

OPUS2

Manchester Arena Inquiry

Day 137

July 21, 2021

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1 Wednesday, 21 July 2021
 2 (9.30 am)
 3 SIR JOHN SAUNDERS: Good morning.
 4 MR DE LA POER: Good morning, sir. We are joined again by
 5 former Chief Constable Ian Hopkins. I'm very grateful
 6 to him for making himself available to come back. Can
 7 I now please invite questioning on behalf of the
 8 bereaved families by Mr Weatherby QC.
 9 SIR JOHN SAUNDERS: Thank you very much.
 10 MR IAN HOPKINS (continued)
 11 Questions from MR WEATHERBY
 12 MR WEATHERBY: Good morning, sir.
 13 SIR JOHN SAUNDERS: Good morning.
 14 MR WEATHERBY: Can you hear me and see me, please?
 15 SIR JOHN SAUNDERS: Yes, we can, thank you.
 16 MR WEATHERBY: Good morning, Mr Hopkins.
 17 A. Good morning.
 18 Q. I want to start by asking you some further questions
 19 about the FDO's position and the subsequent move of the
 20 FDO and his support team to HQ.
 21 You've told us already that you were -- you joined
 22 GMP in 2008 at a very high rank. By 2011 you were the
 23 deputy chief constable, so number 2 in the force, and by
 24 2015 you were chief constable. Would you agree with me
 25 that you were in a very good position to be sighted on

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1 issues surrounding the FDO?
 2 A. I think what I would say is, by way of background, the
 3 period from 2008 through to around 2012 was actually
 4 a very different philosophy was being followed in the
 5 operations communications branch. So Mr Pilling's
 6 evidence talked about bringing the role of the radio
 7 controller and the call handler back together.
 8 Actually, during that period prior to that, we had
 9 separated it out because we felt that they should be
 10 professionalised, there should be a career route within
 11 that branch for people to specialise with those
 12 different functions.
 13 So at that point, the move around the force duty
 14 officer wasn't being considered, we were building the
 15 new headquarters that we moved into in 2011, in
 16 November 2011, and it was never conceived in the
 17 construction of that headquarters that the FDO would be
 18 positioned at headquarters.
 19 The reason for that, Mr Weatherby, was that it was
 20 felt that the HQ was so sensitive and because of the
 21 operationally sensitive environment that was taking
 22 place in there, that there was a risk that if the
 23 communications branch and the FDO was there and
 24 headquarters was taken out, it would leave the force
 25 vulnerable. So we were operating on a model of wanting

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1 more than one site for resilience .
 2 Obviously, from 2012 onwards, when we started to
 3 consider moving the FDO, yes, I am sighted on that and
 4 I've seen Mr Pilling's evidence and I know that
 5 Chief Superintendent Clements will also give evidence
 6 in relation to that. What I would say was that some of
 7 what I said last week around the impact of financial
 8 decisions that we were having to make -- and moving the
 9 FDO was really complex that involved estates, it
 10 involved technology changes, we were building new server
 11 rooms, and it wasn't a straightforward thing to deliver
 12 and at a significant cost, as you are now aware.
 13 Q. That's all very helpful, but can I just take it in
 14 stages? I think you're agreeing with me, first of all,
 15 that you were in a very good position to be sighted on
 16 these issues and indeed it appears from what you've just
 17 helpfully said that these were issues that were being
 18 proactively considered and talked about right from your
 19 arrival in GMP in 2008?
 20 A. As I say, not moving the FDO per se until around 2012,
 21 but yes, sighted from a strategic perspective, but not
 22 the level of detail that others can give evidence on.
 23 Q. And your position on Thursday to Mr Greaney was that you
 24 agreed that it would have been of real value for the FDO
 25 on the night to have had someone similarly experienced

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1 to support him, but you also said that at the time,
 2 2017, you had had sufficient support and people for the
 3 FDO to delegate to. Is that a fair summary of the
 4 evidence you gave to Mr Greaney on this point?
 5 A. That is a fair summary and, as I said, also I would have
 6 expected the FDO to have been carrying out the basic
 7 functions such as the tri-service communications, such
 8 as informing the other emergency service partners.
 9 Q. Yes. So it follows from that that you're implying that
 10 some of the failures on the night were simply down to
 11 the FDO not doing that?
 12 A. Well, I haven't seen all of the FDO's evidence, sir, but
 13 I'm aware that there have been difficulties and changing
 14 stories around the reasons for that on the night. But
 15 I would have expected those functions to have taken
 16 place and that there would be sufficient support for the
 17 FDO to have carried out those functions or delegated
 18 them to somebody to do that.
 19 Q. So looking back on it, would you agree that there were
 20 two problems? First of all there wasn't sufficient
 21 support for the FDO and, secondly, the FDO didn't
 22 perform very well?
 23 A. I think there was sufficient support. Not to the same
 24 level that we've now been able to put in place, or GMP
 25 have now put in place, to do those basic functions.

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1 I think as to whether the FDO didn't perform very
 2 well --
 3 SIR JOHN SAUNDERS: You can leave that to me perhaps
 4 (overspeaking) if that's all right with you not to
 5 pursue that.
 6 It may not be the number of people that were
 7 sufficient to support him, it's actually how they were
 8 organised on the night may have been the problem.
 9 A. I don't know the detail of exactly how that support was
 10 there.
 11 SIR JOHN SAUNDERS: We know the action cards weren't in
 12 position, so if you're going to delegate someone to do
 13 something you have to tell them what to do and quite
 14 often it's easier to do it yourself.
 15 A. I think that's possibly true. Those action cards had
 16 been emailed and (overspeaking) chief inspector had sent
 17 out -- that actual force duty inspector on that night
 18 had sent out an aide-memoire that -- he had personally
 19 written most of it and it did include those actions on
 20 there.
 21 SIR JOHN SAUNDERS: Okay. Thank you, Mr Weatherby.
 22 MR WEATHERBY: Thank you.
 23 So my understanding of GMP's position, and this goes
 24 back to when you were at GMP, is that GMP accept that
 25 the FDO position was overburdened and that indeed this

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1 was a problem that was known within GMP for a long time
 2 before 22 May.
 3 A. I think the evidence that's been given by Mr Pilling
 4 accepts that there was huge demand on the FDO and that's
 5 why the subsequent work to improve that position has
 6 taken place.
 7 Q. Okay. Well, we'll revisit this later and perhaps we'll
 8 have a look at what GMP said in opening, which
 9 presumably you signed off as you were chief constable
 10 at the time; yes?
 11 A. Yes, sir.
 12 Q. So given your leadership position, are you accepting
 13 that you were aware of issues of the FDO being under
 14 pressure, overburdened, overwhelmed, whatever word we
 15 want to choose, prior to 22 May?
 16 A. I was aware that were we were wanting to improve that
 17 position. I don't recall specific conversations or
 18 documentation that says it was so critical that it
 19 needed to be done immediately.
 20 Q. Okay. Looking back, do you think you ought to have been
 21 aware of the difficulties surrounding the FDO position
 22 given your position?
 23 A. I've reflected long and hard about some of this. As the
 24 chief constable, you put in place processes and systems,
 25 teams, to review things, to work through those details,

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1 and to bring papers back to the executive level to agree
 2 on changes. So that's where I would have got my
 3 knowledge from. I wouldn't have been into the detail
 4 around the FDO move.
 5 Q. Okay. So if there were problems with the FDO position,
 6 it was other officers below you in the chain who perhaps
 7 didn't bring you up to speed with the level of those
 8 difficulties; is that your position?
 9 A. I think my position is that -- not "I think", my
 10 position is this: we were aiming to put greater
 11 resilience around the FDO to bring it into force
 12 headquarters and I was aware of the work that was going
 13 on around that. I was not aware, nor was I made aware,
 14 that it was so critical that that needed to take
 15 priority over other things that we were dealing with
 16 during those periods.
 17 SIR JOHN SAUNDERS: The question of how critical it is may
 18 depend on events, may it not? Assuming it was known
 19 that if there was a real emergency then the FDO may be
 20 put under pressure, which he couldn't cope with, and
 21 that does seem to be the position that people knew that.
 22 The fact that something did happen on 22 May 2017, when
 23 it hadn't been dealt with, means that it was actually
 24 critical and no one foresaw that that was going to
 25 happen. But it did happen and so perhaps people should

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1 have been looking at it as being more critical.
 2 A. I can absolutely understand that point, sir. There was
 3 other emergencies, other major incidents, that we dealt
 4 with, where they were able to deal with it in
 5 a satisfactory manner.
 6 SIR JOHN SAUNDERS: Okay.
 7 MR WEATHERBY: As chief constable, as part of the senior
 8 leadership team before you were chief constable, as
 9 you have stated this morning, you can't be aware of
 10 everything, you have to delegate and you have to rely on
 11 other senior officers, don't you?
 12 A. Yes.
 13 Q. But when we are looking at the force duty officer, this
 14 is the person who is absolutely at the core of GMP's
 15 operations for business as usual and for emergency
 16 situations?
 17 A. They are, and I will refer back to what I've already
 18 said: you rely on the fact that there are other senior
 19 colleagues, very senior colleagues, assistant
 20 chief constables, that have that area of business,
 21 chief superintendents, that would have needed to have
 22 made me aware if they had felt that position was
 23 critical. My role is to make sure that there's the
 24 governance and the systems in place that provide those
 25 checks and balances and actually I believe I did that.

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1 When HMIC did the PEEL inspection, as it's known, police
 2 efficiency, effectiveness and legitimacy, in 2016, GMP
 3 was overall good, good for effectiveness, good for
 4 efficiency and good for legitimacy. So that for me was
 5 the testing that was going on around the systems and
 6 governance that we had in place.

7 Q. I'll move on in a minute, but just this: the FDO is
 8 at the very centre of the GMP emergency response wheel
 9 and if things go wrong, as chief constable, the buck
 10 stopped with you. Therefore this wasn't simply somebody
 11 who was doing an important job but in charge of some
 12 division or some training or something like that, this
 13 was the person who, if they failed, it would have an
 14 extremely significant effect on the whole GMP response
 15 to an emergency. That's the importance of it, isn't it?

16 A. I absolutely understand the importance, but as I say,
 17 I would have still expected those basic functions that
 18 weren't done to have been done, and in other
 19 emergencies, and we dealt with some considerable
 20 emergencies and considerably large events from that
 21 period from 2012 to 2017, the FDO didn't fail to the
 22 extent it did on the night of 22 May 2017.

23 SIR JOHN SAUNDERS: There is a big difference, isn't there,
 24 between spontaneous events and events you know are going
 25 to happen, which are called planned events. And clearly

1 it is much easier to deal with planned events and have
 2 the necessary resources in position. It's really the
 3 spontaneous events which show up any weaknesses in the
 4 system.

5 A. I agree, but in my analysis of that period — in 2011,
 6 there was riots, 2016 significant floods, all of which
 7 were spontaneous events. The evacuation of
 8 Manchester United on the last day of the Premier League
 9 season in 2016, I believe it was, were spontaneous
 10 events and it didn't throw up the failures that we're
 11 now talking about from May 2017.

12 SIR JOHN SAUNDERS: Can I just ask this: the FDO model,
 13 obviously there are differences between big metropolitan
 14 police forces and more rural smaller police forces, is
 15 the same model employed by other big police metropolitan
 16 police forces, is it, across the board?

17 A. It is, sir. We're talking about one individual, but
 18 there is a group of people that are managing the force
 19 on a 24/7 basis, so in a metropolitan force like GMP
 20 we would have a superintendent 24 hours a day that is
 21 there to support the FDO as well as other senior leaders
 22 across the force area, whereas smaller forces wouldn't
 23 have that. In my first ever force — second ever force,
 24 I used to be the duty inspector for the outside and
 25 there was a force duty inspector for the control room

1 and that was it. Everybody else was on call. That's
 2 the difference.

3 SIR JOHN SAUNDERS: Having another officer — I'm sorry,
 4 Mr Weatherby, to take over. Having a superintendent
 5 there all the time, one of the — they are there to
 6 help, I understand that. But actually they're not going
 7 to be there checking that things are being done by the
 8 FDO because, as we heard from the Gold commander, she
 9 said: it's not my job to check up on where the FDO is,
 10 I have to assume they've done it.

11 A. Yes.

12 SIR JOHN SAUNDERS: So although they are there to support
 13 when asked to do something, they are actually not there
 14 checking up things are being done.

15 A. No, but they are there — the duty superintendent for
 16 the force is there to provide that support for the FDO,
 17 to ask relevant questions, and there was the team around
 18 the FDO with the force duty supervisor and others, but
 19 I accept that there were failings on 22 May.

20 SIR JOHN SAUNDERS: Okay, thank you, Mr Weatherby.

21 MR WEATHERBY: Just continuing with this theme for a moment
 22 in terms of what came across your desk, could we have
 23 {INQ040408/1}, please, Mr Lopez.

24 This is an email thread. Can we go to
 25 {INQ040408/3}, please, at the bottom.

1 This is an email, 28 March 2017, from you,
 2 Mr Pilling and Mr Potts, and you're passing on an email
 3 I'm just about to show you to have it actioned, and
 4 I think you're familiar with this.

5 If we can just quickly look at the next page,
 6 please, Mr Lopez {INQ040408/4}. This is from Mr Habgood
 7 who is the national lead on Plato, I think.

8 A. He was the national lead for Protect and Prepare for —

9 Q. Protect and Prepare, thank you. Here, he is circulating
 10 information regarding the HMIC inspection, which
 11 included GMP, in October and November 2016. He
 12 expressly raised the gap that had been highlighted
 13 in that inspection and he referred to the national
 14 amended guidance on Plato. He is saying to you and
 15 everybody else that that was circulated and that forces
 16 had confirmed that everyone had started or completed
 17 changes to their own plans in accordance with that
 18 renewed guidance.

19 But he also, as it says in the first paragraph,
 20 pointed at gaps that the inspection had raised. That
 21 included advice to unarmed officers in an MTFa situation
 22 and it included how the FDO, the FCR manager, would
 23 cope; yes?

24 A. Yes.

25 Q. This, of course, is just less than 2 months before the

1 bombing and it raises the issue, doesn't it, of the
2 overburdening point across your desk?
3 A. It does, which is why I actioned that within 3 hours of
4 receiving that email to a senior colleague.
5 Q. Yes. I'm not suggesting otherwise. In fact, I was
6 going to take you to that. In fact, let's do it now.
7 As I say, Mr Habgood indicated that it had been checked
8 with forces and that everybody, presumably including
9 GMP, had started or completed changes to the existing
10 plans. The reality was that in fact that hadn't really
11 happened. You'd passed this on within 3 hours, but in
12 fact if we go up to {INQ040408/2}, we can see that in
13 fact the work that needed to be done wasn't in fact
14 tasked until 2 May; yes?
15 A. Yes.
16 Q. You passed it on and then it wasn't actioned for over
17 a month. Are you aware why Mr Habgood seems to have
18 understood that GMP had begun to do their review or
19 completed it even when he sent that email to you?
20 A. I can't answer why there was the delay or what
21 information was passed to Mr Habgood, I'm sorry.
22 Q. Did you follow up your email? And given the importance
23 of it, should you have?
24 A. Well, my email actually said that I wanted it bringing
25 back to the next Chief Officers' Group and that's the

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1 high-level meeting that's the, if you want, effective
2 board meeting. That was me showing the importance of
3 it, but also wanting an audit trail, minuted, that the
4 action had been taken.
5 Q. Absolutely. So you were expecting, because of the
6 importance and seriousness of this, it to be actioned
7 and you were expecting it to come back across your
8 vision at least by the next COG, Chief Officers' Group,
9 meeting?
10 A. Absolutely, yes.
11 Q. Thank you very much. That's very clear.
12 Mr Lopez, can we take that down and put up
13 {INQ040937/1}, please.
14 Here, in fact, is the next — I think it's the next
15 COG meeting, which is 27 April 2017. These are the
16 minutes from it; yes?
17 A. Yes.
18 Q. We can see on page 1 you chaired it.
19 A. Yes, that's correct.
20 Q. I'll be corrected if I'm wrong. So far as I can see,
21 there is no mention of the Plato policy updating process
22 that was supposedly set in process in March or indeed
23 the HMIC feedback at all.
24 A. I have read these minutes, sir, and it isn't in there,
25 unfortunately.

14

1 Q. No. You just told us very helpfully that you would have
2 expected, given the importance of the Plato policies
3 being updated, and we have heard a lot of evidence about
4 how they were, you have told us that that should have
5 come back to the next COG meeting and it didn't. What
6 did you do about it?
7 A. I can't recall, sir. The meetings are minuted, there is
8 a team that works behind them to follow up actions, to
9 agree with the deputy chief constable the agenda on my
10 behalf. I do not recall why it didn't come back to that
11 meeting.
12 Q. And apparently you didn't raise it?
13 SIR JOHN SAUNDERS: It got overlooked it looks like.
14 (Overspeaking) diarising presumably or somebody ought to
15 be diarising that it ought to be brought up at this
16 meeting?
17 A. There is a team that sits behind this in the external
18 relations and performance branch that manages the COG
19 meeting. The actions — sends out action reminders and
20 updates, it should have got done in there, sir. I don't
21 know why it didn't.
22 SIR JOHN SAUNDERS: And from what you can see of the
23 material you have seen, it just seems to have been
24 overlooked?
25 A. That is what I can draw from this, I'm afraid, yes.

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1 SIR JOHN SAUNDERS: I'm sure that's where you were going,
2 Mr Weatherby.
3 MR WEATHERBY: It was, yes indeed.
4 So given the seriousness of the importance and given
5 that at about the time the national guidance came out
6 there was an appalling attack in London, it's just not
7 good enough, is it?
8 A. No, it isn't. I had shown the level of seriousness with
9 which I was treating it by dealing with it in the way
10 that I did and it should have come back and it didn't.
11 Q. Yes. So somebody else's fault?
12 A. Well, ultimately, you know, I am the chief constable,
13 and I am accountable for the organisation, but you ask
14 people in good faith to do something that is really
15 important and they clearly didn't.
16 Q. Yes, indeed. Page 8 of that document, please, Mr Lopez.
17 It's paragraph 9 {INQ040937/8}.
18 Although the email thread that we've just looked at
19 and the action that should have resulted from that
20 didn't come back from that COG, apparently there was
21 discussion about the ongoing issue of the move of the
22 FDO eventually to force HQ; yes?
23 A. Yes, sir.
24 Q. When this was raised, did this not prompt you to think:
25 well, hang on a minute, only a month ago we were putting

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1 in place changes to the Plato plan and there was that
 2 issue about the FDO and whether he or she could cope?
 3 Did that not prompt a recollection of action to be
 4 taken?
 5 A. Sir, the amount of things that I dealt with on a daily
 6 basis, let alone in the previous month, I can't recall
 7 whether it prompted me to mention it or not or others
 8 in the room had been tasked with carrying out that
 9 action. I don't think I can add anything to that.
 10 Q. Okay.
 11 SIR JOHN SAUNDERS: Mr Weatherby, do you mind if I go back
 12 on something? I'm sorry to do this. Can I just
 13 understand the position with the FDO? As I understand
 14 it, the FDO had originally been at police headquarters.
 15 A. In what time frame, sir?
 16 SIR JOHN SAUNDERS: Are we talking about pre-2012?
 17 A. From my experience with GMP, they were always at
 18 Clayton Brook. There were four sites across the force
 19 at that time, but the force duty officer was at
 20 Clayton Brook in all of my time in Greater Manchester
 21 Police.
 22 SIR JOHN SAUNDERS: I understood you saying it was moved out
 23 at some stage, before your time?
 24 A. I think it must have been because of the issue of
 25 resilience and that's why, when the new headquarters was

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1 built -- this is what I was trying to explain -- there
 2 was no discussion about putting it in there because of
 3 the perceived risk.
 4 SIR JOHN SAUNDERS: Yes, I understand that. And also career
 5 development, you said, was another aspect of it?
 6 A. Yes, because it was felt, prior to 2012, the radio
 7 operators and the call handlers had two very specific
 8 roles and that it required a different skill set to
 9 answer emergency calls --
 10 SIR JOHN SAUNDERS: Can I say, I understand that. It's
 11 a slightly different point I'm coming to, which is it's
 12 moved out at some stage, not under your auspices, for
 13 what appeared to be good reason.
 14 A. Absolutely.
 15 SIR JOHN SAUNDERS: No doubt involving the expense of
 16 setting somewhere up. Then, for whatever reason, it's
 17 moved back, for no doubt again perfectly good reasons,
 18 and as you told us, this was an expensive and
 19 a long-term project?
 20 A. Yes.
 21 SIR JOHN SAUNDERS: Thank you.
 22 MR WEATHERBY: One of the reasons for moving the FDO to HQ
 23 or back to HQ was to resolve the problem of them being
 24 away from a command structure which would coalesce in
 25 a major incident at HQ; is that right?

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1 A. Certainly in the latter years, the thinking has been
 2 that the closer they are to that command structure, the
 3 easier it makes it, which is why it was -- what's been
 4 done has been done. I think over the years thinking
 5 changes, people's positions change, technology was
 6 always seen as a real advantage and that physical
 7 location wasn't necessarily that important because
 8 technology would overcome that.
 9 Q. Okay. But by 2012, I think you were telling us earlier,
 10 and certainly we've heard earlier evidence about this,
 11 by 2012 there was certainly a move to relocate the FDO
 12 at HQ?
 13 A. Yes, that's when it started to develop.
 14 Q. Yes, so about 2012, and here we are in 2017, and
 15 if we just read 9.2:
 16 "The board approved the commencement of consultation
 17 with the FDOs to relocate to HQ as previously agreed."
 18 Five years on, we're just talking about talks,
 19 aren't we?
 20 A. I think, as I've tried to articulate a couple of times
 21 to the inquiry, over that period, with the savings that
 22 we made, we closed 14 buildings, released five leases on
 23 premises. We were going through a major information
 24 systems change, the buildings of new servers, because
 25 the old server room was located under the old

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1 headquarters -- these were things you could not just do
 2 overnight, unfortunately, because to have done it
 3 without the infrastructure around it would have provided
 4 a sub-optimal model. The minute that we're looking at
 5 9.2 about the consultation, you're not talking -- the
 6 FDO is a police officer, but the teams around the FDO
 7 are mostly not police officers and so you have to
 8 undertake that consultation in terms of their terms and
 9 conditions to be able to move them. I couldn't, as
 10 I could with the police officers, just say, "You're now
 11 going to work in that location". You have to
 12 negotiate/work with the unions over their terms and
 13 conditions, et cetera. So that's just one of the
 14 elements that plays into --
 15 Q. I'm not quibbling with you about the need for
 16 a consultation. Consultation no doubt is essential.
 17 But this is 5 years down the line. What's the reason --
 18 and you were senior leader team all through that period
 19 and chief constable since 2015. Is the short answer
 20 here that this move of the FDO to HQ took some planning,
 21 was very expensive, and austerity held it back?
 22 A. I have been trying to explain some of those difficult
 23 financial decisions. It was very expensive and there
 24 was an awful lot of focus on the other elements of the
 25 service that we were having to reorganise just to be

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1 able to do day—to—day business. It was not a simple
 2 project.
 3 Q. So is the answer to my question "yes"?
 4 A. I think in many ways, yes.
 5 SIR JOHN SAUNDERS: Just help me about this, and you may not
 6 be sighted entirely on Operation Winchester Accord, but
 7 as I understand it, Winchester Accord was a year before
 8 in 2016. On that exercise, the FDO, as I understand it,
 9 was at headquarters and the reason for that, as
 10 I understood it, was that it was anticipated that the
 11 FDO would be moving there. It does seem quite a long
 12 gap between — if we haven't even had consultation with
 13 the FDOs by then or was it just convenient to everybody
 14 to do it that way, or maybe you don't know the answer?
 15 A. I know that Winchester Accord was designed to test the
 16 FDO in that environment. I think Mr Pilling gave
 17 evidence on that. Other than that, I can't really
 18 comment, sir.
 19 SIR JOHN SAUNDERS: Okay, thank you.
 20 MR WEATHERBY: Finally, before I move on, obviously for the
 21 whole of this period you were a senior officer and then
 22 chief constable. I can see, after the bombing,
 23 open—source reporting of you raising the issue of cuts
 24 but I have been unable to find publicly available
 25 material about you raising austerity or cuts prior to

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1 the bombing. Did you in fact do so?
 2 A. I believe that my entire time as chief constable I was
 3 doing that and also in the time that I was deputy
 4 chief constable, raising it — I remember a conversation
 5 with the policing minister at the time, it would have
 6 been around 2015, in terms of the number of officers
 7 that GMP had lost — that was a private conversation —
 8 and working with the National Police Chiefs' Council to
 9 influence government as well around the level of cuts
 10 and as well raising it with the police and crime
 11 commissioner, who — a lot of this was very political
 12 and the police and crime commissioner was there to deal
 13 with the politics as well.
 14 So I constantly raised it throughout my time
 15 (overspeaking) —
 16 Q. So you raised it with ministers —
 17 A. — (overspeaking) being chief constable was about trying
 18 to reconstruct the organisation in a different way that
 19 would cope with the level of cuts that we faced.
 20 Q. So you raised it with ministers and with the police and
 21 crime commissioner. Would it be fair to say your
 22 efforts fell on deaf ears?
 23 A. I think history shows very much that those efforts fell
 24 on deaf ears and for much later.
 25 SIR JOHN SAUNDERS: And your evidence is that the cuts fell

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1 disproportionately on Manchester as compared with other
 2 areas?
 3 A. Absolutely, yes. As I said last week, that is publicly
 4 available data from HMIC.
 5 SIR JOHN SAUNDERS: I've got that point, thank you.
 6 MR WEATHERBY: We've had that evidence, I'm not going to go
 7 back over it.
 8 Finally this. You have helpfully told us what you
 9 did behind closed doors with ministers and the police
 10 commissioner, but prior to the bombing were you raising
 11 the cuts and austerity publicly?
 12 A. I used to regularly do a phone—in on BBC Radio
 13 Manchester and that used to come up regularly as
 14 an issue and I was trying to explain how we were having
 15 to redesign, how we were having to assess everything
 16 against threat, harm and risk to what we were able to
 17 respond to. Then I certainly remember a very short time
 18 after the bombing going very public about the number of
 19 officers and being asked, why are you raising this now,
 20 and explaining the fact that it takes a long time to
 21 recruit and train a police officer and this would have
 22 a very long tail.
 23 Q. I did preface my questions by indicating that you had
 24 done that before the bombing.
 25 A. Yes. I had been doing it publicly, perhaps not as

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1 overtly as I did in the summer of 2017, because the
 2 demands of that summer were unbelievable, from the
 3 moment of the atrocity through to everything GMP dealt
 4 with in the weeks afterwards, then the protests over the
 5 summer. The organisation was creaking at that point.
 6 Q. I understand that. Can I move on to your role on the
 7 night. Mr Greaney asked you on Thursday about this and
 8 put to you that your role in supporting ACC Ford, the
 9 Gold commander, by taking on tasks for her was "of great
 10 assistance to her". And you agreed with that
 11 formulation of words, yes?
 12 A. Yes, and as I explained, that wasn't the only thing that
 13 I was doing, but absolutely (inaudible: distorted) to
 14 the Gold commander, I was (overspeaking) —
 15 Q. Okay. So you weren't part of the command structure
 16 per se, but as chief constable you saw your role,
 17 entirely properly, to assist the Gold commander to
 18 ensure that the command structure worked optimally;
 19 is that a fair way of putting it?
 20 A. No, I don't think that's a fair way of putting it. It's
 21 to the Gold commander to make sure that the system was
 22 working optimally. I was there to make sure that she
 23 had the space to do that by dealing with all of the
 24 other issues that I talked about and, as I said last
 25 week, starting to consider how were we going to run the

24

1 force from the very early hours of that morning to
 2 continue responding to incidents, how were we going to
 3 deal with everything that was going to be thrown at us,
 4 the investigation and all of those things, community
 5 impact.
 6 Q. In your statement, and I don't think we need to put it
 7 up on the screen, at paragraph 36, let me just quote to
 8 you, you say:
 9 "My role that night was strategic, not operational.
 10 I was very much there to support the operational
 11 response, not to take the role of Gold commander, rather
 12 to support ACC Ford in my role as chief constable."
 13 A. Yes.
 14 Q. That's the position, isn't it?
 15 A. It is.
 16 Q. So not part of the command structure, but there to
 17 support in your role as the top officer?
 18 A. Yes.
 19 Q. Ultimately, as I said before, the buck stopped with you,
 20 didn't it? So you would have been very keen to engage
 21 as quickly as possible to support your commanders to be
 22 as effective as possible?
 23 A. I absolutely understood my responsibilities.
 24 Q. At paragraph 35 of your statement, you point out that
 25 you had:

25

1 "... a vast wealth of policing experience to offer
 2 advice and guidance to senior colleagues and
 3 stakeholders."
 4 A. That's correct.
 5 Q. You first spoke to Debbie Ford at 22.57. Can you help
 6 us, did you ask her whether the basics of a response to
 7 this atrocity were in place at that time? Did you ask
 8 her, "Have we done this, have we done that"?
 9 A. I didn't ask her had the basics been done. I remember
 10 talking to her about command and control being
 11 established, which for me, that is — that's the basics,
 12 it's the first principle of any major incident or any
 13 incident to put in place command and control. We had
 14 that conversation, she was about to make her way into
 15 headquarters to oversee that, so that was the level of
 16 conversation at that point.
 17 Q. Yes. So as chief constable to Gold commander, you would
 18 have been trying to get from her what she knew and you
 19 would be asking about matters that needed to be done and
 20 needed to be done quickly; is that fair?
 21 A. That's fair, but not to the level of detail of saying,
 22 "Have we told the other emergency services?" Those are
 23 the things I would have expected to have been done.
 24 Q. Okay.
 25 SIR JOHN SAUNDERS: So this is where I have a slight

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1 problem. I do understand how you can't go back—checking
 2 everybody. But the FDO has given evidence that he
 3 deliberately made a decision not to declare
 4 Operation Plato to the other emergency services. If
 5 you'd been told that at the time, what would you have
 6 said about that decision? You don't need to tell me in
 7 detail, but presumably you'd have said it's wrong.
 8 A. I would have overturned it. And shortly after speaking
 9 to Debbie, I received the text from Peter O'Reilly,
 10 probably within 25 to 30 minutes, and he was clearly
 11 aware. So that didn't lead me to ask any further
 12 questions.
 13 SIR JOHN SAUNDERS: This is not necessarily you, this is the
 14 whole principle of how one operates.
 15 A. Absolutely.
 16 SIR JOHN SAUNDERS: So if it is right that the FDO made that
 17 deliberate decision, and if it is right that that was
 18 the wrong decision and that everyone would have said,
 19 there is actually no — despite this command structure
 20 going up, no one is actually asking that question: have
 21 you done that critical thing? That seems to me, from
 22 what you say, has to be the way it operates.
 23 A. I think you're absolutely right. I think... To me, as
 24 I said, with all of the things that we've ever dealt
 25 with, those basic things get done, and certainly at my

27

1 level I shouldn't be having to ask: have you told the
 2 other emergency services?
 3 SIR JOHN SAUNDERS: This is not personal in any way, this is
 4 about how the structure works.
 5 A. The structure should have pulled that out, I agree with
 6 that.
 7 SIR JOHN SAUNDERS: How?
 8 A. Either through questioning or through the logs being
 9 shown to commanders or through the communication that
 10 was going on in the room at the time.
 11 SIR JOHN SAUNDERS: So who should have asked the question to
 12 find out it hadn't happened or who should have looked at
 13 a log and seen it hadn't happened?
 14 A. The first person who has to ask the question is the
 15 Silver commander because they're the next layer up.
 16 Very quickly you'd expect the Silver commander to be
 17 having support in terms of a staff officer or a loggist
 18 who would start to go through those things and check.
 19 But in an emergency like this, those things still take
 20 time and you're not going to get that until probably
 21 after the first hour.
 22 SIR JOHN SAUNDERS: I'm sorry, Mr Weatherby, I'm sure you
 23 were going to deal with all this, but if you don't mind
 24 me doing it as well.
 25 MR WEATHERBY: Not at all.

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1 SIR JOHN SAUNDERS: So we've got an FDO who on his evidence
 2 makes a decision which is wholly unexpected and you
 3 believe entirely wrong, if he's right about what he
 4 says. You then have a Silver commander who actually has
 5 never heard of Operation Plato, which again I'm not
 6 saying it's his fault, but whoever's fault it is, he
 7 certainly should have known about it. So he is not
 8 going to ask the question because he didn't know what it
 9 was.

10 A. No, but not knowing about Plato and not knowing about
 11 the basics of command and control I believe are two very
 12 different things, and that individual has been in
 13 command positions, the Silver commander this is. They
 14 sat alongside me at a much junior rank when I was the
 15 Gold commander for Operation Protector, which is the
 16 party political conference security operation, as my
 17 staff officer.

18 SIR JOHN SAUNDERS: So even if he didn't know about
 19 Operation Plato, he should have known that he ought to
 20 be telling the other blue light services and, if so,
 21 telling them what?

22 A. Absolutely they should be known because they are then
 23 arranging for those people to come together in that room
 24 at headquarters to have that multi-agency response.
 25 So I don't believe in that first hour you would be

29

1 able to get into the level of detail of checking the
 2 logs. I think that comes at a later point. But those
 3 basic things about who knows what, who's going where,
 4 should have been done.

5 SIR JOHN SAUNDERS: We may need to come back about checking
 6 the logs in the first hour because in some ways that
 7 does look to be quite a critical thing to be doing
 8 in that critical first hour.

9 A. Now that there is additional support around the FDO —
 10 and I don't know whether this is what they've put in
 11 place since, I am no longer there, sir — you would
 12 expect that somebody takes that role. That would be my
 13 expectation. I would hope that that's been put in
 14 place, but I can't answer that fully, I'm afraid.

15 SIR JOHN SAUNDERS: Thank you, Mr Weatherby.

16 MR WEATHERBY: In your statement, you outline a number of
 17 calls to Debbie Ford. What was the point of those calls
 18 if it wasn't to say, "What do you know", and have you
 19 done this", the headline things, not drilling into the
 20 detail? I fully take your point on that, but what's the
 21 point in you having contact with Debbie Ford if you're
 22 not trying to get information from her and check that
 23 basic things are being done?

24 A. I was getting — the point of the calls was to get
 25 updates from her, sir, to find out what was going on, to

30

1 help me think about what we needed to be doing next.
 2 But the calls were relatively short because I was also
 3 very conscious that Debbie is trying to do that work and
 4 what she didn't need was me taking up an inordinate
 5 amount of time on the telephone with her when I was
 6 making my way to headquarters to be there anyway.

7 Q. Let me put a series of points to you. When you spoke to
 8 Debbie Ford at 22.57, or thereafter, knowing something
 9 of what was going on, ie that there had been a terrorist
 10 outrage, did you say to her, "Have we declared Plato?
 11 Have we deployed armed officers"?

