often did you use the action card, is my question?
A. I looked at the action card once before I went into the station.
SIR JOHN SAUNDERS: Okay. I just want to take you up on that slightly. We have read through it. It's quite a long document. There's quite a lot of detail in it. Is it a document that you were familiar with before?
A. In principle, not in detail.
SIR JOHN SAUNDERS: Right. So actually remembering the detail through the incident would be impossible?
A. Yes, sir.
SIR JOHN SAUNDERS: Would it have helped you to have looked at that or do you think, as you were saying, "I had got the principles and that is what really matters"?
A. I think that's a fair comment, sir.
SIR JOHN SAUNDERS: Okay. It's in a booklet. Would it help if it's actually on a card? Would it be more easy to refer to during an incident?
A. I think in a prolonged incident that wasn't as fast paced as that particular incident, the format it's in is

reasonable.
SIR JOHN SAUNDERS: Okay.
A. I wasn't mentally prepared for dealing with what we saw and dealing with what we dealt with.
So ——
SIR JOHN SAUNDERS: You got on and did the job as best you could within the principles you'd read about?
A. Yes, sir. Referring to the book seemed low on the priorities.
SIR JOHN SAUNDERS: Okay. Ms Ghahhary?
MS GHAHHARY: Just exploring that point a little further, Mr Lopez, please may we have up on the action card. It's {INQ019219/2}. If we can move to the next page, please.
Earlier you were asked about starting a log at the scene and you didn't start a log because you had too much to do, which is understandable, if I may say so.
But looking at this action card, you can see the last two columns enable you to put a tick and a time. Do you think, looking at that card now and bearing in mind you didn't have any time to start and keep a log, it would have been useful and easy, relatively speaking, to use the action card as a form of log by ticking the box and adding the time?
A. No, I don't feel that would have been at all practicable

for the circumstances we were in. This particular one is a NARU action card which is slightly different than the NWAS one that we carry in a pocketbook.
I understand the significance of starting a log and had I had a dictaphone or some camera or something, I would have certainly activated that so I could have started making some notes. But to have physically got a book out and started writing was much lower down on my list of what I was presented with and felt needed doing at the time.
Q. May I press on you this a little, Mr Birchenough.
I understand that getting out a booklet and starting to write a log might not have been possible or easy in the circumstances. But this action card is a prepared document. It doesn't require you to write anything. You are required to read it. And so please could you help me understand what the difficulty would be in simply ticking it off as you go along the checkpoints?
SIR JOHN SAUNDERS: Sorry to interrupt. My understanding of the evidence is you didn't have these cards, did you? You had them in the booklet.
A. I had a version of these cards in a small booklet, and whilst absolutely I could have ticked the box to say I've started a log, I physically wouldn't have started a log because of the reasons I've explained before.

SIR JOHN SAUNDERS: I can't remember for myself at the moment whether the booklet has the same things. Does it have the tick and the time in it? It does. Someone is nodding. Okay, thank you.
Anyway, your decision was not to do it on the day?
A. I don't feel that —— whilst you're correct, it's very simple to tick to say, "Yes, I've done that", I physically wouldn't have done it or couldn't do it. I physically couldn't start a log. I could have made a tick to say I had, but I physically couldn't do the log.
MS GHAHHARY: Perhaps it was the way I phrased the question, Mr Birchenough.
I accept that you had difficulty starting and keeping a log, but what I'm asking you is whether this action card could have in effect provided some form of a log. So not just the tick—box in relation to a log, but the tick—box in relation to everything could have been used as a record during the evening.
I don't know if you'd understood that was my point.
A. My apologies, no, I did not understand that as the point.
My understanding of a log and the action card are they are two separate things.
Q. Yes.

SIR JOHN SAUNDERS: The question is: could you have just got this out and done a tick ——
MS GHAHHARY: In circumstances where you can't ——
SIR JOHN SAUNDERS: —— to indicate that you'd checked communications and the radio Talk Group, for example?
A. Yes, sir, I could have done.
MS GHAHHARY: Thank you, sir.
Looking at point 1 on the action card, you discussed the use of a tabard. You didn't have a tabard on that evening. Did you carry a tabard with you?
A. No, ma'am.
Q. Is that because you weren't provided with a tabard or is it because it just wasn't in your vehicle?
A. We weren't provided with tabards at the time. I wasn't an operational manager and therefore I wouldn't have had that kit.
MS CARTWRIGHT: I apologise for interrupting. I'm conscious we're shortly after 1 o'clock. Could I make an enquiry at this stage as to how much longer you think you may be so we can determine whether we complete your questioning or whether we'll need to pause for lunch?
MS GHAHHARY: I estimate around another 15 minutes.
MS CARTWRIGHT: Sir, are you content for us to continue on?
SIR JOHN SAUNDERS: How many more people are due to ask questions after that?

MS CARTWRIGHT: There are no requests under the Rule 10 process and I'm grateful that Ms Roberts has indicated she has two short topics.
SIR JOHN SAUNDERS: Right. We will make it 10 minutes, shall we, rather than 15 minutes. Just cut down your estimate a bit. Ten minutes, is that satisfactory for everyone to wait? I know if makes difficulties for lunch.
Sorry, Ms Roberts?
MS ROBERTS: I can deal with the two points that I have very briefly. I'll probably lead on them, which won't surprise you. It's simply to just give you two key references. So I can deal with my points, I would imagine, in 2 minutes.
SIR JOHN SAUNDERS: Okay. Are people happy to carry on? I would just like to finish this witness before lunch if possible.
MS CARTWRIGHT: I apologise for interrupting, sir. Thank you.
SIR JOHN SAUNDERS: Right, Ms Ghahhary.
MS GHAHHARY: Thank you, sir.
Moving on, and cutting through the action card, most of which has been covered in detail, to point 12.
Mr Lopez, I think it might be on the next page {INQ019219/3}.

Point 12 required you to have regular communication with the OC, who was Dan Smith and then subsequently Mr Hynes; the medical adviser who had not been officially appointed but the role was in some respects being performed by Dr Daley; and a secondary triage officer.
You didn't know that there was a medical adviser appointed and no secondary triage officer had been appointed, and so is it right that in relation to point 12 the only person that you were having regular communication with is Dan Smith and the two triage officers?
A. No, I would say that my understanding was we had a primary and a secondary triage officer, and medical adviser, whilst it's highlighted as a specific role, I took that to be the lead doctor within the area. Operational commander, as you say, was Dan Smith. So to my understanding I was in regular communication with all of those, and a primary triage officer.
Q. Thank you. And point 13 on the action card relates to medical supplies and the allocation of an equipment officer. You've already dealt with the equipment officer point, but can I revisit two issues in relation to equipment.
First of all, the use of stretchers. On entering

the station you said that you could see casualties were being brought down on makeshift stretchers, and evidently it was the police that had initiated extrication in this way.
Can I ask Mr Lopez for document {INQ023487/3} to be brought up, please.
Under the heading "Recollections", about five points down, you say there:
"Police — 1 x pre stretchers arriving I asked them to find things to carry patients on (tables etc)."
Can you see that?
A. Yes, ma'am, I can see that.
Q. Is that right? Did you ask the police to use tables and other items?
A. I have no recollection of that statement at all. I don't believe it would be to —— it certainly isn't in relation to carrying people downstairs with them. The majority of people, by the time I went into the casualty clearing area, were downstairs. I don't recall seeing people coming down the stairs. I don't actually know what I meant by writing that, whether that's —— I don't know, ma'am.
Q. Okay. In your statement you said that at one point you asked police officers to keep a path clear to the exit. The impression I got from that is that officers were

putting casualties into the pathway between the CCS and the loading point outside. We can pull up that part of the statement if it helps, but do you recall that issue?
A. I don't believe it's in connection with placing patients or casualties there. But that was the main door that people were coming in and out of. So it was for people not to have conversations and be in groups within that sort of pathway and to try and stand to one side to so we could get patients in and out.
I don't recall patients being brought down or put in that room. So no, it doesn't indicate that, no, ma'am.
Q. Thank you for that clarification.
The next point in relation to equipment is other medical supplies. In his evidence Dr Daley said that there was initially a shortage of equipment. He had some life packs available, but it really wasn't until the paramedics started to attend the CCS with their equipment that supplies increased.
You said earlier that as far as you were aware there was no need for any more medical equipment. Can you just explain what that understanding was based on at the time?
A. My understanding from listening to Dr Daley's evidence was that was earlier in the evening, and that at the point where I had gone in, certainly within half an hour

of that, very many more staff had arrived bringing kit with them. And the kit that I believe we were short of later on I've mentioned to do with cylinders and some pain relief medication.
Q. So bearing in mind you arrived around 11.10, the first casualties were beginning to be brought down a few minutes before that. Are you saying your understanding is it's at that stage that Dr Daley is referring to when he talks of a shortage in supply?
A. Possibly even before I arrived. I don't know specifically. My understanding was it was before I arrived. At the point around 11.35, when I went into the CCS, I wasn't aware or certainly within the next half hour from there that there was a very -- we needed more staff to come in. Every staff that came in seemed to bring kit.
Q. Thank you. My final point on the action card is, looking at it now, do you feel that there are too many jobs for a casualty clearing officer?
A. Yes, ma'am. I believe the action cards, particularly in the incident that we had, are unrealistic in various ways.
Q. Thank you. My final point relates to role change.
Mr Lopez, please can we have up {INQ014785/2}.
This is Mr Hynes' incident log. You've already been

asked about your role and whether it changed at any point, and you've confirmed that, as far as you're concerned, it did not, but can I ask you about other roles. As far as you were aware, did Matt Calderbank's role change at any point?
A. Not as far as I'm aware, ma'am, no.
Q. So although he has become the parking officer on this sheet, as far as you're concerned, he remained in the role of loading officer?
A. Yes, ma'am.
Q. In relation to the role of parking officer, you will be aware that once Mr Hynes arrived, Mr Poland became his loggist. Do you know who became the parking officer?
A. No, ma'am.
MS GHAHHARY: Thank you. Those are all my questions.
SIR JOHN SAUNDERS: Thank you very much. Just before you ask your two brief questions, I just want to raise one thing.
The overwhelming concern that the public would feel about the response from the Ambulance Service relates to delays. It relates to delays in getting people out of the City Room and then delays getting them from the CCS to the ambulance. And you've heard the times read out, and read out starkly like that they do sound like a very long time. Do you agree?

A. Yes, sir.
SIR JOHN SAUNDERS: So you're nothing to do with any delays getting from City Room, but let's deal with, if we can, a bit more detail about delays getting them from the casualty clearing station to the hospitals.
We've got the plan, the hospitals who are saying what numbers they can take, and they guarantee in that plan too to get the relevant staff in who are off-duty to do that. So there was no problem, was there, with having hospitals available to take people from your point of view?
A. Not to my knowledge, sir, no.
SIR JOHN SAUNDERS: What about having sufficient ambulances there? Did that cause a delay, that there just weren't enough to take the people once they were identified as priorities to get to hospital?
A. Potentially. I'm not aware of all the ambulances' arrival times. But potentially -- the delay for me, I would say initially, as far as the area that I was working in, sir, is -- is down to treatment, is down to stabilising of patients.
SIR JOHN SAUNDERS: Stabilising of people in order to get them away?
A. Yes, not just the life-saving treatment, but also, you know, any limb injuries or anything, you know, to be

made capable that you can physically move a patient without causing them any more pain and distress.

The prioritising of those patients that was ongoing during that time, you know, and then physically having a patient ready, getting a stretcher, an ambulance in. It was just the logistics of doing all that as opposed to just putting a patient in the back of an ambulance and sending them to hospital.

SIR JOHN SAUNDERS: As soon as an ambulance arrives, there's no reason why you don't get the trolley off there into the area where you are or on the outside where the HART team are?

A. No. Initially, sort of probably slightly before the HART team area was set up, there seemed to be an awful lot of people. So it was -- as required, we brought stretchers in rather than having them lined up. There just seemed to be an awful lot of people.

SIR JOHN SAUNDERS: So you said, "We've got one to go now, get me a stretcher"?

A. And it came in immediately. It was literally, you know, the distance that you and I are apart from the door.

SIR JOHN SAUNDERS: Were they being stabilised as quickly as they should be, the patients?

A. I can't speak specifically on any patient. Once every patient had -- once every -- yes, every patient had

a paramedic with them or a doctor or whatever, I -- the treatment I witnessed was exemplary. It was focused. Each -- it was easier for the paramedics to focus with a specific patient. They weren't dealing with the scene. They were dealing with one patient.

It takes some time to assess, treat, dress, you know, cannulate, give the relevant drugs and pain relief and stabilise that patient. It's not a process that can be done --

SIR JOHN SAUNDERS: Well, I'm obviously, as you're aware, looking at recommendations. You are the expert, not me. You know about these things.

As far as you are concerned, as from the casualty clearing station, from them getting there, was there anything that could have been done to get those patients, the P1s in particular, to hospital quicker than they got there?

A. Yes, I'm sure they could. I'm sure -- I'm not aware that there were delays caused after stabilising of patients. Once patients were ready to go, there is obviously the physical logistics of getting them lifted on to a stretcher and taken outside, and obviously the priority of some patients, as you rightly said earlier on, sir, does change.

Yes, I'm sure had we had a bigger area, had we had

more staff on scene, had various other things been slicker, those times would have been shorter. I'm sure they could, sir.

SIR JOHN SAUNDERS: Okay. One of the things you identified before as a problem maybe was resources and I gathered that you were concerned about actually the ambulances coming, but from what you said you don't think there was any delay caused by a lack of ambulances?

