

# OPUS2

Manchester Arena Inquiry

Day 133

July 14, 2021

Opus 2 - Official Court Reporters

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1 Wednesday, 14 July 2021  
 2 (9.30 am)  
 3 MR GREANEY: Good morning, sir, as will be apparent to you,  
 4 there has been a change of plans and we cannot call  
 5 Mr Parry first thing. We are very grateful to Mr Keelan  
 6 for making himself available to start at just gone 9.30.  
 7 When Mr Parry arrives, we will interpose him.  
 8 SIR JOHN SAUNDERS: I'm really grateful. I'm sorry you've  
 9 been messed about.  
 10 MR GREANEY: This is, as I've said, David Keelan. Could he  
 11 be sworn, please?  
 12 MR DAVID KEELAN (affirmed)  
 13 Questions from MR GREANEY  
 14 MR GREANEY: Could you tell us your full name?  
 15 A. David Keelan.  
 16 Q. Mr Keelan, are you the assistant county fire officer for  
 17 Greater Manchester Fire and Rescue Service?  
 18 A. I am, sir.  
 19 Q. Have you held that role since September 2015?  
 20 A. Yes, sir.  
 21 Q. Are you the head of prevention and operational training  
 22 for the Fire and Rescue Service?  
 23 A. At the time, sir, I was a director of emergency  
 24 response, which covered those areas. Presently, I'm the  
 25 director of service support.

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1 Q. What does that role involve?  
 2 A. The director of service support covers things like  
 3 contingency planning, business continuity, the link with  
 4 the single point of contact into North West Fire  
 5 Control, and a couple of other areas.  
 6 Q. In addition to that role and those responsibilities,  
 7 have you represented the Greater Manchester Fire and  
 8 Rescue Service on the Greater Manchester Resilience  
 9 Forum?  
 10 A. Yes, sir.  
 11 Q. And do you still do that?  
 12 A. Yes, sir.  
 13 Q. Have you been the chair of the National Fire Chiefs  
 14 Council North-west Resilience Operations Committee?  
 15 A. I have.  
 16 Q. And do you still have that role?  
 17 A. I don't. I still sit on that group though.  
 18 Q. Have you provided two witness statements to the inquiry  
 19 on behalf of the Greater Manchester Combined Authority?  
 20 A. Yes, sir.  
 21 Q. Let's identify what those are. First of all, a 63-page  
 22 statement dated 15 November 2019 answering questions  
 23 posed by the inquiry legal team, dealing with the  
 24 structure of Greater Manchester Fire and Rescue Service  
 25 and other issues that might be regarded as corporate in

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1 nature?  
 2 A. Yes, sir.  
 3 Q. For the transcript, the INQ reference for that statement  
 4 is {INQ026714/1}.  
 5 Secondly, a 22-page statement dated 4 June 2020  
 6 dealing with changes that have been implemented by GMFRS  
 7 since the arena attack?  
 8 A. That's correct, sir.  
 9 Q. Again, the INQ reference is {INQ032830/1}.  
 10 Eighty-five pages of statements in total, which, if  
 11 we were to go through every line, would take perhaps 2  
 12 or 3 days. So, sir, can I say to you, although you know  
 13 in any event, and to anyone listening, that each of  
 14 those statements will be published on the inquiry  
 15 website and of course will be taken into account by you  
 16 to the extent that they assist you with the issues that  
 17 you must determine. I will not be going through  
 18 every line; indeed, on the contrary, I will take matters  
 19 shortly.  
 20 SIR JOHN SAUNDERS: Thank you.  
 21 MR GREANEY: You already know that, Mr Keelan, from  
 22 a discussion you had just before you started.  
 23 Before we get to that, Mr Keelan, I know that there  
 24 is something that you would like to say.  
 25 A. I do, sir, thank you. I wanted to say to those that

3

1 have lost loved ones, to all those that were injured,  
 2 and to those that were affected and indeed continue to  
 3 be affected by those horrendous events at  
 4 Manchester Arena in 2017, personally and on behalf of  
 5 Greater Manchester Fire and Rescue Service, I apologise  
 6 for our woeful and unacceptable response to that  
 7 incident. We let you down when you needed us the most.  
 8 Q. Thank you, Mr Keelan. As you know, I did consult with  
 9 the families and their representatives before that, and  
 10 you were therefore aware that what you have just said  
 11 would not be regarded as being insensitive or unwelcome.  
 12 Before we get to the structural issues that you  
 13 dealt with in your statement, let's first of all deal  
 14 with your involvement on the night of the arena attack  
 15 and, in particular, what might be thought to have been  
 16 a criticism levelled at you that you spent some time in  
 17 your bed.  
 18 On the night of 22 May, where were you?  
 19 A. I'd been out for dinner with some friends and then  
 20 I returned to my home address at just before 11 o'clock.  
 21 Q. And having returned home, did you switch on the  
 22 television news?  
 23 A. I did.  
 24 Q. And on Sky News did you see that there were events  
 25 unfolding at the Manchester Arena?

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1 A. Yes, sir.  
 2 Q. What was apparent to you at that early stage?  
 3 A. It was unclear on the news channels at that specific  
 4 moment, the details, but there had been some sort of  
 5 explosion and people were exiting the arena.  
 6 Q. Were you on duty in any sense yourself that night?  
 7 A. No, sir, I was off duty.  
 8 Q. But nonetheless, did you send messages, both to the NILO  
 9 WhatsApp group and the principal officers' WhatsApp  
 10 group, to ensure that they were aware that something was  
 11 occurring?  
 12 A. I did, and that's something that we would do for  
 13 incidents that occurred that we were aware of.  
 14 Q. We've in fact seen the message that you sent. You sent  
 15 a link to a --  
 16 A. The Sky News website, sir, yes.  
 17 Q. Indeed. Did you, having done that, go to your bed?  
 18 A. No, sir, I fielded two phone calls. I can't remember  
 19 which order they were in, sir, apologies, but one from  
 20 John Fletcher and one from Mick Lawlor, who had both  
 21 been made aware of the events and were keen to assist  
 22 where they could. I had brief conversations with them  
 23 both. I knew that they both could bring something to  
 24 the table that would be of assistance because of their  
 25 day jobs. Mick Lawlor was an embedded officer in

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1 Greater Manchester Police, had a great deal of knowledge  
 2 and experience and also worked very closely with them on  
 3 a day-to-day basis and John Fletcher was responsible for  
 4 the team that looked after and did all the training and  
 5 maintenance of our MTFA capability at the time.  
 6 So I knew that they could bring something to the  
 7 table and be of benefit to the organisation and the  
 8 response. So I said that I thought it would be a good  
 9 idea if they could get involved. I did say that I was  
 10 off duty, and that they needed to contact the duty group  
 11 manager and APO to make sure that they had the  
 12 conversations with them before doing anything further.  
 13 Q. I think what you're describing to us is there is  
 14 a concept within GMFRS that self-deployment is  
 15 a dangerous thing?  
 16 A. Yes, sir.  
 17 Q. Nonetheless, you recognised that these two individuals  
 18 might have value to add to the emergency response?  
 19 A. Yes, sir.  
 20 Q. But rather than self-deploying, you made clear that they  
 21 should make contact with the command structure that was  
 22 in place to see what use they could be?  
 23 A. Yes, sir.  
 24 Q. Having fielded those two calls, what did you do?  
 25 A. I think I did send a couple of other messages to the CLT

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1 group. I was very conscious -- I knew -- I then  
 2 found --  
 3 Q. CLT being the command leadership team?  
 4 A. Yes, sir. It had -- Peter O'Reilly was on that group,  
 5 who I knew was the principal officer for that evening,  
 6 because we get a sheet at change of shift to say who is  
 7 on duty, so we all know who's available and on call. So  
 8 I knew Pete was the duty PO.  
 9 I knew from various messages that Pete was going to  
 10 the command support room. I think throughout the  
 11 evening there was a couple of other messages that  
 12 I sent.  
 13 I was acutely aware though that Paul Argyle, the  
 14 deputy chief --  
 15 Q. Can I ask you for pause for a minute. Don't worry about  
 16 it. You are speaking, I think, quite quickly. That's  
 17 not a problem at all for us to understand, but I think  
 18 it might cause a problem for the stenographer.  
 19 A. Apologies.  
 20 Q. Don't apologise; let's just take it a little more slowly  
 21 and pick up from where you were, please.  
 22 A. I was acutely aware that Paul Argyle, the deputy chief  
 23 fire officer at the time, was out of country. I was  
 24 also aware that Geoff Harris wasn't on the operational  
 25 rota at that time. So in essence there was Pete on the

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1 rota, so I knew that at some point, either throughout  
 2 that evening or early into the early hours or the next  
 3 day, I would have to take over the strategic  
 4 responsibility for the organisation, so I needed to make  
 5 sure I was in a capable manner to do so.  
 6 I didn't sleep, sir, I rested, but I was occupied  
 7 and conscious with other things at the time.  
 8 Q. So insofar as any criticism has been levelled at you  
 9 through other witnesses for the fact that you took some  
 10 rest, that is a criticism that you would wholeheartedly  
 11 reject?  
 12 A. Yes, sir, I needed to be ready for what I might have to  
 13 do later that morning.  
 14 Q. I keep identifying things that we'll deal with before we  
 15 get to the issues in your statement, but I will at this  
 16 stage ask you about Peter O'Reilly, who you have just  
 17 mentioned?  
 18 A. Yes, sir.  
 19 Q. Did you have a chance to see at least most of his  
 20 evidence yesterday?  
 21 A. Yes, apart from the closing stages because I was here.  
 22 Q. Yes. Obviously you worked with him between  
 23 September 2015 when you joined the organisation and  
 24 February 2018 when he left. Did you get to know the man  
 25 well?

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1 A. I did, sir.  
 2 Q. How would you describe his management style?  
 3 A. Pete, first and foremost, is a really nice guy. He's  
 4 extremely honest and trustworthy. I had a great  
 5 relationship with Pete. Pete had objectives for the  
 6 organisation and he wasn't shy in sharing those  
 7 objectives and driving pieces of work through the  
 8 organisation. But at all times he was fair.  
 9 Q. Obviously you would be dealing with him at a particular  
 10 level, but there would be people who were far  
 11 subordinate to him and indeed to you. Can you  
 12 understand why some might find him and have found him  
 13 intimidating?  
 14 A. Not really, sir. In all the environments that I've been  
 15 in, when Pete has been assertive, he has always been  
 16 open to people challenging him. But I suppose in some  
 17 respects I can understand that the stature of a man in  
 18 a senior position as the chief fire officer, I think in  
 19 an organisation that's hierarchical, that can come  
 20 across sometimes, sir.  
 21 Q. I am, sir, unless you have any questions about that,  
 22 going to move on to the structural issues.  
 23 Can I warn everyone that although you are going to  
 24 be giving important evidence, I don't think this can be  
 25 described as the most interesting evidence that the

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1 inquiry has heard, and so people just need to bear that  
 2 in mind.  
 3 SIR JOHN SAUNDERS: I'm sure the two of you will make it  
 4 extremely interesting.  
 5 MR GREANEY: We'll do our best, sir.  
 6 I would like to begin with the purpose of the  
 7 Greater Manchester Fire and Rescue Service. I am going  
 8 to be jumping around in your first statement, but I'll  
 9 give the paragraph references as I do. This is the  
 10 stated purpose of GMFRS. It starts at paragraph 59 of  
 11 your first witness statement and the stated purpose is:  
 12 "To save, protect and improve the lives of the  
 13 people in Greater Manchester."  
 14 Is that correct?  
 15 A. Yes, sir.  
 16 Q. I think from what you said at the outset, you recognise  
 17 that the Fire and Rescue Service failed to fulfil that  
 18 purpose on the night of the 22nd?  
 19 A. We absolutely did, sir.  
 20 Q. The aims of the Fire and Rescue Service can be grouped,  
 21 I believe, into six main themes; is that correct?  
 22 A. Yes, sir.  
 23 Q. Namely: save, protect, prevent, public value, people and  
 24 principles?  
 25 A. Yes, sir.

10

1 Q. You elucidate each of those at paragraph 60 of your  
 2 statement, but we'll just deal in further detail with  
 3 one. The aim described as "save" involves:  
 4 "The planning for and preparation for emergencies  
 5 that may happen and make a high-quality effective and  
 6 resilient response to them?"  
 7 A. Yes, sir.  
 8 Q. So that's the aim but that was not an aim that was  
 9 achieved on the night of the 22nd?  
 10 A. Sadly not, sir, no.  
 11 Q. Next, the scale of GMFRS. This takes us to paragraph 70  
 12 of your witness statement. Is the Greater Manchester  
 13 Fire and Rescue Service one of the largest Fire and  
 14 Rescue Services outside of London?  
 15 A. Yes, sir.  
 16 Q. At the time of your first witness statement in 2019, did  
 17 it have more than 1,800 employees?  
 18 A. Yes, sir.  
 19 Q. With around 1,400 of those uniformed employees?  
 20 A. That's correct.  
 21 Q. Is that position about the same now?  
 22 A. We've got around 1,250 operational officers presently,  
 23 sir.  
 24 Q. So does it follow there has been a reduction in the  
 25 number of firefighters?

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1 A. Yes, sir. We now have 50 front line fire engines.  
 2 Q. So in May 2017, I believe there were 41 fire stations.  
 3 A. Correct.  
 4 Q. With 56 front line appliances and 44 specialist  
 5 appliances?  
 6 A. Yes, sir.  
 7 Q. And I think from what you've just said, there are now  
 8 fewer appliances. Did you say 50?  
 9 A. That's correct, sir.  
 10 Q. So is that 50 as opposed to 56?  
 11 A. Correct.  
 12 Q. And I don't want exact numbers, and don't answer if this  
 13 is operationally sensitive, but are there fewer  
 14 specialist vehicles?  
 15 A. No, sir.  
 16 Q. Why has there been a reduction in the number of  
 17 appliances and firefighters?  
 18 A. To meet our budgetary constraints, sir.  
 19 Q. Does that on a day-to-day basis produce any problems in  
 20 terms of responding to incidents?  
 21 A. No, sir.  
 22 Q. Would it have any consequences if Manchester, heaven  
 23 forbid, were ever to face another incident like the  
 24 arena attack?  
 25 A. I don't believe so, sir.

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1 Q. Next, the leadership structure of the Greater Manchester  
2 Fire and Rescue Service. You address this from  
3 paragraph 50 of your witness statement.  
4 SIR JOHN SAUNDERS: I think it is fair to say, we've just  
5 talked about reduction in numbers now. I don't think  
6 there is any suggestion that there was a lack of numbers  
7 of fire appliances or fire officers able to go to the  
8 arena on the night.  
9 A. No, sir.  
10 SIR JOHN SAUNDERS: The problem appears to be not getting  
11 there?  
12 A. Absolutely, sir.  
13 MR GREANEY: Yes, the problem is the opposite.  
14 SIR JOHN SAUNDERS: Exactly. So for me, I don't regard it  
15 as part of my job to be looking at whether the  
16 reductions are proper or not. Clearly, that needs to be  
17 something which people take into account, but I don't  
18 really think it is something for this inquiry to go  
19 into.  
20 MR GREANEY: Sir, I quite understand that. But in light of  
21 the witness's evidence, there have been reductions.  
22 SIR JOHN SAUNDERS: I'm not criticising you for raising it,  
23 all I am saying is, of course, I will listen to  
24 submissions if people want to raise it at a later stage,  
25 but for me at the moment I would find it difficult to

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1 find it within my terms of reference.  
2 MR GREANEY: That I completely understand and perhaps, out  
3 of fairness to all of the emergency services, I ought to  
4 make plain that the problem, subject perhaps to the NWAS  
5 issue, the problem was not in any sense numbers that  
6 night. Indeed, if one listens to all of Mr Dexter's  
7 recording, there is a sense at the end that there are  
8 too many people who are present at the scene, not too  
9 few.  
10 SIR JOHN SAUNDERS: Obviously we will look at the evidence  
11 at individual places. As you say, NWAS may be something  
12 that needs to be looked at, but I just make that point  
13 as we've just had that part of the evidence.  
14 MR GREANEY: And in any event, your position as a person  
15 with responsibility is that the reductions that have  
16 been necessary to achieve the budgetary requirements are  
17 not ones that you feel would have any impact on the  
18 ability of GMFRS to respond effectively to another major  
19 incident in Manchester?  
20 A. No, sir, absolutely not.  
21 Q. I was next dealing with the leadership structure. In  
22 a sense you are giving evidence or helping us to  
23 understand other evidence and enable the chairman to  
24 explain his conclusions in his report.  
25 At the top of the hierarchy is a person who was by

14

1 the time of the attack the chief fire officer, CFO.  
2 A. That's correct.  
3 Q. So although until 8 May he'd been known as the county  
4 fire officer?  
5 A. Correct.  
6 Q. He has overall responsibility for the discharge of the  
7 duties of the Fire and Rescue Service?  
8 A. Correct, sir.  
9 Q. From time to time will he attend operational incidents  
10 and assume command?  
11 A. Yes, sir, as he forms part of the principal officer rota  
12 that the chief, the deputy and the two assistant chiefs  
13 did.  
14 Q. In May 2017, as we know, the CFO was Peter O'Reilly?  
15 A. Correct.  
16 Q. Was he, in your view, an effective leader of your  
17 organisation?  
18 A. Absolutely, sir.  
19 SIR JOHN SAUNDERS: Before you go on any further, we have  
20 heard of the part of the communications between the  
21 Mayor and the chief fire officer — again I do not want  
22 to go into it because I don't think it's relevant,  
23 anything to do with the mayor on this particular  
24 occasion or anything like that. Just tell me so  
25 I understand it, what is the relationship between the

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1 mayor and the Fire Service and the chief fire officer?  
2 A. Very good, sir. The mayor's office — obviously the  
3 mayor presently is overall in charge of the Fire and  
4 Rescue Service.  
5 SIR JOHN SAUNDERS: Right. That's what I didn't know.  
6 A. And we liaise very closely with the mayor's office, but  
7 the chief fire officer has a set of responsibilities for  
8 running the organisation.  
9 SIR JOHN SAUNDERS: Is that true nationally, that it's  
10 mayors who have —  
11 A. No, sir. Only in a few places.  
12 SIR JOHN SAUNDERS: Okay. Thank you.  
13 MR GREANEY: You do in fact deal with the relationship  
14 between GMCA, the mayor and the Fire and Rescue Service  
15 in your statement.  
16 A. Yes, sir.  
17 Q. It is in fact — certainly I found it a little  
18 complicated. We can go into it if needs be.  
19 SIR JOHN SAUNDERS: No, that's enough for me, thank you.  
20 MR GREANEY: Then I won't go into it.  
21 So that is the CFO. Beneath the CFO do we have the  
22 deputy chief fire officer?  
23 A. That's correct, sir.  
24 Q. It is probably highly irrelevant, but did all county  
25 officers, whether chief, deputy or assistant, become

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1 chief fire officers as of 8 May?  
 2 A. Can you just repeat that, sir?  
 3 Q. It looked like you didn't understand either, sir.  
 4 SIR JOHN SAUNDERS: No, I understood it perfectly,  
 5 thank you.  
 6 MR GREANEY: On 8 May, the county fire officer became the  
 7 chief fire officer?  
 8 A. That was because of the transition into the combined  
 9 authority, sir.  
 10 Q. And when I introduced you, I introduced you as the  
 11 assistant county fire officer.  
 12 A. It's now the assistant chief fire officer, sir.  
 13 SIR JOHN SAUNDERS: Everyone's title has changed?  
 14 A. From county to chief.  
 15 MR GREANEY: I managed to make quite complicated.  
 16 So beneath the chief fire officer, there is now  
 17 a deputy chief fire officer or a DCO?  
 18 A. Yes, sir.  
 19 Q. What is the role of the DCO?  
 20 A. To deal with day-to-day operations and be the number 2  
 21 for the chief fire officer. The chief fire officer is  
 22 more outward-facing, dealing with wider issues, whereas  
 23 the deputy chief fire officer deals with more of the  
 24 day-to-day management of the organisation.  
 25 Q. We know that in May 2017, the deputy chief fire officer

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1 was Paul Argyle?  
 2 A. That's correct.  
 3 Q. Who, as you have said, was out of the country on the  
 4 night of the 22nd?  
 5 A. Yes.  
 6 Q. And was he an effective deputy chief fire officer?  
 7 A. Very, sir.  
 8 Q. Beneath the deputy chief fire officer, do we have  
 9 a number of assistant chief fire officers?  
 10 A. That's correct, sir. There was Geoff Harris, he was the  
 11 director of prevention and protection, and myself who  
 12 was the director of emergency response.  
 13 Q. Just in a few sentences, the role and responsibilities  
 14 of the ACFO, please?  
 15 A. We obviously had an operational element attached to our  
 16 roles, but our sort of day jobs were managing our  
 17 directorates. So Geoff Harris managed the prevention  
 18 and protection directorate and I managed all the  
 19 different elements of emergency response.  
 20 Q. Within that -- I'm not going to ask you to comment on  
 21 your own performance or in fact Mr Harris', but within  
 22 that senior leadership team, command leadership team,  
 23 did the relationships work well?  
 24 A. Yes, sir. We had a very good working relationship, sir.  
 25 Q. Beneath the assistant chief fire officers, did we have

18

1 a number of area managers?  
 2 A. Yes, we did, sir. They were predominantly department  
 3 heads.  
 4 Q. As of 22 May 2017, were there a total of six area  
 5 managers?  
 6 A. That's correct.  
 7 Q. What were their responsibilities, again in just a few  
 8 sentences?  
 9 A. Their responsibilities were to manage departments that  
 10 sat within each of the directorates, sir. So for  
 11 example, there would be one area manager that oversaw  
 12 and managed the training of the organisation.  
 13 Q. As of the night of the arena attack, were the area  
 14 managers Paul Etches, from whom we've heard?  
 15 A. Yes, sir.  
 16 Q. But also Anthony Hunter, Damian O'Rourke, James Hutton,  
 17 Williams Myers and Warren Pickstone?  
 18 A. Yes, sir.  
 19 Q. Beneath area managers were there group managers?  
 20 A. Yes, sir.  
 21 Q. And as of the night of the attack, were there a total of  
 22 15 group managers?  
 23 A. There will have been at least 14, sir. I think there  
 24 were 15 at the time, yes.  
 25 Q. At one stage around that time one of the positions was

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1 vacant; is that correct?  
 2 A. Yes, sir.  
 3 Q. As you will know, we have heard from a number of group  
 4 managers, namely Ben Levy, Carlos Meakin,  
 5 Dean Nankivell, who was the duty group manager that  
 6 night, and John Fletcher.  
 7 A. Yes, sir.  
 8 Q. Beneath group managers?  
 9 A. Station managers, sir. Station managers manage smaller  
 10 teams, which would have had a functional role -- and  
 11 when I say a functional role, I mean a role working in  
 12 a supporting department and not on a fire station and  
 13 then there were a number of station managers who managed  
 14 fire stations.  
 15 Q. As I believe we've identified already, the strategic  
 16 leadership of GMFRS was provided by the CLT, either the  
 17 corporate leadership team or command leadership team?  
 18 A. Yes, sir.  
 19 Q. Comprised of the CFO, the DCFO and the two ACFOs?  
 20 A. That's correct, sir.  
 21 Q. Together with a number of members of civilian staff.  
 22 Next I'm going to ask you about the --  
 23 SIR JOHN SAUNDERS: Can I just ask -- I don't want to go  
 24 into this in any great detail, but you have told us how  
 25 the senior management worked well together. It has been

20

1     apparent from some of the evidence that going lower down  
2     the chain, but still high up within the organisation,  
3     let's put it neutrally, there is a difference in style  
4     or a difference to approach, maybe, as demonstrated by  
5     perhaps Mr Nankivell and Mr Harris, for example. Was  
6     this a serious problem within the force and was it  
7     something of which you were aware?

8     A. I wouldn't say it was a serious problem, sir. I think  
9     within the Fire and Rescue Service — and I've worked in  
10    other services outside of Greater Manchester — there is  
11    a difference in style, so to speak, between front line  
12    firefighters, station managers, group managers,  
13    et cetera, as indeed I believe there would be in any  
14    organisation from the shop floor to the management team.

15    I think we did recognise that and through work that  
16    we have done prior to the arena and subsequent to the  
17    arena, with the programme for change that we did and  
18    we've introduced a new mission, vision and values, and  
19    we have invested considerable time into aligning  
20    leadership sessions and other areas of work to bring  
21    those different levels within the organisation together  
22    and more to be on the same page and moving forward as  
23    a complete unit, sir.

24    SIR JOHN SAUNDERS: Okay. It would be difficult to sum up  
25    the differences in two words, as it were, or very small,

21

1     but they appear to be what some see, if I call them the  
2     traditional firefighters, if I may put Mr Nankivell  
3     in that situation —

4     A. Yes, sir.

5     SIR JOHN SAUNDERS: — who are concerned mainly with the  
6     front line, getting there, doing the job, and perhaps  
7     some other areas which are dealing with prevention and  
8     also the protection of firefighters when they go to a  
9     job. Is that fair or not? You will know better than  
10    I will.

11    A. I think that is a fair assumption, sir. I think  
12    individuals like Dean would be different to an  
13    individual that performs a protection role on  
14    a day-to-day basis. Their focus from their day-to-day  
15    work is probably different from Dean's and also Dean had  
16    a breadth of experience on a national and international  
17    perspective as well. But I think through things that  
18    we have done more recently around our incident command  
19    and leadership training, we have moved to address that  
20    and come together better.

21    SIR JOHN SAUNDERS: Thank you.

22    MR GREANEY: This was in fact also an issue I was interested  
23    to explore with you. Because one of the striking  
24    aspects of the evidence that Mr O'Reilly gave yesterday,  
25    which wasn't in fact particularly explored, was that he

22

1     described this very division that you and the chairman  
2     have just discussed and he characterised it as being  
3     between, on the one hand, operational firefighters, and  
4     on the other hand, those concerned with fire safety. He  
5     went as far as to say that there were firefighters,  
6     operational firefighters, who went through their entire  
7     career and wore as a badge of honour that they had never  
8     worked in fire safety.

9     A. Yes, sir.

10    Q. That didn't sound like a very healthy situation; is that  
11    fair?

12    A. I'm not sure healthy situation is the correct term, sir.  
13    I think there is a huge role, especially in a city  
14    region like Greater Manchester, for expertise in an area  
15    of protection with a growing city region.

16    Q. (Overspeaking).

17    A. Because of the expertise that those individuals build up  
18    over many years, and the understanding they have of the  
19    built environment, they do tend to stay in that  
20    department for a longer period of time. But those  
21    individuals bring a wealth of experience to an  
22    operational incident in, for example, a high-rise  
23    building or a complex building because they would have  
24    a greater level of understanding of that building's  
25    construction, the systems within that building, how

23

1     a firefighting medium or tactic would impact upon the  
2     behaviour of the rest of the building.

3     So those individuals can bring as much, if not more,  
4     to the operational environment in certain circumstances.

5     SIR JOHN SAUNDERS: So can we say immediately that no one is  
6     criticising anybody or saying one team is right and one  
7     team is wrong. Perhaps the reality is somewhere down  
8     the middle and I certainly don't want to exacerbate any  
9     disagreements there may be.

10    MR GREANEY: Nor do I, sir. Although I do want to ask about  
11    your view on whether this had an impact on the night.  
12    But before we get to that, this is an issue that other  
13    services have had as well?

14    A. Yes, sir. I would say the sort of like  
15    protection/prevention role to the operational role is  
16    something that would be the same in any Fire and Rescue  
17    Service up and down the country.

18    Q. I don't just mean within Fire and Rescue Services, the  
19    police have had similar issues that they have had to  
20    address in the sense of needing to balance on the one  
21    hand people being in particular roles for a sufficient  
22    period to build up expertise with, on the other hand,  
23    the risk that that creates of people becoming entrenched  
24    in particular positions and lines developing.

25    A. One of the things I would like to emphasise is all of

24

1 our operational commanders undergo a rigorous incident  
 2 command assessment and training and more recently  
 3 we have moved that incident command training at group  
 4 manager and above to be independently delivered against  
 5 a set standard. So that individual has passed the same  
 6 competency-based assessment as someone who works and  
 7 manages a fire station. So they are deemed to be, from  
 8 an incident command perspective, competent.

9 Q. The question, I suppose, that will be of interest to  
 10 the chairman is this -- I won't say division, that's not  
 11 what it is, but this line within the GMFRS between, on  
 12 the one hand, fire safety and on the other hand  
 13 operational firefighters, as you understand the events  
 14 of the night of 22nd, did that have anything to do with  
 15 what went wrong?

16 A. Absolutely not, sir.

17 Q. You mentioned along the way of your answers the  
 18 programme for change and it's therefore convenient to  
 19 deal with that at this stage. What is the programme for  
 20 change?

21 A. The programme for change was a review of  
 22 Greater Manchester Fire and Rescue Service that was  
 23 instigated by the Mayor of Greater Manchester.

24 Q. When was that instigated?

25 A. Following the arena and the Kerslake Inquiry, sir.

25

1 Q. What was the purpose of the programme for change?

2 A. To have a complete look at Greater Manchester Fire and  
 3 Rescue Service and review it in every element, from  
 4 a fire cover perspective and also from a leadership and  
 5 development perspective.

6 Q. Has that resulted in change?

7 A. Yes, sir. It's resulted in structural changes to our  
 8 organisation and it's resulted in -- well, we produced  
 9 a new sort of fire plan, an annual delivery plan, on the  
 10 back of it. It's introduced a new mission, vision and  
 11 values, which I suppose in essence is all based around  
 12 professionalism and honesty. It's led to a great deal  
 13 of work and investment in leadership at every level in  
 14 the organisation and I would say that it has moved the  
 15 service forward.

16 Q. So you have just answered the question I was going to  
 17 ask which is whether it has resulted in improvements.

18 A. Yes, sir.

19 Q. And in the second part of your evidence, when we look at  
 20 changes, we're going to look at some of those  
 21 improvements, are we not?

22 A. Yes, sir.

23 Q. As I indicated, we are next going to deal with the  
 24 Greater Manchester Fire and Rescue Service command  
 25 structure and can I begin by confessing this isn't

26

1 something that I've found entirely straightforward  
 2 in the course of the evidence that we've heard so far,  
 3 so I'm going to ask you to help us with how in the  
 4 course of an incident, such as the arena attack, the  
 5 command structure ought to operate.

6 A. Yes, sir.

7 Q. So we've got a template against which we can test what  
 8 happened. You deal with this at pages 23 and following  
 9 of your first witness statement, paragraphs 96 to 115.

10 What the inquiry knows very well is that the police  
 11 and Ambulance Service use a command structure which was  
 12 formerly known as Gold, Silver and Bronze, sometimes  
 13 called GSB, now called strategic, tactical and  
 14 operational.

15 A. Yes, sir.

16 Q. On the face of it, do you agree that JESIP will be  
 17 supported if each of the emergency services operates  
 18 a command structure in a similar way?

19 A. (Pause). Yes, sir. I would say JESIP would work  
 20 effectively if on-scene commanders were co-located and  
 21 communicating, sir.

22 Q. You took a moment to reflect on the proposition I put to  
 23 you. My sense is that you think I've probably  
 24 oversimplified it. What I'm getting at is: if there is  
 25 going to be proper communication between the emergency

27

1 services, which obviously is key to JESIP, it would seem  
 2 a good idea that each service has a commander that is  
 3 operating on a similar level and on a similar basis.  
 4 Am I oversimplifying it by saying that?

5 A. No, I would agree with your statement, sir.

6 Q. Does GMFRS operate, and more particularly in May of 2017  
 7 did it operate, a similar strategic, tactical and  
 8 operational command structure?

9 A. No, sir. The difference would be that  
 10 Greater Manchester Fire and Rescue Service, what we  
 11 classed as our incident commander, would always be  
 12 located at the scene of an incident, or very close to  
 13 the scene of an incident, whereas Greater Manchester  
 14 Police's structure could mean that that incident  
 15 commander was remote from the scene.

16 Q. This is just what I want to understand. Within the Fire  
 17 and Rescue Service, did you use the terms strategic,  
 18 tactical and operational commander?

19 A. Yes, sir.

20 Q. So I'm now at paragraph 98 of your statement. Let's  
 21 understand what those terms meant to the Fire and Rescue  
 22 Service in May 2017 and then you have gone straight to  
 23 the issue that I want to understand, which is how an  
 24 incident commander fits into that. Let's not get ahead  
 25 of ourselves.