12 A. I didn't specifically ask her if we'd declared Plato.
 13 I'm trying to think — did she tell me that armed
 14 officers were making their way from other forces?
 15 I can't remember at what point I was told that was
 16 taking place. I knew armed officers were making their
 17 way from other force areas across the north-west.

18 Q. Standing back from your recollection, and I understand
 19 it's 4 years on, and these weren't recorded calls, but
 20 standing back from that, at 22.57 and thereafter, the
 21 calls you had with the Gold commander, these are
 22 questions that you really had to ask, weren't they:
 23 there's a terrorist outrage, is it a Plato, have we
 24 declared, have we deployed armed officers?

25 A. I can't remember at what point I asked for this, but

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1 I asked for a timeline of the events of the evening, and
 2 it was very clear on there that at 22.47 Plato had been
 3 declared. This is what I was given, I think, before the
 4 early hours of the next morning.

5 Q. Okay.

6 A. I can't remember at what point I was told Plato had been
 7 declared, but I was specifically told it had been
 8 declared.

9 Q. Okay. Will you agree with me that these are the sorts
 10 of questions, headline questions, not drilling down into
 11 the detail, and I take your point about the command
 12 structure having to do its work, but as chief constable:
 13 have we deployed armed officers, has a command structure
 14 been mobilised, have we told our unarmed officers about
 15 stay safe, are we evacuating members of the public, have
 16 we communicated with ambulance and fire? Headline, not
 17 detailed questions, but these are the sorts of questions
 18 that you really had to ask Debbie Ford; is that right?

19 A. I don't believe to that level of detail I should be
 20 asking those questions. I ascertained with her that
 21 command and control was being established, that the
 22 response was taking place. I asked her about — well,
 23 we had a conversation about armed assets being deployed.
 24 These are people that are trained and accredited and are
 25 signed off as operationally competent. Those are the

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1 things you would just expect them to be doing because
 2 they should be. It shouldn't be that I need to ask that
 3 level of detail .
 4 SIR JOHN SAUNDERS: I do understand that but I think I'm
 5 right in saying this was the second time ever that Plato
 6 had been declared by any police force.
 7 A. Yes.
 8 SIR JOHN SAUNDERS: So it's actually not a matter of routine
 9 they're dealing with all the time, it 's something
 10 completely new. To actually declare Plato was something
 11 really significant for your police force .
 12 A. It was.
 13 SIR JOHN SAUNDERS: We know that it is on the log that it
 14 has been declared. Actually, the problem is not the
 15 declaration —
 16 A. I know.
 17 SIR JOHN SAUNDERS: — it's the communication to everybody
 18 else .
 19 A. Absolutely.
 20 SIR JOHN SAUNDERS: And I just wonder, and this is really —
 21 none of these questions are designed to blame you
 22 personally, it 's looking at systems. The Gold commander
 23 is very much looking forward to, for perfectly
 24 understand reasons: we've got business as usual we need
 25 to be able to cope with, we need to get Manchester back

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1 to running normally, are there other attacks happening
 2 elsewhere? Do you think in those circumstances those
 3 critically injured, who are still there, get forgotten
 4 by that layer of command because they're not actually
 5 having to deal with it, it 's being dealt with lower and
 6 you just assume that will all be dealt with properly,
 7 that they will have notified paramedics, they will have
 8 notified fire ?
 9 A. I think ... Certainly when I got into the room, and we
 10 know that that was roughly an hour and a little after my
 11 initial call with Debbie, everybody was in the room and
 12 it was clear that that was taking place. I was very
 13 much focused on those that were injured and those that
 14 were looking for their loved ones because of the
 15 conversations and the difficulties we were having around
 16 the casualty bureau and communicating with people. And
 17 I believe others were.
 18 In terms of the system and asking the questions,
 19 goodness me, I sit here now knowing what I now know, do
 20 I wish I'd have said, "Have we really told everybody"?
 21 Of course.
 22 SIR JOHN SAUNDERS: This is really not personal, this is the
 23 system.
 24 A. I know. The point I was going to make is there are
 25 tactical advisers to commanders and within that system,

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1 I believe their role is also to be taking a step back
 2 and asking some of those questions and looking at the
 3 plans and saying, "We've done (1), (2), (3), but
 4 we haven't done (4), (5), (6) yet".
 5 SIR JOHN SAUNDERS: The safeguards are built in as far as
 6 you're concerned?
 7 A. They are supposed to be built in. I think the challenge
 8 that we have — and all of my training and experience
 9 whenever I've done training courses, when we've done
 10 spontaneous firearms incidents, that's the level of
 11 support that you get. I think the difference with this
 12 is the scale, the stress that everybody was feeling
 13 because of it, the demands that were coming in, and
 14 I think it takes it to a completely different level and
 15 perhaps we have to look at how do we train some of that,
 16 can we even train some of that?
 17 SIR JOHN SAUNDERS: The other general criticism, and I'm
 18 sure Mr Weatherby may be coming to it, is perhaps the
 19 police are concerned principally with the firearms part
 20 of it, clearing people away, making sure they find any
 21 gunmen or anything like that that may be on the scene.
 22 And to an extent, having done that job, which I think
 23 no one has criticised the way the armed police went in,
 24 perhaps the other parts of it were not given sufficient
 25 attention, it 's someone else's job?

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1 A. No, I don't think so. It felt to me on the night, and
 2 certainly from what I saw and the people that I spoke
 3 to, that those things were being thought about. The
 4 fact that we brought together very quickly
 5 Manchester City Council and the Etihad Stadium was
 6 opened up and we were very much — I can't remember at
 7 what time we got (overspeaking) —
 8 SIR JOHN SAUNDERS: I understand the point you're making.
 9 A. — (overspeaking) the community impact.
 10 SIR JOHN SAUNDERS: I'll have to be quiet for a moment,
 11 otherwise Mr Weatherby will get justifiably fed up.
 12 MR WEATHERBY: Thank you very much.
 13 The point really I'm putting to you is if you as
 14 chief constable don't ask these headline questions then
 15 you are simply relying on other people who may fail.
 16 And at some point, if somebody fails, then the problem
 17 is that the whole operation may be seriously defective.
 18 That's why a command chain is a chain where the person
 19 at a level above has some duty to supervise or prompt or
 20 advise or make sure things are done which are the
 21 responsibility of the person below them. That's the
 22 reality of a command chain, isn't it?
 23 SIR JOHN SAUNDERS: You've answered that substantially, but
 24 give us what answer you want to do overall.
 25 A. So for a very long time we've talked about: it isn't

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1 about rank, it's about those that are properly trained
 2 and accredited to fulfil those roles. I believed on the
 3 evening at the time that we did. Debbie Ford was
 4 absolutely trained and accredited to carry out those
 5 roles. It is not for me to supervise Debbie. Yes, it
 6 is for me to ask relevant questions and to check that
 7 things are in place and I believe that I did from the
 8 time I got there and I spent an awful lot of time
 9 working with others to make sure that those things were
 10 taking place. But in that initial hour my expectation
 11 is that those who are also there who are trained and
 12 accredited should be doing those basic things and it
 13 shouldn't be for the chief constable to be asking that
 14 level of detailed questions.

15 MR WEATHERBY: Okay. But in paragraph 37 of your statement,
 16 you refer to being fully briefed. The result is in that
 17 first hour, hour and a half, you simply weren't aware of
 18 those failures, were you: the failure to communicate the
 19 declaration of Plato, the failure to declare a major
 20 incident, the failure of GMP to use METHANEs, no
 21 communications set-up with commanders of NWS or FRS, no
 22 real zoning, no effective RVP, no FCP? Fully briefed
 23 but you weren't aware of those things, were you?

24 A. Those things came out much later in this inquiry, pulled
 25 out many of those things. When I refer to being fully

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1 briefed it was about the emergency response, the
 2 evacuation of casualties, it was about the fact that we
 3 had very quickly been able to start to identify the
 4 perpetrator and the steps that were being taken to that.
 5 It was that level that I was being fully briefed on.

6 Q. One of your roles on the night was to speak to the
 7 mayor, government ministers and people like that; yes?

8 A. Yes.

9 Q. Presumably they were asking questions about what GMP
 10 were doing and what they had achieved, questions that
 11 the list I have just been through would be highly
 12 pertinent to?

13 A. Nobody at that level would be asking me those sorts of
 14 questions. It was more about: what do we know that's
 15 happened, what do we know about the attacker, are there
 16 others out there, are there secondary devices, are
 17 people being evacuated to hospital? It's that level of
 18 conversation that I was having with those individuals.

19 Q. So nobody at that level asked you whether the
 20 multi-agency response -- how interoperability was
 21 working with respect to providing assistance to
 22 casualties? Is that your evidence?

23 A. Not in that way, but as I said, after the casualties
 24 were evacuated in 1 hour and 8 minutes, all the
 25 casualties were evacuated and at six different hospitals

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1 across Greater Manchester in that time frame. After
 2 that, what was going on in that room, I feel, and to
 3 this day feel, it was really effective in terms of how
 4 we then worked through some of those difficulties. Yes,
 5 there were time delays and, yes, people didn't know
 6 where their loved ones were, and I think there's an
 7 inevitability that that was always going to be the case
 8 because of the sheer chaos that the city faced on that
 9 night. But that response was really good afterwards in
 10 terms of that multi-agency working.

11 Q. Well --

12 SIR JOHN SAUNDERS: I don't think we're going to argue about
 13 that, but there are certainly other points of view.

14 A. Yes. I accept that.

15 MR WEATHERBY: We have heard a lot of evidence and I'm not
 16 going to spend time repeating it with you.

17 Not to put too fine a point on it, moving on from
 18 that, at paragraph 52 of your statement, you refer to --
 19 you describe the GMP response as "outstanding"; yes?

20 A. I think that my front line officers and the firearms
 21 officers did an outstanding job.

22 Q. Yes, well, as the chair said a few moments ago, none of
 23 us would dispute that many GMP officers and others
 24 selflessly and bravely rushed to the scene and did
 25 absolutely everything they could to establish the safety

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1 of the scene and to tend to the casualties, including
 2 the dying. However, the list that I have just put to
 3 you of failures in terms of the multi-agency response
 4 from GMP's perspective was very far from outstanding,
 5 wasn't it?

6 A. I think it is with much regret that particularly two of
 7 those basic things were not done in the very early part
 8 of that response and therefore the response could have
 9 been more effective. But nevertheless, I still think
 10 the fact that the casualties were evacuated in the
 11 timescales that they were is very good and then, as
 12 I say, the wider response I would still say was
 13 incredibly good, if not exceptional.

14 SIR JOHN SAUNDERS: Obviously there was great courage shown
 15 by a lot of people, including many members of your force
 16 and, as Mr Weatherby is rightly saying, nobody is
 17 arguing with that. It might be said they did that
 18 despite some of the decisions that were going on, not by
 19 you, but by some of the people in your force, which you
 20 will agree and have agreed are wrong.

21 A. I agree with that, sir, but then there was also --
 22 Mr Weatherby was talking to me about command and
 23 control. There were commanders on the ground,
 24 Inspector Smith and Sergeant Kam Hare, that did
 25 exceptional jobs and they're part of the leadership of

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1 this as well.

2 SIR JOHN SAUNDERS: And I hope we paid tribute properly to

3 them at this inquiry. But we're looking with you at

4 a more structural thing.

5 A. I cannot sit here and say anything other than others

6 didn't do what they should have done.

7 SIR JOHN SAUNDERS: Thank you.

8 MR WEATHERBY: I will move on to Kerslake, please.

9 Mr Greaney asked you headline questions on Thursday

10 about Kerslake, but I want to delve into this a little

11 more.

12 Firstly, can we remind ourselves, and hopefully

13 agree, that exploring the effectiveness of the emergency

14 response and the cooperation and interoperability

15 between all the emergency services, including GMP, were

16 key objectives of the Kerslake Review?

17 A. Yes, it's documented that those were the objectives,

18 yes.

19 Q. On Thursday you were primarily asked about your letters

20 in response after the Kerslake Report and an email

21 authored by Mr Pilling and what you described, and not

22 Mr Greaney in fact, as "a very grave error" in telling

23 Lord Kerslake that emergency partners had been told of

24 the declaration within minutes of it being declared.

25 Yes? That was your evidence on Thursday.

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1 A. That was my evidence, yes, sir.

2 MR WEATHERBY: Just so we're clear, I want to read out a bit

3 of your evidence so we have it in mind. We can put it

4 on the screen, but for the moment unless it's necessary,

5 I don't intend to. I'll give the reference. It's

6 Day 134, pages 184 to 186 {Day134/184:2}. I want to

7 read a little bit of what you said. It's verbatim, so

8 it's as spoken:

9 "The only explanation I can offer [and this is for

10 the very grave error] is that I obviously passed under

11 my deputy chief constable a team of GMP senior people

12 with legal support to be able to construct that draft

13 letter for me and that I know that Mr Pilling had

14 various discussions and debriefs with them in relation

15 to that information and I was assured that that

16 information was correct. The debrief notes I have never

17 seen until the last couple of days. How they were

18 missed, I do not know. I absolutely accept it was

19 a very grave error in that original letter to

20 Lord Kerslake."

21 Yes?

22 A. Yes, sir.

23 Q. You then go on further down that page, I'm not intending

24 reading it unless you want me to, but you make it quite

25 clear that this is something that was on Mr Pilling's

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1 watch?

2 SIR JOHN SAUNDERS: I think you said it's all on your watch,

3 but the actual responsibility was delegated.

4 A. Absolutely, and I remember him coming to tell me clearly

5 about the mistake, which is why he wrote the email to

6 Lord Kerslake's team.

7 MR WEATHERBY: We'll come to that in a bit, but you went on

8 to explain in fact that Mr Pilling corrected the error.

9 I'm going to suggest, when we come to it, that's

10 a somewhat exaggerated description of the email. The

11 position is from you that the 9 March letter that

12 you were shown contained misleading and inaccurate

13 factual information; yes?

14 A. It contained inaccurate information. There was clearly

15 no intention to mislead and it was rectified very

16 quickly.

17 SIR JOHN SAUNDERS: I think it's meant to be objectively

18 misleading rather than subjectively.

19 MR WEATHERBY: Yes, indeed.

20 Again, you said that that was an error that had

21 resulted from team work by Mr Pilling, senior officers,

22 and a legal team; yes?

23 A. Yes, and I also acknowledge that with hindsight I should

24 have asked where that evidence was.

25 Q. Okay. Let's go through in a little detail your

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1 interactions with Lord Kerslake. Can we start with the

2 8 November letter. Mr Lopez, it's {INQ000210/1}.

3 This is the original letter that you sent to

4 Lord Kerslake. It refers to, the first line:

5 "Further to my earlier letter ..."

6 Now, very recently, no criticism of anybody here,

7 but just factually, very recently we had disclosed two

8 earlier letters from Mr Pilling, one of which was about

9 process and one of which referred to GMP debrief

10 documents, and then there's this letter of 8 November.

11 So would I be right that "further to my earlier letter"

12 is a reference to Mr Pilling's correspondence with

13 Lord Kerslake rather than yours?

14 A. It is. Again, I've reflected on some of the confusion

15 in these letters when it's referring to "my" and it was

16 actually from Ian Pilling. So when I explained that

17 I -- to support the Kerslake Review, I asked the deputy

18 chief constable to lead on it with a team of people and

19 to put together the narrative and the subsequent letter.

20 He and I then had a conversation about whether the

21 letter should come from me as the head of the

22 organisation or from him, who was leading on that work

23 on my behalf and on behalf of the organisation. We fell

24 on the side of it should come from me as the head of the

25 organisation and I hope that explains, I think, some of

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1 the confusion around some of the wording in the letters.
 2 Q. Right. So "further to my earlier letter", you're
 3 agreeing with me refers to Mr Pilling's earlier letters,
 4 yes?
 5 A. Yes.
 6 Q. And provision of the notes from the GMP debriefs, again
 7 provided by Mr Pilling?
 8 A. That's correct, yes.
 9 Q. So when you said on Thursday that the debrief notes,
 10 "I've never seen until the last couple of days", that's
 11 the explanation for that, is it?
 12 A. I've never been through those debrief notes or seen them
 13 because that team of people were doing that on my
 14 behalf.
 15 Q. Yes. I'm just trying to get to the facts of this at the
 16 moment, just so we all understand it. Then you go on:
 17 "As promised, I have prepared a narrative to
 18 summarise the response of GMP."
 19 When you say, "I have prepared", are you really
 20 meaning Mr Pilling and his team?
 21 A. I am, and I just tried to explain how that came about,
 22 because he was leading that work with that team.
 23 Q. Can we go to the bottom of that page, please, Mr Lopez,
 24 the last paragraph. I just want to deal with a little
 25 bit of the detail so we don't overlook it. Can you see

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1 the bottom paragraph?
 2 A. I can, yes.
 3 Q. You assert to Lord Kerslake or you sign a letter where
 4 it is asserted that:
 5 "Command and control was established very quickly at
 6 GMP HQ"; is that right?
 7 A. Well, there clearly was an element of command and
 8 control going on, but we've already acknowledged that it
 9 wasn't as effective as it could have been because we
 10 didn't inform the emergency services.
 11 Q. Yes. Well, okay, it's a matter for the chair
 12 ultimately, but the evidence shows that the FDO was left
 13 in command for an hour and 45 minutes; yes?
 14 A. Supported by a Silver commander and a Gold commander.
 15 Bearing in mind I was contacted at 22.57 by the
 16 Gold commander who was, from our perspective, part of
 17 that command structure from that moment onwards.
 18 SIR JOHN SAUNDERS: Presumably you're talking about the
 19 firearms control? Are we, Mr Weatherby? That's the
 20 1 hour and 45 minutes?
 21 MR WEATHERBY: Well, we're talking about the FDO being in
 22 command for an hour and 45 minutes before anybody
 23 relieved him of the operational command and also the
 24 evidence that ACC Ford did not manage to speak to the
 25 FDO through that whole period. That's what I'm putting,

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1 So Mr Hopkins, not only was the FDO left in command
 2 for an hour and 45 minutes, but the evidence of Ms Ford
 3 was that she didn't even manage to speak to the FDO
 4 in that period. The impression you're giving to
 5 Lord Kerslake in this letter is that the command and
 6 control in the early stages was all fine. It wasn't,
 7 was it?
 8 A. Well, we clearly know that now, but at the time that's
 9 what I thought and that's what the team thought.
 10 SIR JOHN SAUNDERS: Perhaps the order of this paragraph --
 11 I mean, command and control was actually established by
 12 the FDO where he was to start with.
 13 A. Absolutely.
 14 SIR JOHN SAUNDERS: He's the one who declared or initiated
 15 Operation Plato. So really, it's actually saying it's
 16 GMP Headquarters, which is where the Silver command
 17 suite is, rather than actually -- it's getting the
 18 things muddled up in their order perhaps.
 19 MR WEATHERBY: Well, okay, but the point I'm putting is that
 20 if you were Lord Kerslake reading this, you would be
 21 gaining the impression, wouldn't you, Mr Hopkins, that
 22 GMP's command structure came together quickly and
 23 everything was, as far as it could be, fine?
 24 A. I don't think we ever said it was fine. But I think
 25 that the team and I believed, when we were writing that

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1 letter, that effective command and control had been
 2 established. We engaged with Kerslake to try and
 3 understand why some of the issues that had arisen around
 4 the Fire Service had, and we hoped that the
 5 Kerslake Review would deliver that for us, and
 6 subsequently the level of detail that this inquiry has
 7 been able to go into, building on Kerslake, has revealed
 8 that not to be true.
 9 But I think for me, it goes back to some of my
 10 earlier answers about what I saw and the fact that we
 11 got the casualties out and then we started to put in
 12 place that wider response and the investigation. That's
 13 what it felt like at that time. Nobody was ever saying
 14 it was perfect and it was never going to be.
 15 Q. Objectively, this paragraph gives Lord Kerslake
 16 a misleading understanding of the GMP response, doesn't
 17 it?
 18 A. I think it gives Lord Kerslake the view of GMP at that
 19 time.
 20 SIR JOHN SAUNDERS: Shall we see the rest of the paragraph?
 21 MR WEATHERBY: I'm going to, but may I just -- before we
 22 lose that from the screen -- ask about the next
 23 sentence?
 24 "The FDO, who is the inspector in the control room,
 25 was receiving initial updates from the scene and

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1 assuring the effectiveness of the police response and
 2 coordination between emergency services.”
 3 Now, objectively, was it correct that the FDO was
 4 assuring the effectiveness of the coordination between
 5 emergency services?
 6 A. Clearly, it's now known that that was not the case.
 7 Q. Can we go over the page, Mr Lopez, please {INQ000210/2}?
 8 I don't need to deal with that, but it's on the screen
 9 and we can see the rest of that passage.
 10 On the paragraph maybe a third of the way down the
 11 page, "Force contingency plans", that sets out
 12 a rose-tinted description of a smoothly run response
 13 without any hint of problems; yes?
 14 A. I think this was trying to give a flavour to
 15 Lord Kerslake of what took place on the night, the scale
 16 of what was happening, and the fact that the review was
 17 there to look in more detail at it. I don't think for
 18 one minute anybody was trying to put a rose-tinted taint
 19 on it.
 20 Q. It doesn't raise any of the issues that we've been
 21 discussing about the failures of JESIP, does it?
 22 A. That's because I don't think we were aware of the
 23 failures to the degree that we are now. Nobody at that
 24 point was talking about that level of failure.
 25 Q. Six months on, GMP had conducted debriefs, you'd set up

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1 a team under Mr Pilling, senior officers, a legal team,
 2 and here we are with a significant review set up by the
 3 mayor, and quite frankly, objectively, a misleading
 4 picture is being painted here, isn't it? Set aside any
 5 intention, just objectively that's what's happening,
 6 isn't it?
 7 A. I think, looking at it now, some nearly 4 years on,
 8 I can see the point that you're making. But that was
 9 clearly never anybody's intention. We engaged with the
 10 Kerslake Review to learn the lessons, to find out what
 11 had happened, but our view was that whilst far from
 12 perfect, it had been a good response, with many, many
 13 elements working very well.
 14 Q. Well, none of the JESIP failures are raised here for
 15 Lord Kerslake, are they?
 16 A. But I don't think we were aware of them at that stage
 17 other than perhaps in some of the debrief notes that
 18 have come to light now, and I think that rightly raises
 19 a question about the efficacy of the debrief system.
 20 Q. Okay. But I'm not going --
 21 SIR JOHN SAUNDERS: (Inaudible: distorted) have his
 22 questions first.
 23 MR WEATHERBY: I am sorry, I missed that.
 24 SIR JOHN SAUNDERS: I was going to come to that about the
 25 efficacy. Just let me make the general point, which no

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1 doubt you would make.
 2 We've had unprecedented access to people, we have
 3 had great help from all of the emergency services,
 4 including the police. But the reality is at times when
 5 things were much fresher in their minds, when people
 6 were immediately responding to what had happened and
 7 you're having a debrief, you've had it -- for 6 months,
 8 you have been going at it by this time, everybody's been
 9 looking at it, it's all fresh in their memories, they
 10 knew what we had been told by that time, and somehow
 11 your debrief did not bring out absolutely key features
 12 of what went wrong. Why is that?
 13 A. Well, I don't know the answers to why not. We put in
 14 place, following the guidance from the College of
 15 Policing, which is our professional body, using people
 16 that are trained and accredited to that standard to
 17 fulfil that debrief, and that's what led to 500
 18 recommendations and learning points coming out of it.
 19 I think the challenge that we've then got is how
 20 is that then pulled together and the learning, the real
 21 learning and the real critical points pulled out. And
 22 that for me is where that debrief system fell down at
 23 that point.
 24 SIR JOHN SAUNDERS: Let me try and suggest a possible
 25 context which may have led to it. We've discovered more

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1 things, I think Lord Kerslake would himself say, than
 2 had been discovered by Kerslake because we've had more
 3 information and we've had more time to do it. In the
 4 aftermath of Manchester, there was this huge pulling
 5 together, and we have great admiration for it, of
 6 Manchester generally. The heroism of people was
 7 acknowledged, including many of your officers as to what
 8 they did.
 9 A. Yes, that's correct.
 10 SIR JOHN SAUNDERS: I just wonder whether at that time there
 11 was an understandable emphasis on how this event, awful
 12 event, brought out the best in some people, and somehow
 13 the failures were just not being looked at objectively
 14 enough because it was a sort of -- it's entirely wrong
 15 to call it a feel-good factor, but bringing out the
 16 strength of what Manchester had shown in response to
 17 these awful, awful events. So the emphasis was on that
 18 rather than actually looking at what had gone wrong and
 19 why.
 20 I hope none of what I've said is inappropriate or
 21 upsetting to anyone, it's certainly not intended to be,
 22 but I just wonder whether you think there may have been
 23 that context in it all.
 24 A. I think Lord Kerslake's report pulls out an awful lot of
 25 what you have just said in terms of that civic response

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1 and I was a big part of that civic response. There's no
2 doubt that many communities in Manchester were very
3 fearful, very hurt. I talked earlier about the level of
4 protest and everything that was going on and then there
5 was this, very much as you say, this coming together.
6 I also think the other element — GMP's focus as well
7 was very much on the investigation and wanting to bring
8 to justice the people that had done this.

9 SIR JOHN SAUNDERS: I understand that too.

10 A. We put in place an enormous investigation. I look back
11 on this and, yes, I had a team on it, but it's nowhere
12 near the team that I put together to support this
13 inquiry, with the level of legal support that we've had
14 and legal oversight and being able to really get into
15 that level of detail. It was a small team.
16 Lord Kerslake's team was very small and the time
17 pressures were incredibly tight. I mean, some of —
18 Mr Weatherby was referring to some of the letters
19 between Mr Pilling and Lord Kerslake. Lord Kerslake
20 himself said he'd been tasked by the mayor to do an
21 interim report in January and full report in March, and
22 he himself said those timescales were very, very tight.

23 SIR JOHN SAUNDERS: I understand.

24 A. And I think if you take all of that, I think perhaps
25 your point about the objectivity is somewhere around all

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1 of those things.

2 SIR JOHN SAUNDERS: You're following the College of Policing
3 guidance as to how to do it?

4 A. Yes.

5 SIR JOHN SAUNDERS: Does that need to be looked at?

6 A. I certainly think from what we've now learnt, it
7 absolutely does because I think there's more strands to
8 it than just GMP. How does some of this play into
9 national learning, who picks that up, who owns it?
10 I think that system doesn't fulfil that.

11 SIR JOHN SAUNDERS: For myself, I'm very pleased we have
12 drawn out, I hope, a large number of other things,
13 otherwise the doubters of inquiries generally will be
14 able to say they don't achieve anything.

15 A. My personal wish is I would not want anyone to have to
16 stand where I stood or where the families find
17 themselves, and I hope this inquiry can close that gap.

18 SIR JOHN SAUNDERS: Right. Mr Weatherby, I have now become
19 very philosophical and you can go back to the detail
20 now. Thank you.

21 MR WEATHERBY: Thank you.

22 Just finishing on this document, can I put something
23 slightly, and I'll use the term again, less rose-tinted.
24 Greater Manchester Police set up this group with the
25 deputy chief constable, senior officers and a legal team

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1 to assist the Kerslake Review, so it wasn't that there
2 was a lack of effort, was it?

3 A. No, there wasn't a lack of effort, but I think, as
4 I just explained to the chair, with hindsight a bigger
5 team with a greater legal support and legal advice to it
6 would have been better.

7 Q. Isn't the reality here that Greater Manchester Police's
8 orientation to Kerslake was about GMP's reputation?

9 A. Absolutely not.

10 Q. Isn't that what you were engaged in?

11 A. No, absolutely not. I think there was concern very much
12 about the wider issues that we dealt with, the community
13 issues that we had dealt with, the community issues, the
14 concerns in the community, but wanting to make sure that
15 the families were foremost in absolutely everything. So
16 I think there was a — trying to help Lord Kerslake
17 provide a rounded picture of what went on, but
18 absolutely not anybody's intention to mislead,
19 deliberately or otherwise.

20 Q. Let me try and move on as swiftly as I can with the
21 other documents. Can we have {INQ000295/1}, please,
22 Mr Lopez.

23 This is a note of your first conversation with
24 Lord Kerslake on the same day as the letter we've
25 just — the date when the letter with its narrative is

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1 dated, so 8 November 2017. Can I be absolutely clear,
2 leading on from the evidence last week, that these are
3 not your notes, they are not notes that you had seen
4 until recently, although you have now seen them, and so
5 therefore (inaudible: distorted) as correct or anything
6 but. That's right, isn't it?

7 A. You broke up there slightly. My position with these
8 notes is they were taken by somebody else. I was never
9 sent them to sign off on them or to clarify anything or
10 correct anything.

11 Q. I'm sorry I broke up. That was precisely what I was
12 putting to you. In fact, as we understand it, these
13 were notes taken by Kate Macdonald, who was the person
14 who was the primary drafter for Lord Kerslake of the
15 report. So that's our understanding.

16 So with that caveat, I just want to go through
17 a number of the points and use these notes as a prompt
18 because obviously this is 4 years ago plus — well, no,
19 just less than 4 years ago, but a long time ago. And
20 of course, you must tell us if the note is wrong in the
21 bits I put to you.

22 In the first question towards the top of the page,
23 you are recorded as having had some nervousness when you
24 talked to the mayor, you're recorded as saying you
25 wanted to learn some lessons and you will be as helpful

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1 as you can, but your biggest fear was that:
 2 " ... [you] lose where we've got to with the public
 3 and the families and don't turn a success story into
 4 a disaster."
 5 First of all, is that something, that note — does
 6 that chime with your recollection of what was discussed?
 7 A. This was a very high-level conversation with
 8 Lord Kerslake and his team. I don't remember those
 9 specific words. I remember speaking to him about my
 10 nervousness for the review in that I always knew there
 11 was going to be an inquest or a public inquiry and that
 12 Kerslake was not a statutory review. That's where my
 13 nervousness came in, that we were being asked to provide
 14 things that perhaps we couldn't provide in the
 15 timescales that we were being asked and that
 16 subsequently, because of the pressures around that
 17 review, may be found to be wanting. And that has
 18 clearly been the case.
 19 I was also — and I was absolutely clear with my
 20 conversations with the mayor that we wanted to undertake
 21 the debriefs. He asked me very soon after, what did we
 22 do to debrief and learn lessons, and I explained about
 23 the College of Policing and suchlike and he wanted to do
 24 this review. But I was nervous about it in terms of its
 25 position alongside a statutory inquest or inquiry.

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1 In terms of — I think I've tried to explain this
 2 morning that for me and my position, this was always
 3 much wider than the very narrow area that we've been
 4 talking about in terms of the response. There was
 5 a huge amount of work that went in to supporting the
 6 families, and not only the families but also those that
 7 were injured, with family liaison officers, a massive
 8 investigation and the work that we were doing with that,
 9 the community impact and all of that work. That's what
 10 I was trying to talk to Lord Kerslake about in terms of
 11 making sure that there was a balanced report that didn't
 12 lose sight of that and lose the ground that we'd made.
 13 Q. So when you are recorded as saying something along the
 14 lines of your biggest fear being losing the public and
 15 the families and "don't turn a success story into
 16 a disaster", that's about the way — that you were
 17 worried about the way that GMP, their response, would be
 18 viewed, isn't that right?
 19 A. No, it was more about the overall — it was about the
 20 overall response from Greater Manchester and all of the
 21 things that we'd done and the challenges that we faced.
 22 Q. Well —
 23 A. I can't tell you what we went through in the days after
 24 the attack and then put on the games in the city when
 25 we were at critical, the concert at the same time as the

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1 football match at Old Trafford. It was in that wider
 2 context that I was having this conversation with
 3 Lord Kerslake.
 4 Q. Okay. But this is the same day as you provide the
 5 narrative that we've just been through. What was the
 6 fear about losing the public and families? Because you
 7 were presenting, for whatever reason, we've dealt with
 8 that, but you were presenting a narrative that GMP had,
 9 in your words from your statement, reacted in an
 10 outstanding way. So what was the fear that the public
 11 or the families would end up with the wrong perception?
 12 A. I think there were two things: it would undermine the
 13 confidence we had built and the confidence we were
 14 trying to give in terms of the investigation and that
 15 we would bring people to justice for this. And I think
 16 a lot of work had gone on around some of the communities
 17 and the levels of hatred from some that had started to
 18 come out in the city region at that time because of the
 19 atrocity and the confidence that we'd built up around
 20 that. It was that position that I was trying to
 21 portray.
 22 Q. I'm going to move on in a second, but let me have one
 23 more go. You were conveying what I've characterised as
 24 a rose-tinted view of GMP's response in your narrative
 25 without any significant acceptance of failures or

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1 shortcomings. And here we are and you're saying that
 2 you might lose the public and the families through this
 3 review. I don't follow your answer to that.
 4 A. I think that's an unfair criticism. I was trying to
 5 portray the hard work that we'd done, the heroism that
 6 we've talked about, all of the work that went in to
 7 trying to deal with the aftermath of that tragic, tragic
 8 event.
 9 Q. Yes.
 10 A. No more than that, Mr Weatherby.
 11 Q. Okay. I'll move on.
 12 You then go on to discuss other matters such as the
 13 inquests and you make reference to another inquiry that
 14 you were involved in at that point. It's right, isn't
 15 it, that at this point you were involved in criminal
 16 investigations, you knew there would be an inquest and
 17 possibly a public inquiry, possibly HSE investigations,
 18 et cetera? Would you agree that it was imperative that
 19 GMP, from an early stage, needed to have all its records
 20 in order, all its officers that played any significant
 21 role should properly record their accounts, and
 22 important that institutionally GMP acted with absolute
 23 candour, putting the public interest first, public
 24 interest including that of the families, above its own?
 25 A. I absolutely agree with that.

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1 Q. About two—thirds of the way down, there's a discussion
2 which involves a chronology, and you refer or the note
3 suggests that ACC Ford called Plato, can you see that,
4 at 22.47?
5 A. Yes.
6 Q. ACC Ford called Plato. Of course, that isn't right, is
7 it?
8 A. As I said earlier, I asked for a timeline of events and
9 I think from the documentation I've been sent there is
10 a very similar timeline that was sent to Lord Kerslake
11 and 22.47 was the declaration of Plato. I don't recall
12 saying to Lord Kerslake that Debbie had done that,
13 Debbie Ford, had done that specifically. I can't
14 recall —
15 Q. It's not your note — (overspeaking).
16 A. — (overspeaking) from that timeline that 22.47 was when
17 Plato was called.
18 SIR JOHN SAUNDERS: That is the right time; it is just who
19 called it.
20 MR WEATHERBY: It is the right time.
21 A. I can't recall that, sir.
22 Q. The next line:
23 "Debbie's call was spot on."
24 It does rather suggest that there was a discussion
25 and that's what she said.