A. I'm not aware that there was a specific -- I know we didn't have 60 ambulances arrive in the first half hour.

SIR JOHN SAUNDERS: No. We can ask the loading officer who will have a better knowledge of that.

A. As -- once the HART -- the area was set up outside and we -- I felt the system that we adopted meant the area inside was much easier to decant and probably made it much more systematic and logical outside. So potentially we got quicker.

SIR JOHN SAUNDERS: Did it need HART officers to set out that area outside?

A. They carried that equipment. We don't carry that equipment.

SIR JOHN SAUNDERS: So it is equipment that is on their ambulances?

A. I imagine the vehicle they went back to collect the --

SIR JOHN SAUNDERS: Okay, the PSU vehicle?

A. They have separate vehicles, yes.

SIR JOHN SAUNDERS: Is there any reason why that shouldn't have been decanted from those vehicles and put in that area? Did it need HART officers to do that?

A. They are the ones who are trained how to set that up. It's not a general training for staff. I wouldn't -- I'm not a SORT trained officer, so I don't know if that's anything SORT would deal with as well. I don't believe it is, but it's HART.

SIR JOHN SAUNDERS: Right. Okay.

MS CARTWRIGHT: Mr Birchenough, can you assist as to whether when Mr Poland was allocated to the loggist from being the parking officer, was anyone else allocated the parking officer role, please?

A. I wasn't aware that -- at what time that happened. I'm not aware anyone else took up the parking officer role. I certainly wasn't told.

SIR JOHN SAUNDERS: Sorry, you have been left with very little time, Ms Roberts.

Questions from MS ROBERTS

MS CARTWRIGHT: I think we can probably get an answer to that last question.

SIR JOHN SAUNDERS: I'm sure we can.

MS CARTWRIGHT: I think I know who it is, but I think a timing as to which that person took over that role

would be helpful. So we can just give that information this afternoon. Thank you.

Just a couple of points then very briefly. As I say, if I take you through these, that will expedite matters.

As I understand it, you were due to finish your shift at 10 o'clock that night?

A. Yes, ma'am.

Q. You were still at the North Manchester General Hospital, as we know, shortly before 11.00 pm when you learned about this incident and deployed to the arena; correct?

A. Yes, ma'am.

Q. So although you were still working, those who perhaps were looking at a screen and trying to work out who was and who wasn't working would have formed the impression that you had finished for the night and were probably at home?

A. Yes, ma'am.

SIR JOHN SAUNDERS: But don't you sign off?

A. No, sir. That system, particularly at the time, not being on a vehicle, no. You would sign off a vehicle, but the log (inaudible: distorted), no.

SIR JOHN SAUNDERS: Thank you.

MS ROBERTS: I think in answer to one of the questions that the chairman raised earlier, would it help, do you

think, if there were a signing on and a signing off? Because if that had been the situation, you hadn't actually signed off, then others might have known sooner that you were in fact still available to work?

A. Yes, ma'am.

Q. All right.

A. Thank you.

Q. You have talked about the ambulances, the number of ambulances that there were at North Manchester General Hospital. And had you in effect, my phrase, been sent to the hospital to troubleshoot, in other words to free up those ambulances and to free up the paramedics?

A. Yes, ma'am.

Q. All right. You told us that ordinarily you would be very polite and very circumspect in the way that you dealt with the staff there, and nobody doubts that. But can we take it from that that once you learned that there was an incident which required NWAS staff and required paramedics at the scene, that you were direct in your instructions to the staff at North Manchester General to release those paramedics and release those ambulances as soon as they could?

A. Yes, ma'am.

Q. Thank you. Just so that everybody understands, once the

ambulances are at a particular hospital with a particular patient that they have collected, they can't simply deposit that patient in a hospital corridor. They have to wait with that patient until there are nurses or doctors or a theatre, should surgery be required, to deal with that particular person. That's right, isn't it?

A. Yes, ma'am. A patient needs to be handed over to a hospital and they have to accept that patient to a particular form of care. The responsibility would sit with the hospital, but yes.

Q. All right. And until that happened they are not allowed, as I understand it, to leave that particular patient?

A. That's correct, ma'am.

Q. So up to North Manchester you had gone to free up some of your ambulances.

Sir, the reference for you and for those who are interested, it doesn't need to go on the screen, it's the ambulance history analysis, and it's {INQ040368/1}. Within that document at {INQ040368/5–8}, there are six ambulances that you've freed up from North Manchester General when you realised the imperative of getting them to the arena and they arrived at scene between 23.11 and 23.17.

Mr Birchenough, of those six ambulances that you freed up from North Manchester General and that made their way to the arena, of the six, four had been at the North Manchester General with what are listed as red 2 patients. What are red 2 patients?

A. It could be all sorts of medical criteria, but patients that require needing to be seen rather than put into a waiting room at a hospital. They would need to be seen sooner rather than later.

MS ROBERTS: All right. Thank you very much.

SIR JOHN SAUNDERS: Thank you very much.

MS CARTWRIGHT: Can I thank the stenographers in particular for sitting late to complete the evidence ——

SIR JOHN SAUNDERS: We always forget the stenographers who do a fantastic job, so we're really grateful. I'm also very sorry for those who are having their lunch delayed. I hope it doesn't cause too many problems with that.

MS CARTWRIGHT: Sir, I still think if we take the usual hour we will conclude the next witness this afternoon in terms of the evidence to be addressed, but also the number of requests under the Rule 10 process.

SIR JOHN SAUNDERS: Okay. That's fine. I mean, sometimes, as we know, estimates tend to get it wrong and we were going to finish this morning comfortably by lunchtime as I recall. So perhaps that's me asking too many

questions.
Thank you very much. I'm really grateful, not only, as you have heard, for efforts you made on that night, but also the insights you have given me into what went right and what went wrong. Thank you very much.
So we will say an hour then. Thank you.
(1.25 pm)
(The lunch adjournment)
(2.25 pm)
(Proceedings delayed)
(2.33 pm)
MS CARTWRIGHT: Good afternoon, sir. The gentleman in the witness box is Mr Calderbank. Could I ask now that he be sworn.
MR MATT CALDERBANK (affirmed)
Questions from MS CARTWRIGHT
MS CARTWRIGHT: Good afternoon. Please could you tell the inquiry your full name.
A. Matthew Stuart Calderbank.
Q. Mr Calderbank, you provided two witness statements to the inquiry. The first is dated 13 February 2018. Can I ask, first of all, are the contents of that statement true to the best of your knowledge and belief?
A. They are.
Q. And secondly, you provided a further witness statement

to the inquiry dated 1 November 2019.
A. That's correct.
Q. And similarly, are the contents of that statement true to the best of your knowledge and belief?
A. Yes, they are.
Q. Mr Calderbank, in terms of your evidence this afternoon, I'm going to first of all deal with your role at NWAS at the time and now, briefly dealing with your training for command and incidents, major incidents, and then move to deal with your involvement on 22 to 23 May, and finally we will deal with the debriefs that you completed, performed, I should say.
A. Okay.
Q. So it's correct, isn't it, that you are currently a permanent sector manager for Cheshire and Merseyside East?
A. That's correct.
Q. Let's just track through then your time with NWAS. It's right, isn't it, that you have worked for North West Ambulance Service since 1994?
A. Correct.
Q. You joined as an ambulance technician?
A. That's correct, yes.
Q. You then became a paramedic and worked as a paramedic from 1996 to 2002?

A. That is correct, yes.
Q. You then progressed to becoming assistant operational manager from 2002 to 2013?
A. Yes.
Q. And then you became, as of the time of the incident, the operations manager for Greater Manchester West?
A. That's right, yes.
Q. And that was the role in which you were working on the night of the incident?
A. Yes.
Q. Could you give us an overview as to what the role of the operational manager for Greater Manchester West involved?
A. An operational manager will work within a group of stations, managing the emergency response of a number of ambulances as part of a —— as part of a sector. So it was my responsibility to ensure that ambulances were available and responding to emergency calls within that —— within that area.
Q. I think the area, that's principally —— it wasn't Central Manchester but it was the Wigan area?
A. That's correct, yes.
Q. Did you have a good knowledge of the hospitals in the Manchester area?
A. Yes, and Wigan falls within the Greater Manchester

region, so as a responding paramedic within that area, a lot of the travelling with patients would be outside of the Wigan area and into the Greater Manchester network of hospitals, so yes.
Q. Thank you. I think it's right at the time in May of 2017 in any 24—hour period, is it correct that there would be two operational commanders on call for the Greater Manchester area?
A. That's correct, yes.
Q. And Greater Manchester West would obviously fall into that?
A. That's correct, yes.
Q. And you were working the shift, I think, from 8 o'clock in the morning on the Monday through to the following day?
A. Yes.
Q. So you were in fact on call?
A. Yes.
Q. Could we then deal please with your training and understanding of the command role? I'm not going to go through your training records. The inquiry have had them provided to them which sets out in detail the training you have had both in command, but also in respect to JESIP matters.
Could I ask you to deal with it in this way at

a high level? It's right, isn't it, that at the time of the incident you had undergone specific training, including attendance at the National Ambulance Resilience Unit operational commander training course ——

A. Yes.

Q. —— which you completed in November of 2015? I think it's correct, isn't it, that you in fact could perform the role of an on—scene operational commander, a Bronze commander, at a major incident?

A. Yes, that's correct.

Q. It's right, isn't it, that you had also, at the time of the incident, been in attendance at the annual NWAS commander training courses since December of 2013?

A. Yes, that's correct.

Q. And you had also, as a commander, been expected to and did maintain your national occupational standards portfolio?

A. Yes.

Q. Which ensured that you had the knowledge, experience and training in respect of incident command?

A. Yes.

Q. And so on 22 May 2017 would you say that you were confident and more than competent to perform the role of a Bronze on—scene commander?

A. I believe so. I believe at that point I met the

requirements in regards to training and the national operating standards. So yes, I would say so.

Q. And following on from that, can I then just, having got a general understanding of the training you had and the authorisation to be an operational commander, can you assist as to what your general knowledge was about JESIP and JESIP principles at the time, please?

A. Yes, I would say that I had a good knowledge of JESIP and the JESIP principles. I think as an operational manager then there's a lot of opportunity to work with colleagues from police and fire, other blue light services. That is the opportunity to test those JESIP principles.

I think having had experience at the likes of sporting events or incidents that had occurred within the region that I worked in, then that would be on the basis —— you would operate with the basis of the JESIP principles in mind.

Q. Can I ask then, had you also —— would you have had a good understanding of what an Operation Plato incident was?

A. Yes, I believe so.

Q. And also an understanding about what it meant when something became a marauding terrorist firearm attack?

A. Yes, I believe that has formed part of the annual

commander training prior to 2017, so yes.

Q. Thank you. You've already told us that you were on call, but you first were made aware of the incident at the arena when you were at home; is that correct?

A. That's correct, yes.

Q. And we have the call that notified you of the incident. So there is a transcript of the call which is —— I'm going to give the INQ, but Mr Lopez, I'm not asking for the transcript to be displayed. But for the record or those who wish to follow it, it's {INQ015337T/1}.

It's correct, isn't it, that at 22.42 Greater Manchester Control contacted you and I think you even were able to identify the individual from Control who was on the call?

A. Yes, I think —— I think she identified herself to me, but I'm familiar with that individual, yes.

Q. We can see from the transcript that she was an individual called Julia, and she told you this:

"Sorry to disturb you, but we have got an incident at the Manchester Arena. It's a possible bomb gone off or it is a shooting incident with possibly 30 casualties."

She then tells you that Annemarie knows:

"I have told Annemarie. Donald (sic) Poland is going to Thompson Street Fire Station. Can you start

making your way there as well?"

Then we can see that there's a discussion about what the event was at the arena and Control indicated that it was a Brian Cox event, and the radio operator was able to tell you that they believed that the incident was in the reception area, that one of the jobs was saying, but she wasn't sure.

It was then you asked the question:

"Thompson Street Fire Station?"

And she responds:

"Yes, please."

So you've had an opportunity, I think, before today to consider that transcript; is that correct?

A. Yes, I have, yes.

Q. And so with the information provided in that call did you have in your mind that it could be a Plato incident, bearing in mind the reference to a shooting incident?

A. I think —— I think at the time it was particularly early in the incident. I think that I was still trying to assess what information people had and what they knew. I initially didn't think this could be a Plato. I don't recall thinking that. I think initially my thoughts were this sounds like it could be a large—scale incident. I think that early on, for me as an operational commander, it's about trying to get some

more information if it's available.

And obviously at that point I'm at home and starting to make preparations to mobilise towards the RVP.

Q. Can I ask, as one of the on-call operational commanders, when the information that we've just had summarised was given to you on the call, would you have to at that point start to seek more information from Control?

A. I think -- I think I would expect that as more information was -- became available, then that information would be passed to me as the -- as an attending operational commander or as an on-call commander. I think if a period of time has passed, then generally people would request an update if there was an available update from scene, but you would expect that there would be a flow of communication as and when that information is available to be passed.

Q. The call identified that Annemarie was aware.

A. Yes.

Q. Was it clear to you that that was Annemarie Rooney?

A. Yes, it was, yes.

Q. And did you also know at that time that she was the on-call Silver/tactical commander for NWAS?

A. Yes, I did.

Q. So when the radio controller Julia was telling you that Annemarie knows, would that have been clear in your mind

that she would be responding as NWAS's Silver commander to the incident?