28



1 A. Before we start, would it be helpful to clarify that  
 2 Greater Manchester Fire and Rescue Service operate our  
 3 incident command in line with national guidance,  
 4 national incident command guidance, which is written by  
 5 a programme office which sits under the National Fire  
 6 Chiefs Council? They write national guidance, which is  
 7 then disseminated through all Fire and Rescue Services.  
 8 We adopted the national incident command guidance and  
 9 that's what we work in line with because there are  
 10 incidents when we go cross-border, et cetera, where it's  
 11 absolutely essential that we work in the same way as our  
 12 other Fire and Rescue Service partners from an incident  
 13 command perspective.

14 Q. I'm not for a moment going to suggest that  
 15 Greater Manchester Fire and Rescue Service was out of  
 16 step with other Fire and Rescue Services or with the  
 17 national standard. I completely accept the point that  
 18 you have made. But I am going at the end of this series  
 19 of questions to ask you to consider whether you think  
 20 that the command structure is something that does need  
 21 to be looked at because a point that the chairman has  
 22 made, a number of times, and if I may say so,  
 23 understandably made, is that the concept of an incident  
 24 commander is all well and good, but if it requires that  
 25 person only to be in position once they get to the

29

1 scene, that is capable of creating problems, as indeed  
 2 eventuated on the night of the 22nd?

3 A. I understand, sir.

4 Q. That may be, as I think the chairman described it, a gap  
 5 in the system. Also what I have not entirely understood  
 6 is the interface between the incident commander on the  
 7 one hand and the GSB structure on the other hand and  
 8 where the NILO comes into it. That's what I want to see  
 9 if I can understand through your evidence and if I'm the  
 10 only person who doesn't understand it then I'm sorry.

11 So can we first of all deal with what an operational  
 12 commander within GMFRS is. Just in a few sentences,  
 13 explain that to us, please.

14 A. An operations commander would be those who are actually  
 15 dealing with the scene, so it would be an operational  
 16 crew or watch manager who would be mobilised as part of  
 17 a predetermined attendance to an incident. They would  
 18 assume incident command at that operational level and,  
 19 depending on the number of resources that went to that  
 20 incident, a station manager may be sent as well.

21 Q. Within the Fire and Rescue Service as of May 2017,  
 22 is that term "operational commander" or  
 23 "Bronze commander" one that your troops would have  
 24 recognised?

25 A. Yes, it would be contained within our incident command

30

1 training.

2 Q. You say in your witness statement, paragraph 101:  
 3 "On 22 May, operational commanders who were involved  
 4 in the emergency response included Andy Berry, the  
 5 acting duty NILO, and Station Manager Mick Lawlor."  
 6 And I didn't understand what you meant by that.

7 A. They were both station managers at the time, sir. So  
 8 they would form the operational command at Bronze level.  
 9 If they would have been group managers, like Mr Meakin  
 10 and Mr Levy, they would have been tactical commanders  
 11 because we have different levels of command.

12 Q. I'm not --

13 SIR JOHN SAUNDERS: Sorry, that is completely different  
 14 actually from the police, for example, where it's not  
 15 rank that determines, it's the person taking the job.

16 A. With our incident command system, sir, as the size and  
 17 nature of the incident increases, the rank of the  
 18 officer in charge increases. That's in line with the  
 19 national incident command guidance, sir.

20 MR GREANEY: Peter O'Reilly did explain that to us. The  
 21 chairman is quite right, that isn't how it operates  
 22 within certainly the police. Also I'm not sure that's  
 23 how it actually played out on the night, that Andy Berry  
 24 and Mick Lawlor became operational commanders.

25 A. No, they didn't, sir.

31

1 SIR JOHN SAUNDERS: Well, as I understood it, Andy Berry did  
 2 when he got to the scene.

3 A. Yes, sir.

4 SIR JOHN SAUNDERS: Okay. Mick Lawlor, I don't understand  
 5 he was an operational commander.

6 A. That's just because of his rank, sir. He wasn't  
 7 operationally in command of that incident in any sense  
 8 of the imagination.

9 SIR JOHN SAUNDERS: What's the point of calling him an  
 10 operational commander then?

11 A. It's just terminology we use, sir.

12 MR GREANEY: I think that Ben Levy, at about quarter to  
 13 midnight, made himself incident commander, operational  
 14 commander.

15 A. He did, sir.

16 Q. And he put it on the log at 12.15.

17 A. That's correct.

18 Q. But as we know, that isn't how it panned out. None of  
 19 these are criticisms of you.

20 A. No, sir, and I think probably as we go through my  
 21 evidence and talk around the events of the night,  
 22 I think the events that happened, or indeed sadly didn't  
 23 happen, impacted massively on our command structure.

24 Q. This is really just all we need to find out, whether  
 25 there is anything about this command structure that

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1 needs to be looked at so that this doesn't happen again.  
 2 So that's operational command. Next, tactical  
 3 commander or Silver. Is that a term that would be  
 4 recognised within GMFRS?  
 5 A. Yes, sir.  
 6 Q. Within the Fire and Rescue Service in Greater  
 7 Manchester, what is expected of a tactical commander?  
 8 A. A tactical commander, sir, will go and give a more  
 9 strategic overview and insight into an incident ground.  
 10 They will assume command. They would be more from  
 11 a tactical coordination group on scene and liaise with  
 12 nominated other officers from other agencies.  
 13 Q. So would you expect them to be at the scene?  
 14 A. Yes, sir.  
 15 Q. In your witness statement, paragraph 105, you state:  
 16 "On 22 May, tactical commanders who were involved  
 17 in the emergency response included Group Manager  
 18 Dean Nankivell and Group Managers Carlos Meakin and  
 19 Ben Levy acting as NILOs."  
 20 A. Again this goes back to what I just said to the chair  
 21 a few minutes ago around those officers being group  
 22 managers in rank and within their rank, in line with the  
 23 incident command structure and guidance, they would be  
 24 classed as those tactical commanders.  
 25 SIR JOHN SAUNDERS: But they weren't --

33

1 A. They weren't performing a tactical role on the evening,  
 2 sir.  
 3 SIR JOHN SAUNDERS: They're capable of it because of their  
 4 rank but they weren't actually doing it?  
 5 A. Correct.  
 6 SIR JOHN SAUNDERS: Who was actually doing it on the night?  
 7 A. No one, sir.  
 8 MR GREANEY: Strategic command, Gold, we know, because  
 9 Peter O'Reilly was Gold, that that is a term or those  
 10 are terms that are understood within the Fire and Rescue  
 11 Service?  
 12 A. That's correct, sir.  
 13 Q. And again, in a couple of sentences, the role and  
 14 responsibilities of Gold?  
 15 A. They would look in a wider context at the longer term  
 16 and wider impacts of the risks and set strategic  
 17 direction for the organisation, which would then be  
 18 communicated down to the other levels and implemented on  
 19 scene.  
 20 Q. Given your evidence, I do now understand paragraph 109  
 21 of your statement, where you say:  
 22 "On 22 May, strategic commanders who were involved  
 23 in the emergency response included Area Manager  
 24 Paul Etches and CFO Peter O'Reilly."  
 25 Again, you mean that because they had the rank which

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1 meant that they were capable of assuming those roles?  
 2 A. That's correct.  
 3 Q. And in the result, the Gold commander was  
 4 Peter O'Reilly?  
 5 A. That's correct.  
 6 SIR JOHN SAUNDERS: How much of it is the job of the  
 7 Gold commander/strategic commander to make sure that  
 8 everything else is actually functioning? We've heard  
 9 from others they look forward to make sure that  
 10 day-to-day business is dealt with and they're dealing  
 11 with problems up the line, but how much is it their  
 12 responsibility to make sure that the actual rescue is  
 13 going on properly?  
 14 A. I'd say it's the responsibility of every officer that  
 15 gets mobilised to any incident, be that from an incident  
 16 command perspective or in a supporting role. I think on  
 17 the evening of the arena the roles and responsibilities  
 18 of the individuals who performed the duty group manager  
 19 role and assistant principal officer role, that is  
 20 absolutely their role to do and they would be notified  
 21 and know about things in advance of a principal officer  
 22 knowing about things. But they all, duty group manager,  
 23 the assistant principal officer and the principal  
 24 officer, absolutely have that responsibility, sir.  
 25 SIR JOHN SAUNDERS: Thank you.

35

1 MR GREANEY: Just an update. We are making progress  
 2 in relation to the calling of Mr Parry. Can I say, as  
 3 much to others who are watching as to you, what I would  
 4 like to do is to carry on until, I would have thought,  
 5 10.45 or 11 o'clock, which would be the point at which  
 6 I would hope to have dealt with all the structural  
 7 issues. We can then pause at that stage and deal with  
 8 Mr Parry and then perhaps return to Mr Keelan either  
 9 later today or tomorrow morning.  
 10 SIR JOHN SAUNDERS: I hope you understand why you're being  
 11 interposed.  
 12 A. Sir, absolutely no issue. This process isn't about me,  
 13 it's for the families.  
 14 SIR JOHN SAUNDERS: Thank you very much. I'm sorry the way  
 15 we're having to do it, which I'm afraid is essential, is  
 16 adding to the inconvenience to you.  
 17 A. Not a problem at all, sir.  
 18 MR GREANEY: May I say, Mr Keelan has been extremely helpful  
 19 in relation to all this.  
 20 SIR JOHN SAUNDERS: I'm grateful, thank you.  
 21 MR GREANEY: So the Gold, Silver, Bronze, GSB, strategic,  
 22 tactical, operational, we now have a better  
 23 understanding of that in terms of GMFRS.  
 24 What I next want you to help with is the  
 25 relationship between that structure and two other roles:

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1 incident commander and NILO.  
 2 So first of all, incident commander. What is that  
 3 person and how does that person fit into the GSB  
 4 structure?  
 5 A. So the incident commander would build up and change  
 6 throughout an operational incident because of those  
 7 levels that I have just described. So the incident  
 8 commander on a mobilisation to an incident would be  
 9 initially the first officer that attended. On every  
 10 fire engine there would at least be a crew manager  
 11 and/or a watch manager. So if a fire engine turned up  
 12 with a crew manager on board, that crew manager would  
 13 assume the role of incident command. As other pumps  
 14 came on to scene as part of a predetermined  
 15 attendance — and just to explain that, sir, for every  
 16 incident we have what we call a predetermined  
 17 attendance, which in essence is —  
 18 SIR JOHN SAUNDERS: I think we've probably got that,  
 19 actually. Thank you.  
 20 A. No problem.  
 21 MR GREANEY: So Grenfell provided an example of incident  
 22 commander moving up the rank structure as more senior  
 23 officers arrived?  
 24 A. Correct, sir.  
 25 Q. Is there a risk in that structure that if you have just

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1 one person who is incident commander from start to  
 2 finish, they will have a depth of knowledge of what has  
 3 happened from the moment they arrive until the moment  
 4 that they are making any particular decision, but if  
 5 you have a different incident commander each time  
 6 someone more senior turns up, you either have to have  
 7 a situation in which time is being taken up with the  
 8 handover or a situation in which the incident commander  
 9 that takes over lacks information? Is that a problem?  
 10 A. I don't believe it is. For instance if there was  
 11 a watch manager in charge of an incident and a station  
 12 manager turned up, the station manager would book in  
 13 attendance, he would then carry out a scene assessment,  
 14 he would assess the scene, speak to the incident  
 15 commander and, depending on the incident, may decide to  
 16 take charge of that incident if he feels it is going to  
 17 escalate and he feels it needs a greater level of  
 18 command and control. Because our officers — our crew  
 19 and watch managers are trained to a level, our station  
 20 managers are trained to a level of incident types, so  
 21 they can perform their role.  
 22 A station manager would then say to the watch  
 23 officer, I want you to become my operations commander so  
 24 I've got you with me and you are going to continue to  
 25 impart information and knowledge that you've got through

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1 that early stage of the incident to me as I continue  
 2 with the tactical plan or indeed amend the tactical  
 3 plan", based upon what's in front of them.  
 4 SIR JOHN SAUNDERS: But from coordination with others — so  
 5 I arrive on the scene first of all, I take over,  
 6 I co-locate, I have devised a plan, I do a risk  
 7 assessment, and then someone else turns up who's more  
 8 senior to me and trained at a higher level. He has to  
 9 get all the information and he starts to coordinate and  
 10 they may not agree with what they did before, and no one  
 11 else does this as I understand it. The police don't do  
 12 this: if someone more senior turns up, by no means will  
 13 they necessarily take over.  
 14 A. I think, sir, because of the wide variety of emergencies  
 15 that we respond to, the training is different from an  
 16 incident command perspective at each level.  
 17 SIR JOHN SAUNDERS: I can understand that.  
 18 A. A crew or watch manager, no disrespect to them, they do  
 19 an amazing job, would not have the skills, ability or  
 20 indeed have practice to be able to perform being in  
 21 charge of a 6 or 7-pump incident. That's not what they  
 22 are used to doing and it's not their area of expertise.  
 23 They would then take — you'd use a crew and a watch  
 24 manager to be in charge of a sector, so a smaller group  
 25 of people performing a task that needs to be done to

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1 fulfil the tactical requirements of that incident.  
 2 SIR JOHN SAUNDERS: Okay.  
 3 A. You don't lose the skills off the incident ground, they  
 4 are still there and the knowledge is still there, and  
 5 with the structures and processes we have in place with  
 6 our command unit vehicle that will go to an incident on  
 7 six pumps, all the information around partner agencies,  
 8 tactical plans, everything else, will be on that unit as  
 9 reference.  
 10 MR GREANEY: I'm not putting this as a proposition, but this  
 11 is just something I'm going to invite you to think about  
 12 because I know that you have been thinking about things  
 13 that have emerged from this inquiry.  
 14 A. Yes, I have.  
 15 Q. I'm going to ask you about that later on. If the way in  
 16 which the problem that I suggested is avoided or  
 17 ameliorated is by keeping the person who has initially  
 18 been incident commander alongside the new incident  
 19 commander, there might be a difficulty, I don't know, in  
 20 a large incident where a series of more senior people  
 21 turn up because you can hardly have three or four people  
 22 who are all hanging around together?  
 23 A. No, sir. They'd move as you went through the incident.  
 24 I think it's important for me to say that the issue that  
 25 you're portraying doesn't happen in practice on

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1 a day—to-day basis. We have a robust debrief policy for  
 2 operational incidents, there's a national structure for  
 3 national operational learning, things get fed back into  
 4 the system to inform future guidance and future  
 5 policies. And what you're describing around probably ---  
 6 I think you're describing a bit of a disconnect ---  
 7 Q. Exactly, yes.  
 8 A. --- as the chain goes up. I don't, from my experience,  
 9 perceive that to be an issue.  
 10 Q. This is one of the purposes of this inquiry, to raise  
 11 these issues and see if they're real or imagined. So  
 12 thank you for that.  
 13 One other issue that I'm going to invite you to  
 14 consider in relation to incident commander is that, as  
 15 we've understood it, until an appliance arrives at the  
 16 scene, there is no incident command.  
 17 A. In essence, sir, you are correct. I think --- I have  
 18 reflected on this a lot, especially as the inquiry has  
 19 progressed and we are doing a piece of work at present  
 20 that is examining that in a little bit more detail  
 21 because I do think there is a little bit of ambiguity  
 22 because we do practice until someone arrives at a scene,  
 23 there isn't an incident commander until you get there.  
 24 Q. On the face of it, is that a problem that needs to be  
 25 solved?

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1 A. I think it needs to be clarified and worked through,  
 2 sir.  
 3 SIR JOHN SAUNDERS: The reality is that the Fire Service  
 4 stalled and a possible reason for the Fire Service  
 5 stalling is that there was no one who was taking a grip  
 6 early enough and the person who would normally take  
 7 a grip is the incident commander, and if you don't have  
 8 an incident commander or somebody there to say, "It's  
 9 your job" ---  
 10 A. I accept that, sir, and I would say that's absolutely  
 11 correct. There are many occasions where we have seen  
 12 officers, as you described, get a grip in circumstances,  
 13 but at this incident tragically no one did.  
 14 SIR JOHN SAUNDERS: I do understand that in the vast  
 15 majority of incidents, you go straight to the scene so  
 16 there is then an incident commander. But it's not all  
 17 of them?  
 18 A. That is correct, sir, but there are occasions when we do  
 19 routinely go to a rendezvous point. For example,  
 20 Manchester Airport for a full emergency. We do send, on  
 21 occasions, a response to a rendezvous point.  
 22 SIR JOHN SAUNDERS: Presumably the senior officer who  
 23 arrives first at the rendezvous point again takes  
 24 control?  
 25 A. They do, sir.

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1 SIR JOHN SAUNDERS: So it's when you have a muster point,  
 2 that's the point?  
 3 A. That's one of the areas that caused confusion and that's  
 4 something that through this inquiry I have picked up and  
 5 we are looking at.  
 6 SIR JOHN SAUNDERS: Thank you.  
 7 MR GREANEY: Just one final question in relation to incident  
 8 commander, then I'll ask you about NILOs. Is the  
 9 incident commander Gold, Silver, Bronze, all or some of  
 10 those or none of them, or does it depend?  
 11 A. Yes, they would be. All of those, depending on where  
 12 they were and what level they were at. So an area  
 13 manager or principal officer could be a Gold commander.  
 14 SIR JOHN SAUNDERS: At the scene?  
 15 A. Yes, sir. But if we did have a principal officer at the  
 16 scene, depending on the incident, and if there was  
 17 an SCG established, another area manager or principal  
 18 officer would go to the SCG.  
 19 MR GREANEY: It sounds like quite a fluid structure. That  
 20 might be a good thing or it might be a bad thing.  
 21 A. I think our incidents --- we can turn out the door to  
 22 what would be a predetermined attendance of three or  
 23 four pumps and very quickly it could escalate to 15 or  
 24 20 pumps. So there needs to be some fluidity within the  
 25 process.

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1 SIR JOHN SAUNDERS: A principal officer might go to a scene,  
 2 he might be next door to a scene. And he is there, he  
 3 goes to the scene, it could be a really big occasion.  
 4 A. Yes, sir.  
 5 SIR JOHN SAUNDERS: He can't do the sort of strategy from  
 6 the scene, so you need another principal officer  
 7 maybe ---  
 8 A. Or area manager, sir. Our area managers are trained to  
 9 be same level to be able to do an SCG as well.  
 10 SIR JOHN SAUNDERS: Someone else has to do that. The  
 11 principal officer is not really doing a Gold commander's  
 12 job, he's just a Gold commander because of his rank but  
 13 he's actually doing a Bronze commander's job because  
 14 he is doing it at the scene? Or maybe a Silver.  
 15 A. Potentially, sir. I understand what you're saying. But  
 16 I think --- you know, our principal officers will get  
 17 notified and mobilised to an incident which is 15 pumps  
 18 or more. I would say at 15 pumps or more, the vast  
 19 majority of those incidents are going to be complex and  
 20 require a large amount of strategic oversight. The  
 21 impact on Greater Manchester as a whole will be big. So  
 22 the strategic command element, I think, is extremely  
 23 important at the larger-scale incidents.  
 24 SIR JOHN SAUNDERS: But it should be at the incident itself  
 25 or should it be remote, which is what normally happens?

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1 A. I think if it was remote and you had, for instance,  
 2 a station manager or group manager in charge of a 15 or  
 3 20—pump fire, they wouldn't have the expertise and the  
 4 knowledge to be able to support what they would need to  
 5 do on scene, sir.  
 6 SIR JOHN SAUNDERS: I am sorry to go on about this and  
 7 I will stop in a minute.  
 8 A. It's okay, sir.  
 9 SIR JOHN SAUNDERS: We've got a principal officer who comes  
 10 on scene, it's a big incident, he is managing the scene  
 11 there. He can't possibly be dealing with the business  
 12 as usual bit as well.  
 13 A. He wouldn't need to, sir. That would be given to  
 14 another officer, be it another area manager or another  
 15 principal officer.  
 16 SIR JOHN SAUNDERS: Who would actually do the functions of  
 17 Gold?  
 18 A. Yes, sir.  
 19 SIR JOHN SAUNDERS: The functions that the first principal  
 20 officer is doing who goes to the scene, essentially he's  
 21 doing Bronze or Silver or both?  
 22 A. If you're drawing the analogy to the other services,  
 23 sir, yes.  
 24 SIR JOHN SAUNDERS: Okay. If we're all going to work  
 25 together, don't we actually need to try and have the

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1 same system?  
 2 A. I really do feel, sir, that if you operate within the  
 3 JESIP principles, share information, I think the  
 4 incident would run from a multi—agency perspective, with  
 5 what I've described from a fire, extremely well.  
 6 SIR JOHN SAUNDERS: I'm sure that's normal and we've heard  
 7 lots of police, fire, ambulance, all saying: we do this  
 8 all the time, we turn up to scenes together, we  
 9 cooperate, we have the JESIP principles in our blood  
 10 from doing it. But there's the odd occasion, hopefully  
 11 the exception, when it may not work and that's what may  
 12 be a concern.  
 13 A. I think it's difficult when we talk about this incident,  
 14 sir. Our actions were woeful on the evening. I do  
 15 believe if we'd had an attendance at the arena it would  
 16 have been very, very difficult.  
 17 SIR JOHN SAUNDERS: But we didn't and you never recovered  
 18 from it.  
 19 A. Absolutely correct.  
 20 SIR JOHN SAUNDERS: So it might have made recovery from it  
 21 more easy, you might have been able to get things right  
 22 quicker had a different system been in operation maybe.  
 23 A. Potentially, sir.  
 24 SIR JOHN SAUNDERS: Okay.  
 25 MR GREANEY: Really, sir, that's exactly where I started

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1 out, whether or not this is something that needs to be  
 2 looked at.  
 3 Finally, before we move away from the command  
 4 structure, NILO. What is a NILO and where does the NILO  
 5 fit into this structure that you have helped us with?  
 6 A. A NILO, sir, the NILOs were introduced —  
 7 Q. Sir, for your assistance this is paragraphs 110 and 125  
 8 to 126 of the statement.  
 9 A. Yes. The role of a NILO, sir, is to give tactical  
 10 advice to an incident commander or strategic commander.  
 11 They have very good links and training with other  
 12 agencies to be able to interpret and deal with  
 13 intelligence and then pass that information and  
 14 intelligence on to either an incident commander or  
 15 a strategic commander to help assist with the tactical  
 16 operations.  
 17 Q. So a problem linked to one that we were exploring just  
 18 a few moments ago is that until you have an incident  
 19 commander or a tactical commander, there is no one for  
 20 the NILO to advise?  
 21 A. That's correct, sir. I suppose, sir ... That is  
 22 a correct statement. Within the old guidance document  
 23 for NILOs, it gave them a window of ability to be able  
 24 to make what we would call a command decision. I think  
 25 depending on how that's done, it would put an incident

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1 command structure in place. Unfortunately for the  
 2 arena, it didn't, which is an absolute issue. Since  
 3 that time we have changed our guidance for NILOs to make  
 4 them purely a subject matter expert, so there will be an  
 5 incident command structure put in place for that NILO to  
 6 liaise with.  
 7 Q. So the issue that Peter O'Reilly identified for us  
 8 yesterday, namely this 30 minutes when the NILO is  
 9 responsible for everything and is therefore the single  
 10 point of failure potentially, that is an issue that has  
 11 been addressed?  
 12 A. Yes, sir.  
 13 SIR JOHN SAUNDERS: Is that nationally or just locally?  
 14 A. Both, sir.  
 15 SIR JOHN SAUNDERS: Thank you.  
 16 MR GREANEY: I have now asked you all I want to ask you  
 17 about the command structure. Thank you, that's been  
 18 extremely helpful. I am going to ask you just to  
 19 reflect on the matters that have been discussed between  
 20 you and the chairman and between you and I to see if  
 21 there is any other view that you have about this.  
 22 Sir, do you want to ask any further questions about  
 23 the command structure?  
 24 SIR JOHN SAUNDERS: Well, NILOs and MTFAs. Is that  
 25 something you're going to deal with, which is

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1 paragraph 125?  
 2 MR GREANEY: It's probably sensible to deal with it at this  
 3 stage. I'm going to go to paragraph 125 and 126.  
 4 SIR JOHN SAUNDERS: We can understand that where there's  
 5 an MTFA it is different how the NILO operates from how  
 6 he operates normally.  
 7 A. Yes, sir.  
 8 SIR JOHN SAUNDERS: That's just to give the context.  
 9 MR GREANEY: Could you explain to us then what we would  
 10 expect of a NILO in a Plato situation?  
 11 A. In a Plato situation I would expect us to have the  
 12 required resources at a rendezvous point. And at a time  
 13 that the discussions have taken place at a rendezvous  
 14 point with multi-agencies, I would expect us to jointly  
 15 agree a forward command point and move resources to that  
 16 position. Those resources would be our specialist  
 17 responders teams.  
 18 Q. Can I ask you to pause for one moment? The starting  
 19 point for all of this should be the declaration of  
 20 an FCP?  
 21 A. Yes, sir.  
 22 SIR JOHN SAUNDERS: The declaration of Plato is the start.  
 23 MR GREANEY: Plato then FCP.  
 24 A. Plato or rendezvous point, sir, and then jointly agree  
 25 a forward command point, sir.

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1 Q. At that stage, what role is the duty NILO performing, an  
 2 advisory role, incident command role, or both roles?  
 3 A. Both roles at that time, sir. They will liaise with the  
 4 multi-agencies. Prior to the arena, we didn't have --  
 5 well, following the arena, we have added an area manager  
 6 as incident commander to our predetermined attendance  
 7 for this sort of incident, so that area manager would  
 8 initially go to the rendezvous point and assume the role  
 9 of incident commander. The NILO would then liaise with  
 10 the multi-agencies, the other NILOs, and the police  
 11 firearms tactical adviser, so you'd have the North West  
 12 Ambulance Service NILO, the fire NILO, and the police  
 13 tactical firearms adviser would have what others have  
 14 described as an over-the-bonnet conversation at the FCP.  
 15 SIR JOHN SAUNDERS: Is paragraph 125 out of date then?  
 16 A. From where we are now, sir, yes.  
 17 MR GREANEY: So at the time we are concerned with, the NILO  
 18 would have that dual role at the FCP?  
 19 A. Yes, sir.  
 20 Q. But now, for the reasons that Peter O'Reilly identified  
 21 for us, the on-scene command role has been removed from  
 22 the NILO?  
 23 A. Yes.  
 24 Q. Did you agree with the evidence that Peter O'Reilly gave  
 25 about the risk that there was at the time in giving the

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1 NILO all of those responsibilities for a period?  
 2 A. Yes, sir.  
 3 SIR JOHN SAUNDERS: Why had that not been recognised  
 4 beforehand?  
 5 A. In honesty, sir, I don't believe it had ever caused  
 6 an issue.  
 7 SIR JOHN SAUNDERS: Okay. Actually, we don't necessarily  
 8 have to wait for something to cause an issue before  
 9 we can see it might cause a problem. If he's doing all  
 10 those roles in an MTFA -- and people thought about MTFAs  
 11 pretty carefully -- he does become a single point of  
 12 failure.  
 13 A. He does, sir, if other things don't fall into place,  
 14 I agree.  
 15 SIR JOHN SAUNDERS: Just like the FDO becomes the single  
 16 point of failure, so does the duty NILO. Again why has  
 17 no one seen this?  
 18 A. I think, sir, because we never anticipated not having  
 19 the Plato message shared, not having the various METHANE  
 20 messages from other organisations shared, so I think  
 21 there was a few things that happened that exacerbated  
 22 the situation.  
 23 SIR JOHN SAUNDERS: That maybe but still let's get back to  
 24 the point, sorry. Declaration of Plato, what happened,  
 25 the RVP point declared by the police. Nevertheless, for

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1 that period of time, the NILO is not only the tactical  
 2 adviser, he's also the on-scene commander. In your  
 3 situation he's actually situated 22 miles away, subject  
 4 to getting diversions, down the motorway.  
 5 A. Yes.  
 6 SIR JOHN SAUNDERS: So that was the situation. Why was it  
 7 not realised before that, even if police had done it as  
 8 they should have done, there was still the single point  
 9 of failure?  
 10 A. Sir, I have no excuses. It's a shortcoming on our  
 11 behalf.  
 12 SIR JOHN SAUNDERS: It's national policy, so it's not just  
 13 Manchester. I think people are entitled to say, as they  
 14 have, "Why lessons learned? Why can't we actually think  
 15 about it beforehand?"  
 16 A. I agree, sir.  
 17 MR GREANEY: I think as the chairman has highlighted, it is  
 18 quite a striking feature that, just as GMFRS had this  
 19 single point failure, which was entirely predictable  
 20 ahead of 22 May, so too did Greater Manchester Police  
 21 with their FDO have a single point of failure that was  
 22 eminently predictable, and that maybe is one of the  
 23 tragedies of that night.  
 24 I am going to have to stop.  
 25 SIR JOHN SAUNDERS: Sorry, that is entirely my fault.

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1 MR GREANEY: It isn't your fault. I'm going to reach  
 2 a natural point. I have finished asking about the  
 3 command structure unless you have any further questions,  
 4 sir.  
 5 SIR JOHN SAUNDERS: No, thank you.  
 6 MR GREANEY: Certainly for my purposes, that has been  
 7 extremely helpful, thank you.  
 8 Just to finish off on a connected topic,  
 9 Peter O'Reilly yesterday used the term "operational  
 10 discretion", and I think it's important that we should  
 11 understand that that was not just some term that he came  
 12 up with in evidence, was it, it's in fact a recognised  
 13 concept?  
 14 A. Absolutely, sir. I'd say it's ingrained with all of our  
 15 policies and procedures. It's contained within each and  
 16 every one.  
 17 Q. You deal with this in paragraphs 148 to 151, page 33.  
 18 You explain:  
 19 "It is important to understand that all levels of  
 20 command are trained to recognise that incidents they are  
 21 faced with are often unique and unforeseeable and are  
 22 trained in operational discretion, which underpins the  
 23 training for all GMFRS safe operating procedures."  
 24 Is that correct?  
 25 A. That's correct, sir.

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1 Q. "Operational discretion relates to rare or exceptional  
 2 circumstances where strictly following an operational  
 3 procedure would be a barrier to resolving an incident or  
 4 where there is no procedure that adequately deals with  
 5 the incident."  
 6 A. That's correct, sir.  
 7 Q. "Examples of operational discretion include to save  
 8 human life"?  
 9 A. Yes.  
 10 Q. "Taking immediate and decisive action to prevent  
 11 escalation of the incident"?  
 12 A. Yes.  
 13 Q. And:  
 14 "Where taking no action may lead to others to put  
 15 themselves in danger"?  
 16 A. Yes.  
 17 Q. We understand Operation Plato and the requirements that  
 18 it places in terms of who can and cannot go into  
 19 particular zones. Is it your evidence that operational  
 20 discretion would apply also in relation to that  
 21 situation?  
 22 A. Yes, sir.  
 23 Q. You go on to observe:  
 24 "GMFRS adopted operational discretion in 2014 and  
 25 was one of the first emergency services to do so."

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1 A. That's correct, sir, and indeed it is used by our  
 2 operational staff occasionally to deal with incidents.  
 3 Q. So really, I suppose the point is that operational  
 4 discretion might permit in circumstances where, for  
 5 example, it was necessary to save human life,  
 6 non-specialist Fire and Rescue Service assets to enter  
 7 a warm zone?  
 8 A. Yes, sir.  
 9 Q. Whose decision would that be?  
 10 A. The incident commander's decision, sir.  
 11 Q. I don't believe it is necessary to go into any further  
 12 detail in paragraph 151.  
 13 Sir, in order to deal with Mr Parry's evidence,  
 14 although I'm told we only have Mr Parry until 2.30, and  
 15 I dare say we won't conclude his evidence by then, to  
 16 get as much of it done as we probably can today, we do  
 17 need to break at this stage.  
 18 SIR JOHN SAUNDERS: Are we having a quarter of an hour gap?  
 19 MR GREANEY: Yes, so that things can be made ready for  
 20 Mr Parry. Mr Parry is giving evidence by video link.  
 21 The way in which it's being done is Ms Cartwright, who  
 22 is dealing with him, will be together with him at the  
 23 location that he is at. That was thought sensible.  
 24 SIR JOHN SAUNDERS: Thank you. Can I just mention one brief  
 25 thing? Obviously we are not the only inquiry who are

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1 dealing with Fire Service procedures. I have no idea  
 2 whether any of the incidents that we are talking about,  
 3 any of the elements of the evidence we're discussing,  
 4 are common. What I want to avoid is a situation where  
 5 we may come out with a set of recommendations which are  
 6 not the same as the other inquiries or contradict them.  
 7 I'm sure I'll be helped by Mr Warnock about this,  
 8 I just need to know what's going on there as well.  
 9 I know you're conscious of that.  
 10 MR GREANEY: I know a little about that inquiry, as does  
 11 Mr de la Poer and Mr Weatherby. That presents very  
 12 different issues from those. We certainly ought to  
 13 check, sir.  
 14 SIR JOHN SAUNDERS: Mr Warnock, I'd be grateful for guidance  
 15 from you as well.  
 16 MR WARNOCK: Of course, sir.  
 17 MR GREANEY: 15 minutes, please.  
 18 SIR JOHN SAUNDERS: What do I say now to this witness?  
 19 MR GREANEY: Can I say to him that I'm extremely sorry to  
 20 him, the inconvenience he will be caused, and the  
 21 disjointed nature of today. At least we are using the  
 22 time. I believe we will be in a position to restart  
 23 with him at 2.30.  
 24 SIR JOHN SAUNDERS: I'm really grateful for your tolerance.  
 25 Thank you.