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1 A. I may have said it was Debbie, I can't recall. But
2 I think the principle that — what I was trying to say
3 there, bearing in mind this wasn't... This was not an
4 interview of me with Lord Kerslake, this was
5 a conversation at the start of him engaging with GMP.
6 Q. Yes.
7 A. It was the right call to declare Plato, accepting, as we
8 do, the failings around that, because of the additional
9 resources and support that that brought to GMP. And we
10 saw how that materialised very, very quickly.
11 MR COOPER: I'm sorry to interrupt. If Mr Weatherby has
12 finished with the top part of that document, perhaps it
13 could be scrolled up, please. I just see
14 Simon Barraclough.
15 SIR JOHN SAUNDERS: That's absolutely fine. It may be
16 we can get rid of it now.
17 MR WEATHERBY: It's the last three lines I just want to
18 refer to. I'm sorry, have I...
19 SIR JOHN SAUNDERS: Don't worry.
20 MR COOPER: I'm probably being hypersensitive, but...
21 SIR JOHN SAUNDERS: No, we always need to be sensitive and
22 one doesn't always necessarily read the rest of the
23 page.
24 MR WEATHERBY: Three lines up, you are directly quoted,
25 rightly or wrongly, but here it does appear that

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1 you have some level of detail about the Fire Service.
2 It looks like you've been briefed on it, or you've
3 looked into it, and you are saying:
4 "I still don't know why GMFRS didn't go in. Where
5 was their NILO on scene?"
6 And:
7 "I have tape of chief fire officer and commander at
8 scene."
9 Here, you're presenting a view of GMP which is very
10 positive, and here you're implying criticism of the Fire
11 Service, aren't you?
12 A. I think what I was... I was not intending to be
13 critical of the Fire Service. I was saying that
14 I didn't know why GMFRS had not gone in. I was aware
15 that they hadn't, and in fact part of the discussion
16 with the mayor about Lord Kerslake was exactly to
17 explore that reason. I don't know what the context is
18 to that statement there. The tape where I said I have
19 a tape, I mean, it was as in GMP has a tape, because
20 we're referring to the taped conversation between
21 Chief Inspector Dexter and the chief fire officer.
22 Q. My point here is a simple one: you're presenting a very
23 positive view of GMP, but you're implying criticism of
24 Fire and Rescue in Kerslake.
25 A. I personally don't see that. As I say, without the

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1 wider context around these notes, I'm not sure what part
2 of this discussion this was.
3 Q. Okay. Over the page {INQ000295/2}, please, and the last
4 paragraph — in fact, eight lines up, one of
5 Lord Kerslake's team asks you apparently about the
6 apparent inability to contact the FDO and you reply:
7 "The fire chief didn't ring me. The FBU are using
8 this to deal with historic issues, pay and conditions."
9 Does that chime with your recollection of the
10 discussion?
11 A. As I said, the whole purpose of this meeting with
12 Lord Kerslake was to try and give some background to the
13 wider issues that we dealt with. I'm obviously aware
14 that the Fire Service were saying a lot around the
15 inability to contact the FDO and quite rightly.
16 I obviously did make the point that the fire chief
17 didn't ring me. I think I was trying to explain some of
18 the issues that the fire chief had been dealing with,
19 with their shift patterns and pay and conditions.
20 I don't know what the context of it is other than trying
21 to explain that to Lord Kerslake.
22 Q. Okay. We agreed at the top of this topic that
23 Lord Kerslake was particularly interested in
24 multi—agency response and how interoperability worked.
25 Here, one of his team is apparently raising a point that

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1 doesn't seem to have been brought to their attention by
 2 GMP and that was the inability of others to contact the
 3 FDO, and your response is that it's really down to
 4 Mr O'Reilly and the FBU.
 5 A. That wasn't my response. I wasn't giving Lord Kerslake
 6 in this discussion the detail. This was a very broad,
 7 far-reaching conversation with him and two members of
 8 his team, ahead of him doing that review and
 9 interviewing and speaking to others and seeing written
 10 documentation and evidence. It was no more than that.
 11 SIR JOHN SAUNDERS: Okay. I will take into account,
 12 obviously. The nature of the notes themselves and
 13 in that sort of conversation, however good you are at
 14 note-taking, actually making a completely accurate note
 15 is obviously extremely difficult. I'm sure Mr Weatherby
 16 will take that into account too.
 17 MR WEATHERBY: I did preface these questions with the caveat
 18 about the note. I'm trying to be fair to Mr Hopkins in
 19 so doing.
 20 The last paragraph:
 21 "Any other big issues?"
 22 So it appears that at the end of this discussion,
 23 you're being asked an open question about other matters.
 24 It appears that you raise:
 25 "... some slight concern over the Trafford Centre

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1 exercise and the relevance to the arena attack."
 2 A. Yes. I can't recall what that would have been. I'm
 3 really sorry.
 4 Q. Okay. Well, it would appear, wouldn't it, to be
 5 a reference to Winchester Accord?
 6 A. No, it's absolutely a reference to Winchester Accord,
 7 what I'm saying is I can't recall ... Seeing that note
 8 there, I can't recall what that particular part of the
 9 discussion was about other than it clearly is about
 10 Winchester Accord.
 11 MR WEATHERBY: Okay. I'm moving on to 22 December -- sir,
 12 I note the time. I'm very sorry to say I'm going over
 13 my time slot and I understand that there are time issues
 14 today. But I will progress as quickly as I possibly
 15 can. But would now be the appropriate time for a break?
 16 MR DE LA POER: I am on my feet, Mr Weatherby, just to make
 17 this enquiry of you, and I know that it won't be
 18 entirely welcome, and I very much welcome your comment
 19 on it.
 20 As you know, we have a witness who was originally
 21 scheduled to start earlier this morning. I've received
 22 information that he is very anxious to begin giving his
 23 evidence and, as you will know, there are reasons to
 24 recognise the importance of that request.
 25 Would it be unduly inconvenient on you in the first

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1 instance if we broke off Mr Hopkins' questioning now by
 2 you and return to it later this afternoon given that
 3 you have reached a natural break or will that disrupt
 4 the flow of your questioning unacceptably?
 5 MR WEATHERBY: It certainly wouldn't be a problem for me,
 6 but of course Mr Hopkins may have a different view.
 7 Of course, it is my fault I've underestimated, I'm
 8 afraid, I've gone slower for reasons I don't need to go
 9 to, I think.
 10 MR DE LA POER: Then the next enquiry is of Mr Hopkins.
 11 I know that he was --
 12 SIR JOHN SAUNDERS: I know you have to finish today.
 13 A. Sir, I'm in your hands.
 14 SIR JOHN SAUNDERS: I'm extremely grateful. I think you do
 15 understand what the problems are.
 16 We will break off. We will continue at 25 past, so
 17 quarter of an hour. And then we will -- is that all
 18 right?
 19 MR DE LA POER: Certainly, sir, but do you have in mind to
 20 continue with Mr Parry?
 21 SIR JOHN SAUNDERS: Yes. So we'll break this off.
 22 Mr Hopkins, I'm really sorry, we'll get you back as soon
 23 as we can, and we need to ensure that both Mr Parry and
 24 Mr Hopkins are finished today, subject to any need to
 25 recall Mr Parry. I doubt there will be any need to

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1 recall you, but we will need to get these things done.
 2 A. Yes, sir.
 3 SIR JOHN SAUNDERS: Right, 25 past, thank you.
 4 (11.14 am)
 5 (A short break)
 6 (11.30 am)
 7 MR IAN PARRY (continued)
 8 Questions from MS CARTWRIGHT (continued)
 9 MS CARTWRIGHT: Thank you, sir, we now have Mr Parry via the
 10 feed.
 11 Good morning, Mr Parry.
 12 A. Good morning.
 13 Q. Can I first of all identify that you can see and hear
 14 me?
 15 A. Yes, hearing you is fine. We've managed to sort a pair
 16 of glasses which means I can make out what's in the
 17 bundle.
 18 Q. Good to see. We understand there's been some issue with
 19 you not bringing your reading glasses. If at any point
 20 during your evidence you have any problem, please bring
 21 that to the chairman's attention.
 22 A. I will do. No problem.
 23 Q. Mr Parry, we're now going to continue your evidence that
 24 went part heard from last Wednesday and I'm going to
 25 move on to deal with the events of 22 May 2017.

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1 Can I make clear at the outset that when we deal
2 with the events of the night, I am not going to be
3 asking you about any particular individual that you
4 dealt with, let alone am I going to be asking you to
5 name any individual that you dealt with. I'm not going
6 to be showing on the screen any image of the City Room
7 or elsewhere, but nonetheless you are going to be
8 dealing with some of your actions during the course of
9 that night. You know, and I'm sure others do, that that
10 this is capable of being distressing.

11 Mr Parry, when we adjourned last Wednesday we had
12 started to identify other members of the ETUK staff that
13 were on duty with you that night.

14 A. Yes.

15 Q. And I think we identified Liz Woodcock.

16 A. Yes.

17 Q. Janet Donovan?

18 A. Yes.

19 Q. And the inquiry has already heard evidence from two
20 other ETUK members of staff, Jade Duxbury --

21 A. Yes.

22 Q. -- and Ryan Billington?

23 A. Yes.

24 Q. Mr Parry, I wonder if you could just assist us a little
25 bit more then in terms of those staff, just so there's

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1 an understanding of the make-up of the team. You told
2 us last week that the contract provision for staff on
3 the night was going to be two EMTs.

4 A. Yes.

5 Q. You performing the role of the EMT basic?

6 A. Yes.

7 Q. And you identified that Mr Billington was discharging
8 the role of EMT A, the advanced EMT?

9 A. Absolutely, yes.

10 Q. I just want to be clear about that. We heard evidence
11 from Mr Billington and he characterised his role that
12 night as a first aider and as Medic 13, but he did not
13 identify his role as being an EMT.

14 A. He was allocated as an EMT on that evening.

15 Q. Just so we're clear, when was Mr Billington told that
16 he was the EMT advanced?

17 A. He'd have been told that in a briefing before the show.

18 Q. We went through last week all of the requirements for an
19 advanced EMT. Is it your position that Mr Billington
20 was capable of discharging all of the role of an EMT
21 advanced?

22 A. Absolutely, yes.

23 Q. It's right, isn't it, that as well as an EMT having
24 those additional duties and obligations that are
25 reflected by training and qualifications, as part of the

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1 contract provision someone who was performing the role
2 of an EMT would receive a higher rate of remuneration?

3 A. Yes, absolutely, yes.

4 Q. And so is it your evidence that as well as Mr Billington
5 being told he was EMT, he would also have received the
6 rate for an EMT for 22 May 2017?

7 A. Absolutely, yes.

8 Q. I want to then, just so there's a complete picture of
9 the staff that were on duty that night and their range
10 of qualifications and background, just to briefly
11 identify the other staff that we know that were
12 first aiders.

13 Liz Woodcock. It's right, isn't it, that she was
14 being the first -- was just a first aider on the night,
15 but she was performing the role of Medic 2?

16 A. Performing the role of Medic 2: first aiding with
17 medical gases and AED as well.

18 SIR JOHN SAUNDERS: Can we stop for a minute? I don't know
19 whether anyone else is having difficulty hearing
20 clearly. I wonder if we could turn the volume up a bit
21 at this end so we can hear better.

22 Let's carry on and see how we go.

23 MS CARTWRIGHT: Then we have Marianne Gibson.

24 A. Yes.

25 Q. And she was performing the role of a first aider on the

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1 night?

2 A. Yes, she was, yes.

3 Q. But it's right, isn't it, that Marianne Gibson was
4 studying to be a full-time nurse at the time?

5 A. Yes, indeed, yes.

6 Q. And I think it's right also that she had carried out
7 training that would enable her to be an emergency
8 medical technician?

9 A. She had it as well, yes.

10 Q. Again, just to be clear then, she was not performing the
11 role of an EMT on the night?

12 A. Not on the evening, no. Obviously, when the incident
13 happened, she would, like any other human being, use her
14 extended skills to help the injured.

15 Q. Thank you. We then have Kristina Deakin who was acting
16 as a first aider on the night?

17 A. Yes.

18 Q. Kristina Deakin was someone who I think had worked with
19 ETUK since 2013 and had completed 5 years at medical
20 school?

21 A. Yes.

22 Q. And I think shortly after the incident, was a fully
23 qualified doctor?

24 A. Yes, absolutely, yes.

25 Q. Thank you. We then have Craig Seddon who was

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1 a first aider?
 2 A. Yes.
 3 Q. Ken O'Connor, also a first aider?
 4 A. Yes.
 5 Q. Zak Warburton as a first aider?
 6 A. Yes.
 7 Q. Robina Jones?
 8 A. Yes, first aider, yes.
 9 Q. And I think it's right as well that Robina Jones also
 10 was a dental nurse and had worked as a dental nurse for
 11 36 years?
 12 A. Yes, absolutely, and had also what they call ILS,
 13 immediate life support training.
 14 Q. Thank you. There was then Robert MacFarlane, also
 15 a first aider?
 16 A. Yes.
 17 Q. I think it's right he was also a medical student,
 18 training to be a doctor?
 19 A. He was indeed, yes.
 20 Q. And the inquiry has heard some little evidence about
 21 what Robert MacFarlane did on the night because we've
 22 heard evidence from Amelia Tomlinson that he in fact
 23 drove her to hospital in her mother's car.
 24 A. Absolutely, yes. This is the situation that obviously
 25 I didn't find out about until well afterwards.

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1 Q. Thank you. We then have Jade Duxbury who was
 2 a first aider?
 3 A. Yes.
 4 Q. Sarah Jade Broadbent, again another first aider?
 5 A. Yes.
 6 Q. Jade Duxbury, first aider?
 7 A. Yes.
 8 Q. We've already identified last week Janet Donovan, who
 9 was a first aider?
 10 A. Yes.
 11 Q. Then finally, I think a student who was in fact
 12 completing her A level studies at the time,
 13 Georgina Blakeney?
 14 A. Yes.
 15 Q. So in terms of the team that night those are the
 16 individuals that we've identified in addition to
 17 yourself as the EMT basic?
 18 A. Yes.
 19 Q. Thank you. I want to just work through your involvement
 20 on 22 May, please, Mr Parry. We're going to come to
 21 deal with the briefing before the event started. Would
 22 you have had a role as an EMT at load-in? Because
 23 we can see on the contract provision documents that
 24 there was an allocation for an EMT at load-in and my
 25 understanding is that's when the crew would be coming in

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1 to set up the stage and the like.
 2 A. Yes. There was. If the purchase order says there was
 3 loading then there would have been somebody, but I can't
 4 remember whether it was me. It probably was me, to be
 5 honest, but it could have been any one of a number of
 6 other people as well. But it probably was me, yes.
 7 Q. Thank you. I want to move then, please, to around about
 8 the evening time, so around about 5 o'clock and 5.30.
 9 It certainly seems that that would be the time when the
 10 staff would gather at the arena for the briefing in
 11 advance of the event. So can I be clear, there seems to
 12 be reference in the various statements that there may
 13 have been two forms of briefing: a briefing that was
 14 provided from SMG, but then a separate briefing from
 15 yourself. So first of all can I ask, were there two
 16 sorts of briefing or would there be one?
 17 A. There were two sorts of briefing: the venue event
 18 briefing and then the information from that is taken to
 19 my staff and the details of the event are passed on to
 20 them in the medical staff briefing.
 21 Q. Thank you. So then, first of all, dealing with the
 22 venue event briefing who attended that briefing that
 23 night?
 24 A. It would be myself, the duty manager for the show,
 25 whoever was in charge of security that night — I can't

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1 recall who it was precisely from ShowSec — I know all
 2 the ShowSec supervisors, customer service staff —
 3 merchandise staff, food and beverage. It's a general
 4 briefing for all senior event staff.
 5 Q. Thank you. So in identifying the general manager for
 6 the show, would that have been Miriam Stone on the
 7 night?
 8 A. It was, yes.
 9 Q. And she was an individual that we can, I think, see from
 10 various documents I'm not going to take you through —
 11 she was a point of contact for you of a number of
 12 aspects of ETUK's role at the arena. So would it be
 13 fair to say she was someone you had a good working
 14 relationship with?
 15 A. Absolutely, yes.
 16 Q. Can you assist as to what information you were provided
 17 with that was relevant to ETUK's role and responsibility
 18 at that concert, please?
 19 A. It was a generic briefing for everybody. It would give
 20 crowd profile, crowd numbers, the number of medical
 21 staff that were booked on, the information for the
 22 security, so it sort of cross-referenced security with
 23 us. Generally speaking, crowd numbers, crowd profile,
 24 what entrances would be open, what would happen when the
 25 event finished.

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1 Q. Thank you. Would anything be said to you within that
2 briefing or to the people in the briefing about the
3 threat level and about the risk of terrorism?
4 A. No.
5 Q. Would anything like that be in your mind or was it in
6 your mind at that time about the threat level at that
7 time?
8 A. It would be in your mind, but it's not something that
9 comes up for every single show and is highlighted for
10 every single show, but it would certainly be in your
11 mind. You would tell your staff to be vigilant and keep
12 an eye out.
13 Q. Mr Parry, would you have known at that time, just from
14 your own knowledge, of what the threat level was at that
15 time within the United Kingdom?
16 A. The threat -- if I'm honest, I wouldn't know
17 specifically what it was on that date because it kept
18 changing on a regular basis.
19 Q. Thank you. Can we move then to the briefing that you
20 would then give to your staff? Can you just describe
21 what you would be saying to your staff after the
22 briefing you'd had from SMG?
23 A. I would be telling my staff the event timings, what
24 times the doors opened, which doors were opening, the
25 crowd profile, crowd numbers. And just generally what

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1 to look out for. As I said, for every event it's the
2 same generic briefing.
3 Q. Can I ask you about that? You gave an answer about
4 crowd profile. Can you recall what you were told about
5 the crowd profile for the concert, please?
6 A. Without seeing a specific document, no, because when
7 you're covering hundreds of events there every year, the
8 crowd profile -- it was... It's more than likely to
9 have been young girls, teenagers, families, aged
10 10-plus. That's the kind of information they gave with
11 it.
12 Q. Thank you.
13 A. Without having the actual documents in front of me, it'd
14 be wrong of me to try and guess what it said on that
15 night.
16 Q. Thank you, Mr Parry.
17 Can I ask you, because some of the information
18 that's in the witness statements from the ETUK staff
19 suggests that there may have been specific information
20 given about the amount of medical provision that had
21 been needed at an earlier Ariana Grande concert. We
22 know that this was the Dangerous Woman Tour and
23 Ariana Grande had played at other venues in the
24 United Kingdom. Do you recall whether any specific
25 information was provided to you about what the need had

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1 been for medical provision at other concerts?
2 A. No, there was no such conversation.
3 Q. Thank you. Can I ask you also, a number of the staff
4 that were manning doors from ETUK indicate that they
5 also had a role to stop food and drink coming into the
6 arena when they were then performing their roles as
7 first aiders. Can you recall whether they were given
8 instructions about that by you or by SMG?
9 A. The general guidelines were from SMG, but they were
10 from -- the rules were from me -- and it was basically
11 if they could prove they had a medical condition which
12 required them to bring in their own food or specialist
13 food or medication, then that's fine, no problem at all.
14 We weren't there to second-guess people or upset them.
15 If there was no reason other than the standard answer we
16 got, "We're not paying the prices in here", then it
17 wouldn't be allowed in. It was revenue protection. It
18 was a revenue protection exercise.
19 Q. Can I ask you how on a contract to provide medical
20 services that your staff and first aiders were then
21 seeking to stop food and drink coming into the venue,
22 how that came about?
23 A. I don't understand that question. It was a request from
24 the arena.
25 Q. Yes. So just to be clear, it was a specific request

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1 from the arena for your staff, unless there was
2 a medical reason, not to allow food and drink to come
3 into the arena?
4 A. Yes. It didn't start in 2001 from day 1, it's something
5 that was brought in at some point later on in the
6 contract for whatever reason. Obviously an issue had
7 been identified and because at one point I believe no
8 food and beverage was allowed in at all until somebody
9 made a complaint and the arena decided to change their
10 policy and if somebody needed to bring it in, they
11 needed to speak to a medic about it, but I can't
12 remember a specific time frame for that.
13 Q. Can I ask about radios because it seems that the staff
14 that were on duty that night would be in pairs; is that
15 correct?
16 A. Yes.
17 Q. Mr Parry, who were you paired with that night?
18 A. Medic 1 was the only one probably who didn't pair.
19 Q. Can you assist us then, we know that staff had radios.
20 Can you assist about how the allocation of radios to
21 staff operated, please?
22 A. During the briefing, they'd had their briefing, and then
23 before they went upstairs to the venue, they would be
24 told to collect a radio, one between them as a pair --
25 Q. Thank you.

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1 A. -- which is what they did.
 2 Q. Thank you. Can you just assist us as to the
 3 functionality of the radios? Would they allow the
 4 radios to work between the handsets of the other ETUK
 5 staff?
 6 A. Yes. We had our own radio system. There was one radio,
 7 Medic 1 and Medic 2 or Medic 2 and Medic 1, which were
 8 arena radios so they could get -- so SMG could get
 9 direct contact with us. But the ETUK radios were
 10 specifically ours: one, because the numbers of the
 11 radios -- SMG would never have that many spare and, two,
 12 we needed a separate system for patient confidentiality.
 13 We couldn't have a radio system where everybody could
 14 listen in to the medical conversations.
 15 Q. Thank you. So is it correct then that it was only
 16 Medic 1 and Medic 2 that were able to tune in and
 17 communicate with SMG staff?
 18 A. Directly, yes.
 19 Q. Can you assist as to who then you could communicate with
 20 as the Medic 1 in terms of who your radio would then
 21 link to just so we're clear about your chain of
 22 communication?
 23 A. Medic 1 -- I had the Medic 1 radio, which obviously
 24 we've just discussed -- SMG control room, whatever. And
 25 I also had one of our radios so I could communicate with

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1 all of our staff as well.
 2 Q. Do you know whether the radio that you had provided to
 3 you would allow you to access other radio channels that
 4 are outside of SMG, such as to North West Ambulance
 5 Service or other emergency services?
 6 A. My belief is that, no, they couldn't. They had a number
 7 of operating channels on the radio, but none of them
 8 would allow a direct link to other emergency services.
 9 But again, I could be wrong, but I was never told
 10 otherwise.
 11 Q. Thank you. Can I ask, in addition to radio, would
 12 you have any system of communication between your ETUK
 13 staff via mobile phone?
 14 A. If they were carrying their mobile phones. As a general
 15 rule, what we decided from ETUK is that you could carry
 16 your phone with you in case of emergency, but what we
 17 found is that a lot of staff were using their phone when
 18 they were supposed to be working, so the request was
 19 made, unless they needed them, to leave them downstairs
 20 in the first aid room in their personal belongings.
 21 Q. Thank you. We're going to move now to the time of the
 22 detonation. I'm going to pause briefly to allow anyone
 23 who doesn't want to listen to the next portion of the
 24 evidence to disconnect or to leave the room.

(Pause)

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1 It's right, isn't it, that you were in, I think, the
 2 Sierra Control at the arena when the detonation
 3 occurred?
 4 A. No, I was downstairs in the security control room,
 5 Whiskey Control.
 6 Q. Is it then Jade Duxbury was in the Sierra Control?
 7 A. She was, yes.
 8 Q. Can you describe what you saw and heard at that time,
 9 please?
 10 A. What we had decided for a number of years was that
 11 during an egress, to watch all the doors, Medic 1 or 2
 12 would be in Whiskey Control because it's easier to watch
 13 the monitors and watch what's going on everywhere and
 14 allocate staff where there may or may not be a problem.
 15 I was in Whiskey Control and all of a sudden we saw
 16 what we thought to be a flare on one of the screens. It
 17 turns out very quickly afterwards that it wasn't
 18 a flare.
 19 Q. Mr Parry, from the work that the Greater Manchester
 20 Police investigation team have done, we know that at
 21 22.36.31, you are captured entering the City Room and we
 22 know that the detonation occurred at 22.31. So can you
 23 just describe that first 5 minutes after what you have
 24 described as seeing a flare as to what happened that
 25 then led to you going to the City Room, please?

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1 A. Obviously, we saw -- when we realised what it actually
 2 was, I grabbed a first aid bag, an extra first aid bag
 3 from the first aid room and ran or went as quickly as
 4 possible up the event corridor. The problem was I was
 5 going up the corridor when the public are trying to come
 6 down which was a bit of a delay. And then up the
 7 stairwell to the City Room. There's chaos trying to get
 8 through crowds. I got to City Room, spoke to a couple
 9 of members of my staff, I think it was Janet and Liz who
 10 were there initially --
 11 Q. Mr Parry, I'm just going to stop you there. We all
 12 appreciate that what you saw and witnessed that night is
 13 distressing and the recollection of it, we appreciate,
 14 is hard for you. But I'm going to ask you if you can
 15 please slow down so we can all hear what you're saying
 16 but also so the stenographer can take an accurate note.
 17 So I'm just going to pause you there for a moment
 18 and just to ask to clarify. You, in giving your answer,
 19 indicated "when we knew what it was". So when did you
 20 become aware that it was something more than a flare?
 21 A. When the smoke cleared and there were clearly bodies
 22 lying on the floor.
 23 MR COOPER: Sir, I'm sorry to rise, I know it's difficult
 24 for the witness, but if the witness could be cautioned
 25 if he can use the least graphic descriptions as

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1 possible. It would be appreciated.
 2 SIR JOHN SAUNDERS: I do understand. I'm not sure he could
 3 have answered that question actually --
 4 MR COOPER: I'm not complaining -- that's a very strong word
 5 -- about that particular answer --
 6 SIR JOHN SAUNDERS: I know you're not.
 7 MR COOPER: -- but I'm just thinking back to the previous
 8 evidence. No criticism of the witness. Best said now.
 9 SIR JOHN SAUNDERS: Absolutely.
 10 MR COOPER: Thank you.
 11 MS CARTWRIGHT: Mr Parry, in the time between you
 12 identifying it was not just a flare and then going to
 13 the City Room, can you recall that you had communication
 14 and a conversation with Miriam Stone?
 15 A. There will have been conversations at the time. The
 16 contents of those obviously I can't specifically recall,
 17 but there will have been conversations, one of which
 18 I can remember is, "You need to get out there as soon as
 19 possible".
 20 Q. Thank you. I'm just going to briefly display on the
 21 screen the notes of an account you gave to the
 22 Kerslake Review. Mr Lopez, please could we display
 23 {INQ000270/1}.
 24 It's behind your tab 4, please, Mr Parry.
 25 We can see in this account that you provided to

1 Kerslake when they spoke to you about your involvement,
 2 you indicated that:
 3 "[You were] based in Whiskey Control, initially
 4 thought a flare had been let off, went straight to site,
 5 Miriam had said was safe, and then whatever, at a time
 6 like this the plan goes out of the window, too busy on
 7 night, networks down on all mobiles."
 8 So I just want to focus, please, on what you
 9 received by way of a communication from Miriam Stone
 10 about it being safe and to proceed to the City Room.
 11 SIR JOHN SAUNDERS: Mr Parry, I think before you answer
 12 that, you need to understand that these notes you are
 13 being shown were notes of a general conversation that
 14 was going on, as I understand it. And someone, as best
 15 as she or he could, was making some notes of what you
 16 were saying. Hopefully they will help you, but if you
 17 think they are inaccurate and not what you were saying,
 18 then you must tell us. Do you understand?
 19 A. Absolutely, yes.
 20 SIR JOHN SAUNDERS: Okay, thank you.
 21 MS CARTWRIGHT: So Mr Parry, can you assist us with your
 22 recollection of a direction or information from
 23 Miriam Stone, please?
 24 A. Yes. Miriam sent me out into City Square, and if
 25 I recall, she did say the area was now safe. In her

1 defence, it's something that she, since the event, did
 2 apologise -- she has apologised for that. She's a human
 3 being, she wanted to try and help the people in
 4 City Square.
 5 Q. Just by way of timeline, you're indicating that there is
 6 then a subsequent conversation with Miriam Stone about
 7 apologising. Can you give us a vague idea as to when
 8 that discussion occurred, please?
 9 A. That's more than likely when the arena re--opened in
 10 September.
 11 Q. Thank you.
 12 A. There was no contact between us, major contact between
 13 us.
 14 Q. Mr Lopez, can that be taken from the screen, please?
 15 Mr Parry, turn behind tab 1, please, which is the
 16 first statement you provided to the police on
 17 10 August 2017. It's {INQ006866/1}.
 18 A. Yes, got it.
 19 Q. You say that:
 20 "After a brief radio conversation with the arena
 21 duty manager, along with confirmation that all my staff
 22 with safe and uninjured, I received reports that the
 23 affected area seemed secure at this time so I made the
 24 decision to enter City Square to assess the situation."
 25 A. Yes.

1 Q. Is that an accurate account?
 2 A. Yes.
 3 Q. Thank you. Just to assist, because I think you're going
 4 to go to tell us about your recollections when you
 5 entered the City Room, but perhaps just to assist there
 6 is, insofar as we are able to identify, timings of the
 7 entry of your staff into the City Room. Perhaps if
 8 I could just give the following timings and it's more so
 9 the chairman can receive these but also you can factor
 10 these matters in also.
 11 From the work that Greater Manchester Police have
 12 done in respect of interrogation of the CCTV, it appears
 13 that the first ETUK member of staff that entered the
 14 room was Liz Woodcock, who entered the City Room at
 15 22.34.35. I've already indicated that you on the CCTV
 16 images that we do have, it suggests that you entered at
 17 22.36.31. And thereafter, very shortly, Zak Warburton
 18 is captured entering at 22.40.24. Marianne Gibson at
 19 22.40.30. Ken O'Connor at 22.41.10. Craig Seddon at
 20 22.41.54. Ryan Billington at 22.42.47. Kristina Deakin
 21 22.45.02.
 22 It may be others entered too and we've just not
 23 captured those from the analytical work. But certainly
 24 what that suggests is that a large number of the ETUK
 25 staff that night entered the City Room very shortly

1 after the detonation.
 2 A. Yes, that would be --
 3 Q. So when you had received the information from
 4 Miriam Stone to go to the City Room, can you assist us
 5 as to what instruction you gave to your staff, please?
 6 A. I consulted my staff that as many as possible, if they
 7 were comfortable with it, to come into City Square to
 8 the City Rooms to assist with the injured. And
 9 obviously some of the delays were being down to public
 10 trying to leave the venue and the general confusion
 11 within the building at the time.
 12 Q. Mr Parry, that instruction would have been given over
 13 the radio; is that correct?
 14 A. It would have been, yes.
 15 Q. Again for completeness, whilst we don't have the capture
 16 of times other individuals entered the room, it is right
 17 to acknowledge that Robina Jones certainly is captured
 18 in the City Room, as is Sarah Jade Broadbent, and so
 19 also to acknowledge that Georgina Blakeney, I think,
 20 went to and located herself in the first aid room. Do
 21 you recall that?
 22 A. Yes. There were a couple went down to the first aid
 23 room. The initial idea was to go and get equipment for
 24 us, but when they got down to the first aid room, there
 25 were many casualties in the first aid room, so they were

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1 tied up there.
 2 Q. We've already indicated that Robert MacFarlane, I think,
 3 came across casualties nearer the arena bowl and
 4 assisted and ended up taking Amelia Tomlinson to
 5 hospital. I think we addressed last week
 6 that Janet Donovan left to take Liz Woodcock's children
 7 from the arena.
 8 A. Yes.
 9 Q. Can you assist us then, you gave the direction to the
 10 staff to come to City Square, or the City Room as we
 11 know it as. But when you then at 22.36 commenced
 12 assisting in the City Room, you described last week,
 13 when we were dealing with the policies and the plans and
 14 the procedures, that you characterised your role that
 15 night as:
 16 "Concentrating on the sad world of choosing the ones
 17 that we couldn't do anything with."
 18 A. Yes.
 19 Q. So Mr Parry, I appreciate you dealt with that last week,
 20 but can you just assist as to when the staff were coming
 21 into the room what instruction you gave to them about
 22 what they should be doing, please?
 23 A. The instructions were to go and find anybody who they
 24 could help, who they were able to help, that I hadn't
 25 already decided were beyond help, Robina being an

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1 example of -- she went to somebody before I got a chance
 2 to get there whose daughter was dead.
 3 Q. Mr Parry, we dealt...
 4 UNKNOWN SPEAKER: Ms Cartwright, I wonder if we could just
 5 turn off the link.
 6 MS CARTWRIGHT: If we could please cut the feed and have
 7 a 5-minute break, thank you.
 8 SIR JOHN SAUNDERS: Clearly, this is going to happen again
 9 and again, unless we're careful. So I wonder if, within
 10 the terms of actually carrying out what we need it carry
 11 out, we deal with this aspect as briefly as possible and
 12 if we can in particularly general terms.
 13 MS CARTWRIGHT: I appreciate that. There are three
 14 high-level things I need to deal with by way of
 15 involvement with Mr Parry.
 16 SIR JOHN SAUNDERS: I know it depends on how quickly we get
 17 through these details.
 18 MS CARTWRIGHT: I don't envisage much longer, sir. I would
 19 have hoped within 20 minutes or so. I appreciate every
 20 time I've given you a time estimate, I've always been
 21 wrong.
 22 SIR JOHN SAUNDERS: You've never been too short! Sorry,
 23 that was a cheap remark.
 24 How many people are asking? I just want some idea.
 25 MS CARTWRIGHT: Ms Roberts on behalf of NWS has about 15 to

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1 20 minutes worth of questions. Then Mr Atkinson is
 2 taking the lead for the families. His initial time
 3 estimate was 1.5 hours, but he indicated in advance of
 4 today he thinks he will be much shorter than that.
 5 Certainly there's obviously a portion of questioning
 6 that he needs to address.
 7 Mr Cooper then, if the matters are not addressed,
 8 has about 15 minutes of questions.
 9 Finally, Mr Taylor, on behalf of SMG, had indicated
 10 he thought he might be half an hour. So there's still,
 11 after I've concluded my questions, a good deal of core
 12 participant questions.
 13 SIR JOHN SAUNDERS: Right, thank you.
 14 (12.05 pm)
 15 (A short break)
 16 (12.10 pm)
 17 SIR JOHN SAUNDERS: I understand that Mr Parry wishes us to
 18 keep going. That's perfectly understandable and indeed
 19 my experience is that's often the best way for witnesses
 20 to actually deal with it rather than breaking off every
 21 time. So while we can continue, we obviously will.
 22 MS CARTWRIGHT: Thank you, sir.
 23 Mr Parry, can you see and hear us?
 24 A. Yes, fine, no problem.
 25 Q. Thank you. I'm just going to ask to be displayed one of

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1 the plans we looked at together last week. It's
 2 {INQ024430/3}.