A. So I would expect that the Silver/tactical commander generally wouldn't respond to scene but would respond to an agreed location.

Q. Sorry, I didn't mean that she had to physically go, but she would be the Silver commander?

A. Yes, she had been made aware and would be mobilising or starting to make those -- develop those tactical relationships.

Q. In terms of your knowledge of the command structure, was it in your mind that you then would be the operational commander?

A. I think -- I think the reality of it is that I was aware of my location and the distance that I would be travelling to the incident, and I was aware of Derek Poland, my colleague who was the second Bronze officer, of his location, and aware that his travelling time would be less than mine.

I believe I will have made an assumption that it was unlikely that I would be the operational commander when I arrived as there would have already been an operational commander there. However, it would always have been a possibility, so I won't have discounted it. However, I would have been relatively assured that there

would have been somebody else arrived in that competent -- qualified competent position to do the role.

Q. Thank you. We will move on to deal in a minute with the telephone call that you made to Mr Calderbank (sic). But can I ask, before that, was there any -- did you make any effort to make any contact with Annemarie Rooney as the Silver commander?

A. No, I did not.

Q. Was there any reason why you didn't contact her?

A. No, I think at that particular point in the early stages, I probably felt that information would be passed to me as it was -- as it became available rather than me having to request it and creating another line of enquiry, perhaps, from -- into our control room.

Q. At the stage when you were contacted, did you ask -- did you seek any information as to which Talk Group would be being used in respect of the commanders responding to the incident?

A. Not at the point of being contacted, no.

Q. The major incident plan that NWAS had at the time essentially cautions about the use of mobile phones in responding to major incidents. Would you agree with that?

A. Yes.

SIR JOHN SAUNDERS: Sorry, are you agreeing it's in the major incident plan or are you agreeing it's a good idea?

A. I'm agreeing that it's in the major incident plan, I believe.

MS CARTWRIGHT: I don't think we need to draw it up, but for your references it's {INQ013132/32}.

SIR JOHN SAUNDERS: Do you see the sense of it too?

A. Sorry, sir?

SIR JOHN SAUNDERS: Not using a mobile phone?

A. I can understand that it adds -- that mobile phone networks may be overloaded and it wouldn't be potentially the most reliable means of communication. So absolutely, yes.

MS CARTWRIGHT: Would you also agree that if there are calls on mobile phones, it also means that it -- it means there's not a capture of exactly what was said in the discussions between the individuals at the relevant time?

A. I would agree with that, yes.

Q. And certainly for processes like this, that becomes a disadvantage to piece together what did or didn't happen?

A. Yes.

Q. We can see in your logbook -- please, Mr Lopez, could

you put up on screen {INQ014790/2}, please. You in your notebook have recorded:

"Phone update, 23.15."

Is that to record the discussion you had with Mr Poland?

A. Yes. So the phone update was an update -- was an update -- I made a phone call to Mr Poland on -- whilst I was travelling to the -- whilst I was travelling to the RVP. I -- the vehicle that I respond in doesn't have a secondary means of communication, so using a mobile phone would have been the only means of -- without picking up a radio handset and using that whilst travelling with blue lights and sirens on, which I would be reluctant to do, so the mobile phone was my means of conversation via the hands-free.

I have made the note after that event as a note to say that I have had had that mobile phone conversation.

Q. Can you just give us the detail or recollection you have about that conversation with Mr Poland, please?

A. My recollection is that I rang Derek, Mr Poland, to let him know that I was en route, to see if he had any awareness of the event and whether -- whether he had arrived at scene yet.

I believe he informed me that he had, confirmed that the initial report -- there was a degree of accuracy in

the initial report, that there were confirmed fatalities and a large number of injured patients.

Q. Was there any discussion with Mr Poland as the other operational commander during that telephone call as to who would be the operational commander?

A. Not at that point, no.

Q. Was there any discussion about who was likely to get to I think what was the rendezvous point first; is that correct?

A. So Mr Poland had confirmed that he was -- he was at scene. I'm not sure whether the initial rendezvous point changed for me from the initial information. I think originally I was heading to Thompson Street Fire Station and was updated en route to travel to Hunts Bank at Victoria Station --

Q. We can see that in your pocket log that's still displayed on the screen. I think it's right that you have indicated in the witness statement you have provided that you believe that came over the Airwaves radio as you were making your way to the scene.

A. That's correct.

Q. So was the radio then on the handset you had in the car just playing as you travelled to the scene?

A. Yes, and I think -- I think my response is a one-word response in terms of just let -- acknowledging that

communication with the control room.

Q. Thank you.

We can see also in your logbook that at 23.20 you've recorded about the Airwaves and there's a channel number alongside that. You should have in front of you a document that records how we are referring to those channels. But it's correct, isn't it, that underneath the redaction that is a reference to the major incident channel at 23.20?

A. That's correct.

Q. And does that note therefore indicate that you'd been told that that was now the channel you had to move on to?

A. I believe so, yes.

Q. Would you have been able to, whilst you were making your way to the scene, to change your radio on to that channel?

A. Not whilst travelling, no.

Q. So would it be fair to say that before you arrived at the revised rendezvous at Hunts Bank, you'd not been able to listen to the revised radio channel as you were making your way to the scene?

A. That's correct.

SIR JOHN SAUNDERS: Is that what's called the major incident Talk Group?

MS CARTWRIGHT: Yes, thank you, sir.

You indicate in the witness statement, as you approach Manchester city centre, you're aware of lots of people out to the streets, and you noticed a number of people that were upset and distressed. And you also witnessed walking wounded patients and persons being assisted by others.

A. That's correct, yes.

Q. In terms of just so we can identify the timing, you were in -- is it vehicle BX2985?

A. That's correct, yes.

Q. And from the timings that have been collated from North West Ambulance Service, you were dispatched or allocated to the incident at 22.45.17, and having travelled from your home area, you arrived on scene at 23.29.29?

A. That's correct.

SIR JOHN SAUNDERS: That's right, is it? The statement says 23.20.

MS CARTWRIGHT: The witness has clarified. I couldn't find it in the information we were given from NWAS. We checked the document the witness has and that is the timing.

SIR JOHN SAUNDERS: So about 23.30?

A. I think at the time of making my statement, I believed it was 23.20. I think the time stamp that's taken from

the Airwaves radio handset indicates that I was at Hunts Bank at 23.28.
SIR JOHN SAUNDERS: Okay. That's fine.
MS CARTWRIGHT: And in fact we have a call that confirms that, and Mr Lopez, could we please display {INQ041282/3}. So that call from you is:
"Just letting you know that I'm on the scene now."
If we -- I don't need to display the other calls, but we can see that Derek Poland then confirms on {INQ041282/4} at 23.28.19:
"Roger. If you come to the front near the end of the vehicles, that's where we are."
A. That would be correct, yes.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: Thank you.
You tell us in your witness statement that as you approached the railway bridge on Victoria Street, you noticed an ambulance parked up on the corner and you pulled up behind that vehicle.
A. Yes, I did.
Q. And you then exited your vehicle and approached the ambulance and in fact spoke to the crew in there at the time?
A. That's correct.
Q. And in fact the ambulance that was there already had

a patient with it; is that correct?
A. Yes, it is, yes.
Q. And that patient was then -- I think you approved the dispatch of that patient, who you had identified as a P2 patient, to hospital?
A. I think the reality of it is that the crew -- so I pulled behind the ambulance as I was -- as I believed I was arriving at the rendezvous point and would have expected to see ambulances at an RVP, and got out of the -- of my own vehicle and knocked on the ambulance door to get a sitrep, some awareness from the crew of: is this the correct RVP? I was probably aware that one ambulance at this point would signify that it probably wasn't, and they were dealing with a patient.
The conversation that I had with them -- they were asking: do you know where we need to go with this patient, which hospital can we utilise? I believe that I told them that I'd only just arrived on scene, I would try and get that information for them and let them know.
I then proceeded to continue under the railway bridge and started to make my way up Hunts Bank, expecting to be able to either radio or return with the information that they required.
I didn't return with the information that they required, but they were informed by a member of the team

or EOC that they were to attend MRI, and I have made a note subsequently that they went to Manchester Royal Infirmary.
Q. I'm not asking for the page of your logbook we have already looked at to be redisplayed, but we see reference to the ambulance, A570, the fact that it was a patient with blast injuries, P2, requiring hospital, and destination MRI?
A. Yes.
Q. So that evidences that contact you had on arrival?
A. Yes.
Q. You tell us in your witness statement that what you'd also had confirmed to you as you made your way to the scene was that this was a major incident?
A. I believe so, yes.
Q. And was there any other additional information, beyond that that you had on the call with Mr Poland and the initial call and the change of the rendezvous point, that you're able to gather or listen to as you made your way to the scene that we have not already addressed?
A. I'm not aware or I don't recall there being any other information, no. There may have been -- there may have been radio chatter before people have changed to the radio channel, but I don't recall specifically.
Q. You tell us in your first witness statement that at the

time when you arrived, you were still under the impression that you were heading to the rendezvous point, that the area where you had parked was relatively quiet, and you approached an officer and asked him where the forward incident point was, and you tell us in the first witness statement that:
"The forward incident point is the area where I would expect the commanding officers from each emergency service to be. I was directed to Victoria Station. As I was walking up Hunts Bank, I was thinking how quiet it was, but when I got to the top it was absolute mayhem. There were a few ambulances parked up on the right-hand side of Hunts Bank and a couple at the top."
A. That's my recollection, yes.
Q. Thank you. So as you left your vehicle it was first in your mind to identify where the forward command point was; is that correct?
A. That's correct, yes.
Q. And again, the inquiry has heard lots of evidence about a forward command point, but why was it important for you to identify where that forward command point was?
A. As I was attending in -- as an on-call commander with a potentially -- a command position, I was aware that that would be where Derek, my colleague, as the opposite

on−call commander would be.

Generally liaising with the other services and that would be the −− for me as a commander, that would be the point that I would look towards to identify, to first approach to be able to get that initial situational awareness of what was happening and what the needs were for the incident.

Q. Thank you. In terms of that being a place where you needed to speak to the NWAS commanders, was it correct −− is it correct that you also would have expected the other emergency blue light service commanders also to be co−locating at that point?

A. At that point, as in that point of location, then yes. Potentially not at that point in time, perhaps. But I would −− there would be an expectation that other emergency services would be located at a forward command point.

Q. And so you would −− you expected, as you made your way up Hunts Bank, there to be a physical place that was clear to everyone that was the forward command point?

A. Not in so much as a physical −− as a physical −− I expected there to be a place where I could identify where the commanders at scene were located and to be able to −− be able to infer almost: this is the forward command point and I will mobilise to where those

commanders are and then establish this is the forward command point as we move forward, if that's the information I need.

Q. Was it a Greater Manchester police officer that you approached?

A. I believe it was −− well, it would have been, yes. It was somebody on the cordon at the bottom of Hunts Bank, I believe.

Q. Thank you. You tell us in the witness statement that as you approached that you then saw your colleagues Dan Smith and Derek Poland outside of the station and you headed to meet them?

A. Yes, I believe so.

Q. So having very shortly before asked the officer where the forward command or forward incident point is, did you confirm with Mr Poland and Mr Smith at that time, "Is this the command point"?

A. No. I think the −− I think the police officer just directed me in terms of, "Everybody is up there", as opposed to specifying, "This is a forward command point", which is understandable as they would have been on a cordoned area and wouldn't necessarily have had that information.

I think my −− I met with Derek Poland and Dan Smith and that −− at that point Dan Smith was able to brief me

on what the situation was at that point.

But I don't think −− I don't think that it was a designated forward command point at that point. There was no other services there. It was just the first place that I located Derek Poland and Dan Smith, I believe.

Q. You also tell us in the witness statement that as well as approaching Mr Smith and Mr Poland, you also recall that in the vicinity at the time was Mr Birchenough and Simon Beswick from the HART team; is that correct?

A. That's correct, yes.

Q. Can you then please tell us as to the information you received from Mr Smith when you approached him, please, outside the station.

A. My recollection is that Dan Smith was able to brief me and my colleagues at that point. He informed me −− I recall a conversation including that the belief was that it was an explosion, that it was a suicide bombing incident, and that there was one perpetrator. I believe that it was in that conversation that Mr Smith allocated the functional roles and it was my understanding that through that process of Dan Smith briefing us and allocating functional roles, that he would have assumed the operational command position.

SIR JOHN SAUNDERS: Just before we go on, I'm sorry, was

Mr Birchenough there at the time? You led it that −− on the statement that he was in the vicinity. It's no doubt my fault. I can't find it in the statement.

MS CARTWRIGHT: It's the second statement, paragraph 18.

SIR JOHN SAUNDERS: The second statement, thank you.

Thank you. The first statement doesn't mention him. It mentions everybody else, but not him.

MS CARTWRIGHT: Thank you.

In terms of the functional role you were given, it was the ambulance loading officer?

A. That's correct.

Q. And what was your −− was there any discussion bearing in mind that you were the on−call operational commander, as was Mr Poland, and that Mr Smith wasn't in fact an on−call commander that night and I think in fact had −− I think had −− was there any discussion, apologies, about whether in fact you or Mr Poland in fact would be more appropriate to be acting in the role of on−scene operational commander?

A. No, there wasn't. But I don't think that I would expect that there would −− that there would be. As I was the last to arrive out of −− out of the three of us, then it would naturally fall to somebody else to do the operational command bit.

If Mr Smith had already assumed that role prior to

my arrival or Mr Poland's arrival, then it's my belief that he's more than competent to continue within that role, and I think it would be -- it would be a normal expectation for me to then take one of the functional roles and fall into what had already started to be established, that command and control structure.