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1 (10.46 am)  
 2 (A short break)  
 3 (11.05 am)  
 4 MS CARTWRIGHT: Good morning, sir.  
 5 SIR JOHN SAUNDERS: Good morning.  
 6 MS CARTWRIGHT: Sir, can I apologise for the delay in  
 7 commencing the evidence of Mr Parry. We will start his  
 8 evidence now and, as the core participants are aware,  
 9 there are special measures for Mr Parry, the details of  
 10 which all of the core participants are aware.  
 11 The intention in terms of Mr Parry's evidence today  
 12 is that we will start his evidence and then break at  
 13 around 12.30. At that stage we'll take our lunch for  
 14 the usual hour if you are content with that, sir.  
 15 SIR JOHN SAUNDERS: Does that cause a problem for anybody?  
 16 Thank you.  
 17 MS CARTWRIGHT: We are not then able to sit beyond 2.30  
 18 today for reasons that are known to you, sir.  
 19 SIR JOHN SAUNDERS: We can sit, but not with Mr Parry. So  
 20 we carry on and we'll go back to the last witness at  
 21 2.30.  
 22 MS CARTWRIGHT: It is unlikely we will have concluded  
 23 Mr Parry's evidence by 2.30. That matter has been  
 24 discussed with Mr Parry and, for reasons that are known  
 25 to you, the intention would be that his evidence be

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1 videolinked from his home address rather than the  
 2 offices of Fieldfisher where Mr Parry currently is.  
 3 Can I also make clear at this stage as well that  
 4 we are not dealing with chapter 12 issues in this  
 5 portion of Mr Parry's evidence.  
 6 SIR JOHN SAUNDERS: An explanation will be given to CPs, if  
 7 they want to have it, as to why this is necessary, but  
 8 it can't — I assume we're actually being broadcast out  
 9 and there are matters which can't be broadcast. But  
 10 they will be informed about what's going on.  
 11 MS CARTWRIGHT: Thank you.  
 12 SIR JOHN SAUNDERS: And why.  
 13 MS CARTWRIGHT: Could I ask then that we now connect to  
 14 Mr Parry, please?  
 15 MR IAN PARRY (sworn)  
 16 Questions from MS CARTWRIGHT  
 17 MS CARTWRIGHT: Could you please tell us your full name?  
 18 A. Ian Robert Parry.  
 19 Q. Thank you. Mr Parry, can I first of all confirm that  
 20 you can see and hear me?  
 21 A. Yes.  
 22 Q. Thank you. You have provided two witness statements to  
 23 the inquiry. The first dated 10 August 2017, and that  
 24 statement is behind tab 1 in your bundle. Can I ask you  
 25 to confirm, are the contents of that statement true to

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1 the best of your knowledge and belief?  
 2 A. (Pause). Yes, that appears to be my original statement,  
 3 yes.  
 4 SIR JOHN SAUNDERS: Thank you.  
 5 MS CARTWRIGHT: You have also provided a further statement  
 6 dated 20 May of this year, which is behind tab 2 in your  
 7 bundle. You have signed to confirm also that that  
 8 statement is true to the best of your knowledge and  
 9 belief also; is that correct, Mr Parry?  
 10 A. It is, yes.  
 11 Q. Thank you. I first of all today want to deal with your  
 12 training and background.  
 13 You tell us in your witness statement that your  
 14 career started life as a police officer with  
 15 Cheshire Police from 1979 to 1983.  
 16 A. Yes.  
 17 Q. Can you just give us some detail about the training you  
 18 had whilst at Cheshire Police in respect of first aid?  
 19 A. The majority of the training was 1979 to 1980, when  
 20 I was a police cadet because first aid competitions were  
 21 part of their syllabus and obviously we did the  
 22 first aid training and took part in competitions, which  
 23 ignited my interest in first aid.  
 24 Q. Mr Parry, you're going to be giving evidence today  
 25 principally about your role as director of Emergency

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1 Training UK; is that correct?  
 2 A. Yes.  
 3 Q. It's right, isn't it, that that was the company that was  
 4 the medical provider for the Manchester Arena?  
 5 A. Yes, it is, yes.  
 6 Q. As well as you being a director for that company, it's  
 7 correct, isn't it, that you also were performing the  
 8 role of Medic 1 and an EMT during the course of  
 9 22 May 2017?  
 10 A. Yes, that's correct.  
 11 Q. You have told us you completed first aid training that  
 12 ignited your interest whilst you were at Cheshire  
 13 Police. But in terms of — what was the first aid  
 14 training that you actually had at Cheshire Police?  
 15 Because it's right, isn't it, Mr Parry, that there are  
 16 different sorts of qualifications to be a first aid  
 17 trainer?  
 18 A. Yes, there are many different qualifications. I think  
 19 they are starting to standardise now, but in the late  
 20 1970s it was an extended first aid course for the  
 21 cadets. When you joined the police, the regular force,  
 22 there was something called police first aid, which  
 23 wasn't as extensive, but it was first aid training.  
 24 Then I moved on and joined the St John Ambulance in  
 25 later life and did their first aid trainers course.

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1 Q. I want to deal with that briefly , but it 's right , isn 't  
2 it , as well as being a police cadet you in fact became  
3 a police constable with Cheshire Police?  
4 A. Yes.  
5 Q. And you tell us that you were trained in first aid as  
6 part of that as well?  
7 A. Yes. Very basic first aid , but at the time, yes, it  
8 was.  
9 Q. In fact , you then ceased to be a police officer .  
10 Can you help us identify when you stopped being a police  
11 constable , please?  
12 A. 1983.  
13 Q. You tell us in your witness statement that you went on  
14 then to become a warehouse operative for a chemical  
15 plant in Cheshire for 16 years.  
16 A. Yes.  
17 Q. Can you just assist us a little ? You tell us that as  
18 part of that job , you were a member of the fire and  
19 ambulance crew on site and you began to train other  
20 staff members in first aid.  
21 A. Yes. At the same time as doing that job , I joined  
22 St John Ambulance in Chester , their voluntary section ,  
23 and undergone a first aid trainers course , and as part  
24 of the duties at the chemical plant it was one of my  
25 responsibilities to train the ambulance crew and

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1 first aiders on their annual refresher days.  
2 Q. So you tell us that you are training the ambulance crew.  
3 What qualifications did you have to be a trainer ,  
4 training the fire and ambulance crew?  
5 A. The St John Ambulance trainers course and modules that  
6 I 'd done , oxygen and Entonox and that kind of thing.  
7 Q. Can you assist us , please , as to when you did that  
8 course with St John Ambulance?  
9 A. Early to mid-1990s -- if I 'm honest , I 'm not quite sure  
10 of the date. It 's many , many years ago. It was early  
11 to mid-90s.  
12 Q. We 're going to come on to deal with more of your  
13 training , but one of the difficulties the inquiry have  
14 is it does not have your certificates of training  
15 completed , save there is one document I will take you to  
16 in due course that gives us some assistance. Are you  
17 still in possession of your training certificates that  
18 you completed for your qualifications in first aid?  
19 A. No. They 're documents from 25/26 years ago. And having  
20 moved around quite a bit , they 've just disappeared at  
21 the end of the day.  
22 Q. Mr Parry , in terms of in 2017 , and we 'll come to look at  
23 your training moving into 2017 , but as to your  
24 qualifications and training that were in force in 2017 ,  
25 where did those up-to-date training certificates --

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1 where are they , for your qualifications in first aid?  
2 A. I 'm not quite sure what you mean by up-to-date training  
3 certificates , to be honest.  
4 Q. Well , perhaps we 'll come on to deal with that in terms  
5 of your first aid qualification in May of 2017 when we  
6 deal with the chronology a little bit more.  
7 You tell us that you developed a paid first aid  
8 teaching role . Can you tell us about that , please?  
9 A. Yes.  
10 Q. With (inaudible: distorted) in Chester.  
11 A. I worked for a company called Marton Training in  
12 Chester , providing First Aid at Work training. It was  
13 a Health and Safety Executive approved First Aid at Work  
14 trainer 's course and that 's what Marton Training  
15 delivered and that 's what I delivered on their behalf.  
16 Q. At that time , were you an approved trainer with the  
17 Health and Safety Executive?  
18 A. Yes , I was registered for the Health and Safety  
19 Executive , yes.  
20 Q. I think it 's right , is it , that from 2013 the HSE , no  
21 longer for general health and safety , they didn 't  
22 approve trainers any more?  
23 A. No , they didn 't , no , no.  
24 Q. You tell us then that you decided you wanted to go on to  
25 perform the role of first aid full-time and you set up

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1 a company , I think a company that was in force before  
2 ETUK called AAA Training and Technology.  
3 A. Yes.  
4 Q. Can you assist us as to when that company formed?  
5 A. That was 1999/2000.  
6 Q. The company that then was formed , can you just give us  
7 the details of the next company , please? Because we  
8 know in fact you tell us in the witness statement that  
9 Emergency Training UK Limited was not formed until 2005.  
10 A. Yes.  
11 Q. So what was the next company after AAA Training that you  
12 created?  
13 A. It was Emergency Training Limited , which then -- in 2005  
14 became Emergency Training UK.  
15 Q. We 've heard some evidence already from James Allen for  
16 SMG that has told the inquiry some evidence that  
17 Emergency Training Limited had the original contract  
18 with the arena to provide medical services . Who were  
19 the directors of Emergency Training Limited?  
20 A. The original contract wasn 't Emergency Training , it was  
21 AAA Training and technology. And it was myself and  
22 a lad called Marc Johnson. That was before  
23 James Allen 's time.  
24 Q. So that was the first medical provider for the arena ;  
25 is that correct?

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1 A. It was the first time we provided it. They had St John  
2 Ambulance up to the point we took over.  
3 Q. Can we then be clear as to what year AAA Training and  
4 Technology provided medical provision to the arena?  
5 A. August 2001.  
6 Q. Thank you. Then when did that company cease to provide  
7 the medical provision to the arena?  
8 A. If I'm honest, I can't remember exact dates because  
9 we're talking many, many years ago. But we're looking  
10 at, probably, 2003/2004, when my colleague Marc Johnson  
11 decided that he wanted to move on to other things.  
12 Q. Is that when then Emergency Training Limited was  
13 created?  
14 A. It was, yes.  
15 Q. Can you assist us as to who were the directors of that  
16 company, please, Mr Parry, in addition to yourself?  
17 A. That was just me. I was the sole director.  
18 Q. We know thereafter that Emergency Training UK was  
19 created as a company in 2005.  
20 A. Yes.  
21 Q. Can you assist us as to the directors of that company,  
22 please, Mr Parry?  
23 A. Um... If you just bear with me a second, because I'd  
24 like to consult with my legal adviser. I'm not  
25 comfortable with the direction this is taking.

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1 SIR JOHN SAUNDERS: What's your problem? Can we cut the  
2 feed and you can talk to your legal adviser. Would you  
3 make sure — I'm going to give you no more than  
4 5 minutes, all right?  
5 A. Yeah, no problem.  
6 SIR JOHN SAUNDERS: Okay, thank you.  
7 Let's cut the feed for 5 minutes.  
8 (11.19 am)  
9 (A short break)  
10 (11.25 am)  
11 SIR JOHN SAUNDERS: Mr Parry, can you hear me?  
12 A. Yes. Fine.  
13 SIR JOHN SAUNDERS: Are you ready to continue?  
14 A. Yes, we can continue now. Sorry about that.  
15 SIR JOHN SAUNDERS: Thank you.  
16 MS CARTWRIGHT: Mr Parry, I was just asking you about the  
17 formation of the company ETUK at the end of 2005. It's  
18 right, isn't it, that that company went on to enter into  
19 a contract with SMG? We see the contract within the  
20 bundle of material, but it was a tender process that  
21 started in 2006 with the contract then being signed in  
22 2007?  
23 A. Yes.  
24 Q. So I just want to ask about the directors of ETUK. It's  
25 right, isn't it, that there were more directors than

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1 yourself that were part of the ETUK Limited?  
2 A. Absolutely. For the first part of ETUK, for personal  
3 issues, personal financial issues, I wasn't a director.  
4 One of my daughters was a director, although I was the  
5 one running the company. And later on, my wife at the  
6 time became a director. But again, she had no  
7 involvement within the company.  
8 Q. We're going to come on to deal with your medical  
9 qualifications, but is it right that Mrs Parry,  
10 Victoria Parry, who was one of the directors, was  
11 a registered nurse?  
12 A. Yes.  
13 Q. And can you assist us, did Tanya Parry have any medical  
14 qualifications?  
15 A. No.  
16 Q. So I'll deal with your medical qualifications in  
17 a moment. But because we are interested in ETUK and the  
18 medical provision that was provided to SMG, can you  
19 assist us as to how long Victoria Parry as a registered  
20 nurse was a director for ETUK?  
21 SIR JOHN SAUNDERS: I think he's just said she had no  
22 involvement in the running of the company.  
23 MS CARTWRIGHT: That was Tanya Parry.  
24 A. If I want to be cynical, apart from spending the money,  
25 she had no involvement in the running of the company on

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1 a day-to-day basis, but it was 2010 to 2017.  
2 MS CARTWRIGHT: So just to clarify that, while she was  
3 a director in name, did she have any input in terms of  
4 advice provided to ETUK in respect of the medical  
5 contract that had been entered into?  
6 A. No.  
7 Q. You tell us in your witness statement that in terms of  
8 your medical qualifications, you're not a trained doctor  
9 or nurse?  
10 A. No.  
11 Q. You had pre-hospital care qualifications?  
12 A. Yes, that's correct.  
13 Q. Can you just explain those pre-hospital care  
14 qualifications, please?  
15 A. Within St John, they were ambulance aid level 2,  
16 different modules of spinal mobilisation, oxygen,  
17 Entonox, medical gases, anything to do with pre-hospital  
18 care basically, medical major incident training,  
19 advanced life support training.  
20 Q. Thank you. We'll look at the major incident medical  
21 training in a moment, but could you assist us as to when  
22 you first did your advanced life support course, please?  
23 A. Yes, I'm just looking.  
24 Q. I'm at paragraph 9 of your statement, behind tab 2. You  
25 say that you completed an advanced life support course

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1 at Wrexham Hospital in 2001?  
 2 A. Yes, myself and Marc Johnson, when it was AAA Training  
 3 and Technology, that was the first time we did it, yes.  
 4 Q. Thank you. Can I ask, in terms of Mr Johnson, did  
 5 Mr Johnson have medical qualifications?  
 6 A. No.  
 7 Q. Was he a trained doctor or a nurse?  
 8 A. No.  
 9 Q. Thank you. You tell us that the course was repeated  
 10 every 4 years for the advanced life support. So can  
 11 I confirm, did you refresh that every 4 years up until  
 12 May 2017, Mr Parry?  
 13 A. It was refreshed every 4 years up until -- I think it  
 14 was 2009. I'm not sure of the exact date but they  
 15 changed it where you had to have a medical PIN number  
 16 for a nurse or doctor to complete the course, which  
 17 ruled out anybody from the private sector who wasn't, as  
 18 you mentioned, a doctor or a nurse or anybody with  
 19 a medical background. And the date when they changed  
 20 that, that was it, as private individuals we couldn't  
 21 refresh that, so we came up with an alternative,  
 22 assisting a paramedic, as an ALS course. The knowledge  
 23 was still there.  
 24 Q. Sorry, can I just be clear? You say from that time when  
 25 you could no longer undertake the advanced life support

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1 course, what was the alternative you just indicated?  
 2 I didn't quite catch you, Mr Parry.  
 3 A. Assisting a paramedic, which is a private course,  
 4 non-regulated by anybody.  
 5 Q. Thank you. So if we just look briefly at assisting  
 6 a paramedic, when did you undergo the assisting  
 7 a paramedic course?  
 8 A. They will have been 2013, two thousand... It's all  
 9 ongoing training, to be honest, with modules being  
 10 completed on a regular basis, as is most education these  
 11 days.  
 12 Q. But in terms of the assisting a paramedic, in the way  
 13 that you've described the advanced life support course  
 14 needing to be on a refresher, and we know also first aid  
 15 training is to be refreshed, was there a time period  
 16 indicated for when you'd have to refresh the assisting  
 17 a paramedic course?  
 18 A. No. Not that I can recall.  
 19 Q. So can you assist us as to when you last completed prior  
 20 to 2017 an assisting a paramedic course?  
 21 A. Not off the top of my head, no.  
 22 Q. Can I ask you, because we've heard some evidence already  
 23 that SMG relied upon you as the medical provider to  
 24 provide them with advice and guidance. So when the  
 25 change happened and you could no longer go on the

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1 advanced life support training courses, did you discuss  
 2 that with SMG in terms of saying that you could no  
 3 longer have that qualification?  
 4 A. I don't think we did, no.  
 5 Q. There's a further qualification, you've already  
 6 mentioned a moment ago, the major incident medical  
 7 management. So I want to ask you about that now,  
 8 please, Mr Parry. Because you tell us that you first  
 9 completed a course in major incident management, medical  
 10 management, at Wrexham Hospital in approximately 2006 to  
 11 2007.  
 12 A. Yes.  
 13 Q. And that's the one document where we do have evidence  
 14 of, I think, a document that was provided to you, having  
 15 completed that training, because we see it as part of  
 16 the material that was provided to the arena as part of  
 17 the tender process that was undertaken in 2006. So I'm  
 18 going to take you to that document to see if it can  
 19 assist and then ask you some questions, please.  
 20 I'm going to be taking you behind your tab 11, which  
 21 is {INQ040492/55}. Could I ask Mr Lopez also to display  
 22 {INQ040492/55}.  
 23 Mr Parry, this is one of the documents that was  
 24 provided with the pack of material that sits behind,  
 25 first of all, the contract and the tender document. But

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1 within that document, we see what appears to be  
 2 a document that would suggest it was provided to you  
 3 after you completed a MIMMS. So if we look at these  
 4 photocopies of what looks like a card, can you assist us  
 5 as to what these documents are, please?  
 6 A. They are the certificates that were issued at the time.  
 7 That will be -- looking at the ALS provider, that will  
 8 be why there isn't one available because that's what  
 9 they issued at the time, a plastic credit card sized  
 10 card, which over the years will have got mislaid. Those  
 11 were the style of certificates that were issued for  
 12 those courses at that time.  
 13 Q. Thank you. So it looks like we've got a card for the  
 14 advanced life support, one for the MIMMS, but can you  
 15 assist us, we see below that what looks to be the back  
 16 of the cards, so can you help us marry up what's the  
 17 back for each card? The ALS provider, is the one we see  
 18 below that dated 22/09/2005 supporting of the date of  
 19 when you'd completed the advanced life support?  
 20 A. Yes, it would appear to be that, yes.  
 21 Q. So then if we look to the right, the MIMMS card,  
 22 numbered 3394, that was issued on 26 September 2002,  
 23 would that fit with when you would have done your MIMMS  
 24 training?  
 25 A. That would have been the original one with AAA, it would

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1 have been AAA Training and Technology, because  
 2 Marc Johnson did it with me as well, so that could have  
 3 been the original one for that.  
 4 Q. Thank you. We can see endorsed upon the card when it  
 5 was issued that the training was valid for 4 years.  
 6 Is that right, Mr Parry, we can see that?  
 7 A. It is, yes.  
 8 Q. Then you would undergo refresher training?  
 9 A. Yes.  
 10 Q. But like the advanced life support, there came a time,  
 11 didn't there, where you could no longer qualify in  
 12 MIMMS --  
 13 A. Yes --  
 14 Q. -- in the major incident medical management?  
 15 A. They did it again, they said you had to have a PIN  
 16 number, be a doctor or a nurse or a healthcare  
 17 professional, to complete the training.  
 18 Q. Can we then just look in a little bit more detail  
 19 about -- so what the MIMMS training covered and  
 20 obviously then the refresher training up until the time  
 21 when you could no longer be a MIMMS-approved individual.  
 22 You tell us in your witness statement that the major  
 23 incident medical management course was a 4-day course  
 24 that addressed how you declare a major incident.  
 25 A. Yes.

1 Q. How you allocate staff to a major incident, how you  
 2 allocate casualties -- I'm looking at paragraph 10,  
 3 Mr Parry, are you with me?  
 4 A. No, I've lost it now.  
 5 Q. If you want to go back, please, behind tab 2, I'm at  
 6 your statement, paragraph 10. That's {INQ041566/2}.  
 7 I'm not asking that to be displayed, Mr Lopez.  
 8 A. Got it, yes.  
 9 Q. Thank you. You tell us in your witness statement it was  
 10 a 4-day course that addressed how you declare a major  
 11 incident, how you allocate staff to a major incident,  
 12 how you allocate casualties, and how to manage it until  
 13 help arrives; is that correct?  
 14 A. It is indeed, yes.  
 15 Q. Thank you. You go on to say:  
 16 "We did refreshers of that course every 4 years  
 17 at the same hospital and at other satellite sites."  
 18 And you believe that the refresher training was  
 19 2 days long?  
 20 A. Yes.  
 21 Q. And that you did that refresher training until about  
 22 2012/2013?  
 23 A. Yes, again when they changed it to PIN numbers only.  
 24 Q. And at that point you were told that you had to be  
 25 a medical professional to complete the MIMMS?

1 A. Yes.  
 2 Q. We're going to look in a moment at some of the  
 3 information that was part of the contract that ETUK  
 4 signed with SMG and the information provided as part of  
 5 the tendering process. We've already heard evidence  
 6 within the inquiry from Mr Allen that it was important  
 7 to them as part of the contract, but also the provision  
 8 of medical providers, that there were individuals that  
 9 were MIMMS trained and accredited. Can you recall that,  
 10 Mr Parry?  
 11 A. I recall the conversations about MIMMS-trained  
 12 personnel, which myself and Marc Johnson at the time  
 13 were MIMMS trained, had received MIMMS training.  
 14 Q. But I think is it right that -- Mr Johnson, when did he  
 15 cease to have involvement with the arena and --  
 16 A. Oh, about 2002/2003, something like that. It might have  
 17 been a bit later.  
 18 Q. So certainly when the new contract was signed with SMG  
 19 in 2007, he was not a party to that contract; is that  
 20 right, Mr Parry?  
 21 A. He wasn't, no.  
 22 Q. But can I ask you, in a similar way that I asked you  
 23 about the advanced life support, when you could no  
 24 longer have accreditation under MIMMS, did you update  
 25 SMG of that factor?

1 A. I believe that conversation was had, yes, and the  
 2 conversation went along the lines of: but the training  
 3 is there and the systems are in place. As you can see  
 4 from the tender contract, the systems were in place for  
 5 MIMMS training or MIMMS incidents.  
 6 Q. But Mr Parry, it's right, isn't it, that in 2017,  
 7 May 2017, you did not have the accreditation for MIMMS  
 8 that was required?  
 9 A. I didn't have accreditation, but the MIMMS training was  
 10 in place.  
 11 Q. Can I just then explore a little bit further: who was it  
 12 you say you had the conversation with about you no  
 13 longer being able to hold MIMMS accreditation?  
 14 A. It could have been any one of the management of the  
 15 arena, Miriam Stone, James Allen. I can't recall  
 16 conversations going back that many years. There were  
 17 that many conversations.  
 18 Q. Mr Parry, just doing the best you can, because we'll  
 19 look at the contracts in a minute, is there any other  
 20 information you could give as to who that conversation  
 21 would have been with?  
 22 A. It's going to be one of the managers, James Allen or  
 23 Miriam Stone at the time. I'm not sure whether Miriam  
 24 was there at that time, so it may have been James.  
 25 Q. I'm going to look at the tender documentation, but just

1 before we look at that, on the night of the arena attack  
 2 you were performing the role of Medic 1?  
 3 A. I was, yes.  
 4 Q. And did anyone else that was on duty that night have the  
 5 MIMMS accreditation?  
 6 A. Nobody had MIMMS accreditation, no.  
 7 Q. Let's just look together at some of the documentation  
 8 that was part of the background to the contract that was  
 9 entered into with the arena. So perhaps if we just  
 10 identify the contract first of all. I'm going now to  
 11 a number of pages behind tab 11, which is {INQ040492/1}.  
 12 If we just first of all display that, Mr Lopez.  
 13 Mr Parry, we can see this was the contract that was  
 14 signed on 1 June 2007, but the tender process, it's  
 15 right, isn't it, was commenced in 2006?  
 16 A. It was, yes.  
 17 Q. Thank you. If we then just look, please, at the tender  
 18 document, if we move to {INQ040492/25} within that  
 19 bundle.  
 20 We can see the tender document that was put out by  
 21 SMG, which then led to the contract and obviously the  
 22 tender material formed part of the background to the  
 23 contract and we can see it sits behind the contract. So  
 24 in terms of the tender document, we can see that the  
 25 purpose of the contract was to:

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1 "Give the best possible service to visitors, staff  
 2 and clients when required;  
 3 "[The] need to minimise the effects of an event on  
 4 the healthcare provision for the local population and,  
 5 wherever possible, reduce its impact on the local NHS  
 6 facilities and Ambulance Service."  
 7 Then we can see also:  
 8 "The appointed medical provider will be a competent  
 9 organisation chosen by the venue management to provide  
 10 overall management of medical and first aid services at  
 11 an event."  
 12 So Mr Parry, in your mind from when the contract was  
 13 incepted, would you agree that you were the person  
 14 providing the overall management of medical and  
 15 first aid services to SMG?  
 16 A. Yes, I'd agree, yes.  
 17 Q. And also therefore that you were also the one providing  
 18 the overall management of medical and first aid at the  
 19 Ariana Grande concert on 22 May 2017?  
 20 A. Yes.  
 21 Q. We can see, if we work through the tender document, for  
 22 medical workers one of the important factors was to have  
 23 relevant experience or knowledge or requirements of  
 24 first aiders at major public events. Do you see that?  
 25 A. Yes.

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1 Q. We can see then below that that there's job descriptions  
 2 and we'll look at the job descriptions together in  
 3 a minute. But over the page, please, to {INQ040492/26},  
 4 we can see the various bullet points that were  
 5 the requirements for ETUK.  
 6 A. Yes.  
 7 Q. I want to come to deal with, please, a number of the  
 8 bullet points. We can see on the sixth bullet point  
 9 down one of the matters that was contained within the  
 10 tender was:  
 11 "Provide full training, qualifications and  
 12 experience of first aiders and EMTs on duty, which must  
 13 be submitted to the venue duty manager for all events as  
 14 part of their pre-event checks."  
 15 A. Yes.  
 16 Q. Mr Parry, in terms of that being a requirement as part  
 17 of the contract, did there come a time where you ceased  
 18 to provide the full details of the training and  
 19 qualification of the ETUK staff?  
 20 A. Not at all, no. It wasn't a question that was asked on  
 21 an event-by-event basis. There was a Medic 1 check  
 22 sheet and we had our own staff signing-in sheet, a copy  
 23 of which went to the venue for the end of each event.  
 24 But there is no point at which we ceased to provide it.  
 25 Q. So Mr Parry, just so I'm clear on this point, is it your

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1 position that you did provide details of all training  
 2 and qualification of all of those who you contracted  
 3 with to provide medical services to the arena?  
 4 A. I kept records of them. They got the names of staff  
 5 working and what roles they were providing, but as far  
 6 as asking for it on an event-by-event basis, it was  
 7 something that was never asked for.  
 8 Q. So perhaps then if we just look at this by way of  
 9 a concrete example. Would you provide to SMG -- for  
 10 example, we know that we're going to hear some evidence  
 11 that Liz Woodcock performed the role of EM2, so she was  
 12 EM2 but Medic 2 on the night of 22 May 2017. So would  
 13 you have provided full details of her training and  
 14 qualification to SMG?  
 15 A. If it had been asked for, absolutely, but it was never  
 16 asked for.  
 17 Q. Mr Parry, just going one step back, it records in this  
 18 aspect of the tender that:  
 19 "Full training, qualifications and experience of  
 20 first aiders and EMTs on duty, which must be submitted  
 21 to the venue duty manager for all events as part of  
 22 their pre-event checks."  
 23 And we can see it's in bold.  
 24 A. Yes, we submitted to the duty manager Medic 1 check  
 25 sheets, a copy of our staff signing-in register, and

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1 I forget what the other document was. Those were the  
 2 only documents we were asked to submit. From day 1 in  
 3 2001, we were never asked to submit the qualifications  
 4 of each member of staff.

5 Q. Mr Parry, the evidence the inquiry has heard from  
 6 Mr Allen, and we'll come back into the tender materials,  
 7 was that that was a requirement of the contract, but  
 8 there came a time shortly after when the contract was  
 9 changed, where you sought to revisit that issue, raising  
 10 it as an issue of confidentiality. Can you recall you  
 11 in fact being the person that was seeking to then go  
 12 away from the tender requirements, but also the contract  
 13 requirements, that you provided training and  
 14 qualifications of your staff to the arena?

15 A. I can't recall a conversation and it's one of those —  
 16 if it had been such a major issue, there would have been  
 17 an issue. James Allen was the type of person that  
 18 it would have become a bigger issue at the time and  
 19 I would have known straightaway, okay? On an  
 20 event—by—event basis, and I'll say it again, we were  
 21 never asked to provide lists of qualifications and  
 22 training.

23 Q. Well, let's just look, please, at an email that appears  
 24 to post—date the contract and see if you can assist us  
 25 any further. It's not an email, in fact, it's the

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1 document at {INQ040493/1}.

2 SIR JOHN SAUNDERS: And the page in the bundle?  
 3 MS CARTWRIGHT: It's behind tab 12.

4 SIR JOHN SAUNDERS: It's just for the witness. Tab 12,  
 5 Mr Parry.

6 A. Got it, yes.

7 SIR JOHN SAUNDERS: Thank you.

8 MS CARTWRIGHT: Mr Parry, Mr Allen gave some evidence about  
 9 this document which he indicated was a reply to an email  
 10 that you had raised with him around that issue about the  
 11 provision of the training and qualification of the  
 12 individual members of staff that are then performing  
 13 duties at an individual event.

14 We can see — I'm just going to read the content  
 15 whilst you look at it as well. This is the reply to  
 16 Ian's email:  
 17 "Thank you for your comments. Where I believe the  
 18 MEN Arena is vulnerable, and hence part of the reason  
 19 for the changes in the contract we have just both  
 20 signed, is concern we have records that in 2 or 3 years'  
 21 time, et cetera, we can pinpoint members of staff that  
 22 were on duty and the minimum qualifications that person  
 23 had at that time."

24 Pausing there for a moment, if we look in that  
 25 document at the reference to "the contract we have just

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1 both signed", the evidence we heard with Mr Allen seems  
 2 to suggest that this document was shortly after the  
 3 contract was signed on 1 June 2007, so it was some time  
 4 after that point when you were raising the issue, as  
 5 Mr Allen characterised it, of confidentiality. So I'm  
 6 then going to read on:  
 7 "I want to be able to put a document in the  
 8 post—event file that tells me of the staff that you had  
 9 in and that they were qualified/covered by your  
 10 insurance by an easily recognised reference number.  
 11 I have no problem with them being on the check sheet,  
 12 however I thought it this was the easiest way to do it.  
 13 Another option is, as I have had in place with ShowSec,  
 14 that you supply me with a list of all personnel within  
 15 your organisation that may possibly work events and are  
 16 covered by your insurance policy. However, I believe  
 17 this method would be restrictive if at short notice you  
 18 were looking to bring in other people who are not on  
 19 this register. I appreciate that many of your staff  
 20 have qualifications above and beyond the minimum  
 21 requirement, however I need to be confident that  
 22 everyone on every show has reached this minimum level  
 23 and that someone, as part of your event team, has the  
 24 ability to deal with a major incident, ie is MIMMS  
 25 qualified."