3 SIR JOHN SAUNDERS: Is this actually what you want?

4 MS CARTWRIGHT: Yes.

5 SIR JOHN SAUNDERS: Okay.

6 MS CARTWRIGHT: Mr Parry, we are not going through the plan
 7 together today because we went through in detail about
 8 what was envisaged by way of the process and the
 9 emergency and contingency plan that had been provided to
 10 SMG and was the applicable policy that we went through
 11 together last week. If we turn over the page again
 12 we have the major incident flow chart {INQ024430/4}.

13 A. Yes.

14 Q. Mr Parry, with the caveat that the learned chair gave
 15 earlier about the notes of the Kerslake Review, the
 16 reference there to "plans going out the window", would
 17 it be fair to say that with what you were confronted
 18 with when you entered the City Room meant that there was
 19 no following of what was intended in the emergency plan?

20 A. No, none at all — well, the following of it was
 21 somebody was allocated the job, that was me, of going
 22 through and then allocating those that could be saved,
 23 shall we say. As far as the communications side of it
 24 went, no, it just fell apart completely.

25 Q. That can be taken down now.

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1 Mr Parry, last week we dealt with what the plan
 2 envisaged was command but also communication with North
 3 West Ambulance Service and we discussed last week about
 4 the METHANE message. I'm not going to revisit that
 5 evidence. But even leaving aside the policy but just as
 6 a general principle, you told us about the training
 7 you'd had in MIMMS and we know that you went to the
 8 City Room and were able to make an assessment of what
 9 confronted you there at 10.36.31 and shortly thereafter.

10 Mr Parry, can you assist then as to why you did not
 11 make any form of message or communication out to ensure
 12 that the most accurate information about what you saw at
 13 that time was communicated to North West Ambulance
 14 Service?

15 A. My assumption was that that level of communication was
 16 being made by Sierra Control or Whiskey Control whilst
 17 I was performing other duties. As you mentioned earlier
 18 on today, there was no system on their radio system that
 19 allows us to speak directly to the Ambulance Service, so
 20 it couldn't be done that way, and on that night, at that
 21 time, using a mobile phone, you'd just have had no
 22 chance.

23 Q. Did you try and use your mobile phone to make a 999 call
 24 to North West Ambulance Service?

25 A. No, I was busy assessing the patients. Because

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1 realistically, myself, out of 14,000 people making 999
 2 calls, I'm not going to get through. I realised that
 3 one quite early on.

4 Q. In terms of the emergency plan being not just for your
 5 staff but was also fed into the emergency plan that
 6 mirrored your plan for SMG, did you not think to make
 7 a radio call to the control for SMG to instruct them to
 8 give an ETHANE message? I appreciate you have an issue
 9 around that you, as a private provider, cannot declare
 10 a major incident, but you had clear situational
 11 awareness about what was the situation in that room that
 12 would have assisted the emergency response.

13 A. My assumption, as I said a minute ago, was those phone
 14 calls were being made by Sierra Control or Whiskey
 15 Control, who will have had access to the format of
 16 a METHANE message that they could have sent. I know for
 17 a fact that Whiskey Control — there was a copy of the
 18 METHANE message format on the wall.

19 Q. Again, Mr Parry, as an individual —

20 SIR JOHN SAUNDERS: Okay, just let's stop. Forgive me for
 21 interrupting.

22 Mr Parry, I think the point that's being made is
 23 you are the medical expert, as it were, so the
 24 information you could give would be greater than Whiskey
 25 Control. That's the only point that's being made,

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1 really, I think. Did you think you had any opportunity
 2 to do that?

3 A. No, none at all. If I'm honest, it would have been —
 4 there are numerous casualties. You can tell where it
 5 was, which they knew anyway, and numerous casualties.
 6 To be able to narrow it down to numbers of casualties
 7 would have been impossible because after the event,
 8 I even myself found out there were some many more
 9 casualties than we envisaged.

10 SIR JOHN SAUNDERS: It might be said you could better assess
 11 the degree of injury and the sort of help that was
 12 needed than could be made by others. Did that occur to
 13 you at the time or not?

14 A. If the messages were (inaudible: distorted) by other
 15 people of a bomb attack then (inaudible: distorted)
 16 human thing — the response to somebody telling you
 17 there's been a bomb attack, you can make your own
 18 assumptions as to what the level of injuries were going
 19 to be.

20 SIR JOHN SAUNDERS: Right, thank you, Mr Parry. I think
 21 we'll move on from that.

22 MS CARTWRIGHT: Thank you, sir.

23 Mr Parry, then can I just move on a little. We've
 24 heard your evidence now about why you didn't make
 25 a telephone or radio form of communication. But there

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1 came a time when the paramedic Mr Ennis entered the
 2 City Room, and the CCTV captures that have taken place
 3 from the first time Mr Ennis entered the room, it's
 4 Mr Billington that he deals with and you don't make any
 5 effort to approach the paramedic. Bearing in mind your
 6 role that night, and as Medic 1, why did you not go and
 7 approach the paramedic when they arrived to ensure that
 8 you were getting the most up-to-date or giving the most
 9 up-to-date information?
 10 A. Firstly, I think the comment "did not make any effort"
 11 is a bit cruel. I was busy doing other stuff. I didn't
 12 even see him enter the building. He will have gone
 13 straight to Ryan because Ryan was NWS staff and will
 14 have introduced himself. If Ryan saw and approached and
 15 introduced himself, then I had no issue with that at
 16 all. The communication process has started. I didn't
 17 see him enter the building.
 18 SIR JOHN SAUNDERS: So just let me take this over again.
 19 You didn't see the paramedic come in. Were you aware of
 20 Ryan Billington talking to him at some stage?
 21 A. At some stage, but whether that was the first
 22 conversation or not, the initial conversation, I'm not
 23 sure.
 24 SIR JOHN SAUNDERS: Fair enough. When you saw Ryan
 25 Billington speaking to him, as far as you were

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1 concerned, that was sufficient communication going on
 2 and didn't require you to go and do anything else?
 3 A. Absolutely. There would be no one better placed to
 4 communicate to NWS than Ryan.
 5 SIR JOHN SAUNDERS: And you thought it was more important
 6 for you to carry on with what you were doing?
 7 A. Absolutely, yes.
 8 SIR JOHN SAUNDERS: Thank you.
 9 MS CARTWRIGHT: Mr Parry, my previous question was not
 10 intended to be cruel and I apologise if you saw it that
 11 way. We know from the emergency plan we looked at
 12 together last week that the plan that ETUK had in place
 13 and that you were the author of required Medic 1 to
 14 liaise with the first ambulance unit on site and ensure
 15 a smooth handover of the incident to them. It was with
 16 that obligation in your policy as to why the question
 17 was formulated about why you did not make that your
 18 priority to be the liaison point for North West
 19 Ambulance Service when they actually attended the scene.
 20 A. Because I didn't see when the first ambulance person
 21 turned up.
 22 Q. It's right, isn't it, that you didn't perform any form
 23 of handover to Mr Ennis within the City Room?
 24 A. I didn't perform any form of handover because I didn't
 25 see him. The first person to approach him or him

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1 approach was Ryan. As I've already mentioned, Ryan is
 2 the -- was probably the best-placed person to do the
 3 handover because he knew specifically how NWS work and
 4 he would know their policies. There was nobody better
 5 placed than Ryan. If Ryan had not been available then
 6 it may have been he eventually came to me, but he made
 7 no attempt to come to me and I didn't see him.
 8 Q. If I summarise then, as I then move off this subject,
 9 please, it's again your witness statement behind your
 10 tab 2 -- sir, for your record {INQ041566/15}. I just
 11 want to take you to paragraph 71, please, Mr Parry.
 12 In the witness statement, you described it as this:
 13 "There was little or no liaison between NWS and
 14 myself. They did liaise to some extent with
 15 Ryan Billington as he was a student with them. As
 16 previously mentioned, there was no METHANE message as it
 17 had been previously made clear that it would not be
 18 accepted. My understanding is that the police
 19 alternative, a CHALET message was sent, and communicated
 20 to all blue light services."
 21 A. Yes.
 22 Q. Is that extract of your witness statement accurate?
 23 A. Yes.
 24 Q. Can you assist us as to who sent the CHALET message,
 25 please?

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1 A. No. Obviously it would be a police officer, which one,
 2 whether it's BTP or GMP, I have no idea. I'm guessing
 3 it would have been BTP because they were there very
 4 quickly.
 5 Q. Where did you get the understanding that a CHALET
 6 message had been sent from?
 7 A. Because that's what would have been done. One of the
 8 emergency services would have sent their version of
 9 a major incident message. The Ambulance Service
 10 wouldn't have done because they wouldn't have known
 11 about it. BTP, they were there, okay, and their
 12 alternative is the CHALET message.
 13 Q. Mr Parry, that's why I want to be clear whether you have
 14 made an assumption that would have happened rather than
 15 knowing for a fact that a CHALET message was passed.
 16 A. Call it assumption then, if you want, but somebody will
 17 have passed it because somebody did declare a major
 18 incident fairly early on. Who it is, again -- we could
 19 argue in this aspect of the evidence I need to just say
 20 I have no idea then, but somebody will have made their
 21 version of a major incident message.
 22 SIR JOHN SAUNDERS: Mr Parry, I understand that you consider
 23 that some of these questions are really fairly
 24 meaningless or whatever, but if you just answer them as
 25 briefly as you can then we'll move on, okay?

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1 MS CARTWRIGHT: I'm moving on now, sir.
 2 SIR JOHN SAUNDERS: Thank you. That wasn't me saying they
 3 were meaningless, but obviously Mr Parry thought they
 4 were.
 5 MS CARTWRIGHT: Whilst we're dealing with liaison with other
 6 services, what liaison did you have in the City Room
 7 with ShowSec members of staff?
 8 A. ShowSec members of staff, some of them helped with
 9 first aid, and that's about it. Any spare people, they
 10 can deal with a simple bleed or simple injury or people
 11 who are simply upset. Simply upset is probably not...
 12 but just to calm people down, reassure them and take
 13 uninjured people or minor injured people out of the way
 14 as quickly as possible.
 15 Q. And in terms of liaison with British Transport Police
 16 individuals in the room, did you have any liaison with
 17 them?
 18 A. Yes, there was liaison with them, they were walking
 19 around, assessing patients as well. We were going round
 20 and I was saying, "Just look after the friend that's
 21 with that person because there's nothing more we can do
 22 with that". The liaison was to the extent of: okay,
 23 let's go and help the people who can be helped.
 24 Q. And then finally in terms of liaison with Greater
 25 Manchester Police officers that then came and assisted

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1 in the City Room, did you have any role in liaising with
 2 them?
 3 A. Liaising with them? No. A police officer came and took
 4 a list of all my staff's names and contact details,
 5 which they subsequently admit to losing. That was the
 6 only liaison, shall we say, with them. Liaison was the
 7 point of being told what to do once they got there and
 8 you can't say anything wrong about that because they
 9 have a job to do, they had a job to do on the night.
 10 Q. I'm just going to return to then the other North West
 11 Ambulance Service personnel that went into the
 12 City Room. We appreciate that not everything that
 13 happened in that City Room is captured on either the
 14 CCTV or body-worn footage, but certainly on what has
 15 been captured it can be seen that there's a brief
 16 occasion where you appear to be in the presence of
 17 Mr Ennis at 23.09.43. Do you have any recollection of
 18 that contact with Mr Ennis at that time?
 19 A. I don't. If the camera says I had a brief contact,
 20 that's obviously the case. But what the conversation
 21 was or the reason for it -- it may have been what they
 22 were going to do, what they're going to set up as the
 23 casualty clearing station, where they want the patients
 24 taking.
 25 Q. And Mr Parry, we also know that a little later, two HART

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1 paramedics, Lea Vaughan and Chris Hargreaves, came into
 2 the City Room, and again with the same caveat around the
 3 extent of the CCTV and body-worn footage, there doesn't
 4 appear to be any liaison by you with those NWAS
 5 personnel. Can you assist, at any point did you liaise
 6 with those two individuals from NWAS when they were
 7 in the City Room?
 8 A. I can't recall, no.
 9 Q. We all appreciate the situation you were faced with that
 10 night and also what you were trying to do. But would
 11 you accept that bearing in mind your role as Medic 1 and
 12 what was envisaged in the plan and command that you
 13 should have made an effort to coordinate the efforts in
 14 the City Room with the NWAS personnel that came in?
 15 A. It's a difficult one to answer because it's based on the
 16 fact that -- do they want to have a conversation with
 17 you, do they have any interest in what you as a private
 18 provider are doing, or are they mainly doing what they
 19 are trained to do for their purposes? That's probably
 20 the nicest way I can put it.
 21 Q. Mr Parry, I have just three final topics that deal with
 22 your involvement in the City Room. As I commence these
 23 questions, I wanted to make clear that I'm only asking
 24 for a high-level, general approach rather than asking
 25 you to deal with the specifics about what you did.

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1 The first area is around CPR and cardiopulmonary
 2 resuscitation. You told us about your training. Did
 3 you on that night believe that you were competent in
 4 respect of administration of cardiopulmonary
 5 resuscitation?
 6 A. Yes.
 7 Q. You have told us that you had the role of essentially
 8 identifying those who could not be saved. So can you
 9 just assist, again at a high level, as to when you were
 10 indicating that CPR should be stopped, what checks
 11 you were performing before you were communicating for
 12 CPR to be stopped?
 13 A. Airway, breathing -- no breathing, then within the major
 14 incident plan they are considered, rightly or wrongly --
 15 until further help arrives they are considered to be
 16 dead. Massive blood loss is another reason for not
 17 carrying on any further as well.
 18 Q. So Mr Parry, is it your evidence that before then you
 19 would be giving that instruction, you would do the ABC
 20 check, you'd check airways, breathing and circulation?
 21 A. Yes.
 22 Q. Then the next topic I want to ask you about, and again
 23 I appreciate many could find this in particular
 24 distressing, so if anyone wants to disconnect now, they
 25 can do. I'm going to just address now covering of

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1 those ... Mr Parry, those that had been identified --
 2 there's a number -- the covering of individuals. What
 3 checks would you carry out before covering any of those
 4 in the City Room, please?
 5 A. Airway, breathing, circulation, massive bleeding. One
 6 of the things that, rightly or wrongly, BTP had done
 7 a number of times, they had attached AEDs after they'd
 8 been told not to. And the AEDs were coming back as no
 9 shock advised, indicating again there was nothing that
 10 could be done for the patient. So cover them up, make
 11 as best as you can with whatever you can at the time.
 12 The checks were being done. And for those who will have
 13 been clearly deceased, as best as possible, cover them
 14 up.
 15 Q. So Mr Parry, just to be clear then, insofar as you had
 16 any involvement with covering of an individual, is it
 17 your evidence that you would have performed an ABC check
 18 before performing that act?
 19 A. If that was the patient I was involved with, absolutely.
 20 There were some I wasn't. The patient we mentioned
 21 before with Robina, that patient will have been covered
 22 at some point.
 23 Q. Can I ask you, insofar as there were others in the room
 24 that had been covered and you had not had an involvement
 25 in that, were you performing any checks on those

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1 individuals who had been covered where you had not been
 2 involved in that process?
 3 A. They will have been checked at some point, yes, but
 4 I respect the decisions made by my staff, BTP, and
 5 anybody else involved as well. And by the time I would
 6 have got round to checking those as well, the ambulance
 7 staff you've mentioned will have also been in
 8 City Square and able to do that and confirm whether the
 9 patient was deceased or not.
 10 SIR JOHN SAUNDERS: Okay. I'm really sorry, I need to get
 11 a general impression, Mr Parry, of what you were doing.
 12 So when you went round and you saw the injured, did you
 13 actually yourself carry out any treatment of anybody or
 14 were you directing others? Just so I have some idea.
 15 A. Initially, I was doing the assessment for those who we
 16 couldn't do any more for and I was directing --
 17 eventually I was directing others who to treat and how
 18 to deal with them.
 19 SIR JOHN SAUNDERS: So just so I understand, and I'm not
 20 asking for any details, are you saying that to start
 21 with, you went around, deciding which of those could be
 22 helped and which of those were dead?
 23 A. Yes, absolutely, and directing my resources to the best
 24 possible cases.
 25 SIR JOHN SAUNDERS: Okay. If you decided, having done your

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1 test, that someone was dead -- and I am not
 2 underestimating the difficulties of this, believe me --
 3 did you cover people up or did you instruct others to do
 4 that?
 5 A. I didn't do it with all of them. I think I might have
 6 done it with one or two, but the other argument as well
 7 is that in the event of a major incident, it's a rapid
 8 decision (overspeaking) --
 9 SIR JOHN SAUNDERS: Yes, no, no.
 10 A. -- when more resources turn up -- for argument's sake
 11 the Ambulance Service would come in, check those
 12 patients again, and say, "We might be able to do
 13 something with them now". But at the time, with the
 14 resources available, they weren't rescuable, for want of
 15 a better word.
 16 SIR JOHN SAUNDERS: We understand the requirements of rapid
 17 triage in the circumstances you were in.
 18 When you were going round initially, were others of
 19 your team coming round with you or were they members of
 20 the public, police officers? Who were you giving
 21 directions to as to what to do?
 22 A. Police officers -- most of what I got involved in was
 23 probably BTP and Network Rail staff, because my staff
 24 worked on their own initiative and walked round and they
 25 identified patients who could be helped.

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1 SIR JOHN SAUNDERS: So you left it to your staff who were
 2 there to do the same job as you were doing, but again
 3 with other people to help them; is that right?
 4 A. Not the same job as I was doing, they were identifying
 5 people that could be helped.
 6 SIR JOHN SAUNDERS: And were helping?
 7 A. So clearly they could be helped, as simple as that. But
 8 if I had any spare staff at any point, they would be
 9 called over. But it was Network Rail and BTP that I had
 10 most communication with.
 11 SIR JOHN SAUNDERS: So in general terms, do you think you've
 12 now given me a picture of what you were doing, without
 13 going into detail, or is there anything else you want to
 14 add to that general picture?
 15 A. No, that's fine, the general picture is fine, yes.
 16 SIR JOHN SAUNDERS: Thank you very much.
 17 MS CARTWRIGHT: Thank you for that. There's one specific
 18 thing.
 19 SIR JOHN SAUNDERS: Absolutely.
 20 MS CARTWRIGHT: Mr Parry, both by way of statements and
 21 what's been captured from the body-worn footage, it
 22 appears that at some point you did give an instruction
 23 about concentrating on the bleeding; do you recall that?
 24 A. Absolutely. For those who were bleeding and could be
 25 rescued, we need to concentrate on the bleeding. But it

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1 wouldn't have been at some point, it would be at a lot
 2 of points during that first half an hour.

3 Q. Just so we're absolutely clear in terms of the training
 4 and experience that your first aiders had, and we looked
 5 last week at one of the roles of the first aiders to
 6 deal with bleeding, is it your evidence that all of your
 7 first aiders were capable of dealing with catastrophic
 8 bleeding?

9 A. It's my evidence that they are capable of it. However,
 10 whether they felt themselves — what's the word I'm
 11 looking for ... Whether they wanted to do it
 12 psychologically, but they were certainly capable of
 13 dealing with it.

14 Q. Mr Parry, I'm just going to take you to an account
 15 that's within a media article, just to complete the
 16 instructions about triage, and see if you can assist.
 17 It's behind your tab 30 at page 3.

18 Mr Lopez, if you could display {INQ036650/3},
 19 please.

20 Mr Parry, this is an article that focused in large
 21 part on the actions of Kristina Deakin, who we
 22 identified was one of your ETUK first aiders who shortly
 23 after the incident was a qualified doctor. But at the
 24 end of the article, which was published in the MEN,
 25 Manchester Evening News, on 6 June 2017, there's a quote

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1 that's attributed to you as having been given, which is
 2 this —

3 SIR JOHN SAUNDERS: Can we just blow it up so we can read
 4 it?

5 MS CARTWRIGHT: If we could expand the bottom of page 3,
 6 please.

7 It acknowledges you saying:
 8 "We are immensely proud of the actions of all
 9 members of our team that night. Our team very quickly
 10 triaged casualties in order to provide the most
 11 effective care for those who needed it and prioritising
 12 casualties to save time when the Ambulance Service
 13 arrived."

14 Do you recall giving that account and is that an
 15 accurate capture of what you would have been saying at
 16 that time?

17 A. I believe I said a lot of stuff at the time. This is
 18 the Manchester Evening News. If they say I said it,
 19 I must have said it. It doesn't seem unfair or untrue.

20 Q. But particularly in terms of what we've heard already
 21 about the limited extent of the liaison you performed
 22 in the City Room with NWAS, how is what's attributed to
 23 you there — how does that translate to what was
 24 actually happening in the City Room, please?

25 A. Sorry, I'm not quite getting the angle of this question.

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1 Q. You're saying that patients were triaged to enable an
 2 effective handover to save time when the
 3 Ambulance Service arrived.

4 A. Yes.

5 Q. So that suggests that there's then communication to the
 6 Ambulance Service when they arrived to identify what had
 7 been taking place in the City Room before they came to
 8 the scene. So what did you mean by what happened to
 9 hand over to the Ambulance Service to speed up their
 10 response?

11 A. As it says there, the patients will have been triaged,
 12 minor bleeds, major bleeds, fractures, breathing issues,
 13 as we already mentioned, Ryan Billington will have had
 14 had a lot of involvement in that.

15 Ryan actually arranged for certain categories of
 16 patients to be put in one area to allow the
 17 Ambulance Service to decide when they got there who they
 18 were going to take to the hospital first, who was there
 19 code 1, code red, whatever it is, category 1, whichever
 20 one they use, and who were category 2s and who could
 21 wait and so on. A lot of that had already been done
 22 before the Ambulance Service got there.

23 Q. That's what I want to understand. How did that handover
 24 take place when —

25 SIR JOHN SAUNDERS: Mr Parry, I think what's being asked

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1 is: how did you tell them? "They're over there, they're
 2 category 2, they're over there, they're category 1?"
 3 Did you point them out to them, did anybody point them
 4 out to them? Just in practical terms, how did you do
 5 it?

6 A. Ryan will have pointed them out to them and said, "We've
 7 got code reds, code yellow", or whatever they call it,
 8 code 1s, or code 2s, "They need to go first, they can
 9 wait for a bit", and he will have pointed out to them
 10 where they were and when they moved them downstairs to
 11 Victoria Station, the Ambulance Service put certain
 12 categories of patients in certain places, okay? And our
 13 assistance helped them to take patients downstairs and
 14 put a code 1, code red, ready to go to hospital
 15 straightaway.

16 MS CARTWRIGHT: That's Ryan Billington, not yourself being
 17 personally involved in that?

18 A. Absolutely.

19 Q. Thank you. Mr Parry, for my purposes, the last area
 20 I just want to cover is your ambulance. We know that
 21 you had vehicles that were ambulance vehicles that were
 22 registered with the Care Quality Commission and we know
 23 that there was one of your response vehicles present
 24 at the arena that night.

25 A. Yes.

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1 Q. In what scenario would you have used your own ambulance
2 to transport any casualty that needed it to hospital
3 that night?
4 A. It wasn't there, so we wouldn't have done.
5 Q. You say it wasn't there. Can you just be clear, please?
6 SIR JOHN SAUNDERS: Where was it?
7 A. It was in the garage in our depot in Manchester. It
8 wasn't a service requirement that had been booked for
9 the event.
10 MS CARTWRIGHT: Mr Parry, is it right there were two
11 vehicles that were classed as transport vehicles that
12 you had? I think there was the ambulance but also there
13 was an adapted vehicle as well that could be used.
14 A. Adapted vehicle? I'm not quite sure what you mean by
15 that. There was a response car.
16 Q. Yes.
17 A. That couldn't be used for some of the injuries. To be
18 fair, transporting a patient by us would have been --
19 it would have just taken... My staff and myself were
20 busy doing what we needed to do. If I'd sent a member
21 of staff and a driver to hospital in the response car,
22 I've just lost two members of staff for hours because,
23 again, it's a private company, the hospital aren't going
24 to take them on board while they've got Nwas, quite
25 rightly, coming in with patients from the arena. So it

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1 would have been impractical to have used that to move
2 anybody.
3 Q. I hear your answer to that, but just to be absolutely
4 clear, there was present at the arena that night
5 a response vehicle that was registered with the Care
6 Quality Commission to enable patient transportation?
7 A. Well, the company was registered with the Care Quality
8 Commission. Response vehicles in themselves aren't,
9 it's the ambulances that are.
10 SIR JOHN SAUNDERS: Mr Parry, I think that's a detail
11 I don't need at the moment. Someone may need to ask it.
12 What we need to know is: there was a response vehicle
13 at the arena which could have been used to take someone
14 to hospital, but actually you thought it was a better
15 use of time and your staff to be working in the
16 City Room; is that right?
17 A. Yes. And in fact, if I recall rightly, one of the
18 criticisms shortly afterwards was that everybody was
19 turning up in cars at hospitals. The Ambulance Service
20 were trying to allocate beds and spaces at certain
21 hospitals. So somebody else turning up with patients
22 ad hoc was throwing the Ambulance Service's plan out the
23 window. It was actually --
24 SIR JOHN SAUNDERS: It wasn't part of your thinking at the
25 time, was it? That's what you have learnt subsequently?

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1 A. That's what I've learnt subsequently, you're quite
2 right. It wouldn't have been practical to send my
3 vehicle off because I'd just lose two members of staff.
4 SIR JOHN SAUNDERS: Right, thank you.
5 MS CARTWRIGHT: Sir, I'm not going to deal with such debrief
6 as there was with Mr Parry, so at this stage, then,
7 could I ask Ms Roberts, please, to ask Mr Parry her
8 questions.
9 Mr Parry, Ms Roberts QC for North West Ambulance
10 Service will now appear on screen and ask you her
11 questions.
12 Questions from MS ROBERTS
13 MS ROBERTS: Sir, this is for your benefit. Those who are
14 to ask questions, and I have been in communication and
15 consequently there are -- there will be no duplication
16 of issues.
17 SIR JOHN SAUNDERS: I'm very grateful.
18 MS ROBERTS: So I'm confident I can finish within the next
19 quarter of an hour.
20 Mr Parry, I'm going to ask you to look at your
21 May 2021 statement. We don't need it on the screen, but
22 I'm going to give the INQ reference: {INQ041566/12}.
23 SIR JOHN SAUNDERS: Do we know where that is in the bundle?
24 Behind tab 2, Mr Parry.
25 MS ROBERTS: Sir, I don't have the bundle or the index, so

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1 I'm in your hands.
2 SIR JOHN SAUNDERS: Have you got that, Mr Parry?
3 A. Yes, I've got it, yes.
4 MS ROBERTS: Thank you.
5 Mr Parry, could you look at, please, paragraph 61
6 and it's at the bottom of page 12.
7 A. Yes.
8 Q. You talk about in this paragraph -- I'm going to read it
9 out so that everybody can hear it:
10 "Most of the training was delivered by me..."
11 So this was at the point at which the tragedy
12 happened. This is 2017:
13 "Most of the training was delivered by me with some
14 delivered by Ryan Billington, who was a student
15 paramedic at the time. He did the training on oxygen
16 and manual handling."
17 Mr Parry, am I to understand and are others to
18 understand that so far as the training of your staff was
19 concerned, it was either delivered by you or it was
20 delivered by Ryan Billington?
21 A. Me, Ryan Billington, there were a couple of others who
22 liked to come in and do training sessions to improve the
23 knowledge of the staff. But generally speaking, it'd be
24 myself and Ryan because that's something that Ryan was
25 absolutely committed to, improving their knowledge and

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1 confidence.
 2 Q. Yes. So he was responsible in part at least for some of
 3 the training of your staff?
 4 A. Yes.
 5 Q. He was at the time a student; did you know that?
 6 A. Yes.
 7 Q. He was at the time 20 years of age; did you know that?
 8 A. Yes.
 9 Q. He was not at the time an NWAS employee; did you know
 10 that?
 11 A. He said he was a student with NWAS.
 12 Q. Right. He is now an NWAS employee, Mr Parry, but he was
 13 not then. Did you have anybody else, did you have
 14 anybody external, anybody from NWAS or any paramedics or
 15 anybody other than you and the student Ryan Billington
 16 deliver training to your staff?
 17 A. As I say, there would have been a few of us who'd been
 18 working for private ambulance companies, who would do
 19 bits and bobs of training.
 20 Q. Can you remember the level of their qualification?
 21 A. Not off the top of my head, no.
 22 Q. Do you have any record of the levels of qualification of
 23 the people who came in to deliver training to your
 24 staff?
 25 A. There will have been in their CVs, yes.

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1 Q. Right. Just moving on to paragraph 62, please,
 2 Mr Parry. It's just over the page, so on
 3 {INQ041566/13}. The paragraph begins as follows:
 4 "During training, if any shortcomings became
 5 apparent, then they would be dealt with there and then
 6 and would also be noted by me."
 7 Could you just tell us how you would deal with any
 8 shortcomings?
 9 A. The training may have to be re-done or the syllabus of
 10 the training may need to be looked at. But certainly,
 11 any issues within the training would be dealt with and
 12 the training would be improved for the benefit of the
 13 staff.
 14 Q. Did you at that point think about potentially getting
 15 anybody else in if that particular training module was
 16 not being understood or if there were any shortcomings?
 17 Did you do that on any occasion?
 18 A. No, not at all, because as you will be aware, there is,
 19 rightly or wrongly, no standard for training internally
 20 within the private sector or for some subjects out there
 21 in the wide world. Internally, people can teach
 22 themselves and can keep it as an internal certificate
 23 and keep it as an internal record of training.
 24 Q. And that was your understanding of how it operated
 25 at the time, was it?

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1 A. Yes.
 2 Q. Thank you. Towards the end of that paragraph, please,
 3 three lines up, it's a sentence which begins "if".
 4 Do you have that?
 5 A. Yes.
 6 Q. I'll read it:
 7 "If there were failings, adjustments would be made.
 8 I remember one member of staff spoke rudely to a member
 9 of the public because she did not like drunks. She was
 10 spoken to about this."
 11 So is that the type of failing or shortcoming to
 12 which you are referring within this paragraph?
 13 A. Without being specific, that was just a general one.
 14 I mean, that's a failing of training in how to deal with
 15 patient care --
 16 Q. Right.
 17 A. -- and that was dealt with. That one is about patient
 18 care.
 19 Q. I see.
 20 A. So that one did need dealing with.
 21 Q. Mr Parry, I'm now going to ask you to look at -- again
 22 we don't need this to go on the screen -- the Emergency
 23 Training UK Limited emergency and contingency plans
 24 document. For everybody's reference, it is
 25 {INQ024430/1}.

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1 Again, I will read it to you, Mr Parry, when you
 2 tell me that you have that document --
 3 MS CARTWRIGHT: Sorry, it's behind tab 25, Mr Parry.
 4 MS ROBERTS: Thank you, Ms Cartwright.
 5 Do you have that?
 6 A. Yes.
 7 Q. It's the very beginning of that document, the first
 8 paragraph, and it says this:
 9 "The importance of medical treatment being given
 10 immediately following an accident or onset of sudden
 11 illness is recognised as being a significant factor in
 12 minimising the effects of injuries and in saving lives."
 13 You well understood that at the time, didn't you,
 14 Mr Parry?
 15 A. Yes.
 16 Q. You understood presumably that that meant the treatment
 17 and the care being given to those who were stricken
 18 within the time frame inside which it would be
 19 impossible for the ambulance to get to scene? That's
 20 what that paragraph meant to you, isn't it?
 21 A. Yes, we do what we can until the Ambulance Service turn
 22 up.
 23 Q. Thank you. I'm going to ask you now, Mr Parry, some
 24 more questions about Mr Billington. I'm going to
 25 preface my comments about Mr Billington in the following

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1 way. You have told us about what Mr Billington, what
 2 Ryan Billington did on the evening in question. Can
 3 I assume from what you have said, Mr Parry, that you
 4 would agree with me, and with the assessment of others,
 5 that he did a remarkable job on 22 May 2017, didn't he?
 6 A. He did, he was absolutely wonderful.
 7 Q. Thank you. You had, and I'm reading from your
 8 statement — Mr Parry, I'm going to read it to you,
 9 those within the room can find the reference for you if
 10 needed. For our purposes, it doesn't need to go on the
 11 screen, but it's {INQ006866/1}, and it's a statement,
 12 Mr Parry, that you made on 10 August 2017, so
 13 a statement shortly after the events with which we are
 14 dealing.
 15 SIR JOHN SAUNDERS: Behind tab 1.
 16 MS ROBERTS: Thank you very much.
 17 Mr Parry, it's only fair to you that you have this
 18 in front of you when I do read from it. I'm going to
 19 take you to {INQ006866/2}, please, and to about a third
 20 of the way down the page. It's a paragraph which
 21 begins:
 22 "At this point, my team arrived..."
 23 Tell me when you're there.
 24 A. Yes, I'm there.
 25 Q. Thank you. It says as follows:

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1 "At this point, my team arrived. Amongst them was
 2 Ryan Billington, a student paramedic who I gave complete
 3 autonomy to work as he felt fit."
 4 Is that based on your knowledge of Mr Billington's
 5 capabilities at the time?
 6 A. Absolutely.
 7 Q. You have told us that he, Mr Billington, spoke in fact
 8 on a number of occasions to Paddy Ennis, the advanced
 9 paramedic who was in the City Room first. That's right,
 10 isn't it?
 11 A. Yes.
 12 Q. Is that one of the reasons, Mr Parry, that you yourself
 13 didn't liaise perhaps as closely as one might suggest
 14 that you ought to have done with Mr Ennis and the two
 15 HART paramedics that were in the City Room?
 16 A. That's one of the reasons. The other reason would be
 17 they didn't approach me either.
 18 Q. Do you accept, Mr Parry, that they were busy when they
 19 were in the City Room doing what they could, as others
 20 within the City Room were doing, to save lives and to
 21 help people?
 22 A. Absolutely. Like you said, as others, including myself.
 23 If they were already liaising with Ryan, why waste their
 24 time twice?
 25 Q. You told us the other day that Mr Billington, when you

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1 were asked about the kit, the medical kit, that the
 2 arena had on site on this particular evening, you told
 3 us that Mr Billington brought his own kit to work with
 4 him; is that right?
 5 A. He tended to bring a certain element of his own kit with
 6 him as well because he was comfortable using his own kit
 7 like a lot of staff were, yes.
 8 Q. So did other members of staff bring their own kit with
 9 them?
 10 A. Some did, some didn't. The arena contract was a bit of
 11 an anomaly where they supplied the standard first aid
 12 kits to everybody for everybody to use. Some preferred
 13 to use their own and come in and use their own.
 14 Q. Those were kits presumably, Mr Parry, that they not only
 15 brought to work but that they had bought themselves?
 16 A. Yes.
 17 Q. Did you ever query with Mr Billington, or indeed any of
 18 your staff, as to why it was that they brought their own
 19 kit to work?
 20 A. Because, as I've just mentioned, some preferred to use
 21 their own kit, have it set out, and it was easier for
 22 them to use it that way. As individuals, I can't knock
 23 that. They didn't like the set-out of the arena kit and
 24 they had their own, with their own equipment in it, set
 25 out as they wanted, and it worked for them.