SIR JOHN SAUNDERS: Let me just stop there for a moment. Dan Smith is senior to you; is that right?

A. Dan Smith at the time would have been a rank senior. However, as Dan Smith would have been a consultant paramedic at the time, so had more clinical responsibility whereas an operational manager has more operational responsibility. But yes, he would have been a rank senior, yes.

SIR JOHN SAUNDERS: So you and Mr Poland are qualified operational commanders?

A. Yes.

SIR JOHN SAUNDERS: We have heard Mr Smith wasn't.

A. And --

SIR JOHN SAUNDERS: And we know it's not rank, it's job that counts.

A. Yes. So I wouldn't have been aware of Mr Smith not being a qualified operational commander. I was aware that he was a qualified tactical commander, Silver commander, and aware that if he had been on scene for

a longer period of time than myself or Derek, then I would have felt that he was able to take up that operational command role.

SIR JOHN SAUNDERS: I'm not suggesting he didn't have the capacity. I'm just trying to work out how it worked, and I hope I'm correct in saying he didn't have the qualifications of operational commander. That's certainly my recollection of what he said.

A. Sorry, sir, that may well be information that you have. That wouldn't be information that I had at the time.

SIR JOHN SAUNDERS: Okay.

A. But I can -- I think I can provide some assurance that it wasn't a decision that was made in relation to Mr Smith's operational rank, as you would.

SIR JOHN SAUNDERS: Thank you.

MS CARTWRIGHT: Can I just explore the matter further just a little bit?

We know that at a later stage the operational commander role was changed from Mr Smith to Mr Hynes when he arrived. In that scenario would you expect there to be any discussion about, well, what training qualification do you have and actually is it more appropriate that you take on this role, or is that just not practical in practice?

A. I don't think it would have ever occurred that in terms

of questioning someone's qualification to do a role as such.

I think perhaps that -- so the tactical commander position is a NARU-based course also, which generally people have covered a NARU operational commander course prior to that, but not necessarily all of the time, and the -- some of the attributes do work across both of the roles.

So it's probably an assumption that he's qualified as such, but I certainly felt like he's competent to take that operational command position.

Q. Can I ask you then if -- would you have been asking Mr Smith at that point who is the police operational commander, who is the fire operational commander, with your knowledge around JESIP and the importance of co-location of operational commanders?

A. So I think that had -- almost immediately on my arrival, then I was -- I was tasked with a functional role as part of the major incident plan. And I think that had that functional role required that information, then absolutely I would have asked. But I don't think that -- at the time I clearly didn't feel that it did, and haven't explored that.

I think at that point it was -- there was a large amount of -- there was a large amount of casualties,

a large amount of particularly poorly and unwell patients that we needed to deal with, and there was a degree of urgency around setting up the structures to adequately move people from scene to hospital.

Q. The first contact that you'd had from Control had indicated the potential for it to be a shooting incident. Did you in that first exchange with Mr Smith seek to get confirmation about whether this was an Operation Plato situation?

A. I don't recall Operation Plato being words that had been discussed in those terms. However, it did make us aware that the understanding was that it was a lone individual and therefore who had exploded an IED device and therefore was -- there was no indication of any second suspect or any marauding aspect to the incident.

Q. But would you, having been told originally that it could have been a shooting incident, not have wanted to satisfy yourself that that had been completely ruled out from the information that you sought from Mr Smith at the time?

A. I think I was satisfied by the information that he gave that it was a lone individual who was now deceased, that it would not have fallen into Operation Plato based on the information that we had at that point. So I don't think I needed to -- I didn't feel at the time that

I needed to ask specifically due to the information he'd passed.

Q. Thank you. You also tell us in the witness statement that as well as being allocated to the role of loading officer, you were also briefed regarding the mass casualty distribution plan which you understood at the time was a new plan, recently agreed with hospitals across Greater Manchester to determine their capacity to treat casualties in a mass casualty situation and it was important as loading officer for you to understand the manner in which patients were to be distributed to hospital.

So was that discussed at the same time as you were being given the role, the functional role of loading officer?

A. I think as -- either immediately after that initial brief or as part of that brief we were informed that we were looking at the mass casualty plan. My understanding, I believe, at the time was that it was a draft plan that had been either recently signed off or was about to be signed off, but the hospitals had engaged in the development of it and in principle there was an agreement about it.

I'm aware that -- I wouldn't have been aware of those things prior to my arrival, so unless briefed by

Mr Smith at the time, then I wouldn't have been aware. So I believe it was during that briefing.

Q. Thank you.

We know that the information as to hospitals and number of patients reaching the hospitals was provided by Annemarie Rooney to Mr Smith at 23.39 and so the reference for that is {INQ034333/1}.

You tell us in your witness statement that you had been handed over to you by Mr Smith what you believe a sheet of paper containing the information. You do qualify it by saying you can't specifically recall.

A. Yes, and I would -- I would agree with that aspect of my statement, that I can't specifically recall how the -- having seen the mass casualty plan which details particular hospitals with particular numbers of -- and their ability to receive P1, P2, P3, patients, then I can't specifically recall whether that was verbalised, passed to me verbally by Mr Smith and I wrote it on a gloved hand or whether it was on a piece of paper I wrote down. I can't recall how I retained that information as such.

Q. Can I ask you, would you have expected that before 23.39 there would have been greater clarity about the distribution hospitals for patients?

A. I think at 23.39 there was probably still a degree of

finding out the numbers of patients that were on scene and what those priorities were. I believe at that time then the movement from the City Room into the casualty clearing station had come to an end or almost come to an end anyway and some establishment of the command and control.

The liaison with the hospitals, for me, would fall under the sort of tactical command remit which would probably be something that was -- which would be something -- conversations which would be happening away from the scene and off-site, as you will. So it may well be -- I'm not aware that it was happening or wasn't happening beforehand.

Q. We know there's -- in your pack there's the plan that's been created of where the patients were and when they were brought down. We know that casualties were in that casualty clearing station area from 23.07, and we know that those patients included P1, priority 1 patients. So when you have patients in an area from 23.07, is it not necessary that as that happens, it's equally known where they can be taken to allow speed of extrication and speed of treatment of patients in hospital?

A. I don't think it necessarily follows that knowing the hospital capability would have dictated the speed of extrication from the casualty clearing. I don't --

I don't agree that those two are necessarily in line with each other as such.

In normal working practice there's a trauma network of hospitals anyway where we're able to take people with different degrees of injury based on what that traumatic injury is. So it wasn't a case that we were waiting -- anyone was waiting to -- for conversations with receiving hospitals to say, "Are you ready to take these patients?", as such.

Q. Can we please now look at the action card for ambulance loading officer. Mr Lopez, could we display, please, {INQ013422/32}. Thank you.

Just whilst that's coming on screen, I'm not going to ask for the major incident plan to be displayed, but we looked at it this morning with Mr Birchenough and sir, for your reference again, it's {INQ013132/23}. In the major incident plan the loading officer, card 16, at paragraph 6.4.8 is described in this way:

"In liaison with the casualty clearing officer, the loading officer is responsible for ensuring the appropriate and effective loading of casualties from the casualty clearing station on to the next available appropriate vehicle."

Would you have had knowledge about that prior to attending that night, about that role?

A. I believe so, yes.
Q. And we see now the action card on screen. Would you have had a copy of that action card with you that night?
A. Yes, I have a pocketbook which contains —— which is the major incident and CBRNE pocketbook, which is an aide—memoire as such.
Q. So when Mr Smith gave you the functional role of loading officer, would you have needed to have a look at that action card and what it required of you?
A. I didn't have a look at the action card. The action card was available to me to look at. However, it wasn't my first instinct to review it, but it was available to me had it occurred to me to review it at that point.
Q. We see the first matter identified on the action card is:
"Don high—visibility tabard inscribed with 'loading officer' and protective helmet."
You didn't have your commander tabards with you because I think you describe in your witness statement you'd left them in the car?
A. Yes. So at the time, I believe, a commander tabard would be more accurate as I'm issued with an operational commander or Bronze, as it was referred to then, tabard, but not issued with functional role tabards.
Q. But having then been given loading officer, would you

not have thought then to obtain from somebody on the scene the loading officer tabard so there's complete clarity both for NWAS personnel deployed, but also the other services and personnel who had been dispatched as to who you were and that you were having a command role on scene?
A. Yes, absolutely. That is what I should have done. On this occasion I didn't request a loading officer tabard.
Q. Can you help, who could have had those tabards on scene from your knowledge of who was there as to where you could have got them from?
A. I can't answer that. I'm not sure who would have had them. I'm aware that now they are issued to ambulances and the sliding sleeves are on ambulances. I'm not aware that that was the case at the time.
Q. Move, please, to item 22 on the action card:
"Check communications/radio Talk Group and start an incident log."
You've told us already on the way to scene that you were on the major incident channel for North West Ambulance Service. Did you have your radio with you throughout that evening on that major incident channel for NWAS?
A. Yes, I did.
Q. We can see also that you have continued to make entries

in your notebook. Where there's a reference to an incident log, would it have been expected that you started a separate sort of log beyond what you put in your notebook?
A. It wouldn't be my expectation of that being a requirement, no. It's my understanding that that is my incident log.
SIR JOHN SAUNDERS: And you were making notes at the time or later?
A. At the time.
MS CARTWRIGHT: We will look at those notes a minute.
You have already confirmed that you understood that the loading officer would be responsible for the management of the vehicles and the controlled onward transportation of patients from the casualty clearing station to definitive care.
If we just perhaps work through the rest of them:
"Establish a loading point with consideration to access."
Where was the loading point?
A. The loading point will have been on Station Approach, opposite the memorial entrance to Victoria.
SIR JOHN SAUNDERS: But the closest place people for people to be brought out from the CCS?
A. That's correct.

MS CARTWRIGHT: Next we can see that it was also required that:
"In liaison with the Emergency Operations Centre and parking officer, ensure an adequate supply of ambulances and equipment to the loading point."
A. Correct, yes.
Q. I think you tell us in the witness statement that you didn't in fact need to contact Control to request more ambulances on the night?
A. No, I didn't make any —— I don't recall making any contact with emergency —— EOC, Emergency Operations Control, around requiring more vehicles. I'm assuming that somebody clearly did, as more vehicles were dispatched as and when they were available, but it wasn't —— it wasn't on my request.
Q. And were you well aware that Mr Poland was the parking officer?
A. Yes, I believe Mr —— Derek Poland was the parking officer at the beginning stages of the incident and then in the subsequent stages I believe it was Fran Dreniw.
Q. Thank you for qualifying that. Would that be after Mr Hynes arrived on scene?
A. That would be correct, yes.
Q. Next we see at point 6:
"In liaison with the casualty clearing officer/CCS

medical lead organise the packaging, loading and dispatch of casualties in priority order."

You were aware that Mr Birchenough was the casualty clearing officer?

A. Yes, I was.

Q. But who did you believe was the CCS medical lead?

A. I don't recall being made aware of a specific CCS medical lead, although I was aware of MERIT doctors and doctors who were working within that CCS. I wasn't made aware of who was the lead as such. However, I had conversations with several members of that team.

Q. Did you at any point seek to ask from Mr Smith who he'd allocated that functional role to?

A. No, I did not.

Q. We can then see at point 7:

"In liaison with the CCS medical lead, identify the suitable patients for evacuation by air assets."

But that didn't apply here, is that not correct, because air assets weren't to be used?

A. That's correct, yes. There was no air asset availability.

Q. We can see 8:

"Ensure that all patients have been triaged and labelled prior to leaving scene."

Did that take place on the night?

A. I believe so, yes.

Q. 9:

"To ensure a record of patients leaving the casualty clearing station is maintained, use the loading point log and triage tags."

I think you have fairly accepted in your witness statement that that didn't take place?

A. What didn't take place would be the -- so I would say that a record of patients leaving the casualty clearing station was maintained and that's displayed in the log that I kept. But what I didn't do was use the specified loading point log and some aspect of the triage tags. But I believe that the majority of the information that's required in the loading point log is the information that I recorded in my pocket log at the time.

Q. We will look at that log in a minute.

You tell us about the slips:

"I'm aware that the triage categorisation card had a tear-off slip that should be collected and retained prior to patients leaving the scene for hospital. I accept that as the loading officer the responsibility for collecting these slips would fall to me. However, at no time during this incident did I ask for nor was I passed any of these slips such that the details could

be retained. I do however accept that this should have been done."

A. Yes, I think that is -- that remains reasonably accurate. I think I may have requested the major incident number, which is what is recorded on the slip from the initial ambulances that were leaving, but the -- due to the nature of the injuries of the patients that were leaving in the first two ambulances, the ambulance crews didn't have immediate access to that.

From that point on, I don't require -- I don't recall asking again for that information. However, I think in my log there is -- there is a detail at some point where an ambulance crew has volunteered that information to me as I have recorded it in my log.

Q. Thank you. We will work through your notes in a minute that record patients and patient dispatch.

But if the slips had been used and if the system envisaged had worked in practice on the night, where would those slips have gone and what would have happened to them?

A. So in -- the way it's envisaged or the way it's written is that the slips are taken and placed into a folder which has a number of poly pockets and is collected and saved as and when you're going along, and then referred to afterwards.

I believe that the purpose will be to maintain a record of who is leaving, when they are leaving, and be able to track patients afterwards.

Q. Just to complete then the action card 16, we can see at 10 that part of your role was also:

"To collect ambulance and medical equipment used on site and to return it to source."