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1 Mr Parry, just asking you about this document, does  
 2 that assist in terms of refreshing your memory about you  
 3 in fact raising with Mr Allen a concern that he  
 4 characterised as you raising an issue in providing that  
 5 information to him and to SMG because of  
 6 a confidentiality issue?

7 A. I have to be honest and say that I have never seen that  
 8 document before in my life.

9 Q. Mr Allen produced that as evidence of a discussion that  
 10 took place between you around the need for the  
 11 information about the minimum qualifications of staff at  
 12 an event.

13 A. Obviously, I can't comment on what he's produced, but  
 14 I have never seen that document in my life. If he could  
 15 confirm it by sending a copy of what he implies is my  
 16 email then that's fine, but that document as it stands,  
 17 I have never seen before.

18 Q. Then what is your position about how you would provide  
 19 the details of the training and qualification of the  
 20 staff at an event?

21 A. They would sign the register, the signing—in register  
 22 for the staff that were in and that was it. There  
 23 wasn't a section for qualifications and it was never  
 24 an issue that was pushed.

25 Q. Mr Parry, as the director of ETUK Limited and as the

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1 individual who was providing the relevant individuals on  
 2 any given contract, or any given event, and we'll come  
 3 to deal with those on 22 May a little later, how did you  
 4 operate a system where you knew about the training and  
 5 qualifications of your staff?  
 6 A. Because I knew my staff, I knew what their  
 7 qualifications were.  
 8 Q. When we know that qualifications are only in force for  
 9 a certain period of time and when there's a need then  
 10 for refresher training, such as the First Aid at Work  
 11 training, how did you monitor when an individual of  
 12 staff, their training had lapsed and the need for  
 13 refresher training?  
 14 A. We had records, we had a spreadsheet with their records  
 15 on it.  
 16 Q. So can you just give us a little bit more detail as to  
 17 how that operated and how you then could be satisfied of  
 18 the training and qualification of your staff?  
 19 A. Because it would be regularly checked to see who was due  
 20 to be renewed with their first aid or any other  
 21 qualifications, and a lot of the time we used to run  
 22 training courses that overlapped the refresher dates  
 23 anyway.  
 24 Q. Was this a spreadsheet that you kept?  
 25 A. Yes, it was, yes.

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1 Q. Can you assist us, was that a spreadsheet then that was  
 2 completed on a computer?  
 3 A. It was on a computer in our old depot in Oldham, yes.  
 4 Q. Particularly, are you able to identify whether at any  
 5 point you provided that to SMG as evidence of the  
 6 training and qualification of your individual staff?  
 7 A. It was never a question that was asked to provide  
 8 individuals — even when maybe there might have been  
 9 a complaint about a member of staff, it was never  
 10 an issue that was raised: are they qualified, were they  
 11 qualified to be working? It was never something that  
 12 was asked for.  
 13 SIR JOHN SAUNDERS: We'll move on.  
 14 MS CARTWRIGHT: Mr Parry, can I ask you then about MIMMS?  
 15 Because in your mind, was it clear that there needed to  
 16 be a MIMMS-qualified individual at an event?  
 17 A. MIMMS trained was the wording that was used.  
 18 Q. And would you agree —  
 19 A. In a perfect world, yes, MIMMS qualified, but when the  
 20 private sector can no longer get the MIMMS  
 21 qualification, it's MIMMS trained.  
 22 Q. So Mr Parry, when you ceased to have a MIMMS  
 23 qualification, albeit you'd had training that you'd  
 24 refreshed, you were then unable to refresh, did you  
 25 inform SMG or anyone at SMG that you no longer had

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1 a MIMMS qualification?  
 2 A. Yes, they would know because they were the ones who used  
 3 to pay for the training, so they would spot that they  
 4 hadn't been asked to pay for the training again. MIMMS  
 5 training was specific to the arena contract and they  
 6 used to pay for the training of the personnel.  
 7 Q. Perhaps we'll look at that when we come on to deal with  
 8 the policy that you had in place for emergencies. So  
 9 perhaps we'll move on from that now.  
 10 Can we then, please, just go back into the tender  
 11 document that we were looking at together behind your  
 12 tab 11. If we could display page 26 {INQ040492/26}.  
 13 So we can see — I'm not going to take you through  
 14 each of the bullet points that are within this document,  
 15 Mr Parry, but we can see that:  
 16 "Supply suitably trained first aid personnel to  
 17 perform the following tasks."  
 18 And we can see below that:  
 19 "Administer first aid to those who require it  
 20 attending events to recognised medical standards. Be  
 21 able to assess injured patients' needs and requirements.  
 22 Where necessary, coordinate the transport of patients to  
 23 hospital with [the predecessor to NNAS] GMAS. Respond  
 24 appropriately to specific patient ailments wherever  
 25 possible, minimising the risk of injury to visitors

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1 through efficient and regular observation, patrolling,  
 2 and reporting to the venue duty manager, and perform  
 3 other medical-related duties as assigned."  
 4 So Mr Parry, can I ask you some questions now about  
 5 suitably trained first aid personnel. Can I ask you,  
 6 what first aid qualification did you seek from your  
 7 staff who were performing the role of first aider at  
 8 events?  
 9 A. As the bare minimum, at the beginning of their career,  
 10 we would accept a 1-day course on the proviso that they  
 11 did a 3-day First Aid at Work course as the bare  
 12 minimum. During the training with us, they would also  
 13 get the option of oxygen, Entonox, medical gases and  
 14 defib training as well.  
 15 Q. In terms of then the first aid training, how did you  
 16 keep up to date with the Purple Guide? First of all,  
 17 were you well aware of the Purple Guide?  
 18 A. Absolutely, yes. It's the industry guide.  
 19 Q. Were you aware about what the Purple Guide had indicated  
 20 about the requirement for the necessary first aid  
 21 training of those performing the role of a first aider  
 22 at an event?  
 23 A. Yes.  
 24 Q. Would you agree that that required something more than  
 25 just a First Aid at Work qualification?

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1 A. It for many years and still remains to be a vague grey  
2 area, but I would agree, yes, that's why they didn't  
3 just have first aid training initially . But that is the  
4 industry standard and remains the industry standard.  
5 You will find private providers out there using people  
6 simply with first aid certificates .  
7 Q. Perhaps then if we just look at the Purple Guide.  
8 I don't think there's any dispute in your mind that that  
9 was the industry standard, but it was also a standard  
10 that you were aware of?  
11 A. Yes.  
12 Q. Thank you. So can I ask you, when the Purple Guide had  
13 various updates, how would you keep on top of the  
14 relevant Purple Guide that was in force at differing  
15 times?  
16 A. You used to purchase the up-to-date copy and the HSE  
17 would notify people as well of updates.  
18 Q. I'm going to take you, please, now to what was chapter 5  
19 of the Purple Guide that was the guide that we  
20 understand was the applicable guide that was in place --  
21 would have been in place and effective as of May 2017.  
22 It's behind your tab 28. That's {INQ041126/1}.  
23 Mr Parry, we can see there that this is chapter 5.  
24 Would this have been a document that you would have been  
25 well aware of at the relevant time?

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1 A. Yes, I'd be well aware of it . However, it's not  
2 a document that SMG adhered to in any way, shape or  
3 form. And in their defence, their decision on staffing  
4 was far in excess of what the Purple Guide always  
5 recommended.  
6 Q. You've just indicated that this is something that SMG  
7 didn't comply with. I think I've probably inaccurately  
8 summarised your last answer. What did you mean by that?  
9 A. I didn't say comply, I said adhered to. At the end of  
10 the day the Purple Guide is guidance, it's as simple as  
11 that. For example, the Ariana Grande concert,  
12 if we take that one as an example, if you'd gone by the  
13 Purple Guide, you would have had six first aiders and an  
14 ambulance with two crew. That's only eight staff. The  
15 arena booked two EMTs and twelve first aiders. They  
16 always overdid it with staff, okay? And ignored the  
17 Purple Guide to their -- not to their advantage, that's  
18 probably the wrong word. To make the service to their  
19 clients better.  
20 Q. We'll look at the details of that in a moment, but you  
21 indicate that SMG ignored the Purple Guide.  
22 SIR JOHN SAUNDERS: I think he said by providing more than  
23 was required by the Purple Guide.  
24 A. I didn't say ignored, I didn't say failed to comply,  
25 I said didn't adhere to. It is guidance. So please

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1 don't put words in my mouth like SMG ignored, they  
2 didn't. They will have taken it on board, but they  
3 always overdid it .  
4 MS CARTWRIGHT: Mr Parry, do you accept, though, that you  
5 were their medical provider and it was for you to advise  
6 SMG about the relevant requirements that were indicated  
7 in the Purple Guide?  
8 A. Why would I do that if they're actually overdoing the  
9 staffing?  
10 Q. Well, we'll come on to look at, using the Purple Guide,  
11 whether they're overdoing the staffing, but on what  
12 basis do you say that SMG were overdoing the staffing?  
13 Can you assist us with that, please?  
14 A. I'm sorry, but I thought I just did. They will risk  
15 assess the size of a crowd, okay, and the venue, and the  
16 act that's on board, and they will work out the number  
17 of staff that were needed for the size of the crowd.  
18 They would always book more than the Purple Guide  
19 recommended.  
20 Q. Let's, first of all, just look at what the Purple Guide  
21 said about first aiders and then we'll come on to deal  
22 with the guidance that the Purple Guide provided about  
23 the relevant make-up of the medical staff.  
24 Mr Parry, could we look, please, at page 10  
25 {INQ041126/10}? We can see under "First aiders",

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1 paragraph 5.47:  
2 "A first aider is a person who holds a current  
3 certificate in first aid competency, issued by an  
4 organisation that meets the HSE guidelines on first aid  
5 training."  
6 So as a starter, would you ensure that each of your  
7 staff held a current certificate in first aid  
8 competency, but also that it met the HSE guidelines?  
9 A. The HSE 1-day course, as I said before, as a bare  
10 minimum. If they continued to work, they had to go on  
11 to do the HSE 3-day -- and initially it was a 4-day --  
12 First Aid at Work course. So yes, that's exactly what  
13 they had to do.  
14 Q. We can see below that, 5.48:  
15 "First aid requirements should include: the ability  
16 to recognise and manage common conditions; competence  
17 in the use of automated external defibrillators."  
18 Pausing there for a moment, we're going to come on  
19 to deal with the staff that were on duty as first aiders  
20 on 22 May 2017. But were all of the staff that were  
21 performing the role of first aiders on 22 May 2017  
22 competent in the use of automated external  
23 defibrillators?  
24 A. Absolutely.  
25 Q. The next bullet point:

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1 "Safe manual handling of patients. Evidence of  
2 Disclosure and Barring Service checks or local  
3 equivalent in accordance with current government  
4 standards."  
5 Pausing there, Mr Parry, did you ensure that the DBS  
6 checks had been performed by the staff at ETUK?  
7 A. Some staff already had them in place. This is  
8 a discussion we had — in fact, this was a discussion  
9 that was had with James Allen and the American bosses.  
10 Because our staff work in pairs, there was no  
11 requirement and SMG agreed there was no requirement for  
12 staff to have a DBS check. They were never on their own  
13 with a patient. And this, to be fair, is a new edition  
14 of the Purple Guide. If you go back to the original  
15 editions, it will not have mentioned DBS checks, but it  
16 was a conversation that was had.  
17 Q. Mr Parry, would you agree with the principle though that  
18 when the Purple Guide was updated and there were changes  
19 introduced relevant to your contract with SMG it was for  
20 you to draw those matters to the attention of the — you  
21 had a role to play in drawing those matters to the  
22 attention of SMG in terms of your role as the event  
23 medical provider?  
24 A. Yes, but which version of the Purple Guide is this one?  
25 What's the date?

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1 SIR JOHN SAUNDERS: Okay, Ms Cartwright, I understand the  
2 issue about DBS checks. It's not actually in any way  
3 relevant, as I understand it, to the competence of  
4 people for carrying out their jobs on the night of the  
5 arena attack.  
6 MS CARTWRIGHT: I'm going to move on, sir, to the next  
7 point, but perhaps just to confirm with Mr Parry, so  
8 he's clear, the copy that I'm taking you to moment of  
9 the Purple Guide is — this is the version that was in  
10 place from 19 November 2015, but this would have been  
11 the relevant guidelines that would have been in force on  
12 22 May 2017, which is why this was the version I took  
13 you to rather than earlier iterations of the  
14 Purple Guide.  
15 A. Yes, that's fine. But as we mentioned, we had the —  
16 the discussion was had with SMG about DBS checks. And  
17 we all agreed because the staff worked in pairs, nobody  
18 was ever on their own with a patient, DBS checks were  
19 not relevant.  
20 Q. So Mr Parry, this is the point now I want to take you to  
21 about what the Purple Guide indicated about first aid  
22 training for events. We can see the Purple Guide sets  
23 out:  
24 "The holding of a Health and Safety at Work or  
25 three-day First Aid at Work certificate does not in

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1 itself qualify a person as competent to administer  
2 first aid to the public at events."  
3 I'm at {INQ041126/11}, Mr Parry.  
4 A. Yes. Let's have a look.  
5 Q. Again:  
6 "The holding of a Health and Safety at Work or  
7 three-day First Aid at Work certificate does not in  
8 itself qualify a person as competent to administer  
9 first aid to the public at events."  
10 A. I don't disagree, but as we said before, it is guidance,  
11 and that paragraph contradicts 5.47A (sic), to be fair.  
12 Q. Then can I ask you, as the director of ETUK and as  
13 Medic 1, what requirement did you require by way of  
14 training and competency of those individual staff that  
15 you provided to SMG as a first aider?  
16 A. They would have their First Aid at Work certificate,  
17 they would have manual handling, patient handling,  
18 casualty handling, AED, oxygen, Entonox, everything  
19 available to them. So they weren't simply first aiders;  
20 they just got called first aiders. But they certainly  
21 did not simply hold a 3-day First Aid at Work  
22 certificate.  
23 Q. Is that your position that that was applied to each of  
24 the first aiders that were on duty on 22 May 2017?  
25 A. Yes.

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1 Q. Whilst we're in the applicable version of the  
2 Purple Guide, I want to just take you to another page  
3 within the guidance, please, {INQ041126/23}, which is  
4 the section that deals with major incidents.  
5 A. Yes, okay.  
6 Q. Again, in terms of the guidance provided by the  
7 Purple Guide about major incidents, were you well aware  
8 of the contents of the Purple Guide at the time?  
9 A. Yes.  
10 Q. And the section we see here?  
11 A. Mm—hm. Yes. Any major incident... It's an incident  
12 that will put an extra drain on medical resources.  
13 Q. So let's just work through the Purple Guide that was in  
14 place at the relevant time. So we can see that this was  
15 also to be read in conjunction with chapter 4 on  
16 contingency and emergency planning, but at 5.93, this  
17 was set out in the guidance:  
18 "A major incident can be defined as any emergency  
19 that requires one or more of the emergency services to  
20 implement special arrangements. Event medical providers  
21 should consider that they might have to provide an  
22 initial response to a potential major incident. They  
23 will also have to supply intelligence on which the  
24 decision to declare a major incident can be made by the  
25 emergency service representatives overseeing the event."

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1 So Mr Parry, when this version of the Purple Guide  
2 came into force and in terms of your advice to SMG, was  
3 that principle well in your mind?  
4 A. Absolutely, it's the basic principle of the major  
5 incident course.  
6 Q. So you don't take issue with any aspect of that being  
7 information that was within your knowledge and would  
8 have been in your knowledge on 22 May 2017 when you were  
9 performing the role of Event Medic 1?  
10 A. No, I don't have an issue with it. The only issue is:  
11 "... major incident can be made by the emergency  
12 services representatives overseeing the event."  
13 If we're going to call emergency services the NHS,  
14 then there weren't any.  
15 Q. Perhaps we'll come on to examine that in little bit more  
16 detail when we deal with what in fact happened on  
17 22 May 2017.  
18 I'm going to look next at what's in 5.94. We can  
19 see that:  
20 "Once a major incident is declared, the statutory  
21 Ambulance Service for the area in which the event is  
22 being held becomes responsible for the management of the  
23 NHS response to the incident. It is important that the  
24 arriving NHS staff are aware of the key personnel on  
25 site to liaise with and whether the event medical

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1 provider has commenced effective triage and initial  
2 casualty management. Clear communications between the  
3 on-site provider and the NHS Ambulance Service are key  
4 to ensuring effective handover and coordination of the  
5 incident. As soon as appropriate command elements of  
6 the statutory Ambulance Service are on site, they will  
7 take over management of all the event medical provider's  
8 staff and assets."  
9 Again, Mr Parry, was the content of the  
10 Purple Guide -- was that principle expressed in 5.94  
11 again well-known to you on 22 May 2017?  
12 A. It was well-known, but by a lack of communication it  
13 doesn't work like that in the real world.  
14 SIR JOHN SAUNDERS: Mr Parry, I'm having some difficulty in  
15 hearing some of the things you're saying. If you could  
16 take your hands away. That's very helpful, thank you  
17 very much. If you wouldn't mind doing that.  
18 A. Yes, I've just realised, sorry.  
19 SIR JOHN SAUNDERS: I well understand. Thank you.  
20 MS CARTWRIGHT: We'll look in terms of what happened in a  
21 real context a little later in your evidence, but  
22 you say -- you have given an answer to say that in the  
23 real world and made a comment about communication.  
24 Can you just expand upon what you mean by the answer you  
25 just gave?

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1 A. There wasn't any communication. Yes, the  
2 Ambulance Service turned up, but they walked round,  
3 initially -- you have met my colleague Ryan Billington,  
4 he was a student paramedic for NNAS at the time and they  
5 went to speak to him which, if I'm honest, I don't have  
6 a problem with because Ryan will have given over all the  
7 relevant information. But as far as communication with  
8 the key personnel on site, it didn't happen initially.  
9 Q. Can I ask you, though, we'll look at the contingency  
10 plan that you created a little later, but how did you  
11 ensure in the years when you were the event medic and  
12 advising SMG that you would ensure that there was the  
13 appropriate liaison with NNAS in respect of what would  
14 happen in the event of a major incident? How did you  
15 ensure that there was a communication with NNAS about  
16 what the response that -- were you aware of what the  
17 response of ETUK would be in the event of a major  
18 incident?  
19 A. There were a number of desktop exercises over the years  
20 involving NNAS, the Fire Service, the police, ourselves,  
21 and there was even one after, I think it was October,  
22 and it was made quite clear that NNAS would refuse to  
23 accept a major incident declaration from us. So any  
24 further conversations on the subject would have been  
25 pointless. What they said was they would attend and

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1 their first crew attending would declare the major  
2 incident. They would not accept it from a private  
3 company. So as you can imagine, as I've just said, any  
4 further in-detail conversation would have been a waste  
5 of time.  
6 Q. We've received additional evidence from Mr Allen and  
7 Miriam Stone about your recollection of this being said  
8 to you from NNAS. We'll examine it in a little more  
9 detail when we look at your contingency plan, but can  
10 you assist us when it was said to you that NNAS would  
11 not accept a METHANE message from a private provider?  
12 A. I'd have to try and go back and look for the records in  
13 my laptop. I did actually look when I had a  
14 conversation with Alex Preston and found something  
15 relevant to it from a meeting afterwards. But it was  
16 accepted because the conversation had been had just  
17 after I'd done my refresher with Wrexham Maelor  
18 Hospital, the doctors and people running the course at  
19 Wrexham Maelor Hospital said they accepted us as  
20 healthcare professionals and within their region they  
21 would accept a major incident declared.  
22 The conversation was had with NNAS -- it might have  
23 even have been GMAS at the time, to be honest -- and,  
24 no, they would not accept it from a private provider.  
25 Q. You seem to be identifying that conversation at around

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1 about the time when you did some refresher training.  
 2 Can you assist us as to whether that was the ALS  
 3 refresher training or the MIMMS refresher training we've  
 4 dealt with a little earlier today?  
 5 A. It will be MIMMS.  
 6 SIR JOHN SAUNDERS: Okay, I don't read this as being  
 7 inconsistent with it requiring the Ambulance Service to  
 8 declare a major incident and not a private individual or  
 9 private company. They have to provide information to  
 10 the Ambulance Service or an emergency service  
 11 representative to indicate what has actually happened.  
 12 MS CARTWRIGHT: Sir, we'll be looking at that a little bit  
 13 more when we look at what was in fact in the policy as  
 14 well to examine with Mr Parry.  
 15 SIR JOHN SAUNDERS: I don't see what Mr Parry is saying what  
 16 the Ambulance Service said as being inconsistent with  
 17 what is in the Purple Guide.  
 18 MS CARTWRIGHT: I think that's moving on to a slightly  
 19 different point or topic that we're going to come on to  
 20 deal with.  
 21 SIR JOHN SAUNDERS: Thank you.  
 22 MS CARTWRIGHT: Just completing this section of the  
 23 Purple Guide before we move on, at paragraph 5.95 we can  
 24 see it indicates:  
 25 "At large events it is best practice that a handover

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1 of responsibility document is drawn up between the  
 2 statutory Ambulance Service and the event medical  
 3 provider ready for use should a major incident occur.  
 4 This will detail when the assets of the medical provider  
 5 were handed over to the statutory Ambulance Service for  
 6 the duration of the incident. Part of the document will  
 7 also outline the handback procedure when the recovery  
 8 from the major incident commences."  
 9 I think you accept, Mr Parry, in your witness  
 10 statement that you in fact did not draw up any handover  
 11 of responsibility document; is that right?  
 12 A. I had never even heard of that type of document, I'll be  
 13 perfectly honest.  
 14 Q. So when looking at this Purple Guide, did you ever  
 15 consider paragraph 5.95 and the guidance it provided  
 16 about handover of responsibility and liaison with the  
 17 Ambulance Service about that?  
 18 A. It's a difficult one because at the end of the day  
 19 you're asking me whether I considered a guidance  
 20 document against something that is not mentioned in the  
 21 formal training for a major incident. They don't  
 22 mention handover of responsibility.  
 23 SIR JOHN SAUNDERS: Can I just understand what this document  
 24 is? Just reading 5.95, it appears to be a document  
 25 which is ready before the event occurs, which then

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1 records when, if a major incident occurs, the  
 2 responsibility is handed over to the statutory  
 3 Ambulance Service and when it's handed back.  
 4 MS CARTWRIGHT: Yes.  
 5 SIR JOHN SAUNDERS: So it's something you fill in after the  
 6 event has occurred or at the time?  
 7 MS CARTWRIGHT: I think there are discussions in advance.  
 8 It's one matter you'll be hearing evidence on from the  
 9 experts, sir, in terms of discussions and preparedness  
 10 between the event medic and the local ambulance services  
 11 that was envisaged by the Purple Guide.  
 12 SIR JOHN SAUNDERS: Okay.  
 13 MS CARTWRIGHT: Mr Parry, just so I'm clear before we move  
 14 off this topic, is it your evidence that you weren't in  
 15 fact aware of the need of any handover of  
 16 responsibility document or discussions with NWAS?  
 17 A. Yes, I wasn't aware of any at all.  
 18 Q. Thank you. Mr Parry, we're going to move out of this  
 19 extract of the Purple Guide, but before lunch there's  
 20 one further aspect of the Purple Guide that I want to  
 21 deal with, which dealt with the guidance it provided  
 22 about the make-up of teams at events.  
 23 You've already given evidence and indicated that SMG  
 24 provided in excess of what was required of them. I'm  
 25 going to ask you to move to the next tab in your bundle,

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1 please, tab 29.  
 2 Mr Lopez, please could you display {INQ041127/1}.  
 3 We see here a table that was then provided with the  
 4 Purple Guide that sought to give guidance about the  
 5 make-up of teams at events. As the guidance makes clear  
 6 on page 1:  
 7 "It has not been possible to define a single table  
 8 that identifies the correct medical, first aid and  
 9 ambulance provision for a range of events. Instead, the  
 10 principles of resource assessment based on risk should  
 11 be followed, as indicated throughout this chapter. The  
 12 tables below offer some outline guidance."  
 13 So if we turn over the page, please, {INQ041127/2},  
 14 the end of page 1 confirms:  
 15 "Every incident is unique and the level of medical  
 16 provision needed to make it safe can only be determined  
 17 after a comprehensive risk assessment. There are no  
 18 off-the-peg solutions. The following guidance is drawn  
 19 from experience of a range of different events and aims  
 20 to give a broad overview of the sort of cover that might  
 21 be appropriate. It should be read as guidance only and  
 22 is not intended to be prescriptive in any way.  
 23 Indicative staffing levels refer to staff on duty at  
 24 peak periods and these levels may be scaled down at less  
 25 busy times."

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1 And then we can see it indicates:  
 2 "Risk assessment should include: numbers attending,  
 3 audience profile, activities on site, location and  
 4 access, distance from definitive care, duration of the  
 5 event, time of year, specific hazard, past experience of  
 6 the event, local knowledge."  
 7 Mr Parry, before we look at the table and the  
 8 guidance, was this section of the Purple Guide something  
 9 that was known to you when it was brought in, but in  
 10 particular was it known to you prior to May of 2017?  
 11 A. Not in this particular format, but it's basically just  
 12 a different format of an older version to show that  
 13 they'd changed, obviously, the Purple Guide. But it's  
 14 a different format of exactly the same thing. They did  
 15 have easier to use tables.  
 16 Q. Mr Parry, we're going to look at what is indicated for  
 17 what's described as a medium event with 10,000 to 50,000  
 18 attenders. Because the inquiry has heard evidence that  
 19 in respect of the Ariana Grande concert, there were in  
 20 excess of 14,000 concertgoers that attended that  
 21 concert. It's right, isn't it, that in advance of an  
 22 event you would be given details of the numbers  
 23 attending each event via the material that was provided  
 24 by the arena? That's correct, isn't it, Mr Parry?  
 25 A. I'd be given the numbers along with a purchase order.

1 That's about it. There was no other reason other than  
 2 letting me know the numbers that were attending.  
 3 SIR JOHN SAUNDERS: I'm sorry, I didn't hear all of that.  
 4 Did you say you didn't know the number of people who  
 5 were attending or you did?  
 6 A. I was given the numbers of people who were attending  
 7 just for my information, for no other reason, not for  
 8 any other input. It was part of a purchase order  
 9 document.  
 10 SIR JOHN SAUNDERS: Right, okay, thank you.  
 11 MS CARTWRIGHT: Let's look at what the guidance sets out.  
 12 We can see for what is described as a medium event, the  
 13 guidance suggested doctor-led cover and we can see:  
 14 "One to two doctors, two to four nurses or ENPs.  
 15 Moving over the page {INQ041127/3}, please,  
 16 Mr Lopez:  
 17 "2 to 4 paramedics or ECPs. 10 first aiders or  
 18 first responders for first 10,000 attendees."  
 19 And an indication for the number thereafter as it  
 20 increased:  
 21 "Ambulance and crew for on-site service and  
 22 transfers to hospital. Minimum: 1 ambulance,  
 23 1 rapid-response vehicle."  
 24 And then we can see, if we go back over the page  
 25 {INQ041127/2}, Mr Lopez, there's also a reference to:

1 "Consider specialist doctors, pit crews, substance  
 2 abuse team, etc, where indicated."  
 3 Mr Parry, were you aware that this was the  
 4 suggestion in the guidance that was provided in the  
 5 Purple Guide for an event where there was in excess of  
 6 10,000 or 14,000, as we know was the position for the  
 7 Ariana Grande concert?  
 8 A. It's not the numbers that are in the version of the  
 9 Purple Guide that I've got, and I'm going to have to  
 10 look at mine because I think mine is newer than 2015 or  
 11 the one that I was using. Having said that, I've always  
 12 said before, it's guidance, okay? And that's 10,000 to  
 13 50,000. The older versions would never have a gap that  
 14 wide. And it's leaving it open to interpretation of  
 15 each individual and, of course, the client.  
 16 Q. Well, let's just analyse that a little bit more. As the  
 17 first starting point, you seem to indicate in giving  
 18 that evidence that you had been using a different  
 19 version to inform advice that you gave to the arena;  
 20 is that correct?  
 21 A. I didn't give any advice to the arena. They told me  
 22 what numbers they were having. They could have done and  
 23 may have ended up with less numbers but on an  
 24 event-by-event basis, from 2001 onwards, I never told  
 25 the arena how many staff; it was always the other way

1 round. They did the risk assessments, never involved me  
 2 in them, and they decided the levels of staff.  
 3 Q. But Mr Parry, coming on to that, but in terms of what's  
 4 suggested by way of doctor-led cover and then the  
 5 training or the qualification of staff for such an  
 6 event, including doctors, nurses and paramedics,  
 7 in addition to first aiders, was that something that was  
 8 within your knowledge in 2017?  
 9 A. No, I'll be honest, but it wouldn't have made any  
 10 difference anyway. That level of service would not have  
 11 got paid for.  
 12 Q. Would you accept that you, as SMG's event medical  
 13 provider, should have been advising them as to what was  
 14 the suggested guidance of the Purple Guide?  
 15 A. I was advising them on the version of the Purple Guide  
 16 that I had, and I'd be honest, this is a — this 10,000  
 17 to 50,000 group, I've not seen that one before, I must  
 18 admit. I'll hold my hand up and be the first one to  
 19 admit it. But in the real world that we live in, the  
 20 client tells you what they want, okay? It's very, very  
 21 rare you'll get a private provider saying to a client,  
 22 "This is what you're having", and the client goes, "Yes,  
 23 okay".  
 24 SIR JOHN SAUNDERS: Mr Parry, we're going to break for lunch  
 25 now. I'm not expecting you to get this now and I fear

1 you're going to be coming back on another day to finish  
 2 your evidence because you have to be somewhere else at  
 3 2.30. But would you, in the meantime, before your next  
 4 appearance, try and find the version of the guide which  
 5 you were following and which you saw?  
 6 A. Absolutely, I will do, yes, no problem at all. I can do  
 7 that if you set it up online tomorrow. It's probably on  
 8 my laptop or it'll be on Google drive or OneDrive.  
 9 It'll be on one of those.  
 10 SIR JOHN SAUNDERS: Okay. I would be grateful if you could  
 11 try and find it for us.  
 12 Just this final point. I understand you say SMG  
 13 told you how many staff you were to have on duty. If  
 14 you thought they were having totally inadequate numbers  
 15 of staff for the number of people who were coming, would  
 16 you have said that to them, that you just don't think  
 17 it's enough?  
 18 A. Absolutely, and as I put on I think it was my latest  
 19 witness statement, if they had a small number event,  
 20 they tended to go with stupidly low numbers of medical  
 21 personnel at which point I would say to him -- I would  
 22 point out that should we have a serious incident, such  
 23 as a cardiac arrest, you do realise you will lose your  
 24 whole team. And the answer we got -- I mean, a lot of  
 25 the time they went, okay, we'll up it by two first

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1 aiders, and we also got the answer as well: ShowSec have  
 2 got first aiders as well who can cover while you're busy  
 3 doing something else.  
 4 SIR JOHN SAUNDERS: Right, okay. We're going to break for  
 5 an hour, Mr Parry. Could you be back at the end of that  
 6 time, please, and we'll go as far as we can up until  
 7 2.30?  
 8 A. Yes, no problem.  
 9 SIR JOHN SAUNDERS: Thank you very much.  
 10 (12.34 pm)  
 11 (The lunch adjournment)  
 12 (1.29 pm)  
 13 SIR JOHN SAUNDERS: Ms Cartwright.  
 14 MS CARTWRIGHT: Can I just indicate Mr Parry has kindly  
 15 indicated he could actually sit a little later today so  
 16 we should be capable of continuing until 3 o'clock  
 17 today.  
 18 SIR JOHN SAUNDERS: Let's live up to our capabilities then.  
 19 Thank you.  
 20 I hope that the information has got to you by now  
 21 about the reasons for the short time. It will do. I'm  
 22 addressing you because you're the man who was shaking  
 23 his head at the initial announcement. That was why.  
 24 MS CARTWRIGHT: Good afternoon, Mr Parry.  
 25 A. Good afternoon.

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1 Q. Before lunch, you were telling us about the version of  
 2 the Purple Guide that you had had reference to to guide  
 3 your considerations in respect of the required medical  
 4 provision of -- composition of the medical teams to  
 5 events and I'm very briefly going to take you to  
 6 a document because I appreciate you are going to check  
 7 what you have on your computer, but could I ask you to  
 8 look behind your tab 20, please?