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1 Q. Did they voice the fact to you that they didn't like the
 2 way that the arena kit was? Did they tell you that?
 3 A. Some had mentioned it in the past, they didn't like the
 4 stuff that was in them.
 5 Q. Did they say why they didn't like the kit that the arena
 6 supplied?
 7 A. Not particularly, no. But if they wanted to bring their
 8 own kit, they were self-employed, they were perfectly
 9 entitled to do so.
 10 Q. If they had not brought their own kit to work, as we
 11 know that Mr Billington and others, you tell us, did
 12 would there have been sufficient kit in your opinion on
 13 that night?
 14 A. Yes.
 15 Q. There would. Would there have been sufficient kit on
 16 other nights?
 17 A. Yes.
 18 Q. Thank you. Did you know what the capacity of the arena
 19 was at the time?
 20 A. The capacity of the arena would be — I think it was
 21 just under 22,000.
 22 Q. What, if any, adjustments would be made, Mr Parry,
 23 between the provision that was laid on for a crowd of
 24 14,000, as we know there was this evening, and a crowd
 25 of 20,000 or 22,000? What significant change, if any,

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1 would there be?
 2 A. It would be an increased number of first aiders.
 3 Q. An increased number of EMTs or not?
 4 A. Generally speaking, not. There was always two.
 5 MS ROBERTS: Thank you very much. Those are my questions.
 6 SIR JOHN SAUNDERS: Thank you. I'm very grateful.
 7 Thank you very much, Ms Roberts.
 8 MS CARTWRIGHT: Sir, could I ask that we take lunch and then
 9 start after the luncheon adjournment with the questions
 10 of Mr Atkinson on behalf of the families, please?
 11 SIR JOHN SAUNDERS: Very well. We are going to break for
 12 an hour now, Mr Parry; is that all right by you? Then
 13 we'll come back after lunch.
 14 A. That's fine, yes.
 15 SIR JOHN SAUNDERS: We'll see you then. Thank you.
 16 (12.58 pm)
 17 (The lunch adjournment)
 18 (2.00 pm)
 19 MS CARTWRIGHT: Sir, can I apologise for the slight delay.
 20 I'm hoping now that we'll be able to connect back to
 21 Mr Parry.
 22 SIR JOHN SAUNDERS: Is that hope or expectation or a bit of
 23 both?
 24 MS CARTWRIGHT: A bit of both.
 25 Mr Parry, can you see and hear us? Can we check the

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1 volume of the sound at your end? Can you see and hear
 2 us?
 3 A. Yes, loud and clear, yes.
 4 SIR JOHN SAUNDERS: Thank you.
 5 MS CARTWRIGHT: Could I ask Mr Atkinson QC on behalf of the
 6 families to now ask his questions of Mr Parry.
 7 Thank you, Mr Atkinson.
 8 Questions from MR ATKINSON
 9 MR ATKINSON: Good afternoon, sir. I hope you can see me
 10 and hear me.
 11 SIR JOHN SAUNDERS: We certainly can, thank you.
 12 MR ATKINSON: Good afternoon, Mr Parry, I hope you can also
 13 see and hear me.
 14 A. Yes, loud and clear.
 15 Q. Excellent. I'm going to be asking you some questions on
 16 behalf of the bereaved families. I want to start,
 17 please, with an observation that you made when you were
 18 giving evidence last week, which was to the effect that
 19 in the real world, you never expect these things to
 20 happen. Was that really your view of what happened on
 21 22 May?
 22 A. I'm not quite sure what you mean by the question, but
 23 in the real world you don't expect it to happen to you,
 24 but it does and you deal with it when it does.
 25 Q. A member of the public might think that if they go to

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1 a concert that they don't expect they're going to fall
 2 over or they are going to cut themselves or they're
 3 going to have a heart attack, but the people responsible
 4 for medical care at the facility have to expect all of
 5 those things, don't they?
 6 A. Yes.
 7 Q. And someone going to a concert wouldn't necessarily,
 8 almost certainly wouldn't, expect that they were going
 9 to be the victim of terrorism, but those who are
 10 responsible for medical care at that venue would need to
 11 expect that, wouldn't they?
 12 A. Yes, you need to expect it's going to happen, but you
 13 don't expect it to. That was the point I was trying to
 14 make. It's always a possibility.
 15 Q. {INQ041126/2}, Mr Lopez, please, paragraph 5.3.?
 16 SIR JOHN SAUNDERS: It's the Purple Guide.
 17 MR ATKINSON: It's the 2015 version of the Purple Guide.
 18 I'm afraid I don't know the tab numbers.
 19 MS CARTWRIGHT: I think it's Mr Parry's tab 28.
 20 SIR JOHN SAUNDERS: Thank you.
 21 MS CARTWRIGHT: It is in fact, yes. Tab 28, please,
 22 Mr Parry.
 23 MR ATKINSON: This is the version of the Purple Guide that
 24 was in force at the time of the events that we are
 25 concerned with, so this came in in 2015.

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1 A. Yes.
 2 Q. Would you therefore have been aware of it?
 3 A. I'd have been aware of a new guide. I've checked after
 4 last week's conversation and I was operating from an
 5 earlier one with a similar assessment, but it was
 6 a chart version rather than the version that was shown
 7 last week, but the basic information is ostensibly the
 8 same.
 9 Q. Just understanding the answer you have just given, you
 10 were taken last week to two different versions of how
 11 you would calculate the number of staff that would be
 12 needed for an event, one that was a chart and the other
 13 that was a list. Was it the chart version that you were
 14 familiar with?
 15 A. It's the chart version that I was familiar with that
 16 I would use for my other events, yes.
 17 Q. So that was the original version of the Purple Guide;
 18 is that right?
 19 A. Yes.
 20 Q. Published in 1999.
 21 A. That's the one, yes.
 22 Q. Rather than the one in 2015?
 23 A. Yes.
 24 Q. We'll come back to that in a moment or two. Just
 25 focusing on paragraph 5.3, and this is what the

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1 Purple Guide is saying to people who put on events and,
 2 I suggest, those who are responsible for medical care at
 3 events:
 4 "The number of people requiring medical treatment at
 5 any music or similar event will vary considerably with
 6 the activities being undertaken along with the
 7 environmental conditions surrounding the event. Even at
 8 small low-risk events, there is a possibility of
 9 collapses or other medical emergencies. There is
 10 extensive evidence demonstrating the importance of rapid
 11 life-saving first aid in these circumstances. There
 12 should therefore always be provision of first aid at
 13 every event regardless of size. The range of medical
 14 conditions can also vary enormously and there should be
 15 adequate capability to manage a wide range of traumatic
 16 and medical situations varying from the trivial to the
 17 life-threatening."
 18 Just pausing there, do you consider, Mr Parry, that
 19 your organisation was capable of dealing with the full
 20 range of medical challenges from the trivial to the
 21 life-threatening?
 22 A. Yes, absolutely.
 23 Q. How was it able to do that?
 24 A. Again, I'm not understanding that question, because the
 25 staff are trained, the equipment is there. Yes, there

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1 may have been some shortcomings with certain equipment,
 2 but the equipment that was required was there.
 3 Q. Let's deal with each of those in turn, shall we?
 4 Training first. Your own training you told us about
 5 last week and that you had training when you were
 6 a police cadet back at the end of the 1970s.
 7 A. Mm-hm.
 8 Q. Then First Aid at Work training when you were working
 9 at the chemical plant.
 10 A. Yes.
 11 Q. And training from the St John Ambulance?
 12 A. Yes.
 13 Q. Which is equivalent, is it not, to the First Aid at Work
 14 type of training?
 15 A. No, not at all. Ambulance aid, ambulance aid level 2,
 16 trauma training, it's far in excess of First Aid at Work
 17 training.
 18 Q. Is that the case for everyone who is a first aider for
 19 the St John Ambulance or is that something that builds
 20 up over time?
 21 A. It's something that builds up over time and whether they
 22 choose to go to that level of training.
 23 Q. So the motivation of the individual to gain more skills?
 24 A. Yes.
 25 Q. And also to refresh those skills?

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1 A. Yes.
 2 Q. Because, would you agree, that it is important not just
 3 to undertake a training course but to keep your
 4 knowledge of that area of training up to date?
 5 A. Absolutely, yes.
 6 Q. Which is why refresher training is important?
 7 A. Yes.
 8 Q. The things that, would you agree, marked you out above
 9 a First Aid at Work type of first aider were things like
 10 your undertaking of advanced life support training?
 11 A. Yes.
 12 Q. Because that gave you skills that a First Aid at Work
 13 first aider would not necessarily have?
 14 A. Not at all, yes. Yes.
 15 Q. And that's a kind of training that it's very important
 16 to keep up to date with, is it not?
 17 A. It is, yes.
 18 Q. But do we understand from what you told us last week
 19 that you had not been able to undertake any refresher on
 20 advanced life support since, I think, 2009/2010 because
 21 of the change in the rules with the introduction of the
 22 PIN system?
 23 A. Yes, absolutely.
 24 Q. And so would you accept, Mr Parry, that because of the
 25 introduction of the PIN system your advanced life

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1 support training was out of date?
 2 A. The advanced life support training was out of date, but
 3 I have continuously done immediate life support with the
 4 Resus Council training, which is a very similar course.
 5 I'm currently a qualified United Kingdom
 6 Resuscitation Council ILS instructor as well. So my
 7 skills in that area are more than up to date.
 8 Q. Major incident medical management training, MIMMS
 9 training. That, as we saw from the documentation last
 10 week, is something that you were required to have in
 11 order to run the medical cover at the arena, weren't
 12 you?
 13 A. Yes.
 14 Q. And in common sense that was because the person who was
 15 running the medical cover needed to be able to direct
 16 the medical cover in a major incident?
 17 A. Yes.
 18 Q. And to be familiar and up to date with what that
 19 involved?
 20 A. Yes.
 21 Q. Again, because is this right, Mr Parry, because of the
 22 introduction of the PIN system, your refresher training
 23 in relation to MIMMS had stopped in 2012?
 24 A. Yes.
 25 Q. So again, as at 2017, your MIMMS training was out of

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1 date?
 2 A. The MIMMS qualification will have been out of date. The
 3 MIMMS training sticks with you, the resources are all
 4 still there, the resources haven't changed. There isn't
 5 a qualification, an alternative qualification, that can
 6 be had. Private companies may supply what they call
 7 a MIMMS training course, but they're not the same as an
 8 internationally recognised MIMMS. But the training is
 9 still there. It stays with you all the time.
 10 Q. Forgive me, but we had agreed a moment ago that the way
 11 for the training to stay with you was to keep refreshing
 12 it, wasn't it?
 13 A. It is, yes (overspeaking) --
 14 Q. And to keep up -- I'm sorry. On you go.
 15 A. I used to run, for my own staff at the arena, tabletop
 16 exercises for major incidents. Not only did that give
 17 them some knowledge but it kept my knowledge up to date
 18 as well, using the current resources that the MIMMS
 19 people use.
 20 Q. But to know if your own skills were up to date, you
 21 would need to do the training, wouldn't you?
 22 A. The resources hadn't changed at all, the actual basis of
 23 that course had not changed at all.
 24 Q. And did you not need to do the official MIMMS training
 25 in order to get the up to date resources?

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1 A. I had the up to date resources from the last course. As
 2 I've just said, they hadn't changed in any way, shape or
 3 form.
 4 Q. Unless you did the refresher training, Mr Parry, how
 5 would you know that the resources you had were the up to
 6 date ones?
 7 A. Because you can go online and you can look at the
 8 resources that are being issued for the current courses,
 9 which are exactly the same resources.
 10 Q. Do we understand that in terms of imparting that type of
 11 information to your staff, that was done by you?
 12 A. Yes.
 13 Q. Rather than Mr Billington?
 14 A. Yes.
 15 Q. Because Mr Billington was not qualified to give training
 16 in relation to that, was he?
 17 A. He hadn't done anything MIMMS-related at that point, no.
 18 Q. In fact, no one else at ETUK, by 2017, had either, had
 19 they?
 20 A. No. They'd had the internal training, which was the
 21 best you can do. There is not a private sector
 22 alternative for MIMMS training as we speak unless
 23 you have a PIN number.
 24 Q. And in terms of that major incident training, do we
 25 understand tabletop sessions?

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1 A. Yes.
 2 Q. Is that how it was taught to you when you did your MIMMS
 3 training?
 4 A. Yes, there were tabletop sessions, there were
 5 question-and-answers sessions, exams. There used to
 6 be -- we used to go out to -- there was a local
 7 airfield, a local football ground, where we used to go
 8 out and carry out exercises. Within the arena -- what
 9 we did was we'd set up a scenario within the arena and
 10 deal with it from that and then go back and debrief it.
 11 Q. Just so we understand, did that involve people actually
 12 doing things or sitting around a table and talking about
 13 it?
 14 A. Yes.
 15 Q. Sorry, which?
 16 A. People would actually be given scenarios within the
 17 arena building, but the tabletop exercise included:
 18 there's your incident, this aspect has now changed, what
 19 would you change, what would you do, how would you
 20 change it and why would you change it, what are you
 21 going to be looking for? Every aspect was covered.
 22 Q. In your witness statement, and by all means you can look
 23 at it if it helps you, but I'll tell what you it says
 24 and see if it rings a bell. You explained in your
 25 witness statement that that major incident training was

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1 optional for your staff; is that right?
 2 A. Yes.
 3 Q. Would you keep a record of who had done it and who
 4 hadn't?
 5 A. Yes.
 6 Q. Is that one of the records that sadly is no longer
 7 available to you?
 8 A. It's sadly no longer available, yes. The staff have
 9 done it, and should they be required, they will all hold
 10 their hands up and say they've done the training.
 11 Q. Can I just understand that? Was there a record of who
 12 had done it or did you rely on people to put their hands
 13 up if you said, "Who has done the major incident
 14 training"?
 15 A. I kept a record. As you've just said, those records are
 16 no longer available, but if the individual staff, okay,
 17 were questioned, the ones that would come -- who had
 18 come on the training train would say: yes, we went on
 19 the MIMMS training, we had some basic MIMMS training.
 20 Q. And the basic MIMMS training, would that be the tabletop
 21 exercises?
 22 A. The tabletop exercise and the arena scenarios.
 23 Q. Were they examined in the way that you had been on what
 24 they were given?
 25 A. No.

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1 Q. Were there question—and—answer sessions in the way that
 2 you had had them as part of your training?
 3 A. There will have been question—and—answer sessions, yes.
 4 Q. Would those sessions have been just your team or would
 5 SMG staff have been involved as well?
 6 A. It would have been just our team.
 7 Q. Would there have been any of that training that would
 8 have involved the Ambulance Service?
 9 A. No.
 10 Q. Or the police?
 11 A. No.
 12 Q. Would you agree, Mr Parry, that realistically in any
 13 major incident one or other or both of those
 14 organisations would also be involved?
 15 A. No, not at all. A MIMMS course run — an
 16 internationally recognised MIMMS course at the moment
 17 would be run medically, it's a medical major emergency,
 18 it does not involve the police — the local ambulance
 19 service or an outside one may be involved, they don't
 20 have to be. They (overspeaking) —
 21 Q. In an actual major incident, at the very least a medical
 22 major incident, the Ambulance Service are going to be
 23 involved, aren't they?
 24 A. Yes.
 25 Q. So your staff would need to work with the

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1 Ambulance Service, wouldn't they?
 2 A. Yes.
 3 Q. And that would be essential if they were both together
 4 to do their best to help people?
 5 A. Yes.
 6 Q. Did you do any training for your staff with the
 7 Ambulance Service in relation to a major incident?
 8 A. No.
 9 Q. Did you try to?
 10 A. No, because the Ambulance Service would not get
 11 involved. They are not going to get involved with
 12 private sector companies.
 13 Q. Did you ever ask them to?
 14 A. With so many years' experience — it's easy for people
 15 to sit and say what should have happened. In the real
 16 world, it's never happened. The Ambulance Service never
 17 got involved. The Ambulance Service used to have
 18 a liaison officer with the arena in the early days when
 19 we were there, when it was GMAS. Okay? The arena — as
 20 soon as I did my first MIMMS course — sacked off the
 21 Ambulance Service to save the money, the cost of him.
 22 That's how the private event medical sector works,
 23 unfortunately. So no, they're not going to get
 24 involved.
 25 Q. Just so we understand that, are you saying that SMG

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1 stopped liaising with the Ambulance Service to save
 2 money?
 3 A. They stopped having a liaison officer, yes.
 4 Q. Did they tell you that you were not to liaise with the
 5 Ambulance Service?
 6 A. Well, we were never going to not liaise with the
 7 Ambulance Service because we didn't need to speak to
 8 them until a point when we had patients for them. But
 9 as — liaison as far as communications in a major
 10 incident and general operating of the company, there
 11 would be no liaison.
 12 Q. If we can go to {INQ001452/1}. To help Ms Cartwright
 13 with tab numbers, this is the original 1999 version of
 14 the Purple Guide. It's page 127, paragraph 717.
 15 I think that's tab 20, Mr Parry.
 16 A. Yes, just bear with me. My file is falling apart.
 17 (Pause). Yes, got it.
 18 Q. {INQ001452/127}, please, Mr Parry. Paragraph 717.
 19 A. Yes.
 20 Q. Marvellous. So this, just to make sure you understand
 21 what we're looking at, this is the version of the
 22 Purple Guide that you were familiar with. This is the
 23 original one, all right?
 24 A. Yes. Yes, no problem.
 25 Q. It says at 717:

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1 "Plan the provision of medical, ambulance and
 2 first aid services along with the statutory services and
 3 appoint a competent organisation to provide medical
 4 management."
 5 Do you agree that ETUK was that competent
 6 organisation, at least it was the organisation?
 7 A. Yes.
 8 Q. "This organisation need not be the sole provider of
 9 resources at the event, but must be able to demonstrate
 10 competence in operating the medical arrangements."
 11 A. Yes.
 12 Q. "In addition, the appointed organisation should be
 13 experienced in the medical management of similar events
 14 and must accept responsibility for providing an
 15 appropriate management and operational control
 16 infrastructure and coordinate the activity of other
 17 medical providers. Ensure that the appointed medical
 18 provider liaises with other statutory services and
 19 first aid providers on site."
 20 A. Yes.
 21 Q. "Respective roles and responsibilities should be set out
 22 in a medical, ambulance and first aid plan. It is
 23 considered good practise to consult with the local NHS
 24 Health Authority Ambulance Service for the area.
 25 "It is considered good practice to consult with the

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1 local NHS Health Authority Ambulance Service... for the
 2 area so that they can advise both the event organiser
 3 and the local authority on the likely impact of the
 4 event ...”
 5 And so on. So there was clearly, on the basis of
 6 the Purple Guide version you were familiar with, an
 7 expectation of liaison between you, as the medical
 8 provider, SMG, as the operator of the site, and the
 9 local Ambulance Service; did you understand that?
 10 A. Yes.
 11 Q. Did it not concern you that it wasn't happening?
 12 A. It was a level that was not our -- okay, maybe, yes, we
 13 should have done it, but it wouldn't have made any
 14 difference. The manning levels and the decisions of
 15 manning levels and medical provisions were made by SMG
 16 and they told me what they were having.
 17 On my other events that I would cover, we would have
 18 meetings, we would contact the statutory Ambulance
 19 Service, we'd work on the chart from the events safety
 20 guide. But the arena, they set out the staffing levels
 21 and told us what we were having. They arranged with the
 22 statutory Ambulance Service -- what are they called?
 23 The multi-agency planning meetings that we used to have,
 24 the Ambulance Service were there, that was the liaison.
 25 Everybody would be sat down, told what concerts were

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1 coming up, what the numbers and what the profile was.
 2 So there was some form of liaison there.
 3 Q. At any point at any of those meetings did you go through
 4 your emergency and contingency plan?
 5 A. With whom?
 6 Q. At any of those multi-agency meetings.
 7 A. It wasn't on the agenda for the multi-agency meeting.
 8 Q. Did you try to put it on the agenda, Mr Parry?
 9 A. No.
 10 Q. Did you ever show -- sorry, go on.
 11 A. The Ambulance Service were well aware of the major
 12 emergency plan. They had seen it at some point because
 13 it was in place (overspeaking) --
 14 Q. How?
 15 A. Before they left the building. They were aware of it.
 16 Q. How do you know that?
 17 A. Because I'd had been there when they told about it and
 18 had discussions about it.
 19 Q. And when was that?
 20 A. Off the top of my head, I don't -- these are just
 21 off-the-cuff conversations, not specific meetings, okay?
 22 If you look at -- if you want to look at a lack of --
 23 what's the word I'm looking for -- putting in place
 24 properly, then no, proper conversations weren't had,
 25 they were general conversations. The multi-agency

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1 planning meetings concentrated on the concerts coming
 2 up, the numbers, the profile, traffic management and
 3 stuff like that.
 4 At the meetings the arena had, the tabletop
 5 exercises, medical, we were always at the bottom of the
 6 pile. It was -- they probably spent, what, 2% of the
 7 meeting talking about us. It was all security based and
 8 that's what happened at the multi-agency planning
 9 meetings: it was all security based.
 10 Q. In relation to the training of your staff, again did you
 11 keep records of who had had what training?
 12 A. Yes.
 13 Q. Was that based on the training that you had provided
 14 them with or training that they had received elsewhere?
 15 A. It was based on both. The training I provided with and
 16 if they'd done extra training then they provided me with
 17 evidence of that training. For example, the young lady
 18 this morning mentioned Marianne Gibson. Marianne
 19 Gibson, off her own bat, did what they called a FREC 3
 20 course, I think it was, a FREC 2 or a FREC 3. She
 21 brought evidence of that qualification in and it was
 22 part of her CV.
 23 Q. FREC 3 training is the level of training that the
 24 Purple Guide came on in 2018 to recommend for
 25 first aiders. Were you aware of that?

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1 A. Yes, they keep changing. Private sector qualifications,
 2 they keep changing the names and changing the
 3 qualification every couple of years.
 4 Q. Had you taken any steps to get that level of training
 5 for your first aiders across the board by the time of
 6 the events in May 2017, Mr Parry?
 7 A. No, not at all --
 8 Q. Why not?
 9 A. -- because at the end of the day -- because it wasn't
 10 a standard qualification, it was not required. Simple
 11 as that. The event Purple Guide is that: a guide.
 12 Somebody has put in it: FREC 3/FREC 4, and that works
 13 until they change it from FREC 3/FREC 4 to something
 14 else. Then they'll say FREC 3/FREC 4 isn't good enough,
 15 it has to be something else.
 16 Q. Did you think that those who prepared the Purple Guide
 17 did that for their own amusement or did you think they
 18 did that because things needed to improve and the best
 19 quality training needed always to be that which was
 20 available?
 21 A. Best quality care is what needs to be available. Simply
 22 because you've got FREC 3/FREC 4, there's so many people
 23 out there teaching doesn't exactly mean it's the best
 24 quality care. Some people just take them on the board
 25 on the Monday, throw them out on the Friday, and

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1 actually aren't bothered about the standard in between.
 2 So I'd rather have a really good caring first aider than
 3 somebody with a piece of paper that says FREC 3 or
 4 FREC 4.
 5 Q. Would you rather having a caring first aider or one that
 6 was trained sufficiently to deal with anything from the
 7 trivial to the life-threatening, Mr Parry?
 8 A. That's putting words in my mouth. A lot of my
 9 first aiders could deal with anything from the trivial
 10 to the life-threatening. Just because you've got
 11 a piece of paper that says FREC 3/FREC 4, whatever,
 12 doesn't necessarily mean... There's nobody turning
 13 round and saying -- somebody with FREC 3/FREC 4, could
 14 have walked out into City Square, lost it and run away.
 15 Nobody can say that. They could say: yeah, I've had
 16 12 people with FREC 3 and FREC 4 and they've run away as
 17 soon as they have been confronted with what they have
 18 been confronted with. My staff did not run away: they
 19 dealt with what they were trained to deal with.
 20 Q. Just on the subject of running away, as you've mentioned
 21 it, before we come back to training more generally,
 22 would you agree that a member of your staff, following
 23 your emergency and contingency plan, should have run
 24 away?
 25 A. Of course they shouldn't have run away.

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1 Q. It's your tab 25, Mr Parry. Mr Lopez, this is
 2 {INQ024430/6}.
 3 Do you see the top of that -- I will just wait for
 4 everyone else to get it. This is part of the "Specific
 5 incidents" section of your contingency plan. Under the
 6 heading of "explosion", it says:
 7 "In the interests of safety of rescuers and others,
 8 absolutely no entry will be made into the primary area
 9 of this type of incident until agreed by the senior fire
 10 officer /police."
 11 Do you see that?
 12 A. Yes.
 13 Q. The same wording, two down, "Wilful terrorist/criminal
 14 acts"; do you see that?
 15 A. Yes.
 16 Q. So would you agree that on the face of your plan, your
 17 staff should not have gone into the City Room?
 18 A. What would we be talking about today if that had been
 19 the case? We all know in the real world that was never
 20 going to happen. Emergency services, when plans like
 21 this are made and something happens, they go in where
 22 other people don't. So yeah, I hold my hand up, I was
 23 wrong, I should have refused to go into City Square
 24 until the Fire Brigade turned up. But as we can see
 25 from the previous records, that would have been a while

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1 and somebody would be completely having a pop at me now
 2 for that one.
 3 Q. It's not so much that what your plan said was a good
 4 idea as the fact is that is what your plan that you had
 5 prepared told them to do.
 6 SIR JOHN SAUNDERS: Mr Atkinson, I'm going to interrupt you.
 7 I think this is a slightly "heads I win, tails you lose"
 8 type of question, if you don't mind me saying so, and we
 9 do know that the security staff in the rescue operation
 10 themselves did have various rules about going in, which
 11 they didn't follow either because of it. So having that
 12 sort of rule, on the face of it, doesn't seem to me to
 13 look that bad. The fact that it wasn't followed also
 14 doesn't look wrong to me, but of course you are at
 15 liberty to argue to the contrary if you wish.
 16 MR ATKINSON: The point I was seeking to make, sir, and
 17 I don't disagree with anything that you just said, is to
 18 identify with Mr Parry how fit for purpose his emergency
 19 and contingency plan was and how thought through it was
 20 for the real world.
 21 Mr Parry -- if, sir, you don't think that's an
 22 appropriate thing for me to pursue, then of course
 23 I won't.
 24 SIR JOHN SAUNDERS: You can if you like. It's not going to
 25 advance my knowledge of things greatly, I have to say,

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1 Mr Atkinson, but by all means ask one more question
 2 about it if you'd like.
 3 MR ATKINSON: It's the advancing of your knowledge that I am
 4 trying to help with and if I am not doing that then I am
 5 not doing my job so I will move on to something else.
 6 Mr Parry, in terms of the training of your staff,
 7 would you agree the most common qualification they had
 8 was the First Aid at Work qualification?
 9 A. That is the most common qualification, yes.
 10 Q. And that other than such training as you provided for
 11 them, in many cases that was the qualification that they
 12 had?
 13 A. Yes.
 14 Q. Would you agree that to deal with the kinds of difficult
 15 issues that can arise at a location like the arena, they
 16 needed more than just a First Aid at Work qualification?
 17 A. Again, if you look at it on paper, yes, I would agree,
 18 but in the real world, that doesn't happen. There is
 19 still private providers out there employing staff with
 20 First Aid at Work qualifications, with extra
 21 qualifications which is AED, oxygen, medical gases.
 22 It is still happening.
 23 Q. Insofar as your organisation is concerned, presumably
 24 you were offering this extra training to your staff
 25 because you thought they needed more than the First Aid

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1 at Work qualification?
 2 A. Because I offered them the chance to extend their skills
 3 and their knowledge, yes, if they wanted to.
 4 Q. Was that therefore also optional?
 5 A. It had to be optional because they were self-employed
 6 and a few of them used to say: if we're not getting
 7 paid, we're not coming in for it.
 8 Q. Mr Billington and his contribution to the training, that
 9 was volunteered by him, wasn't it?
 10 A. Absolutely, yes.
 11 Q. Because he thought that people needed more training than
 12 they had?
 13 A. No, discussions had been had about training staff and
 14 he'd come along and expressed an interest in helping
 15 with the training of the staff. Not because he
 16 necessarily felt there was — they needed more training,
 17 he would come along and help.
 18 Q. He described to us a lack of enthusiasm on the part of
 19 many of those that you employed at the arena for
 20 training. Does that strike a bell with you, a lack of
 21 enthusiasm?
 22 A. I'd go with a lack of enthusiasm, I wouldn't say for
 23 many of them. As I have already said, a few of them
 24 used to turn round and say, "I'm not doing it because
 25 I'm not getting paid".

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1 SIR JOHN SAUNDERS: Mr Parry, this may just be me, but
 2 obviously dealing things by video link is not
 3 necessarily the easiest. It would help me if you could
 4 move your hand. That's excellent, thank you very much.
 5 Please carry on, Mr Atkinson.
 6 MR ATKINSON: Thank you, sir.
 7 At the time that the re-tendering happened at the
 8 arena in 2006, did you understand there to be a problem
 9 so far as SMG was concerned with knowing what
 10 qualifications and training your staff had?
 11 A. No, none at all.
 12 Q. Did you not understand that was one of the things that
 13 led to the re-tendering process?
 14 A. No. That was never suggested. The re-tendering process
 15 came about, and the words — I can remember their
 16 words — James Allen said to me, "It's about time we had
 17 a tendering process", because when we were originally
 18 taken on by the original managers of the arena, it was
 19 just an interview on the Tuesday or Wednesday, "You're
 20 working on the Saturday and Sunday", and that was it,
 21 there was nothing formal in place. James Allen, in his
 22 defence, wanted to formalise that. There was no
 23 suggestion there was a lack of qualification whatsoever.
 24 Q. Following up on what you have just said, when you first
 25 got the contract for the arena, did you get asked to

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1 provide references?
 2 A. In what respect?
 3 Q. In respect of the ability of your company, which,
 4 I think then was, is this right, AAA Training and
 5 Technology, to provide —
 6 A. No. It was in the early days of the business and
 7 we were definitely not asked to provide any references.
 8 Tuesday was the interview, Thursday was the phone call,
 9 "Are you ready for the weekend, the U2 concerts?" That
 10 was it.
 11 Q. At that stage, Mr Parry, did your organisation have very
 12 much experience in providing first aid and medical care
 13 for large events?
 14 A. Not for large events, no. We'd done a few, 4,000/5,000
 15 crowds, but certainly not the large events. To be
 16 honest that came as a bit of a shock because U2 was
 17 a 20,000 crowd. We had to find a lot of staff, which we
 18 managed to do, for that weekend. But that was the
 19 extent of the checks: you are doing U2 Saturday/Sunday,
 20 boomph.
 21 Q. Moving on to 2006, I wonder, Mr Lopez, if we could have
 22 {INQ040493/1}, please. That is tab 12 for you,
 23 Mr Parry.
 24 This we understand to be the draft of a reply of an
 25 email to you after the re-tendering process had been

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1 completed, all right?
 2 A. Yes.
 3 Q. Mr Allen is there saying:
 4 "Where I believe the MEN Arena is vulnerable and
 5 hence part of the reason for the change in the contract
 6 we have just both signed is concern we have records that
 7 in 2 or 3 years' time we can pinpoint members of staff
 8 that were on duty and the minimum qualifications that
 9 person had at that time."
 10 He repeats at the end of the document:
 11 "I appreciate that many of your staff have
 12 qualifications above and beyond the minimum
 13 requirements, however I need to be confident that
 14 everyone on every show has reached this minimum level
 15 and that someone as part your event team has the ability
 16 to deal with a major incident, ie is MIMMS qualified."
 17 I can take you to other documents generated by him
 18 if it helps, each of which talks about a concern about
 19 having records of the qualifications of your staff. Was
 20 that not something that was raised with you?
 21 A. No, not at all. As I said last week, this particular
 22 document we're looking at now, I hadn't seen before last
 23 week.
 24 Q. Because if we look at the tender document itself,
 25 {INQ001405/1}, please —

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1 MS CARTWRIGHT: It's tab 18.
 2 MR ATKINSON: Thank you very much.
 3 {INQ001405/2}. If we could enlarge the upper part
 4 of the page, please, Mr Lopez, so even I can read it.
 5 Six bullets down:
 6 "Provide full training, qualifications and
 7 experience of first aiders and EMTs on duty which must
 8 be submitted to the venue duty manager for all events as
 9 part of their pre-event checks."
 10 That's one of the things that under the tender and
 11 indeed under the contract you were required to do. Did
 12 you know that, Mr Parry?
 13 A. Yes.
 14 Q. Did do you that, Mr Parry?
 15 A. We completed the venue check sheets for every event and
 16 there were no specific areas on that check sheet for
 17 listing qualifications. There were other questions.
 18 As a company we kept a separate register of who was
 19 working, which again did not specify their individual
 20 qualifications, but the venue would get a copy of our
 21 staff booking-in register but their own check sheet had
 22 no facility for writing that down.
 23 Q. Was that ever raised with you as a problem by SMG?
 24 A. No.
 25 Q. Did they ever ask you for what qualifications the staff

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1 for a particular event had?
 2 A. No.
 3 Q. Did they ever show you their risk assessment for any
 4 particular event?
 5 A. No.
 6 Q. Did they ever discuss with you the implications of the
 7 heightened terrorism risk?
 8 A. There were tabletop exercises in general for everybody.
 9 As I've already said, when they discussed that, their
 10 focus was on security rather than medical. Their focus
 11 was to stop it happening rather than what do we do after
 12 it has happened.
 13 Q. In terms of the numbers from ETUK who would be present
 14 at an event, do we understand from what you've said that
 15 that effectively was laid down by SMG in advance?
 16 A. Yes. We never had --
 17 Q. Sorry -- go on.
 18 A. From 2001 onwards, the numbers were decided off their
 19 risk assessment and told to us.
 20 Q. And you wouldn't have seen their risk assessment?
 21 A. No.
 22 Q. And it wasn't a dialogue between you and them as to
 23 what was needed?
 24 A. No. We were told what was being booked.
 25 Q. That table that is set out in the original version of

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1 the Purple Guide that you were looking at last week, was
 2 that ever something that you actually yourself used
 3 in relation to numbers of staff at the arena?
 4 A. Not at the arena, no.
 5 Q. Did you ever test the levels that SMG were asking for
 6 against that Purple Guide table?
 7 A. Conversations were had about it, but the conversations
 8 would only ever go one way: the number of first aiders
 9 and EMTs was far in excess of what the Purple Guide
 10 would suggest so (overspeaking) --
 11 Q. And is that -- I am so sorry.
 12 A. "If it's not broke, don't fix it", was the response.
 13 Q. Were you told that it was in excess of the numbers the
 14 Purple Guide recommended or did you ascertain that for
 15 yourself?
 16 A. I would look as well yes. Generally speaking 99%, 100%
 17 of the time they had more staffed booked on than the
 18 Purple Guide would have advised.
 19 Q. So if we look at the original version then, so this is
 20 again INQ001452, this might be your tab 20 if my memory
 21 serves me, Mr Parry. Page 135 if you would
 22 {INQ001452/135}.
 23 If we can enlarge the top half of the page first,
 24 please.
 25 So this is the first of a series of tables, as you

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1 know, but to explain to anyone else, that calculates the
 2 numbers that are needed for an event by doing a scoring
 3 system. The table is headed "Event nature":
 4 "(A) Nature of event."
 5 We're dealing here with a rock concert, so a score
 6 of 5.
 7 A. Yes.
 8 Q. We're dealing with a stadium under (B) for venue, which
 9 would be a 2. If we can go down the page --
 10 A. It would have been classified as (overspeaking) --
 11 Q. I am so sorry --
 12 SIR JOHN SAUNDERS: Hang on. Classified as indoor.
 13 MR ATKINSON: Classified as indoor? Right you are. So
 14 that's a 1.
 15 And then for (C) you have seated, so that would be a
 16 1.
 17 A. Mixed.
 18 MR ATKINSON: That would be predominantly children and
 19 teenagers for this event so that would be a 4, wouldn't
 20 it?
 21 A. No, full (overspeaking).
 22 Q. We're about halfway there -- so that would be a score of
 23 -- I am so sorry.
 24 A. It's a full -- see, the problem is you're looking at
 25 this from a barrister's point of view, I'm looking at it

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1 from a medical point of view. It is a guide. Different
 2 people will always interpret it in different ways. It
 3 was a mixed — kind of a full mix in family groups,
 4 which is a 2.
 5 Q. Over the page, please, {INQ001452/136}. Table 2, "Event
 6 intelligence". Top half of the page, "Past history".
 7 You told us earlier today that you had no information
 8 about other concerts and the cover at them.
 9 A. Yes.
 10 Q. So we're best probably, are we not, putting this, in the
 11 "First event: no data" box, aren't we, for past history
 12 because you didn't have any past history information?
 13 A. That's not "First event: no data".
 14 Q. You didn't have any data, Mr Parry. You told us that
 15 earlier today.
 16 A. See, the arena would look at that as "Good data: low
 17 casualty" because what would happen between shows is the
 18 managers would say, "We had no trouble at Glasgow, we
 19 had no trouble at Leeds", and that would be about it.
 20 It's not data, it's just conversations between people.
 21 Q. So it's either a 1 or a 3, depending on how you look at
 22 it?
 23 A. It's a 1 or — yeah, I would say it's either a minus 1
 24 or a 3 depending on your interpretation of the guide.
 25 Q. And it's less than 20,000, so that's a score of 16. So

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1 that's a score of either 17 or 19, depending on how you
 2 look at that.
 3 A. Yes.
 4 Q. Then over the page again, {INQ001452/137}. If we could
 5 enlarge the top half of the page, please. Queuing
 6 would be less than 4 hours, one certainly hopes, so that
 7 would be a score of 1.
 8 A. Yes.
 9 Q. Time of year. We're talking here about the summer, so
 10 that would be a score of 2.
 11 Proximity to —
 12 A. It's spring, isn't it?
 13 Q. Not on my calendar.
 14 A. At the end of the day, it's interpretation again, isn't
 15 it?
 16 Q. And I think none of the others particularly alter the
 17 scoring, so I make that a score of around 35, Mr Parry.
 18 A. I think if I recall — I looked last week on my computer
 19 when I got home and I think I got it to a 32 or 33.
 20 Q. All right. If we go to {INQ001452/138}, please. If
 21 we can enlarge the bottom half of the page, Mr Lopez.
 22 On a 32, 33, or a 35 on my maths, you needed two
 23 ambulances, 12 first aiders, eight ambulance personnel,
 24 one doctor, two nurses, one National Health Service
 25 ambulance manager. On your own maths, Mr Parry.