And finally there's an identification for incident logs.

Let's please now look at your -- the notes that you did make that evidence the dispatch of patients to hospital.

Mr Lopez, please can we display {INQ023259/3}. I appreciate -- I think I'm just taking it -- I think it's the same document we looked at a moment ago, but I have gone to a different reference, sir, so it's not a different logbook.

I'm not going to work through this with you, but is this the record that you kept of the dispatch of patients, their prioritisation when they left, and the ambulances that they were dispatched on and the hospitals they went to?

A. That's correct, yes, it is.

Q. Perhaps, Mr Lopez, if we move through the next two pages, so that can be --

SIR JOHN SAUNDERS: Just help me with the fourth entry, "Jim B".
A. So that is referring to Jim Birchenough ——
SIR JOHN SAUNDERS: Yes.
A. —— who had placed a patient into the ambulance Alpha 486, but I was aware that he had —— either he made me aware that he hadn't recorded the time or I hadn't noted the time, but I made a note that it was Jim.
SIR JOHN SAUNDERS: I was just interested to know why that was there.
MS CARTWRIGHT: You describe that in the witness statement you provided as one example of where you were bypassed for a dispatch of an ambulance, and I think you give another example where something similar had happened where a patient had been placed in an ambulance without your knowledge.
A. That's correct. And I think the reason that I highlighted it is around the loading officer role being part of the command and control of patients being moved from site and if there isn't that degree of control, that's when there's the danger that people who are classed as —— not classed at priority 1 patients are potentially, for want of a better phrase, jump the queue, are removed to a hospital without the details being recorded and making it difficult for us to track

movement later on.
Q. In terms of the notes that you completed, perhaps if we work through the pages so it's displayed on screen, so the recording that you did create is identified. If we can just move through {INQ023259/4}, please. And then on to {INQ023259/5} also just to evidence the records you kept on the night, but also the notes you made.
If that please could be removed from the scene.
I want to ask you, please, the —— we have dealt with now the briefing you were given by Mr Smith and we have dealt with your roles as the loading officer and what that involves and what happened on the night. But I want to just move, as you went forward, after meeting Mr Smith and being given that functional role, you tell us in the witness statement about what you saw at the time and also what you had assessed in your first witness statement to be the casualty clearing point —— sorry, casualty collection point, but also what was the casualty clearing station.
Can I seek to confirm, because in the second witness statement there seems to be —— it seems to be slightly different as to what you're saying about the different areas.
But if we look at the first in time account you gave, you set out that:

"A casualty collection point had been set up in Victoria Station when I arrived. This is where the patients received an initial basic triage via a triage sieve. The aim of the sieve is to give the patient a priority."
Then you went on to tell us a little later that:
"The casualty clearing station was located at the front of the station, to the left-hand side, slightly away from the majority of the casualties. It was set up by the HART team and is an area which contains equipment and is manned by HART team members."
You tell us that:
"Casualties were moved from the CCP into the CCS as and when transport away from the scene is available."
So is that your understanding of the CCP and the CCS on the night?
A. I think initially my understanding —— when I initially arrived, it was indicated that the HART team were setting up the CCS and I could see the HART team setting up an area outside the memorial entrance to Victoria Station which I'll have seen them doing that, and with that information, assumed that this is the CCS, that area.
I don't remember anyone providing any definition or any label of this is —— an indication that, "This is the

CCP, this is the CCS".
I think from the time that I spent at the incident, it appeared to me that initially the patients that were in the concourse of the —— of Victoria Station, that may have started as a CCP, but quickly became the CCS. The area outside, which is where the HART team had been setting up, that was used as an extension of the CCS and was —— it was in fact really the loading point almost for the patients that were coming out of the CCS and being moved into —— into ambulances.
The external area was the area, I believe, where the doctors, medical team, were stabilising patients immediately prior to them being able to be allocated into an ambulance and moved to the hospital.
Q. Thank you. Just going back to the discussions we had earlier about what Mr Smith told you, what was your understanding then as to the zones that were in operation both in the station but also within the City Room and the area down the stairs, the concourse?
A. I don't —— I don't recall there being any conversation that I was involved in which dictated what the zones were and where they were.
However, on the initial conversation, the initial briefing with Mr Smith provided us with a limit of exploitation which for me would have indicated that

ambulance staff would not have proceeded past that point. That would have been at the bottom of the stairs leading up the stairs into the foyer/City Room, which I believe that might then —— and it would have been my own rationalisation of what —— if we were utilising zones, what they would have been, that would have created that area as a hot zone.
Q. Is that the area beyond ——
A. Beyond the steps into the City Room as the —— would have been the hot zone. But I think again that is —— that's my rationalisation as a commander at scene, not something that was articulated in any briefing.
Q. But you're not describing that then as a Plato hot?
A. No. I would be utilising the —— so NWAS use inner and outer cordon if it's a major incident, which you would —— so, for instance, a rail incident or any mass casualty. However, if it's a chemical, biological, radiological, nuclear explosion, CR explosion, CBRNE, then we would refer to the hot, warm and cold zones, I believe.
Q. So in terms of the area, whether it's a CCP or a CCS, that's in the station concourse area, that was a warm area where non—specialist NWAS personnel were fine to be operating?
A. So I think utilising any of the zone —— the major

incident plans where we talk about zones, then it's about —— it's about having appropriate PPE to —— in a particular area. So if —— in those terms, a warm zone requires somebody with the appropriate PPE to reduce that risk in that warm zone. If we're talking about an Operation Plato warm zone, then it would be —— because it's ballistic PPE, then that would be specialist and responders who go in there.
If it's a CBRNE, and the risk is perhaps, you know, more structural or is unknown, then perhaps the —— provided that risk is assessed and looked at whether we can do anything about reducing it or eliminating it, then that appropriate PPE could be worn.
Q. Just to complete the zoning, you tell us in the second witness statement that during the course of your attendance at the scene, you permanently considered the City Room and beyond to be a hot zone, the concourse and areas immediately outside the station to be a warm zone, and anything beyond the police cordon a cold zone.
A. Yes, I believe that would fit with my thinking at the time, yes.
Q. What role did you take in particular in terms of then prioritisation of how you were going to get the P1s, the P2s and the P3s to hospital? How did it work in practice?

A. In practice we were —— we were faced with a large number of casualties within —— within the concourse area, and initially didn't —— initially the ambulance response didn't have the number of resources that was required. It would be normal practice for an ambulance to arrive and where there's more than one casualty, the two occupants of the ambulance would naturally split and each would deliver one—to—one care to each of the patients.
If there were —— if there were 38 casualties within that concourse, then the first 19 ambulances that arrived would have been tied up, providing that initial one to one care. So the difficulty at first was very much providing clinicians to look after these people with devastating injuries and to provide them the much—needed clinical interventions on that concourse.
The subsequent vehicles that arrived after the 19th vehicle, for example, after they arrived, those were the vehicles that could then start to provide the transportation.
So my role initially was around working with the casualty clearing officer and working with the HART team leader at that point to provide clinicians into the casualty clearing who could assist patients there, and also there was the immediate priority patients who were

the first to be transported out there, and to physically have a vehicle with a stretcher, a trolley stretcher, in it to transport those patients.
SIR JOHN SAUNDERS: Okay. So the first —— you are saying really the first 19 ambulances are completely tied up and out of commission for getting people to hospital to start with?
A. Realistically, and so I think that —— I think that the reality of it is that it wouldn't have been the first 19 because I think we moved a couple of —— the first two patients that moved prior to midnight will have been moved when potentially other patients in the CCS didn't have one—to—one clinicians with them. So it wasn't a case of 19 must arrive before we do anything. So there was —— there was a matter of urgency to remove the first two patients that left who were critically unwell.
SIR JOHN SAUNDERS: Right. Apart from the first two —— I'm just trying to work out whether the delay could have been avoided.
So you do —— you've got one clinician to each injured person?
A. Yes.
SIR JOHN SAUNDERS: They have come in ambulances with two people in them?
A. Yes.

SIR JOHN SAUNDERS: You require two people to go back with them?
A. Yes.
SIR JOHN SAUNDERS: Was there any other way of organising your resources? For example, did the P2 patients need someone with them all the time or could you have doubled them up so you could get the P1s out quickly?
A. Under the circumstances -- and I believe that is -- the likelihood is that that is what happened, as I believe that I have recorded the P1s as leaving first, the majority of them. So I believe there would have been decisions made within the casualty clearing station around whether a clinician is allocated to an individual patient or whether they're allocated to move a P1.

But you're absolutely correct, the difficulty is that the transportation of the patients requires two clinicians, one to drive, one to look after patients in the back, and whilst the -- whilst -- the first stages of those -- we didn't have the -- we didn't have the resources to provide transportation and -- without potentially leaving behind people.

In reference to your P2 -- your query around P2, many of the P2s also had devastating injuries --
SIR JOHN SAUNDERS: I'm simply looking at possibilities.
A. No, absolutely.

SIR JOHN SAUNDERS: It seems a delay of getting people to hospital was caused -- you've got enough ambulances, you just don't have enough people to man them.
A. That would be -- yes. That would be -- with physical vehicles, then yes, we would have potentially had enough of those, but people to transport them and be able to maintain clinical care to the patients that we left behind, then we wouldn't.

So the people within the -- the medical team within casualty clearing station will have been having conversations around, "This priority 1 needs to go now and that priority 1 can perhaps wait for the next ambulance to come along", to provide some care and they will flit between.

So those were the difficult decisions, I suppose, that that team were making.
SIR JOHN SAUNDERS: Were you making them or --
A. No, my role was more to -- once an ambulance was available which had two physical persons who were able to -- if an ambulance arrived and had two people they would be able to go over to the -- they were dispatched over to the loading point area, the external CCS, where there would be a clinician with a patient and they would then take that patient with that new ambulance person who had arrived and into an ambulance. My role was to

then provide them details of which hospital they were going to.
SIR JOHN SAUNDERS: Okay. But we are not talking here about ambulances which arrived in the early stages. We're talking about new ambulances turning up. You've got a whole load of ambulances queued down there but all their clinicians and the drivers are out treating patients. So you're waiting for the next one to come along with a crew of two in order to take someone out.
A. I would perhaps clarify the whole load of ambulances. There were a number of ambulances as they came along. But yes, in principle I would agree with you.
SIR JOHN SAUNDERS: I'm talking about a load because I'm talking about roughly 19 because you've got your 38 clinicians inside which have come from them. That's where the load comes from, the 19 down the road.
A. I may have misled you there, sir --
SIR JOHN SAUNDERS: How many about were parked down the road?
A. There were a number that were at an RVP and they were dispatched in batches of five or six. There was a degree of the CCS team looking at who they were going to move next. But I think what I was trying to illustrate was that to move all of those people in a -- with a degree of haste, more so than we did, would have

required that 19 ambulances at least to provide that clinical care and then subsequent ambulances were moving patients.
SIR JOHN SAUNDERS: Okay. And there was no other way of managing so far as you were concerned?
A. Not that I'm aware. I'm sure that there may have been options that haven't -- that I haven't considered. I'm more than happy to listen to those.
SIR JOHN SAUNDERS: Well, I am not going to give them because you are the expert. But are there -- is anything said in the major incident plan, "This is something which can happen"? So has it been foreseen or forecast in the major incident plan as to how you deal with it?
A. I think the major incident plan talks about the structures that are put in place and how we do that. Part of that structure being in place is the control -- the controlled release of patients from an area, not wanting to -- not wanting to overload hospitals by six ambulances arriving at the front door all at the same time, which would be detrimental to the patients' treatment when they do arrive.