9 Mr Lopez, could I ask you to display on screen  
 10 {INQ001452/135}.

11 So Mr Parry, we can see, starting on page 135,  
 12 a grid and we can see that that requires a calculation  
 13 to have been performed in this earlier iteration or  
 14 version of the Purple Guide. We can see there is the  
 15 event matters (sic) on table 1. If we could move to the  
 16 next page, {INQ001452/136}, we can see then there was  
 17 a calculation that needed to be performed for event  
 18 intelligence.

19 Over the page, please, {INQ001452/137}. A further  
 20 consideration of factors in respect of additional  
 21 considerations.

22 Then over the page again, please, {INQ001452/138},  
 23 when those scores are added up, it arrives at a further  
 24 grid that arrives at the composition of teams when those  
 25 calculations have been performed. So I'm not going to

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1 seek to look at the various different applicable  
 2 categories but is this the grid you were referring to  
 3 when you gave evidence earlier about the basis that you  
 4 were using as to the required composition of teams?

5 A. That's the same grid, yes.

6 Q. Thank you. So then perhaps where you've indicated in  
 7 your evidence and in your witness statement that the  
 8 arena was providing in excess of the grid that you were  
 9 considering, are you able, using the document on  
 10 page 138, to assist us as to what category you were  
 11 considering the event of the Ariana Grande, please?

12 A. Well, looking at that table, the score on them all would  
 13 have come to 21 to 25, two and six.

14 Q. So this is what you would have been considering for  
 15 what was required for the Ariana Grande concert,  
 16 (overspeaking) --

17 A. (Overspeaking) -- go on.

18 Q. Can I ask, if that was the table that you were  
 19 considering, we can see that that even required one  
 20 ambulance and a reference to two ambulance personnel.  
 21 So how did you reconcile that grid even with the  
 22 composition of the team and the available facilities  
 23 using this grid because there were no ambulance  
 24 personnel?

25 A. Yes, the ambulance personnel are for the ambulance...

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1 Q. There was the ambulance?  
 2 A. Yes, the ambulance is the ambulance. The ambulance  
 3 personnel are for the ambulance.  
 4 Q. Are you referring to your ambulance?  
 5 A. No, because we didn't have one. That's what the  
 6 Purple Guide would have recommended according to our  
 7 calculations. The arena went for two EMTs and 12  
 8 first aiders, which is two ambulance personnel.  
 9 Q. So you would have equated an EMT with an ambulance  
 10 personnel?  
 11 A. Yes.  
 12 Q. Thank you, Mr Parry.  
 13 I asked you before lunch about the MIMMS and the  
 14 requirement of MIMMS, but also how that fitted with the  
 15 emergency and contingency plan that you had provided to  
 16 SMG but had also drafted by reference to the applicable  
 17 guidance for your Emergency Training UK staff.  
 18 A. Yes.  
 19 Q. I'm going to ask you to look at the document, please,  
 20 behind your tab 25. Mr Lopez, it's {INQ024430/1},  
 21 please.  
 22 Mr Parry, was this the relevant and applicable  
 23 emergency and contingency plan that would have applied  
 24 on 22 May 2017?  
 25 A. It is, yes.

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1 Q. Can you assist us as to when you -- this policy would  
 2 have been drafted, please?  
 3 A. Without referring to the production date on my computer,  
 4 no. We're looking at about 2006/2007, during the tender  
 5 process, maybe a little bit later. The document itself  
 6 isn't dated.  
 7 Q. Because I was going to ask you, because it seems to be  
 8 a document that would have pre-dated the change in MIMMS  
 9 when you could no longer hold your qualification. So if  
 10 it was a document authored from 2006 and 2007, to what  
 11 extent did you look to revise and update your policy  
 12 relating to emergency and contingency plans as guidance  
 13 changed, but also threat levels changed also, to  
 14 consider those factors in the relevant policy?  
 15 A. There aren't many guidance changes in major emergency  
 16 medical -- major medical emergency, but we did, on our  
 17 staff hub, put the guidance for terrorist attacks and  
 18 warnings and anything updated from the government would  
 19 be on the hub.  
 20 Q. So would it be an accurate summary of your answer that  
 21 when this emergency and contingency plan was drafted, in  
 22 reality it was not updated for a number of years?  
 23 A. Yes. It covers more or less everything (inaudible:  
 24 distorted) covered for years ahead anyway.  
 25 Q. Could you assist as to how your staff were trained in

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1 respect of your emergency and contingency plan document?  
 2 A. They were given basic training in it. They would come  
 3 in and they'd do a tabletop exercise and have to decide  
 4 where they were going to allocate resources and what  
 5 jobs people would be given and an outline of what roles  
 6 people would be given. That's in theory. In reality,  
 7 none of them would ever be allocated to my staff.  
 8 Q. Sorry, I don't quite understand that answer. What do  
 9 you mean by in reality none would ever be allocated to  
 10 your staff?  
 11 A. Well, they might be for a few minutes until the  
 12 Ambulance Service turn up, but as we've already  
 13 discussed, I wouldn't allocate major incident staff  
 14 because a major incident hasn't been declared yet by the  
 15 Ambulance Service. If they were on site declaring it,  
 16 they would be allocating their staff.  
 17 Q. We'll look at this document together. From the answer  
 18 you have just given, are you relating this back to the  
 19 conversation you've described when you were told by  
 20 somebody from NNAS that a private medical provider could  
 21 not give a METHANE message?  
 22 A. Yes, absolutely.  
 23 Q. Let's just look then through the document together.  
 24 We can see by way of major emergency on page 1, it  
 25 records:

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1 "In the event of a major medical emergency Medic 1,  
 2 having completed an internationally recognised major  
 3 incident training course, will assume overall control  
 4 until the arrival of the statutory emergency services."  
 5 A. Yes.  
 6 Q. So in terms of that being stated within the policy,  
 7 do you accept that that was what was intended to happen  
 8 in practice, that Medic 1 would be the person having  
 9 overall control?  
 10 A. That is exactly what happened on the night of May the  
 11 17th (sic). However, the crossover point at the arrival  
 12 of the emergency service is vague, to give it the best  
 13 description.  
 14 Q. Mr Parry, can I ask, when you weren't able any more to  
 15 hold a qualification in MIMMS, whether you gave any  
 16 consideration to updating your policy to reflect that  
 17 factor?  
 18 A. No, because it's the MIMMS training that's the important  
 19 thing and the ability to do what you do and knowing what  
 20 you've got to do. That didn't change in any way, shape  
 21 or form.  
 22 Q. We can see a little bit further below that, it records:  
 23 "In a major emergency, injured persons will be moved  
 24 to a designated casualty area. Due to the design of the  
 25 building this would be decided by dynamic risk

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1 assessment following any incident as it is impossible to  
 2 plan for every eventuality, although it is likely that  
 3 the total area of the venue would be considered the hot  
 4 or bronze area. In these situations, the statutory  
 5 services would likely set up on surrounding roads and/or  
 6 buildings."  
 7 And then:  
 8 "(1) Marshalling areas and any suitable areas as  
 9 designated by the statutory emergency services."  
 10 So when this was drafted and placed in the policy,  
 11 and you're referring to zones of hot and bronze, what  
 12 sources of information were you relying upon to  
 13 reference zonings and in particular what would be  
 14 classed as a hot zone?  
 15 A. The hot zone would be the immediate area. It would be  
 16 City Square in the case of this attack. And it's one of  
 17 those -- yes, it was drafted and it was drafted and  
 18 typed up before we realised that we would have no input  
 19 into it whatsoever.  
 20 SIR JOHN SAUNDERS: Mr Parry, I'm really sorry, just help me  
 21 for a moment. Forgetting for a moment about policy  
 22 documents and things like that, no one, I am sure, would  
 23 expect any first aiders or people on site to be able to  
 24 deal with all the injuries which occurred in an  
 25 appalling attack like this, so hopefully we're being

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1 realistic about that. But what would be expected  
 2 perhaps is to have people who were able to get on the  
 3 scene immediately and do something to assist with  
 4 life-threatening injuries and have the training to do  
 5 that.  
 6 Let's forget about declaring a major incident.  
 7 There are people on the ground who need some sort of  
 8 treatment. So would you agree that that is what would  
 9 be expected of your company in carrying out the job that  
 10 you were carrying out?  
 11 A. I would agree completely, and that is exactly what  
 12 happened. I went out there straightaway, I was --  
 13 SIR JOHN SAUNDERS: I'm going to stop you. We will come to  
 14 what you did on the night. Okay? So absolutely, that  
 15 will be dealt with, but at the moment I'm just dealing  
 16 with the principle of what you'd expect to deal with.  
 17 So getting tied down with whether you could do a METHANE  
 18 message or a major incident, I know you're being asked  
 19 the questions, but actually the reality of what was  
 20 expected of you was to provide people who had the  
 21 capacity to deal with, in the first instance,  
 22 life-threatening injuries and do what they could to  
 23 preserve life and I think you agree with that, don't  
 24 you?  
 25 A. Yes, absolutely, and all the staff went and did that,

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1 yes.  
 2 SIR JOHN SAUNDERS: Okay, thank you, Mr Parry.  
 3 MS CARTWRIGHT: Please don't think I'm not going to be  
 4 dealing with what happened on 22 May and the involvement  
 5 of your staff. What I'm seeking to understand at the  
 6 moment is how the plan that was in place for -- the  
 7 emergency and contingency plan was trained to your staff  
 8 and how it was envisaged it would operate in practice  
 9 at the time. So at the moment I'm seeking to deal with  
 10 how this was intended to operate to see if you can  
 11 assist us with then what happened on the night itself.  
 12 A. It would have been intended to carry out exactly what's  
 13 in this document, but in reality, in the real world, the  
 14 staff immediately got busy with doing the job the  
 15 chairman has just pointed out and the allocation of  
 16 roles just didn't happen. They were busy doing more  
 17 important things. And communication was an absolute  
 18 nightmare on the night, which led to a lot of it falling  
 19 apart as well.  
 20 Q. Can we turn over the page {INQ024430/2}, please,  
 21 Mr Parry. We can see that the plan that was drafted by  
 22 yourself envisaged a number of categories of major  
 23 incident which included reference to an explosion at  
 24 (3), but also at (5), "Wilful terrorist /criminal act".  
 25 We can see then that the plan envisaged a response,

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1 and I just want to turn to what had been indicated  
 2 in the plan as to what would happen in the eventuality  
 3 of one of those incidents categorised as a major  
 4 incident occurring.  
 5 So if we turn over the page again, please,  
 6 {INQ024430/3}, we can see under "Generic major medical  
 7 incident plan" it records the following:  
 8 "Senior venue management, senior security staff and  
 9 Medic 1 to set up in designated command and control  
 10 point and liaise as to type and location of incident on  
 11 a dedicated radio channel. A quick estimation of  
 12 casualty numbers should be done at this stage."  
 13 Again, in terms of this generic major medical  
 14 incident plan, was that still the position in place as  
 15 of the night of 22 May 2017?  
 16 A. It was the position in place, yes.  
 17 Q. Again in terms of the training to the staff and, in  
 18 particular, the staff on the night, would they have  
 19 known that the plan envisaged a designated command and  
 20 control point to be set up by Medic 1?  
 21 A. They would have done, but in the heat of a real-life  
 22 situation, none of it happened. For want of a better  
 23 word, the whole system fell apart that night.  
 24 Q. We can see then at point 2 that it was envisaged that  
 25 Medic 2 would have a role to play in terms of

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1 a rendezvous point, a roll call of team members and  
 2 standby for further instructions. But also, that once  
 3 a major medical incident had been identified, Medic 1  
 4 would notify NNAS and assume overall control until the  
 5 arrival of the first unit.  
 6 A. Yes.  
 7 Q. Again, in terms of the plan, Mr Parry, would that have  
 8 envisaged that an essential and an important step to  
 9 take place in the event of an incident such as  
 10 a terrorist attack or an explosion, that there was a key  
 11 role for Medic 1 to call NNAS and update them with the  
 12 information that they had from on scene?  
 13 A. Absolutely. Medic 1 would have notified NNAS. Again,  
 14 in reality, chances of getting through on the phone  
 15 system are nil. And my role as Medic 1, although  
 16 well-known to venue management, was dismissed when I was  
 17 told to get out into City Square and help the injured.  
 18 Q. We'll come on to see what happened in reality on the  
 19 night. Can I ask you this, you have referred on  
 20 a number of occasions to City Square. What do you  
 21 intend to mean by what the area was that was  
 22 City Square?  
 23 A. City Square to me is the area outside City Room doors  
 24 leading to the stairs down to the railway station.  
 25 Q. Thank you. If we again, working through this document,

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1 we can see at 4:  
 2 "Medic 1 will designate a responsible person to  
 3 assume duties of radio controller for the incident.  
 4 Medic 1 will liaise with Medic 2 to allocate roles  
 5 including safety officer, forward incident officer, and  
 6 medical teams."  
 7 Is that right?  
 8 A. It is, yes.  
 9 SIR JOHN SAUNDERS: Can I short circuit this, if it's  
 10 possible? This is your scheme as set out. Did you  
 11 train people on that scheme?  
 12 A. Everybody would have known their roles had they have  
 13 taken place. They didn't take place on the night.  
 14 SIR JOHN SAUNDERS: Okay. So it was all planned to act like  
 15 that, but in fact when it came to it, that plan wasn't  
 16 followed and everyone just did what they could to help  
 17 people who were injured on the night? Is that right?  
 18 A. Under instructions from myself and Ryan and  
 19 Liz Woodcock, the rest of the team were allocated roles.  
 20 SIR JOHN SAUNDERS: Okay, right, thank you.  
 21 MS CARTWRIGHT: Sir, I won't continue to go through each of  
 22 the bullet points, you have it there and you've heard  
 23 Mr Parry's answer to that.  
 24 SIR JOHN SAUNDERS: I have. What were the roles you say  
 25 other people were given?

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1 A. To assess all the casualties they could manage and deal  
 2 with what injuries they could deal with.  
 3 SIR JOHN SAUNDERS: Okay, right.  
 4 MS CARTWRIGHT: We'll come to deal with that, sir, because  
 5 I am going to look a little more about the description  
 6 in the ---  
 7 SIR JOHN SAUNDERS: So anyone who wants to go into that in  
 8 more detail can, but basically it's a plan, we are told  
 9 they knew what they had to do under the plan, but in  
 10 fact it wasn't followed on the night.  
 11 MS CARTWRIGHT: Thank you. Can we go over the page,  
 12 Mr Lopez, to {INQ024430/4}. We can see also this flow  
 13 chart that was included within the contingency plan.  
 14 Mr Parry, I hear what you have said about the  
 15 declaration of a major incident and a METHANE, but this  
 16 flow chart still records:  
 17 "Major medical incident declared/standby. Medic 1  
 18 to contact NNAS with METHANE message."  
 19 So in terms of the evidence you have given about  
 20 a meeting where you were told that a private medical  
 21 provider could not provide METHANE information to North  
 22 West Ambulance Service, if that was the position why did  
 23 you not change your policy to reflect what you'd been  
 24 told about Medic 1 providing METHANE messages?  
 25 A. Because I had undertaken an internationally recognised

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1 major incident medical emergency course. You don't just  
 2 change the flow chart because one Ambulance Service  
 3 decides that they're not going to play by the rules. In  
 4 North Wales, they played by the rules, so the flow chart  
 5 would have worked. It's as simple as --- how would you  
 6 change it? Just, we'll go out there and we'll look  
 7 after the people and we'll just wait for the Ambulance  
 8 Service to turn up? Which is ostensibly what happened.  
 9 Q. What I'm seeking to try and understand is you have said  
 10 words to the effect that that you'd been instructed  
 11 a METHANE message couldn't be given, but leaving aside a  
 12 METHANE message, would you accept that you still, even  
 13 if it's not classified as a METHANE, had a role to give  
 14 relevant information that you on scene and on site --- to  
 15 NNAS? That would be an important role that you would  
 16 have, to pass that information on?  
 17 A. I wouldn't disagree with that philosophy. But had you  
 18 been there on the night and tried to get through on  
 19 a phone, there wasn't a system in place to provide that  
 20 information to NNAS.  
 21 Q. Mr Parry, we'll come on to deal with that, but what  
 22 I want to understand is whether in giving the evidence  
 23 you have given around a METHANE message, whether that  
 24 affected you thinking that you no role to play by way of  
 25 making a call to North West Ambulance Service?

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1 A. No, not at all. And without going on too much about  
2 what happened on the night, I was sent out there to look  
3 after the patients. The idea of a METHANE message just  
4 went out the window. The system fell apart.

5 Q. Perhaps, Mr Parry, we'll deal with it in more detail  
6 when we come to deal with what you did do on 22 May, but  
7 just for complete clarity, did you make any call to  
8 North West Ambulance Service on 22 May 2017?

9 A. No, I was busy doing what I was told to do and couldn't  
10 have got through anyway, probably.

11 Q. Over the page to {INQ024430/5}, please. We can see  
12 roles and responsibilities and I'm not going to go  
13 through each of those that document what's recorded  
14 there. Again, in terms of what the policy recorded,  
15 this was what was intended to be put into action on the  
16 night; is that correct?

17 A. Yes, in a perfect world that's what would have happened,  
18 yes.

19 Q. Can I ask you then, moving over the page to  
20 {INQ024430/6}, there is a plan that was intended for --  
21 if we first of all look at explosion, what the plan  
22 records is that:  
23 "In the interests of safety of rescuers and others,  
24 absolutely no entry will be made into the primary area  
25 of this type of incident until agreed by the senior fire

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1 officer /police. Fire Brigade have absolute control of  
2 the forward aspect of this type of. Control of the  
3 overall scene is the responsibility of the police."

4 Then in red:  
5 "Consider withdrawing all medical personnel to  
6 a safe, secure location."

7 So Mr Parry, in terms of the plan and what was  
8 envisaged was that also trained to staff around what was  
9 intended to happen in the event of an explosion?

10 A. It was what was intended to happen.

11 SIR JOHN SAUNDERS: Mr Parry, can you tell me where you get  
12 this from?

13 A. This is more or less -- well, if I remember rightly,  
14 this is a document that I was, shall we say, given from  
15 the original GMAS, a risk assessment officer from GMAS.  
16 It's more or less a perfect copy of their document of  
17 the time when it was produced.

18 SIR JOHN SAUNDERS: Right. Thank you. It is the same  
19 information as given elsewhere that only the Fire  
20 Service can say people can go into a place where an  
21 explosion has taken place and I assume it must have come  
22 from a common source rather than you, as it were, making  
23 it up from scratch.

24 A. Yes, I didn't make it up. It came from GMAS, as it was  
25 at the time.

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1 SIR JOHN SAUNDERS: Okay, thank you.

2 MS CARTWRIGHT: Mr Parry, again, would the plan that was --  
3 how it was intended to operate in the event of an  
4 explosion is that there would be some liaison by the  
5 event medic with the Fire Service but also the police?

6 SIR JOHN SAUNDERS: They'd be lucky to liaise with the Fire  
7 Service until quite a lot later. That may have been the  
8 intention, but clearly that wasn't going to happen on  
9 the night.

10 A. Yes.

11 SIR JOHN SAUNDERS: In fact, the people who worked with you,  
12 assuming they'd read all that, would have been perfectly  
13 entitled to say, "We're not going in there"?

14 A. Absolutely, as would all emergency service personnel,  
15 but we all know it doesn't happen.

16 MS CARTWRIGHT: Can I just explore -- I hear what the  
17 learned chairman says around speaking to fire personnel  
18 at the scene, but would the plan envisage any form of  
19 contact by telephone by you to the Fire Service, bearing  
20 in mind the reference to them in the event of an  
21 explosion?

22 A. Not high on our list of priorities at the time. We'd  
23 been ordered out to look after the casualties, okay, and  
24 I believed that other people were making the phone calls  
25 if necessary, if they could get through.

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1 Q. Mr Parry, looking then down to what was provided for for  
2 "wilful terrorist /criminal act", again we see a similar  
3 provision in the emergency plan as to what was the  
4 approach in terms of the involvement of the senior fire  
5 officer and the police before entry of the rescuers or  
6 others; is that correct?

7 A. Yes.

8 Q. Thank you, Mr Parry.  
9 Just whilst we're looking at guidance by way of  
10 emergency documentation that you had created in your  
11 role with ETUK, can we just look at a further guidance  
12 that you had issued and provided to staff behind your  
13 tab 7, please.  
14 Could we please display {INQ024429/1}.

15 SIR JOHN SAUNDERS: Okay, but it's perfectly apparent from  
16 what we've seen already that if the plan had been  
17 followed to the letter, no one from Emergency Training  
18 UK would have been in there at all.

19 MS CARTWRIGHT: We'll come on to deal with what happened.

20 SIR JOHN SAUNDERS: I know we will, but that appears to be,  
21 if you follow the plan, what would be the position.

22 MS CARTWRIGHT: Mr Parry, we can see a further guidance that  
23 you had drafted:  
24 "Staff guidance for times of emergency."  
25 A. Yes.

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1 Q. And could you assist us as to when you created this  
2 document, please?  
3 A. It would have been a date on the... It was... I think  
4 it was actually shortly before the attack, which  
5 I thought was a bit of a coincidence that I produced  
6 this and then we had the arena attack shortly  
7 afterwards. It was because of the growing number of  
8 terrorist attacks.  
9 Q. So you're indicating this would have been a document  
10 created then in around 2017?  
11 A. Yes. Early 2017, probably.  
12 Q. Can I ask then as to what material you had regard to for  
13 the drafting of this staff guidance for times of  
14 emergency?  
15 A. Government guidelines, government websites, government  
16 advice on terrorist attacks.  
17 Q. Thank you. Can I ask you, had you considered the  
18 relevant JESIP material but also the JOPs that existed  
19 for marauding terrorist firearms attacks?  
20 A. The what, sorry?  
21 Q. The joint operating principles, JOPs, whether or not  
22 you'd had any regard to that document.  
23 A. Never even heard of them.  
24 SIR JOHN SAUNDERS: Would that be on the website, the  
25 government website?

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1 A. They may be, but you'd also expect them to be discussed  
2 at tabletop exercises, but again, the statutory  
3 emergency services don't tend to discuss a lot with the  
4 private sector.  
5 MS CARTWRIGHT: Mr Parry, just to explore that and the  
6 question that the learned chairman has just raised in  
7 respect of JOPs and knowledge of JOPs, it's right, isn't  
8 it, that you would attend multi-agency meetings that  
9 took place between SMG but also the blue light services?  
10 A. Yes, yes.  
11 Q. Could you assist, is it right that they would take place  
12 six-monthly?  
13 A. About six-monthly, yes. It was very random whether the  
14 Ambulance Service or the Fire Service attended. In  
15 fairness, BTP and GMP attended quite regularly, but the  
16 other two tended not to, and conversations about  
17 terrorist attacks weren't that frequent.  
18 Q. But would you have had -- you've indicated you'd never  
19 heard of them. Had you not heard anything in those  
20 multi-agency meetings that would indicate that there  
21 were guiding principles that assisted in respect of what  
22 would happen in the event of a marauding terrorist  
23 firearms attack?  
24 A. No. That's not the kind of thing that was discussed at  
25 multi-agency meetings. It was what concerts were coming

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1 up, what numbers there were, what traffic issues there  
2 might be, what crowd issues there might be, and that's  
3 it.  
4 Q. We can see in the document a marauding attack defined.  
5 What was causing that to be the headline for the  
6 guidance that you were giving to your staff about  
7 a marauding attack?  
8 A. I believe that was the London Bridge attack that  
9 triggered that one.  
10 SIR JOHN SAUNDERS: I think this is all the advice about  
11 keeping silent and secure and keeping out of the way,  
12 keeping your mobile phone off so it doesn't ring so you  
13 draw attention to people.  
14 A. Absolutely.  
15 MS CARTWRIGHT: That's correct. So again, Mr Parry, the  
16 guidance that you issued to your staff in event of  
17 a marauding attack was essentially the run and hide  
18 guidance; is that correct?  
19 A. Well, if they were in a situation of a marauding attack,  
20 that's exactly what they should do, hide. If it was an  
21 ongoing marauding attack, absolutely.  
22 Q. Thank you, Mr Parry.  
23 Before we move to deal with the events of 22 May,  
24 I just want to look at the description of the roles of  
25 the various categories of individuals that ETUK had. We

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1 know that for the Ariana Grande concert, there was just  
2 two EMTs and 12 first aiders that were provided for that  
3 event.  
4 A. Yes.  
5 SIR JOHN SAUNDERS: Tell us what EMT stands for again, will  
6 you?  
7 MS CARTWRIGHT: Emergency medical technician.  
8 SIR JOHN SAUNDERS: Thank you.  
9 MS CARTWRIGHT: Mr Parry, I want to just look at how you  
10 describe the role, please, of those various individuals  
11 within the various documents created by ETUK.  
12 First of all, in terms of an emergency medical  
13 technician, please could we display -- and, Mr Parry, if  
14 you can be finding that document, please, whilst we look  
15 at that, your tab 11, please, and page 50 within that.  
16 Mr Lopez, then please if you could display  
17 {INQ040492/50}.  
18 Have you found that page, Mr Parry?  
19 A. I've got it, yes.  
20 Q. Thank you. So this is the description of an emergency  
21 medical technician and it's right, isn't it, as well as  
22 basic, there was a categorisation for an advanced  
23 emergency medical technician?  
24 A. Yes.  
25 Q. So if we just work through what an EMT's envisaged

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1 competences were as described by the Emergency Training  
 2 UK document:  
 3 "All first aid duties plus the following additional  
 4 skills . Extra airway management skills including use of  
 5 basic airway adjuncts. Administration of medical gases  
 6 (oxygen and analgesic pain-relieving gas)."  
 7 Pausing there, Mr Parry, the role on the night of  
 8 22 May of the EMTs, was it of the basic category or the  
 9 advanced category that was envisaged?  
 10 A. Just bear with me a second because I've got a different  
 11 description of emergency medical technician. Page 50,  
 12 yes. There would be an EMT A and an EMT B.  
 13 Q. So the EMT A being the advanced and so EMT B is the  
 14 basic?  
 15 A. Yes.  
 16 Q. So just to be clear as we're working through this, on  
 17 the night of the arena attack you were EMT 1, is that  
 18 right, as the advanced EMT?  
 19 A. I'd be an EMT B on the night of the attack because  
 20 Ryan Billington would have been EMT A.  
 21 Q. So this description of the roles of the EMT B, that is  
 22 intended to characterise what you were doing on the  
 23 night; is that correct?  
 24 A. Yes.  
 25 Q. So in terms of what you were able to --- is it right that

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1 you had the ability to do extra airway management and  
 2 also use of basic airway adjuncts?  
 3 A. Yes.  
 4 Q. We can see then at the second bullet point I read  
 5 a moment ago, in terms of administration of medical  
 6 gases, oxygen and analgesic pain-relieving gas.  
 7 A. Yes.  
 8 Q. Were both oxygen and analgesic pain-relieving gas  
 9 available at the arena on 22 May 2017?  
 10 A. Well, they were available in various locations. Again,  
 11 without going into the specifics of what happened on the  
 12 night, we couldn't get to a lot of them.  
 13 Q. But in terms of the principle, they were available?  
 14 A. Yes.  
 15 Q. But secondly, were you able to administer both oxygen  
 16 and analgesic gas?  
 17 A. You would have been able to, yes.  
 18 Q. But in particular you, Mr Parry: would you have been  
 19 able to administer both oxygen and the gas?  
 20 A. Yes.  
 21 Q. Then we see the next bullet point:  
 22 "Use of automated external defibrillator ."  
 23 A. Yes.  
 24 Q. "Spinal immobilisation."  
 25 And again, at the relevant time would you have had

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1 the appropriate training and qualification to both use  
 2 an AED but also to perform spinal immobilisation?  
 3 A. Yes.  
 4 SIR JOHN SAUNDERS: I'm going to short circuit this slightly  
 5 if you don't mind because time, as always, is limited .  
 6 Can you read through that list, Mr Parry, and tell us  
 7 whether you had the ability to do all those things as  
 8 set out in the list ?  
 9 A. I can indeed and yes, I would have been able to perform  
 10 all of those.  
 11 SIR JOHN SAUNDERS: Is there anything more on this list over  
 12 the page?  
 13 MS CARTWRIGHT: No, that's it, sir.  
 14 SIR JOHN SAUNDERS: What seems to be missing in terms of  
 15 what was relevant on the night is that there doesn't  
 16 seem to be anything to do with having the ability to  
 17 stem blood flow.  
 18 A. I think that's probably because that's an expected part  
 19 of that job anyway. It's like saying a first aider can  
 20 put a plaster on.  
 21 SIR JOHN SAUNDERS: I don't think it's a case of putting  
 22 a plaster on in this particular situation . We're  
 23 talking about someone bleeding out and likely to die as  
 24 a result of it . It doesn't seem to have anything about  
 25 that in there.

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1 A. It's trauma management, yes. Yes.  
 2 SIR JOHN SAUNDERS: You had the ability, did you, to stem  
 3 extensive, life-threatening bleeding?  
 4 A. Yes. And I would say it's all first aid duties, plus  
 5 the following skills . It would come under the all  
 6 first aid duties, even severe bleeding.  
 7 SIR JOHN SAUNDERS: Can you tell us what techniques you were  
 8 able to use to stem life-threatening bleeding?  
 9 A. At the time, some of us were carrying tourniquets, those  
 10 who were allowed to use them. Standard dressings.  
 11 At the time there weren't a great deal of specialist  
 12 dressings for that.  
 13 SIR JOHN SAUNDERS: Okay. So in your particular case are  
 14 you familiar with putting on tourniquets, using  
 15 tourniquets?  
 16 A. Yes, I would have been able to use a tourniquet, yes.  
 17 SIR JOHN SAUNDERS: Did you have a specific tourniquet,  
 18 a special tourniquet equipment, or would you be using an  
 19 improvised tourniquet?  
 20 A. We would use improvised tourniquets. There were  
 21 specialist tourniquets in specific bags documented  
 22 around the arena in what we thought at the time was  
 23 strategic positions .  
 24 SIR JOHN SAUNDERS: So you had them at certain locations but  
 25 you couldn't access the locations; is that right?

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1 A. At the time, yes.  
 2 MS CARTWRIGHT: I'm going to come on to deal with that.  
 3 Mr Parry, just going over the page {INQ040492/51},  
 4 we can see there was a certificate of competence that  
 5 was envisaged for EMT basic, which includes  
 6 a description of various matters. Can I ask you, in  
 7 terms of certificate of competence, would you issue  
 8 a certificate of competence to EMTs at ETUK?  
 9 A. Yes, absolutely, once they completed the relevant  
 10 training and passed the element of -- what's the word  
 11 I'm looking for? -- assessment, then yes.  
 12 Q. We can see also that -- a matter that is recorded on  
 13 what was envisaged by way of the competencies for an EMT  
 14 were hypovolaemic shock and cardiogenic shock.  
 15 A. Yes.  
 16 Q. Again --  
 17 A. Anything (overspeaking) you'd not put in the bullet  
 18 points on the previous page.  
 19 Q. Again, in terms of on 22 May 2017, you believed that --  
 20 did you believe that you were competent to identify  
 21 hypovolaemic shock and cardiogenic shock?  
 22 A. Yes.  
 23 Q. And also to respond to the necessary treatment for that?  
 24 A. Yes.  
 25 Q. If we could turn over the page to {INQ040492/52}, we can

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1 see there the description of the EMT advanced and again  
 2 applying the same approach the chairman just indicated,  
 3 please take a moment to read all of the contents of that  
 4 page.  
 5 A. Yes, on the night Ryan Billington would have been the  
 6 one able to carry out all of those duties.  
 7 Q. Just so I'm clear, we can see one of those bullet points  
 8 is:  
 9 "Administration of prescription--only medication,  
 10 including cardiac drugs following ALS protocols issued  
 11 by Resuscitation Council UK."  
 12 Were there present at the arena, in terms of your  
 13 medical room or available to you, any prescription  
 14 medication?  
 15 A. Yes, we did carry some prescription cardiac drugs and  
 16 medication, yes.  
 17 Q. Can I just be clear as to what medication was available,  
 18 please, that would assist in treating the type of  
 19 injuries that we know -- that were -- were -- that  
 20 individuals had sustained on 22 May? Would you have had  
 21 available to you adrenaline?  
 22 A. Yes, we would have had adrenaline, yes.  
 23 Q. And you have indicated there would have been cardiac  
 24 drugs available. Can we just be clear as to which  
 25 cardiac drugs you say would have been available?