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1 A. Yes. But looking at that, I'm going to have to revisit
 2 my laptop because I can categorically say that mine fell
 3 for the one ambulance and the lower level of
 4 first aiders so I would have to go back and look at the
 5 calculation I made at the time because I'm sure it came
 6 to the box below, 26 to 30. But I don't disagree with
 7 what you're saying about 31 to 35, but good luck with
 8 getting a client to pay for that.
 9 Q. So is that the reality, that SMG would not pay for the
 10 level of cover that the Purple Guide mandated?
 11 A. It wouldn't have paid for that, no.
 12 Q. And we looked briefly, didn't we, last week at the 2015
 13 version of the Purple Guide, which identified, do you
 14 remember, doctor-led cover for events like this?
 15 A. Yes.
 16 Q. Would the answer be the same, that SMG would not have
 17 paid for it?
 18 A. No, not at all.
 19 SIR JOHN SAUNDERS: Mr Atkinson, would you mind if I stepped
 20 in for a moment. I seem to remember — and I can't tell
 21 what you exactly it came to — we did the same exercise
 22 last week when Mr Parry gave evidence before and we went
 23 through the numbers. I can't remember what the numbers
 24 came to then.
 25 MS CARTWRIGHT: Sir, I didn't do the exercise of arriving at

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1 a calculation. That was displayed and Mr Parry
 2 confirmed, having looked at the version in place
 3 previously, that this is what he'd used to make his
 4 calculation. But he did tell us the information that he
 5 had performed got him into the 21 to 25, which is six
 6 first aiders, two ambulance personnel, but we certainly
 7 did not undertake the exercise that Mr Atkinson has just
 8 done with Mr Parry.
 9 SIR JOHN SAUNDERS: Thank you. Thank you, Mr Atkinson.
 10 MR ATKINSON: Moving on again, in terms of communication
 11 between your staff, Mr Parry, when they were on duty at
 12 an event, the tender document from SMG indicated they
 13 were going to provide you and your team with two radios.
 14 A. Yes.
 15 Q. Did you have just two radios or were there more than
 16 that between you?
 17 A. We had the two radios, the arena radios, and a set of 12
 18 of our own radios so all staff could communicate with
 19 each other.
 20 Q. And did that mean that they could communicate with SMG
 21 as well or just each other?
 22 A. The staff couldn't, they could only communicate with
 23 each other. Medic 1 and Medic 2 could communicate with
 24 SMG.
 25 Q. Could Medic 1 and Medic 2 also communicate with the

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1 Ambulance Service?
 2 A. Not via radio, no.
 3 Q. So the radios that you were provided with by SMG did not
 4 afford access to NNAS?
 5 A. No.
 6 Q. Were you therefore in that respect reliant on a mobile
 7 phone to speak to them?
 8 A. Yes.
 9 Q. And would you?
 10 A. In what respect (overspeaking) --
 11 Q. In the course of events at the arena, would you speak to
 12 the Ambulance Service?
 13 A. In the course of events in the arena, if we needed to
 14 speak to the Ambulance Service to call an ambulance, we
 15 had to use the landline phone in the first aid room --
 16 sorry, the landline phone in Whiskey Control because it
 17 was the one that could recognise the address for the
 18 Ambulance Service.
 19 Q. Forgive me, I'll be stopped if this is something that is
 20 sensitive in some respect, but why couldn't you phone
 21 them on a mobile?
 22 A. Because, (1), the arena wouldn't know there was one
 23 inbound, and (2), that wouldn't give the location for
 24 the Ambulance Service. When they pick up a call from
 25 a certain number, they will have the address on the

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1 other end and that's why the instructions were to ring
 2 from the one in Whiskey Control. In a dire emergency
 3 such as 22 May, if you could get through -- well, or
 4 a heart attack, say, up at Trinity Way, you could use
 5 a mobile phone because it was easier if you needed the
 6 ambulance there. But 99% of the time it was to be made
 7 from Whiskey Control because that was the number that
 8 the Ambulance Service associated with the arena.
 9 Q. In terms of briefing your team for an event, you've
 10 already dealt with the fact earlier today, is this
 11 right, that you would not have taken them through
 12 information like the terrorism risk level?
 13 A. There was an element of the briefing sheet that every
 14 now and again we'd go through the HOT principles, things
 15 like that, but it wouldn't be done on every single
 16 event. But the staff were aware of terrorists and to be
 17 aware and to be extra sensitive and to be extra aware.
 18 Q. Would you tell them what the terrorism level nationally
 19 was?
 20 A. Not on each event, no.
 21 Q. I think you told us earlier today that's because it kept
 22 changing; is that right?
 23 A. Yes, it would be changing regularly (overspeaking).
 24 Q. It hadn't changed since August of 2014, Mr Parry. Had
 25 you not realised that?

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1 A. Well, the staff would have been aware of that as well as
 2 individuals. They're all intelligent (overspeaking) --
 3 Q. I'm so sorry. It was for them to know for themselves
 4 rather than for you to tell them?
 5 A. No, what I said staff would probably be aware of that as
 6 well, yes. Yes, it probably was a job for me to tell
 7 them but if it wasn't sort of kick-started in my head
 8 in the briefing from SMG, it's not something that would
 9 come to the front of my mind for their briefing as well.
 10 Q. Would they know what experience and training each other
 11 had had?
 12 A. Yes. Because they used to talk to each other.
 13 Q. How?
 14 A. Because they used to talk to each other.
 15 Q. Informally?
 16 A. Informally, yes.
 17 Q. So there was no part of the briefing where you would
 18 explain who was competent to do what kind of thing?
 19 A. No, because they would all know as individuals what each
 20 of them was competent to do and you've also got
 21 confidentiality issues if you start discussing things
 22 like that.
 23 Q. For example, who was qualified to deal with a traumatic
 24 injury, who was qualified to deal with a heart attack,
 25 for example?

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1 A. First aiders can deal with a heart attack. First aiders
 2 can deal with traumatic bleed to a point.
 3 Q. Did they not need to know rather than more than to
 4 a point but the whole way through?
 5 A. They talked to each other, they know their
 6 qualifications. It wasn't for me as the boss to say,
 7 "This person can do that, that person can do that". As
 8 a pair they work within their competencies when they're
 9 working. They know -- I know their competencies and
 10 they know their competencies and they'll talk to each
 11 other about them.
 12 Q. You answered questions earlier today to Ms Roberts about
 13 the equipment available to you. Can I say the topic of
 14 equipment is something that I know Mr Cooper will ask
 15 you more about in a moment, so only this in relation to
 16 that topic: would you discuss with them who had access
 17 to what equipment so that people knew before an event?
 18 A. Yes, they all --yes. I wouldn't discuss it before each
 19 event because that's insulting people's intelligence.
 20 They know what equipment is available and who can use it
 21 and where it was. And it was available to them all to
 22 use.
 23 Q. But if they were bringing their own, how would others
 24 know they'd got it?
 25 A. Again, I will say it again: they talk to each other.

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1 They go through their kits -- they have conversations
 2 about, "What have you got in your kit?" Okay? I would
 3 go, "Anybody brought their own kit in?" and I would go
 4 through their kits and say, "What qualifies you to use
 5 that?" Okay?
 6 Q. Finally, Mr Parry, could you go back to your tab 25,
 7 please and to page 3 of that. Mr Lopez, this
 8 {INQ024430/3}.

9 Do we understand that this is the plan that you had
 10 devised for what should happen in a major medical
 11 incident?
 12 A. Yes.
 13 Q. Was this a plan that you had shared with your team?
 14 A. Yes.
 15 Q. Was it a plan you had practised with your team?
 16 A. Yes, as part of the tabletop exercises and the basic
 17 MIMMS training.
 18 Q. Had you done practical exercises in relation to this
 19 plan?
 20 A. Yes.
 21 Q. Would everyone know who Medic 1 was and who Medic 2 was
 22 on 22 May?
 23 A. Yes.
 24 Q. Because you were Medic 1; is that right?
 25 A. I was.

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1 Q. And that would have been made clear at the briefing?
 2 A. Yes.
 3 Q. And Medic 2, remind me, was who?
 4 A. Liz Woodcock.
 5 Q. Thank you. And she had a First Aid at Work
 6 qualification, didn't she?
 7 A. First Aid at Work, spinal mobilisation, AED, medical
 8 gases.
 9 Q. In terms of your role under your plan, would you agree
 10 that firstly you were -- it was for you to liaise with
 11 the senior management and senior security management at
 12 the arena to set up a designated command and control
 13 point?
 14 A. Yes (overspeaking).
 15 Q. And that didn't happen, did it?
 16 A. Sierra Control was already set up. It's set up at the
 17 beginning of each show.
 18 Q. Did you liaise with them over a dedicated radio channel?
 19 A. No, because they were already set up: channel [REDACTED] was the
 20 emergency channel, channel [REDACTED] was security, channel [REDACTED] was
 21 first aid. Obviously, everybody went to channel [REDACTED] when
 22 the incident occurred.
 23 Q. Did you allocate Medic 2 to alert the team to
 24 a rendezvous point?
 25 A. Yes.

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1 Q. And what was the rendezvous point?
 2 A. The rendezvous point was just inside City Rooms door,
 3 make sure everybody was okay, and as soon as possible
 4 send them out, if they want to come out, to help out in
 5 City Square, just inside City Room doors.
 6 Q. Did you notify NWAS?
 7 A. Of?
 8 Q. "Once a major medical incident has been identified,
 9 Medic 1 will notify NWAS and assume overall control
 10 until the arrival of the first unit."
 11 A. No, because (overspeaking) --
 12 Q. Did that happen?
 13 A. I was given other duties by the duty manager, the venue
 14 manager for the evening, and the role of Sierra Control
 15 is to make that phone call. I --
 16 Q. According to your -- according to your plan, Mr Parry,
 17 it was your job.
 18 A. Yes, but as you've already mentioned, my plan also says
 19 that my staff shouldn't have gone into City Square.
 20 I don't wish to be rude, but we need to get into the
 21 real world here. It was a tragic event, it really was,
 22 but in the real world the best laid plans of mice and
 23 men go out the window and I apologise (overspeaking) --
 24 SIR JOHN SAUNDERS: As I understand it, if NWAS were going
 25 to be notified, then that had to be done through Whiskey

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1 Control in any event because it took -- it notified
 2 where it was. That's what you have told me previously,
 3 I think.
 4 A. Yes, that's for ambulances coming for individual
 5 casualties. Whiskey Control, Sierra Control, would have
 6 been -- on that night would have been making phone calls
 7 left, right and centre. I was given other duties by the
 8 venue duty manager, ie go outside and help the people in
 9 City Square.
 10 MR ATKINSON: But it was for you to deliver the METHANE
 11 message, wasn't it, Mr Parry?
 12 A. We've already established last week that a METHANE
 13 message would not be accepted by a private company.
 14 Q. Because if you look over the page --
 15 A. Basically all that's going to happen is I'm going to
 16 ring the Ambulance Service and call an ambulance and
 17 their first unit is going to come along and decide
 18 whether it's a major emergency.
 19 Q. Do you see on that table on your plan on {INQ024430/4},
 20 Mr Parry -- have you got the table there?
 21 A. I have indeed.
 22 Q. Halfway down the page in the second red box on the left:
 23 "Medic 1 to contact NWAS with METHANE message."
 24 That's you, isn't it, Mr Parry?
 25 A. It is, yes.

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1 Q. So you are to give them the exact location that they
2 needed to come to, the type of incident, the hazards
3 they would face, how to gain access, the number of
4 casualties and what was needed.
5 A. Yes.
6 Q. All of that was --
7 A. Everything apart from the number of casualties was
8 information that Sierra Control or Whiskey Control could
9 have given. They had within those rooms that same flow
10 chart and the format of a METHANE message.
11 The number of casualties -- it was impossible to
12 assess within a time period of -- it would have just
13 been multiple casualties, don't know how many to be
14 certain.
15 But as I've already said, and again, I'm going to
16 reiterate it but I don't mean to seem offensive, but in
17 the real world, other duties had to be done. Okay? The
18 plans on paper went out of the window for everybody.
19 Q. So in terms of the job that you had identified for
20 yourself in your plan, you left it for others to do;
21 is that what it comes to?
22 SIR JOHN SAUNDERS: Mr Atkinson, we've already been round
23 this house a couple of times now. The conclusion that
24 I think I have provisionally reached is that for
25 whatever reason, good or bad, this plan was abandoned

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1 and it never came into effect.
2 A. Yes.
3 MR ATKINSON: I will move on again and I have almost
4 finished, I promise.
5 SIR JOHN SAUNDERS: Just so we do know, that's the
6 provisional view I have come to and I don't think
7 Mr Parry disagrees. It's now really to decide whether
8 it's for good reason or bad.
9 MR ATKINSON: Thank you, sir.
10 In terms of that which you were doing in the
11 City Room -- and can I reiterate, Mr Parry, that the
12 very last thing I want to do is to ask you to give any
13 detail of any individual or any detail that both you and
14 those who are listening will find distressing, do you
15 understand that?
16 A. Yes, absolutely.
17 Q. In terms of what you were doing, were you engaged in
18 a triage process or did you entrust that to
19 Mr Billington?
20 A. I was engaged in a triage process. Initially Ryan was
21 helping with that until we found casualties that we
22 could do something for and then Ryan's role was to help
23 those casualties and I continued with the triage
24 process.
25 Q. And do we understand that he was also your point of

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1 liaison with NWAS rather than you doing it yourself?
2 A. He was NWAS's point of liaison with him (sic) and it's
3 not a case of rather than doing it myself, they went to
4 him.
5 I didn't see them come in, the first I knew about
6 them they were having conversations -- I heard they'd
7 been having conversations. He'd introduced himself as
8 a student paramedic with NWAS and that's how the
9 communication went on and moved forward.
10 Q. What training did you have that was current and up to
11 date, Mr Parry, in relation to assessing the triage
12 needs of these individuals?
13 A. The MIMMS training that I had taken in the past with the
14 current resources for it and --
15 Q. In relation to --
16 A. Go on.
17 Q. No, please?
18 A. No, go on.
19 Q. In relation to those who had been covered, did you
20 nevertheless check them?
21 A. I wasn't aware of any that had been covered before I'd
22 gone check them. If that was the case, then they would
23 probably have been checked, but people -- some people,
24 some staff were in a rush to cover people up because, as
25 you can imagine, the sight was horrible.

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1 Q. And do we understand that insofar as what you were
2 doing, you were applying the ABC approach?
3 A. Airway, breathing, circulation: no breathing, move on to
4 somebody else, leave them alone and move on to somebody
5 else -- or catastrophic bleeding.
6 Q. In the case of catastrophic bleeding, would you be
7 applying tourniquets?
8 A. It would depend on the extent of catastrophic bleeding.
9 If there was massive blood then there would be no point
10 at all. One patient in particular had massive blood
11 loss from multiple wounds: tourniquets wouldn't have
12 gone anywhere near it.
13 Q. And did you have the tourniquets to use?
14 A. I had a tourniquet to me, but again, as we mentioned
15 last week, I forgot I had it in my pocket and I was busy
16 doing other stuff. Once you've focused on a role, if
17 you de-focus and start treating one patient, you have
18 actually just lost the plot. You'd be sat there now
19 saying: why did you stop what you were doing and deal
20 with this one patient?
21 Q. Mr Parry, finally this: you have talked a good deal
22 about the difference between what might be put on paper
23 and the real world. 22 May in the City Room was very
24 much the real world for those who were there and
25 affected by it. And would you agree that your

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1 organisation was just not ready to help them? Not
 2 prepared, not trained and not able?
 3 A. Not at all.
 4 MR ATKINSON: Thank you, sir. That's all I ask.
 5 SIR JOHN SAUNDERS: Thank you.
 6 MS CARTWRIGHT: We've been going an hour and 10 minutes, but
 7 I'm going to ask Mr Cooper if he can ask his questions
 8 now.
 9 SIR JOHN SAUNDERS: Mr Parry, if you do need a break, you
 10 must tell me. I don't think you're going to be that
 11 long.
 12 Questions from MR COOPER
 13 MR COOPER: I'm not.
 14 I continue to ask questions on behalf of the
 15 bereaved families and I do want to ask you a little more
 16 about facilities. You told us this morning about the
 17 ambulance that you had that was in the garage. Do you
 18 remember telling us about that?
 19 A. Yes.
 20 Q. And it was in the garage because, I'll be blunt about
 21 it, SMG didn't want to pay for it?
 22 A. Yes.
 23 Q. On that ambulance, what facilities did it have on it?
 24 Did it have stretchers?
 25 A. A fully kitted ambulance. It would have had a stretcher

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1 in it, defib, tourniquets, strangely enough, trauma
 2 equipment. It would have had all the standard
 3 equipment, it had all the standard equipment of an
 4 ambulance.
 5 Q. And can you remember how many tourniquets, for instance,
 6 that ambulance had on it?
 7 A. Numbers—wise, no. Maybe two or three at most.
 8 Q. There is a link between these matters in a moment, which
 9 I'll make. You also told us about SMG asking your
 10 people to stop people bringing in food and drink on to
 11 the premises. Do you remember telling the chair about
 12 that?
 13 A. Yes.
 14 Q. The reality is, and I'm not making this criticism of
 15 you, Mr Parry, let me be clear about that, the reality
 16 is SMG were paying for the cheapest service possible,
 17 weren't they?
 18 A. I wouldn't say the cheapest because we weren't the
 19 cheapest. But they didn't like spending money they
 20 didn't have to. I don't like being called the cheapest.
 21 Q. I don't mean to be offensive as to the quality you were
 22 providing, I'm simply suggesting to you that, of the
 23 services that you provided, which ranged in different
 24 ways into different complexities, SMG wanted to pay for
 25 the cheapest of options you provided?

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1 A. Yes. If you put it that way, yes.
 2 Q. You understand, that's not saying that you're cheap, I'm
 3 not asking about that. Effectively, SMG, once they got
 4 you on board, wanted to pay your bargain basement rates
 5 and no more?
 6 A. Yes, I'll go with that, yes.
 7 Q. Thank you.
 8 SIR JOHN SAUNDERS: I just want to go back to the ambulance.
 9 This is the ambulance which was not at the scene. This
 10 is not the vehicle which could be used to take people to
 11 hospital. If you had had the ambulance at the scene,
 12 and I'm not saying you shouldn't have or who's right
 13 about that, would you have been able to use it to assist
 14 on the night, do you think?
 15 A. It may have been able to help at some point as an extra
 16 vehicle, later on in the evening. But in the initial
 17 stages, no. It would have taken two staff, at least two
 18 staff, away from the venue.
 19 SIR JOHN SAUNDERS: Thank you.
 20 MR COOPER: The medical facilities provided at the arena,
 21 are you aware that they'd been unchanged at the time of
 22 this atrocity for a number of years?
 23 A. How do you mean, unchanged?
 24 Q. I'm not going to refer you to it, but for those that
 25 want to know where I got that from, that's from

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1 Mr Allen's statement, {INQ025577/19}, paragraph 80, when
 2 he said that:
 3 "The medical facilities provided at the arena have
 4 been unchanged for a number of years."
 5 And I was simply going to ask you whether you could
 6 add to that. Do you agree with him?
 7 A. I'm not quite sure what he means by the medical
 8 facilities, to be honest. In what terms does he mean —
 9 does he mean the provider?
 10 Q. I don't want to get into a question and answer between
 11 the two of us with me on the receiving end.
 12 Another thing that Mr Allen said was this, and
 13 I wanted to know whether you agree with it, that the
 14 key, his words, same paragraph:
 15 "[The] key to the provision of medical facilities
 16 in the arena is the first aid room."
 17 "[The] key to the provision of medical facilities in
 18 the arena is the first aid room."
 19 Do you agree with him?
 20 A. No.
 21 Q. You don't? Why do you disagree with him?
 22 A. Because the first aid room is a first aid room. The
 23 medical facilities — the staff were out and about
 24 around the building. It was where you took patients and
 25 it was where the arena used for their medical facilities

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1 when there wasn't a show on, but I wouldn't call it the
 2 key to the medical facilities , no.
 3 Q. In fact, as you said on a previous occasion, the
 4 arena -- from the arena to the first aid room was about
 5 10 minutes? That actually is Day 133, [draft] page 154
 6 {Day133/158:7} for those following. That the arena to
 7 the first aid room takes about 10 minutes.
 8 A. With a patient in a wheelchair or stretcher, yes, from
 9 the furthest point.
 10 Q. As far as that first aid room is concerned, we've
 11 touched on this on previous occasions with other
 12 witnesses, but it's a very small first aid room, isn't
 13 it?
 14 A. It's small, but it was adequate for everything that had
 15 happened in the previous 16 years and it was adequate
 16 for the arena to use for their staff when there were no
 17 shows on. But yes, in terms of what happened on the
 18 22nd, it would be considered a small first aid room,
 19 yes.
 20 Q. It's adequate so far as the occasional individual member
 21 of an audience, for instance, feeling unwell, feeling
 22 sick, it's adequate for that?
 23 A. Yes.
 24 Q. But not adequate perhaps for more than two people at the
 25 same time being taken ill or injuring themselves?

1 A. Yes, two or three people at most within the first aid
 2 room.
 3 SIR JOHN SAUNDERS: Mr Cooper, I would be interested to know
 4 at some stage whether there are standards for the number
 5 of people who can be put into a first aid room.
 6 Clearly, and you're not suggesting for a moment that all
 7 these people who were injured could be treated in the
 8 first aid room.
 9 MR COOPER: Of course not.
 10 SIR JOHN SAUNDERS: So it would be of interest to me to know
 11 whether there are any national standards that obviously
 12 must relate to the number of people. I'm not sure
 13 Mr Parry is the man who will necessarily know the answer
 14 to that.
 15 MR COOPER: I am sure --
 16 SIR JOHN SAUNDERS: I'm sure NWAS can assist with that.
 17 MR COOPER: Thank you, Mr Parry, we'll look into that.
 18 Can I ask you just a question about the uniform that
 19 your staff were wearing. It was a green top, wasn't it?
 20 A. Green top, yes.
 21 Q. Did it look similar to what paramedics wore if seen
 22 perhaps in a stressful situation?
 23 A. As somebody who didn't know any different, yes.
 24 Q. Do you think perhaps that might have been -- and maybe
 25 let's use the word hindsight -- with hindsight something

1 that should be avoided, so in stressful situations such
 2 as this matter, the public can recognise immediately the
 3 people, their uniforms, and understand their relative
 4 qualifications?
 5 A. It's a catch 22 situation because in an event like
 6 22 May, the Ambulance Service will come and they will
 7 look around and they will recognise people in all green
 8 and they'll beeline for them as being the people there
 9 to do a particular job whereas the public, as you quite
 10 rightly say, may think -- it's like somebody in
 11 a nurse's uniform, automatically a nurse but not
 12 necessarily.
 13 SIR JOHN SAUNDERS: Mr Cooper, I think there are two sides
 14 to that issue, maybe, which we can discuss later. If
 15 you have all people with medical -- capable of medical
 16 assistance looking vaguely the same, then everyone in
 17 the public knows who to go to. Whether you
 18 differentiate them, perhaps not. But I quite understand
 19 that to find out who are the fully qualified and who are
 20 not --
 21 MR COOPER: I'm not really raising it in a partisan way.
 22 It's just simply --
 23 SIR JOHN SAUNDERS: I know. It's a point which I think can
 24 go either way and I think it's a point which we'll need
 25 to look at.

1 MR COOPER: Thank you, sir.
 2 You referred during your evidence on the previous
 3 occasion, Mr Parry, just to one aspect of your training,
 4 and Mr Atkinson, of course, has dealt with that
 5 thoroughly, but there's one matter I just want to raise
 6 with you. One item of training you referred to was
 7 something called "Assisting the Paramedic".
 8 A. Yes.
 9 Q. Do you remember telling the chair about "Assisting the
 10 Paramedic" and you were relying on that quite
 11 significantly, weren't you, in terms of how it assisted
 12 your competence and your capability to help people?
 13 A. Yes.
 14 Q. We've just done a little work into that and I want to
 15 ask you whether you can confirm that this is what
 16 "Assisting the Paramedic" is. It's a workshop to
 17 provide learners with knowledge and skills required to
 18 assist in life-saving interventions, to preserve life
 19 and prevent deterioration of the patient by presenting
 20 equipment and materials to the paramedic. I'll repeat
 21 that last bit: by presenting equipment and materials to
 22 the paramedic.
 23 So that course effectively, importantly, don't
 24 misunderstand me, but that course effectively is
 25 teaching people how to hand a paramedic the tools of the

1 trade. Is that what "Assisting the Paramedic" is, the
 2 training that you referred the chair to?
 3 A. Absolutely, and at the time that was a replacement for
 4 the ALS, and as I said earlier on, I have done ILS
 5 since.
 6 Q. I suggest that that's a 3-hour course, costing £25;
 7 would that be right?
 8 A. I have no idea. I didn't pay for it.
 9 Q. All right. You've been asked questions about major
 10 incident training and I don't want to go over that
 11 again. But what I do want to ask you is -- do you
 12 remember Brigadier Hodgetts' evidence? Did you see any
 13 of Brigadier Hodgetts' evidence when he gave it some
 14 time ago now?
 15 A. I haven't watched any of the evidence of this inquiry at
 16 all.
 17 Q. I quite understand. What Brigadier Hodgetts spoke of
 18 was about what he called the platinum 10 minutes.
 19 That's the first 10 minutes after a detonation, for
 20 instance, or after the atrocity has been caused. And
 21 those are important 10 minutes, particularly when it
 22 comes to helping and perhaps saving people who are
 23 having catastrophic blood loss, for instance. Would you
 24 agree with that?
 25 A. I'll be honest, I've never heard of the platinum

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1 10 minutes.
 2 Q. Well, let's forget what it's called and let's even
 3 forget, with the greatest of respect to
 4 Brigadier Hodgetts, he said it. But would you accept
 5 that, for instance, people suffering from catastrophic
 6 blood loss, for instance, would certainly need immediate
 7 and effective intervention within the first 10 minutes?
 8 Would you accept that that's important?
 9 A. It's important, yes.
 10 Q. And you'd further accept, wouldn't you, that as far as
 11 NWAS was concerned, with the best will in the world,
 12 they can't be at a scene in the first 10 minutes, can
 13 they?
 14 A. Of course they can't.
 15 Q. So effectively, you on this occasion, or your company
 16 ETUK, were the, in inverted commas, "emergency service"
 17 on the scene, there to help stricken people in that
 18 first 10 minutes?
 19 A. Yes.
 20 Q. Would you accept that in terms of equipment you had --
 21 and we'll come to stretchers and tourniquets in a moment
 22 in particular, but would you accept in terms of
 23 equipment you had or your staff had, whether they
 24 brought it of their own volition or not, was totally
 25 inadequate to deal with that critical and vital time,

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1 particularly in relation to people who were
 2 catastrophically bleeding?
 3 A. Did you say it was totally inadequate?
 4 Q. Yes.
 5 A. There was equipment there, it's unfair to say totally
 6 inadequate. But okay, they had equipment, maybe not
 7 enough, but I wouldn't say totally inadequate. And any
 8 equipment we did have inside the building, we couldn't
 9 get at anyway.
 10 MR SUTER: Mr Cooper, please can I just explain that the
 11 camera has gone off here. It's actually gone back on so
 12 Mr Parry couldn't see that last question, just so you're
 13 aware.
 14 MR COOPER: Thank you, Mr Suter.
 15 SIR JOHN SAUNDERS: I think he heard it and he has answered.
 16 MR COOPER: I think you heard it and if, of course, you want
 17 me to repeat it, I will.
 18 The essence of it was within that important
 19 10 minutes, stricken people, for instance, who are
 20 catastrophically bleeding require significant
 21 intervention and that the equipment you and your
 22 colleagues had at the time was totally inadequate to
 23 assist them, just so you understand my question. Do you
 24 agree with that?
 25 A. The equipment they had access to may be totally

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1 inadequate, but if you're talking catastrophic bleeding
 2 with two or three people, then yes those principles will
 3 work. If you are talking catastrophic bleeding with 10,
 4 12, 20 people, there has to come a point where you say,
 5 "Don't concentrate on that person, go and help the
 6 person who you may be able to help".
 7 SIR JOHN SAUNDERS: Do you mind if I just take this up?
 8 We've heard that, irrelevant of the number of
 9 tourniquets, it is possible for people to improvise, to
 10 make tourniquets, I'm sure you are well aware, using
 11 belts and handles of handbags and things like that can
 12 be done.
 13 A. Yes.
 14 SIR JOHN SAUNDERS: I think I'm right in saying that
 15 Mr Billington's evidence was that very few of the people
 16 who worked for you appeared to have the ability to put
 17 on a tourniquet; is that your evidence too?
 18 A. No, not at all. The people I (overspeaking) --
 19 SIR JOHN SAUNDERS: You think they'd all be able to do it,
 20 do you?
 21 A. They'd all had the ability to put a tourniquet on,
 22 without a shadow of a doubt, if they felt one needed to
 23 go on --
 24 SIR JOHN SAUNDERS: And they would have had the training to
 25 do that?

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1 A. They will have had the training to do that. Daft as it
 2 sounds, that is — indirect pressure where the
 3 tourniquet would be is part of First Aid at Work
 4 training. They are told, particularly when I teach
 5 First Aid at Work training, or when I used to teach it,
 6 it was: if you can't put a tourniquet on, use direct
 7 pressure, but if you can't stop the bleeding, put a
 8 tourniquet on and just suffer the consequences later on.
 9 So yes, they will have known how to put tourniquets on.
 10 SIR JOHN SAUNDERS: Thank you.
 11 A. It may be that they decided one wasn't required.
 12 SIR JOHN SAUNDERS: Thank you.
 13 MR COOPER: Following on from that, it's something you said
 14 today, which I just want some clarification on. You
 15 told the chair that your staff were capable of dealing
 16 with heavy bleeding but the question was whether they
 17 were psychologically capable. I understand that
 18 obviously members of the public, particularly, seeing
 19 such tragic, heavy bleeding would have or may have
 20 a particular reaction. But these are people we are
 21 speaking of, your staff, who are there to help at this
 22 very moment. What do you mean, they may be
 23 psychologically incapable of dealing with heavy
 24 bleeding?
 25 A. You would have to have been in that square on the night.