So I think there's -- there's a number of things, and it's down to that team within that CCS who worked really hard to direct their attentions to where it was

needed.
SIR JOHN SAUNDERS: I am absolutely not thinking that anyone wasn't working hard and doing their absolute best. What we are thinking about here is systems, whether there are -- there may be just no way of improving the system, no way of getting people quicker, but we need to look at that possibility and how to do it.
A. I absolutely agree.
SIR JOHN SAUNDERS: You've got MERIT doctors, you've got other types of doctors who I'm going to forget the names of, you have other doctors who have come off the street, so you do have other medically qualified people on there apart from the paramedics, don't you --
A. Yes.
SIR JOHN SAUNDERS: -- who would be able to be looking after or being with a patient?
A. Yes, and I believe that is what was occurring at the time.
SIR JOHN SAUNDERS: Okay.
A. Right, thank you.
MS CARTWRIGHT: I just want to be clear then: you obviously are recording who is going out on the ambulance and directing which hospital they are to go to in accordance with the plan. But whose role would it have been on the night then to say, "Which ambulance have you come off

and, actually, I may need move you off that patient to get you back to your ambulance to get things moving"? Who was doing the tracking of who was where and then the allocation of ambulances to move things along?
A. So I don't believe there was a necessity as such to track which ambulance somebody had arrived on and -- there was no need to ensure that if you arrived on one ambulance you left on the same ambulance.
Q. We have seen that. But particularly where crews are to be split, and if there's a crew member that is inside treating a patient, wouldn't there need to be someone who see how things could be moved along as to the ambulance resource and the paramedics that have come off those ambulances?
A. I'm sorry, I'm not sure I understand your question.
Q. You've told us that when the crews split, then the ambulance couldn't be dispatched because it needed to be double-crewed for the ambulance then to go to hospital.
A. Yes.
Q. And so the double crew has come on an ambulance?
A. Yes.
Q. They are linked to that by way of their radios?
A. Yes.
Q. So even if they stay at the scene, the information they will get on their radio is still linked to the vehicle

that's outside?
A. No. So there's no necessity for someone to -- once you can change ambulance, you could work on -- they could move any ambulance, and that's in effect what happened.
So you would arrive -- an ambulance crew may arrive as a pair and split and go and look after two patients. Another ambulance may arrive from somewhere else, split, and team up with the two previous, take an ambulance that belonged to a different area that they hadn't -- none of the four of them had arrived in.
Sorry, if I'm confusing --
Q. No, I'm sure it's my question. But then when the ambulances are stacked in a way on Station Approach where there's a one-way system, who then is making sure that there's two paramedics on that ambulance that's at the front of the queue?
A. So I believe I'm making sure that there's two paramedics that are able to move the ambulance and that are transporting people.
Q. And in terms of you being the person outside the station, operating the system, was there any delay that night due to the splitting of the crews and the crews not being able then to move off together?
A. The delay was -- so there will have been delays due to splitting crews so that they could provide clinical care

to patients that didn't have clinical care yet.
So the offset was that -- of that would be that you would need to -- you would need to dispatch an ambulance and move a patient and then leave a patient with no care behind, potentially.
Q. And who was then managing getting the new person to the patient in the station still?
A. That would have been via the CCS team. They would arrive. I would dispatch them to CCS. CCS would then say, "Look after -- this is the patient that you need to look after". I would then liaise with the HART team leader in the external CCS/ambulance loading point if they had someone who was available and ready to be transported to the hospital, then I would facilitate provision of an ambulance and ambulance crew if they were available to then move them or let them know how long it was, you know, potentially before we had somebody to transport a patient.
Q. Thank you.
You tell us in your first witness statement that you gave Jim Birchenough direction that no one was to move until you had spoken with him to direct them as to which hospital to go.
A. To yes.
Q. Did that specifically occur after Jim Birchenough had

put someone on an ambulance that been dispatched and we see on your notebook or it had it occurred before that?
A. It occurred after that incident.
Q. And you say:
"There was a problem in that people were flagging ambulances down. Therefore I couldn't document every patient and which hospitals they'd gone to."
A. So yes, that would have been -- would have been the concern that if I'm keeping a log and trying to control in terms of priority of movement out, if ambulances that are just arriving or are the way are being flagged down or utilising patients or putting patients in them, then that -- there's a potential that would have been outside of that priority of movement for the patients.
Q. Thank you. We know that there were ambulances that were at the RVP at Thompson Street. And so who was then looking at what was happening on the scene outside the station and then making sure that there continued be the flow of ambulances from Thompson Street Fire Station to the arena?
A. I feel that would be a parking officer role who would have that information and that --
SIR JOHN SAUNDERS: I think we have heard that it was the parking officer.
MS CARTWRIGHT: You've told us in the witness statement also

that primarily where you based yourself that night was outside of the station.
A. Yes, that's correct, primarily.
Q. Can you assist us to the P3 patients? Who was looking after them?
A. In terms of clinically, I believe there was a period where student paramedics, perhaps, were looking after them. I know there was a period where we had dispatched some urgent care staff who wouldn't normally respond to emergency calls, and asked EOC to increase the numbers of transporting vehicles had -- had dispatched some urgent care staff. I believe they were -- were looking after or monitoring the walking wounded patients.
Q. Understandably your priority had to be those P1 and P2 patients, but had you been formulating, whilst you were loading, as to how it was moving forward that the P3 patients would be transported to hospital?
A. No, I hadn't. I think that for me that would be -- the movement of P3 patients generally wouldn't involve the use of emergency vehicles and would be something that the tactical commander would liaise with perhaps the local authority or our patient transport service to provide a different means of transportation. So my understanding is that that would be something that would be organising -- organised away from scene which would

allow us to continue with the task in hand of moving patients from the scene.
SIR JOHN SAUNDERS: It sounds a bit haphazard. In fact we know Chief Inspector Dexter got the bus to turn up.
A. Yes, I would agree that for me one of the learning points for me is around how we managed P3s and the amount of -- whether it was necessary that they were -- that they remained on scene and witness to these particularly difficult events for longer than was necessary had there been more focus on it. But I feel that it's probably -- those are the sort of tactical decisions that are made away from the actual operational site as such.
SIR JOHN SAUNDERS: I'm not suggesting you didn't have enough to do.
A. I appreciate that, sir.
MS CARTWRIGHT: Mr Calderbank, can you assist us also, just so there can be clarity as to how the system operated, that once you knew the hospitals and what specialities they had, because I think they have different centres where they can specialise for the injuries a patient has, but when was it identified as to which hospital the patient was going to? Was it simply when they were brought out to you or was it established long before that?

A. No, so the way the process worked on the evening is that I had been provided with the numbers of patients of -- particular designations of priority patients each hospital could accept without -- without overloading them. I then made the decisions around which hospital the patient was going to be dispatched to from the site.
That decision was made based on the local knowledge of the -- of what type of injuries that particular hospital may specialise in. I had a conversation with Derek Poland at the time just around which hospital was potentially the nearer. A lot of the hospitals within the Manchester area, there's a mile or 2 miles, half a mile between them, so just to clarify that hospital A was closer than B, and then they were dispatched to the hospital with a view of not overloading the hospitals to make sure that they were able to treat the patients as and when they arrived and that an ambulance wasn't arriving with a particularly unwell patient when all of the hospital resource were already dealing with a particularly unwell patient.
Q. Thank you.
You tell us in your second witness statement that:
"As the night progressed there were occasions where different teams of clinicians looking after patients found themselves naturally competing with regard to the

movement of their patient and it was [your] role to act as a conduit between the clinical teams to determine which patients were the most severely unwell in order to ensure the patients were moved in order of priority."

A. Yes, I think that's —— I think what I'm referring to there is around the clinicians, the medical teams that were there, they were obviously keen to move patients that they were looking after who were priority 1 patients may not have been aware that there was another priority 1 patient who had similar needs, and it was around having —— facilitating those conversations between perhaps those doctors or advanced paramedics to make a decision of which —— which of these priority patients ——

SIR JOHN SAUNDERS: I hope there wasn't too much discussion and a fairly quick decision was made.

A. Yes, absolutely, sir.

MS CARTWRIGHT: Mr Calderbank, finally in terms of your involvement on the night before moving to your debrief, you tell us in your witness statement that you recall the Fire Service were not immediately on scene and arrived in the early hours of 23 May, but you remember the vehicles driving down Station Approach and pulling over, and you advised them that they were not to park their vehicles in that location and they subsequently

moved them further down the road.

Did then the arrival of the pumps outside Station Approach, did that disrupt in any way the distribution of patients?

A. No. As —— as they came down Station Approach, I asked them to —— that was part of our access and egress and part of the loading area of the process that we had in place, so I asked them to move, which they did immediately.

Q. Thank you. Can we move now, please, to look at your debrief documents that you've completed?

SIR JOHN SAUNDERS: While they are coming up, by all means give the reference.

MS CARTWRIGHT: The first one will be {INQ022370/17}, thank you, Mr Lopez.

SIR JOHN SAUNDERS: While you are doing this job and you are outside and located outside, did Dan Smith come and see you to see how things were going?

A. Yes, there was a —— there was regular conversations.

SIR JOHN SAUNDERS: So you had an ongoing dialogue?

A. Yes, there was ongoing dialogue through the functional roles throughout the incident. Just to —— around numbers of patients remaining ——

SIR JOHN SAUNDERS: You were making it work smoothly?

A. Yes, as smoothly as we could.

MS CARTWRIGHT: Mr Lopez, could we please —— thank you.

Mr Calderbank, this is the first of the forms you completed from the debrief relating to preparedness and this debrief form deals with what went well and what prepared you well, but also areas for improvement.

So I'm going to quickly move through the entries you've made because I think a lot of them are self—explanatory, and then we will deal with the response itself.

So for "command and control", under that box we have got:

"Trained and qualified but not on each functional role. On—call structure robust enough?"

A. That's correct.

Q. So what does the question mark mean there?

A. So I suppose I'm questioning whether the on—call structure is robust enough, whether the —— whether —— as I'm qualified and trained as an operational commander, but at the time there was no training qualification around functional roles. There is around —— now around some of the functional roles. I think I'm querying whether that means that the on—call structure is robust enough in terms of do we need trained functional roles and do they need to be on an on—call structure for this sort of incident.

SIR JOHN SAUNDERS: And do they?

A. I think ideally —— I think that would be —— that would be excellent. How often they were called into use and how well—practised, risk versus cost, are all course considerations for an NHS organisation. However ——

SIR JOHN SAUNDERS: Okay.

A. —— in an ideal world ——

SIR JOHN SAUNDERS: Clearly this job, rather than being thrown into doing it at an emergency like this, and dealing with seriously ill patients, if you'd had some training beforehand in how to do it, you wouldn't have required very much training to do it, would you?

A. Sorry ——

SIR JOHN SAUNDERS: To do this job that you were doing of moving, getting the patients out, being the loading officer.

A. I think that —— I think the annual commander training does —— does cover the main roles, and it gives a nod to the functional roles. And there's an expectation as a commander that you familiarise yourself and, you know, work to have that understanding.

It would be —— it would be great to arrive at an incident with people who are absolutely versed in each of the functional roles and we know who they are and they know what is expected of them each and every time

to the Nth degree.
SIR JOHN SAUNDERS: But you would be better at doing it now having done it once than you might have been this time?
A. Absolutely.
MS CARTWRIGHT: Concluding the comments for "command and control":
"Met with commanders on scene and roles allocated. Aware of what individuals were doing. Well-organised initial command structure."
A. Yes.
Q. Moving to "safety", you set out how you were made aware of the incident nature immediately:
"Limitation set early."
And when you say "limitation set early", does that mean the limit of exploitation you've told us about?
A. It does, yes.
Q. "Large police presence. Staff used PPE. Occasional crew with no" --
A. Helmet.
Q. "... helmet. Left to drive vehicle and remained in safer area. Secondary devices considered but later."
A. That's correct, thank you, sir.
Q. You've highlighted under "communication":
"Airwaves. Provided details of commander. Improved when Talk Group"?

A. "Changed."
Q. "... changed."
And you used your mobile en route. So again, were you identifying that plainly having that major incident Talk Group up and running, the sooner that can take place the better?
A. Yes. I think that's fair to say, yes.
Q. For "assessment" you identify:
"Overall assessment of incident, access and egress routes communicated. Numbers of casualties and hospital ability to accept provided early on. Some local"?
A. "System knowledge."
SIR JOHN SAUNDERS: I'm not sure why everyone thinks capitals are easier to read than ordinary writing.
A. I can only apologise.
SIR JOHN SAUNDERS: No, no need.
MS CARTWRIGHT: So were you seeking to identify any issue around assessment in that feedback?
A. I am -- no, I think I'm just providing feedback around my assessment of what happened.
Q. Thank you. Mr Lopez, can we go over the page {INQ022370/18}, please. For "resources" we can see under that column:
"Local knowledge of trauma unit greatly helped. What if wasn't available!"

A. That might be a question mark, apologies.
Q. Sorry. And so is that just a query, if there was a major incident and that wasn't available?
A. Yes, but I think the reality of it -- of -- the reality of where we are now is that the -- things like trauma networks within the Greater Manchester area are well-embedded across all of our paramedics and technicians, so it is something that -- local knowledge of trauma units is available. So I think the question is almost redundant at this point.
Q. Thank you. We can see in the notes in the margin:
"No hospital ALO [ambulance liaison officer] on-call structure."
A. That's correct.
Q. Can you just expand on that information, please?
A. The ambulance liaison officer will work with -- in general day-to-day working, works with hospitals on pressures that they may have, liaises with the Ambulance Service. It's a member of NWAS who will liaise with individual control rooms or individual areas to talk about the demands that are happening at the hospital. In terms of a major incident, then having a -- I felt that having that liaison with hospitals would provide real-time information either back to our control room or, if required, control room, tactical/operational

commander sort of feedback.
There isn't an ALO on-call structure, and currently I think the ALO position works until different times across different areas, but 10 o'clock, midnight, 2.00 am.
Q. Under "triage" you have identified:
"Large numbers of P1 and P2 but no definition in group."
Would it have assisted if there had been a separation of the P1 and P2 patients?
A. I think we have discussed or I referred to some of those conversations between clinicians around making decisions around which P1 was going to go -- was going to be moved first. So I think if there's -- a system of definition within that, if transportation to hospital isn't immediately available, then it may have assisted.
Q. You have written under "treatment" that:
"Clinicians were available throughout."
For "transport":
"Vehicles were provided throughout. Required managing for moving patients."
We have also covered that in your evidence. You also set out:
"Hospital details were provided early."
A. Yes, that's correct.