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1 A. I couldn't offhand because it's not my area of  
 2 expertise. That would be the responsibility of the  
 3 people who would be able to give them.  
 4 Q. And in terms of -- are you indicating that would then be  
 5 Mr Billington?  
 6 A. Yes.  
 7 Q. And just so I'm clear though because -- were there  
 8 prescription drugs then present at the arena?  
 9 I appreciate that you're indicating it had to be  
 10 individuals that were able to give them, but what would  
 11 have been available?  
 12 A. As I say, it's not my area of expertise. There's  
 13 a number of cardiac drugs and different drugs and Ryan  
 14 used to make sure he had his own kit with him.  
 15 Q. So are you describing -- this would be something  
 16 separate that Mr Billington would have brought with him  
 17 to the arena?  
 18 A. Yes.  
 19 SIR JOHN SAUNDERS: Can I assume that these -- let's leave  
 20 aside the cardiac drugs which Mr Billington would bring.  
 21 Any drugs you did have, non-prescription drugs to treat  
 22 people, although you had them in the building, you  
 23 weren't able to access them on the night?  
 24 A. Yes. Generally, they'd be downstairs in the first aid  
 25 room and we couldn't (inaudible: distorted).

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1 SIR JOHN SAUNDERS: And they never came up to the City Room?  
 2 A. No, we never -- by the time everything had been sorted  
 3 out, everything was on the platform belonging to NWAS.  
 4 MS CARTWRIGHT: Can I just be clear that that is the  
 5 position. We know Mr Billington was a student paramedic  
 6 at the time. Are you saying that he would have had  
 7 available to him prescribed medication?  
 8 A. Yes, he would have done. Ryan, wonderful bloke, took  
 9 the responsibility of making out lists of major stuff  
 10 I needed to order as a company from drug suppliers.  
 11 Q. Can we then move to look at the guidance sheet that was  
 12 available for MIMMS trained personnel, please, which is  
 13 at {INQ040492/54}. Again, please take a moment to  
 14 refresh your memory from the document you created for  
 15 MIMMS trained personnel.  
 16 A. (Pause). Yes, the ability would be there to do all of  
 17 those.  
 18 Q. By whom, Mr Parry?  
 19 A. It would have been me on the night.  
 20 Q. You can see that the MIMMS--trained personnel identifies  
 21 that:  
 22 "Major incident trained staff will hold a MIMMS  
 23 qualification or equivalent."  
 24 A. Equivalent, okay? MIMMS--trained staff -- as I said  
 25 before, the private sector can't do it any more. The

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1 important word in MIMMS is major incident trained staff.  
 2 And I think, going backwards in time, there was an  
 3 element of: why do the training if you're not going to  
 4 be allowed to use it? But you still have the skills .  
 5 And not wanting to take anything away from anybody, the  
 6 skills were still practised on the night.  
 7 Q. Mr Parry, then can we move please to look at the  
 8 description for the first aider. {INQ040492/48}.  
 9 If you want to take a moment to refresh your memory,  
 10 please, Mr Parry, at page 48 --  
 11 A. Yes.  
 12 Q. -- of the description for a first aider.  
 13 A. (Pause). Yes, all the first aiders on site that evening  
 14 would have been able to carry out all of those skills .  
 15 Q. So looking at the point 2:  
 16 "Provides initial management of airway, breathing,  
 17 circulation and control of bleeding."  
 18 What training had the first aid staff had about the  
 19 controlling of bleeding and the application of  
 20 tourniquets?  
 21 A. First aiders will not -- at the time will not have been  
 22 taught anything to do with tourniquets. It was removed  
 23 from the first aid syllabus years ago because the  
 24 Ambulance Service argued that first aiders were putting  
 25 them on, not telling anybody, and it was causing more

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1 damage, so first aiders would not have applied  
 2 tourniquets.  
 3 Q. So just to be clear what the control of bleeding was  
 4 intended to indicate for a first aider, what then, if  
 5 it's not tourniquets, was that to cover?  
 6 A. It would be pressure over the wound or indirect pressure  
 7 on the artery above. In reality, some of the  
 8 first aiders working that night will have known how to  
 9 apply a tourniquet and will have put one on. They're  
 10 not supposed to have done, according to the rules, but  
 11 they will have put tourniquets on.  
 12 SIR JOHN SAUNDERS: I think we did hear from Mr Billington  
 13 that quite a lot of people actually didn't have the  
 14 ability to do that or the skills to deal with that sort  
 15 of situation, and you'd agree with that, that they  
 16 didn't have the skills to control extreme bleeding, the  
 17 sort of bleeding which would have required a tourniquet?  
 18 A. I mean, it... They should have been having passed their  
 19 first aid course. Yes, it was extreme bleeding, they  
 20 will have had the skills to deal with it, it's whether  
 21 psychologically they were capable of dealing with it, if  
 22 that makes any sense.  
 23 SIR JOHN SAUNDERS: Help me, Mr Parry: am I right in  
 24 thinking there are some forms or some extent of bleeding  
 25 which actually cannot be dealt with simply by pressure

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1 but would require a tourniquet to actually stem the  
 2 bleeding properly?  
 3 A. Yes, there are (overspeaking) --  
 4 SIR JOHN SAUNDERS: First aiders, for the reasons you have  
 5 given us, wouldn't be able to do that, to apply  
 6 a tourniquet?  
 7 A. Yes, it would be fair to say that some of them wouldn't  
 8 have been allowed to -- they wouldn't have been taught  
 9 it and wouldn't have maybe not known how to. Obviously,  
 10 depending on their job roles, would have done it  
 11 automatically, improvising.  
 12 SIR JOHN SAUNDERS: Okay. But would you agree it would be  
 13 advisable for any first aider in any situation who had  
 14 the ability to do that, never mind about the reasons why  
 15 they didn't, I understand what you're saying about that,  
 16 but would you agree that they ought to have that sort of  
 17 ability?  
 18 A. I would agree immensely they that ought to. The  
 19 argument was that they were forgetting to tell people  
 20 a tourniquet was on, they were left on too long and  
 21 causing too much damage.  
 22 SIR JOHN SAUNDERS: From the evidence we've heard that seems  
 23 to be perhaps a rather old-fashioned approach.  
 24 A. Yes. But again, at the time, it was the legality of it.  
 25 SIR JOHN SAUNDERS: Okay, thank you.

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1 MS CARTWRIGHT: Mr Parry, is it your evidence that all of  
 2 the first aiders on 22 May 2017 could have discharged  
 3 every aspect of the bullet points that we see there?  
 4 A. Yes.  
 5 Q. Could we go over the page, please, to {INQ040492/49},  
 6 where we see the description for an advanced  
 7 first aider. We can see that 12 first aiders were to be  
 8 provided to the Ariana Grande event. When does the  
 9 advanced first aider considerations come into play?  
 10 A. Within the arena, it didn't really, because a lot of the  
 11 staff were trained in oxygen and defibrillator anyway.  
 12 The advanced first aider was an option given to other  
 13 clients who might want to pay a little bit more for  
 14 somebody other than a first aider, if you see what  
 15 I mean. It is somebody with a few extended skills.  
 16 Q. I'm going to ask just to look at another document that  
 17 helps us with a description of the roles of Medic 1.  
 18 Please then, Mr Lopez, if that could be taken down.  
 19 It's your tab 8, Mr Parry, which is a document within  
 20 the induction given to staff and it's page 6, please, of  
 21 that {INQ032077/6}.  
 22 A. Yes, got that.  
 23 Q. Mr Parry, we see the role of the Medic 1 there, and  
 24 again applying the same approach to the role of the  
 25 Medic 1, were all of those bullet points applicable on

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1 the night of 22 May 2017 in the role that you were  
 2 performing?  
 3 A. Yes. Absolutely, yes.  
 4 Q. Thank you. So can you assist us then as to, just in  
 5 your own words, what the role of Medic 2 was, please,  
 6 and how they operated with Medic 1?  
 7 A. Medic 2 was to liaise with Medic 1. Medic 2's role  
 8 generally was to allocate staff to their positions, move  
 9 them round during the night, allocate breaks, general  
 10 welfare of them and just general overseeing of the  
 11 running of the show without that step up to Medic 1  
 12 being in charge if that makes sense.  
 13 Q. Thank you. In terms of Medic 2, was Medic 2 ever  
 14 intended to be an EMT as well at an event or could they  
 15 be just a first aider?  
 16 A. Their background role could be anything. There had been  
 17 occasions while I was training, I was Medic 2 and an EMT  
 18 and somebody else was Medic 1.  
 19 Q. Thank you. Again, just in terms of as a general  
 20 position as to how the role of the EMTs and Medic 1 and  
 21 2 and the number of first aiders, there's some  
 22 description you've already given when answering  
 23 questioning about DBS that you would pair up medics and  
 24 first aiders, so just assist us as to how the general  
 25 framework of the system would operate in terms of

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1 pairing up individuals to work together at any event.  
 2 A. Medic 2 would decide that. You could have two  
 3 experienced staff together, you could have a very  
 4 experienced member of staff with a new member of staff.  
 5 It varied from show to show but there was always a good  
 6 mix of skills and experience within the pairs.  
 7 Q. I want to deal now, please, with the provision of  
 8 medical equipment and facilities that was intended for  
 9 your responsibility under the contract but also in the  
 10 documentation we see in the tendering process. If you  
 11 could again turn behind your tab 11 and we'll start  
 12 looking at this at {INQ040492/28}. It's the bottom of  
 13 the page under "Medical facilities".  
 14 I'm just using this to identify that under the  
 15 medical facilities aspect of what was identified as  
 16 required by the tender and then by the contract --  
 17 if we move over the page to {INQ040492/29}, please.  
 18 We can see various bullet points about what was  
 19 required. If you take a moment to refresh your memory  
 20 from those bullet points, Mr Parry, I then want to ask  
 21 you about the provision of adequate first aid and  
 22 medical equipment, please.  
 23 SIR JOHN SAUNDERS: Whose responsibility is it? I'm afraid  
 24 I've missed that.  
 25 MS CARTWRIGHT: Sir, I think it's addressed in the contract

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1 and it was addressed by Mr Allen's additional witness  
 2 statement.  
 3 SIR JOHN SAUNDERS: Can we go to the page before? Just go  
 4 back a page, please, just for a moment. {INQ040492/28}.  
 5 It's "the venue will provide", so it's SMG, thank you.  
 6 Go back now to {INQ040492/29}, thank you.  
 7 A. (Pause). Yes, that list seems fair enough.  
 8 MS CARTWRIGHT: So can you assist us as to how you would  
 9 liaise and inform the arena about what was required by  
 10 way of adequate first aid equipment for someone who is  
 11 the event medical provider for events that can have  
 12 large scale attendees but also factoring in the analysis  
 13 that you were doing in light of the attacks that had  
 14 happened in 2017? So we can see there's reference to  
 15 resuscitation equipment and defibrillators. Can you  
 16 assist us as to how many defibrillators were available  
 17 in the arena on 22 May 2017?  
 18 A. Available to the arena on 22 May, there'd have been four  
 19 defibrillators.  
 20 Q. Where were those defibrillators located?  
 21 A. One would be in the first aid room. One would be  
 22 actually the arena's AED, which is always made available  
 23 for an event, in their control room. Another one would  
 24 be with their production team. And there'd be one in my  
 25 vehicle, which was parked in the backyard. But during

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1 an event, one of the defibrillators at least would be  
 2 moved with a stretcher or one of the examination couches  
 3 to a strategic position.  
 4 Q. So you're describing four defibrillators but one of  
 5 those you've identified was in your vehicle?  
 6 A. Yes.  
 7 Q. So when we come on to deal with the events of  
 8 22 May 2017, at any point was that fourth defibrillator  
 9 taken out of your vehicle and used?  
 10 A. No. No, because we couldn't get anywhere near it and  
 11 there was a plethora of AEDs came from the station and  
 12 BTP, which were closer to City Square than the ones we  
 13 had positioned.  
 14 Q. Mr Parry, can I ask you then in terms of there being  
 15 three defibrillators essentially in the arena itself,  
 16 one being in your vehicle in a parking area, did you  
 17 consider that three defibrillators for concerts where  
 18 14,000 attendees could be there was an adequate number  
 19 of available defibrillators?  
 20 A. Absolutely, yes.  
 21 Q. We've already mentioned about the tourniquets to stem  
 22 bleeding and we've heard some evidence from  
 23 Mr Billington which suggested that he brought two  
 24 tourniquets that he would have in his bag, but his  
 25 evidence was that there were only two other tourniquets

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1 that would be present in the medical equipment room, the  
 2 first aid room. Is Mr Billington correct about there  
 3 being two tourniquets available?  
 4 A. He could be right about the numbers, yes, but as we  
 5 said, tourniquets are something that first aiders don't  
 6 use, and where do you draw the line? You could have  
 7 14,000 tourniquets. That's never going to happen, but  
 8 you supply equipment based on the risk assessment of how  
 9 often it's going to be used and in what numbers. And  
 10 in the aftermath of a terrorist attack, yes, those  
 11 numbers might be low, and training of the staff to use  
 12 them might be low. It's sad, but it's in the aftermath.  
 13 Q. Can I ask you then, so in terms of available and  
 14 provided by ETUK to SMG pursuant to the contract and the  
 15 provision of medical equipment or advice about available  
 16 medical equipment, is it your position that the  
 17 availability of two tourniquets would be characterised  
 18 as adequate provision of tourniquets for concerts where  
 19 14,000 individuals would be attending?  
 20 A. As I've said before, he may be right about the numbers.  
 21 I recall at least two in the cupboard in the first aid  
 22 room, at least one each in other bags, and whatever Ryan  
 23 and anybody else was carrying of their own at the time,  
 24 which still only makes half a dozen, but as I said  
 25 before, it's how many do you get? What basis do you

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1 work on?  
 2 Q. Can I then just ask, had you ever advised SMG in advance  
 3 of 22 May 2017 that it would be a very good idea to have  
 4 ordered and have available for use more tourniquets?  
 5 A. No, because I know what the answer would have been.  
 6 Q. And what do you say the answer would have been?  
 7 A. "We are not spending the money."  
 8 Q. And Mr Parry, can I understand, in terms of the  
 9 tourniquets that were available to ETUK, were any of  
 10 them what can be described as CAT tourniquets, so combat  
 11 application tourniquets?  
 12 A. I think a couple of them were, and a couple of them were  
 13 the normal tourniquets you'd use for taking blood or  
 14 stuff like that.  
 15 Q. So your evidence is you believe there was a couple of  
 16 normal tourniquets but a couple of CAT tourniquets?  
 17 A. Yes. I had a CAT tourniquet and unfortunately it stayed  
 18 in my pocket because I was doing other stuff and nobody  
 19 thought to come and ask me whether I had one, but that's  
 20 just human error.  
 21 Q. So Mr Parry, so I'm clear, when we come on to deal with  
 22 22 May and after the detonation, for the whole period of  
 23 time where you are moving within the City Room after the  
 24 detonation, you had available to you in your pocket  
 25 a combat application tourniquet?

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1 A. Yes. It's one of those things, I forgot about it,  
 2 because I'm busy doing other stuff. Rightly or wrongly,  
 3 I'll hold my hand up to that one, but nobody thought to  
 4 come and ask me.  
 5 Q. We'll perhaps come on to deal with what you did in the  
 6 City Room, but in terms of what you saw in the City Room  
 7 that night, Mr Parry, was there nothing that you saw in  
 8 the City Room that indicated a patient that required the  
 9 application of your combat application tourniquet?  
 10 A. No, because I was concentrating on the sad world of  
 11 choosing the ones that we couldn't do anything with.  
 12 Q. Remaining, please, on {INQ040492/29}, we see reference  
 13 to the availability of wheelchairs and medical  
 14 stretchers. We can see that there's reference to five  
 15 wheelchairs and four medical stretchers, and the inquiry  
 16 has heard some evidence from Miriam Stone already about  
 17 stretchers and availability of stretchers. What's your  
 18 evidence and recollection as to the availability of  
 19 stretchers on 22 May 2017, please?  
 20 A. On 22 May 2017, I think we had two left out of four that  
 21 were working.  
 22 Q. Sorry, two? I missed that.  
 23 SIR JOHN SAUNDERS: Two stretchers out of four which were  
 24 working.  
 25 A. Yes. The previous two had mechanical issues and were

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1 not safe to use and had been scrapped in the past.  
 2 SIR JOHN SAUNDERS: These were trolley-type stretchers, were  
 3 they, that you're talking about?  
 4 A. Yes, yes.  
 5 SIR JOHN SAUNDERS: It says evacuation chairs. Can you tell  
 6 me what an evacuation chair is?  
 7 A. It's the chair that folds up and then when you use it,  
 8 you unfold it, it sits like a deckchair, but on wheels.  
 9 SIR JOHN SAUNDERS: And how many of them were there?  
 10 A. At the time I believe we had two.  
 11 SIR JOHN SAUNDERS: Thank you.  
 12 MS CARTWRIGHT: Mr Parry, I think you give some  
 13 description — were there canvas stretchers as well that  
 14 were available?  
 15 A. There were a couple of — well, it was one plastic  
 16 furlough(?) stretcher in the first aid room in the  
 17 corner. It was one of those that we couldn't get access  
 18 to on the night, but there was only the one.  
 19 Q. Were there any available drag sheets at that time?  
 20 A. No.  
 21 Q. In terms of the advice again that you had provided to  
 22 SMG, had you ever engaged with SMG about procuring drag  
 23 sheets in the event of the sort of incident you'd  
 24 plainly had consideration to when you issued the  
 25 guidance to staff around major incidents or also the

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1 thought process given around MTFA?  
 2 A. No, it was something — I'll be honest, something that  
 3 never crossed my mind about how to move people because  
 4 in the real world you don't expect these things to  
 5 happen. I suppose I could have done and asked them  
 6 about drag sheets. But again, it would have been  
 7 accessing them on the night.  
 8 SIR JOHN SAUNDERS: Mr Parry, I'm slightly alarmed, if you  
 9 don't mind me saying so, about the answer you just gave,  
 10 that we don't expect these things to happen.  
 11 A. I know.  
 12 SIR JOHN SAUNDERS: Members of the public don't expect them  
 13 to happen, but as the person who's there providing the  
 14 medical assistance and attention, you might expect him  
 15 at least to foresee that it might happen.  
 16 A. Absolutely. But it's ...  
 17 SIR JOHN SAUNDERS: I'm sure (overspeaking) no one's  
 18 suggesting that you did, but the possibility that it  
 19 could happen surely would have been in your mind?  
 20 A. I can only apologise to the public for it. We did try  
 21 to force the issue with the stretchers to no avail. And  
 22 asking for any equipment over and above what we had was  
 23 always met with some form of resistance. So it got to  
 24 the point of don't bother asking. I have to hold my  
 25 hand up and say that's my fault.

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1 SIR JOHN SAUNDERS: Mr Parry, however you left the arena, if  
 2 you were going in an emergency as a medical emergency,  
 3 you would need to go up and downstairs, wouldn't you?  
 4 A. Yes.  
 5 Q. It doesn't sound to me like the sort of stretchers you  
 6 had were the most suitable for carrying people up and  
 7 downstairs, is that fair or not?  
 8 A. The evacuation chairs were for that purpose. On several  
 9 occasions we had exercises with the staff: you've got  
 10 a casualty in the block, are you going to carry them up  
 11 the stairs to the evac chairs or are you going to carry  
 12 them down the stairs to the stretchers? But it was the  
 13 evacuation chairs that took that job on board because  
 14 you could strap somebody into an evacuation chair; you  
 15 couldn't necessarily strap them into the drag sheet.  
 16 SIR JOHN SAUNDERS: So just remind me the number of  
 17 evacuation chairs again?  
 18 A. Two.  
 19 SIR JOHN SAUNDERS: Two, thank you.  
 20 MS CARTWRIGHT: Mr Parry, I paused before the learned  
 21 chairman asked you a further question about the answer  
 22 you gave about not expecting an incident such as the  
 23 arena attack occurred. Can I take you back to the MIMMS  
 24 document that we looked at together, {INQ040492/54}.  
 25 It's in the same bundle you're looking at, I'm just

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1 moving off the tender.  
 2 Again, it's not the clearest — are you at page 54,  
 3 Mr Parry?  
 4 A. Yes, I've got it.  
 5 Q. Again, you have told us that whilst you didn't have your  
 6 qualification from 2013, you'd been trained, and this  
 7 document itself makes absolutely clear the point the  
 8 chairman sought to ask you about. We can see in the  
 9 faint font that for a MIMMS-trained personnel, the  
 10 document that was created includes:  
 11 "A major incident can occur at any time, in any  
 12 place. Are you prepared for it?"  
 13 Can you see that, Mr Parry?  
 14 A. Yes. And I don't disagree with that sentiment.  
 15 Q. So then particularly in terms of stretchers and medical  
 16 equipment, how did you use your training that you'd had,  
 17 albeit latterly, and you weren't qualified at the time,  
 18 to inform that a major incident can occur at any time  
 19 and in any place and to be prepared for it, Mr Parry?  
 20 A. By taking part in desktop exercises and putting opinions  
 21 across. But in desktop exercises, medical was right at  
 22 the bottom of the pile. You'd spend 95% of the time  
 23 talking about police, security and traffic management.  
 24 So rightly or wrongly, yeah, I should be planning for  
 25 a major incident, but when it comes across that your

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1 role is right at the bottom of the pile ...  
 2 SIR JOHN SAUNDERS: Help me with this, Mr Parry: you have  
 3 indicated that you accept, to an extent anyway, that the  
 4 medical equipment you had available was insufficient,  
 5 but you said whenever you asked for something, the  
 6 answer would be, "No, it'll cost too much", or words to  
 7 that effect. I hope I'm correctly — is that the  
 8 essence of your evidence?  
 9 A. Absolutely, and it was generally, "We'll have to see  
 10 what's in this year's budget", and there never was.  
 11 SIR JOHN SAUNDERS: Can you give me any specific examples of  
 12 things that you have asked for which you were not given?  
 13 A. The biggest item was the stretchers. Most other stuff  
 14 we would provide, whether we took it in per event and  
 15 then took it back afterwards, and had brought it in for  
 16 each event. But the biggest issue was the stretchers.  
 17 SIR JOHN SAUNDERS: So you had been asking for stretchers,  
 18 had you?  
 19 A. Absolutely, and wheelchairs. There came a point when  
 20 they had that few wheelchairs we were lending them  
 21 wheelchairs for shows.  
 22 SIR JOHN SAUNDERS: Okay, thank you.  
 23 MS CARTWRIGHT: It was wheelchairs I was going to come to  
 24 next. I'm not going to take you back to {INQ040492/29},  
 25 but we can see there was reference to five wheelchairs.

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1 How many wheelchairs were available on 22 May 2017?  
 2 A. In the back room at the annex to the first aid room  
 3 there were probably three.  
 4 Q. Can you assist us as to how many wheelchairs then were  
 5 accessible and used on 22 May 2017?  
 6 A. There were none used upstairs, couldn't get at them.  
 7 I can't comment on how many were used downstairs.  
 8 I don't even know what went on downstairs in the  
 9 first aid room. But I'm told they were extremely busy  
 10 down there as well. So they could have all been used  
 11 out on Great Ducie Street or anywhere.  
 12 SIR JOHN SAUNDERS: Mr Parry, you have told us you had  
 13 various medical equipment which you weren't able to  
 14 access on the night. Could you not access it because of  
 15 the explosion or because where you weren't allowed to go  
 16 by the police? Perfectly reasonable, that's not  
 17 a criticism. Or was it that it would just take you so  
 18 long to get to the place and get back that you just  
 19 didn't think it was worth it?  
 20 A. We were denied access by the police for the majority of  
 21 the time.  
 22 SIR JOHN SAUNDERS: Thank you. I make it clear, I'm not  
 23 suggesting any criticism of the police to that effect,  
 24 they were closing off the arena bowl because of the fear  
 25 of there being other gunmen.

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1 MS CARTWRIGHT: Mr Parry, in terms of the location of the  
 2 first aid room, and I don't want specifics but just as  
 3 to how long it would take to get from where the  
 4 first aid room is located at the arena to the City Room,  
 5 how long would it take to walk from the City Room to the  
 6 first aid room?  
 7 A. A good 5 or 10 minutes. Completely opposite ends of the  
 8 building.  
 9 Q. So again, at any point in your advice or thought process  
 10 of planning for a major incident, did you ever give any  
 11 consideration about the need to store or have a location  
 12 nearer to the arena where materials and equipment were  
 13 stored in the event that a major incident occurred?  
 14 A. No, it was never discussed. It was discussed  
 15 straightaway afterwards and revised plans put in place,  
 16 but who was it said, "To fail to prepare is to prepare  
 17 to fail"? It was never discussed.  
 18 Q. Was it ever thought of by you as the medical provider  
 19 who had to think and put in place practicalities in the  
 20 event that an emergency or a major incident occurred?  
 21 A. No, not really, because the only place after the event  
 22 where new stretchers and new equipment had been stored  
 23 were in stairwells, fire escapes, and that was always  
 24 a no-no previous to that.  
 25 Q. I want to ask you also now about bandages. Did you have

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1 available to you haemostatic bandages?  
 2 A. We had some — a small number of... I forget what  
 3 they're called. The ones with the — Celox gauze. And  
 4 a small number of Israeli dressings. Again, not  
 5 accessible at the time, couldn't get in to get them,  
 6 again bad planning. But again, after the event, a load  
 7 were purchased.  
 8 Q. Just again, Mr Parry, looking at your thought processes  
 9 around adequate medical equipment being available, had  
 10 you ever said to the arena, and to SMG, that there  
 11 needed to be a large number of haemostatic bandages  
 12 purchased and available?  
 13 A. No, because the Israeli dressings in particular, £7 or  
 14 £8 a throw, and to suggest a large number of them,  
 15 in the event that something might happen, call it —  
 16 I've fallen into "I'm not even going to bother asking  
 17 the question" mode again. I knew what the answer was  
 18 going to be.  
 19 Q. Mr Parry, I want to move now to identify the various  
 20 staff that were on duty that night as first aiders and  
 21 EMTs. I notice that you're looking at your watch, but  
 22 I want to in particular just ask you questions first of  
 23 all and I think that probably will conclude what we can  
 24 achieve today about two of the staff that were part of  
 25 the team involved on 22 May of 2017.

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1 We know that one of the first aiders that was  
 2 working that night was Janet Donovan.  
 3 A. Yes.  
 4 Q. Is it right that Janet Donovan was an individual who was  
 5 a relative of yours?  
 6 A. She was indeed, yes.  
 7 Q. I think was she your — she had been your former  
 8 mother-in-law?  
 9 A. She was, yes.  
 10 Q. Then secondly, in terms of Liz Woodcock, who performed  
 11 the role, is it right, of Medic 2 on the night?  
 12 A. Yes.  
 13 Q. The witness statement that Elizabeth Woodcock has  
 14 provided suggests that she was a next-door neighbour to  
 15 you.  
 16 A. Used to be, yes. She was an ex next-door neighbour,  
 17 yes.  
 18 Q. And I think you also described that she had not gone  
 19 through the formal process of an online application, so  
 20 just in terms of — if we deal first of all with  
 21 Janet Donovan, had she gone through the proper  
 22 recruitment process in terms of providing relevant  
 23 training qualifications to you?  
 24 A. Yes. She had done a First Aid at Work course, herself  
 25 and Liz had done them, they'd done oxygen, defib. The

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1 reason they didn't go through the formal process is  
 2 because they were recruited by my lovely ex-wife.  
 3 Q. Is that Victoria Parry, who was the registered nurse?  
 4 A. Yes.  
 5 Q. So can I be clear about that because I asked you  
 6 questions earlier today about the role of Victoria Parry  
 7 as the registered nurse who was the director, and you  
 8 sought to indicate that she had didn't have a role to  
 9 play in ETUK. But you now seek to -- she didn't? Are  
 10 you saying now she had recruited her mother?  
 11 A. She had recruited her mum and her mate. That's not  
 12 a role.  
 13 Q. In terms of Janet Donovan and what happened  
 14 post-detonation, it's correct, isn't it, that she didn't  
 15 remain at the arena?  
 16 A. It is indeed, yes.  
 17 Q. And in fact, I think she left to drive home  
 18 Elizabeth Woodcock's daughter and friend who had  
 19 attended the concert; is that correct?  
 20 A. Yes.  
 21 Q. So can I ask, in terms of post-detonation and  
 22 Janet Donovan then as a first aider leaving, as to how  
 23 that came about?  
 24 A. I had no idea, I didn't find out until later on.  
 25 Apparently an agreement had been made between the two of

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1 them to get Liz's daughters home safely and out of  
 2 trouble. I didn't find out until some time later.  
 3 Q. But you didn't know about that --  
 4 A. No.  
 5 Q. -- at the time? So if we can then look, please, at the  
 6 email that was provided by the arena, it's in your  
 7 tab 15, please, {INQ001598/1}.  
 8 We simply see there on 17 May 2017, Miriam Stone  
 9 provides to you, "Sheet attached", for the Ariana Grande  
 10 medics, 22 May 2017.  
 11 A. Yes.  
 12 Q. And then in fact what was attached is then behind your  
 13 tab 16, please, {INQ001599/1}.  
 14 Mr Parry, a large amount of the information has been  
 15 redacted from this document. But is this what you  
 16 describe as the purchase order that you've referred to  
 17 within some of your evidence?  
 18 A. This would be a purchase order, yes.  
 19 Q. And so endorsed on the document was the number of  
 20 first aiders and EMTs?  
 21 A. Yes.  
 22 Q. And I just -- you won't see it because it's been  
 23 redacted, but again when that detail as to the number of  
 24 first aiders and EMTs is provided to you, have you had  
 25 an input before then in terms of the make-up of the

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1 team?  
 2 A. No, none at all. Not for 16 years.  
 3 Q. I think also included within the document would be the  
 4 number attending and it has been redacted but it's now  
 5 in the -- it's been addressed in the evidence as to how  
 6 many attended the concert that night. When there is  
 7 reference to paramedics on this document, in what  
 8 scenario would a paramedic then be added to the purchase  
 9 order or required for an event?  
 10 A. A paramedic would be added should, for whatever reason,  
 11 the production team want a paramedic to work solely for  
 12 them and they would go and they would be dedicated to  
 13 production. A paramedic is something that the arena  
 14 never, ever paid for.  
 15 Q. In terms of you saying they never, ever paid for, did  
 16 you ever raise the need for events -- for there to be  
 17 paramedics?  
 18 A. Oh yes, the conversation would have been had during the  
 19 tender process, but the arena decided EMTs and  
 20 first aiders.  
 21 Q. So this document in fact indicated that there was just  
 22 short of 14,000 individuals for that event. So when  
 23 there were to be 12 first aiders and two EMTs for  
 24 a concert to be attended by 14,000, would that in your  
 25 view have been an adequate number of medical staff

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1 available?  
 2 A. Yes. It always worked in the past. It didn't work that  
 3 night. But it probably was enough numbers for that  
 4 night. It had always worked in the past, their formula  
 5 for working out the numbers.  
 6 Q. Then can I ask in terms of practicalities, we see the  
 7 emails of 17 May where this is provided to you. But how  
 8 long in advance would you have known about needing  
 9 a certain number of staff to be available for  
 10 22 May 2017? And when you recruit them to be available  
 11 that night, how would that work practically?  
 12 A. Practically, you'd normally get a week or 10 days'  
 13 notice, but there would be occasions when I contacted  
 14 them 2 or 3 days beforehand saying: I need the manning,  
 15 I need the staffing for a show in 2 days' time. So it  
 16 used to fluctuate. Generally speaking, you'd get about  
 17 a week.  
 18 Q. So in terms of the consideration for the required  
 19 medical composition of the team in advance of 22 May, we  
 20 saw in the grid that we looked at together of the  
 21 Purple Guide version that you had looked at at the  
 22 relevant time, a number of factors were looked at by way  
 23 of intelligence, the nature of the event, the number of  
 24 attendees. So when would you feed in information of  
 25 that nature to SMG about the requirements for the

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1 make—up of a team?  
 2 A. I wouldn't. I'm never consulted. Never involved in the  
 3 staffing numbers decision at all.  
 4 MS CARTWRIGHT: Sir, I wonder if we could leave that there  
 5 for the purposes of today. Mr Parry has very kindly  
 6 indicated that he will be available by video link  
 7 tomorrow, but from a different location, and he's also  
 8 kindly indicated he'll be available from 9.30 tomorrow.  
 9 So could we adjourn now until tomorrow at 9.30? And  
 10 thank you, Mr Parry.  
 11 SIR JOHN SAUNDERS: Thank you, Mr Parry. 9.30 tomorrow.  
 12 We are going to carry on now, I think, with Mr Keelan's  
 13 evidence.  
 14 MS CARTWRIGHT: That's correct. Could we have a break of  
 15 5 minutes or so?  
 16 SIR JOHN SAUNDERS: We will have a 10—minute break, so we'll  
 17 restart at 3.05 with the continuation of Mr Keelan's  
 18 evidence. Thank you.  
 19 (2.56 pm)  
 20 (A short break)  
 21 (3.11 pm)  
 22 MR DAVID KEELAN (continued)  
 23 Questions from MR GREANEY (continued)  
 24 MR GREANEY: Mr Keelan has been good enough to say that in  
 25 view of the fact that his evidence will not conclude

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1 today, he will make himself available at whatever time  
 2 suits the inquiry tomorrow.  
 3 SIR JOHN SAUNDERS: Thank you.  
 4 MR GREANEY: We'll finish off the matters in your first  
 5 witness statement that I wanted to deal with and then  
 6 we'll turn to the changes that have been implemented.  
 7 There is in fact just one final topic that I want to  
 8 deal with that you have addressed in that first  
 9 statement and it might be summarised as equipment in  
 10 Fire and Rescue Service vehicles.  
 11 Is it the position that each fire appliance  
 12 in May 2017 was equipped with a trauma bag?  
 13 A. That's correct, sir.  
 14 Q. We can see the contents of the trauma bag from  
 15 a document that has been provided. The INQ reference is  
 16 {INQ004314/1}.  
 17 I want to draw your attention to one thing. Within  
 18 the external pocket, upper, of the trauma bag, was  
 19 a tourniquet, just one or more than one?  
 20 A. It's my understanding that there's one, sir.  
 21 Q. This bag is designed to support or to provide basic life  
 22 support?  
 23 A. Correct.  
 24 Q. And are all firefighters trained in the use of what is  
 25 within that bag?