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1 Some people would have walked in and just been
 2 absolutely horrified. And I don't care whether you've
 3 worked in the Ambulance Service for 25 years, if you
 4 have never been confronted with a situation like that
 5 there is every possibility that people are going to just
 6 freeze. And what I mean by psychologically, they may
 7 have just frozen, simple as that, and not been able to
 8 move (overspeaking) —
 9 Q. I ask you this question delicately, and whilst of course
 10 we can all understand that, these were horrible images,
 11 we know that, but the public are relying upon people
 12 that you train, you say, to help in extremis, to help in
 13 extreme situations. Do you accept that it is
 14 disappointing, at the very least, that people who the
 15 public may be relying on to help them, when there's
 16 no one else around in the first 10 minutes, should
 17 perhaps be expected to help, to stay there and help?
 18 I hope I've put that as sensitively as I can.
 19 A. Yes, I don't disagree. I would expect them to stay
 20 there and help, but you cannot provide for the one or
 21 two that might, as I say, freeze. It doesn't matter
 22 which emergency service you come from, how long you have
 23 worked for that emergency service, that is going to
 24 happen to a small percentage of people.
 25 SIR JOHN SAUNDERS: Mr Parry, I've heard your answer.

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1 Mr Cooper, I know the questions and I know the impact of
 2 them.
 3 MR COOPER: And you know in particular why some of those
 4 I represent why I'm particularly focusing on it.
 5 SIR JOHN SAUNDERS: I absolutely do.
 6 MR COOPER: I will move on.
 7 You mentioned a moment ago about some equipment
 8 being unavailable. I think I picked up a little bit of
 9 that in the evidence you were giving earlier. Can I
 10 just clarify that, please? When you say some equipment
 11 was unavailable, what did you mean by that?
 12 A. We couldn't get into the arena to get it.
 13 Q. Pardon?
 14 A. We weren't allowed into the arena building to get it.
 15 Q. Who was stopping access to it?
 16 A. Armed police.
 17 Q. I see. All right.
 18 Just going back to the tourniquets and the
 19 stretchers again before I finish, from your knowledge,
 20 in reality how many of your staff had actually applied
 21 a tourniquet before 22 May 2017?
 22 A. Of the 12 that worked that night, I'll be honest and say
 23 I've no idea. Some of them did it as part of their
 24 normal jobs within the Health Service, some of us may
 25 never have done. But they'll have known the principle

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1 of tourniquets, and as the chairman quite rightly said
 2 a few minutes ago, you don't need to know how to apply
 3 a tourniquet, you take a belt off, you use a shirt
 4 sleeve or something like that. Every single one of them
 5 will have known the principle of a tourniquet and what
 6 it does.
 7 MR COOPER: I'll leave it there. Finally, stretchers.
 8 There were very few stretchers available at the scene
 9 that night.
 10 A. Yes.
 11 SIR JOHN SAUNDERS: Can you just remind me, how many did you
 12 actually have?
 13 A. Two.
 14 SIR JOHN SAUNDERS: And they were on wheels; is that right?
 15 A. Yes, they were on wheels, yes.
 16 SIR JOHN SAUNDERS: I'm not sure whether we've dealt with
 17 this before, I can't really remember, but you would be
 18 aware of the fact that to get most or any of your
 19 audience from the arena to where the ambulances could
 20 park would require going up and down steps, would you?
 21 A. Yes.
 22 SIR JOHN SAUNDERS: So had any thought been given to getting
 23 stretchers which could easily be used to carry people up
 24 and downstairs?
 25 A. The up and downstairs was done by evacuation chairs,

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1 carry chairs, and they'd be carried, depending on the
 2 distance, up or down, whichever was easiest, to the
 3 stretcher at the bottom or the top and then transferred
 4 to the stretcher.
 5 SIR JOHN SAUNDERS: Thank you.
 6 MR COOPER: Where were these two stretchers kept?
 7 A. What they call stage right and warehouse right.
 8 Q. So that's actually in the arena itself?
 9 A. Inside the arena, yes.
 10 Q. There was no stretcher availability in the City Room,
 11 for instance?
 12 A. No.
 13 Q. I'm genuinely asking your assistance, Mr Parry, with
 14 this, it's not a criticism: would you agree that perhaps
 15 there should have been? That's not a criticism of you,
 16 but would you agree that perhaps you and your colleagues
 17 would have been helped by access to more stretchers and
 18 more easily available stretchers?
 19 A. Absolutely. But it would have been a case of where to
 20 put them and where to store them in between and getting
 21 them in the first place. It's one of those. After the
 22 event, new stretchers were bought and they were placed
 23 in stairwells with trauma kits. Before the event,
 24 putting any equipment in stairwell/fire escape was
 25 a complete and utter no—no.

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1 Q. Did you ask SMG at any stage before this atrocity for
 2 more stretchers?
 3 A. Yes, on several occasions.
 4 Q. And what did they say?
 5 A. "We'll have to see if this year's budget allows for it."
 6 Q. I hear in the tone of your voice that you weren't very
 7 happy with that answer.
 8 A. No. At the end of the day, if they say they're not
 9 going to buy any, they're not going to buy any.
 10 Q. So again, this is another example of SMG looking for
 11 a bargain basement service?
 12 A. Yes, if you want to put it that way, yes.
 13 Q. We are aware that SMG, I don't know whether you're aware
 14 of it, had some form of relationship, a partnership, in
 15 inverted commas, nothing literal, with NWSA, which
 16 ceased, certainly before 2006. Were you aware of this?
 17 A. Yes.
 18 Q. And what was that arrangement that SMG had with NWSA
 19 before 2006?
 20 A. They used to have — it'd be GMAS at the time —
 21 a liaison officer who would turn up for each show as
 22 a liaison between the arena and GMAS, as it was. As
 23 soon as they paid for and we had a qualified MIMMS
 24 person, they felt they had no need to pay for the
 25 liaison officer because we would take over that role.

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1 Q. So effectively, SMG, again for money-saving reasons,
 2 ceased to have that facility of NWSA because they
 3 weren't prepared to pay for it?
 4 A. Yes, they saved the money, why pay for it?
 5 MR COOPER: Thank you, sir.
 6 SIR JOHN SAUNDERS: Thank you.
 7 Right. We need to have a break, I think.
 8 MS CARTWRIGHT: Sir, I think the indication had been that
 9 Mr Parry wanted to proceed and I don't know whether
 10 that's still the position. There's one core participant
 11 left to ask questions, it's Mr Taylor, who had indicated
 12 he would be in the region of 20 to 30 minutes.
 13 SIR JOHN SAUNDERS: Right. Are you happy, Mr Parry, to go
 14 on for 20 minutes.
 15 A. Yes, I'll give it another 20 minutes, yes, as long as
 16 it's finished today. I'd rather do that.
 17 SIR JOHN SAUNDERS: We're going to finish another witness
 18 too, so we're certainly going to do that.
 19 Mr Taylor, I think 20 minutes is probably what
 20 you've asked for. I'd be really grateful if you could
 21 stick to it just because of the rest of the timetable
 22 for this afternoon.
 23 Questions from MR TAYLOR
 24 MR TAYLOR: Twenty to 30, sir, but I will try to go as
 25 quickly as I can.

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1 Mr Parry, first topic equipment and supplies. Can
 2 I summarise the practical position this way? You would
 3 either buy equipment yourself and bill SMG for it or for
 4 larger equipment you would ask them to buy it?
 5 A. Correct.
 6 Q. And it was your responsibility to keep the first aid
 7 room stocked, wasn't it?
 8 A. Yes, the first aid room as far as the small equipment
 9 stock, yes.
 10 Q. And so if we can look briefly at two documents. The
 11 first one is {INQ040492/25}. It's your tab 11,
 12 Mr Parry, I think.
 13 A. Yes, got it.
 14 Q. I can't see the document, but it should be the —
 15 thank you very much. That's the first page of the
 16 tender. Over the page, please, to {INQ040492/26}.
 17 There is a heading, "The medical provider will", at the
 18 top. And on the next page, {INQ040492/27}, I think it's
 19 the last on the page:
 20 "Ensure the medical centre is kept clean, tidy, and
 21 fully stocked at all times."
 22 A. I would disagree with "ensure it's kept clean and tidy
 23 at all times" because it was the arena's first aid room
 24 for when there were no concerts as well. We had many
 25 conversations about the cleanliness of the first aid

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1 room. We did go in and we'd give it a clean. We
 2 believed it wasn't our responsibility, it was the
 3 arena's first aid room.
 4 SIR JOHN SAUNDERS: I think it's fairly low on my list of
 5 priorities about the cleanliness of the first aid room.
 6 MR TAYLOR: It's the fully stocked part, Mr Parry. On
 7 {INQ040492/37} in the same document -- this is part of
 8 ETUK's response to the tender -- the last two paragraphs
 9 detail that:
 10 "Consumables used during each event will be charged
 11 at the end of each month at our normal retail prices.
 12 We can also provide all first aid equipment for the use
 13 of the building as a whole."
 14 The next paragraph deals with:
 15 "As part of our partnership with the arena we will
 16 carry out regular checks on your ancillary equipment
 17 such as the automated external defibrillator and
 18 stretchers and replace/maintain the equipment..."
 19 And the second paragraph:
 20 "In addition to the medical cover for each event
 21 Emergency Training UK Limited can provide you with the
 22 one-stop shop solution for all your training and
 23 equipment needs."
 24 Mr Parry, you were the one-stop shop solution for
 25 the equipment needs, were you not?

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1 A. Yes.
 2 Q. You had a good working relationship with Miriam Stone;
 3 yes?
 4 A. Yes.
 5 Q. And it's right, isn't it, that Ms Stone would always
 6 authorise the purchase of supplies and equipment that
 7 you recommended?
 8 A. No.
 9 Q. No?
 10 A. No, not at all. I notice you managed there to...
 11 "... automated external defibrillator and stretchers
 12 and replace/maintain the equipment as and when
 13 required ..."
 14 And you stopped there. You didn't bother reading:
 15 "... after consultation with appropriate arena
 16 staff."
 17 For bigger such as equipment stretchers and defibs,
 18 it would have to be consulted with a senior member of
 19 staff to authorise it. At the end of the day, as
 20 a company, we are not prepared to spend £2,000 or £3,000
 21 on a stretcher without some form of guarantee that it's
 22 going to get paid back to us.
 23 Q. All right. I will come to the stretchers in just one
 24 moment, but I'll start first, if I may, please, with the
 25 question of tourniquets and haemostatic dressings.

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1 Something you said on Wednesday is that you hadn't
 2 suggested to SMG that you would supply more of these
 3 than you already did because you had, to use your words,
 4 fallen into "not bothering to ask the question" mode.
 5 Do you remember that?
 6 A. Yes: no point in asking for expensive stuff because you
 7 wouldn't get it.
 8 Q. I just want to explore, was it really a case of you
 9 thinking that more were needed but there was no point in
 10 asking or did you not ask the question because you
 11 hadn't actually thought that more were needed? Do you
 12 understand the point I'm making?
 13 A. I understand the point you're making. But the
 14 specialist dressings weren't -- to be fair, the first
 15 person to mention them from the arena was Tim Chambers,
 16 ex-ShowSec. Obviously red hot as far as security is
 17 concerned and terrorism, he was the first person to
 18 mention them, and when he did it started a consultation.
 19 After the attack, there was no question: yes, we'll have
 20 plenty of them. But before the attack, no, because they
 21 are a particularly expensive piece of equipment.
 22 Q. All right. You made some comments about tourniquets
 23 last week. First, you said the approach at the time was
 24 that first aiders weren't allowed to use them.
 25 A. Yes.

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1 Q. And then you estimated an amount of tourniquets you had
 2 available but posed the question to the chair, "How many
 3 do you get?" Do you remember that?
 4 A. "How many do you get?"
 5 Q. Yes.
 6 A. That doesn't make any sense.
 7 Q. Well, you were querying how could you know if you needed
 8 more than you had.
 9 A. I see. "How many would you get?" Yes. Exactly, how
 10 many would you get?
 11 Q. So with those two thoughts in mind, did it really occur
 12 to you that you wanted to get more tourniquets?
 13 A. I would have loved to have filled the first aid room up
 14 with loads of expensive stuff that would never, ever get
 15 used. If it got used, it would be billed for, at the
 16 end of that month; if it didn't get used it was down to
 17 me as an expense. So you could argue it was me being
 18 a little bit tight as well, but for major expenditure it
 19 had to be authorised by the arena.
 20 Q. Last week again, the chairman asked you if you could
 21 give specific examples of things that you would ask for
 22 but weren't provided or given, and you said the biggest
 23 item was the stretchers which you talked about again
 24 today.
 25 A. Yes.

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1 Q. So can we have up, please, Mr Lopez, {INQ032647/2}.

2 Your tab 5, please, Mr Parry.

3 We start on page 2 because it's an email chain. At

4 the bottom you start on 17 January discussing

5 a stretcher that has been sent away because it's broken

6 and that you had a basic one which you could bring in as

7 a stopgap; yes?

8 A. Yes.

9 Q. This is part of your ongoing duties to liaise with the

10 arena about the equipment it needs and needs replacing

11 and repairing; do you agree?

12 A. I agree, yes.

13 Q. The response from Miriam Stone is:

14 "We have just been given permission to go ahead with

15 some capex [capital expenditure] projects and James

16 thinks he'll have some extra money left over from one.

17 Although it might take me a little while to get the

18 approval, please could you help me by sourcing maybe

19 three options for stretchers? If we are quick, we may

20 get the money to get them sooner rather than later."

21 A. Yes.

22 Q. Is this episode of damaged stretchers requiring

23 replacement that which you were talking about last week?

24 A. Yes. But this email thread gives the impression that it

25 has been dealt with quickly and it's going to be sorted

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1 out. This is an issue that had been going on for years

2 and years, okay? And come May 2017, we still hadn't

3 seen an order for the stretchers.

4 Q. You were saying in the first email that a broken one had

5 just left and there was a one in place as a stopgap.

6 A. Yes.

7 Q. So that stretcher had been replaced temporarily by you,

8 had it not?

9 A. Yes, that's the two we were talking about.

10 Q. Back to the first page of this document {INQ032647/1},

11 which was further on in time in the email chain. As

12 asked, you provided three quotes for Ms Stone who has

13 indicated to you at that time that there probably were

14 funds available to replace stretchers; yes?

15 A. Yes.

16 Q. And the final email in the chain, Ms Stone asks you to

17 come in because there's been a chat and she says:

18 "I wonder if we need to re-think altogether."

19 A. Yes.

20 Q. Do you remember that, Mr Parry?

21 A. I do remember that, yes.

22 Q. Is this right, the re-think was to talk about how the

23 damaged stretchers had been used and how was best to

24 replace them?

25 A. Yes.

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1 Q. And is this right, an agreement was reached not to

2 replace them with other trolley stretchers but to

3 replace them with examination tables?

4 A. Examination couches, low-level examination couches, yes.

5 Q. The reason for that — in fact it might be quicker if

6 I do it this way. Your tab 27, Mr Parry, the statement

7 of Ms Stone, {INQ041684/6}. At the bottom of that page

8 she says:

9 "These stretchers have become damaged because they

10 were used as a bench with people sitting on the edge

11 rather than lying down. These stretchers were usually

12 in static positions and Mr Parry told me that they were

13 not ever used as stretchers. We agreed it would be

14 better to replace them with fixed examination tables as

15 these were more suitable for how the damaged stretchers

16 were being used. Mr Parry told me which tables to buy.

17 There was no disagreement and they were subsequently

18 purchased."

19 Do you agree with that, Mr Parry?

20 A. Bear with me a second. (Pause). Yes. I agree with

21 that.

22 Q. So the reason they hadn't yet been ordered, new

23 stretchers hadn't been ordered by May, was because of

24 this agreement that in fact the better replacement was

25 static examination couches, yes, or tables?

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1 A. The idea was to use examination couches. If you have

2 a patient that needed moving from anywhere, you could

3 use the one or two stretchers that are available to pick

4 them up from the couch and take them to the first aid

5 room. Those examination couches were normally kept at

6 stage right or warehouse right, which didn't solve the

7 problem for anybody anywhere else in the building and

8 again, rightly or wrongly, the examination couches were

9 a much cheaper option.

10 SIR JOHN SAUNDERS: Were you still saying — well, fine,

11 you've got the examination couches which are perfectly

12 all right for dealing with people who are static, as it

13 were, in the first aid room, but were you saying, "But

14 I still need stretchers"?

15 A. There still would have been a need for stretchers to

16 transport other people around other areas of the venue

17 without a shadow of a doubt.

18 SIR JOHN SAUNDERS: I am aware there may be a need, but were

19 you telling Miriam Stone: it's all very well giving me

20 an examination couch which I have agreed to but you need

21 to give me a stretcher as well? Did she know of your

22 need for stretchers?

23 A. Yes.

24 SIR JOHN SAUNDERS: So you were still saying that to her?

25 A. Absolutely, there would still be a need for stretchers.

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1 When it comes to (inaudible) any conversation about
 2 spending money, that it's not my money that I'm
 3 spending, so you just give up and say, right, okay, do
 4 what you want to do. That option worked. It wasn't
 5 ideal but it worked. There was no way they were going
 6 to buy stretchers and couches and they decided to buy
 7 couches.
 8 MR TAYLOR: Mr Parry, can I suggest you did not say that
 9 stretchers were still needed, you were in full agreement
 10 that the fixed couches were suitable?
 11 A. You can suggest what you like. The principle behind it
 12 was they were saving money again.
 13 Q. The other matter you raised was wheelchairs and I'd like
 14 to be able to understand this a bit better so we can
 15 look into it if we need to. You mentioned an occasion
 16 last week where ETUK had lent wheelchairs to the arena.
 17 A. Yes.
 18 Q. When was that please?
 19 A. For a number of the — depending on what type of show it
 20 because, shall we say, the more mature audience — where
 21 they needed some extra ones in there.
 22 Q. So it's right, isn't it, there's a supply of wheelchairs
 23 for first aid purposes and there's a supply of
 24 wheelchairs in addition for accessibility needs?
 25 A. Absolutely, the arena always — yes.

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1 Q. And sometimes for specific events with perhaps an older
 2 audience demographic —
 3 A. Yes.
 4 Q. — the arena might acquire, hire or bring in additional
 5 wheelchairs?
 6 A. Yes.
 7 Q. Yes?
 8 A. Yes.
 9 Q. So this is an episode of you lending wheelchairs for the
 10 use of the customer service desk, was it?
 11 A. The customer service desk and because — before
 12 I brought extra in, the one or two in the first aid room
 13 would be moved to customer services which meant from
 14 a first aid point of view I didn't have any so they had
 15 two and we might need one.
 16 Q. And that is why you would lend yours; is that right? Is
 17 that what you're saying?
 18 A. Yes.
 19 Q. So this borrowing wheelchairs for those events isn't an
 20 example of a case of you asking for more equipment and
 21 the cost being refused, is it, it is more of
 22 a logistical episode?
 23 A. No, not at all, no.
 24 Q. Thank you. You've been asked today about food and
 25 beverage and the involvement of your staff in those

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1 checks at the doors; yes?
 2 A. Yes.
 3 Q. Just to quickly clarify any potential misunderstanding.
 4 ETUK staff weren't checking the bags of concertgoers,
 5 were they?
 6 A. No, ShowSec were doing that.
 7 Q. ShowSec would check the bags and would refer to ETUK
 8 staff if somebody said, "I need this for a medical
 9 reason"?
 10 A. It used to depend. We used to get people sent to us who
 11 had a box of paracetamol, but that was the basic
 12 principle: any pills, any medication, any food and
 13 beverage, for whatever reason, had to be cleared through
 14 us.
 15 Q. Staff numbers. There was a dialogue, wasn't there,
 16 about staff numbers on occasion because you mentioned
 17 last week that if there was an event with a small number
 18 of attendees you might raise an issue about it?
 19 A. Yes.
 20 Q. And to use your words:
 21 "A lot of the time they [that is SMG] said okay and
 22 they upped it."
 23 A. Yes. Shall we say 50% of the time they would up it
 24 slightly and alternatively they'd say, if you're busy,
 25 and we've got something in mind, they would say: ShowSec

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1 have got first aiders and they can deal with it until
 2 you're available.
 3 Q. And these are events of around 2,000 people, I think you
 4 put in your witness statement?
 5 A. Yes.
 6 Q. For the events more like the size on 22 May, can I ask
 7 you this: you said earlier today I think that 99% to
 8 100% of the time, if you check the numbers yourself,
 9 they were in line with your understanding of the
 10 Purple Guide; yes?
 11 A. In excess of, a lot of the time.
 12 Q. Quite. When you gave evidence last week, you said you
 13 believed most of the time it was in excess of the
 14 recommendations. And I think at one point —
 15 SIR JOHN SAUNDERS: He said the same this time as well: it
 16 was in excess of.
 17 MR TAYLOR: Thank you, sir. I think there may have been one
 18 point last week, Mr Parry, where you said if you had
 19 been asked to advise as to numbers, you yourself might
 20 have recommended less.
 21 A. I never said that at all.
 22 Q. Okay, we can check the transcript on that. In any
 23 event, for the larger events you weren't raising issues
 24 with the numbers, were you?
 25 A. No.

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1 Q. So can I just check then, if that is the case, how can
2 you say today that SMG were not prepared to pay for what
3 the Purple Guide recommended if you felt that they were
4 providing in excess of it at the time?
5 A. Two doctors — for argument's sake, Ariana Grande,
6 according to the recent Purple Guide, at least one
7 doctor, a couple of nurses, a couple of ambulances,
8 it would at least double the cost of what the cost was.
9 They weren't going to pay for that.
10 Q. To be clear, you weren't recommending that when you had
11 the dialogues about numbers, were you?
12 A. If you'd been listening to the transcript, we didn't
13 have dialogues about numbers, I was told at every event
14 what the numbers was. There was no dialogue.
15 SIR JOHN SAUNDERS: Mr Parry, as I understand it, you
16 operated under the old Purple Guide and you were saying
17 that in relation to that, they provided more, by and
18 large, than were actually required —
19 A. Yes.
20 SIR JOHN SAUNDERS: — but if you'd actually applied the
21 up-to-date Purple Guide, because it required doctors as
22 well, then they wouldn't have done that. That's how
23 I understood your evidence.
24 A. Yes, absolutely, yes.
25 SIR JOHN SAUNDERS: Thank you.

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1 MR TAYLOR: Thank you, sir.
2 The point that I'm making, and I'll make it and
3 I will move on, is you can't know what SMG's response as
4 to cost would be about this or about the items we have
5 talked about when you never raised an issue with them,
6 you actually thought there was enough.
7 A. Yeah, you could argue, okay. You're a barrister, I was
8 a medical provider at the time, we have two different
9 views on this. You're going to say this without asking
10 the question; I know there was no point in asking the
11 question or raising the subject.
12 Q. I will go to the next point.
13 SIR JOHN SAUNDERS: I think you can, Mr Taylor.
14 MR TAYLOR: Thank you, sir.
15 Staff qualifications and the records for the event.
16 You will remember — I'll try not to bring it up if
17 I don't have to, but it's a document in your tab 11. It
18 was a tender document and in bold you'll remember it
19 said that staff qualifications would be provided on each
20 event as part of the pre-event checklist. If it helps
21 to look at it, it's tab 11, page 26 {INQ040492/26}.
22 A. Yes. Got it. Go on.
23 Q. If you look further in that document at page 92} —
24 forgive me, {INQ040492/36}. Perhaps it's best to have
25 this up, please, Mr Lopez, if you haven't already.

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1 Thank you.
2 Do you see there's a bold line in the middle of the
3 page in your response here to the tender which says:
4 "All of our staff will be happy to produce
5 documentation of their relevant qualifications as and
6 when required."
7 A. Yes.
8 Q. Earlier today in the questions from Mr Atkinson QC —
9 I'm looking at page 159 of the [draft] transcript
10 {Day137/163:17}, but I'll read it out. You were asked
11 the question:
12 "So there was no part of the briefing where you
13 would explain who was competent to do what kind of
14 thing?"
15 And this is the briefing between you and your medics
16 for each event. Do you follow, Mr Parry?
17 A. I do, but not between each other, no.
18 Q. And you said:
19 "No, because they all know as individuals what each
20 of them was competent to do" —
21 A. Yes.
22 Q. — "and you've also got confidentiality issues if you
23 start discussing things like that."
24 A. Yes.
25 Q. Are you saying there that there may be confidentiality

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1 issues if you tell your staff what the others are
2 capable of doing?
3 A. Without the other person's permission, yes.
4 Q. So if you look at tab 12 — this is {INQ040493/1} —
5 this is the transcript or the dictation note of
6 a proposed email to you, and I appreciate that you've
7 been asked about it twice now, and on both occasions you
8 said in answer to questions that you haven't seen it
9 before. I'm not going to ask you if you have seen it
10 before. But the topic under conversation is about what
11 the contract said about providing staff qualifications
12 on each event.
13 (Pause)
14 What Mr Allen has said is that when he raised the
15 issue with you, you raised issues of confidentiality or
16 data protection. Do you think that's something you did
17 do, bearing in mind the opinion you have stated today
18 about it?
19 A. Not necessarily, no. The data we have at the moment,
20 confidentiality /data protection is a very important
21 thing. I've said it before: at the top of that document
22 it says "Reply to Ian's email". If he can produce the
23 email that I sent inviting that reply, then I'll revisit
24 it and see if I can remember anything, but as far as
25 I am concerned I have never seen that before and there

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1 is no space — and if I'm honest, as the chairman said,
 2 we're already tight for time, we've already said this at
 3 least twice, that there is no space on the arena's event
 4 check sheet for the list of qualifications and there
 5 wasn't one on our signing—in register. So there was no
 6 option to do it and it was never pushed. If it was
 7 never pushed, was it an issue?
 8 Q. Well, in the spirit of time then, I'll go to the next
 9 point.
 10 You mentioned last week, in terms of using paramedic
 11 staff, you were asked if you ever raised the need for
 12 paramedics at events. You said:
 13 "The conversation would have been had during the
 14 tender process."
 15 That's Day 133, page 163 {Day133/163:18}.
 16 So that's when you say the topic was raised.
 17 A. Yes.
 18 Q. Are you sure it was raised then or do you think perhaps
 19 you're assuming it was raised then?
 20 A. I can't be sure of an exact date. We're talking many,
 21 many years ago now.
 22 Q. You weren't suggesting last week that you'd been
 23 bringing it up ever since then?
 24 A. What, the use of paramedics at each event?
 25 Q. Yes.

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1 A. It was very rarely discussed because paramedics was
 2 something that the arena never booked.
 3 Q. MIMMS, your MIMMS training and it lapsing. In your
 4 witness statement that's behind tab 2, your recent
 5 witness statement, at paragraph 10, you mentioned doing
 6 it first in 2006/2007. Over the page, you talk about
 7 the refresher courses, and then you say this:
 8 "I did the refreshers until about 2012 or 2013."
 9 Can you help me understand, by that do you mean the
 10 last time you did the refresher course was in 2012 or
 11 2013 or was that the last time you were due to take
 12 a refresher course but couldn't?
 13 A. I think the refresher course I took was in 2013/2012
 14 which lasted to 2016, but then you couldn't replace it.
 15 Q. So you were due to refresh the course again in 2016 or
 16 2017?
 17 A. Yes. 2015/2016. I'm not quite sure what the time span
 18 of that one was, it might have been 3 or 4 years.
 19 Q. And you were asked about whether you needed to change
 20 the plans in light of MIMMS and I don't want to go over
 21 that in too much detail, but your response then and
 22 I think today has been you still have the knowledge and
 23 the training.
 24 A. And the resources, yes.
 25 Q. And the resources. Was it for those reasons that you

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1 didn't tell anyone at SMG that the refresher training
 2 could no longer be done?
 3 A. It will have been mentioned because they will have been
 4 used to paying for it because the MIMMS training was
 5 specifically for the arena.
 6 Q. You didn't, for example, tell SMG — I think you said
 7 you didn't tell them that you could no longer do the ALS
 8 course.
 9 A. I may not have done, no.
 10 Q. And it was the same with MIMMS, wasn't it?
 11 A. A conversation was had about the MIMMS course, you
 12 couldn't do it any more. As I say, it's many years ago
 13 now and I can't specifically recall.
 14 Q. My final topic. This is just about the evening of
 15 22 May and only very brief moments of it. You have your
 16 first witness statement behind the first tab there.
 17 I don't want it to go on screen. Part of it has already
 18 been read from that page. You deal in the statement
 19 about becoming aware of the attack, realising that it
 20 was more than a flare, and then you say this:
 21 "I immediately collected some extra medical
 22 equipment from the first aid room and made my way
 23 towards City Square, passing the public being
 24 evacuated."
 25 And then you say where they were evacuating:

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1 "I contacted my number 2 for the evening via my
 2 radio set and asked her to make all available staff to
 3 head towards the City Room doors but not to go outside
 4 until receiving clearance from me. After a brief radio
 5 conversation with the area duty manager, along with
 6 confirmation that all my staff were safe and uninjured,
 7 I received reports that the affected area seemed secure
 8 at this time and made the decision to enter City Square
 9 to assess the situation."
 10 There's only two things I want to ask you about
 11 that. One is before you had spoken with Ms Stone you'd
 12 already got your equipment and made your decision to
 13 ready yourself to respond; yes?
 14 A. Yes.
 15 Q. Secondly, your concern was safety, understandably, you
 16 had a conversation with Ms Stone on the radio about it?
 17 A. Yes.
 18 Q. She was obviously in the control room looking at the
 19 CCTV?
 20 A. Yes.
 21 Q. Do you agree that she said this to you:
 22 "As far as I can tell, it is safe"?
 23 A. I'm not sure about the "as far as I can tell", but
 24 certainly she did say, "It is safe out there, you need
 25 to go out and help people".

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1 MR TAYLOR: All right. Thank you very much, Mr Parry.
 2 Thank you, sir, those are my questions.
 3 SIR JOHN SAUNDERS: Thank you, Mr Taylor. I'm sorry to rush
 4 you, you've come at the end of the day.
 5 Further questions from MS CARTWRIGHT
 6 MS CARTWRIGHT: Sir, there are literally two very brief
 7 questions just to complete Mr Parry's evidence, please.
 8 I'm going to ask to be displayed on screen
 9 a document it's not in your folder so you'll need to
 10 look at the screen. Mr Lopez could I ask for you to
 11 display, please, {INQ022782/7}. Mr Parry, I'm about to
 12 have displayed the signing—in sheet which you have made
 13 reference to this afternoon. Please could it be
 14 expanded.
 15 Can you see that document on the screen in the room
 16 where you are?
 17 A. Yes. Basically, yes.
 18 Q. So Mr Parry, in answers to questions a moment ago from
 19 Mr Taylor, when you indicated there was no space on the
 20 event checklist or the signing—in sheet to record the
 21 training of the staff that were then deployed on various
 22 events, is this the signing—in sheet that you're
 23 referring to?
 24 A. No, that's not the signing—in sheet, no.
 25 Q. What would you describe that sheet as? And perhaps

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1 Mr Lopez, if you could let the whole document be seen.
 2 We can see there's a place for recording on this sheet,
 3 Mr Parry, about whether food or beverage has been
 4 allowed in or denied on medical reasons. How do you
 5 characterise this document?
 6 A. That document would have been a list for me of who was
 7 working that night, which was superseded by — well,
 8 a computer version that was emailed to the staff. But
 9 it would be food and beverage — a written record of
 10 food and beverage. For example, Liz Woodcock is Medic 2
 11 on that list, she would take that sheet with her during
 12 the night and she would make a written record of food
 13 and beverage issues for smaller shows.
 14 For bigger shows, such as Ariana Grande, the radio
 15 operator would do that bottom bit, food and beverage, as
 16 and when they were called in. But on smaller shows Liz,
 17 for example, would write them down and then they'd be
 18 transferred later on to the computer program
 19 (overspeaking).
 20 Q. Thank you. Would those forms then be given to SMG?
 21 A. Yes, because it was a tab on the radio log, yes.
 22 Q. Thank you. That can be removed from the screen, please.
 23 Just finally, Mr Parry, we've heard some evidence
 24 again today about your MIMMS training and when that —
 25 when you were unable to complete that training. Just

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1 a very brief question: we touched upon one of the
 2 directors of the company through to 2017 was
 3 Victoria Parry, who was a registered nurse. Just for
 4 completeness, at any point after you were no longer able
 5 to do the MIMMS training, bearing in mind she was
 6 a registered nurse and had a PIN, did she complete the
 7 MIMMS training after you were unable to continue with
 8 MIMMS training?
 9 A. No, because she wouldn't be able to do any of the shows:
 10 she had two children to look after at home.
 11 MS CARTWRIGHT: Thank you, Mr Parry.
 12 SIR JOHN SAUNDERS: Thank you very much for your evidence,
 13 Mr Parry. That's the end of it. Thank you very much
 14 for your attendance and for the help you've given.
 15 We have one more witness. I think I'll rise for
 16 a few minutes and we'll get going with Mr Hopkins as
 17 soon as possible.
 18 MS CARTWRIGHT: The stenographers have been going for
 19 2 hours and 10 minutes, but I think perhaps the
 20 stenographers would welcome a 10-minute break.
 21 SIR JOHN SAUNDERS: We'll have 10 minutes then.
 22 (4.10 pm)
 23 (A short break)
 24 (4.20 pm)
 25

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1 MR IAN HOPKINS (continued)
 2 SIR JOHN SAUNDERS: Can I apologise to everyone, I'm afraid
 3 we are going to have to sit late today. I know it's
 4 frustrating but we really do need to finish this witness
 5 today. It's especially frustrating when we had an early
 6 day yesterday. I'm really sorry, but these things just
 7 happen, so my apologies, but we need to get through it.
 8 MR DE LA POER: Can I add, on behalf of the legal team,
 9 we are extremely appreciative to Mr Hopkins for his
 10 patience with us.
 11 SIR JOHN SAUNDERS: Absolutely.
 12 A. It's fine, it's absolutely fine.
 13 SIR JOHN SAUNDERS: Mr Weatherby, you are only half an hour
 14 over your time limit so far.
 15 Questions from MR WEATHERBY (continued)
 16 MR WEATHERBY: Actually, I think I'm just on my time limit,
 17 but I apologise but I am going to go over. I'm sorry
 18 about that.
 19 Can I pick it up where I stopped earlier, please.
 20 We were up to 22 December 2017 and that's when you were
 21 asked to have a further conversation with Lord Kerslake,
 22 the second conversation with him. Just a small point,
 23 but am I right that you have no notes of either of the
 24 conversations and also you didn't have anybody with you
 25 who was taking a note?