Q. And:
"Updates" —— is that "available"?
A. It is, yes.
Q. Then for the most important thing you learned in the role of loading officer that night was:
"It does not adequately fit the role required in terms of the title. It is a multifaceted role."
Sorry, the next bit, "by people"?
A. Sorry, that's:
"Pulled by people with own requirements."
Q. "Will use staff member as support and logging..."
A. Logging.
Q. "... next time?!"
Is that saying that you would have been assisted by having a loggist with you?
A. I felt so. I felt so at the time. I think on —— on reflection had that meant that you were removing somebody from something else that they can do, and perhaps if rather —— if —— I'm not sure now whether in that loading officer role, whether a loggist would assist me or moving forward or whether it would mean that I had another conversation to explain what I required logging to them, which would create another job to do, if that makes any sense.
Q. Thank you. Then finally under "other", you have set

out:
"Hospital preparedness. Liaison on site at time at the hospital site. Reduce comms traffic into scene."
A. Yes, so I think this is around thoughts for any structured learning, so learning about how prepared the hospitals would be and what liaison on site at what time for these hospital sites, how we could reduce the comms traffic, the communication traffic, apologies, into the scene at the time.
Q. Is that not achievable by the Airwave —— use of the Airwave Talk Groups?
A. I think that it would be achievable by use of an understanding of discipline when using the Airwaves Talk Groups and limiting the —— potentially limiting the conversation/chatter, perhaps, that goes across them. I think funnelling all conversation into one Talk Group whilst useful for that situational awareness, there's the risk, unless it's disciplined conversation, and actually required, that it becomes overloading and just noise in the background, perhaps.
Q. Can we look then at your form by way of the debrief for the response itself on the night.
Mr Lopez, it's {INQ040655/27}, please. That's {INQ040655/27}.
So following the structure again of the responses

you gave. For "command and control" you have recorded:
"Initial info re officers clear, first responding officers met and briefed. Roles allocated. Scene dynamics did not allow checking of action card. Aware of relationships while on scene. Strong structure at scene."
Just to be clear about the scene dynamics not allowing checking of action card, is that just the reality of what you're being tasked to do once you get to scene at a major incident?
A. Yes, it is, yes.
Q. But would it not be important, particularly where the action cards are clear about the structure of that role, that actually taking 5 or 10 minutes to read and consider the action card as and when required during an incident could actually in the long run save time?
A. I think when applying —— when applying that to this particular incident, then I don't think that would have been the case. I think for me at the time I felt that any delay in not moving forward with setting up structure and starting to —— starting to allow, facilitate that movement from scene would be detrimental to the patients.
I believe I did look at the action card much later on in the course of the evening when prompted by one of

the —— my resilience team colleagues, and I can see as an aide—memoire that those action cards are absolutely valuable. The reality of it for me at the time was that I didn't feel that there was the —— that there was the space to do it within the time constraints and the criticality of the incident as such.
Q. Thank you. Moving to "communication", you have recorded:
"On—scene communication between officers and staff was good. Took a long time to establish a major incident channel? Several enquiries via phone re incident specifics, distracting, eg EOC needing to know info for hospital. Debriefed later."
That's self—explanatory. If we move over the page {INQ040655/28}, please, to "assessment". We can see:
"Scene and assessment information provided through command structure for resources."
You've recorded:
"Initial crews separated and away from vehicles. Soaked up first attendees."
That's what you've already described to the chairman, isn't it?
A. That's correct.
Q. Then you go on:
"Subsequent staff vehicles used to move patients.

Crews split and using any vehicle. Limited stretchers at times. Walking wounded looked after by UCS..."

Is that urgent care service?

A. That's correct.

Q. "... and students."

Again, that's what you've told us about today. But as to the limited stretchers at times, how did you facilitate provision of stretchers?

A. In terms of stretchers, I'll be talking about -- I'll be referring to the trolley stretchers that are fixed or blocked into the ambulances and then removed from the ambulances. We facilitated that by the provision of more vehicles as more vehicles arrived, then we had the function to unmount the stretchers from a vehicle and take them into move people.

Q. Move then down, please, to "triage". In the first column you have indicated that:

"The major incident packs were difficult to use in practice."

A. Yes.

Q. Can you explain that, please?

A. That would be from a personal point of view, from the role that I was -- that I was undertaking. As we've discussed, I didn't take the slips from the major incident cards which are part of the pack

and I documented it rather -- rather documented it in my logbook. I think my experience was that they were -- it was distracting initially for -- in the first instance to ask ambulance crews who are busy resuscitating patients to stop and provide something, and I think post that, then it wasn't something that was offered to me. But nor was it something that I requested either. So from my -- on this occasion then I felt that for me the major incident packs, that aspect of it, was difficult to use in reality, in practice.

Q. I think the rest of the information you provided under triage you've already dealt with in your evidence, but just for completeness as to your recording:

"Patients split into P1/P2/P3. Difficult to triage within these groups. Clinicians wanting own patient moving but unaware of other patients' conditions. Had to control movement to vehicles."

Under "treatment" you have identified:

"Not specifically part of role. Injury descriptions provided by clinicians to assist with priority and destination."

What does it -- and this is you just confirming that you're a gloves-off role. So treatment really wouldn't be part of your role on the night; is that correct?

A. Yes, so not specifically part of my role, absolutely.

I was aware of some of the injury descriptions which were provided which assisted with which hospitals patients were going to be moved to.

Q. Then under "transport":

"Vehicles available, but not clinicians until later in incident."

And then:

"Good distribution of patients to hospitals."

And that:

"The crews did anything asked."

A. Absolutely. That's correct.

Q. Then finally under your summary as to the most important thing you learned from the role of loading officer in the night is:

"Communication is key. Knowing how command works meant the scene could be managed. Operation clinicians could be directed efficiently without them requiring full understanding of process."

A. Yes.

Q. And finally under "other" we can see wording that we saw a little earlier today from Mr Birchenough:

"Plan may not fit an incident and this should not affect decisions. Should be principles of a plan rather than roles. Not all roles available throughout and a role may take on actions of several others."

So what did you intend to mean by "principles of a plan rather than rules"?

A. I think I felt that the -- that the major incident plan should be seen as not so much guidelines, perhaps more than guidelines, but more specifically these are the roles that you must and must not step in and step out of, and that they should form part of your consideration around the planning, and I believe that they do. I believe that the joint decision-making model that we use refers to consideration around policies and procedures and where they fit into risk on scene and that situational awareness.

I feel that the major incident plan may not -- it shouldn't be considered a one-size-fits-all and "This is how it's going to work", but we should be making decisions around what's happening in reality at any particular incident and using that as a basic -- basis to make those informed decisions.

MS CARTWRIGHT: Thank you. That concludes my questions. I know from having canvassed with those who have made a bid under the Rule 10 process that if we take a short break now, we will conclude this witness today. So I wonder if we --

SIR JOHN SAUNDERS: Today goes up to midnight. What did you have in mind?

MS CARTWRIGHT: If we could take ——
SIR JOHN SAUNDERS: We will take a ten—minute break.
MS CARTWRIGHT: Perhaps if I could ask Mr Welch how long he envisages his questioning will take.
MR WELCH: If we have a ten—minute break, I anticipate I'll be done within 20 minutes.
SIR JOHN SAUNDERS: So we are talking about 5 o'clock basically?
MS ROBERTS: Two minutes again.
MS CARTWRIGHT: Sir, it's not quite midnight but could I ask for a break now for the stenographers, please?
SIR JOHN SAUNDERS: Sorry. Obviously we take the time it needs, so it's just predictions of time sometimes —— I want to ask you this question of priorities, the clinical teams saying, "My patient goes first", "Not yours, mine is worse than yours", is —— surely that's a decision for the medical adviser, the senior medic on the adviser, the doctors to be saying, isn't it?
A. Yes, it would have been at the time. It wouldn't have been —— it wouldn't have been me making those decisions when confronted. It would have been me directing a clinician or a doctor to another doctor and pointing out that perhaps you're not aware of this patient that I have —— that we're already working towards moving, and facilitating those discussions. But yes, they were ——

between that cadre of clinicians, they would be making those decisions, absolutely, sir.
SIR JOHN SAUNDERS: Thank you. Half past?
MS CARTWRIGHT: Thank you, sir.
(4.21 pm)
(A short break)
(4.32 pm)
MS CARTWRIGHT: Thank you, sir. Before Mr Welch asks his questions, can I just correct a timing error? When I gave you the allocation of mobile, the time I gave was, I think, 23.45.17. That was the time allocated and then mobile at 23.55.27 and at scene was correct as 23.29.29. Just for the reference, it's {INQ040368/3}.
SIR JOHN SAUNDERS: Thank you very much.
MS CARTWRIGHT: Could I ask Mr Welch now to ask his questions, please.
Questions from MR WELCH
MR WELCH: Mr Calderbank, the first question I want to ask you about is the allocation of roles in respect of operational commander, please.
I would first of all like to put just a few propositions to you. Generally in a major incident you would agree that for the allocation of roles its essential to have the most appropriate and qualified person allocated to a particular role; yes?

A. I would agree that the most appropriate, yes.
Q. And that would be based on their experience, training and knowledge, won't it?
A. I would say that was right, yes.
Q. And it's not meant to be about rank at all, is it?
A. No.
Q. Did you know of the agreement between Dan Smith and Annemarie Rooney in relation to his attendance at any event, any incident in the city centre prior to 22 May?
A. No, sir, I did not.
Q. So when you got there to the arena around about 11.30 and you saw Mr Smith there, did you speak to him or to Mr Poland and say, "Why are you acting as the operational commander"?
A. No, I did not, but I think the reason for that would be that I wouldn't have —— it wouldn't have surprised me. I would have assumed that Mr Smith had arrived to the scene prior to myself and Mr Poland and that's why, as that initial responder, he had taken that role, and I was comfortable with him acting in that position.
Q. Why would it not have surprised you that he was there?
A. Because he was —— because he works for North West Ambulance Service and he's a consultant paramedic and there was a large—scale incident on.
Q. Okay. But why would it not have surprised you that he

took the role of operational commander seeing as you're the on—call operational commander and Mr Poland is also the on—call operational commander?
A. The way that we —— that I would expect it to work would be that in the absence of an on—call operational commander, then a suitable clinician or trained commander would assume that role until the next appropriate person and there would be a conversation about whether it was required to be —— they would be relieved from it or it would be handed over. Often there's some travelling involved for the on—call commander and so it's quite normal that it would be somebody else doing that in the interim stages before arrival.
Just to answer why I wasn't surprised, then I would imagine that that would be because I would have assumed that Dan Smith had arrived before myself and Derek and had taken up that role which would seem —— which would be correct in his actions if that been the case.
Q. Making that assumption, as you did, was there never any thought between any of you, and particularly you and Mr Poland, as to discussing at that time: okay, Mr Smith is here, we know that the first ambulance on scene assumes the role of Bronze commander under the action cards? It might be that that is the case. But there

doesn't seem to have been any discussion at all as to why Dan Smith was the operational commander or whether it was appropriate for him to continue as the operational commander when the two on−call operational commanders are there. Do you see?
A. If you're asking was there a conversation about it or discussion about it, no, you're absolutely right, there wasn't that. However, both Derek Poland and myself will be aware that Dan Smith's on−call role is a tactical commander role and it would therefore −− in my experience, it would therefore follow that he was −− he would have been trained at an operational command −−
Q. The chair has heard evidence from Mr Smith in relation to his training, so we don't need to repeat that. But can I ask you this −− and it's in a sense a constructive question: was there any sense of relief amongst you and Mr Poland that Dan Smith was there at the time and had assumed this operational command?
A. I think relief in terms of knowing that Dan Smith is an excellent experienced clinician and has experience within the Ambulance Service and is also a familiar face, so then I suppose there was relief.
If the question is, "Was I relieved that he was the operational commander and I wasn't", then no, I don't think relief is the −− is the correct sort of word to

use. I think that what it meant was that there were more people there who could fill those functional roles and work to establish that command structure who I knew were familiar with it and had −− I had the knowledge that they would be able to do it competently.
Q. Very well. I'll move on to the next topic which is the allocation of roles in terms of the loading officer −−
SIR JOHN SAUNDERS: Okay. Can I just say this about Steve Hynes.
So Steve Hynes comes along and he takes over Dan Smith's job, and his reasoning for doing that is to say: well, then I can do what I am good at and Dan Smith can do what he's good at, which is actually treating people.
In a way, didn't the same apply to you? That in a way he would have been better off doing the treating and you, who'd had the experience as operational commander, as indeed had Mr Poland, and the training which Mr Smith did not have, would be better off doing that role?
A. I think that's a fair comment, sir. Absolutely.
SIR JOHN SAUNDERS: Okay. I'm not suggesting by this that Mr Smith did not do a perfectly good job and it's not to be taken the wrong way. It's just a matter of principle when we're being told −− which I'm sure is correct −−

that actually it's not rank, it's role, and then when we look at it in those two incidents, it looks rather like it is rank rather than role.
A. Yes, I can see that. I think it may be fair to say that the inquiry has more information than I had at the time in and around certain aspects of that.
SIR JOHN SAUNDERS: No, I understand that.
A. But −−
SIR JOHN SAUNDERS: And by the way, by the time you came, the deal had been done, and we do know Mr Smith and Mr Poland had spoken −−
A. I think from my own point of view, yes, that structure had already been established and was potentially 40 −− 40−plus minutes post event when I have arrived. So it would have seemed −− I wasn't aware that there would be a reason to change anything around.
SIR JOHN SAUNDERS: And we have also heard that changing commanders is not a great idea because you need a handover.
A. And I absolutely accept your point.
SIR JOHN SAUNDERS: We will leave that issue now.
MR WELCH: Thank you, sir.
Allocation of roles in terms of the loading officer. Had you ever acted as a loading officer before?
A. No, sir.

Q. You didn't read the action card on the night. Do you know when you had last familiarised yourself with it before the attack?
A. I think it will −− no, I can't put a date on when that will have been, but it will have been something that was not necessarily covered, but the major incident plan will have formed part of my annual commander training and will have been something that we had looked at regularly throughout each of those annual commander training days.
Q. As part of that, are you going through all of the action cards, of which I think there are about 30, aren't there, for the major incident plan, reading through them again −− would it not be just to see what has changed or are you really familiarising yourself with that role?
A. No, I think that −− so the commander training will form −− there will be specifics which are around a specific type of training, whether that's MTA or flooding or familiarisation with some other event that may not occur regularly. But as part of that some of it is around completing −− often you complete a tabletop exercise with roles that were allocated. So there will have been other commanders who −− other participants in that who may have taken up functional roles as part of those tabletop learning training exercises.