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1 A. They are, sir.  
 2 Q. So every firefighter is trained in the use of  
 3 a tourniquet?  
 4 A. That's correct, sir.  
 5 Q. Is each fire appliance, and I'm not dealing yet with  
 6 specialist appliances, also equipped with what is known  
 7 as a long board?  
 8 A. That's correct.  
 9 Q. What is a long board, please?  
 10 A. It's a stretcher that we use predominantly for road  
 11 traffic collision extrication, but can also be used for  
 12 transporting casualties.  
 13 Q. So one per appliance?  
 14 A. That's correct.  
 15 Q. In May 2017 we know that GMFRS also had specialist  
 16 capabilities. Did the SRT vehicles have equipment over  
 17 and above those on the standard fire appliance?  
 18 A. They did, sir.  
 19 Q. And you address this at paragraphs 75 and 76 of your  
 20 witness statement. Pages 18 and 19:  
 21 "The specialist response team vehicle is equipped  
 22 with additional trauma equipment designed for use with  
 23 blast and ballistic injury victims. This equipment  
 24 includes tourniquets..."  
 25 And in your statements it is plural, so is there

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1 more than one tourniquet?  
 2 A. There are — from recollection there are five or six is  
 3 my understanding.  
 4 Q. "... blast bandages, chest seals, Olaes bandages,  
 5 nightingale dressings and ChitoGauze dressings"?  
 6 A. That's correct.  
 7 Q. And you add that the personnel operating those vehicles  
 8 have all received enhanced trauma training on how to  
 9 manage blast and ballistic injuries?  
 10 A. They have, sir.  
 11 Q. In fact, has that training been delivered by the HART of  
 12 NWAS?  
 13 A. That's correct, sir.  
 14 SIR JOHN SAUNDERS: Mr Greaney, this is entirely random, but  
 15 it's come up because we've now had two mentions of  
 16 tourniquets this afternoon, one from Mr Parry and one  
 17 from you, Mr Keelan.  
 18 When it comes to recommendations I will undoubtedly  
 19 be saying something about tourniquets and we heard from  
 20 Brigadier Hodgetts, and I hope I've now got his correct  
 21 title.  
 22 His recommendations or the recommendations then are  
 23 that there really is no problem with members of the  
 24 public using tourniquets and that there had been in the  
 25 past a belief that they needed to be constantly removed

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1 pretty quickly in order to stop damage occurring.  
 2 MR GREANEY: Yes.  
 3 SIR JOHN SAUNDERS: The impression he gave to me was that  
 4 was rather out-of-date advice, which I'm not for  
 5 a moment doubting. We know that Mr Parry, on the basis  
 6 of his evidence, was told that ordinary first aiders  
 7 should not use tourniquets because they wouldn't know  
 8 how to deal with them properly. Those two things are  
 9 inconsistent.  
 10 MR GREANEY: They are.  
 11 SIR JOHN SAUNDERS: If I am going to give a recommendation,  
 12 I want to be sure that what I'm recommending is correct  
 13 medically. So I would invite NNAS, please, to advise me  
 14 at some stage where the correct position is so that  
 15 I can use that for my recommendations. I am only saying  
 16 it now because otherwise it will go out of my mind.  
 17 Thank you, Ms Roberts, for appearing like that.  
 18 Will you bear that in mind, please?  
 19 MS ROBERTS: Yes, we hear you, we fully understand, and  
 20 we'll do that.  
 21 SIR JOHN SAUNDERS: Thank you very much, I'm grateful,  
 22 Ms Roberts.  
 23 Sorry for that diversion.  
 24 MS ROBERTS: Thank you.  
 25 MR GREANEY: Thank you, sir, I'm sure that would be welcomed

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1 by NNAS and indeed others.  
 2 We were dealing with additional equipment which is  
 3 on the SRT vehicles and I was moving on to invite you to  
 4 agree that those vehicles are also equipped with five  
 5 Sked stretchers.  
 6 A. That's correct.  
 7 Q. Which are designed to assist in dragging casualties from  
 8 the risk area to the casualty collection point?  
 9 A. That's correct, sir.  
 10 Q. Just pausing for a moment, where there is a Plato  
 11 situation and a warm zone has been designated, I just  
 12 want to understand how you anticipate SRT will work  
 13 together with — well, one would expect it to be HART.  
 14 Is the position this, that you would expect HART to  
 15 triage casualties?  
 16 A. Correct.  
 17 Q. And to direct the SRT operatives in the warm zone either  
 18 to treat and/or to remove casualties from that area?  
 19 A. That's correct, sir.  
 20 Q. Everyone so far who has been asked the question has  
 21 agreed that the Fire and Rescue Service, if it had  
 22 attended at the most relevant time, would, in the  
 23 circumstances of training and equipment you have  
 24 described, undoubtedly have provided very real value to  
 25 the emergency response.

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1 A. Absolutely, sir.  
 2 Q. Let's just deal with two final topics under this  
 3 heading.  
 4 First of all, you told us about the training that  
 5 all firefighters have in basic life support. Is it the  
 6 position that GMFRS has, and had in May 2017, a number  
 7 of firefighters trained as trauma technicians across  
 8 watches and stations to provide enhanced first aid?  
 9 A. Yes, that's correct, sir. We have an aspirational  
 10 target to have one on every fire engine.  
 11 Q. And how near in May 2017 were you to achieving that  
 12 aspiration?  
 13 A. Pretty much 100%, sir.  
 14 Q. Then finally under this heading and then I'll be  
 15 finished with the first statement, in May 2017 did GMFRS  
 16 also have what were known as command support vehicles?  
 17 A. That's correct, sir.  
 18 Q. How many did it have?  
 19 A. Two, sir.  
 20 Q. What are those vehicles?  
 21 A. They are in essence a command point that we would use at  
 22 an incident ground to enable us to set up — sorry,  
 23 establish and maintain effective command and control of  
 24 an incident. It would be somewhere where the incident  
 25 commander at a larger-scale incident would base

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1 themselves predominantly and allow them to have  
 2 a completely overview of an incident. The command  
 3 support unit has a highly trained crew attached to it,  
 4 who, through the training that they're given, would on  
 5 arrival at six pumps or more, they would be tasked to go  
 6 and gain an overview of the incident, so from incident  
 7 commander to sectors to water supplies, water  
 8 strategies, environmental strategies, and all that  
 9 information would be culminated in the command unit to  
 10 give the incident commander, and indeed any partner  
 11 agencies that were on scene, an overall perspective of  
 12 an incident.  
 13 Q. So it has screens, maps, whiteboards and communications  
 14 equipment to enable that to be achieved?  
 15 A. Communication equipment for a link to North West Fire  
 16 Control and a communication link to enable conversations  
 17 via fire ground radios to different staff within  
 18 different sectors of that incident.  
 19 Q. Was a command support vehicle ever deployed to the arena  
 20 on the night of the attack?  
 21 A. Not to my knowledge, sir.  
 22 SIR JOHN SAUNDERS: Should it have been?  
 23 A. I feel if we would have attended as we would have all  
 24 desired to, sir, it would have been an advantage, yes.  
 25 SIR JOHN SAUNDERS: Just one other thing about it. This may

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1 sound facile, but actually room for vehicles was  
 2 actually at a fairly high premium and you're making  
 3 space for ambulances who would be one of the most  
 4 critical things to get there. Would this exacerbate the  
 5 problem?  
 6 A. No, sir, we're used to dealing with such situations. If  
 7 we had a fire in the city centre, for instance, we can't  
 8 always get our resources as close as we'd wish, so we  
 9 would place the control unit at an appropriate point,  
 10 which may be 100 or 200 metres away from the incident  
 11 but it still would perform an excellent capability.  
 12 SIR JOHN SAUNDERS: Thank you.  
 13 MR GREANEY: I'm going to turn next to the issue of changes  
 14 that have been implemented by GMFRS since the arena  
 15 attack, so this takes us to your second witness  
 16 statement, namely that dated 4 June 2020.  
 17 Was it recognised, really as the incident was  
 18 unfolding, that things were going wrong so far as the  
 19 Fire and Rescue Service was concerned?  
 20 A. I think individuals that were actually involved in the  
 21 early period would probably be able to provide you with  
 22 a better answer to that. I wasn't aware that things had  
 23 gone so dreadfully wrong from a Fire Service perspective  
 24 until I attended the police suite at around 3 o'clock in  
 25 the morning as requested by the chief then.

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1 Q. So at any rate, within a very short period of time,  
 2 there was a recognition, even at your level, that things  
 3 had gone disastrously wrong for the Fire and Rescue  
 4 Service response?  
 5 A. Yes, sir.  
 6 Q. From that first moment, did work start to identify how  
 7 that had come about and to learn lessons with a view to  
 8 implementing change?  
 9 A. Yes, sir, once I was in the police suite at force  
 10 headquarters I had a conversation with Peter O'Reilly,  
 11 and then we rapidly put in place — and eventually, at  
 12 about 7.30/8 o'clock, I think it was, I spoke to one of  
 13 my officers, Damian O'Rourke, an area manager, since  
 14 retired, and him and a station manager, Pat Johnson,  
 15 were tasked and given an initial brief to go and get the  
 16 information required to give us a clearer picture of  
 17 what had and hadn't happened from a Fire Service  
 18 perspective with the view of ensuring that we could  
 19 learn as quickly as we can and make any changes as  
 20 quickly as we can in case any future events were to  
 21 happen.  
 22 Q. So without wanting to go into this in a lot of detail,  
 23 the Fire and Rescue Service in Greater Manchester has  
 24 done its own work and review?  
 25 A. Yes.

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1 Q. It has co-operated with reviews by others, including the  
 2 Kerslake —  
 3 A. Fully, sir.  
 4 Q. And indeed with reviews by others such as the resilience  
 5 forum?  
 6 A. Absolutely, and we've always entered those in an open  
 7 and transparent way.  
 8 Q. And has also done what it can to cooperate with more  
 9 national reviews in the light of all of the dreadful  
 10 terror attacks of 2017?  
 11 A. That's correct, sir, we've done work with the national  
 12 JESIP team and with the team that write the JOPs for  
 13 MTFA.  
 14 Q. I don't need to particularise for you what the  
 15 consequence was in terms of delay of what went wrong  
 16 that night, but both the CFO and the AFCO, Mr Harris,  
 17 agreed that the delay in attendance could properly be  
 18 described as a gross failure. Do you agree with that?  
 19 A. Absolutely, sir.  
 20 Q. Across the work that has been done by GMFRS, what  
 21 reasons have been identified for that having occurred?  
 22 A. Notwithstanding elements that other agencies perhaps  
 23 could have done better, I think internally from  
 24 a Greater Manchester Fire and Rescue Service  
 25 perspective, we didn't appreciate the NILO issue around

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1 being left out on his own. We didn't, I think,  
 2 understand fully the issues that that would cause.  
 3 I think there were compounding factors around the  
 4 distance individuals had to travel and methods of  
 5 communication. But one of the other areas was something  
 6 that I call critical questioning, sir, around  
 7 interrogating and asking the right questions when  
 8 speaking to certain people, such as North West Fire  
 9 Control, and indeed the force duty officer, et cetera,  
 10 et cetera.  
 11 Subsequently, we have put in place a programme of  
 12 training for all our flexi duty operational officers.  
 13 Q. We'll come to that, of course.  
 14 A. I'll cover that then, sir.  
 15 Q. As I have listened to what you have just said, you have  
 16 recognised, I think, that there were failures by  
 17 individuals —  
 18 A. Yes, sir.  
 19 Q. — that night? But it seems as if the way in which you  
 20 choose to characterise it is that rather than blame  
 21 those individuals, you consider that there were systemic  
 22 issues, for example not recognising or not dealing with  
 23 the recognition that the NILO was a single point of  
 24 failure?  
 25 A. Yes, sir. And I think the other mechanisms through the

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1 duty group manager and APO around interrogating what was  
 2 happening and what had been done weren't sufficient.  
 3 Q. I believe it probably is important that that aspect of  
 4 your evidence should be understood, that you are not  
 5 seeking to blame the individuals, even though there were  
 6 failings, you recognise what went wrong really went  
 7 wrong at a systemic level?  
 8 A. Yes, sir.  
 9 Q. We're going to get on to this in due course, but  
 10 a question that the public and most certainly the  
 11 families will want to know the answer to is: do you  
 12 think that we can all now be confident that the same  
 13 things will not happen again?  
 14 A. Yes, sir. We've worked extremely hard over the years  
 15 preceding the Arena Inquiry to make significant changes  
 16 to our operational procedure. We continue to review how  
 17 we plan and respond to operational incidents and  
 18 importantly how we learn from them as well, sir.  
 19 Q. What I'm going to do next is to go through the changes  
 20 that you have described in your witness statement.  
 21 I know there are some matters that you would wish to  
 22 add, even if not in evidence now, in due course, as  
 23 a result of what you have heard at the inquiry.  
 24 I'm going to start with the joint operating  
 25 principles, JOPs as we all know them, so this is

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1 paragraphs 31 and following, page 6 of your second  
 2 statement.  
 3 In the aftermath of the 2017 terrorist attacks, was  
 4 JOPs version 4 released?  
 5 A. That's correct, sir.  
 6 Q. And it was released, I believe, in November of 2017.  
 7 A. Yes.  
 8 Q. As an interim measure in response to those attacks?  
 9 A. Yes, sir.  
 10 Q. And then in February 2019, was JOPs 4 replaced, perhaps  
 11 anomalously, by JOPs 1?  
 12 A. That's correct, sir.  
 13 Q. I think in fact it became JOPs 1 because there was  
 14 a change in focus from a marauding terrorist firearms  
 15 attack to a marauding terrorist attack.  
 16 A. That's correct, sir.  
 17 Q. So that's why it became 1. And obviously, JOPs 1 has  
 18 now been replaced by JOPs 2, but we do, do we not, need  
 19 to be careful about what we say about the new versions  
 20 of JOPs that deal with MTAs?  
 21 A. Yes.  
 22 Q. Because what we don't want to do is to assist  
 23 terrorists, but there's some information that you can  
 24 provide, is there not?  
 25 A. That's correct.

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1 Q. Prior to the introduction of JOPs 4 and JOPs 1, did  
 2 GMFRS provide input to the authors?  
 3 A. Yes, sir.  
 4 Q. Was part, indeed an important part, of that input that  
 5 it seemed to all of you, having experienced Plato being  
 6 declared, albeit you weren't told at the time, was part  
 7 of the input that Plato seemed to you to be too focused  
 8 on just one type of attack, namely a firearms attack?  
 9 A. That's correct.  
 10 Q. And as a result of a recognition that that seemed to be  
 11 correct, was JOPs amended so that it became focused not  
 12 just on firearms attacks but on other forms of attack?  
 13 A. That's correct, sir.  
 14 Q. The way in which you put it in your statement is that:  
 15 "JOPs 1 amends the guidance to Operation Plato to  
 16 include various forms of terror attack of differing  
 17 levels of sophistication. It is no longer combined to  
 18 just a firearms attack."  
 19 A. That's correct, sir.  
 20 Q. Moreover, do the subsequent versions of JOPs include  
 21 updated guidance in respect of descriptors to encourage  
 22 the use of non-specialist responders in a warm zone  
 23 where practicable?  
 24 A. That's correct, sir.  
 25 Q. And as we know, having listened to Mr Dexter's

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1 dictaphone a number of times, there was concern at the  
 2 scene about deploying non-specialist resources into  
 3 a warm zone, was there not?  
 4 A. There was at the time, yes.  
 5 Q. And the updated JOPs should remove any such concern  
 6 because it takes account of the fact that some degree of  
 7 flexibility is required?  
 8 A. That's correct, sir.  
 9 Q. And moreover, recognises the fact that the first  
 10 emergency responders on the scene may very well be, as  
 11 in fact occurred in Manchester, non-specialists?  
 12 A. That's correct, sir.  
 13 SIR JOHN SAUNDERS: Your evidence hitherto has been that  
 14 that degree of flexibility or discretion existed at the  
 15 time anyway?  
 16 A. It did.  
 17 SIR JOHN SAUNDERS: So this is clarifying what you always  
 18 believed to be the position?  
 19 A. Yes, sir.  
 20 MR GREANEY: Operational discretion existed at the time ---  
 21 A. Yes.  
 22 Q. --- but maybe didn't work in the way in which it should  
 23 have done that night, so here JOPs now makes things  
 24 clear?  
 25 A. Absolutely, sir.

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1 Q. In 2020, a JOPs 2 was published, which built upon the  
2 work that produced JOPs 1; am I correct?  
3 A. That's correct, sir.  
4 Q. So I'm just going to read out paragraph 40. The reason  
5 I'm reading out portions of this part of your statement  
6 is because obviously great care has been taken to make  
7 sure that operationally sensitive information is not  
8 revealed:  
9 "The nature of GMFRS's response would be determined  
10 by the attack methodology, the threat and the subsequent  
11 requirement for specialist and/or non-specialist  
12 responders."  
13 A. Correct.  
14 Q. "This will mean that any future declaration of Plato  
15 should not cause the same level of confusion as to the  
16 nature of the threat."  
17 A. Yes.  
18 Q. "It also ensures that training and preparation for the  
19 declaration of Plato encompass a range of attack  
20 methodologies."  
21 A. Yes, sir.  
22 Q. That's as much as I propose to say about the changes to  
23 JOPs.  
24 SIR JOHN SAUNDERS: Right. An overriding concern in a way  
25 is you've looked at the problems that occurred at

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1 Manchester Arena, you've looked at the problems that  
2 occurred at the other attacks in 2017, and we've said:  
3 let's fix JOPs to deal with them better than it did in  
4 the past. It's essentially again reactive rather than  
5 proactive?  
6 A. Yes, sir.  
7 SIR JOHN SAUNDERS: Attacks in the future are not always  
8 going to be the same. Do you think what's been done has  
9 been sufficiently proactive?  
10 A. I do, sir. I think it gives a greater level of  
11 discretion and also, with the descriptors, gives more  
12 situational awareness to responders, which would inform  
13 their decision-making process without being too  
14 prescriptive, sir.  
15 SIR JOHN SAUNDERS: Perhaps you can help me about this: you  
16 probably weren't listening to Mr Parry's evidence.  
17 A. No, sir.  
18 SIR JOHN SAUNDERS: He put in his guidance for his workers  
19 that when you have an explosion, no one is to go into  
20 the area where the explosion occurred except with the  
21 permission of the fire. I don't know where that comes  
22 from, I've seen it in another document.  
23 A. I'm not sure where it comes from, sir. If we were in  
24 attendance, we could help with that scene appraisal, but  
25 I don't specifically know where that's come from.

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1 SIR JOHN SAUNDERS: It didn't particularly help on this  
2 night when the fire weren't there.  
3 A. No, sir.  
4 SIR JOHN SAUNDERS: Well, I'm sure I've heard it somewhere.  
5 MR GREANEY: You have, sir. I recall that as well actually.  
6 SIR JOHN SAUNDERS: We'll find it, thank you very much.  
7 MR GREANEY: Just to pick up on the point the chairman was  
8 exploring before he asked about Mr Parry, and obviously  
9 many people are interested in this issue of the new  
10 JOPs, you have said as much as you can about the extent  
11 to which the discretion is now greater; is that correct?  
12 I'm not inviting you to say any more.  
13 SIR JOHN SAUNDERS: He's inviting you to say yes.  
14 A. Yes.  
15 MR GREANEY: But we can be confident that there undoubtedly  
16 is greater flexibility now?  
17 A. Yes, sir, undoubtedly.  
18 Q. That was change number 1. Change number 2 is the  
19 development of a shared emergency services channel. I'm  
20 going to be jumping around a bit in your statement.  
21 You'll have to excuse me. This takes us to  
22 paragraphs 12 to 19, page 3, of your second witness  
23 statement.  
24 Did the Fire and Rescue Service recognise from an  
25 early stage of the aftermath of the attack that one of

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1 the problems that had occurred that night might have  
2 been described as difficulties in multi-agency  
3 communications?  
4 A. Yes, sir, we did.  
5 Q. The answer to this question may be obvious, but in the  
6 event of really any major incident, why is an effective  
7 means of multi-agency communication important?  
8 A. The multi-agency information that we'd expect to get,  
9 and indeed do so on other incidents such as Plato is  
10 unusual, but that, along with a METHANE message, is  
11 recognised throughout the Fire and Rescue Service, and  
12 indeed the blue light agencies, through the JESIP  
13 training that we do and that in fire we have embedded.  
14 That information is normally very forthcoming and  
15 enables us to build a picture of an incident and respond  
16 appropriately and accordingly.  
17 Q. In other words, it's going to be a crucial aspect of  
18 a proper JESIP response, isn't it?  
19 A. Absolutely, fundamental.  
20 Q. That's how you're going to get shared situational  
21 awareness?  
22 A. Yes.  
23 Q. That's how you're going to decide who's going to take  
24 what risk and do what?  
25 A. Yes.

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1 Q. Together, of course, with getting together?  
 2 A. Absolutely.  
 3 Q. As a result of that recognition not just by your service  
 4 but by all three services, were there discussions which  
 5 brought about the implementation of a shared Airwave  
 6 radio channel, which we're not naming for reasons  
 7 Mr Horwell has found frustrating?  
 8 A. Yes, it did.  
 9 Q. Was it the intention of the police, fire and  
 10 ambulance services that they would, through this,  
 11 receive simultaneous communications?  
 12 A. Yes, sir.  
 13 Q. Which would necessarily also include the FDO declaring  
 14 a Plato incident?  
 15 A. That's correct, sir.  
 16 Q. And would enable information resulting in shared  
 17 situational awareness to be also broadcast?  
 18 A. Absolutely, sir.  
 19 Q. And enable each service to hear the METHANE message of  
 20 each other's service?  
 21 A. Absolutely, sir.  
 22 Q. Was that channel implemented with effect from  
 23 26 May 2017?  
 24 A. It was, sir, and it is with much sadness to  
 25 Greater Manchester Fire that it wasn't initiated much,

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1 much earlier.  
 2 Q. And other witnesses have expressed the same view that is  
 3 seems that when it came to it, and ultimately there was  
 4 sufficient will, it was put into effect within a very  
 5 short period of time indeed?  
 6 A. That's correct, sir.  
 7 Q. We've heard that it's tested three times a day between  
 8 North West Fire Control, GMP and NWAS?  
 9 A. That's correct, sir.  
 10 Q. With the test instigated by the GMP FDO?  
 11 A. Yes, sir.  
 12 Q. Just to jump ahead slightly but it is on point. You're  
 13 going to be telling us about an operation called,  
 14 I think, Largo, which happened in 2019. It was the  
 15 operation that -- the exercise that BTP was responsible  
 16 for?  
 17 A. Yes, sir.  
 18 Q. We'll look at it in more detail when we reach that  
 19 point, but one of the learning points from  
 20 Exercise Largo was BTP aren't involved in that three  
 21 times a day testing. Do you remember that that was one  
 22 of the issues?  
 23 A. Yes.  
 24 Q. Has that issue been resolved?  
 25 A. To the best of my knowledge, they are now part of that

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1 test.  
 2 SIR JOHN SAUNDERS: Largo means to me slow or very slow.  
 3 Was that in any way chosen for that reason?  
 4 A. I don't think so, sir.  
 5 MR GREANEY: Largo is an interesting exercise for reasons  
 6 that we'll come to.  
 7 SIR JOHN SAUNDERS: Perhaps we should call it Allegro  
 8 instead. It's all right, Mr Greaney, you won't  
 9 understand any of this.  
 10 MR GREANEY: I don't know what you're talking about. I'll  
 11 look it up overnight!  
 12 Is this Airwave channel always live?  
 13 A. Yes, sir.  
 14 Q. And constantly monitored by North West Fire Control?  
 15 A. That's correct.  
 16 SIR JOHN SAUNDERS: If you can't tell me for security  
 17 reasons, just say so, but from an operational point of  
 18 view, so that an emergency happens, so control rooms get  
 19 typically a large numbers of calls coming in, yes?  
 20 A. Typically, sir.  
 21 SIR JOHN SAUNDERS: So fire, police, ambulance, they're all  
 22 getting calls coming in, they will all be being  
 23 monitored by everybody else?  
 24 A. From each control room, sir, the staff that are on duty  
 25 in each control room.

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1 SIR JOHN SAUNDERS: So someone will be designated to listen  
 2 to this joint channel?  
 3 A. That's my understanding of how it works in North West  
 4 Fire Control, sir.  
 5 SIR JOHN SAUNDERS: Because you can't actually take the  
 6 messages and be listening to everybody else as well,  
 7 can you?  
 8 A. No, that's correct, sir. It would be my view that the  
 9 information that was gained through the channel would  
 10 build additional situational awareness to the other  
 11 information that was coming into the control room and  
 12 would form part of the information that they logged  
 13 around the incident.  
 14 SIR JOHN SAUNDERS: Okay. So when whoever is dedicated to  
 15 listening, they won't be receiving messages and taking  
 16 them because you can't do both at the same time?  
 17 A. That's correct.  
 18 SIR JOHN SAUNDERS: Will they have a different log or will  
 19 it all be going on to the same log? If you don't know  
 20 the details, just tell me.  
 21 A. I don't know the details. Perhaps Sarah Wilson might be  
 22 better person to answer those questions.  
 23 SIR JOHN SAUNDERS: Or we can just get North West Fire  
 24 Control to tell us how it operates.  
 25 MR GREANEY: Yes. Sarah Jane Wilson is giving evidence next

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1 week and she will be able to help us with that.  
 2 SIR JOHN SAUNDERS: Thank you.  
 3 MR GREANEY: And Chief Inspector Clements, who's going to  
 4 help us with the OCR, will be giving evidence in the  
 5 near future.  
 6 This Airwave channel is now in place and is tested.  
 7 But has it been stress-tested by reference to  
 8 a real-life event, and if so, how did it come out?  
 9 A. It is my understanding that there were a series of  
 10 exercises using this channel, which was initiated by the  
 11 local resilience forum, Exercise Whisper and also Autumn  
 12 Cascade is what I believe, sir. So yes, it has been  
 13 tested and stressed.  
 14 Q. Furthermore, and many in this room will remember, there  
 15 was a terror threat at the Arndale in Manchester in  
 16 October 2019.  
 17 A. Yes, sir. And there was another terror incident at the  
 18 Arndale Centre, it was either before or after, both of  
 19 which the channel was used and also the new action cards  
 20 that we had in place and the command structures that  
 21 were put in place from a fire perspective was tested and  
 22 was successful.  
 23 Q. The upshot was just focusing in on this shared emergency  
 24 services channel that during those incidents, which  
 25 obviously weren't on the scale of the arena attack, but

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1 were significant incidents, during those incidents the  
 2 shared emergency services channel was used and proved to  
 3 be effective?  
 4 A. Yes, sir.  
 5 Q. In particular, it enabled the sharing of a METHANE  
 6 message at the very outset?  
 7 A. Yes, sir.  
 8 Q. And the RVP and FCP were also both communicated  
 9 effectively to your emergency service?  
 10 A. Yes, sir.  
 11 Q. Next, communication between GMFRS and the GMP FDO, which  
 12 self-evidently did not work on the night, didn't it?  
 13 A. No, it didn't.  
 14 Q. Your NILO was not able to get through until 23.50, and,  
 15 as we all know what happened at 23.50 was entirely  
 16 unsatisfactory.  
 17 So what is the position since the arena attack? Has  
 18 anything been done to change that? I'm now at  
 19 paragraphs 20 and following of your statement.  
 20 A. Yes, sir. As well as the improvements that Greater  
 21 Manchester Police have made to the size and location --  
 22 the size of the team and location of the force duty  
 23 officer, we have also placed a NILO to co-locate within  
 24 the same room during normal working hours. We also have  
 25 more than the two telephone landlines, we also have

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1 a mobile telephone back-up system in place.  
 2 Q. Just to summarise that position then, there is actually  
 3 a duty NILO who co-locates with the FDO now?  
 4 A. Yes, sir.  
 5 Q. So you don't actually have to make a telephone call to  
 6 the FDO to find out what's going on?  
 7 A. No, sir.  
 8 Q. But in any event, we know that a problem on the night  
 9 was that the numbers that the NILO did have for the FDO  
 10 were just constantly engaged?  
 11 A. Yes.  
 12 Q. Now GMFRS have a dedicated number, a number just for  
 13 them that they can ring to get through?  
 14 A. Yes, sir, and also the time that we have spent working  
 15 in that environment, with Greater Manchester Police,  
 16 we have seen a large improvement in people knowing each  
 17 other and communicating better, not just around  
 18 emergency response activities but planned events and  
 19 other things that are going on across the city region,  
 20 sir.  
 21 Q. I believe in addition to those two new methods of  
 22 communication between the police and the Fire and Rescue  
 23 Service, something called Resilience Direct is of  
 24 relevance?  
 25 A. Yes, that's correct, sir.

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1 Q. What is that, please?  
 2 A. It's a Cabinet Office electronic portal in other  
 3 respects that's secure and it means that we can share  
 4 information, so if there was an incident such as the  
 5 arena incident, an incident would be set up on there,  
 6 the METHANE message would be placed on there, site  
 7 plans, et cetera, et cetera. So all relevant  
 8 information would be placed on there and that  
 9 automatically generates an email and sends a link out to  
 10 those members that are on that group, so even if I'm off  
 11 duty I would get a link to an incident that was going on  
 12 where a METHANE message had been shared.  
 13 SIR JOHN SAUNDERS: Wasn't that in existence in May 2017?  
 14 A. To the best of my knowledge, we weren't using  
 15 Resilience Direct in that way in 2017.  
 16 SIR JOHN SAUNDERS: So it was in existence, it's a different  
 17 use for it?  
 18 A. Yes, sir.  
 19 MR GREANEY: I think the point is that since the arena  
 20 attack, you have started using --  
 21 SIR JOHN SAUNDERS: You use it in a different way?  
 22 MR GREANEY: You have started using it --  
 23 A. We don't just use that for incidents, we use it for  
 24 exercises as well.  
 25 MR GREANEY: That's three things.