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1 A. That's correct. As I explained, I didn't feel it was
 2 necessary. It was a very broad contextual conversation
 3 with Lord Kerslake. I wasn't there providing evidence
 4 as such, from a personal perspective, to his review.
 5 Q. Okay. We're going to come on to your response in
 6 a minute to his draft report, which was quite
 7 a substantial response and rather indicates, doesn't it,
 8 how seriously you were taking Kerslake?
 9 A. Well, as I explained last week, and as I hope
 10 I explained this morning, I put a team around it to
 11 provide that. They provided the draft report, I was
 12 trying to take it as seriously as we could in the
 13 context of that review and the context of everything
 14 else we were doing, not least the investigation.
 15 Q. Yes. Lord Kerslake explained the issues that he wanted
 16 to discuss with you and I think it's probably best
 17 if we put it up. Mr Lopez, {INQ000303/1}, please.
 18 About halfway down, having explained that the second
 19 conversation had come about as a result of questions
 20 that had been raised with him by the families, about
 21 halfway down we can see "LK -- our questions". Can you
 22 see that?
 23 A. Yes.
 24 Q. That then sets out in very direct terms the sorts of
 25 questions I was asking you about earlier in terms of the

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1 immediate response. Those were the concerns of the
 2 families at that time, as conveyed to you:
 3 "... the immediate period 22.30 to midnight...
 4 response to those injured in the foyer... an issue for
 5 many families... what was happening? What happened with
 6 Fire [et cetera] and Op Plato..."
 7 Yes?
 8 A. Yes. What I can't recall is the context of that
 9 question being around the concerns of the families.
 10 I think from what -- I can read some of it, but it
 11 clearly says:
 12 "An issue for many families [what was happening] in
 13 the foyer."
 14 From memory, and this is really stretching my
 15 memory, that was about the length of time for medical
 16 assistance in the foyer.
 17 Q. Okay. All right. Well, can I assure you it certainly
 18 is a concern for the families and Lord Kerslake does,
 19 above that, refer to feedback from the families. Maybe
 20 it doesn't matter. Just before I summarise this and
 21 move on as quickly as I can, the next line after the
 22 questions refers to the fact that Lord Kerslake will
 23 recommend that the Hillsborough charter is signed up to.
 24 And the context of that presumably was that he was
 25 posing questions to you and was raising the whole issue

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1 of candour; is that right?
 2 A. I remember that being discussed briefly. Clearly,
 3 I remember it coming out in the interim report, yes.
 4 Q. So he's posing questions and he's reminding you,
 5 probably reminding others as well, of the need for
 6 candour before Lord Kerslake. Candour means coming
 7 clean and proactively assisting him, doesn't it?
 8 A. It does, but I didn't take that as a reminder or
 9 a warning to me in that meeting. It was a discussion
 10 about that being one of the recommendations.
 11 Q. Okay. Just on that, did in fact GMP sign up to the
 12 charter ultimately?
 13 A. So to the point of my leaving the organisation, I don't
 14 believe we had, but I would just need to explain that in
 15 some detail. Because I was asked to sign it on behalf
 16 of Greater Manchester Police and I had to point out that
 17 Greater Manchester Police is but a part of national
 18 policing and that it really needed to be signed by all
 19 chiefs, not just one in isolation. So Sarah Thornton,
 20 who was the chair of the National Police Chiefs' Council
 21 at that time, arranged for Bishop James Jones to come to
 22 the Chiefs' Council and for that matter to be discussed
 23 in some detail, which it was. I also talked to the
 24 bishop about the work that we had done with the family
 25 liaison officers, my personal visits to them.

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1 We had quite a debate about the code of ethics and
 2 how much the police code of ethics, which all forces are
 3 signed up to, actually covers the vast majority of the
 4 duty of candour that was being recommended. There was
 5 some pushback from some areas of the service about
 6 jumping to sign it immediately and Sarah Thornton agreed
 7 to do further work before the service signed that
 8 declaration.
 9 Q. So the position remains that as far as you are aware,
 10 GMP are still not signed up to the charter?
 11 A. I'm not aware that any other forces have either.
 12 SIR JOHN SAUNDERS: Mr Weatherby, we've had a long
 13 discussion at the outset of this discussion about the
 14 duty of candour. Obviously it sounds completely
 15 straightforward put like that. There are some
 16 complications which we've all been through and hopefully
 17 we've solved them in another way in this inquiry,
 18 I hope.
 19 MR WEATHERBY: I hoped that was a shorter topic than it
 20 became so I will move swiftly on.
 21 I don't want to take up time with this document, but
 22 in fact you then had a discussion with Lord Kerslake
 23 about those questions and, just so we don't have to go
 24 through it, would you agree with me, because I know
 25 you've had time to look at this note, that in fact none

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1 of the problems, the failures, that have been identified
 2 in this inquiry were addressed with Lord Kerslake on
 3 that date, on 22 December?
 4 A. I would agree because I wasn't aware of the detail that
 5 this inquiry has pulled out.
 6 Q. And now you are aware presumably of the failures, and
 7 I went through them this morning, would you agree with
 8 me that the failures that have been identified were
 9 there to be seen and should have been seen by this point
 10 by any competent internal Greater Manchester Police
 11 review or debrief process? You should have been in
 12 possession of those facts by this point, shouldn't you?
 13 A. I think it would be fair to say that certainly the key
 14 ones about not informing the emergency services and the
 15 communications, absolutely. I think that it has taken
 16 this inquiry to pull out some of the very complex issues
 17 and the very different accounts from a number of
 18 witnesses to have got to the point where we are today.
 19 I had no idea until a few weeks ago, for example,
 20 that the rendezvous point that I was clearly told was
 21 set, that nobody actually went to it. I heard that in
 22 Mr Pilling's evidence for the first time.
 23 Q. That's a fair answer. My point is, though, that you'd
 24 set up this senior officer group with legal support and
 25 here you are being asked by Lord Kerslake for this

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1 important review, lessons to be learned, families and
 2 public to learn the full nine yards of this, you should
 3 have been in a position by that point, GMP should have
 4 been in a position by that point to have known and told
 5 Lord Kerslake about them?
 6 A. As I said this morning, and I can't remember my exact
 7 words, with hindsight, I think we should have had a much
 8 larger team and would have treated it in the way that
 9 we've treated this inquiry because I think it has
 10 undoubtedly led to the discussions that we've been
 11 having today and that was absolutely what I was trying
 12 to avoid in the conversation I had with Lord Kerslake
 13 and he himself admitting the time pressures on them to
 14 publish the report. Their team was very small as well.
 15 How they got through the volume of work they did, sir,
 16 I am not certain. It's led me to say that actually,
 17 despite Lord Kerslake's best efforts, that review and
 18 our contribution to it was sub-optimal.
 19 Q. Yes, indeed. At this point, this is the last discussion
 20 you have with Lord Kerslake before he drafts his report.
 21 Of course, he has some meetings with (inaudible:
 22 distorted) officers (inaudible: distorted) the report
 23 and then, a little more than a couple of months later
 24 you are provided -- or probably about a couple of months
 25 later -- you're provided with the draft report and then

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1 the letter that was referred to last Thursday, the
 2 9 March letter, was your response to that draft, wasn't
 3 it?
 4 A. Yes, it was GMP's response, signed by me. I made that
 5 very clear last week.
 6 Q. Absolutely. So {INQ000633/1}, please, Mr Lopez. Again
 7 I'm going to deal with this as quickly as I possibly
 8 can, but I need to pull out a couple of details with
 9 you. This is a seven-page, detailed response from GMP,
 10 which you have signed off; yes?
 11 A. Yes.
 12 Q. It purports to correct, and indeed complain about
 13 a number of things in the draft report; yes?
 14 A. Yes, and as I pointed out last week, we'd only seen part
 15 of it, we didn't see the entire report, and it was
 16 a response that was put together on my behalf by that
 17 team and we were trying to make sure that there was
 18 consistency with the report and from the position that
 19 we felt at the time was a solid one.
 20 Q. The third paragraph down on that page sets out very
 21 clearly and very properly that -- I'll paraphrase it for
 22 time -- it was very important that GMP officers and
 23 staff who acted with bravery and professionalism have
 24 their actions properly represented. Then the last
 25 sentence:

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1 "Even more importantly, I believe that it is
 2 critical that the victims and their families and friends
 3 are only made aware of facts which are accurate,
 4 relevant and evidenced."
 5 Yes?
 6 A. Yes.
 7 Q. Was that seven-page letter of 9 March -- did it fulfil
 8 that?
 9 A. Clearly, knowing what we now know, no. There were
 10 issues in there that we now know are not correct.
 11 There's two points in that paragraph and I do need to
 12 explain in slightly more detail.
 13 SIR JOHN SAUNDERS: Mr Hopkins, you have the time you need;
 14 it's Mr Weatherby who doesn't have the time he might
 15 want.
 16 A. In the aftermath of the attack there were to things that
 17 were very important for me personally that I undertook:
 18 one was the offer to meet many of the families and
 19 I mentioned that in my opening and I sat with them and
 20 listened to them. Through that, I set the tone in GMP
 21 that through the families liaison officers, through the
 22 work we should do, that they should be absolutely
 23 critical to everything. And we wanted the
 24 Kerslake Report to be fair and accurate for them.
 25 The second point of that paragraph is I also did the

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1 same and I met personally a large number of the front
2 line officers that responded, many of whom were very
3 young in service, including individuals that it was
4 actually their first shift from coming from the training
5 school. And whilst I would never purport to say that
6 their feelings were anywhere near those of the families,
7 it was very clear to me that they were traumatised in
8 a way that will affect them for the rest of their lives
9 as well.

10 SIR JOHN SAUNDERS: We've seen that trauma, as you'll be
11 aware.

12 A. Absolutely. I was trying to set out that the report
13 needed to take account of both of those in a way that --
14 and again this is some time on and I don't remember the
15 detail behind it, but from the very short extract that
16 we were given, it didn't feel like that was happening
17 for both.

18 MR WEATHERBY: So the letter, the tenor of the letter is
19 a complaint that it wasn't favourable enough to GMP?

20 A. No, the tenor wasn't that it was a complaint. I think
21 there had been -- there was a huge amount of pressure to
22 publish this report and, as I said, Lord Kerslake
23 himself said the timescales were tight. And it felt
24 at the time we were being put under an enormous amount
25 of pressure to get it published regardless and we were

1 trying to say, as we had throughout, that actually this
2 is really, really important and it's going to play into
3 a much wider process, the one that we're sat in today
4 and we need to get it right and we felt, rightly or
5 wrongly, that perhaps we weren't being listened to and
6 there wasn't the regard to that that we felt there
7 should be.

8 Q. Again, for reasons of time, you've re-read the letter
9 recently, so have I, at leisure, but just for the
10 record, the section context in page 6 {INQ000633/6} and
11 the final paragraph of page 7 {INQ000633/7} are ones
12 which I am suggesting to you show that this is
13 effectively a complaint to Kerslake about the way that
14 GMP had been treated. Do you want to say anything
15 further about that?

16 A. I'll just refer back to the answers I have previously
17 given: it was not written as a letter of complaint.

18 Q. So far as the second issue about the families and
19 accuracy and relevant evidence, there were quite
20 a number of things in this letter which were not
21 accurate, weren't there? Again, I'll give the page
22 references, but unless you want me to, I won't put them
23 up on the screen.

24 On page 2 {INQ000633/2}, there's the direct
25 assertion which we've dealt with before that relevant

1 partners were informed of the declaration of Plato and
2 then on page 3 {INQ000633/3}, it says "within a few
3 minutes of the declaration".

4 On page 2 {INQ000633/2}, it says that the FDO was
5 not overwhelmed, and objectively neither of those were
6 accurate, were they?

7 A. I have answered those in detail this morning. I don't
8 think I have anything further to add -- and last week,
9 of course, as well.

10 Q. Under the heading "Response to chapter 5", you very
11 positively approve Lord Kerslake's comment in the draft
12 that the FDO coordinated the initial response
13 effectively. That was half correct, wasn't it, and half
14 inaccurate?

15 A. As we know now, yes.

16 Q. And where you do deal with the declaration of Plato
17 having been communicated, not only is that inaccurate
18 but you go on to say that it's not clear why other
19 organisations didn't then communicate it within their
20 own organisations.

21 A. Again, sir, I dealt with that last Thursday in my
22 evidence.

23 Q. Then lastly on this document, page 5 {INQ000633/5}. You
24 refer under "force control room" -- you complain that
25 references to staffing levels in the force control room

1 were wrong and that you assert that there was no issue
2 with the force duty supervisor being removed from the
3 control room to set the force control module up.

4 Again, there was an issue with both of those, wasn't
5 there, the staffing and the removal of the supervisor
6 from the room to go to HQ to set up the force command
7 module?

8 A. Sir, again, from memory, it wasn't a complaint that the
9 staffing level was wrong, it was pointing out that that
10 was normal for that day of the week. I can't remember
11 the detail around the force duty officer, I'm afraid --
12 the force duty supervisor.

13 Q. Okay.

14 A. I don't know at what time they left, when they were
15 pulled out. I think what we found from this inquiry
16 is that it probably wasn't appropriate that they went
17 off and did what they did, but I can't remember the
18 specifics behind that point at that time.

19 Q. Just for the record, in fact although you didn't have --
20 although GMP didn't have, for reasons which may not be
21 entirely clear, a written account or statement from
22 Mr Sexton until December 2019, GMP did have a debrief
23 which dealt with the supervisor leaving and the staffing
24 levels. Were you aware of that at the time?

25 A. I wasn't aware of that individual debrief and I talked

1 about that earlier in my evidence, about the debriefing
2 system. I was aware that huge numbers of staff went
3 through the debrief system that was accredited by the
4 College of Policing to that standard. My expectation
5 from that was that those issues would have been pulled
6 out and clearly articulated. We now know that they
7 weren't.

8 Q. Moving on from that letter — we can take that down,
9 thank you, Mr Lopez, if it's still there — you were
10 then referred to Mr Pilling's email of 12 March. And
11 this I think — well, this dealt with the declaration
12 point.

13 Firstly, can you assist us as to how, 3 days later,
14 the declaration point was raised and then dealt with to
15 some extent by Mr Pilling? Was that raised with you?

16 A. I remember very clearly Mr Pilling coming to tell me
17 about the mistake, the error, and the seriousness of it.
18 If you recall earlier, I talked about that he, with that
19 team, drafted that letter and we had the conversation
20 whether I should sign it or he should sign it. We
21 agreed that I would as the head of the organisation
22 because we felt that was best.

23 When he raised the mistake with me, he said it was
24 for him to rectify it because it was them that had made
25 that error, so he then sent that email to the

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1 Lord Kerslake team.

2 Q. Okay. Any explanation as to how the error had occurred
3 and, more particularly, how the error had been
4 identified from the Friday to the Monday?

5 A. From memory, from my evidence last week, I recall it was
6 to do with the call log data and that the evidence that
7 was referred to was the call log data. That
8 subsequently couldn't be identified and the work that
9 was done over the weekend — my recollection is that
10 that was to try and identify that and then subsequently
11 it couldn't be stood up and then the apology was made
12 and the error rectified.

13 Q. The fact is that we now know that the declaration wasn't
14 communicated, so it wasn't simply that it wasn't
15 evidenced, it was that it didn't happen. So the
16 reference in the apology email asserts:

17 "I was hoping to have the call data form we
18 discussed but it hasn't arrived yet."

19 So by the Monday it wasn't that some form had
20 arrived and the problem had been raised. It may be you
21 simply don't know, but you must have been pretty annoyed
22 that you had signed off a letter which contained what
23 you have described as a very grave error?

24 A. I think you can tell how annoyed I am about it, sir.

25 Q. Why can't you help us with what had occurred between the

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1 Friday and the Monday then?

2 A. (1), the passage of time, and (2), I have not been in
3 GMP for 7 months. I saw this very recently, I saw
4 Mr Pilling's evidence around it — I can't offer any
5 further explanation than I've tried to give today.
6 Q. One more point and then I'll move on.

7 A. — (overspeaking) about — and I said this last week:
8 the letter was sent on a Friday and, as wrong and
9 inexcusable as it was, it was rectified by the Monday.

10 Q. Well, okay, that's my last point. It wasn't in fact
11 rectified, was it? Because the email says:

12 "I have scrutinised this and I am now of the opinion
13 that we cannot categorically say that this was the
14 case."

15 So the impression is, "We may have overstated that
16 we had the evidence", it's not suggesting it wasn't
17 right.

18 A. I think that the discussion that I had with Ian Pilling
19 at the time, there was the suggestion — and clearly
20 that isn't the case now — that there was communication
21 going on with the Fire Control, the North West Fire
22 Control, that they may have known. But we now know that
23 that's not correct. But at that time I think we were
24 still trying to get to the bottom of all of the
25 communications between various people and various

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1 agencies on that night.

2 Q. Final point just for completeness. Then on 19 March,
3 there's a further response by you to Lord Kerslake.
4 Again, you assert — and now we're 10 days further on
5 from this very grave error — and in that letter, I'll
6 give the reference, {INQ000631/1}, you repeat that:

7 "[You] cannot categorically say whether [you]
8 informed NWS and Fire and Rescue of the declaration of
9 Plato."

10 So 10 days on, you're asserting to Lord Kerslake
11 that you can't categorically confirm it. It's not
12 a proper correction, is it?

13 A. As I said, I... There was suggestions that those
14 communications had been taking place and I believe that
15 my team, under Mr Pilling, were trying to find out and
16 get to the bottom of it. I can't say any more than
17 that, sir, to be honest.

18 Q. Okay. Just finally this, Mr Hopkins: at GMP were you
19 and your senior leadership team acting with candour here
20 or were you focused on defending Greater Manchester
21 Police's reputation?

22 A. You asked me that question this morning and my answer
23 remains the same: absolutely not.

24 MR WEATHERBY: Thank you very much, Mr Hopkins. Those are
25 my questions?

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1 SIR JOHN SAUNDERS: Mr Hopkins, I just want to give you this
 2 opportunity. There are three alternatives in relation
 3 to these matters, as it seems to me. One of which is:
 4 there was an attempt to keep from Lord Kerslake
 5 everything that had gone wrong in GMP than actually had.
 6 That's one alternative. Secondly, it is that people
 7 who — the team who are providing the information to you
 8 knew it was rather worse than they were telling you and
 9 designing the letter for you, so they're keeping stuff
 10 from you. It's not unknown for that sort of thing to
 11 happen. Or thirdly, for whatever reason, the review
 12 process had failed to reveal these facts. So I give you
 13 a completely open opportunity.
 14 A. It is absolutely not number 1.
 15 SIR JOHN SAUNDERS: I can understand that but I wanted you
 16 to have the opportunity to say it.
 17 A. As for number 2, I think that's very difficult to
 18 answer. We might need to ask those individuals
 19 themselves. I think they tried their very best to act
 20 with good faith. As I've said, it's very hard, nearly
 21 4 years later, to sit here and try and explain the
 22 pressure, the volume of work, the volume of stuff coming
 23 in, and I just think it's genuinely that that review
 24 process didn't pull that information out at that time.
 25 As I've said, my learning from this is: I should

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1 have had a team, the same size as the team that we've
 2 got supporting this inquiry on Kerslake from the
 3 beginning, and then I honestly believe that we wouldn't
 4 be sat here having this conversation.
 5 SIR JOHN SAUNDERS: Or maybe one step back from that: we're
 6 not going to have an inquiry into everything that goes
 7 wrong, but somehow the review process carried out by the
 8 police on their own, as it were, needs to actually bring
 9 out all the problems, doesn't it?
 10 A. It does, and that was the conversation that we were
 11 having this morning about the debrief process.
 12 SIR JOHN SAUNDERS: Exactly.
 13 A. Because I've subsequently now seen documents, as
 14 you have, sir, that shows some of those things were in
 15 there, but we didn't manage to capture it.
 16 SIR JOHN SAUNDERS: Right.
 17 A. Which I think supports the bit around candour.
 18 SIR JOHN SAUNDERS: Okay, thank you.
 19 Questions from MR HORWELL
 20 MR HORWELL: Mr Hopkins, I think about six separate topics.
 21 The FDO. You've obviously been asked a number of
 22 questions about the FDO. Was it ever within your
 23 contemplation that the FDO would not be able to carry
 24 out the core functions following an MTF, either
 25 personally or through delegation?

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1 A. No.
 2 SIR JOHN SAUNDERS: I'm going to interrupt you immediately.
 3 I'm really sorry about that.
 4 So you didn't realise that and maybe at that time
 5 you'd need to be being told that by someone. Do you
 6 think that now, looking back, with all you know now, he
 7 may not have been in a position to carry out his core
 8 functions and therefore you weren't getting the
 9 information or are you quite satisfied, as far as you're
 10 concerned, he could have done? It depends what you call
 11 the core functions to an extent.
 12 A. Sir, if I set out what I think the core functions were.
 13 So the declaration of a major incident; the informing of
 14 partners. I don't want to get into Plato and major
 15 incident, but actually the declaration of Plato being
 16 informed. Setting up an RVP and a forward command point
 17 I absolutely think were in the remit of the FDO and
 18 being able to do those with the support around them
 19 at the time.
 20 SIR JOHN SAUNDERS: And controlling all the firearms people
 21 as well with people coming in from other areas? I'm
 22 sorry, Mr Horwell, that's extending your time. It's
 23 a lot to do, isn't it?
 24 A. It is a lot to do, but actually some of those things can
 25 be done really quickly because you could say to the

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1 force duty supervisor, "Please can you let the fire and
 2 ambulance know that there is a major incident, we've
 3 declared a Plato, this is the RVP". Those things are
 4 pretty — like that. The firearms things, once the
 5 button has been pressed, there is a natural time gap,
 6 it's not as dynamic as the things that we're talking
 7 about because the armed response vehicles were coming
 8 from Cheshire, Lancashire, Merseyside. Naturally, even
 9 under blue lights and at speed, it is going to take them
 10 some time to get to Central Manchester so it does create
 11 a gap. I don't want to make it sound easy because,
 12 personally, as difficult as some of the tasks I dealt
 13 with, I wouldn't have been wanting to sit in the FDO's
 14 shoes, but I think those core bits could and should have
 15 been being done.
 16 SIR JOHN SAUNDERS: Okay, thank you.
 17 MR HORWELL: You were asked about a chain of emails
 18 following an email from Francis Habgood on 28 March 2017
 19 and how you wanted the effect of those requests to be
 20 considered by a COG meeting.
 21 A. Yes, that's correct.
 22 Q. And you were referred to the minutes of the April COG
 23 meeting. If we can just go to that chain of emails very
 24 quickly. It's {INQ040408/4}, please. I'm going to take
 25 this quickly because we saw part of this chain earlier

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1 today.
 2 This is the email from Francis Habgood, setting out
 3 the new guidance. We know that the NPCC guidance was
 4 delivered by an email, I think it was on 25 or 26 March
 5 of 2017, so this follows that. There's also a reference
 6 to some best practice findings from the CT2 inspection.
 7 You then, if we go to page 3, and the bottom of it,
 8 {INQ040408/3}, send an email to Ian Pilling and
 9 Robert Potts:
 10 "This is the full detail I emailed you about this
 11 morning. I suggest you task a couple of people formally
 12 to ensure our plans include all of the information
 13 suggested, then get them to formally report back via COG
 14 so we have an audit trail."
 15 A. Yes.
 16 Q. And if we go to the top of that page, please, this is an
 17 email from Robert Potts, dated 29 April 2017 to
 18 Leor Giladi, and this is the actual content of the email
 19 we see at the top of the page:
 20 "Can we get a part 2 Plato paper as below to the May
 21 COG if possible please. Thanks, Rob."
 22 So the design was that --
 23 SIR JOHN SAUNDERS: Can we see the beginning of that email?
 24 MR HORWELL: Yes, if we go to page 2. It's simply the
 25 heading.

1 SIR JOHN SAUNDERS: Thank you.
 2 MR HORWELL: So the contemplation, certainly between
 3 Robert Potts and Leor Giladi, was that these matters
 4 would be considered at the May COG.
 5 A. Not the April.
 6 Q. And we have heard evidence, it's in a witness statement
 7 of Mr Giladi, I don't ask for it to be put up, but
 8 simply for the note, {INQ040922/19} at paragraph 87,
 9 there was not in fact a May COG and the next COG was
 10 in June.
 11 SIR JOHN SAUNDERS: It's always very difficult looking at
 12 bits of an email chain, but from when this started what
 13 was the anticipation of which meeting it was to go back
 14 to? Can you remember back in the chain when you were
 15 asking for it and what was being asked by Mr Habgood?
 16 A. As I said this morning, my asking for it to go to COG
 17 was reinforcing the seriousness of it and it needed to
 18 be signed off at the highest level in the force. When
 19 I sent it, I wouldn't have checked the date of the next
 20 COG because I would have expected that they would have
 21 worked with the team to make sure it was on the agenda.
 22 So maybe the April one was too soon, I can't remember
 23 the date of that this morning, but if it didn't go to
 24 that, it should have gone to the next one.
 25 SIR JOHN SAUNDERS: And that was cancelled for whatever

1 reason.
 2 A. Yes.
 3 SIR JOHN SAUNDERS: Okay, thank you.
 4 I'm afraid I can't remember whether we looked at
 5 these emails with Mr Giladi or not.
 6 MR HORWELL: I can't remember, sir, I'm afraid.
 7 I'm going to ask you a number of questions about
 8 an issue that was raised this morning as to whether or
 9 not senior officers should have a responsibility to
 10 check certain fundamental actions. Before we come to
 11 that, so that the chairman is aware of the current
 12 system -- and we will hear evidence of this from
 13 Mr Clements -- under the new action cards it's the duty
 14 of the FDO to declare Plato, it's the duty of the
 15 assistant FDO to inform fire and ambulance that Plato
 16 has been declared on the multi-agency channel, and it's
 17 then within the action card of the FDO to check that the
 18 assistant FDO has done that, and that is no doubt very
 19 much based on what happened on the night of this attack.
 20 So I'm not for one moment suggesting that there
 21 shouldn't be a system of checks and balances within the
 22 system, but the questions that you were asked about, and
 23 indeed Debbie Ford was asked about, is whether senior
 24 officers should check that certain actions have been
 25 carried out.

1 This morning, Mr Weatherby mentioned these
 2 actions: a need to check whether or not armed officers
 3 had been deployed; a need to check whether a command
 4 structure has been notified; a need to check whether our
 5 unarmed officers have been reminded of the stay safe
 6 provisions; a need to check whether the police were
 7 evacuating members of the public; a need to check
 8 whether we have communicated with ambulance and fire.
 9 And no doubt if one is looking at a detail such as that,
 10 the list could expand and expand. Has a firearms
 11 authority been granted? Have other constabularies been
 12 contacted? Have roads been closed? Have cordons been
 13 set up? And no doubt, if we had the time, we could add
 14 to that list.
 15 A. Of course.
 16 Q. The chairman is obviously considering such evidence and
 17 whether or not a recommendation could or should be made.
 18 Is it necessary, is it viable, is it practical for
 19 officers at your level to be asking such questions?
 20 A. I don't believe it is. I tried to explain some of that
 21 this morning in my evidence. I think if there are
 22 others there, whether it's a staff officer or a tactical
 23 adviser that's supporting those roles that could be
 24 checking those things are done -- but my expectation is
 25 this, that we send people on training courses to be

1 Silver commanders for public order, for firearms, for
 2 Gold commanders. That basic command and control is the
 3 absolute bread and butter of those courses and so much
 4 of that then plays into what they were dealing with on
 5 the night that they are signed off competent, they keep
 6 a portfolio, their training records. It shouldn't be
 7 for the chief constable, the person heading an
 8 organisation of 11,500 people, to be asking those really
 9 detailed questions, and nor do I believe it should be
 10 the Gold commander.
 11 SIR JOHN SAUNDERS: I'm not actually suggesting that, I'm
 12 just suggesting some checks.
 13 A. Yes.
 14 SIR JOHN SAUNDERS: It's like however distinguished the
 15 Queen's Counsel, they sometimes need the junior to
 16 remind them to ask a question which is critical to their
 17 case.
 18 A. Absolutely, sir.
 19 SIR JOHN SAUNDERS: Does that ever occur?
 20 MR HORWELL: Never, sir!
 21 A. That's why I was saying tactical advisers and staff
 22 officers and chiefs of staff play a really vital role
 23 in that in opening up the computer and getting out the
 24 list and saying, "Have we done X, Y and Z?"
 25 SIR JOHN SAUNDERS: I understand.

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1 MR HORWELL: We're obviously concentrating on the facts of
 2 this particular incident, but has this ever been
 3 a problem before in serious and significant spontaneous
 4 operations within GMP or indeed any other force to your
 5 knowledge?
 6 A. Not that I'm aware of. And as I referred to this
 7 morning, the riots of 2011, the floods, and there will
 8 be many other incidents where those basic things have
 9 happened.
 10 SIR JOHN SAUNDERS: It's just that in this particular case,
 11 this particular instance, this is not just the police,
 12 we have had several single points of failure which have
 13 been actually absolutely critical and it's just whether
 14 we can devise any sort of way of trying to ensure that
 15 no one has a single point of failure without some
 16 double-check. It may not be possible, but...
 17 A. I was very struck with the comments that you made, sir,
 18 when Mr Pilling was giving evidence about one of the
 19 risks is that you have an inquiry like this and it means
 20 that we build more and more things into the plans and we
 21 become more and more risk averse. I saw that back in
 22 2010 with work I did around the security for the
 23 policing of party political conferences. Every year,
 24 since the Brighton bombing, something had been added to
 25 it and we had something that was not affordable and

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1 wasn't dealing with the risk and threat that was there
 2 at the time, so we had to strip it right back.
 3 That led me to think, following your comments, that
 4 actually we really need to try and keep it very simple
 5 in that first 30 minutes, 45 minutes, and then we need
 6 to try and recreate through training — and I don't know
 7 how we do that — the stress testing of the individuals
 8 that will find themselves in that position.
 9 SIR JOHN SAUNDERS: Okay. Having said that, perhaps I can
 10 say what I was going to say at the end of your evidence.
 11 You have obviously learnt a lot out of this experience,
 12 and I know you've retired, but if you felt able at some
 13 time to put down your views on any recommendations for
 14 me from the policing point of view then that would be of
 15 great assistance to me.
 16 A. I will give that some thought, sir. I'd be very happy
 17 to do that.
 18 MR HORWELL: As I said, I didn't want to make a bad point.
 19 There is now a system of checking within the action
 20 cards when you come to examine that evidence
 21 in September.
 22 SIR JOHN SAUNDERS: Okay, that would be helpful. Thank you.
 23 MR HORWELL: The correspondence with Kerslake and the team
 24 that you set up to support you in that. The number of
 25 police officers, first of all, in that team from

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1 Mr Pilling downwards to the best of your recollection?
 2 A. Half a dozen or more is my recollection.
 3 Q. And were any actually connected to this response,
 4 involved in it?
 5 A. Mr Pilling was there on the night and I know that he
 6 was — obviously he didn't have an operational role, but
 7 he was there throughout the night with me. He used
 8 a number of, I think he described them as subject matter
 9 experts, whether they were there on the night I'm not
 10 sure, I can't recollect. The legal support was from the
 11 force legal solicitor, so we weren't asking for legal
 12 advice, it was legal support.
 13 Q. You very recently have been asked about that sentence in
 14 your letter dated 9 March 2018:
 15 "Even more importantly, I believe that it is
 16 critical that the victims and their families and friends
 17 are only made aware of facts which are accurate,
 18 relevant and evidenced."
 19 Was your attitude to Kerslake the same as it was to
 20 this inquiry, openness?
 21 A. Very much so, yes.
 22 Q. And is the significant difference the fact that for this
 23 inquiry, there's been much more time?
 24 A. That has made a huge difference.
 25 Q. With significantly increased resources?

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1 A. Yes, absolutely.
 2 Q. And that was your doing?
 3 A. That was my doing, I set that up in place, and, as
 4 you will know, sir, brought in expertise from the
 5 Metropolitan Police as well to help support that. It
 6 just became very apparent after Kerslake that that's
 7 what we needed to do and I wanted to make sure that this
 8 inquiry was properly resourced for that very reason,
 9 that I have always wanted the families to get the very
 10 best out of this inquiry and for hopefully nobody to
 11 stand in their shoes ever again.
 12 SIR JOHN SAUNDERS: Can you help me about the Kerslake
 13 process? We have a statutory process, you'll be aware,
 14 whereby if I am proposing to criticise GMP, for example,
 15 then you get a letter saying, "You may be subject to
 16 this criticism, what have you got to say?" I know
 17 Kerslake doesn't have a formal statutory set-up, but was
 18 that the same with Kerslake or were they giving you the
 19 whole of the picture they were going to put about GMP?
 20 A. No, there were letters sent to individuals and one sent
 21 to me as the chief constable that were along those
 22 lines, but it was specifically about -- we were only
 23 ever given the information in isolation as to what the
 24 criticism or challenge might be; it was not about the
 25 entirety of the report.

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1 SIR JOHN SAUNDERS: Okay.
 2 MR HORWELL: The Kerslake terminology is "fair notice
 3 letter".
 4 SIR JOHN SAUNDERS: Yes. I'm just saying if GMP were to get
 5 a letter of criticism from us, you wouldn't be getting
 6 the good bits with it.
 7 MR HORWELL: No.
 8 SIR JOHN SAUNDERS: Which was part of your concern about
 9 Kerslake, and I wonder when Kerslake gave fair notice,
 10 they were actually giving you some notice of the
 11 bravery, acknowledging the bravery of the police
 12 officers as well.
 13 A. There was some of that, but also the terms of reference
 14 were very clear about drawing out good practice and
 15 things that should be shared, and we felt, and I felt,
 16 that there was a considerable amount of that outside of
 17 the issues that we've been talking about: the way
 18 victims were dealt with, not only those that had lost
 19 their lives and their families, but also those that were
 20 injured. For the first time ever, we allocated family
 21 liaison officers to those. The disaster victim
 22 identification.
 23 SIR JOHN SAUNDERS: Okay. If I may say so, I am aware of
 24 the good bits, I think, and I certainly won't be losing
 25 sight of it. If we do criticise GMP, they certainly

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1 won't be getting the good bits.
 2 MR HORWELL: We understand.
 3 SIR JOHN SAUNDERS: I thought you would.
 4 MR HORWELL: Those are my questions of Mr Hopkins.
 5 Thank you.
 6 SIR JOHN SAUNDERS: Thank you very much.
 7 You've been messed about considerably, I'm really
 8 grateful to you, and if you were able to find some time
 9 for the recommendations, that would also assist me
 10 enormously with your great experience of these things.
 11 Right. That's it?
 12 MR DE LA POER: Yes, sir. Tomorrow we return to Chapter 9.
 13 We have three live witnesses and there will be some
 14 further witness statements read.
 15 SIR JOHN SAUNDERS: Right. I hope everyone is aware, and
 16 I'm sure people will have notified the families and
 17 other people, I think it's likely to be quite an
 18 emotional day tomorrow.
 19 MR COOPER: It will be. We are very grateful also to the
 20 inquiry legal team for their sympathy and delicacy with
 21 two of the family witnesses yesterday. Ms Cartwright
 22 was extremely helpful.
 23 SIR JOHN SAUNDERS: Okay, thank you.
 24 (5.09 pm)
 25 (The inquiry adjourned until 10.00 am

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1 on Thursday, 22 July 2021)

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