Q. Well, that brings me on to my next question.
In any of those tabletop exercises had you ever undertaken the role of loading officer?
A. No, sir.
Q. But others might have or will have?
A. Others on those training days, yes, sir. Whether others had at the arena incident, then I'm unaware.
Q. Precisely. Because when the roles are being allocated, was there any discussion as to who was the most suitable for these roles, whether anyone had performed it before, either in a live incident or in any exercises?
A. No, sir, there was not. I don't think that I would have expected that to be -- to -- generally I would expect the operational commander to allocate the roles.
Had there been a reason why I felt that I wasn't capable to complete that role or more suited to do something else, then that would have been the opportunity to interject at that point and suggest that I did something else.
Q. Well, I realise that this -- and accept that this is a dynamic incident that needs decisive actions. But it really doesn't take very long, does it, for someone to say, "Has anyone acted as loading officer before"?
A. No, it wouldn't, no.
Q. And that could be done and then we would have had

someone, in the absence of any training in that role, who might have had the experience for it; do you agree with that?
A. I agree that had that scenario occurred, then that is a possible outcome of that, yes.
Q. Indeed, that could apply to any of the different roles that were allocated by Mr Smith, and it really doesn't take long to ask those questions, does it?
A. No, sir, it doesn't.
Q. Moving on, if I can, to your actions as a loading officer. Ms Cartwright said that you could have spent 5 to 10 minutes looking at the action card. If we just look at action card 16, which I'll get the reference for, it's only about one page long, isn't it? It has about ten entries, doesn't it?
A. Ten or 11, sir, yes.
Q. {INQ013442/32}, 11 entries. It's not going to take 5 or 10 minutes to read that, is it? Let's be realistic.
A. No, I don't think I suggested that it would.
Q. No.
A. But no, you're right, no.
Q. And it is under the major incident plan a direction, isn't it, that the steps in the action cards should be followed in a structured order, isn't it?
A. I'm not sure whether -- I think they are there to act as

an aide-memoire, but these are the tasks that are expected of the loading -- the action cards are the steps that are expected. I don't believe that they are necessarily in order situation, and they generally, I believe, used as an aide-memoire. But those are the actions that you're expected to take and cover.
Q. Okay. The reference for those who are interested is {INQ013132/52}, and it's section 12 of the major incident plan. The last sentence of the third paragraph:
"It is essential that staff remain focused and follow the structured processes identified in the major incident response plan."
That's under "action cards". So do you agree that it is important to follow these in the structure that it appears?
A. I agree that it's important that those -- that those actions are completed. I don't necessarily agree that they need to be done in the order which is the only difference in ...
Q. One of the actions in action card 16 is number 5:
"In liaison with the Emergency Operation Centre and parking officer, ensure an adequate supply of ambulances and equipment to the loading point"; yes?
A. Yes.

Q. You were asked before about whether it would have been possible to have people -- patients move more quickly from the CCP on to the ambulances and I believe your answer was effectively, "We didn't have the resources there", was that right, partly?
A. Yes, I think what I was trying to explain was that to be able to provide clinicians to provide a one-to-one or to make sure that all of the injured had a clinician with them that meant that the ambulances that would arrive then carrying two clinicians, those clinicians would naturally split and look after two patients.
Q. Yes.
A. Which then made it difficult to transport an individual patient because they would require two clinicians again.
Q. There is a document that's been produced which is the ambulance history analysis that we've seen in the past. By my estimation on that, before you had arrived at 23.30, 23 ambulances had already arrived and only one of them had left.
Of those 23, only four left before midnight. So is it right that the chair was correct that there really were a load of ambulances lined up with all the clinicians from those ambulances inside treating patients and it's quite obvious that that's where they were?

A. I have no reason to doubt the information that you have. My recollection is that perhaps in my line of sight, perhaps they were parked at the -- you know, under the care of their parking officer or they weren't directly in the area that I was in. I don't recall specifically there being 23 or slightly less ambulances around in that area at that point, but absolutely if that's the information that you have, then that will be correct, yes.
Q. Given that you have a situation where you have a large number of patients within -- on the concourse, you don't have a line, it would appear, of ambulances but you don't seem to have a number of ambulances going out, and you quite rightly have assumed that the clinicians have gone outside, would the obvious thing not have been to phone the -- contact the EOC and say, "We need more ambulances here because all the clinicians are inside"?
A. I believe that that was what was happening through the RVP point and through the parking officer, through the ops commander at site, because ambulances were arriving in batches and being released from the Thompson Street RVP point to site, I believe.
Q. But isn't it your responsibility under the action card to make sure there enough ambulances there? And part of that must be, mustn't it, to contact the EOC and say,

"We need more, everyone is inside treating people, we simply need more ambulances so that we can get people to the hospitals more quickly"?
A. Yes, I think the action card refers to having those conversations with the parking officer, the loading officer, and EOC, I believe, in terms of making sure those ambulances are available, but yes, sir.
Q. Just one more point, if we can, on the action card before we leave that. If I could just bring it back up, please, it's not just this page actually, is it, because if we go to the next page, which is {INQ013422/33}, this is the loading point log that should have been completed under the action card. What you did was to complete a record in your pocket notebook, didn't you? One of the things that you didn't have in your pocket notebook and which is the first column in that document is the casualty name. And that can be important, can't it?
A. If there were no other means of tracking a patient, then the patient's name would be one way to do that. That can be important.
Q. It does create that log of where, who has gone out, what their state was when they had gone, and more importantly, which hospital they'd gone to, doesn't it?
A. I believe those are the details that I logged in my pocketbook in terms of who that patient -- which

vehicle -- what priority it was, what time it was, what patient -- what vehicle it was, and what hospital they went to, which enabled us to track those patients.
Q. But it didn't have the names within the book?
A. No, it did not, sir.
Q. Two very brief further points I want to raise.
Firstly, in relation to the casualty distribution plan, you were speaking with Mr Poland about the abilities of certain of the hospitals and what specialist services they offered, weren't you?
A. I recall conversations with Derek Poland around locations, geographically, in terms of mileages from the -- from the arena to individual hospitals, as he's more familiar with that. I don't specifying recall conversations around specialities. But it may have been. I may have asked him to confirm, "Does hospital A still do X, Y or Z?"
Q. You didn't have a copy of the casualty distribution plan, did you?
A. No, I don't believe that there was copies of the casualty -- it was a draft, so I don't believe they were in existence as such or they hadn't been circulated.
Q. Looking forward -- I don't want to ask you about the detail of it for obvious reasons -- it's a relatively short document, isn't it, in that it's about eight pages

long and that covers the whole of the North West, doesn't it?
A. That's correct, yes.
Q. And the last page is a matrix, isn't it, that shows the different specialist capabilities of all of the hospitals under the casualty distribution plan, doesn't it?
A. To the best of my knowledge, if you're telling me that's what it does, then yes. I'm not overly familiar with it in terms of --
Q. Given your role, and you have to decide where an individual patient is going, to which of the three of the hospitals that were accepting P1s in the first instance, it would have assisted you to have this document on the night, wouldn't it?
A. I don't think -- again, I think it was a draft document. So I think it existed in -- in that same iteration that you are talking about.
I think it would assist -- it would assist somebody particularly if it was an area where you are completely unfamiliar with. I think that, as far as I'm aware, there were -- there were -- there was perhaps one onward hospital transfer after the original destination. So all of the patients that were dispatched in ambulances during that period, I believe, remained within the

hospitals and were treated within the hospitals that they were transported to on that occasion, bar one who may have been onwardly transferred following further investigations, so what it may have done is reconfirmed or provided some reassurance that the decisions that we were making on scene at the time were the correct ones.

Q. Very well.

Final question, which is in relation to who was the parking officer after midnight because we have heard that it had been Mr Poland and then Mr Hynes took Mr Poland off and it's not clear at this time who it then became. There's a record actually that it was you.

First of all, could you confirm whether or not you did act as the parking officer?

A. No, I did not. It was -- at no point did I act as the parking officer, no.

Q. Do you know who took over from Mr Poland?

A. Yes, I do: it was Fran Dreniw.

Q. Was there any issue in relation to the handover between those two and did it create any issue in relation to the speed with which people were put on to the ambulances?

A. I wouldn't have been present during any particular verbal, physical handover.

SIR JOHN SAUNDERS: Okay, I don't think we are concerned with that. It did change who did it. Did it make any

difference to the flow of ambulances or hold up your process? Sorry to cut across you.

A. Not as far as I'm concerned, sir.

SIR JOHN SAUNDERS: Thank you.

MR WELCH: Thank you very much, Mr Calderbank, and thank you for your efforts on the night.

Thank you, sir.

MS CARTWRIGHT: I'm not seeking to suggest we need to look at it, but just so it sits within the transcript, the draft mass casualty distribution plan dated 9 February 2017 is {INQ025532/1}.

Could I ask Ms Roberts now please to ask her questions.

SIR JOHN SAUNDERS: Ms Roberts?

Questions from MS ROBERTS

MS ROBERTS: Thank you very much.

Three points of clarification. For your record, first of all, sir, the gentleman who took over, as you know now from what Mr Calderbank said, Fran, that's Francis, Dreniw, D-R-E-N-I-W. He's provided a feedback -- sorry, a questionnaire which is {INQ019838/1} which gives the time that he took over as parking officer. There is some uncertainty about that, so we're going to clarify that for all core participants so we have, as I say, a final answer in relation to

that.

The second topic, again for your clarification, sir, because it arose during questions of Mr Calderbank, both in terms of those put by CTI, but also by my learned friend Mr Welch, and it's in relation to Dan Smith and his qualifications, his expertise and his training and so forth.

I think, sir, you're quite right that there was a confusion because in his witness statement it tended to suggest that he'd had no training so far as operational commander is concerned. And it is presumably with that in mind that Mr Gozem began his questioning of Dan Smith on Day 110 which was 26 May at page 191 of the transcript {Day110/191:1} by asking Mr Smith as to whether he'd acted as an operational commander before.

You clarified -- he said:

"Had I performed the role before?"

You said:

"Yes."

And the answer from Mr Smith was:

"Yes, I had, yes."

Mr Gozem:

"Because you hadn't undertaken any operational command training, had you?"

And his answer was this:

"Not recently. So when I did operational command, it backdated -- it was before NARU... around... 2004 through to 2009. So I was operational commander at that point for a large number of incidents because that was a role I undertook. It was a role we don't have any more in the Ambulance Service but it was clinical practice supervisor and then assistant operations manager. At that time that role responded to any incidents of note, really, as the operational commander."

So as I say, it's not necessarily as binary as perhaps it has been hitherto suggested. So I just thought that might help everyone's understanding.

The final point of clarification within my 2 minutes, I hope, and it's something that you touched upon right at the end of your questioning from Mr Welch just now. I think you told us that of those 38 patients that we see were transferred to hospital, that only one of them required onward hospital transfer. That's right, isn't it?

A. I believe so.

Q. And I think you told us that so far as deciding which hospital a patient should go to, that there is a decision based, is it, presumably upon not only the

needs of that particular patient presenting to you as either a P1 or a P2, but also the hospital having the appropriate expertise, the appropriate clinicians, and those clinicians being on site at the hospital and ready to receive that patient. And we know that many came off duty -- put themselves on duty that night so that they could get to the hospitals and treat those patients and that would form part of your decision-making, would it?
A. That's correct, ma'am, yes.
Q. And as you say, it presumably, the need get the patient to the appropriate hospital to reduce to an absolute minimum, as the seen to be the case on this evening, so out of 38 only one, for onward transfer. So in other words to get the patient to the right hospital with the right clinicians treating them?
A. Yes, ma'am.
MS ROBERTS: Thank you very much.
Thank you, sir.
SIR JOHN SAUNDERS: Before you sit down, the matter which has arisen about the paramedics coming off their ambulances in order to come and treat and having one to treat, and therefore there being -- not being possible to get those ambulances going again to take those people away, I understand the balancing requirements that there are in relation to that.

MS ROBERTS: Yes.
SIR JOHN SAUNDERS: On the face of it, it does sound like it may be possible to actually speed the process up and that is a concern which the inquiry has, the actual getting people to hospital.
MS ROBERTS: Yes.
SIR JOHN SAUNDERS: I would quite like some input, please, from NWAS if at all possible on how they envisage that sort of situation being managed, whether it does appear anywhere how it should be managed, and if so, whether anyone has thought about whether there might be a better way of dealing with it.
MS ROBERTS: Yes, absolutely.
SIR JOHN SAUNDERS: Okay. Well, I would be grateful.
MS CARTWRIGHT: Thank you, sir. I have no further questions.
SIR JOHN SAUNDERS: When on Monday?
MS CARTWRIGHT: So we will reconvene at 10 o'clock on Monday and we continue with North West Ambulance Service evidence with Mr Barnes.
SIR JOHN SAUNDERS: Thank you very much to everyone for getting through this in a reasonable time. I hope everyone thinks we have looked at this evidence pretty thoroughly. I don't think there's much more we could have investigated. Thank you.

(5.01 pm)
(The hearing adjourned until
Monday, 14 June 2021 at 10.00 am)

I N D E X