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1 Fourthly, as of June 2020 when you prepared your  
 2 witness statement, GMFRS and GMP were trialling the use  
 3 of a particular software product that we won't name.  
 4 A. Yes.  
 5 Q. Before I go to the trouble about asking you questions  
 6 about that, did that trial result in the implementation  
 7 of that piece of software?  
 8 A. Yes.  
 9 Q. So it is worth asking you about it. Is it a shared  
 10 platform shared between Fire and Rescue Service and GMP  
 11 for secure crisis communications?  
 12 A. Yes.  
 13 Q. Is one of its advantages the ability to share real time  
 14 updates amongst multiple users?  
 15 A. Yes.  
 16 Q. I believe in the way in which it operates it is not very  
 17 different from a messaging app such as WhatsApp?  
 18 A. There are differences, sir. It is on a secure platform.  
 19 If you were part of a group that was getting a message,  
 20 if your phone was on silent or indeed turned off,  
 21 it would still send you the message and activate your  
 22 phone.  
 23 Q. That's exactly what I wanted to understand from you. It  
 24 looks a bit like WhatsApp but there are differences,  
 25 namely it's secure?

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1 A. Yes.  
 2 Q. And secondly, even if you've got your phone on silent,  
 3 it can effectively take over control of your phone and  
 4 it can make sure that message is broadcast?  
 5 A. Yes, sir.  
 6 SIR JOHN SAUNDERS: One can have a degree of cynicism about  
 7 the software and computer terminals. We heard about  
 8 CLIO, there being terminals within the Fire Service --  
 9 A. This would be on your mobile phone, sir.  
 10 SIR JOHN SAUNDERS: Okay. The terminals then were never  
 11 used, the CLIO ones?  
 12 A. In our command support room, sir, is that what you're  
 13 indicating?  
 14 SIR JOHN SAUNDERS: Yes, which would have allowed you to  
 15 check up what was going on with the police.  
 16 A. They were never used, sir, for reasons that I can go  
 17 into if you wish.  
 18 SIR JOHN SAUNDERS: No need, but it sounds a good idea in  
 19 principle no doubt, but when it came to it in practice,  
 20 it didn't really work?  
 21 A. That's correct, sir.  
 22 SIR JOHN SAUNDERS: But this one is going to be all right?  
 23 A. Absolutely, very good, sir.  
 24 SIR JOHN SAUNDERS: Okay, thank you.  
 25 MR GREANEY: The only other question I wanted to ask you

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1 about this piece of software was, it was being trialled  
 2 by the Fire and Rescue Service and GMP. Why were the  
 3 Ambulance Service not part of it?  
 4 A. There are discussions to bring the Ambulance Service on  
 5 board with it, sir. I think it was from a technological  
 6 perspective that they weren't able to join us at the  
 7 start is my understanding.  
 8 Q. But there is an aim to bring them into it?  
 9 A. Yes.  
 10 SIR JOHN SAUNDERS: There may be an aim, but do you happen  
 11 to know if the technological problems are of the sort  
 12 which can be overcome? Because one has heard of those  
 13 things before.  
 14 A. Sir, if it's okay, it's something I'll go away and get  
 15 some more detail and share with you.  
 16 SIR JOHN SAUNDERS: One needs to be sure that it can be  
 17 overcome within a reasonable period of time.  
 18 MR GREANEY: In any event, just parking that for the time  
 19 being, there are now a number of additional mechanisms  
 20 in place which to your mind, I think, ought to avoid the  
 21 terrible difficulty which did develop on the night of  
 22 the NILO trying to get in touch with the FDO and not  
 23 being able to?  
 24 A. Yes, sir.  
 25 Q. That was the third change then or third area of change.

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1 Fourthly, have there been changes to the working  
 2 practices between Greater Manchester Fire and Rescue  
 3 Service and North West Fire Control?  
 4 A. Yes, sir.  
 5 Q. This takes us to paragraphs 41 to 55 of your second  
 6 witness statement. What general comment, if you have  
 7 one, would you have to make about the bomb and explosion  
 8 action plans in use by North West Fire Control on  
 9 22 May? Those that were available for use might be  
 10 a better way of putting it.  
 11 A. I think those that were available for use caused some  
 12 confusion within North West Fire Control.  
 13 Q. By way of example?  
 14 A. It wasn't clear from an explosion whether that was  
 15 a bomb that had exploded or whether it was just a bomb  
 16 and the explosion card wasn't -- gave too much confusion  
 17 to the control operator, which made them question  
 18 whether they'd send resources or not.  
 19 SIR JOHN SAUNDERS: That may have been the view on the  
 20 original statements which were put in. I'm not sure  
 21 that's the flavour I get from the evidence. The flavour  
 22 I get of the evidence was, "Yes, it's the explosion card  
 23 but by following the action card for an explosion we may  
 24 be sending people into an ambush", rather than saying,  
 25 "I don't know whether this is an explosion or a bomb,

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1 which one do I follow?"

2 A. I agree with your thoughts, sir. The only thing I have

3 doubts about is why the Plato cards weren't opened if

4 they thought it was that sort of incident at the time.

5 SIR JOHN SAUNDERS: I will bear in mind your comment on

6 their evidence. But that is certainly what they said:

7 they needed advice about what to do rather than saying

8 these are two similar cards —

9 A. Yes, sir, I agree, sir. We have subsequently made

10 further amendments based upon learning to both the bomb

11 and the explosion action cards where we have stated that

12 if there is a rendezvous point established by a blue

13 light agency to send the predetermined attendance to

14 that rendezvous point.

15 SIR JOHN SAUNDERS: Thank you.

16 A. I also, sir, think, following the evidence and what

17 Control have given as well, I will give an undertaking

18 to go back and look at them again separately because

19 other stuff has come out through this inquiry and it is

20 vitally important that we look at and reflect on and

21 then, if appropriate, makes changes.

22 SIR JOHN SAUNDERS: It's absolutely not your problem that

23 the GMFRS have been looking at that issue. It arises

24 out of the initial statements which came from NWFC. So

25 I'm well aware why it's being done, but you have cured

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1 a problem — I still think it may have been a problem —

2 which may not have been actually related to what

3 happened on 22 May.

4 A. Yes, sir.

5 MR GREANEY: We will look at the changes that have been made

6 to the action plans in a moment, but you're obviously

7 aware that there is issue for the chairman to consider

8 in due course about whether the decision made within

9 North West Fire Control on the night to not follow an

10 action plan but instead to seek the advice of the NILO,

11 duty NILO, was reasonable or not.

12 We've heard differing views. Yesterday we heard

13 from Peter O'Reilly, who had a very strong view that

14 they should have followed the explosion action plan.

15 Others have said that whilst they might not have done it

16 in the same way, they don't think it was unreasonable

17 for North West Fire Control to have sought advice from

18 the duty NILO. I'll simply ask you an open question:

19 which side of that line are you on?

20 A. I think, and with the information that I know and I'm

21 aware of, I think there was a period of time where North

22 West Fire Control had some information that would have

23 allowed them to send a mobilisation to the explosion

24 action card to the arena. I do understand and don't

25 fully know what timings of other information coming into

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1 North West Fire Control which influenced the

2 decision—making that was made. So I think they could

3 have sent an attendance, but I also, on the other hand,

4 do empathise with them, but I don't understand at what

5 point information was coming in that affected them

6 pressing the button and sending in resources.

7 Q. I'm not going to press you any further, but I dare say

8 you'll be asked some questions about that tomorrow. As

9 I indicated, I was going to look at the changes that

10 were made to the bomb and explosion action plans in,

11 I think, June 2017. But I won't do it if you —

12 SIR JOHN SAUNDERS: I'm perfectly happy for you to do it.

13 I think changes probably need to be made.

14 A. Sir, those that were made after the incident, they've

15 been amended since the incident, so what you put up

16 will not be the action cards that North West Fire

17 Control are working to currently.

18 MR GREANEY: Right. So that probably makes the exercise

19 even less valuable.

20 SIR JOHN SAUNDERS: Less valuable, certainly.

21 MR GREANEY: Let's just deal with it in summary therefore.

22 An important change made to the "Bomb — general" action

23 plan is that it starts in a completely different place

24 from where it previously started, does it not?

25 A. That's correct.

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1 Q. In that it now says:

2 "If explosion has occurred, change incident type to

3 explosion"?

4 A. That's correct, sir.

5 Q. So that should avoid the kind of difficulty that you

6 identified in your first answer?

7 A. Yes.

8 Q. Is that still the approach of the "Bomb — general"

9 action plan?

10 A. It is slightly different now, sir. I thought we'd

11 shared the new ones with you.

12 SIR JOHN SAUNDERS: You may have done. Perhaps we can just

13 check and we can see them. It's not necessary to make

14 them public.

15 MR GREANEY: No.

16 SIR JOHN SAUNDERS: Can I go back to something a bit more

17 fundamental in a way? At least two senior officers from

18 GMFRS, including Mr O'Reilly, then chief officer, has

19 actually said it was — as far as he was concerned, the

20 change he'd make is he would actually like to have

21 a joint control room between ambulance and GMFRS. But

22 he thinks the disadvantages of going to NWFC outweigh

23 the advantages.

24 A. Sir, I have a slightly different view. When North West

25 Fire Control was created I wasn't involved in that and

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1 there was always an aspiration for convergence on many  
2 aspects across the control rooms. I think because of  
3 the different risks, equipment and geography of the  
4 different FRSS, again convergence on a lot of stuff  
5 coupled with the make-up of the board of directors at  
6 North West Fire Control proved difficult and  
7 unachievable.

8 So I think without that convergence, we are asking  
9 a lot of North West Fire Control. I think the absolute  
10 gold standard for Greater Manchester would be to have  
11 a tri-service North West Ambulance Service, Greater  
12 Manchester Police and Manchester Fire Control room, sir.

13 SIR JOHN SAUNDERS: Right.

14 MR GREANEY: I was going to ask you about that. You  
15 obviously heard Peter O'Reilly's evidence yesterday. He  
16 doesn't care for North West Fire Control as a concept  
17 and he would just, as you've said, pitch for a shared  
18 control room across the emergency services.

19 A. Yes.

20 Q. That's also your view, is it?

21 A. It is.

22 Q. Is that something which is achievable?

23 A. I think everything's achievable, sir, and I think we've  
24 got to look at what the benefits of co-location would  
25 be.

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1 SIR JOHN SAUNDERS: Mr O'Reilly didn't actually include GMP.  
2 He just said the Ambulance Service and the Fire Service,  
3 as I recall it. There are some mystified looks by  
4 people who think I'm getting it wrong which I may have  
5 done.

6 A. I think Mr O'Reilly meant a blue light control room,  
7 sir.

8 MR GREANEY: If he didn't say that, I'm confident he meant  
9 to say it and I should have adduced it.

10 SIR JOHN SAUNDERS: I may have misheard, but that was my  
11 recollection.

12 MR GREANEY: It sounds as if you know Peter O'Reilly --  
13 I know you do because you told us about him earlier  
14 today. Is it your understanding that you and he share  
15 a view that what is desirable, my word, is that there  
16 should be a shared blue light control room across  
17 police, ambulance and the Fire and Rescue Service.

18 A. Within Greater Manchester, yes.

19 SIR JOHN SAUNDERS: I think there are huge complications in  
20 making any sort of recommendation which should say that.

21 MR GREANEY: There are, sir. What I would like to do is  
22 just explore this a little bit to see what can be done  
23 and what you might be able to make a recommendation  
24 about, which --

25 SIR JOHN SAUNDERS: There are three control rooms we now

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1 know with GMP. How many have the fire got?

2 A. We just have one with North West Fire Control in  
3 Warrington, sir.

4 MR GREANEY: I'm not for a moment underestimating that this  
5 might be difficult. Obviously, no one is going to shut  
6 down North West Fire Control tomorrow and open a shared  
7 control room the next day --

8 A. No, sir.

9 Q. -- if that is ever going to happen. There needs to be  
10 a process which starts somewhere. First of all, has the  
11 process of thinking about this started?

12 A. No, sir. With the agreement we have in place with North  
13 West Fire Control presently, extracting ourselves from  
14 that agreement comes with its own complications, sir.

15 SIR JOHN SAUNDERS: So the alternative is making the bits  
16 that don't work right work right?

17 A. Yes.

18 SIR JOHN SAUNDERS: I have some difficulty in understanding  
19 why different areas have to have different policies and  
20 therefore different action cards. If a bomb goes off in  
21 one area, should it be any different?

22 A. As an example, sir, no other Fire and Rescue Service  
23 in the region has the capability that we have on our  
24 Technical Rescue Unit. So we'd want a Technical Rescue  
25 Unit to go to an explosion -- we go to many explosions,

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1 be it gas or other things, in domestic properties as  
2 well as commercial. So everyone has different resources  
3 available to them that do different things because the  
4 risks in their areas are very different.

5 I think, just to help, one of the things that we are  
6 currently working through with North West Fire Control  
7 is the ability to relocate our command support room from  
8 our headquarters building to North West Fire Control so  
9 that if we were want to open our command support room,  
10 we would send an officer or officers to North West Fire  
11 Control. That would give us some absolutely really good  
12 benefits from having them in the same room with us.  
13 It would alleviate the issue around it being set up and  
14 someone being there 24/7, et cetera. So there are  
15 benefits in that and that is work that we are currently  
16 working through.

17 SIR JOHN SAUNDERS: Might it increase the distance people  
18 have to travel to get there?

19 A. Quite possibly, but I think the benefits of being in the  
20 same room outweigh the distance that someone may have to  
21 travel.

22 SIR JOHN SAUNDERS: Okay, thank you.

23 MR GREANEY: Can we return to what I was asking you about?

24 A. Sorry.

25 Q. You don't need to apologise. You appear to have

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1 a strong view that what is currently in place can be  
2 improved upon?  
3 A. Yes, sir.  
4 Q. Is that a view that you've formed since you heard  
5 Peter O'Reilly or have you held that view for some time?  
6 A. No, sir I think it's something that we've held for some  
7 time, and for a substantial period of time  
8 Greater Manchester Fire and Rescue Service has had what  
9 we call a single point of contact, working with North  
10 West Fire Control. We discharge our function to take  
11 and receive calls to North West Fire Control. There are  
12 many things in the agreement, and I'm not an expert on  
13 the agreement, that North West Fire Control are  
14 responsible for doing. But we have and continue — and  
15 at the minute I have two full-time officers working in  
16 North West Fire Control to work with them to improve  
17 things like training, improve things like their staff's  
18 knowledge and awareness of fire and incidents.  
19 What I'm trying to say is we're working with them to  
20 improve the level and quality of service we get from  
21 them for us as a Fire and Rescue Service and we will  
22 continue to do that with them.  
23 Q. This is my fault because I'm developing a number of  
24 strands for this, but let me try and pull them together.  
25 First of all, Mr O'Reilly explained what his issues

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1 were with North West Fire Control. Do you share those  
2 issues with him or have different issues?  
3 A. I think I'd have to see what his issues were again.  
4 I can't recollect exactly what they were.  
5 Q. It was really around familiarisation of personnel and  
6 people being — senior officers being around. I've  
7 probably summarised it really badly.  
8 A. I think I recollect now and I do — you can't beat  
9 having Fire Service officers from the service that  
10 you're sending resources about in and out of the  
11 building in the same location or indeed within  
12 Greater Manchester to build up the rapport, the  
13 understanding. It's a lot easier to be involved in  
14 things if you're in the same county as opposed to the  
15 county next door. So I think there are benefits there,  
16 sir.  
17 Q. That was one strand. The other strand is: if two very  
18 senior officers from within GMFRS have held these views  
19 for a substantial period of time, why has nothing been  
20 done to at least start to discuss the concerns, for  
21 example with ambulance and police and to say: look, we'd  
22 quite like to have a shared control room if that's  
23 possible, what do you think? Because they might say,  
24 "No way".  
25 A. It's my understanding that there have been informal

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1 conversations previously, but the restrictions within  
2 the agreement that we have with North West Fire Control  
3 makes it extremely difficult, mainly from a financial  
4 perspective, and the impacts on the other FRSs that use  
5 North West Fire Control, that all makes it very  
6 difficult for us to exit.  
7 Q. I suspect the chairman thinks I'm spending too much time  
8 on this, in which case I'm sorry.  
9 SIR JOHN SAUNDERS: I don't at all, thank you.  
10 MR GREANEY: One of the ideas that has been floated in  
11 respect of what some feel are issues or problems with  
12 North West Fire Control is: look, if it's about  
13 familiarisation, if it's about knowing someone, if it's  
14 about having that kind of direct contact with someone  
15 from the Fire and Rescue Service, get someone from the  
16 Fire and Rescue Service and put them in there. And  
17 Mr O'Reilly said: yes, I can see that would solve some  
18 of these concerns that I have, but it was cost  
19 prohibitive. Yet now we know you have put a NILO  
20 alongside the FDO.  
21 A. Yes, sir.  
22 Q. So why not put someone from GMFRS with sufficient  
23 experience within North West Fire Control permanently?  
24 A. Certainly for the past 9 to 12 months, I have had  
25 a group manager in North West Fire Control, and more

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1 recently, probably around 4 to 5 months, he's also had  
2 a station manager with him working in North West Fire  
3 Control.  
4 Q. Are they there to fulfil the kind of function that we're  
5 talking about, to create the kind of liaison and  
6 knowledge that it is felt is desirable?  
7 A. Yes, and to work through and improve an understanding of  
8 Greater Manchester Fire and Rescue Service, to assist  
9 with training, to ensure that they are involved in more  
10 things that go on in Greater Manchester, so subsequently  
11 they are more aware of our capability and resources,  
12 which will improve their ability to mobilise those  
13 resources.  
14 Q. Can we have confidence that that is an arrangement  
15 that is going to continue?  
16 A. Yes, sir. The two officers are working against  
17 a programme of work. There would be an aspiration to  
18 reduce that to one officer once we are satisfied of the  
19 progress that has been made, sir. There's also  
20 a project that we are implementing at the minute called  
21 999 Eye, which gives the control operator the ability to  
22 take over someone's mobile phone and see video footage  
23 of what's actually going on. So that's a project that  
24 they are working with North West Fire Control to  
25 implement as well to give greater situational awareness.

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1 So there are quite a few pieces of work that we're doing  
 2 in conjunction with North West Fire Control, but at some  
 3 point we would be looking to reduce that resource within  
 4 that unit.  
 5 Q. Is this change of having permanently someone from the  
 6 Fire and Rescue Service in the control room something  
 7 which, in your view, is making a difference for the  
 8 better?  
 9 A. Yes, sir. That with the work that's in train to  
 10 relocate our command support room into North West Fire  
 11 Control for when we need that and to give them extra  
 12 support during an operational incident, that will  
 13 increase the benefit as well, sir.  
 14 Q. I am not in fact going to ask you about changes to the  
 15 action plans, certainly not today. I'll review it  
 16 overnight.  
 17 SIR JOHN SAUNDERS: Before you move on, Mr Greaney, let me  
 18 correct something I have said. I have checked  
 19 Mr O'Reilly's statement. In his statement at  
 20 paragraph 119 he does include GMP, GMFRS and NWS  
 21 sharing a control room. My recollection was that in his  
 22 oral evidence he didn't mention GMP. But he may have  
 23 done and I missed it, or if he didn't mention it,  
 24 I think it was just an error on his part.  
 25 MR GREANEY: And on my part because I certainly intended to

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1 adduce that.  
 2 SIR JOHN SAUNDERS: I may have just misheard.  
 3 MR GREANEY: Someone will no doubt check, I hope, before we  
 4 finish.  
 5 SIR JOHN SAUNDERS: I don't think it matters if it's in his  
 6 statement.  
 7 MR GREANEY: We know what he meant, whatever he said.  
 8 One final thing on the relationship with North West  
 9 Fire Control and then I will move on. At paragraph 55,  
 10 page 11 of your statement, you say something and I want  
 11 to know whether you're talking about something different  
 12 from what you have told us or whether you have covered  
 13 this already:  
 14 "Insofar as the wider operation of North West Fire  
 15 Control is concerned, GMCA are obviously one of a number  
 16 of partner Fire and Rescue Services who are stakeholders  
 17 and who utilise North West Fire Control for their  
 18 control room functions. All of the stakeholders have  
 19 now agreed at chief officer level that this is the  
 20 appropriate time for us to collectively review the work  
 21 and operation of North West Fire Control. I anticipate  
 22 that this review will commence substantively once the  
 23 COVID-19 pandemic has abated."  
 24 First of all, what form of review are you talking  
 25 about there?

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1 A. That's a review of the whole of North West Fire Control.  
 2 It's my understanding that that review is titled "Fit  
 3 for the Future" and it's something that — all the chief  
 4 officers at a senior level have signed up to a set of  
 5 terms of reference for and work has commenced. It is  
 6 a North West Fire Control project, sir.  
 7 Q. So that work has started and when did that start?  
 8 A. I don't know the exact date, sir.  
 9 Q. Again, perhaps that's something you could take away and  
 10 inform us about, if not tomorrow then in due course.  
 11 A. Yes.  
 12 Q. Next change, and I think we're up to 5, changes to the  
 13 role of the NILO. This takes us to paragraphs 56 to 62  
 14 of your second witness statement.  
 15 As you have candidly accepted, the events of the  
 16 night of the arena attack revealed a real problem with  
 17 the role of certainly the duty NILO, did they not?  
 18 A. It did, sir.  
 19 Q. And as a result, has GMFRS conducted a review?  
 20 A. Yes, sir.  
 21 Q. Has that review considered national guidance?  
 22 A. It has, sir.  
 23 Q. So JESIP and the updates to JOPs?  
 24 A. Yes, sir.  
 25 Q. And also given consideration to the national Fire and

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1 Rescue Service guidance document?  
 2 A. That's correct, sir.  
 3 Q. What I just want to do is to summarise, to the extent  
 4 not operationally sensitive, what the principal changes  
 5 have been.  
 6 First of all, one of the difficulties on the night  
 7 was that the duty NILO was miles and miles away from  
 8 anywhere that was relevant?  
 9 A. That's correct, sir.  
 10 Q. And indeed had significant travelling difficulties to  
 11 get there. What is the position now in terms of the  
 12 mobilisation of a NILO?  
 13 A. The nearest NILO would be mobilised, sir.  
 14 Q. Without going into any sensitive detail, are there  
 15 systems available that identify where the nearest NILO  
 16 to an incident is?  
 17 A. Yes, North West Fire Control would be able to tell where  
 18 that NILO was located.  
 19 Q. Have you increased your cadre of NILOs?  
 20 A. We have, sir.  
 21 Q. And have you implemented recall to duty processes?  
 22 A. We have, sir.  
 23 Q. Have you tested the resilience arrangements around  
 24 those?  
 25 A. We have, sir.

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1 Q. Do they work?  
 2 A. They do, sir.  
 3 Q. Still on the issue of travelling difficulties and  
 4 Mr Berry's travelling difficulties, has that resulted in  
 5 a fundamental change to where the duty NILO will be  
 6 located in the event of an incident?  
 7 A. That's correct. If the duty NILO is not the nearest --  
 8 if the duty NILO is the nearest, they will hand over the  
 9 duty NILO role to someone else and then the nearest NILO  
 10 would mobilise obviously, but the duty NILO would stay  
 11 in situ and be able to have his radios, his computer,  
 12 et cetera, to be able to give the overview and have the  
 13 communications without being distracted by driving.  
 14 Q. So the duty NILO will stay where he is with all of his  
 15 equipment?  
 16 A. Yes.  
 17 Q. He won't drive anywhere at all?  
 18 A. No.  
 19 Q. But the nearest NILO to an incident, they are the NILO  
 20 that will deploy --  
 21 A. That's correct.  
 22 Q. -- in order to provide the advice, which is their role,  
 23 to the incident commander?  
 24 A. Tactical adviser, sir.  
 25 Q. If that role had been in place on the night, Mr Berry

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1 would never have left his home?  
 2 A. That's correct.  
 3 Q. He would have had his telephone without the distraction  
 4 of trying to follow his satnav?  
 5 A. That's correct.  
 6 Q. He'd have had his laptop with the log on?  
 7 A. Yes.  
 8 Q. And on any view it would have been much, much easier for  
 9 him to gain proper situational awareness?  
 10 A. It would, sir.  
 11 Q. And do you agree the upshot is that certainly, or almost  
 12 certainly, he would have discovered quickly that the  
 13 other emergency services were at the scene of the  
 14 attack?  
 15 A. Absolutely, sir.  
 16 SIR JOHN SAUNDERS: The failure to use computers to check on  
 17 the log is not restricted to the NILO. Most senior  
 18 officers didn't do it. It almost looks like the way,  
 19 the culture of the Fire Service is: the bell goes, off  
 20 you go, as I think Mr O'Reilly was saying. But in these  
 21 days of, hopefully, better communications and computers,  
 22 that is not necessarily the best way of working or is  
 23 it?  
 24 A. I think for a lot of the incidents, or the vast majority  
 25 of incidents that we respond to, as I said before,

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1 I would expect once an officer gets mobilised, as an  
 2 incident commander for instance, they would ask a lot  
 3 more questions of the control operator and they would  
 4 get the information very quickly from that individual,  
 5 whereas it would take them 3 or 4 minutes to fire up the  
 6 computer. They'd have to then get the log number and  
 7 then the logs aren't always easy to interpret, there's  
 8 a lot of other information in there, so you have to pick  
 9 through the log.  
 10 SIR JOHN SAUNDERS: Can they be made easier?  
 11 A. I don't believe so, sir. I believe they can get the  
 12 information they require from the control operator if  
 13 they ask the right critical questions.  
 14 SIR JOHN SAUNDERS: One of the troubles is if I'm ringing  
 15 in, I'm a new officer coming on the scene, and I say,  
 16 "Can you tell me the latest update?" Actually, the  
 17 person there doesn't know update from when. And do they  
 18 have to go through the whole thing every time somebody  
 19 calls in?  
 20 A. I think, sir, if an officer was to be going on relief  
 21 duties, they would be told prior, there'd be a relief  
 22 plan that'd be drawn up, they'd be told what time they  
 23 need to get to scene, et cetera, et cetera, so they  
 24 would have the time to go through the log and probably  
 25 speak to someone in the command support room to get an

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1 overview of what is going on before they attend the  
 2 scene.  
 3 From a command structure perspective, I still think  
 4 you could get the information required from the control  
 5 operator in a relatively short space of time.  
 6 SIR JOHN SAUNDERS: If you have enough operators?  
 7 A. Yes, sir.  
 8 SIR JOHN SAUNDERS: Okay, thank you.  
 9 MR GREANEY: Still on this issue of changes that have been  
 10 made to the NILO system, is it important that all Fire  
 11 and Rescue Service crews understand the role of the  
 12 NILO?  
 13 A. That's correct, sir.  
 14 Q. And in particular, that as it now is, the NILO is  
 15 a tactical adviser and tactical adviser only, and not an  
 16 incident commander?  
 17 A. Yes, sir.  
 18 Q. Have steps been taken to ensure that that is understood  
 19 by crews?  
 20 A. Yes, sir.  
 21 Q. What steps have been taken?  
 22 A. Training and informing, sir, and also we commenced some  
 23 malicious threats and mass casualty awareness training,  
 24 which details the role of the NILO inasmuch as other  
 25 things as well around mass casualty and malicious

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1 threats and also sort of MTA incidents, sir.  
 2 Q. So principal changes therefore. There are more NILOs  
 3 now?  
 4 A. Yes, sir.  
 5 Q. The duty NILO stays where he is or she is?  
 6 A. Yes, sir.  
 7 SIR JOHN SAUNDERS: Unless he's the closest.  
 8 MR GREANEY: Unless he's the closest, yes. The closest NILO  
 9 is deployed to the scene?  
 10 A. That's correct, sir.  
 11 Q. If that person is the duty NILO, someone else becomes  
 12 the duty NILO?  
 13 A. That's correct.  
 14 Q. The NILO has been stripped of the responsibility of  
 15 incident commander?  
 16 A. That's correct, sir, they're a tactical adviser.  
 17 Q. And is now, as you have just said, a tactical adviser  
 18 only. And people understand what their role is?  
 19 A. Yes, sir.  
 20 Q. Obviously, Greater Manchester Fire and Rescue Service  
 21 learnt a lesson that night, did they not --  
 22 A. They did, sir.  
 23 Q. -- about the NILO?  
 24 A. Yes, sir.  
 25 Q. And who is to say whether these problems exist in other

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1 Fire and Rescue Services around the country?  
 2 A. The guidance, the national guidance, has been  
 3 subsequently changed, sir, following feedback.  
 4 Q. So have GMFRS fed back their experience --  
 5 A. Yes, sir.  
 6 Q. -- and the ways in which they felt necessary to  
 7 implement change?  
 8 A. Yes, sir.  
 9 Q. And that has driven change at a national level?  
 10 A. Yes, sir.  
 11 SIR JOHN SAUNDERS: Are we going from NILOs?  
 12 MR GREANEY: I was going from NILOs, yes.  
 13 SIR JOHN SAUNDERS: An impression I have is that among some  
 14 firefighters, NILOs may not be held in high regard,  
 15 which may have been made worse by what happened on  
 16 22 May.  
 17 A. Potentially, sir, yes.  
 18 SIR JOHN SAUNDERS: Is that improving, do you think?  
 19 A. Yes, I think with the steps that we've taken to make  
 20 them more of tactical adviser has vastly improved that  
 21 situation. I think if I might --  
 22 SIR JOHN SAUNDERS: We may get a few emails about that.  
 23 That's your general impression having talked to  
 24 firefighters generally, no doubt?  
 25 A. Yes, sir. And we'll continue to work hard to make sure

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1 that staff understand the role and the additional  
 2 benefits that a NILO can still bring to operations.  
 3 SIR JOHN SAUNDERS: Thank you.  
 4 MR GREANEY: I am going to move on to a different change,  
 5 change number 6, which will relate to policies.  
 6 SIR JOHN SAUNDERS: I'm quite happy to stop whenever you  
 7 wish to stop, whenever you think is the appropriate time  
 8 to do so.  
 9 MR GREANEY: I do have in mind that the evidence today has  
 10 been --  
 11 SIR JOHN SAUNDERS: I do understand that too, some of it has  
 12 been very difficult to listen to for at least some of  
 13 the audience.  
 14 MR GREANEY: Exactly, so I'm not going to go on beyond or  
 15 far beyond 4.30.  
 16 Before I turn to policies, so there isn't any doubt  
 17 Mr Suter has found the reference to Mr O'Reilly's  
 18 evidence. It is page 186 of our evidence on 12 July  
 19 {Day131/186:6}:  
 20 "My recommendation would be that the police, fire  
 21 and ambulance are located at least within one building  
 22 and have quick access to each other."  
 23 SIR JOHN SAUNDERS: I think there's been a rapid amendment!  
 24 No. I accept I obviously misheard.  
 25 MR GREANEY: I wasn't raising it for that purpose.

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1 SIR JOHN SAUNDERS: No, we wanted clarity about it.  
 2 MR GREANEY: I did. I'm going to next deal with changes  
 3 that have been made to policies.  
 4 In simple terms, is it the position that policies  
 5 have been updated to reflect what was learnt that night?  
 6 A. Yes, sir, and also to reflect changes in national  
 7 guidance, sir.  
 8 Q. I'm just going to pick up a small number of points from  
 9 this. We've looked a number of times at the GMFRS  
 10 guidance for the control support room during the course  
 11 of the evidence.  
 12 A. Yes.  
 13 Q. Has that guidance been updated?  
 14 A. It has, sir.  
 15 Q. And so I'm going to ask that we have the refreshed  
 16 guidance on the screen. The INQ is {INQ032839/4-5},  
 17 "Activation of the command support room". If you think  
 18 I'm missing anything important, please do tell me:  
 19 "The decision on whether or not to activate the CSR  
 20 will ordinarily be made by the duty assistant principal  
 21 officer (APO) in consultation with the duty group  
 22 manager (DGM)."  
 23 A. Yes, sir.  
 24 Q. "The DGM will ordinarily take command of the CSR and  
 25 become the command support room officer (CSRO). The APO

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1 may choose to attend the CSR to support the CSRO unless  
2 mobilised to the incident by Fire Control."

3 A. That's correct, sir .

4 MR GREANEY: This is as good a time as any to stop for the  
5 day: the BlueJeans connection has gone down for the  
6 stenographer.

7 I'll return to this topic tomorrow. I don't have  
8 very much more to go, I would hope not much more than 30  
9 or 45 minutes at the maximum. As I stand here, I am not  
10 certain whether we will be starting tomorrow with  
11 Mr Parry or Mr Keelan, but we will let everyone know as  
12 soon as we can. We are sorry for the uncertainty, but  
13 I am confident people will understand the situation  
14 we are seeking to manage.

15 SIR JOHN SAUNDERS: Whoever we have, 9.30 tomorrow.  
16 (4.24 pm)

17 (The inquiry adjourned until 9.30 am  
18 on Thursday, 14 July 2021)

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